Witness Name: Dr Peter Jones
Statement No.: WITN0841002
Exhibits: nil
Dated: 20 July 2019

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR PETER JONES

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 28 May 2019 and 10 June 2019.

I, Peter Jones, will say as follows: -

Section 1: Introduction

1. My name is Peter Mercer Jones
   My address is GRO-C
   GRO-C
   My date of birth is GRO-C 1937, making me 81 years of age

2. My professional qualifications are MBBS, MD, FRCP, FRCPCH, DCH

3. I was appointed to the post of Consultant Paediatrician in 1970/71 and worked thereafter at the Royal Victoria Infirmary, Newcastle upon Tyne. Initially my role included general child health but latterly became increasingly concerned with the management of haemophilia and related disorders in the Northern Region of the NHS. My personal record, which is in the Inquiry files, details my progress in this regard I retired from the NHS in 2000, but continued to work for the charity World Federation of Haemophilia as an elected member of the Executive with responsibilities for Communications and Fundraising. Throughout my working life the management of haemophilia both in the UK and internationally has been of central interest and this is detailed in my personal record and is relevant to the Inquiry Terms of Reference.

Section 2: Response to Criticism of Courtenay Hildyard

4. In replying to the allegations in Section 2, and specifically to the questions relating to Mr Hildyard's treatment, I have had to rely on the information given by Mr Hildyard and by his wife. I have not been provided with the clinical records apart from those Mr Hildyard has chosen to exhibit in his statement. I reserve the right to make further comments if or when Mr Hildyard's records are made available to me to review. Despite the lack of detailed records and the time lapse since the events described by the Hildyards occurred, I am able to recall some specific details relating to his treatment.

5. At the time of his treatment following the injury to his left lower limb Mr Hildyard had a reduced level of factor VIII. In order to manage the injury and permit surgery this level had to be raised sufficiently to allow for the normal clotting of his blood.

6. Within the records provided there is confusion about the products available for treatment. The records submitted by Mr Hildyard are those from the ward staff involved, and not from the Haemophilia Centre staff. Within them the term "Factor VIII" was a perfectly acceptable description of the blood constituent absent or reduced in people with haemophilia. The term is a generic one, it does NOT specify a particular product which contains factor VIII. Thus, any inferences about the various concentrates available, including commercial concentrates from multiple donors in the United States or elsewhere, are false.

7. In Mr Hildyard's case the factor VIII product chosen for his treatment was cryoprecipitate. This would have been made by the Blood Transfusion Service from individual donations of plasma separated from the cellular components of blood donated voluntarily within the United Kingdom. I would have chosen cryoprecipitate in order to offer the least risk of exposure to pathogens, including hepatitis and would have explained this decision to Mr Hildyard.

8. The reason for enquiring about previous exposure to blood products was simple; lack of exposure exemplified the decision to use cryoprecipitate. Mr Hildyard was, in fact, a "previously untreated patient" and he was treated as such with the product known to have the least risk of unwanted side effects.

9. The subsequent development of hepatitis highlighted the fact that ANY blood product, whether from volunteer or paid donor sources in the United Kingdom or abroad, carried

the risk of viral transmission. Whilst the heat treatment of products reduced viral transmission it was only the advent of genetically engineered factor VIII that finally removed this risk from haemophilia therapy.

10. Without treatment Mr Hildyard was at grave risk of sustaining permanent damage to his left lower limb. The severity of his injury is highlighted by the decision to refer him for surgery; it was very unusual to aspirate a joint following a bleed. In order for this to go ahead he would have been asked to sign a consent form which, in itself, would have required detailed information about his treatment. This form has not, in keeping with the other records, been made available to me.

11. I therefore strenuously deny that I lied to Mr Hildyard about his treatment in 1983 or thereafter. There would have been no advantage in doing so, and such a course of action would have been contrary to the core ethos of the Newcastle Haemophilia Centre. This was to continually inform and educate patients and their families about the very latest knowledge on haemophilia and its treatment using peer reviewed research papers and books. This open approach with patients was exemplified by, for example, my actions in writing to patients individually in October 1983 to invite them to attend a Haemophilia Society weekend seminar. I did so because I wanted as many as possible of our patients to attend. This was not simply a matter of imparting information; one of the features of our work with families with haemophilia had been to talk openly about the condition, and meetings of this nature helped to nurture that.

12. Later in his submission Mr Hildyard criticises my subsequent management of his condition and refers to blood test results and raised enzyme levels. In the absence of sight of the relevant clinical records this is not an allegation that I am able to address.

Section 3: Response to Criticism of Anne Hildyard

13. At Paragraph 2.2, Mrs Hildyard says that, in 1983, I proposed treating her husband with an anticoagulant. This allegation is plainly wrong for the simple reason that the prescription of an anticoagulant (such as Warfarin or heparin) would be the opposite of any rational therapy for her husband's condition, which required a coagulant, in this case factor VIII.

14. She also says that I assured him that the treatment was perfectly safe. I do not accept that I did, or would have, suggested to Mr Hildyard that the treatment was perfectly

safe. As Mr Hildyard himself says the transfusion of blood always carried a risk of the transmission of pathogens. I would therefore have explained to Mr Hildyard the reasons for using cryoprecipitate as being the safest method available in order to reduce this risk.

15. At paragraph 2.3 of her allegations Mrs Hildyard says that I assured Mr Hildyard that he would make a full recovery. At that time it was expected that the majority of patients with nonA nonB hepatitis would not experience long term side effects. I would have explained this to Mr Hildyard and also explained the need for long term follow-up. I would not have done this if a full recovery was the expected outcome.

16. Paragraph 2.4 relates to the prescription of cryoprecipitate (not Factor VII as stated in the allegation). I have dealt with this allegation in relation to factor VIII in my answers to Mr Hildyard.

17. Paragraph 2.6 relates again to what Mr Hildyard was told about his treatment and I refer back to his allegations and my response in Section 2 of his complaint. The matter of Mr Hildyard's removal from our Register was nothing to do with a wish to avoid responsibility for his care. That was made clear to Mr Hildyard in my letter to him of 16th December 1985 (which he has exhibited to his statement to the Inquiry), which also extended an invitation to attend for a check-up whenever he wanted and that we would be pleased to welcome him.

18. At paragraphs 4.1- 4.2 of her statement Mrs Hildyard states that she believes Mr Hildyard was tested without his knowledge or consent, possibly for research purposes. I have dealt with these allegations in my answers to Mr Hildyard's statement, and explained the importance of knowledge of previous therapy, and why cryoprecipitate was the factor VIII product chosen for treatment.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed GRO-C

Dated 20 July 2019