

Witness Name: JOHN OWENS WASTLE

Statement No.: 1

Dated: 3 February 2011

Inquiry Ref:

THE PENROSE INQUIRY

STATEMENT OF JOHN OWENS WASTLE

1. My name is John Owens Wastle. My date of birth is [REDACTED]

2. I was employed by the Scottish Home and Health Department (SHHD) as a Senior Executive Officer (SEO) between May 1982 and November 1983. In today's civil service grading, this would be a B3 post. During this period, I was Head of a small branch dealing with administration and policy issues relating to:
 - blood transfusion services in Scotland;
 - ambulance services in Scotland; and
 - NHS scientific services in Scotland.

I was also responsible at that time for the management of the NHS capital building programme in Scotland.

It tended to be the case that branches headed by an SEO (as with my branch) were not "pure policy" branches; my role was therefore more of an administrator than a policy maker. I effectively "sponsored" the Scottish National Blood Transfusion Service (SNBTS) and the Scottish Ambulance Service.

My CV is set out in the Annex. I had no professional or medical qualifications. Within SHHD, I relied for medical advice relating to blood transfusion issues on Dr A D McIntyre, a Principal Medical Officer, and Dr A E Bell, a Senior Medical Officer. I had conversations with them on a daily basis and they were always available to explain medical matters. They provided continuity in relation to SNBTS; they had been involved for a long time, whereas I was the third branch head in the space of approximately one year.

3. I reported to Andrew Mitchell, who was Head of Division. He was succeeded by John Davies. John Mackay MP was Minister at that time. The Permanent Secretary was A L Rennie, and the Under Secretary was John Walker.
4. I had frequent contact with senior members of the Scottish National Blood Transfusion Service (SNBTS) including Dr J D Cash, the National Medical Director; Mr J G Watt, the Scientific Director of the Protein Fractionation Centre (PFC); the Directors of the Regional Transfusion Centres (RTCs); and appropriate administrators within the Common Services Agency. On behalf of SHHD, I attended the quarterly meetings of the Directors of the SNBTS and meetings of the Medicines Inspectorate Ad Hoc Project Steering Group.
5. I should say that my duties relating to the blood transfusion services provided me with a brief but stimulating and satisfying passage in my career. The atmosphere was optimistic and enthusiastic. Medical colleagues, both in SHHD and SNBTS, were unfailingly helpful, and I was struck by their sensitivity towards voluntary donors and patients alike, and by their determination to improve patient care through the development and provision of safe blood and blood products. It was a matter of satisfaction to them that Scotland could be described as self-sufficient in blood, and virtually self-sufficient in blood products such as Factor VIII for the treatment of haemophilia, and a new application for albumin in the treatment of burns.

As I recall, the topics of the day during my time in SHHD were:

- planning programmes to meet the criticisms levelled at the RTCs and the PFC in the reports of the Medicines Inspectorate;
- although there were no confirmed cases of AIDS in Scotland at the time, consideration of the information becoming available about the disease
- expansion of the plasmapheresis programme;
- plans to process blood collected in Northern Ireland at the PFC;
- the provision of blood collected by the NHS to private hospitals.

(1) The consideration, if any, given by the Scottish Home and Health Department (SHHD) between 1975 and 1984 to the practice of collecting blood from penal institutions, the risk of non-A, non-B hepatitis from such donations and whether the practice of collecting blood from such institutions should continue.

6. I am not certain what consideration was given to the practice of collecting blood from penal institutions and its implications between 1975 and when I joined SHHD in May 1982.
7. Shortly before my arrival in SHHD, the Medicines Inspector had delivered critical reports on conditions, procedures and processes in each of the RTCs and in the PFC. The reports relating to the Edinburgh and South East of Scotland RTC and the East of Scotland RTC both questioned the practice of collecting blood in penal institutions.
8. In his response to the Medicines Inspector on 12 January 1983, the Director of Edinburgh and South East RTC noted that donor sessions were not held regularly in penal institutions and none had been held in the previous two years. He added that donors in these establishments would only be used in an emergency. In her response to the Inspector in February 1983, the Director of the East RTC noted that the subject would be discussed by the SNBTS.

9. As I recall, the matter was discussed informally throughout the SNBTS in the following months but came in for more formal consideration at meetings of the SNBTS Directors which I attended.
10. At the Directors' meeting on 29 March 1983, the National Medical Director invited comment on the Medicines Inspector's criticism. All the RTC Directors present (North of Scotland RTC was not represented) reported that blood was collected in their regions although the Directors of the North East and East RTCs declared their intention to review the position. In discussion, the Directors were not able to reach a common position, but agreed to invite the Working Party on the Selection and Care of Blood Donors, a body with a UK-wide remit, to consider the matter. The National Medical Director informed the Medicines Inspector of the position.
11. The Directors next formally discussed the subject at their meeting on 13 September 1983. It was reported that the Chairman of the Working Party thought that the collection of blood in penal institutions was diminishing in England and Wales but DHSS had confirmed that the practice continued in some areas which claimed that cessation would put them in difficulty. The Director of East of Scotland RTC was strongly against collecting donations from prisoners but some Directors considered that a total ban would be a mistake, with the Director of the Glasgow and West of Scotland RTC strongly opposed to a formal ban. It was agreed that the Transfusion Directors in England and Wales would be canvassed as to their practices.
12. The meeting on 13 September was the last Directors' meeting I attended, but I am aware that at the following meeting on 8 December 1983 it was reported that only one of 12 Transfusion Directors in England and Wales consulted continued to collect blood from penal establishments. It was noted that in Scotland only the Glasgow and West of Scotland RTC continued the practice.

This issue was not referred to SHHD by SNBTS for consideration. Although SHHD took a fairly close interest, this was regarded as a professional matter to be considered by those practising in the field; I would assume that this is why there was a divergence in practice between the Scottish Directors. Part of the Regional Transfusion Director's job was to weigh up all the local considerations; for example, not all penal institutions were the same. Some were considered to be relatively benign.

(2) The communications, if any, between the SHHD and the Scottish National Blood Transfusion Service (SNBTS) between 1975 and 1984 on the subject of the collection of blood from penal institutions.

13. I do not recall any formal communication between SHHD and SNBTS on this subject, but there must have been some form of communication. I spoke frequently with SNBTS colleagues and it is possible that the subject was raised in passing. I have been shown a minute from John Davies to the Minister dated 6 May 1983 in which it is recorded that SNBTS were currently considering avoiding collection in high risk locations such as prisons; there must have been some communication between SHHD and SNBTS such that Mr Davies knew that this was the position.

(3) The communications, if any, between the SHHD and the Department of Health between 1975 and 1984 on the subject of the collection of blood from penal institutions.

14. I do not recollect any specific communications between SHHD and the Department of Health on this subject between May 1982 and November 1983.

15. There were some posts where there was a great deal of communication with the equivalent English department, but this was not one of them. I suspect that this was due to the fact that so many of the issues with which I was concerned during my time in SHHD related to "practice" issues, in the Protein Fractionation Centre or the Regional Transfusion Centres, and as such there was no need to discuss with colleagues in DHSS.

16. I do not recall any interaction between SHHD and the Medicines Inspectors.
- (4) The extent, if at all, to which the Chief Medical Officer, the Deputy Chief Medical Officer and the Permanent Secretary of the SHHD were aware of and were involved in any consideration by the SHHD between 1975 and 1984 of the practice of collecting blood from penal institutions.
17. I do not know to what extent the Chief Medical Officer was aware of and involved in consideration of the practice of collecting blood from penal institutions during my time in SHHD. The Deputy Chief Medical Officer was actively involved in consideration of this subject as evidenced by his participation in the correspondence discussed at (12) below. The Permanent Secretary would be aware of this matter – for example, his office was sent a copy of J G Davies' briefing minute of 6 May 1983 referred to in (12) below – but I am not sure that he was actively involved in any consideration of it.
- (5) Whether the witness/SHHD were aware of the evidence produced by the National Blood Transfusion Service for England and Wales around July 1974 (SGH.001.7095) that the incidence of hepatitis B in donors from prisons was approximately five times greater than the incidence in donations from the general public. If so, what, if anything, did the witness/SHHD do in response to that information?
18. I have no knowledge of the evidence from July 1974 about the incidence of hepatitis B in donors from prisons, which pre-dates my arrival in SHHD by more than seven years. I do not know what action, if any, that SHHD took in response to that evidence.
- (6) Whether the witness/SHHD were aware of the letter dated 6 January 1975 by J Garrott Allen (Stanford) to Dr William Maycock (Blood Products Laboratory) (SGH.004.6061) warning of the increased risk of hepatitis, including NANB hepatitis, from blood collected from prisoners. If so, what, if anything did the witness/SHHD do in response to the concerns raised in that letter?

19. I have no knowledge of the letter of 6 January 1975 by Garrott Allen and Stanford which pre-dates my arrival in SHHD by more than seven years. I do not know how SHHD reacted to the concerns raised in that letter.
- (7) Whether the witness/SHHD were aware of the letter dated 1 May 1975 by H Yellowlees, CMO, England and Wales, to all Regional Medical Officers on the subject of blood donation and hepatitis (SGH.003.0187) and whether the witness/SHHD agreed with the advice contained in that letter i.e. that it was not necessary to discontinue the collection of blood from prisons providing that all donations were tested for hepatitis B using a sensitive test.
20. Again, the letter of 1 May from the Chief Medical Officer to Regional Medical Officers about blood donation and hepatitis pre-dates my arrival in SHHD by seven years and, to my knowledge, I had never seen it until it was supplied to me in connection with paragraph 12 of the Schedule (see below). However, it is clear from the papers sent to me with the letter that SHHD officials saw the letter at the time and gave it consideration.
- (8) Whether the witness/SHHD were aware of the internal correspondence within the DHSS in July and August 1983 on the practice of collecting blood from prisons (SGH.001.0575 and SGH.001.0574).
21. I have no recollection of internal correspondence within DHSS in July and August 1983 on the practice of collecting blood from prisons, although I must have seen SGH.001.0575. It is referred to in document SGH.001.0571, which I authored. I cannot add anything to what is recorded in my handwritten note.
- (9) What was the view, if any, of the witness/SHHD in the early 1980s on the practice of the collection of blood from penal institutions?
22. My recollection is that in the early 1980s SHHD took the view that the practice of the collection of blood from penal institutions was essentially a matter for the individual RTC Directors taking account of the circumstances pertaining to

their particular areas. Following comments on the practice made by the Medicines Inspector in 1982, the SNBTS as a whole gave serious reconsideration to their policies on this practice and SHHD took an interest in these developments.

- (10) The witness is referred to the under noted papers¹ and asked whether he was aware of these papers at the time of their publication and what, if any, conclusion he would draw from them, either at the time or now, about the appropriateness of collecting blood from Scottish prisons, including any possible or likely increased incidence of NANBH from such donations.

23. I am certain that I had not seen either of these papers before: the paper by Wallace, Milne and Barr published in the BMJ in 1972 pre-dated my arrival in SHHD by some 11 years; and the paper by Barr, Houston et al by over a year. I do not possess the medical experience or qualifications to assess and comment on these papers.

- (11) At the meeting of the SNBTS Directors on 13 September 1983 (Preliminary Report, paragraph 5.68, SNF.001.0072, item 8 of the minutes of the meeting), it was noted that the NBTS Directors in England and Wales were due to discuss the collection of blood in prisons and borstals and that the DHSS would wish to consult the Home Office who had been anxious previously to encourage donation in prisons. In the 1970s and early 80s, did the Scottish Home and Health Department, or Ministers, encourage donations in prisons and, if so, for what reason or reasons?

24. I was aware that the Home Office had encouraged the collection of blood from prisons in England but I was never aware that the "Home" side of SHHD (which was roughly the Scottish equivalent of the Home Office) had sought to give such encouragement in the 1970s and early 1980s. Similarly, I am not

¹ (1) Wallace et al, "Total screening of blood donations for Australia (Hepatitis Associated) antigen and its antibody", BMA, 11 March 1972:663-664 (SGH.002.9831) and (2) Barr et al, "Hepatitis B virus markers in blood donors in the west of Scotland", Medical Laboratory Sciences, 1981;38:405-407 (SNB.008.0002)

aware that the "Health" side of SHHD or Ministers ever gave such encouragement. My understanding in 1982-83 was that this was an operational consideration for the individual RTC Directors and this, I think, is reflected in the differing positions which they had taken on the issue.

(12) The witness is referred to the documents enclosed with the draft statement by Dr GA Scott (A19173) and should be asked for his comments, if any, on these documents.

25. The enclosures mainly date from May 1975 and relate to blood donation and hepatitis. These papers pre-date my arrival in SHHD by seven years and I have no recollection of ever having seen them before. My only comment is that the RTCs in Scotland would be acting in line with the advice on the collection of blood at prisons as set out in the penultimate paragraph of the letter of 1 May 1975 from the Chief Medical Officer to the Regional Medical Officers in England.

26. The other paper, a minute dated 6 May 1983 from J G Davies to PS/Mr MacKay (Mr John J MacKay MP, then the Scottish Health Minister), is a piece of standard briefing material of the period on the subject of AIDS. Paragraph (iii) of the minute notes that the RTC Directors were then considering a number of matters relating to donation policy, including (at (d)) avoiding collection of blood in high risk locations such as prisons. I saw this paper at the time (my initials and handwriting appear at top right) and I am confident it reflects the position in Scotland at that time.

(13) The witness is requested to clarify the names of the authors and recipients of the handwritten notes (forming SGH.001.0571, SGH.001.0572 and SGH.001.0573) copies of which have been provided by the Scottish Government.

27. I am the author of the handwritten undated File Note headed "Use of blood collected in prisons" and the short minute of 3 September 1983 to Dr Bell.

- 28. The manuscript Note of 11 August 1983 was written by Mr Kelvin McBryde, a Higher Executive Officer (in today's terms, a B2 post) in my branch.
- 29. Dr A E Bell is the author of the short minute of 5 September 1983 addressed to me.

Statement of Truth

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

Signed 
Dated 3 February 2011