

**TOPIC C5 – WITNESS STATEMENT**
**John Cash**
**1. What was Professor Cash's involvement in the HCV look-back exercise?**

**RESPONSE:** I do not believe I was directly involved in the exercise, other than generally promoting consideration of look back and encouraging hard pressed colleagues to do a lot of extra work. At times I provided a link and co-ordinating facility between SNBTS Directors, the SNBTS and SHHD and SNBTS and NBTS/DHSS. Some might argue that the HCV Symposium in Autumn of 1993 triggered a successful re-assessment of the need to develop a look back programme in the UK. This Symposium was promoted by me and took place in the Royal College of Physicians of Edinburgh (RCPE) at the time when I was Vice President.

But by December 1994 I was President of the RCPE and my contribution to the work in the SNBTS began to diminish. My best recollection of the SNBTS look back programme thereafter is that it commenced in 1995 and was co-ordinated/led by Dr Jack Gillon (SEBTS) with much support from Dr Aileen Keel (SHHD)

**2. How useful does he think the look-back exercise was?**

**RESPONSE:** I must confess I was a surprised that the outcomes of the SNBTS look-back programme were not published. Nor, to the best of my knowledge, was a report prepared for the SNBTS Directors and SHHD. Thus I am not aware how many of the 133 HCV positive recipients were given access to appropriate anti viral therapy and how many of these responded favourably. But I imagine that even today there are patients who, as a consequence of the look back programme, had access to these drugs and they and their relatives are grateful for all the efforts of the SHS teams.

There can be no doubt that the SNBTS efforts, notably those of Dr Jack Gillon, provided a template for the rest of the UK, with regard to the conduct of HCV look-backs. I am advised this generic template played a valuable role in a more recent UK look-back for Human T Cell Leukaemia virus and it is no surprise that it has since been incorporated into the Red Book (Guidelines for UK Blood Transfusion Services). Thus this SNBTS conceived initiative should ensure that the UK is in a sound position when vCJD and other desired donation testing become a necessity and are available.

Finally, I would hope that for some SNBTS staff and DOH officials there emerged a better understanding of the quite unique nature of the bridging role

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of the blood transfusion services within our communities – a bridge which links the well to the not so well and how both are valued and respected.

3. What does he think was achieved?

**RESPONSE:** See 2 above

4. What, if anything, would he have done differently in hindsight?

**RESPONSE:** I wish I had pressed more vigorously against the conclusions of the ACVSB in 1991.

I am aware that significant problems arose in the West of Scotland in delivering to the targets for the SHS HCV look-back programme. Without sight of a final report it is difficult to be certain, but I suspect, in retrospect, these difficulties might have been predicted by me and appropriate advice/support given.

It would also be helpful if Professor Cash could address the following specific matters in his statement:

In the summer of 1990 the SNBTS Directors set up a working party to advise on policies and procedures of hepatitis C testing, with particular emphasis on counselling and care of donors with positive anti-HCV tests. In a draft report dated 23 November 1990, the authors advised that look-back should be instituted from the onset of testing [SNB.001.8779 and SNB.006.2055]. The Inquiry does not have a copy of the final report.

The proposal for look-back underwent further discussion by both the SNBTS and the NBTS Directors and was finally rejected after referral by the SNBTS National Medical Director to the Department of Health, London [SNB.005.3586, SNB.004.4388 and SNB.005.1689].

5. Why was the proposal for look-back rejected in 1991? Who made the decision not to proceed?

**RESPONSE:** I am unable to give a definitive answer to these questions but would make the following comments:

- (a) I can only assume that when look-back was considered by the ACVSB on 25 February 1991 (item 14) this may have been a response to my letter (on behalf of the SNBTS Directors) to Dr Metters of the 22 November 1990. But this is not certain, because no reference is made in the ACVSB Minutes to this SNBTS communication and there was no ACVSB document reference given to my letter. Thus some committee members were not aware of the communication from Scotland.
- (b) It is of interest that Drs Mitchell, Perry and McIntyre (all from Scotland) had in November 1990 been copied in to my letter to Dr Metters and certainly by February 1991 were fully briefed. There is no record that

they contributed to the ACVSB discussions, which is surprising and unlikely.

- (c) It is not clear why the ACVSB rejected the notion of a formal UK look-back programme at this time. The Minute (4 1/2 lines) records the fact that there were 'problems' but makes no reference to what they were nor how they could be resolved. It may be an exaggeration to conclude that the committee encouraged further research into look-back. However, members did not seem to indicate where such research might best be directed to address 'the problems' they had described.
- (d) I cannot recall, nor have had sight of relevant documents, but I suspect that the outcomes of the ACVSB deliberations were formally conveyed to me and/or David MacIntosh by Dr McIntyre (SHHD) or perhaps Dr Keel (SHHD). I have no recollection of receiving a reply to my letter of November 1990 to Dr Metters.

On 15 October 1993, Dr Cash wrote to the SNBTS Directors raising the issue of HCV look-back once again [SNB.005.2107]. He intended to raise the matter at the next meeting of the SNBTS Medical and Scientific Committee (SNBTS MSC), which he duly did [see minutes of meeting on 09/10 November 1993 SNB.009.9176].

6. Why did Professor Cash raise the issue of HCV look-back again in October 1993?

**RESPONSE: I recall that in the course of developing the Autumn 1993 RCPE HCV Symposium (see 1 above) I became convinced that there was rapidly emerging evidence which indicated that some real potential therapeutic options for the treatment of HCV was emerging. As I recall a Dr Duschenko was the individual who particularly drew my attention to these developments, using alpha interferon.**

On 18 November 1993, Dr Cash wrote to Dr Gunson informing him of the discussions at the recent meeting of the SNBTS MSC. He suggested that the issue of HCV look-back should be discussed by the Advisory Committee on the Microbiological Safety of Blood and Tissue for Transplantation (ACMSBT) [SNB.005.5560]. Dr Gunson suggested that the topic be put on the agenda of the next Advisory Committee on Transfusion Transmitted Infections (ACTTI) [SNB.005.5565 and SNB.005.5566].

The ACTTI (also referred to as SCTTI and SACTTI) met on 18 January 1994. The minutes note support for the concept of the look-back [MIS.001.0061]. Various members of the committee were to look into the issue further and report back at the next meeting. The next meeting of the ACTTI was held on 19 April 1994 [MIS.001.0068].

On 16 May 1994, a SNBTS issues meeting was held at St Andrew's House [SGH.004.0847]. It was attended by SHHD, SNBTS and CSA staff. Mr McIntosh noted that when Hepatitis C testing was introduced in 1991 it was not thought appropriate to look back over previous donations.

The SNBTS MSC met on 18 May 1994 [SNB.009.9331]. The committee unanimously agreed that HCV look-back should be implemented. Dr Keel expressed a view that the SHHD may not have a locus in the matter and that the SNBTS should make a decision on look-back that was based on their professional judgement. However, she asked that no formal action be taken until she had been given the opportunity to discuss the issues with SHHD colleagues.

On 19 May 1994, Mr McIntosh wrote to Mr Panton at SHHD [SNB.008.4779 and SNF.001.2184]. The SNBTS MSC had formally recommended that the Service should implement a look-back policy without delay. He intended to activate the look-back with effect from 01 June 1994 but would not make any formal announcements until Tuesday 24 May.

On 24 May 1994 Mr McIntosh, Dr Cash, Dr McClelland, Dr Gillon and Mrs Thornton attended a meeting at SHHD. In a letter to the SNBTS Management Board dated 25 May 1994, Mrs Thornton noted that SHHD were to consult with the DOH before a final decision on look-back was reached [SNB.008.4783].

On 30 May 1994 Mr McIntosh wrote to the SNBTS Regional Directors [SNB.008.4784]. In that letter he noted that no final decision on HCV look-back had yet been taken. The SNBTS would not be starting a full scale programme until further consultations had taken place. It had been agreed that the preferred route would be via a UK wide policy if at all possible.

There appears to have been a significant change of direction following the meeting between SNBTS and SHHD on 24 May 1994. Prior to the meeting Mr McIntosh advised the SHHD that the SNBTS intended to commence an HCV look-back on 1 June 1994; Following the meeting he advised the SNBTS Directors that the SNBTS would not be starting a full scale HCV look-back programme until further consultations had taken place. He noted that it had been agreed that the preferred route would be via a UK wide policy if at all possible.

7. What was discussed at the meeting on 24 May 1994? Who made the decision not to commence an HCV look-back in Scotland on 1 June 1994? Why was that decision made?

**RESPONSE: I can no longer recall with certainty the detailed content of this 24 May 1994 meeting, but my best recollection is that David MacIntosh was taken to task and advised by SHHD officials that his communication, from the Glasgow Donor Centre, to Rab Panton (SHHD) on 19 May 1994 did not convey the accurate conclusions of the SNBTS Medical and Scientific Committee meeting of 18 May, as reported to them by Dr Keel. In short, at the MSC meeting of the 18 May 1994 it had been agreed that, at the request of Dr Keel (SHHD), no action should be taken until such times as SHHD had given and communicated its consideration of a Scottish look-back programme. It**

became clear on the 25 May that SHHD wished to stand by the advice given by Dr Keel to the MSC and moreover include DHSS in its consultation. The arbitrary advice given by Mr MacIntosh to Mr Panton that the SNBTS would commence its HCV look-back programme on 1 June 1994 was declared by officials to be inappropriate and unacceptable.

On 21 June 1994, Dr Cash wrote to the SNBTS Directors clarifying the position "after the unusual events following our last MSC meeting" [SNB.009.9571]. He noted that SHHD approval was now necessary for the SNBTS to commence a formal 'nation-wide' HCV look-back programme. As the NBA would not move to consider establishing an HCV look-back programme until it received advice from ACTTI, an extra-ordinary meeting of ACTTI was to be called.

8. What were "the unusual events following the last MSC meeting"?

**RESPONSE: David MacIntosh's apparent rejection of the advice given by SNBTS professionals at the 18 May 1994 MSC meeting. It was unusual because we were not accustomed to administratively qualified managers over-riding medical/scientific professional advice, though it is possible that on this occasion David believed he had received professional advice. In the event this temporary managerial dysfunction was addressed satisfactorily and the MSC/SHHD position prevailed.**

John Cash

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