

**THE PENROSE INQUIRY**  
**STATEMENT OF DR AILEEN KEEL**

i. My name is Aileen Margaret Keel. My qualifications are MBChB, FRCP (Glasgow), FRCP (Edinburgh), FRCPath, MFPH. I am currently Deputy Chief Medical Officer (Scotland).

ii. My postgraduate training and early medical career were spent in the fields of general medicine and haematology. Before joining SHHD I practised haematology at consultant level in the NHS and in the private sector. I joined SHHD as a Senior Medical Officer in February 1992. I was promoted to Principal Medical Officer in 1998, and promoted to Deputy Chief Medical Officer in 1999. In addition to my civil service post, in 1995 I was appointed Honorary Consultant in Haematology at Edinburgh Royal Infirmary, where I carry out one general haematology clinic per week.

1. Anti-HCV testing commenced in Scotland in September 1991. Why was a look back exercise not commenced at that time?

iii. I cannot answer this question from first hand knowledge as I was not a government Medical Officer in 1991. As far as I can gather from reading papers subsequently, it was not thought feasible for logistical reasons. There was a feeling that a look back exercise would be very difficult to undertake. The first step which would require to be taken would be for SNBTS to check their donor records to ascertain whether retained samples existed. If retained samples were held, they would require to be tested. The next step would be to check hospital records to trace the recipients. It is not always possible for hospital records to be located. The third step would have been tracking down and testing the recipients. It was not until Dr Gillon conducted his pilot study that it was determined that a lookback exercise would in fact be feasible. A separate issue was that, in 1991 and for several years thereafter, there was no available treatment for HCV.

2. 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?

iv. I have retained my diary from 1994 and have an entry on 24 May which indicates that I attended the meeting. However I do not have any notes of the meeting and cannot recall what was discussed. I can say that there was a general wish to try to take any actions required in the blood transfusion context forward on a UK basis. Allied to that was a desire to do things in a coherent and organised manner, so that both blood donors and the general public understood the actions being taken. Issues such as this may have been discussed and may have contributed to the fact that HCV lookback did not commence in Scotland on 1 June 1994.

v. I see from SGH.004.0847 that there had in fact been a general issues meeting with SNBTS on 16 May 1994. I do not recall Dr Gillon's paper being mentioned at that meeting. This might have been an appropriate time for it to be raised in advance of the meeting of the SNBTS Medical and Scientific Committee on 18 May 1994.

3. On 21 June 1994 Dr Cash referred to "the unusual events following our last MSC meeting". What were the unusual events that he was referring to?

vi. I am afraid I do not know what the "unusual events" to which Professor Cash alludes were.

4. At the meeting of the ACMSBT on 29 September 1994 Mr Tucker said that approaches to institute HCV look back in Scotland had been resisted and that it was important that a UK wide approach was adopted. Who had resisted?

vii. I do not know who "resisted" but there was a general desire to proceed on a UK basis. Mr Tucker is the person to whom this quote is attributed and he may be able to provide an answer.

5. Dr Keel said that the view in Scotland was that the Secretary of State was vulnerable as look back was feasible since donors could be identified and traced and advice from Scottish Office lawyers was that look back should start immediately. Please explain this comment in more detail.

viii. I was quoting the advice received from the Solicitor's Office and do not have either a copy or a clear recollection of the precise terms of the advice. However I think that the legal advice would have been based on the fact that the SEBTS pilot project had demonstrated the feasibility of conducting a look back exercise and therefore the position in Scotland was different from the position in England; we could no longer argue that it would not be feasible to conduct the exercise in Scotland.

6. What happened in Scotland between 22 December 1994 and 11 January 1995? Did the SNBTS take steps to implement the look back in Scotland prior to 11 January 1995?

ix. SHHD records relating to this period no longer exist and I cannot therefore advise what actions were undertaken within SHHD during that period. Between 22 December 1994 and 11 January 1995 I would imagine that SNBTS were planning to launch the look back exercise and were working towards full implementation.

x. To the best of my knowledge, SNBTS did not take steps to implement the look back in Scotland prior to 11 January 1995. I had forgotten, until reading the papers accompanying the statement request, that we went ahead in advance of England. This, as far as I can recall, was an unprecedented step for SHHD, and was taken because of the legal advice referred to at 5(viii) above.

7. What steps, if any, did the SHHD take to draw doctors' attention to the availability of testing and implications of HCV for patients before April 1995?

xi. It is not normal practice to issue circular letters to the whole profession in relation to new tests. The introduction of new diagnostic tests is a fairly regular occurrence; Hepatologists would have been aware of the availability of the

hepatitis C test as a diagnostic tool and introduction of HCV testing would not have been treated differently from any other new diagnostic test. SHHD would not have taken steps in relation to donor education as this is a role for SNBTS. For the majority of GPs I believe that there would have been an emerging awareness of the virus, and its seriousness. The developing realisation of the significance of the virus is not particularly linked to donor testing/lookback; the vast majority of cases concern IV drug misusers, and GPs were becoming increasingly aware of HCV in that context.

8. Were any efforts made in Scotland to contact people who had received blood or blood products prior to 1991 where the donor had not returned to a transfusion centre? If not, why not?

xii. I do not believe that steps were made to trace recipients of blood from donors who had not returned because of the logistical difficulties which would have been encountered. Such an exercise would have been required SNBTS to go back to their archives and retest all available retained samples, which would have been an enormous undertaking.

9. Were any steps taken to publicise the risk that individuals might have contracted HCV from blood and blood products administered before September 1991? Was the availability of testing publicised to the general public (and more particularly recipients of blood or blood products who may have been exposed to HCV prior to 1991)? If so, what arrangements were made for any such individuals who wished to be tested? If not, why not?

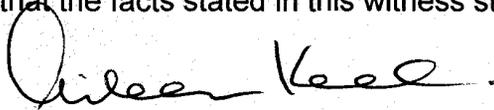
xiii. I seem to recall that we communicated with GPs informally in the post-1995 period encouraging them to refer patients if they had a suspicion that the patient may have been infected with HCV, although I do not have any documentary record of this. I do not believe we conducted any publicity targeted at the general public. We did make it clear to GPs that individuals should be tested by the GP in circumstances where the GP thought it appropriate.

10. What products were included within the HCV look back? Why was the look back not extended to all blood and blood products?

xiv. The look back included all blood components (ie red cells, platelets, fresh frozen plasma and cryoprecipitate) but not coagulation factor concentrates, which had been subjected to a sufficient degree of heat treatment since 1987, rendering them HCV 'safe'.

Statement of Truth

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

Signed   
Dated 8/11/11