Witness Name: Dr John Logan
Statement No.: WITN7451001
Exhibits: WITN7451002-012
Dated:16/01/2023

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR JOHN LOGAN

I provide this statement on behalf of NHS Lanarkshire in response to a request under Rule 9 of the Inquiry Rules 2006 dated 16 April 2021.

I, John Logan, will say as follows: -

Section 1: Introduction

1. **Please set out your name, address, date of birth and professional qualifications.**

   My name is John Logan. My address is NHS Lanarkshire Headquarters, Kirklands, Fallside Road, Bothwell, G71 8BB. My date of birth is GRO-C 1962. I am a medical doctor and my professional qualifications are MB, ChB; DRCOG; MRCGP; MPH; MFPHM. My General Medical Council registration number is 3267211.

2. **Please set out your current role at NHS Lanarkshire and your responsibilities in that role.**

   I am a consultant in public health medicine in the NHS Lanarkshire Directorate of Public Health and I am the NHS Lanarkshire lead public health consultant for blood borne viruses. I have been employed by NHS Lanarkshire in this role since 1999.

3. **Please set out the position of your organisation in relation to the hospital/other institution criticised by the witness/s (for example 'ABC NHS Foundation Trust ("the Trust") operates from Hospital X and Hospital Y (formerly Hospital Z)').**

Lanarkshire Health Board is responsible for healthcare provision for the population of the Lanarkshire area.

Section 2: Response to Criticism of witness W1855

At paragraph 74 of his statement, witness W1855 states that he did not feel that Monklands General Hospital was helpful. He also felt they were not interested in giving him answers. Please comment on this.

74.	Before 2017, I was under the care of Monklands General Hospital for five years. I did not feel they were helpful and felt they were not interested in giving me answers.

Based on the information provided in paragraph 74 it is difficult to know which aspects of Mr Clarke's health care provided by Monklands General Hospital he felt were unhelpful and which members of staff he felt were not interested in giving him answers. However, review of paragraphs 71 to 73, and review of Mr Clarke's clinical records which show he continued to attend Monklands General Hospital renal services during 2018 and 2019, suggest he may have been referring to the hepatitis service.

A letter dated 1-4-2013 (WITN7451002) from a consultant physician refers to an intention for a hepatitis outpatient clinic appointment to be offered to Mr Clarke, however, there is no record of whether an appointment was offered and if so if it was attended or not attended.

At 13:48 on 6 June 2016 an email referral was made from a renal associate specialist to an infectious disease (ID) consultant physician (WITN7451003)

At 14:26 on 6 June 2016 the ID consultant physician sent a reply email responding to the clinical issues which had been raised and copying the response to a secretary with a request for an appointment at the consultant hepatitis clinic to be offered to the patient (WITN7451004).

Mr Clarke was seen at the consultant hepatitis clinic on 28 July 2016. A detailed, comprehensive two-page clinic letter was dictated on 2 August, typed up on 4 August and authorised for sending to Mr Clarke's GP and the referring renal associate specialist on 9 August 2016 (WITN7451005).

Mr Clarke was reviewed again at the consultant hepatitis clinic on 22 September 2016. The consultant physician dictated a clinic letter on the day of the clinic and it was authorised for sending two days later (WITN7451006). The consultant physician did not arrange further follow up and there is no record that Mr Clarke was subsequently seen by the hepatitis service.

The assessment is recorded as follows:

Assessment

I met Mr Clarke at the clinic. I discussed with him the fact that his Hepatitis C PCR was negative at the last clinic appointment. Therefore I think it is highly unlikely that Hepatitis C is driving his renal disease. I understand that he is having a renal biopsy on Tuesday and it will be interesting to see the results. We also had done an ultrasound and fibroscan. The fibroscan was not suggestive of having developed cirrhosis during the time that he had Hepatitis C, although the CAP measurement which can indicate risk of fatty liver was slightly high and I have advised him of this.

Recommendations

Acute actions

1. I have not arranged any further follow up.

Primary care and patient actions

1. I should point out that his BP was high again at 178/116 and I understand that you are actively managing this and it has been problematic

It is regrettable that Mr Clark did not feel that the staff at Monklands General Hospital providing a service were helpful and that he felt they were not interested in giving him answers. The members of staff who have provided, and who currently provide, the hepatitis service at Monklands General Hospital seek to provide a very high quality service including clinical assessment, investigation, treatment and support. Good communication is recognised as

being a very important aspect of service delivery including understanding information needs that patients have and meeting these needs, including answering any questions that patients may have. It is recognised that communication is one of the most challenging aspects of health care provision. The members of staff in the hepatitis service also try to be helpful and compassionate. Good communication and provision of compassionate care are two of the key areas that are focused on in the NHS Lanarkshire quality strategy and implementation plan.

NHS Lanarkshire seeks to provide the best available care to patients and carers using available resources. The approach to providing patient and carer centred care has developed significantly in recent years with all members of staff being involved in contributing to assuring the quality of care provided and taking a continuous quality improvement approach. In NHS Lanarkshire the approach to quality assurance and quality improvement is managed by a programme that is embedded across the organisation which is called the Lanarkshire Quality Approach.

Copies of the following documents are appended to this response:

- NHS Lanarkshire Quality Strategy 2018-2023 (WITN7451007)
- NHS Lanarkshire Quality Strategy Implementation Plan 2022/23 (WITN7451008)
- Annual report (2021-2022) on feedback, comments, concerns and complaints (WITN7451009)
- The Healthcare Quality Assurance and Improvement Committee (HQAIC) toolkit (WITN7451010) – this includes details of the terms of reference of this committee and the committee structure
- Care opinion (What's your story?): Annual Review of stories told about NHS Scotland Services in 2021-2022 (WITN7451011). NHS Lanarkshire promotes Care Opinion, monitors the stories, shares these with members of staff, monitors feedback and reports on this work to the corporate management team. The Annual Review includes details of each NHS Board.

- An SBAR report on the development of the NHS Lanarkshire Quality Strategy 2023-2028 (WITN7451012). This includes an updated info-graphic which summarises the aims of the quality strategy and is being used to promote engagement with the development of the new strategy. The new strategy will involve greater provision of information about the quality strategy on the NHS Lanarkshire public website.

Further information is available from the Quality Directorate by emailing: lqa@lanarkshire.scot.nhs.uk .

It is recognised that as well as having high level strategies and plans the delivery of a high quality service depends on the quality of relationships, interactions, communication and other aspects of treatment and care with every patient and their family and carers. Implementation of the quality strategy is closely monitored and reported to the executive directors of the corporate management team and to NHS Lanarkshire Board members.

It is acknowledged that the quality of care provided to patients and carers in the past may not have been of a satisfactory standard and if that has been the case this is very much regretted.

Section 3: Other Issues

If there are any other issues in relation to which you consider that you have evidence which will be relevant to the Inquiry's investigation of the matters set out in its Terms of Reference, please insert them here.

I understand that Mr Clarke died on 1st January 2020. Should members of Mr Clarke's family wish to meet with me and a member of the NHS Lanarkshire quality directorate to talk about Mr Clarke's witness statement and the current approach to health care quality assurance and quality improvement, I would welcome the opportunity to arrange a meeting at a place, date and time that is convenient for them.

Statement of Truth

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

Signed GRO-C

Dated 16th January 2023

Table of exhibits:

Date	Notes/ Description	Exhibit number
01/04/2013	Letter from Consultant Physician	WITN7451002
06/06/2016	Email referral to Infectious Diseases Consultant Physician	WITN7451003
06/06/2016	Email reply to referral to ID consultant physician	WITN7451004
28/07/2016	Clinic letter from appointment on 28/07/2016	WITN7451005
22/09/2016	Clinic letter from appointment on 22/09/2016	WITN7451006
May 2018	NHS Lanarkshire Quality Strategy 2018-2023	WITN7451007
07/10/2022	NHS Lanarkshire Quality Strategy Implementation Plan 2022/23	WITN7451008

27/06/2022	Annual report (2021-2022) on feedback, comments, concerns and complaints	WITN7451009
Feb 2022	The Healthcare Quality Assurance and Improvement Committee (HQAIC) toolkit	WITN7451010
2021/2022	Care opinion (What's your story?): Annual Review of stories told about NHS Scotland Services in 2021-2022.	WITN7451011
September 2022	An SBAR report on the development of the NHS Lanarkshire Quality Strategy 2023-2028..	WITN7451012