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emailed to Howard
5/12/13

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Dear Professor Makris

Thank you for your recent letter regarding the Skipton Fund additional payment and I hope that this response will clarify the reason why we occasionally ask for other information if a diagnosis of cirrhosis has been made solely on the basis of a Fibroscan score.

The reason we ask such questions is not to ascertain whether outside influences have *caused* cirrhosis, as the scheme does not distinguish between cirrhosis caused by hepatitis C or, for instance, alcohol abuse, rather they are to ascertain whether or not the Fibroscan *result* was increased by other factors *rather than* cirrhosis.

Our medical Director is a Professor in Hepatology and unless a case is straightforward (in which case it can be considered by any member of the Board) it is referred to him. The reason that in some cases he has asked that we request information such as whether the person is obese, has diabetes or has a high alcohol intake is because these factors can result in fat in the liver and/or cause inflammation which increases liver stiffness and results in a raised Fibroscan score. So somebody who has fibrosis and fat deposits in the liver due to obesity may have a Fibroscan reading within the potentially cirrhotic range (12.5kPa and over) even though they do not have cirrhosis. Fibroscan measures the stiffness of the liver, rather than the amount of fibrosis, which is what the Skipton Fund have been asked to do by the Department of Health for the purpose of the additional payment.

So such questions are generally only needed if an application is based solely on a Fibroscan reading where the specialist has left the various other sections of the form blank (these include the simple blood tests, evidence of portal hypertension, results of ultrasound scans, MRI scans, CAT scans, endoscopies and histology – although we wouldn't ask for these last two invasive procedures to be done purely for the purposes of a Skipton Fund application); or the other sections of the form have been completed but are not supportive of a diagnosis of cirrhosis.

I hope this clarifies why we ask such questions and that somebody would not be excluded if they had received the stage one payment as a result of contracting hepatitis C through treatment with NHS blood or blood products and developed cirrhosis even if they were obese, had a high alcohol intake etc.

Yours sincerely

Nicholas Fish
Scheme Administrator