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MM/JHL

22 November 2013
(Dictated 21 November 2013)

Mr N Fish
Scheme Administrator
Skipton Fund
PO Box 50107
LONDON
SW1H 0YH

Dear Mr Fish

Re: Acceptance of FibroScan result as evidence for cirrhosis

I am writing to you for clarification about a policy decision. I will be feeding back on this issue to the UK Haemophilia Doctors' Organisation (UKHCDO), hence why I am asking you for clarification. As you know, recently we submitted a form on behalf of one of our patients with a very high FibroScan score. This was returned to me asking for information about other causes for high FibroScan measurements, hence why I am asking these questions. As far as I can see, there are 2 separate questions:

- a) Is there evidence of cirrhosis?
- b) Are there any other reasons why the patient would have a raised FibroScan score?

In the past you have accepted that if the patient has hepatitis C and cirrhosis they were eligible for the payment, irrespective of their alcohol intake. Can you clarify whether the rules have changed? As far as I know, I have never provided information about alcohol intake and this has never been questioned previously. I was wondering how you could make a distinction about what contributed to the cirrhosis in a patient with chronic hepatitis C and high alcohol intake?

Furthermore, I wonder how the question about whether the patient had diabetes was relevant? If the patient has chronic hepatitis C and was diabetic, would that have precluded them from payment?

I would be grateful if you could clarify the above issues; as I said I will be passing a copy of your response to the UKHCDO Secretariat who may wish to let the other haemophilia doctors in the UK know what the current rules are if there has been a change.

Yours sincerely

GRO-C

M MAKRIS
Professor and Honorary Consultant in Haemostasis & Thrombosis
checked electronically