

Witness Name: Dr Suman Verma

Statement No.: WITN7742001

Exhibits: WITN7742002

Dated: 14/01/2024

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR SUMAN VERMA

I provide this statement in response to the request under Rule 9 of the Inquiry Rules 2006 dated 22 August 2023.

I, Dr Suman Verma, will say as follows: -

Section 1: Introduction

1. My name is Dr Suman Verma and my date of birth is GRO-C1974.
2. Professional address: Chelsea and Westminster Hospital, 369 Fulham Road, London SW10 9NH.
3. Qualifications: MB BChir (Cantab), BSc Hons, PhD (Cantab), FRCP (London)
4. I am a consultant Hepatologist at Chelsea and Westminster Hospital and Honorary Consultant Hepatologist at The Royal Brompton Hospital being appointed in March 2016. In this role I clinically manage patients with (Hepatitis C Virus) HCV and the spectrum of other causes of liver disease including young adult patients transitioning from paediatric to adult services. I am a member of the NHSE London HCV Delivery Group.

5. I have been involved in the care of viral hepatitis patients, including HCV, since I was a Senior House Officer in 2002 in the Transplant and High Dependency Unit at Addenbrooke's Hospital Cambridge. I spent a year as an Advanced Liver Fellow at the Liver Unit in Queen Elizabeth Hospital, Birmingham and in 2013 was appointed Senior Clinical fellow at the Liver institute, Kings' College Hospital, London. I was also appointed Locum Consultant Hepatologist at the Liver Institute, King's College Hospital from November 2015 to February 2016. I have managed and treated over 2000 patients with HCV in my career and delivered international and national lectures related to Viral Hepatitis.
6. Additionally, I have been involved in HCV service development and clinical trials with pharmaceutical companies Gilead, AbbVie and MSD, utilising direct acting agents (DAAs) HCV therapy.

Section 2: Responses to criticism by Witness W1932

7. Comment on paragraphs 50 & 51 - consultation comments.
8. Having obtained patient consent for clinic letters and notes to be released, I have reviewed these for this patient, who was under the care of King's College Hospital from November 2014. I also recall my consultation with W1932 who attended the clinic with her husband on 4th March 2015. W1932 had been discharged from hospital following an episode of liver decompensation on 1st January 2015. The discharge summary available in clinic, stated this manifest as "ascites, peripheral oedema, altered behaviour with labile mood not wholly typical of encephalopathy and hyponatraemia (low sodium)" necessitating a change in her epilepsy medication from Sodium Valproate to Levetiracetam. My clinic letter is enclosed.
9. Having introduced myself as the Senior Clinical Fellow, I explained the purpose of the consultation to W1932 and her husband. I stated this was to assess her clinical state was stable, review her medications and any non-prescribed medications she was taking which may adversely interact with the DAA HCV medications and instigate any changes required prior to treatment. W1932's case would then be discussed at the HCV multidisciplinary meeting (MDT) for Expanded Access Programme HCV treatment approval, following which a treatment request form (Blutec) would be completed and treatment commenced.

10. W1932 started shouting that I “didn’t know anything” and that she had been informed by the inpatient team she was starting treatment today. She vented her frustrations with the NHS who “had given her HCV and were now not going to treat her”. I apologised for any misunderstanding or misinformation that had occurred, sympathised with her experience and her desire for treatment and explained we were keen to offer her HCV treatment, but wished to ensure it was delivered safely. I explained our practice was to optimise all patients prior to DAA HCV treatment to ensure safety, maximise chances of treatment success and avoid premature stoppage of treatment, particularly given her complex history with decompensation. W1932 was interrupting, shouting and airing her frustrations with the NHS, and each time I stopped talking and listened. At no point did I interrupt W1932. W1932’s husband asked several times for her to “calm down”, “let the doctor speak” and “let’s hear what the doctor has to say”. W1932’s husband also apologised to me. I offered to ask the HCV lead consultant (Dr Agarwal) to come and speak to W1932 in the clinic, but W1932 declined, stating “he can’t even fill out the (Skipton) Fund form properly, why would I want to speak to him?”
11. As stated in my clinic letter, we discussed the prescribed medications she was taking and any over the counter medications to review potential drug –drug interactions with DAA HCV treatment and compliance. At this point, W1932’s husband reported inconsistencies in W1932’s medication administration behaviours. In addition, he reported three epileptic fits since she switched from Sodium Valproate to Levetiracetam, the last necessitating admission into Maidstone hospital. Furthermore, he reported W1932 was filling her medication dosette box herself and there were inconsistencies. W1932 started yelling over him “that’s not true, it was all sorted out”.
12. W1932’s husband also reported she had been advised to stop spironolactone and frusemide for a low sodium level at the admission to Maidstone Hospital. However, 3-4 days before her clinic consultation, W1932 had restarted these medications of her own volition such that her Sodium level had fallen further and increased her risk of fits. I explained this to W1932 and advised she stop these medications straightaway. W1932 started interrupting and contradicting her husband, stating “she was taking her medications correctly now”. To resolve this, I asked to review the medication dosette box that they had with them. After reviewing each day’s tablets, we discovered several of her anti-epileptic tablets were missing thus increasing her risk of dangerous epileptic fits. I advised that the dosette box could be filled by her local pharmacy thus preventing medication dosing errors and taking the pressure off W1932. In addition, I

discussed that the new HCV treatment needed to be taken without any missed doses to give the best chance of HCV clearance especially as only one treatment cycle was currently funded and NHSE had not given any directive on retreatment. W1932 angrily stated "because they are expensive the NHS don't want to treat people they have infected ". I agreed the new DAA HCV medication was more expensive however the key issue was the treatments were novel and retreatment protocols had not yet been established. At no point did I shout or raise my voice to W1932's husband.

13. We agreed to review in three weeks' and if her fits were controlled, her serum sodium levels had improved and there was no inconsistency in medications dosing, we could refer to the HCV MDT for DAA HCV treatment (as documented in the clinic letter). W1932's husband apologised to me again for W1932's outbursts and stated that his wife's behaviour had changed since she acquired HCV, with difficulty with simple tasks, becoming more labile in mood, and buying large volumes of goods unnecessarily.

14. Throughout this consultation, I was polite, measured, professional and empathetic to W1932 and her husband.

Section 3: Other Issues

15. I attach my clinic letter for 4th March 2015

Statement of Truth

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

Signed

GRO-C

Dated 14/01/2024

Table of exhibits:

Date	Notes/ Description	Exhibit number
4/3/2015	Clinic letter of consultation	WITN7742002