

Mrs GRO-A  
GRO-A  
Somerset  
GRO-A

30<sup>th</sup> May 2012

Dear Mrs GRO-A

**Re: Skipton Fund Application (GRO-A)**

We have recently received your application form for the Skipton Fund ex gratia payment from your clinician.

It is with regret that I must advise you that your application has been declined. This is due to the period of snorted drug use which is a risk factor for the transmission of the hepatitis C virus as well as the uncertainty of IV drug use. Furthermore there do not appear to be medical records to confirm that you underwent treatment with NHS blood or blood products prior to September 1991.

If you disagree with the outcome of your application you may apply to the independent appeal panel, which is chaired by an experienced lawyer and contains a haematologist, a hepatologist, a general practitioner and a lay person. I enclose a copy of the appeal panel's guidance notes to help you decide if you would like your case to go to appeal or not.

If you were to appeal then it will be necessary to either obtain a copy of medical records relating to the treatment you underwent during child birth in 1980's from the Bristol Royal Infirmary or your GP surgery or letters from each to confirm that they hold no records.

If you wish to make an appeal please return your application form with the documents mentioned above along with written confirmation that you wish to appeal.

Yours sincerely

Nicholas Fish  
Scheme Administrator

## PART 5 - TO CONFIRM THE AUTHORITY OF RESPONDENT(S)

How long have you known the person in respect of whom you have completed this form?

15 years months

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

Hospital Stamp  
Clinician's  
GMC number

How long have you known the person in respect of whom you have completed this form?

years months

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

Hospital Stamp  
Clinician's  
GMC number

How long have you known the person in respect of whom you have completed this form?

years months

Name of Clinician

Department

Hospital

Address

Post Code

Signature of Clinician

Hospital Stamp  
Clinician's  
GMC number

How long have you known the person in respect of whom you have completed this form?

25 years months

Name of GP (if relevant) D E L BRAY

Surgery CANNINGTON HEALTH CENTRE

Address MILL LANE, CANNINGTON,

BRIDGWATER, SOMERSET

Post Code TA5 2HA

Signature of GP

GRO-C

Mrs Mecedan, Gray, Ogle & Baverstock  
Cannington Health Centre  
Mill Lane, Cannington  
Bridgewater TA5 2HA  
Tel (01278) 652335  
Fax (01278) 652433

2567259

By signing this form I confirm that the information contained within parts 2-5 of the form is true to the best of my knowledge and belief and that if I knowingly authorise false information this may result in disciplinary action and I may be liable to prosecution. I consent to the disclosure of information from this form to and by the Sipton Fund and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and for the investigation, prevention, detection and prosecution of fraud.

Please return the completed form to the Sipton Fund in the freepost envelope supplied

Thank you very much for your help in completing this form

8

## PART 1A - TO BE COMPLETED BY OR ON BEHALF OF THE APPLICANT, OR IN RESPECT OF SOMEONE WHO IS DECEASED

Please complete the following in block capitals:

If you are completing this form on behalf of somebody who is unable to do it himself or herself, please supply the following information about that person. If you are claiming in respect of somebody who is deceased, please supply the following information about the deceased.

Title (Mr/Ms/Mrs/other) MRS

Surname

GRO-A

First name

GRO-A

Middle name/s

Address

GRO-A

SOMERSET

Post Code

GRO-A

What is or was your relationship to this person?

If the infected person has died and you did not supply the Sipton Fund with a copy of the death certificate during registration then please attach a copy to this form.

## PART 1B - TO BE COMPLETED BY THE APPLICANT OR THE PERSON MAKING THE APPLICATION ON BEHALF OF THE ESTATE IF THE APPLICANT IS DECEASED

DATA PROTECTION - For living applicants only

Your personal information will only be used by the Sipton Fund on behalf of the Department of Health (England), acting for and on behalf of the Secretary of State for Health, to check your eligibility for a payment and to administer your application. In the event of a dispute as to your eligibility for payment, your information may be disclosed to the Department of Health (England) Appeals Panel. Your information will otherwise be held in the strictest confidence and will not be shared with any other organisation.

By submitting this form to a medical professional, you consent to your medical details requested in Parts 2-4 being supplied to the Sipton Fund and the Department of Health (England) for the purpose of administering your application. If your application is ultimately deemed to be ineligible for the ex gratia payment your information will be deleted. If you have any questions regarding the use of your information, please contact 0207 808 1160.

Do you consent to the medical details requested in Parts 2, 3 and 4 being supplied to the Sipton Fund?

\*Delete as appropriate  
YES/NO\*

If you have any records regarding your hepatitis C status (or that of the deceased person), please give them to the medical professional who will be completing the remainder of the form.

For all applicants

By signing this form I declare that the information I have given on the form is correct and complete and that I have not previously claimed for the first stage ex-gratia payment of £20,000 from the Sipton Fund on behalf of myself or, if applying in respect of a deceased person, that the estate has not previously applied for the first stage ex-gratia payment of £20,000 from the Sipton Fund. I understand that if I knowingly provide false information that I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of the information from this form to and by the Sipton Fund and NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

I wish to apply for a £20,000 ex-gratia payment.

Signature of applicant or the person making the application on behalf of the estate if the applicant is deceased

GRO-A

Date 19 04 12

2

## THE SKIPTON FUND

PO Box 50107 London SW1H 0YF Telephone: 02078081160 Email: apply@skiptonfund.org www.skiptonfund.org

Mrs GRO-A  
GRO-A  
Somerset  
GRO-A

GRO-A

GRO-A 16/04/2012

## GUIDANCE NOTES FOR APPLICATION FORM FOR FIRST STAGE EX GRATIA PAYMENT OF £20,000.

## TO THE APPLICANT

Thank you for registering with the Sipton Fund. Please read these notes carefully before completing the form. Please also show these notes to the medical professional who you ask to complete the rest of the form after you have completed and signed Part 1.

## HOW TO COMPLETE THE FORM

Page 2 of the application form must be completed by the person making the claim. In nearly all cases this will be you, the infected person; if such a claimant is unable to complete the first two pages of the form, they can be completed by a representative as long as this is made clear on the form.

If the application is for a payment in respect of somebody who has died, the form asks for information about the deceased person.

All the rest of the form after page 2 must be completed by a medical professional, to whom you should give the form after you have completed and signed the first two pages. You should also give the guidance notes to that medical professional.

Generally this medical professional should be the principal clinician treating you or who had treated the deceased; this will probably be a clinician treating hepatitis C, but in the case of applicants with bleeding disorders, or in respect of someone deceased who had a bleeding disorder, it might be a haematologist.

If you cannot give this form to such a clinician to complete, you should take it to your or the deceased person's General Practitioner, again with the guidance notes.

If you yourself have any records of how you or the deceased were infected, please give them to the medical professional who will be completing the remainder of the form.

When the medical professional has completed the form, he or she should send it to the Sipton Fund along with supporting documents where it will be processed. Provided that the information supplied confirms eligibility for a payment, this will be made as soon as possible after the receipt of the form by the Sipton Fund.

If you have any difficulties in understanding what you should do with this application form, please telephone the Sipton Fund Helpline on (0207 808 1160). In case your call has to be recorded, please be ready to leave a telephone number to which it will be possible to return your call.

## TO APPLY FOR SECOND STAGE EX GRATIA PAYMENT

Before applying for the second stage payment a successful first stage application has to have been paid to confirm eligibility. If, after receiving the first payment, you believe that you are eligible for this payment, please ask the Sipton Fund for the relevant application form.

1

## TO BE COMPLETED BY YOUR HOSPITAL DOCTOR OR GENERAL PRACTITIONER

## NOTES TO THE MEDICAL PROFESSIONALS COMPLETING THIS FORM.

Thank you for your help with this application.

In most cases this form will concern a patient who is known to you who has been infected with hepatitis C.

The purposes of this form are

- to confirm that the patient has been chronically infected
- to confirm that the infection most probably arose through treatment with NHS blood or blood products

If there are questions in this form relating to your patient that you cannot answer, please consult such other medical professionals as have treated your patient who would be able to provide such answers.

In some cases this form will concern a patient who had been infected with hepatitis C but who has since died. In such a case all the questions you are requested to answer refer to the deceased person.

In some cases this form will concern a patient who has been indirectly infected (e.g. by accidental needle stick) by somebody who is (or was) himself or herself infected through NHS treatment. In such a case please answer only parts 2A (or 2C), 2B, 4B and 5.

Please return this form, when completed, to the Sipton Fund in the freepost envelope supplied.

Sipton Fund Limited  
Freepost NAT18555  
London  
SW1H 0BR

3



**PART 2A - TO CONFIRM THE APPLICANT'S ELIGIBILITY FOR PAYMENT**

Has an HCV antibody test ever been positive?

YES/NO\* ☒ YES

Is the applicant currently PCR/RNA positive?

YES/NO\* ☒ YES

If the applicant is currently PCR/RNA negative, is this as a result of past or ongoing interferon-based treatment?

YES/NO\* N/A

If the applicant is PCR/RNA negative is there radiological or pathological evidence that they were chronically infected after the acute phase (ie the first six months) of the illness had passed?  
(Relevant radiological or pathological evidence would include chronic-phase raised liver-function tests, previous consideration for treatment, liver histology or radiography, other symptoms of chronic hepatitis C.)

YES/NO\* N/A

PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING ALL OF THE ANSWERS IN PART 2A

**PART 2B - TO CONFIRM WHETHER INFECTION AROSE INDIRECTLY**

In your opinion, is it probable the applicant was infected as a result of transmission of the virus from another person who had himself/herself been infected through treatment with blood, blood products or tissue?

YES/NO\* DON'T KNOW

If YES did transmission occur as a consequence of

- sexual intercourse?
- accidental needle stick?
- mother-to-baby transmission?
- other (please specify)?

YES/NO\*

YES/NO\*

YES/NO\*

Please provide details and a copy of test result to confirm which genotype the applicant is/was infected with

If any of the answers in part 2B is 'YES', please ignore the rest of parts 2 (unless the eligible person is deceased), 3 &amp; 4A and go to part 4B.

**PART 2C - TO CONFIRM THAT A PERSON NOW DECEASED WOULD HAVE BEEN ELIGIBLE FOR PAYMENT**

Did the deceased person ever test positive for HCV antibodies?

YES/NO\*

Was the deceased person PCR/RNA positive at the time of death?

YES/NO\*

If at the time of death the applicant was PCR/RNA negative was this as a result of interferon-based treatment?

YES/NO\*

If the deceased person died before tests for hepatitis C were available, was a diagnosis of non-A, non-B hepatitis associated with receipt of a blood transfusion, blood component or blood products made?

YES/NO\*

PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING ALL OF THE ANSWERS IN PART 2C

4

**PART 3 - TO BE COMPLETED ONLY IN RESPECT OF INFECTED PEOPLE, WITH HAEMOPHILIA OR OTHER INHERITED OR ACQUIRED BLEEDING DISORDERS**

i) Please confirm that the infected person has/had or is/was a carrier of an inherited or acquired bleeding disorder (such as haemophilia or von Willebrand's disorder)

YES/NO\*

ii) Were any of the following used to treat the infected person before 1 September 1991?

(please tick where appropriate)

Factor VIII concentrate

☐

Factor IX concentrate

☐

Cryoprecipitate

☐

FEIBA

☐

Plasma/FFP

☐

Whole blood or components

☐

(components include platelets, red cells, neutrophils etc)

Did treatment include repeated doses?

YES/NO\*

Other coagulation factor concentrate

☐

If so which?

iii) In which NHS hospital(s) did the infected person receive the products listed before 1 September 1991?

iv) If none of the products listed above was used to treat the infected person before 1 September 1991, do you believe that the infected person's hepatitis C infection was caused through treatment with NHS blood or blood products received before that date?

YES/NO\*

PLEASE PROVIDE A COPY OF MEDICAL RECORDS CONFIRMING THE ABOVE ANSWERS

If part 3 has been completed ignore part 4A and go straight to part 4B.

\*Delete as appropriate

5

**PART 4A - TO CONFIRM THAT INFECTION MOST PROBABLY AROSE THROUGH NHS TREATMENT. (NOT TO BE COMPLETED IN RESPECT OF PEOPLE WITH HAEMOPHILIA OR OTHER INHERITED OR ACQUIRED BLEEDING DISORDERS)**

i) When, where and how is it believed that infection occurred?

When? (date)

1980

Where? (in what NHS hospital or other facility)

Bristol Royal Infirmary

How? (during surgical procedures, A&amp;E treatment, etc) Please specify.

Birth received blood transfusion in 1980 post delivery of a baby at Bristol Royal Infirmary.

ii) Do any records exist of this possible occasion of infection?

If YES, please specify and enclose a copy of the relevant records

The G.P. records do not show any record of transfusion (no hospital letters before c. 1988) but patient given history of 4-6 transfusions with 2nd delivery.

iii) If the date of infection cannot be proved, do you believe infection occurred before 1 September 1991?

YES/NO\* No way of telling. No evidence in records

iv) Were any of the following used to treat the applicant before 1 September 1991? (please tick where appropriate)

Intravenous immunoglobulin

☐

Plasma/FFP

☐

Albumin

☐

DEFIX

☐

Bone marrow

☐

Whole blood or components

☒

(components include platelets, red cells, neutrophils etc)

If so, for what purpose, and did the treatment involve repeated doses?

post natal. no record of repeat transfusion in G.P. notes - refers to 4-6 transfusions given between 1980-85

v) Does any evidence exist of any other possible source of infection (e.g. treatment with other blood products or tissue, etc)?

If YES, please specify

YES/NO\*

\*Delete as appropriate

6

**PART 4B - OTHER POSSIBLE SOURCES OF INFECTION**

Based on evidence or your experience, has/had the infected person been treated for intravenous drug use?

YES/NO\*

Has/had the infected person ever received hospital treatment outside the UK? If YES, what treatment and where?

YES/NO\* on for 12 months

Is there any other evidence that might affect the eligibility of the infected person for payment? If YES, please specify?

YES/NO\*

In your view is it probable that the infected person's HCV infection was acquired in consequence of NHS treatment received before 1 September 1991?

YES/NO\*

If NO, please give your reasons?

I am unable to give an opinion. It is possible if a transfusion was received. Her records in the past mention 14 days in hospital but she has now been treated for this. I had mistakenly thought that she had used 14 drops but she denies this. Her records have only one reference to the mother (in 1990).

\*Delete as appropriate

7

## Nick Fish

---

**From:** Website registration form <noreply@skiptonfund.org>  
**Sent:** 13 April 2012 15:52  
**To:** The Skipton Fund  
**Subject:** Online registration system - new registration

----- Registration Form ... Generated from website: [www.skiptonfund.org](http://www.skiptonfund.org) -----

-- Title: Mrs

-- Forenames: GRO-A

-- Last Name: GRO-A

-- Address: GRO-A

GRO-A

Somerset

-- Post Code: GRO-A

-- Daytime Telephone: GRO-A

-- OK to leave message?: Yes

-- Email address: GRO-A@in.com

-- National Insurance #: GRO-A

-- NHS #: GRO-A

-- Date of Birth: GRO-A/1957

-- This person is not registered with a haemophilia centre

-- Name of Bank/Building Society: Lloyds TSB

-- Account Name: Mrs. GRO-A

-- Sort Code: GRO-A

-- Account Number: GRO-A

GRO-A

**Dob** GRO-A/1957

Currently registered with Somerset. For further information please contact the number below and ask for the Patient Data Manager.

**Tel: 01823 287770**

Department of Gastroenterology  
Musgrove Park  
TAUNTON  
Somerset  
TA1 5DA

NHS no:  
Our ref:  
MPH clinic:

GRO-A  
WRM/KJA/GRO-A  
GRO-A

Direct Line: GRO-C  
Facsimile: 01823 344612

27 March 2012

Dr E L Bray  
Cannington Health Centre  
Mill Lane  
Cannington  
BRIDGWATER  
Somerset  
TA5 2HB

Dear Dr Bray

GRO-A DOB GRO-A 1957  
GRO-A SOMERSET GRO-A

**Diagnosis:**

1. Chronic Hepatitis C, genotype 3a, viral load  $9.3 \times 10^6$  (ALT around 200)
2. Ultrasound scan of the liver: ?fatty liver, BMI 28 (weight 71kgs), random glucose 5.9 in November
3. Blood transfusion 33 years ago (1979) post-delivery at BRI in Bristol, never injected drugs, a few occasions of drug snorting more than 30 years ago

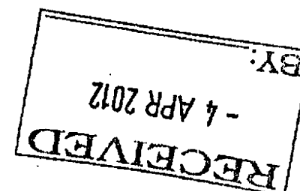
As Mrs GRO-A had complained of "a worsening tummy" I had arranged for an ultrasound scan of the liver which was reassuring, and did not show any ascites. I also wanted to give her an opportunity to ask further questions about treatment as there has been some uncertainty. With a genotype 3a high viral load she is likely to require 6 month therapy. She has seen Anna Page, our specialist nurse, today to go through the ins and outs of the medications. We shall check her HIV status, HbA<sub>1c</sub> level on the day of treatment initiation, as well as a non-invasive 'liver scarring' marker (ELF test).

If her LFTs remains deranged following eradication we ought to consider a fasting metabolic profile.

Yours sincerely

GRO-C

Dr Rudi Matull MD MRCP  
Consultant Physician and Gastroenterologist





Patient's Forename(s): GRO-A  
 Patient's Surname: GRO-A  
 NHS Number: GRO-A  
 Date of Birth: GRO-A / 57

**Non-Invasive Liver Screen** for  
 Asymptomatic patients with  
 Deranged liver function test - ?cause

ALT: 288 (iu/l) <sup>18/11/11</sup> 204 7/12/11  
 AST\*: 119 (iu/l) <sup>129 10/5/11</sup>  
 Alk. Phos.: 67 (iu/l)  
 y-GT: 91 (iu/l)  
 Billrubin: 5 (μmol/l)  
 Albumin: 42 (g/L)  
 INR: 1.1  
 Creatinine: 78 (μmol/l)  
 Platelets: 282 (10<sup>9</sup>/L)

Age: 54 years; Sex: (F) / M  
 Weight: 65 kg; Height: 158 cm

BMI\*: 26.6

Diabetes\*: Y / (N)

Blood pressure:     /     mmHg

On treatment? Y / (N)

Alcohol: 0 units / week last 3m

Binging sessions? (N) In past

Medication – list & timeline:

Cetirizine 10mg for itch nearly.

Naproxen Diclofenac 20/0

Nystatin

Chronic liver disease signs: Y / (N)

Liver imaging, e.g. ultrasound:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*: Metabolic syndrome parameters – associated  
 with Non-alcoholic fatty liver disease (NAFLD)

NILS		NHS
		Musgrove Park Hospital
<b>Virology</b>	Date	7/12/11
Hep B (HBsAg)		✓
Hep C (anti-HCV)		(+) 5/1/12
<b>Haematology</b>	Date	7/12/11
Ferritin (μg/l)		152
Fasting transferrin saturation (%)		
<b>Biochemistry</b>	Date	7/12/11
Alpha <sub>1</sub> -AT (g/l)		1.7 g/L
TSH (miu/l)		0.73
Fasting glucose* (mmol/l)		(random 5-9)
Fasting HDL* (mmol/l)		
Fasting triglyceride* (mmol/l)		
<b>Immunology</b>	Date	7/12/11
ANA (titer)		⊖
SMA (titer)		⊖
LKMA (titer)		⊖
AMA (titer)		⊖
IgG (g/l)		
IgM (g/l)		
IgA (g/l)		
Anti-TTG (u/ml) (coeliac screen)		
In YOUNG PATIENTS (<40 YEARS), please add serum copper & caeruloplasmin.		
For ACUTE PRESENTATION, consider Hep A, (Hep E), EBV, CMV serology.		
Other Results: CRP: 1		
CA 125: 18		
eGFR: 83 ml/min.		

**Musgrove Park Hospital**

Department of Gastroenterology  
Musgrove Park  
TAUNTON  
Somerset  
TA1 5DA

NHS number:  
Our ref:  
Correspondence dictated:

GRO-A  
SM/sj/GRO-A  
30 January 2012

Direct Line: GRO-C  
Facsimile: 01823 344612

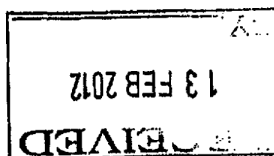
03 February 2012

**PERSONAL AND CONFIDENTIAL**

Mrs GRO-A

GRO-A

Somerset  
GRO-A



Dear Mrs GRO-A

I have now received the results of your recent blood test which you had performed in your surgery, but unfortunately one important test is still missing. You will therefore need to have an additional blood test and I have attached the relevant form. You can have this test done in your local surgery or alternatively you can pop up to Bridgwater outpatients department, but first you will have to give them a telephone call to make sure there is someone available who can do this for you.



With thanks

Yours sincerely

***Electronically scrutinised but not signed***

Dr Stanislaw Mittlener  
Associate Specialist in Gastroenterology

**ENC. Blood form**

   
Cannington Health Centre  
Mill Lane  
Cannington  
BRIDGWATER  
Somerset  
TA5 2HB

**Musgrove Park Hospital**

- 3 FEB 2011

Department of Gastroenterology  
Musgrove Park  
TAUNTON  
Somerset  
TA1 5DA

NHS number: [GRO-A]  
Our ref: SM/s [GRO-A]  
Bridgwater Hospital Clinic: 19 January 2012

31 January 2012

Direct Line: [GRO-C]  
Facsimile: 01823 344612

Dr E L Bray  
Cannington Health Centre  
Mill Lane  
Cannington  
BRIDGWATER  
Somerset  
TA5 2HB

Dear Dr Bray

[GRO-A] DOB [GRO-A] /1957  
[GRO-A] SOMERSET [GRO-A]

Diagnosis: Chronic Hepatitis C

Past Medical History: Hysterectomy

Thank you very much for referring this 54 year old lady with chronic hepatitis C. She presents with a history of raised LFTs from at least 2004, which is the earlier test available on the screen and recently you found she has a positive hepatitis C serology. She presents with rather non-specific symptoms of general tiredness, erratic bowel habit and some pain in the right upper quadrant radiating to the back, which is longstanding but has become worse recently. In 2008 she had a hysterectomy and anterior repair for prolapse and since that time she has a problem with bowel emptying and has manually evacuated her bowel. She has some itching on and off and noticed that her urine is sometime very dark. Her body weight is stable. She has never been diagnosed with any liver disease and has never been jaundiced. She had a blood transfusion over 30 years ago after delivery and she also admitted to using recreational drugs in the past, but she denied sharing needles at that time. She takes no regular medication. She smoke 3 cigarettes a day and drinks little alcohol. There is nothing significant in her family history.

On physical examination she looks well with no apparent jaundice. She has tiny scattered telangiectasia in the upper chest, but otherwise I could not find any stigmata of chronic liver disease. Her abdomen was soft and lax with no signs of ascites. I could not feel any organomegaly or masses. Her heart sounds were normal with a pulse rate around 70 and regular. Her chest was clear.

Her recent blood tests showed deranged LFTs with an ALT of 204, AST 119. Her bilirubin was normal at 10 and alkaline phosphate was 72. Her albumin was at a good level of 44. Her INR was 1.1. Her autoimmune profile was negative. Her ferritin was not raised at 152. Also her alpha 1 antitrypsin was normal and CRP was not raised. Her hepatitis C serology was positive and I know you have sent her bloods for PCR test but the results are not available yet. Her HBS antigen was negative.

Continued...



I would be grateful if you can see her and arrange further assessment and treatment. I have advised her to abstain from alcohol and that it would be worthwhile screening her husband and children for hepatitis.

Mrs [GRO-A] has four children. She had a total abdominal hysterectomy in 2008 under Miss Robson's care at Musgrove Park Hospital because of fibroids. She had right varicose vein surgery under Mr Chester's care in 2001. She has had an adverse reaction to Indomethacin. She is currently on no regular treatment. She smokes 3 cigarettes a day.

With thanks

Yours sincerely

Dr E L Bray

Enc

Copy to:

Anna/Annie  
Viral Hepatitis Nurses  
MPH

Dr E L Bray  
Cannington Health Centre  
Mill Lane  
Cannington  
BRIDGWATER  
Somerset

GRO-A      DOB GRO-A /1957  
GRO-A      SOMERSET      GRO-A

Mrs GRO-A is quite keen to go ahead with antiviral treatment and I have discussed with her today the possible adverse reaction and chances for cure. I will chase up her PCR test to make sure that the genotyping and viral load was done and I will organise an ultrasound scan for her. She will be referred to Dr Matull for further management.

Yours sincerely

***Electronically scrutinised but not signed***

Dr Stanislaw Mittlener  
Associate Specialist in Gastroenterology

Cc: Dr R Matull  
Consultant Gastroenterologist  
MPH



## South West (South)

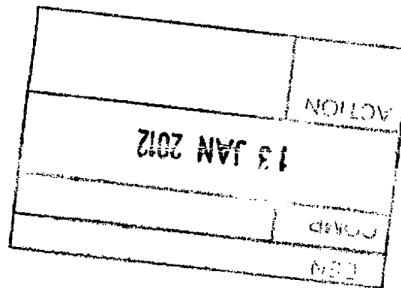


Cannington Health Centre  
Mill Lane  
Cannington  
Nr Bridgwater  
Somerset  
TA5 2HB

Health Protection Agency  
South West (South)

Richmond Court  
Emperor Way  
Exeter Business Park  
Exeter  
Devon  
EX1 3QS

Tel +44 (0) 844 225 3557  
Fax +44 (0) 1392 367 356  
[www.hpa.org.uk](http://www.hpa.org.uk)



11<sup>th</sup> December 2012

Dear Doctor

Re: GRO-A (GRO-A 1957) GRO-A

The above patient has been recently notified to us as being antibody positive for the Hepatitis C virus. An HCV polymerase chain reaction (PCR) test helps determine if this is chronic or past infection, and along with liver function tests can be useful to establish any potential liver damage. If the patient is not already under the care of a liver specialist, I would be grateful if you would consider referring the patient for assessment for possible treatment given the risk of chronic liver disease and hepato-cellular carcinoma.

A Hepatitis C referral pathway is enclosed for guidance and information.

Should your patient be an injecting drug user, they may be highly infectious to others sharing needles or injecting equipment. She may also be infectious to any sexual partners or others potentially exposed to their blood products. Contacts requiring to be tested can be referred to the Genito-urinary medicine department.

An information sheet regarding Hepatitis C that may be helpful to your patient is enclosed. Please contact the Health Protection Team on 0844 225 3557 if you have any queries about the contents of this letter.

Yours sincerely

GRO-C

Dr Mark Kealy, Consultant for Communicable Disease Control

# Somerset Hepatitis C Referral Pathway

Who can refer?  
GP  
Turning Point  
Non-Healthcare  
Nurse

Unexplained abnormal LFTs or  
unexplained jaundice

Identify risk factor(s)

- History of injecting drugs
- Blood transfusion prior to 1991
- Medical or dental treatment in countries where infection control may be poor
- Has a mother with HCV
- A sexual partner of someone with HCV
- Accidental exposure to blood
- Tattoos, piercings or acupuncture where infection control procedures are poor

Pre-test discussion  
(Provide written information e.g. British Liver Trust leaflets)  
**and vaccination for hepatitis A & B**  
(ask client to sign consent form for results to go to the patient's GP)

If consent for  
communication with  
the patient's GP is  
declined,  
recommend referral  
to GUM clinic for  
anonymous testing

HCV antibody test  
(using dried blood spot test kit or serum)  
Recommend screening for hepatitis B & HIV if at risk

Test positive

Test negative

HCV RNA test

Repeat antibody test if risk  
factors within 3 months

Post-test discussion if no risk  
factors within 3 months

Test negative

Repeat HCV RNA test after  
3 months if single exposure,  
or 6 monthly if continuing  
exposure

Test negative

Post-test discussion  
Resolved infection, but not  
immune

Consider re-testing in  
one year

Test positive

Information for patients  
with hepatitis C

Test positive

Post-test discussion & Refer to a hepatitis C specialist if ready  
to access medical treatment

Yeovil District Hospital: Dr Jim Gotto (assessment)  
Musgrove Park Hospital: Dr Stirling Pugh  
Royal United Hospital: Dr Mark Farrant

Patients will ideally be/have:

- Not actively injecting drug misuse (stable methadone use is satisfactory)
- Drinking less than 14 units of alcohol/week
- Good social support & stable social situation
- No severe mental health issues
  - Consider psychiatric assessment regarding suitability for &/or stabilisation of mental health prior to treatment

National Institute for Health and Clinical Excellence guidance is that liver biopsy need no longer be routine in assessing patients for treatment, though it may be advised for some.

For more information  
visit the British Liver Trust website: [www.britishlivertrust.org.uk](http://www.britishlivertrust.org.uk)  
or the NHS C Inform website: [www.nhs.uk/conditions/hepatitis-c](http://www.nhs.uk/conditions/hepatitis-c)  
or call 0800 251 451  
British Liver Trust: [www.britishlivertrust.org.uk](http://www.britishlivertrust.org.uk)