

Trustees of the late Mr [GRO-A]
c/o Miss [GRO-A]
[GRO-A]
Manchester
[GRO-A]

14th February 2017

Dear Miss [GRO-A]

Re: Skipton Fund application (Ref. [GRO-A])

We have received a completed Skipton Fund application form with respect to the late Mr [GRO-A] along with supporting documentation which have been considered by one of the Fund's medical directors.

It is with regret that I must advise you that the application has been declined. This is due to the lack of supporting medical records confirming that the late Mr [GRO-A] was treated with NHS blood or blood products prior to September 1991 and that this was therefore the most likely source of his infection with the hepatitis C virus. The pages of medical records we have received provide detailed summaries of the injuries and subsequent medical procedures but make no reference to treatment with blood or blood products.

Of course, if you do obtain further information which confirms that the late Mr [GRO-A] did undergo a blood transfusion then please return the form back to us along with a copy of this documentation. Please note any amendments to the form will need to be confirmed by the completing doctor.

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

If you do wish to appeal please return the application form and confirm this in writing; please note that we have retained everything we have received in connection with this application on file should you wish to appeal the decision.

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?

0 years

0 7 days
months

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

years

months

Name of Clinician Dr YIH-HARN SIAM

Name of Clinician

Department GASTROENTEROLOGY

Department

Hospital HILLINGDON HOSPITAL

Hospital

Address PIELD HEATH ROAD
UXBRIDGE, MIDDLESEX

Address

Post Code UB8 3NN

Post Code

Signature of Clinician

Hospital Stamp

Signature of Clinician

Hospital Stamp

GRO-C

Clinician's

GMC number

Clinician's

GMC number

6053309

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

years

months

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

years

months

Name of Clinician

Name of GP (if relevant)

Department

Surgery

Hospital

Address

Address

Post Code

Post Code

Signature of Clinician

Hospital Stamp

Signature of GP

Surgery Stamp &
GMC number

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 Skipton 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 Skipton Fund in the freepost envelope supplied

Thank you very much for your help in completing this form

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PRIVATE AND CONFIDENTIAL

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) MISS

Surname

First name

Middle name/s

Address

MANCHESTER

Post Code

What is or was your relationship to this person?

DAUGHTER

If the infected person has died and you did not supply the Skipton 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 Skipton 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 Skipton 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 Skipton 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 Skipton 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 Skipton 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 Skipton 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 31 10 16

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THE SKIPTON FUND

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

Trustees of the late Mr
c/o Miss GRO-A GRO-A
GRO-A
Manchester
GRO-A

GRO-A 28/10/2016

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

TO THE APPLICANT

Thank you for registering with the Skipton 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 Skipton 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 Skipton Fund.

If you have any difficulties in understanding what you should do with this application form, please telephone the Skipton 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 Skipton Fund for the relevant application form.

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PRIVATE AND CONFIDENTIAL

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 Skipton Fund in the freepost envelope supplied.

Skipton Fund Limited
Freepost NAT18555
London
SW1H 0BR

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

Has an HCV antibody test ever been positive? YES/NO*

Is the applicant currently PCR/RNA positive? YES/NO*

If the applicant is currently PCR/RNA negative, is this as a result of past or ongoing interferon-based treatment? YES/NO*

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*

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*

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 & 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* N/A.

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

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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

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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) 11 06 86

Where? (in what NHS hospital or other facility) ROYAL HUDDERSFIELD INFIRMARY

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

Patient was admitted after sustaining 2 stab wounds to the abdomen. He underwent a laparotomy which revealed a superficial liver laceration as the only organ injury. There was 700ml of blood in the peritoneum.

It is unknown from the available records if the patient received any blood products during the surgery.

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

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

Yes. Enclosed 2 letters from Huddersfield Infirmary.

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

YES/NO*

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?

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

YES/NO*

If YES, please specify

*Delete as appropriate

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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*

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? If NO, please give your reasons?

YES/NO*

*Delete as appropriate

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Skipton Fund

Registration form with respect to someone who has died

www.skiptonfund.org e-mail: apply@skiptonfund.org Tel: 020 7808 1160

If you think that the estate of someone who has died would qualify for an ex gratia payment because the deceased person was infected with hepatitis C as a result of treatment with National Health Service blood or blood products prior to September 1991, please complete and return this form. A formal application form will then be sent to you within 5 working days. You may wish to refer to the guidance on the website (www.skiptonfund.org) if you are not sure about the estate's eligibility for the scheme.

Please complete ALL sections of the form and return it to:

The Skipton Fund,
PO Box 50107,
London, SW1H 0YF

Title ~~Mr~~/Ms/Miss/~~Mrs~~* Delete as appropriate

Name

Address

GRO-A

GRO-A

MANCHESTER Post Code

GRO-A

Daytime telephone number:

GRO-A

Is it acceptable for the Skipton Fund to call this number and leave a message? YES ☒ NO

E-mail:

GRO-A

@live.com

(if applicable)

What was your relationship to the deceased?

Daughter

Did you live with the deceased?

NO

Is there anybody else who might apply to the Skipton Fund for a payment in respect of the deceased? If so, who? NO

Did the deceased have a will?

NO

(You may be required to supply a copy of this document if and when a formal application is made for payment)

Have you/did you apply for a Grant of Probate or Letter of Administration?

YES

(You may be required to supply a copy of this document if and when a formal application is made for payment)

Is there/was there a solicitor dealing with the estate?

YES

(If so please provide their contact details on a separate sheet or on the reverse of this document)

THE NEXT SECTION SHOULD INCLUDE DETAILS OF THE DECEASED PERSON

Name (including title)

MR

GRO-A

Date of birth

GRO-A

11959

National Insurance Number

GRO-A

Date of death (Please provide a photocopy of the death certificate)

GRO-A

116

Was the deceased person registered with the Macfarlane Trust or Eileen Trust? YES

NO ☒

Signature on behalf of the estate

GRO-A

Date

25/10/16

MR

GRO-A

GRO-A

MANCHESTER

GRO-A

Copy of Grant of probate enclosed

COPIES OF THIS GRANT ARE NOT VALID UNLESS
THEY BEAR THE IMPRESSED SEAL OF THE COURT

IN THE HIGH COURT OF JUSTICE

The District Probate Registry at Manchester

BE IT KNOWN that GRO-A

of GRO-A Manchester GRO-A

died on the GRO-A day of GRO-A 2016
domiciled in **England and Wales** **INTESTATE**

AND BE IT FURTHER KNOWN that Administration of all the estate which by law devolves to and vests in the personal representative of the said deceased was granted by the High Court of Justice on this date to

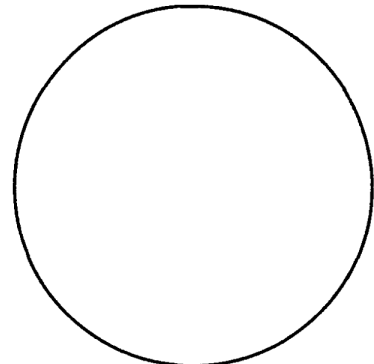
GRO-A of GRO-A Manchester GRO-A

It is hereby certified that it appears from information supplied on the application for this grant that the gross value of the said estate in the United Kingdom does not exceed £325,000 and the net value of such estate does not exceed £98,000

DATED the **15th** day of **June 2016**

GRO-C

DISTRICT REGISTRAR / PROBATE OFFICER



Extracted by **OGDEN LYLES & FOX 32 Wellington Road Eccles Manchester M30 0SP**



CORONER'S CERTIFICATE OF THE FACT OF DEATH
Pursuant to Regulation 9 of the Coroners (Investigations) Regulations 2013

DEATH		Ref. GRO-A - 2016
Name and Surname GRO-A		Sex Male
		Maiden name
Date and Place of Birth GRO-A 1959		
Occupation and Usual Address Occupation Unknown GRO-A Manchester		
Date and Place of Death GRO-A 2016 Hillingdon Hospital, Pield Heath Road, Uxbridge		
Date Investigation Commenced 09/03/2016		
The precise cause of death was as follows : Ia Pending Histology b c II		
I certify that in accordance with my statutory duty, I have commenced an investigation into the death of the above named. <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signed GRO-C Mr Chinyere Inyama Senior Coroner for West London</div><div style="width: 40%; text-align: right;">Date 15th March 2016</div></div>		

The Registrar of Deaths cannot issue a Death Certificate until the Investigation has been completed.

West Gorton Medical Centre

www.westgortonmedicalcentre.co.uk

Dr M C W Eeckelaers
Dr L Donlan
Dr J Protheroe
Dr R Cammish
Dr J Wilkins
Dr M Owen

6a Wenlock Way
West Gorton
Manchester
M12 5LH

Practice Code: P84052

Tel: 0161 223 5226
Fax: 0161 230 6305

30 December 2016

Your reference/Hospital number **GRO-A**

Dr Yih-Harn Saw
Consultant Gastroenterologist
Department of Gastroenterology
The Hillingdon Hospital
Pield Heath Road
Uxbridge
Middlesex
UB8 3NN

Dear Dr Saw

Re: **GRO-A** (deceased) dob: **GRO-A**-1959 NHS **GRO-A**
GRO-A Manchester, **GRO-A**

Thank you for your recent fax requesting information about Mr **GRO-A**. After consulting his medical records we do have information regarding his admission in June 1986 when a laparotomy was performed.

I enclose copies of the letters we have for your information and I hope that this will help you consider the family's claim to the Skipton fund.

If there is any further information you require please do not hesitate to contact me.

Yours sincerely

GRO-C

Dr R Cammish
GMC: 6105485

Enc letters x 2 from Huddersfield Infirmary

GRO-A (Mr)

Born: **GRO-A**-1959

NHS No: **GRO-A**
Page 1 of 1

Tel. Huddersfield 0484 22191

HUDDERSFIELD HEALTH AUTHORITY

Re:

GRO-A	
GRO-A	M S 1979
GRO-A	
MANCHESTER	

THE ROYAL INFIRMARY
LINDLEY
HUDDERSFIELD
HD3 3EA

18/6/86

Dear Dr Harris,

Your patient was admitted
under the care of Mr Harris, HRI on the
11/6/86 with stab wounds at 03.00.

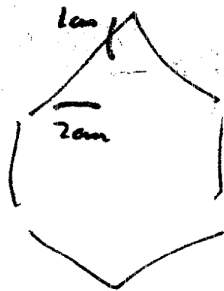
o/f 3 small lacerations on face

① Submandibular area $1\frac{1}{2} \times 1\frac{1}{2}$ "

Submental area 1" long

② ear - small incised wound

Abdo



2 stab wound on
Abdo.

Laparotomy → only injury internally being
laceration to liver.

He made a good recovery and a
district nurse has been arranged for
him to have his stitches removed.

Yours sincerely

GRO-C

(H/O Mr Harris)

HUDDERSFIELD HEALTH AUTHORITY

Tel. Huddersfield 0484 22191

THE ROYAL INFIRMARY
LINDLEY
HUDDERSFIELD
HD3 3EA

MKJ.BL **GRO-A**

20 June 1986

Dr Harris
West Gorton Medical Centre
MANCHESTER 12

Dear Dr Harris

GRO-A (d.o.b. **GRO-A**.59)
GRO-A Manchester

This patient was admitted as an emergency under Mr Harris's care to the Huddersfield Royal Infirmary on 11.6.86. He had been involved in a fight and sustained 2 stab wounds to his abdomen and 2 to his face and neck.

On examination there was a superficial laceration about 3 cms x 2 cms on the left jaw angle, and also a superficial laceration about 1½ cms under his chin. There were 2 stab wounds; one in the epigastrium just below the costal cartilage and one in the right hypochondrium, the measuring 2 cms and the second about 2½ cms. He was tender abdominally, especially in the right hypochondrium with decreased bowel sounds and signs of peritonism. His chest X-ray was normal. His abdominal X-ray apart from an opacity in the right side of the abdomen did not reveal any serious changes.

Through a para centesis catheter which was inserted below the umbilicus, a ~~peritoneal lavage~~ was performed and the return appeared to be heavily blood stained. He was taken to Theatre the same night and a laparotomy was carried out through a right para medial incision. It appeared that the stab wound in the epigastrium had gone right into the abdomen without injuring any organs, and the one in the hypochondrium had penetrated and lacerated the upper surface of the liver, which by this time had stopped bleeding. There was about 600-700 mls of blood in the peritoneum. This was sucked out and a drain was inserted in the sub-hepatic area. The abdomen was closed.

Post operatively he made an uneventful recovery and was discharged home on 18.6.86, with arrangements for a District Nurse to remove the sutures on the tenth post operative day. As he lives in Manchester I have not arranged any further review.

/.....continued

Yours sincerely

GRO-C

M K Jovestani
CLINICAL ASSISTANT

The Hillingdon Hospitals **NHS**

NHS Foundation Trust

Consultant Gastroenterologists: Dr S Lean/
Dr Yih-Harn Siaw / Dr A Postgate/ Dr B Grover

Department of Medicine
Gastroenterology Department
The Hillingdon Hospital
Pield Heath Road
UXBRIDGE
Middlesex
UB8 3NN
Direct Phone: **GRO-C**
Direct Fax: 01895-279215

Hosp No: **GRO-A**
NHS No:
Date: 11 January 2017

Skipton Fund

To Whom It May Concern

Medical Report:

Mr **GRO-A** - Date of Death **GRO-A**/2016

Mr **GRO-A** first presented to Hillingdon Hospital on the 19th of February 2016 having complained of tiredness and abdominal distension. He was seen and investigated by the Medical Team in the Acute Medical Clinic based in the Acute Medical Unit. He was then admitted on the 24th of February when initial tests showed that he had a very abnormal liver function test.

I took over his care on the 24th of February. He was found to be positive for hepatitis C with a high viral load. Ultrasound and subsequent MRI imaging showed a large lesion in his liver. This together with a raised alpha-fetoprotein suggested he may have an underlying hepatocellular carcinoma.

It was thought that Mr **GRO-A** acquired the hepatitis C in 1986 when he was stabbed and required surgery. I managed to obtain from Dr Cammish, his GP, the discharge summaries from 1986. He was admitted to the Royal Huddersfield Infirmary on 11th of June 1986 having received two stab wounds to the abdomen. The initial management was with a paracentesis catheter inserted below the umbilicus and a peritoneal lavage performed, which returned heavily blood-stain fluid. He was then taken to theatre and had a laparotomy. He was found to have an epigastric stab wound, which has gone right into the abdomen without injuring any organ. The second stab wound was in the hypochondrium, which had penetrated and lacerated the upper surface of the liver. At the time of the laparotomy, this liver was no longer bleeding. There was about 600-700 mL of blood in the peritoneum. He made an uneventful recovery and was discharged on the 18th of June 1986.

Besides the above incident, he was never admitted to a hospital and he had minimal contact with a doctor. There was no history of intravenous drug use.

Unfortunately, Mr **GRO-A** passed away very suddenly on the **GRO-A** 2016.

GRO-C

Dr Yih-Harn Siaw
Consultant Gastroenterologist



Switchboard: 01895 238282 Main Fax: 01895 811687 Minicom (Text Phone): 01895 279379

The Hillingdon Hospital with Mount Vernon - Chairman Mike Robinson.

Patient name: MR **GRO-A**
Hospital number: **GRO-A**
NHS number: **GRO-A**



Hillingdon Hospital Confidential Report

Printed by siay1co(Yih-Harn Siaw) at 09 Jan 2017 16:17

Patient name: MR **GRO-A** Hospital Number: **GRO-A** Sex: Male
Date of birth: **GRO-A** 1959 NHS number: **GRO-A**
Address: **GRO-A** MANCHESTER **GRO-A**

Reported	Specialty	Location	Clinician	Status
04 Mar 2016 12:12	Microbiology	Acute Medical Clinic	Dr Paresh Mistry (Accident & Emergency)	F

Filed by **sunquest** (Sunquest Administrator) at 04 Jun 2016 03:00, Reason: Auto Filed

repeat bloods

Sample 0016S025902 (Serum) Collected 23 Feb 2016 14:56 Received 25 Feb 2016 11:29

HEPATITIS C ANTIBODY

Hep C Antibody screen POSITIVE

Comment

Reference Lab Report
To Follow
2 nd sample

HEPATITIS C REFERENCE LAB

Anti-HCV (Ortho EIA) REACTIVE

Anti-HCV (Biorad EIA) REACTIVE

Anti-HCV Status REACTIVE

Anti-HCV Comment

Results compatible with HCV carriage. Ascertainment of the genotype of HCV may guide the mode and duration of therapy.

Please note that the HCV viral load assay has been performed on serum. Due to the instability of HCV in serum, nucleic acid detection is always best conducted on EDTA samples.

HCV RNA (in house taqman) 980000 iu/ML

End of report



CORONER'S CERTIFICATE OF THE FACT OF DEATH
Pursuant to Regulation 9 of the Coroners (Investigations) Regulations 2013

DEATH	Ref. GRO-A - 2016
Name and Surname <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">GRO-A</div>	Sex Male
	Maiden name
Date and Place of Birth <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">GRO-A</div> 1959	
Occupation and Usual Address Occupation Unknown <div style="border: 1px solid black; padding: 2px; margin-top: 10px;">GRO-A</div> , Manchester	
Date and Place of Death <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">GRO-A</div> 2016 Hillingdon Hospital, Pield Heath Road, Uxbridge	
Date Investigation Commenced 09/03/2016	
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>The precise cause of death was as follows :</p><p>la Pending Histology</p><p>b</p><p>c</p><p>ll</p></div><div style="width: 50%; border: 2px solid black; padding: 5px;"><p style="text-align: center; margin: 0;">I CERTIFY THAT THIS IS A TRUE COPY</p><p>Signature: <div style="border: 1px solid black; padding: 2px; display: inline-block;">GRO-C</div></p><p>Name (Print): <u>PAUL GILLER</u></p><p>Date: <u>17/3/16</u> Staff Number: <div style="border: 1px solid black; display: inline-block; text-align: center; width: 60px;">9523508</div></p></div></div>	
<p>I certify that in accordance with my statutory duty, I have commenced an investigation into the death of the above named.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 40%;">Signed <div style="border: 1px solid black; padding: 2px; margin-left: 10px;">GRO-A</div> Mr Chinyere Inyama Senior Coroner for West London</div><div style="width: 50%; text-align: right;">Date 15th March 2016</div></div>	

The Registrar of Deaths cannot issue a Death Certificate until the Investigation has been completed.

Name: GRO-A

DOB GRO-A/1959

According to our records, the above named is currently registered with the Birmingham Health Authority. For any further information you should contact the Patient Data Manager at:

Birmingham Health Authority Tel: 0845 1111200

SKIP0000074_008_0015

Registration Form

www.skiptonfund.org e-mail:apply@skiptonfund.org Tel: 020 7808 1160

If you think you qualify for an ex gratia payment because you were infected with Hepatitis C as a result of National Health Service treatment with blood or blood products, please complete and return this form. A formal application form will then be sent to you as soon as possible. You may wish to call the Skipton Fund or refer to the guidance on the website (www.skiptonfund.org) if you are not sure about your eligibility for the scheme.

ANYBODY REGISTERED WITH THE MACFARLANE TRUST NEED NOT COMPLETE THIS FORM.

Please complete ALL sections of the form and send it to:

The Administrator,
The Skipton Fund,
PO Box 50107,
London SW1H 0YF

or e-mail to: apply@skiptonfund.org

Account Number:

For Office Use Only

RECEIVED 11 JAN 2007

Title Mr/Ms/Miss/Mrs* Delete where appropriate

Name

GRO-A

Address

GRO-A

, BIRMINGHAM

Post Code

GRO-A

Daytime telephone number: MOBILE

Is it acceptable for the Skipton Fund to call this number and leave a message? YES ☒ NO

E-mail: NONE

(if applicable)

National Insurance Number

GRO-A

NHS Number

GRO-A

Date of birth:

GRO-A

5 9

If you are registered with a Haemophilia Centre, please complete as follows:

Name of Centre NONE

If you qualify, payment will be made direct to your Bank or Building Society account. If, for whatever reason, you do not qualify then these details will be disposed of.

Name of Bank/Building Society: BARCLAYS BANK PLC

Name the account is held in: MR

GRO-A

Sort Code:

GRO-A

Account Number:

GRO-A

or

Building Society Roll No: N/A

Mr GRO-A
GRO-A
Birmingham
GRO-A

20th March 2007

Dear Mr GRO-A

Re: Skipton Fund Application GRO-A

We have now received your completed application form for the Skipton Fund ex gratia payment from your clinician along with covering letters and medical records.

It is with regret that I must advise you your application has had to be declined. This is due to the lack of supporting confirmation that you received blood or blood products during surgery to your heel in 1986. Under the scheme guidelines it is a requirement that there are medical records confirming you received a blood transfusion or blood product through the NHS prior to September 1991.

If you disagree with the outcome of your application you may apply to the independent appeal panel that has recently been established, which is chaired by an experienced lawyer and whose decision is binding on the fund. You will however need to advise the fund formally in writing if you do wish to appeal.

Yours sincerely

Nicholas Fish
Scheme Administrator

MR.

GRO-A

GRO-A

RECEIVED 23 FEB 2007

GRO-A

BIRMINGHAM,

GRO-A

22.2.2007,

RE APPLICATION FOR EX-GRATIA PAYMENT.

Dear Sir or Madam,

I write with reference to the application it is likely that you would have recieved by now from my G.P Doctor M. Powis at MEADOWSIDE SURGERY, SOLIHULL, It is concerning a paragraph that he has written about heroin withdrawal in 1986, it is this matter that I wish to clarify.

It is quite true that I was completing withdrawal from said drug at that time. However I must state categorically that the heroin was smoked and never self injected.

Should your fund wish to check the relevant letter from DR. MEDLAND my G.P at the time you will find that there is no medical evidence to corroborate any form of self injection other than the withdrawal from stated drug.

At no point in my life have any needles or syringes ever been within my possession for personal use.

Since learning that I have Hepatitis C obviously my life has not been without constant worry over the matter and due to the physical side effects of the virus my income has substantially diminished as I am only able to work part time.

In the last 2 years I have started 2 courses of medical therapy but have had to discontinue these due to substantial side effects.

I have also been informed that the cirrhosis within my liver has

now reached chronic proportions which obviously does not bode well for the future.

Therefore I live from day to day on very little income and sometimes even less hope.

So I would ask you to weigh up the matter of my application, taking into account the fact that the virus has been present within my system for a long time and that my life expectancy is greatly diminished.

I still hold to the fact that the virus was transmitted to me during surgery in 1986 and would ask for a financial payment from your fund.

yours faithfully.

GRO-A

GRO-A

Birmingham GRO-A

19th February 2007

Dear Sir/Madam,

I write with reference to my application for an ex-gratia payment from your fund in respect of my current condition of being Hepatitis C Positive, and further that the aforementioned condition is attributable to surgery performed in September 1986.

On 21st September 1986, I was admitted to Princess Margaret's Hospital, Swindon, Wilts, having sustained severe lacerations to my left foot due to a motorcycle accident on that day. As this is the only occasion that I have undergone surgery, I feel that this would be the moment when Hepatitis C Virus entered my system.

I was unaware of the condition until some 5 years ago when I was called to the Institute of Tropical Medicine located in Solihull Hospital, Birmingham where the nature of the Virus was explained to me.

I wish to state now that this is solely my opinion and is no way endorsed by my current GP, Doctor M. Powis, as obviously we did not know each other 21 years ago and therefore he can only base his opinion on my medical notes within the Practice files.

I did have a very short term of use of contemporary drugs in the early eighties, however I have never self-injected as this was an avenue I did not wish to pursue.

To sum up, having considered the possible routes of infection, I can see no other potential time of infection than when the surgery was performed.

I enclose photocopies relating to the said accident and medical procedures undertaken at that time for your consideration.

Yours faithfully,

Mr. GRO-A

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?

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?

2 years 10 months

Name of GP (if relevant)

Surgery

Address

Dr M D Powis
Meadowside F.H.C.
30 Wincombe Road
Solihull B92 8PJ
Tel: 0121 742 5666
Fax: 0121 743 4216

Post Code

Signature of GP

Surgery Stamp &
GMC number

GRO-C

Dr M D Powis
Meadowside F.H.C.
30 Wincombe Road
Solihull B92 8PJ
Tel: 0121 742 5666
Fax: 0121 743 4216

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

Thank you very much for your help in completing this form

8

PRIVATE AND CONFIDENTIAL

THE SKIPTON FUND

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

GRO-A

Mr GRO-A

GRO-A

Birmingham

GRO-A

RECEIVED 22 FEB 2007

18/01/07

GRO-A

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

TO THE APPLICANT

Thank you for registering with the Skipton 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 that would have been made by somebody who has died, the form asks for information about the dead 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 these guidance notes to that medical professional.

Generally this medical professional should be the principal clinician treating you; this will probably be a clinician treating Hepatitis C, but in the case of applicants with bleeding disorders it might be a haematologist.

If you cannot give this form to such a clinician to complete, you should take it to your General Practitioner, again with these guidance notes.

If you yourself have any records of how you 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 Skipton Fund where it will be processed. Provided that the information supplied confirms your eligibility for a payment, this will be made as soon as possible after the receipt of the form by the Skipton Fund.

If you have any difficulties in understanding what you should do with this application form, please telephone the Skipton 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 OF £25,000

The Skipton Fund will be processing applications for the first stage ex gratia payments as a matter of priority. You will be able to apply for the second stage ex gratia payment at any time in the future. If you believe that you are eligible for this payment, please ask the Skipton Fund for the relevant application form.

1

PRIVATE AND CONFIDENTIAL

PART 1A - TO BE COMPLETED BY OR ON BEHALF OF THE APPLICANT

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 as the bereaved partner, parent or dependant of somebody who died between 29 August 2003 and 5 July 2004, please supply the following information about the deceased.

Title (Mr/Ms/Mrs/other) MR

Surname

GRO-A

First name

GRO-A

Middle name/s

Address

GRO-A

GRO-A

BIRMINGHAM

Post Code

GRO-A

What is or was your relationship to this person?

N/A

If the infected person has died, please supply the SKIPTON FUND with a copy of the death certificate.

PART 1B - TO BE COMPLETED BY THE APPLICANT

DATA PROTECTION

Your personal information will only be used by the Skipton Fund on behalf of the Department of 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 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 being supplied to the Skipton Fund and the Department of Health 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 Skipton Fund?

*Delete as appropriate
YES/NO*

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

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

Signature of Applicant

GRO-C

Date

1 2 0 2 0 7

2

PRIVATE AND CONFIDENTIAL

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 infected
- to confirm that the infection most probably arose through NHS treatment

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 a few cases this form will concern a patient who had been infected with Hepatitis C but who died between 29 August 2003 and 5 July 2004. In such a case all the questions you are requested to answer refer to the deceased person.

In a few 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, 2B, and 5.

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

Skipton Fund Limited
Freepost NAT18555
London
SW1H 0BR

3

SKIP000074_008_0022

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

Has an HCV antibody test ever been positive? YES/NO*

Is the applicant currently PCR positive? YES/NO*

If the applicant is currently PCR negative, is this as a result of past or ongoing interferon-based treatment? YES/NO* N/A

If the applicant is PCR 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

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? No GRO-C

If YES did transmission occur as a consequence of

- sexual intercourse? YES/NO*
- accidental needle stick? YES/NO*
- mother-to-baby transmission? YES/NO*
- other (please specify)? N/A

GRO-C

If any of the answers in part 2A is 'YES', please ignore the rest of parts 2, 3 & 4 and go straight to part 5.

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

Did the deceased person ever test positive for HCV antibodies? YES/NO*

Was the deceased person PCR positive at the time of death? YES/NO*

If either of these answers is 'yes', please complete the remainder of this form in respect of the deceased person.

If at the time of death the applicant was PCR negative was this as a result of interferon based treatment? YES/NO*

If the infected person has or had haemophilia or any other inherited or acquired bleeding disorder, please go to Part 3, but ignore part 4.

*Delete as appropriate

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 or is 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	<input type="checkbox"/>	
Factor IX concentrate	<input type="checkbox"/>	
Cryoprecipitate	<input type="checkbox"/>	
FEIBA	<input type="checkbox"/>	
Plasma/FFP	<input type="checkbox"/>	
Whole blood or components	<input type="checkbox"/>	(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?

I confirm that the infected person was born at Princess Margaret Hospital, London with a heel injury. I do not however have any information concerning any blood transfusions or blood products.

GRO-A

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 NHS treatment received before that date?

YES/NO*

If part 3 has been completed ignore part 4 and go straight to part 5.

*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) _____

Where? (in what NHS hospital or other facility) _____

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

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

If YES, please specify _____

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

YES/NO*

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

Intravenous immunoglobulin	<input type="checkbox"/>	Plasma/FFP	<input type="checkbox"/>
Albumin	<input type="checkbox"/>	DEFIX	<input type="checkbox"/>
Bone marrow	<input type="checkbox"/>	Whole blood or components	<input type="checkbox"/>

(components include platelets, red cells, neutrophils etc)

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

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

YES/NO*

If YES, please specify _____

*Delete as appropriate

6

PART 4B - OTHER POSSIBLE SOURCES OF INFECTION (NOT TO BE COMPLETED IN RESPECT OF PEOPLE WITH HAEMOPHILIA OR OTHER INHERITED OR ACQUIRED BLEEDING DISORDERS)

Based on evidence or your experience, has the infected person been treated for intravenous drug use? No YES/NO*

Has the infected person ever received hospital treatment outside the UK? YES/NO*

If YES, what treatment and where? _____

Is there any other evidence that might affect the eligibility of the infected person for payment?

YES/NO*

If YES, please specify?

A hospital letter dated 23-12-85 states:-
'He was injecting heroin about a year ago.'

The GRO-A denies that this is correct & says he has never injected drugs. Not had treatment for intravenous drug use.

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*

*Delete as appropriate

7

Freddie M. Hambling 159 The New

Date 21-9-86	Time 4.35 P.M.	Surname GRO-A	GRO-A 50
		First Names GRO-A	(me) 1
Employer	Tel No. Home:-	Address GRO-A	
	Employer:-		
Age 26	D.O.B. GRO-A	59	
Occupation	Own Doctor A. Huddleston	U/K? 12 Months? Yes / No.	

Injury or Condition Nature lry @ foot	Disposal	Admitted Bassory Home <input type="checkbox"/>
Time		Clinic <input type="checkbox"/> Transfer <input type="checkbox"/>
Place Scrambling		G.P. <input type="checkbox"/> Died <input type="checkbox"/>
Doctor Attending MORRIS		

Date and Dr's. Initials	Accident & Emergency Department GRO-A
-------------------------	---

<p>3 5</p> <p>SWINDON 10 STEWART 12.5 given 4.25</p> <p>GRO-A</p> <p>21.9.86</p>
--

GRO-C	
AI	ATS
AI	ATS

*Riding motorcycle
Chain wrapped round foot -> deep wound to left heel.
Lost to system
Drove at 14.00
Presently dead - loved (by his own admission).*

*Amir NS
Drops NS
Ailgar
Pentecost*

Date and
Dr's Initials

Clinical Record

ODG

NS

LOS

RB

AS

PURCH

Smile 10/11

OR

° 3ACCO

Deep wound to heel of foot

DP ✓

SD

P 80 mg

BP

HS LIL

3VPC 1.0 =

R2

Clot abn

AS



Syft. v. m. m. m.
L4 L5 WAD
B5. F

XR # Calcium
multiplied

DW M. P. m. m.

-1 Tincture for delirium
iv. q. m. m.

-Lament

-P32 15.3 03011

-UE 15.3 14.1 14.0

GRO-C

DATE & AGE

NAME

22/19

Aggravated
Will need to stay in bed rest

GRO-C

24/19

S/S W.V.

Probably not a released #
Wound edges ischaemic - will probably need grafting
Return Wound dressing

WEIGHT

Home NWB

Return to U.D. Friday morning

GRO-C

Discharged

Date

2-9-86

D.P. ☐

Seen

P. 11 ☐

Wound

11/2 ☐

Ortho

dressing ☐

Returning to Ward
on Friday.

26/19

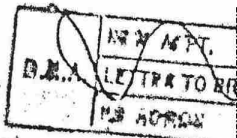
W.D.

Wound edges still look ischaemic but not yet
demarcated - address

Sx: U.P. 6/7

GRO-C

2.10.86



GRO-C

SWINDON HEALTH AUTHORITY

Printed by Graphact Print

WTG 798

ORTHOPAEDIC

DATE & AGE

WEIGHT

2 10
86
STD

This man was admitted on 21 September having come off a motorbike and sustained a complex laceration to his heel. This was sutured and repaired. He was not keen to stay in hospital so was discharged on 24 September. He has been followed up since then on an outpatient basis. He has skin edges that are necrotic and a small area that is ischaemic but with luck he may escape needing a skin graft.

I saw the wound today where it is much the same. It has been redressed and we will see him next week.

7 10 86
IWY

A little serosanguinous exudate to day from the back of the heel. One or two sutures could be removed from this area and a swab taken. He is no longer taking any antibiotic as the course finished. See in two days for readdressing.

9 10 86
IWY

The swab grew pseudomonas but sensitivities are not available today and as the clinical condition has improved I think we can leave him off antibiotics. Local Eusol dressing, plaster back splint. See in five days.

14 10 86
IWY

Is discharging a little more today perhaps. Eusol. Back splint. Avoid weight bearing. See in two days. Another swab taken today.

16 10 86
IWY

This man is apparently in severe financial straits and must get back to work. We have therefore bandaged him today and left off the back splint. He has had a Eusol dressing see in one week.

22 10 86
IWY

There is still a moist area on the medial side of the heel but the rest has scabbed and dry now. Some of the sutures are being removed today and we are going to try to get him redressed every couple of days or so and see again in one week.

30 10 86
IWY

There is a bit of sloughing skin which needs to be excised from the medial side of the heel today. The surgery are doing some dressings now and have started him off again on Velosef. See in one week.

DATE & AGE

NAME

GRO-A

GRO-A

WEIGHT

11.11.86

The laceration on this man's left heel is not quite closed yet but it is looking very healthy. Hw is keen not TO come back to the clinic but just to continue dressings at his doctor's surgery and this I would be happy with. There is an underlying fracture of the calcaneum but this was completely undisplaced and he may take as much weight as he likes.

He is probably always going to have some trouble with reduced sensitivity of the skin of the heel due to division of the cutaneous nerve. No further definite appointment here for see S.OOS.

Yours sincerely,

SWINDON HEALTH AUTHORITY

Printed by Graphed Print

WTG 798

ORTHOPAEDIC

SWINDON HEALTH AUTHORITY

NAME GRO-A NO GRO-A

CONSENT TO OPERATION AND ANAESTHETIC

CONSENT OF PATIENT

GRO-A

I hereby consent to undergo the operation of

Detachment of Left foot

LEFT OR RIGHT
MUST BE SPECIFIED

the nature and purpose of which have been explained to me by Dr/Mr

I also consent to such further or alternative operative measures as may be found to be necessary during the course of such operation and to the administration of a general, local or other anaesthetic for any of the foregoing purposes.

I understand that an assurance has not been given that the operation will be performed by a particular surgeon.

Dated this 21

day of

GRO-A

86

I confirm that I have explained to the patient the nature and purpose of this operation.

Date 21/9/86

Signed

GRO-C

Physician/Surgeon

CONSENT OF PATIENT LEAVING HOSPITAL ON THE SAME DAY AS RECEIVING A GENERAL ANAESTHETIC

I hereby consent to undergo the operation of

LEFT OR RIGHT
MUST BE SPECIFIED

the nature and purpose of which have been explained to me by Dr/Mr

I also consent to such further or alternative operative measures as may be found to be necessary during the course of such operation and to the administration of a general, local or other anaesthetic for any of the foregoing purposes.

I agree to restrict my activities for the remainder of the day and will not

1. Drive a vehicle
2. Operate machinery
3. Travel without a responsible adult
4. Climb ladders etc
5. Drink alcohol

I understand that an assurance has not been given that the operation will be performed by a particular surgeon.

Dated this day

day of

19

Signed

I confirm that I have explained to the patient the nature and purpose of this operation.

Date

Signed

Physician/Surgeon

CONSENT FOR MINOR

I, GRO-A, of GRO-A, do hereby consent to the admission of this child to the operation of

being the Parent/Guardian of

herby consent to the admission of this child to the operation of

LEFT OR RIGHT
MUST BE SPECIFIED

the nature and purpose of which have been explained to me by Dr/Mr

I also consent to such further or alternative operative measures as may be found to be necessary during the course of such operation and to the administration of a general, local or other anaesthetic for any of the foregoing purposes.

I understand that an assurance has not been given that the operation will be performed by a particular surgeon.

Dated this day

day of

19

Signed

I confirm that I have explained to the patient the nature and purpose of this operation.

Date

Signed

Physician/Surgeon

SWINDON HEALTH AUTHORITY

SURGEON'S NOTES

OPERATION Debridement & Repair wound
INCISION Left Heel

NUMBER

SURNAME (Block Letters)

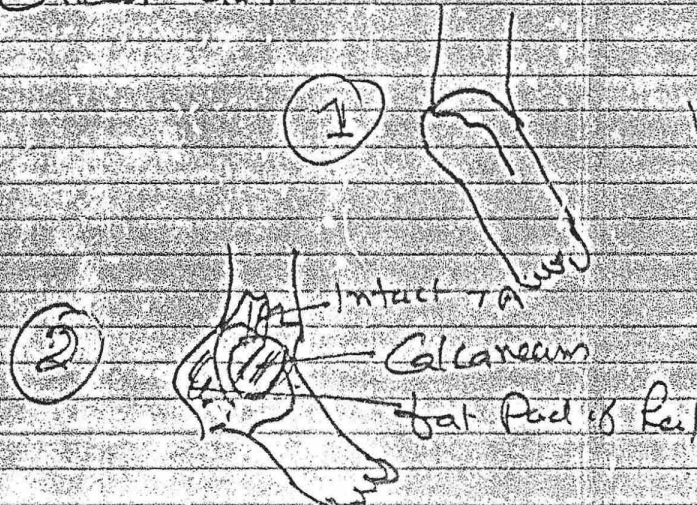
TOURNIQUET INFORMATION

3/4 hour

CHRISTIAN NAME

FINDINGS

Under G.A.



Wound
dms

① Gravel

② mud

③ Grass

DESCRIPTION OF PROCEDURE

Commenced

a.m.

Completed

a.m.

→ Scrubbed thoroughly with Savlon

→ All dirt & foreign material removed

→ All clots & devitalised tissue removed

→ Wound thoroughly washed with H₂O₂

→ Wound edges Gently Gated with a scalpel

→ Primary closure done due to extent/site and Groom of thorough cleansing

→ 20 Nylon to skin

DRAINE

PACKS

N/A

N/A

→ cool & Gx

SPECIAL INSTRUCTIONS FORWARD

- Antibiotics

- Elevation

- Check dress 3x/h

- NUB-3624

DATE

22/9/8

SIGNATURE

GRO-C

SWINDON HEALTH AUTHORITY

Surgeon

Ward

Diagnosis

Operation

Date

Age

Past History

C.V.S.

B.P.

R.S.

Anaesthetic

B-Fly 4.21 DLH

Thiop 500 mgs

Sux 100 mgs

COET 9

O₂ N₂O Halothane

Magills circuit

Faulding L 50 lly + 50 lly

Monitored ECG

BP

pulse

postop

1. amnopro 20 mgs 4-6 hly

2. Fentanyl 2-5 mgs 8 hly

Prone position
for operation

Number

GRO-A

Surname (Block Letters)

GRO-A

Christian Name

GRO-A

Weight

Blood

Hb 15.3

Group

Rh

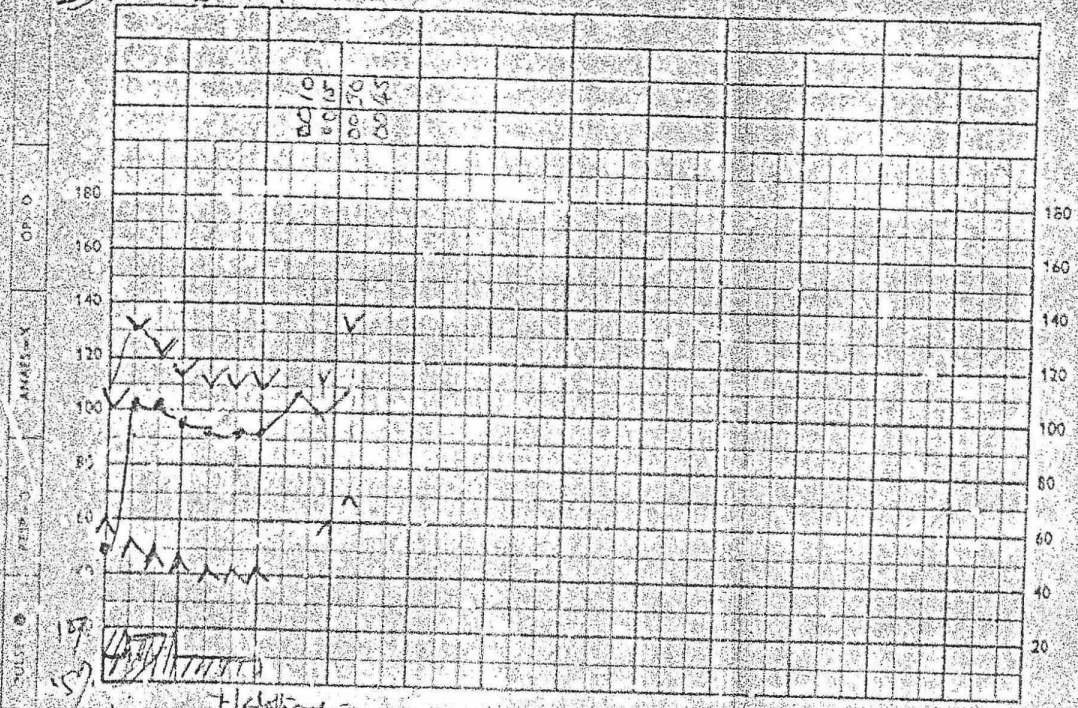
Urine

Steroids: Yes/No

Premed

Anaesthetic & Recovery WTG 780

2330 45 2400



RECOVERY WARD

TIME OF ADMISSION: 0010

TIME OF TRANSFER

DRUGS IN FLUIDS

ANESTHETIC

SIGNIC

PATIENT'S DISCHARGE SUMMARY

Copy for MEDICAL RECORDS

NAME

GRO-A

1. Hosp. P.M.H.		21. Diagnosis	
2. Cons. McDonnell			
3. Unit No. GRO-A			
4. Date Admitted 21 09 86			
5. Surname GRO-A			
6. Forenames			
7. Home Address GRO-A		25. Operation/Special Investigations	
8. Date of Birth GRO-A		Date of first op. C	
9. Age 26			
10. N.H.S. Number		26. Treatment/Recommendations	
11. Family Doctor Dr. Madland		Next O.P. appt.	
12. Date on Waiting List		Date 21 09 86 Signed [Signature]	
13. Source 1 Booked/Planned 2 Immediate Transfer NHS Hosp. 3 Waiting List 4 Born in Hosp. 5 Other not insured 6 N.K.		27. Date Discharged (or Died) 24 09 86	
14. Place of Birth		28. Discharge 1 Trans. NHS Hosp. 2 Trans. Conv. Home 3 Patients Home 4 Welfare 5 Self discharge 6 Died - Autopsy 7 Died - Other 8 Other	
15. Surname at Birth		29. Number of visits to Theatre	
16. Marital Status 1 Single 2 Married 3 Widowed 4 Divorced 5 Separated 6 Other N.K.		30. Previous Pregnancies (Abortions only) Number of Live Births Still Births Abortions	
17. Religion NONE		31. Transfers	
18. Occupation		Spec. Cons. Cat. Ward Day Month Year	
19. Status 1 Married 2 Single 3 Widowed 4 Divorced 5 Separated 6 Other N.K.		32. Diagnoses	
20. Self Inflicted 1 Yes 2 No 3 Not applicable		33. Operations/Treatments	
21. Next of Kin GRO-A		Relationship SW	
22. Name and Address GRO-A			
23. Ward Admitted BARBURY			
24. Agency of Patient 1 Normal NHS 2 Full Paying 3 Amenity 4 Pre Conv. 5 Staff 6 Private Day 7 NHS Day			

NP 056064

GRO-A

Barbury Pen

83

GRO-A

GRO-A

84

Inj to Joint

GRO-C

GRO-C

LEFT HEEL.

Fractured on calcis. Soft tissue injury was also seen.

LEFT FOOT.

No additional bony injury seen.

IMP 25.9.86.

jd

GRO-C

WVG702