

Witness Name: Dr William Cash

Statement No.: WITN3178002

Exhibits: WITN3178003-12

Dated: 6th November 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN3178012

.. Case Review Mr EC

6060130801

GRO-C/58

PMHx

- Haemophilia A
 - o Attending Dr Benson BCH
- Hepatitis C
 - o Genotype 1B
 - o Diagnosed 1994
 - o Interferon treatment 1995
 - o Interferon and ribavirin 1998
- Hospital Admission September 2009 to Altnagelvin Hospital with confusion
 - o Diagnosed with
 - Korsakoffs - Psychiatry
 - Pontine Ischaemic stroke – Neurology
 - Chronic alcohol misuse
 - Spontaneous right knee haemarthrosis

Timeline:

18/03/04 – Dr Callendar

- Discussed treatment with pegylated interferon and ribavirin

26/05/2004 – Dr McDougall

- Agreed treatment and discussed possible side effects
- Patient requested postponing treatment until Oct 2004

02/02/05 – DNA liver clinic

29/06/05 – DNA liver clinic

23/11/05 – DNA liver clinic

29/02/16 – Dr Benson referred patient back to Hepatology Service

01/04/16 – DNA NM clinic and Neil wrote to G Benson

02/05/17 – Dr Cash emailed Dr Benson to get list of any patients with haemophilia infected with hepatitis C. Appointment made for Mr Conway.

01/09/17 – Appt cancelled by hospital

06/10/17 – Patient cancelled liver clinic appt

03/11/17 – Patient did not attend liver clinic apt

13/04/18 – G Benson letter to Ian Cadden

22/05/18 – Hospital cancelled patient apt – Issue with fibroscan – letter sent to patient re DNA ? should have been offered another appointment

07/11/18 – email received via Hepatitis Network from sister re Mr Conway

Dr Cash arranged clinic appointment and one-stop shop of all investigations

28/11/18

- Attended Dr Cash clinic
- Ultrasound performed – gallstones, coarse liver, no splenomegaly, no ascites JC
- Fibroscan 15KPA – cirrhosis NMCD
- Met hepatitis nurse specialist
- Referred to Dr Ferguson for HCC surveillance and clinic follow up (on patients request)

06/12/18

Discussed at hepatitis MDM – treatment plan agreed

20/12/18

Commenced antiviral therapy. Ongoing follow up by Hepatitis Specialist Nurses for bloods.

Bloods will be checked for Sustained Viral Response 12 weeks post completion of treatment and clinic review arranged.

Summary

Mr C is a 60 year old man with Haemophilia A who has contracted Hepatitis C. He also has a background history of Chronic Alcohol Excess and Korsakoffs (2009 seen by Psychiatrist). Subsequent Neurologist opinion suggested there is also degree of Cerebro-vascular Disease. He attends Dr Benson for his Haemophilia.

Mr C has previously been treated for Hepatitis C between 1995-1998 and been seen by the Hepatology service in 2004 and been offered treatment for Hep C but did not attend for follow up. He was referred back to Hepatology by Dr Benson in 2016 but again did not attend. In 2017 Dr Cash proactively contacted Dr Benson to get a list of Hep C positive patients who still required treatment and on the back of this Mr C was offered a further appointment, he did not attend. In April 2018 Dr Benson again wrote to Dr Cadden and an appointment was arranged but was cancelled by Dr Cadden as the fibroscanner was not working. He was discharged from the clinic (? Should have been offered further appointment).

Mr C's sister emailed the Hepatitis network in Nov 17 re her brother's care and Dr Cash then offered a further appointment at which all necessary scans/investigations would be performed with a view to commence treatment. Mr C and sister attended, was scanned, and agreed to treatment pending formal discussion at Hepatitis MDT. Treatment has since been commenced and is being followed up currently by the Hepatitis Nurse Specialists with a view to repeating bloods 12 weeks after completing treatment (anticipated 95-98% response rate).

To address specifics raised in letter

- Dr Benson did refer this man in 2016 to Hepatology, he did not attend. His details were passed to Dr Cash in 2017 and appointments offered, he did not attend. Dr Benson referred again in 2018 and the patient's appointment arranged but then cancelled due to fibroscanner not working.
- Mr C's USS showed a coarse liver & gallstones but no signs of portal hypertension. Dr Cash explained the scan results and confirmed there was nothing to preclude treatment for Hepatitis C with a predicted 95-98% response rate. Subsequent Fibroscan confirmed cirrhosis, the result of which was explained to the patient and his sister. Dr McDougall explained that the patient would require 6 monthly surveillance as he was cirrhotic, to detect any small tumours developing. He has written to the GP to explain the misunderstanding that he was implying this man had small tumours in his liver.
- Regarding his cognitive performance, Dr Cash has referred him to the Memory Clinic for their formal assessment, having assessed him clinically and finding no signs of Hepatic Encephalopathy, nor of significant cognitive impairment. Subsequent request by the GP to perform a Mini Mental Score on the patient has been declined.

Once this man attended the Hepatology clinic, his tests were performed that day, he was presented at the MDT the following week and commenced treatment 22 days after his clinic appointment.

Dr Braniff (Consultant Hepatologist) and myself have reviewed the management of this patient and are content with the treatment he received from the Hepatology service.

Dr Neil Patterson (Clinical Director) 8th Feb 2019