

Witness Name: Dr William Cash

Statement No.: WITN3178002

Exhibits: WITN3178003-12

Dated: 6th November 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN3178011

Overview of care provided to Mr Eddie Conway following complaint by his sister Christina McLaughlin

Situation

Mrs McLaughlin complained 5th December 2018 to Dr Gary Benson Consultant Haematologist in Belfast Trust with regards to the care provided by haematology and liver services to her brothers Seamus Conway (deceased) and Eddie Conway, and her cousin Michael Birtles (deceased).

Background – Eddie Conway

Mr Eddie Conway, GRO-C1973 has haemophilia A and hepatitis C, and attends Dr Gary Benson (haematology) and Drs Cash and McDougall (liver unit). He was diagnosed with hepatitis C in 1994 and has had several treatments for this. In 2009 he was admitted to Altnagelvin Hospital with Korsakoff's syndrome due to chronic alcohol abuse and suspected pontine ischaemia. He has attended appointments with haematology services and liver services in Belfast and Derry with clear documentation of partial engagement with these services over the past 10 years. Attempts were made by Dr Benson to improve access for Mr Conway to liver and haematology services by offering a bespoke approach to his needs that included more clinics closer to home.

On 28th November 2018 Mr Conway attended the liver clinic with his sister (Mrs McLaughlin) to discuss treatment for Mr Conway's Hepatitis C. He was seen by Dr Cash initially and then Dr McDougall. Mrs McLaughlin raised concerns with Dr Cash regarding the care of their brother Mr Seamus Conway, the fact that Mr Eddie Conway had been labelled as a non-attender at clinics, and that he had cognitive impairment related in her view to hepatitis C and not cirrhosis and previous alcohol consumption. Dr Cash arranged an ultrasound scan that demonstrated gallstones and with no focal hepatic abnormality. Dr Cash referred Mr Conway to the memory clinic but did not arrange a CT brain as requested by Mrs McLaughlin as he did not feel it was warranted based on his clinical assessment. Lastly, Dr Cash arranged for a Fibroscan and assessment by Dr McDougall later that day.

Dr McDougall assessed Mr Conway following the Fibroscan that confirmed established cirrhosis. Dr McDougall recommended that Mr Conway commence Eclusa treatment for his hepatitis C with a success rate of 97-98%, and that he commence the hepatoma screening programme with 6 monthly ultrasound and alpha fetoprotein estimation due to the diagnosis of cirrhosis. Due to Mr Conway's previous documented difficulties attending Belfast, Dr McDougall wrote to Dr Ferguson in Altnagelvin to request that the screening could take place closer to home.

Mrs McLaughlin's written complaint to Dr Benson focuses on 5 key areas with respect to the treatment of her brother Eddie Conway:

1. She disputes that her Brother missed out patient assessments
2. She maintains that hepatitis C is responsible for all his health issues including memory loss and wishes a CT of his brain
3. The discrepancy between the ultrasound of the liver which demonstrated no focal abnormality and the Fibroscan which demonstrated established cirrhosis
4. A concern that they were told Mr Conway had liver cancer
5. A concern that Dr McDougall had suggested that hepatoma screening could be carried out closer to home

Assessment

I have reviewed the available notes and records on ECR. These notes are of a high standard and I can identify no obvious professional concerns with the care provided to Mr Eddie Conway by the haematology and liver teams in Belfast and Derry. Some confusion has though arisen following the appointment 27th November 2018.

With regards to the areas of dispute raised by Mrs McLaughlin and what is documented in the notes:

1. There are letters documenting non-attendance and documented attempts to encourage Mr Conway to attend clinics. Both teams have made considerable efforts to arrange bespoke follow up arrangements acknowledging the difficulties he has attending clinics
2. Issues with memory loss and cognitive function. Dr Cash has made arrangements for this to be formally assessed in the memory clinic
3. The ultrasound scan was carried out to look for focal abnormalities such as hepatoma; the Fibroscan is for assessment of liver stiffness and diagnosis of cirrhosis. The fact that the ultrasound was normal but the Fibroscan demonstrated cirrhosis has clearly caused confusion
4. I can find not record that there is any evidence of liver cancer
5. The arrangement for liver screening to be carried out closer to home with support from the regional centre would seem safe and appropriate given the documented clinic attendance problems

Recommendation

I would suggest that a facilitated meeting take place as soon as possible with Mr Eddie Conway and members of the haematology and liver teams to discuss all issues related to his treatment to ensure that he is clear with regards to his current diagnosis and ongoing treatment plan. I am more than happy to facilitate that meeting.

Chris Hagan

10/01/2019