Witness Name: Dr Syed Hyder Hussaini
Statement No.: WITN5501001
Exhibits: None
Dated: 18/01/2021

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR HUSSAINI

I, Dr Hussaini, will say as follows: -

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 1 June 2020, and in respect of witness W2546.

I make this statement from both the information available to me and my recollection.

I wish to say at the outset that I have read the statement of witness W2546, and indeed witness W2454. I am aware of her difficult medical history, and I hope the Inquiry process gives her the answers she wants and deserves.

Section 1: Introduction

1. *Please set out your name, address, date of birth and professional qualifications.*

My full name is Dr Syed Hyder Hussaini, date of birth GRO-C 1961.

My professional qualifications are as follows: MB.BS (1984), MRCP UK (1998), MD (1995, University of London, FRCP (2001), PGCE (2001 (University of Plymouth).

My work address is: Department of Gastroenterology and Hepatology, Royal Cornwall Hospital, Truro, Cornwall, TR1 3LJ.

2. *Please set out the positions you have held as a hepatology specialist, the organisations in which you held these positions, and your role and responsibilities in these positions.*

I am a Consultant Gastroenterologist Hepatologist with Royal Cornwall Hospital (1998 to the present date).

Prior to this role, from September 1994 to June 1998, I was a Lecturer in Medicine (Honorary Senior Registrar) at St James's University Hospital and Leeds General Infirmary. I worked in the Professorial Medical Unit, Regional Liver Unit, Centre for Digestive Diseases and Institute of Liver Studies (Kings College Hospital).

I am one of 9 consultant physicians who supply gastro-intestinal and hepatology services for Cornwall. Within the department, hepatology services comprise of two consultant hepatologists, one nurse consultant and two nurse specialists providing viral, hepatobiliary cancer and general hepatology services. In addition, we provide a fibroscan service and a joint community Hepatitis C service shared with Addaction (community drug and alcohol service). The population served is approximately 450,000.

I have treated patients with Hepatitis C (HCV) since 1994 and I am the lead HCV physician; I supervise the nurse specialists with regular HCV multi-disciplinary meetings on a weekly basis.

3. *Please outline your membership, past or present, of any committees or groups relevant to the Inquiry's Terms of Reference which can be found on the Inquiry's website.*

I was a member of the liver committee to the British Society of Gastroenterology ('BSG') from 2012 to 2018. My work included: developing a care bundle for the management of acute decompensation of cirrhosis in the first 24 hours (2013); presiding over gastrointestinal clinical and bleeding standards as a hepatology representative (2013-15); working on performance indicators for hepatology units; NICE review (technology appraisal and guidelines); reviewing and Chairing BSG meetings.

In 2015, I was a member of the Clinical Advice Directorate for national complaint resolution, within the Parliamentary and Health Service Ombudsman.

I am a member following societies and committees: Royal College of Physicians, American Association for the Study of Liver Disease, British Association for the Study of Liver Disease, British Society of Gastroenterology and British Medical Association.

Section 2: Responses to criticism of W2546 and W2454

4. *At paragraph 6.4 of her witness statement, W2546 states that on your first meeting with her, you were abrupt when explaining the concerns that she could have had a stroke. Her Husband, witness W2454 reiterates this at paragraph 6.6 of his statement. please comment on this.*

I was aware of witness W2546 prior to my attendance upon her in January 2014. My colleague, Mary McKenna (Hepatology Nurse Specialist), had raised the question of her course of care during multi-disciplinary team meetings.

The purpose of my attendance upon witness W2546 was to provide some reassurance: that a named consultant hepatologist was part of the team looking after her. We discussed her presentation and likely course of investigation and care.

I am sorry if my conduct was in any way perceived to be abrupt. This was not my intention, and it is not representative of my usual practice. I tried to be sympathetic, and again I am sorry if this did not come across in the way that I had intended.

5. *At paragraph 6.18 of her statement, witness W2546 states that an appointment with your registrar in 2016, he informed her that the results of a scan in February 2015, which she had not received, indicated that she had cirrhosis rather than fibrosis. The witness confirms that you confirmed the diagnosis and advised that she now met the criteria for early treatment. The witness states that she did not understand why she had not been told this before now, and this had caused her months of worry that her treatment would be delayed at a time when she was seriously unwell. Witness W2454 reiterates this at paragraph 6.19 of his statement. Please comment on this.*

6. *At paragraph 7.2 of her statement, witness W2546 states that after phoning the RCH for confirmation of her diagnosis, she was told that she did not have cirrhosis and you had made a mistake. She states that she was appalled that a specialist doctor could make such a basic error and this had an emotional impact on her and her husband.*

This is confirmed by witness W2454 at paragraph 6.20 of his statement. Please comment on this.

I hope the Inquiry will permit me to address questions 5 and 6 together. The questions share the same chronology, and a response in this form may assist both the Inquiry's and witness W2546's understanding of events.

The scan in question was ordered by Mary McKenna (Hepatology Nurse Specialist) on 23 January 2015, and conducted / reported upon on 5 February 2015. The report of the ultrasonographer, Rosemary Hardstaff, reads (in-part): 'The liver appears coarse in echo texture and irregular contour in keeping with the established cirrhosis'.

It was in fact on 1 April 2015 that my Registrar, Dr Mohammad Baqai, saw witness W2546 (during a clinic that we had split between us), according to his letter of the same date (typed 9 April 2015). His letter notes, under *diagnosis*: 'ultrasound abdomen in February 2015 showing cirrhosis', and later goes on to state 'however, she has had no ascites, hepatic encephalopathy or hematemesis and her liver synthetic function has been normal'.

My Registrar brought the result to my attention and asked me to step into the consultation with witness W2546.

It was important to be transparent and to clearly state the ultrasound findings, which expressly referred to cirrhosis. I was not in a position to definitively contradict this documented finding. However, it is my recollection that I was not unequivocal about such a diagnosis; not all livers with an irregular margin have cirrhosis. The consideration of cirrhosis required further exploration, to assess the viability and stage of the disease, including gastroscopy, fibroscan, and a CT scan. The ultrasound report was also a discordant finding, which did not appear to accord with her earlier history, including previous fibroscan results and her ultrasound in June 2014. The impression of cirrhosis was indeed negated by subsequent investigations.

I am sorry if my delivery of the documented clinical picture at the time, and the next steps, was less than clear. I am also sorry if my delivery caused witness W2546 distress in any way, and if she left the consultation believing there was a definitive diagnosis of cirrhosis.

The presence of cirrhosis was at the time thought to be a key pre-requisite for entry into the Early Access Program for treatment with the new HCV antiviral therapy, although definitive

eligibility criteria were not published until June 2015. This was why W2546 was informed that she would be eligible for early treatment with Harvoni, if she did indeed have cirrhosis.

Despite the absence of cirrhosis, on other investigative criteria witness W2546 was still eligible for the early access program as she had modest splenomegaly, which can be a surrogate marker of cirrhosis, as per NHS England HCV antiviral early access criteria published in June 2015. I believe witness W2546 was successfully cured of HCV infection with Harvoni therapy.

Section 3: Other Issues

7. *If there are any other issues in relation to which you consider that you have evidence which will be relevant to the Inquiry's investigation of the matters set out in its Terms of Reference, please set them out here.*

I have nothing further to add at this stage. I would be happy to assist the Inquiry and witness W2546 in any way I can.

Statement of Truth

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

Signed GRO-C

Dated 18/1/2021