Witness Name: Dr Fiona Hutchison Gordon
Statement No.: WITN6432001
Exhibit : WITN6432002
Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR FIONA HUTCHISON GORDON

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 19 March 2021.

I, Dr Fiona Hutchison Gordon, will say as follows: -

Section 1: Introduction

1. I am Dr Fiona H Gordon MBBChir MA MD FRCP, dob GRO-C 1967, of the Department of Liver Medicine, Level 10, University Hospitals Bristol and Weston NHS Foundation Trust, Marlborough Hill, Bristol BS2 8HW.

2. I have been employed as a consultant hepatologist (one of a team of 5) since January 2003 and I have also been the Lead for the Bristol and Severn region Hepatitis C Operational Delivery network (ODN) since 2014. With my colleagues, I share responsibility for patients with liver disease in our catchment area, but I am also responsible for the delivery of hepatitis C treatment across the Bristol and Severn ODN region. I undertake pancreatico-biliary endoscopic ultrasound and upper GI endoscopy, including emergency on-call endoscopy. I am responsible for the care of patients with general

medical problems on our ward and take part in the 'acute general medical take'.

3. The Department of Liver Medicine at University Hospitals Bristol and Weston NHS Foundation Trust operates from Bristol Royal Infirmary.

Section 2: Responses to criticism of witness W0566

4. I can confirm that I have based the following responses following examination of the patient's electronic medical records held on the hospital's clinical document service within the Evolve platform and also the patient's paper records for the relevant periods described below, where available. I was unable to access paper records for her admission to hospital in 2008, to verify the electronic records, however.

At paragraph 22 of her first statement, witness W0566 states that following her diagnosis with HCV in 1990 she was referred to Bristol Royal Infirmary (BRI), which "made everything 50-60 times worse for me, a useless hospital".

5. I am very sorry that witness W0566 has formed this opinion of Bristol Royal Infirmary, based on her experiences and that she did not feel listened to. Our team is very much aware that many patients have had little opportunity to talk to friends and family about their disease and that we have a responsibility to facilitate this for them. All of our patients are given details of a dedicated patient support number directly to our nurse team. I'm very sorry that witness W0566 did not feel we addressed her concerns adequately and that she did not feel supported.

At paragraphs 64-65 witness W0566 states that when she attended BRI for outpatient care, the doctors would make unhelpful comments when she reported symptoms of pain, fatigue or depression, downplaying their severity.

6. I am very sorry that this is witness W0566's reflection of her care at Bristol Royal Infirmary. It is difficult for me to comment on the practice of my predecessors who looked after witness W0566 between 1996 and 2002. The notes record that she was 'trained and counselled' prior to starting interferon monotherapy in February 1997 but that she 'felt depressed' after 4 weeks of therapy in April 1997, 'discussed stopping' but 'wanted to continue until reached 3 months' (WITN6432002) . At this point, she had not responded and she stopped therapy.

At paragraph 67, witness W0566 states that she was sent between various specialists in relation to chronic urticaria, but "nobody took responsibility".

7. I am very sorry that this was witness W0566's experience, but I am unable to account for my predecessor's practice on this matter.

At paragraph 80-83, witness W0566 states that when she was offered Interferon treatment, she was not given any information about the drug by her hepatitis nurse, including how it would make her feel and that she would lose her hair. She states that when she was given the prescription by a doctor, he did not explain the side effects to her or how she should administer it. She recalls that she was provided with a video to watch instead, but felt too demoralised to watch it.

8. I am very sorry that this was witness W0566's experience. It has been my usual practice since 2003, to ensure that the common side effects (>1% chance) of interferon were explained to patients, before making a final decision to initiate treatment. In addition it had been our clinic's practice to reiterate these side effects at the patient's treatment initiation clinic visit, before demonstrating how to self-administer their weekly pegylated interferon injections. I cannot account for the practice of my predecessors prior to 2003, when witness W0566 received standard non-pegylated interferon 3 times weekly, but the handwritten notes in 1997 notes record that she was 'counselled' before having her first injection by the doctor who saw her (see paragraph 6 above) (WITN6432002) .

At paragraph 92, witness W0566 states that when the combined Interferon and Ribavirin treatment was made available, she was not told that it was less likely to be effective against her HCV genotype. She recalls that her hepatitis nurse did not provide her with much information about treatment.

9. I am very sorry that witness W0566 was not made aware that the likely chance of successful treatment of her genotype would be less than 50% with combined standard (or pegylated) interferon and ribavirin. This discussion would have taken place with my predecessors, so I am unable to comment on their practice. It would have been the team's usual practice in 2007 to explain the chances of success of treatment being approximately 40% for genotype 1. In addition patients treated in 2007 should have been provided with both written (standard patient booklet provided by Roche pharmaceuticals, extra to statutory patient information leaflet) and a verbal explanation about interferon-based hepatitis C treatments. I am very sorry if this information did not reach witness W0566.

At paragraph 94, witness W0566 states that when she developed extreme fatigue during the combined Interferon and Ribavirin treatment, her hepatitis nurse did not appropriately assess her condition and suggested that she might be suffering from depression.

10. I am very sorry that this was witness W0566's experience. From 2003, it was the usual practice of our nurses to ask about possible interferon-related symptoms in detail and to record these on a symptom log. These records are incompletely filed, so I am unable to verify whether this took place. I am very sorry if the team did not adequately prepare witness W0566 for the potential of extreme fatigue due to interferon therapy. I am unable to comment on the practice of my predecessors for treatment she received prior to 2003.

At paragraphs 97-99, witness W0566 states that when she was admitted to BRI, the consultant did not appear to acknowledge the seriousness of her condition.

11. I cannot comment on the assessment of witness W0566 by the emergency team, when she was admitted with breathlessness in January 2008, as the handwritten notes are not uploaded to her electronic records and her paper records from this period destroyed. I can only sincerely apologise that the admitting team initially appeared to minimise her symptoms. She was clearly very troubled by dizziness and physical weakness at that time, likely interferon-related and required input from the physiotherapists and occupational therapists prior to discharge home. Following this experience, her treatment was stopped and her hepatitis C relapsed, having been temporarily suppressed by her treatment for 3 months.

At paragraph 100, witness W0566 states that after she was discharged she made a complaint about the hepatitis nurse, for failing to appropriately assess her condition.

12. I am very sorry that witness W0566 felt that the Hepatitis nurse looking after her failed to assess her condition adequately. The nurse who saw her has now retired from NHS practice and no longer has responsibility for patient care. It is difficult to account for his actions over 15 years ago, but I am very sorry that witness W0566 felt that she received suboptimal care. It is my usual practice to ensure that all new hepatitis C nurses in training gain some experience of inpatient care, to ensure that they recognise the signs of severe liver disease and the symptoms and signs of severe anaemia. Interferon is no longer used to treat hepatitis C infection.

At paragraph 121, witness W0566 states that after her final round of HCV treatment, she called to follow up on her test results and was told by a nurse that she had cleared HCV, which she felt should not have been communicated over the phone.

13. I am sorry that witness W0566 was unhappy about receiving the outcome of her treatment by telephone. I am very sorry that in order to maximise the

capacity of our HCV clinic, we have had to minimise face-to-face encounters due to lack of physical space in our hospitals, since approximately 2006. This was also in response to requests from patients to make our service more accessible to those of lower income patients, who could not afford to travel here or to lose time from work. This change has enabled us to provide treatment to over three times the number of patients treated prior to 2006. At the time of making this change, we allocated patients to face-to-face appointments, only if their treatment had been unsuccessful or if they had ongoing symptoms or problems relating to hepatitis C or interferon treatment. I am sorry if this was not made clear to witness W0566 towards the end of her final treatment course. More recently, we have changed to remote video or telephone clinics for all but new patient appointments due to Covid-19.

Section 3: Other Issues

14. Witness W0566 underwent two unsuccessful courses of treatment for transfusion-acquired hepatitis C before finally achieving sustained viral clearance with oral direct-acting antiviral treatment (Viekirax, Exviera and ribavirin) in 2017. Her initial course of treatment occurred in 1997, before my appointment here as consultant hepatologist in 2003 and it is difficult for me to comment on her experience at that time. I am naturally very sorry that she experienced considerable trauma due to the lack of information she felt was provided about side effects of treatment and because she felt she was not listened to by the team.

15. Her course of Pegylated interferon and ribavirin was initiated by my team (HCV nurse specialist) on 26 July 2007. This was complicated by an initial hypersensitivity-type reaction within the first 24 hours of her injection. We attempted to re-introduce treatment under close observation in our clinic with a much reduced dose, but it remained difficult to tolerate and was eventually stopped in late January 2008.

16. Witness W0566 completed her final successful course of HCV treatment with a drug combination called Viekirax, Exviera and Ribavirin in February 2017. The majority of her concerns about her treatment relate to the interferon-based therapy she received between 1997 and 2007.

Statement of Truth

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

Signed _____ GRO-C _____

Dated _____12th January 2024_____

Table of exhibits:

Date	Notes/ Description	Exhibit number
21.02.1997 and 18.04.1997	One page of handwritten clinical notes	WITN6432002