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Date	29/10/2021
Your Ref	
Our Ref	JFD/LM
Enquiries to	Professor John Dillon
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Direct Line	<b>GRO-C</b>

Dear Mary Quigley

**Re: Iain Bissett - CHI 2205540238 - request for written statement under Rule 9 following significant criticisms of witness W2666**

**Q1:**

Professor John Francis Dillon - date of birth **GRO-**1963 - Ward 2, Ninewells Hospital DD1 9SY - MBBS, MD, MRCP (UK), FRCP Edinburgh, FRCP London.

**Q2:**

At NHS Tayside I am an honorary Consultant Physician Gastroenterologist and Hepatologist with main responsibilities in the provision of general and specialist Hepatology services to NHS Tayside.

**Q3:**

NHS Tayside is the Scottish NHS board responsible for Ninewells Hospital and Kings Cross Hospital which are the hospitals that these questions and criticisms relate to.

**Q8.**

There is a discharge summary within Mr Bissett's notes and this is a summary that provides the pertinent investigations for this gentleman during his admission from the 1st of April 1995 to the 10th of April 1995. He was admitted at this stage with right sided pyelonephritis and treated with antibiotics. He underwent a series of other tests to look for other causes of infectious diseases including cultures of his urine and radiological investigations which are not summarised in his discharge summary as they are superfluous. Having gone through his records for this time and all of the investigations that we have documented that were performed, none of them related to hepatitis C. It would not be usual practice to document all of the investigations and records for the admission within the discharge summary as these sit within the hospital notes and the discharge summary still reflects standard practice up until today.

**Q9.**

Mr Bissett underwent hepatitis C testing for the first time on the 11th of August 1995 following a clinic visit with Dr Phillip Cachia, the Director of the Haemophilia service. It is stated in Dr Cachia's letter



that a hepatitis C test was discussed with Mr Bissett and the benefits of this to him were made clear and his risks. He agreed to testing and the test was performed on the 11th of August 1995. Going through Mr Bissett's records and paper notes, this is the first recorded hepatitis C test that I can see in the notes and the test was performed on the blood sample taken on this day although the reporting is a few days later. At Mr Bissett's next follow-up for his haemophilia on the 19th of January 1996, the positive result was explained to Mr Bissett and subsequently he was referred for contact with the Hepatitis services for attempt at treatment of his hepatitis.

**Q10.**

There is a mistake on the discharge summary relating to the 1995 admission to Kings Cross and the year has been incorrectly recorded as 1994 rather than 1995. The paper records of the admission make it clear that it was 1995 when this admission occurred and the other outpatient follow-up letters connected with this admission also confirm that. Hepatitis C rarely causes a significant acute illness and if it does it would normally be associated with significant elevations of LFT's and the appearance of jaundice, neither of which happened during Mr Bissett's Kings Cross admission. Additionally there seems to be a firm diagnosis of pyelonephritis which is an infection of the collecting ducts of the kidney which resolved with antibiotics. His right sided loin pain, fevers and associated white cell count were all features of his presenting illness and would be consistent with pyelonephritis and inconsistent with an acute hepatitis C infection. Looking at Mr Bissett's need for factors over the years, it is much more likely that the infected infusions happened some time before that event, particularly given the stage of his liver disease when it was subsequently assessed.

Yours sincerely

GRO-C

**Professor John Dillon**  
**Consultant Gastroenterologist and Hepatologist**

