

Witness Name: Dr Roger Chinn
Statement No.: WITN7266009
Exhibits: WITN7266010
Dated:

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF DR ROGER CHINN

I provide this statement on behalf of Chelsea and Westminster Hospital NHS Foundation Trust in response to a request under Rule 9 of the Inquiry Rules 2006 dated 29 January 2021.

I, Dr Roger Chinn, will say as follows: -

Section 1: Introduction

1. My name is Dr Roger Chinn. My date of birth is GRO-C 1964. I hold the following professional qualifications: MB BS, MRCP, FRCR.
2. I am the Chief Medical Officer of the Chelsea and Westminster Hospital NHS Foundation Trust ("the Trust"). I am a full voting member of the Board of Directors. Amongst other duties, I am responsible for ensuring the high standards of patient safety and clinical effectiveness at the Trust and for providing professional leadership for all medical staff. I am the Responsible Officer at the Trust.

Section 2: Background to the Chelsea and Westminster Hospital

3. St Mary Abbot's Hospital was not operated by the Trust in 1970. It closed down in 1992.
4. The Chelsea and Westminster Healthcare NHS Trust was created in 1994 by virtue of the Chelsea and Westminster Healthcare NHS Trust (Establishment) Order 1994.
5. The Chelsea and Westminster Hospital NHS Trust became a Foundation status in 2006. It is now called Chelsea and Westminster Hospital NHS Foundation Trust.
6. The Chelsea and Westminster Hospital ("the Hospital") is operated by the Trust and was at the relevant time, 1996 to 2017.

Section 3: Response to Concerns of Witness W1899

7. Our sympathies go to Witness W1899 ("the Witness") for the impact Hepatitis C has had on his life.
8. The Witness has raised concerns at paragraph 63 of his statement that the Gastroenterology Department at the Trust always minimised the problems the Witness presented with and at paragraphs 31 and 46 of his statement that his Hepatitis C treatment was delayed. We want to do our best to address those concerns and share the information we have with the Witness and the Inquiry, in the interest of transparency. In order to do so, we have reviewed the Witness's medical records and obtained input from Dr Matthew Foxton, the Witness's consultant at the Hospital at the material time.
9. The Witness was diagnosed with chronic Hepatitis C infection before 1996, the earliest record we were able to locate. The Witness had genotype 2 infection.
10. The Witness was treated with interferon in [GRO-B] which was the standard of care at that time. Unfortunately, he developed a pneumonia and suicidal ideation, which was a recognised complication of that treatment, and the treatment was stopped. At that time, the witness was treated at the Charing Cross Hospital operated by Imperial College Healthcare NHS Trust, and it appears that treatment with interferon and ribavirin was a part of a trial.
11. At paragraph 34 of his statement, the Witness reports that his medical records contained inaccuracies. The Witness made a complaint to the Trust in 2008 regarding this, this complaint was responded to and apologies were offered. I append a copy of this letter. it [WITN7266010]
12. The Witness continued to be a patient of the Gastroenterology Department and when he was seen in June 2013, his Fibroscan reading was 8.1 kPa, which indicates that there was moderate fibrosis. A repeat Fibroscan in May 2014 gave a reading of 7.8 kPa indicating no progression of the fibrosis.
13. The Witness was seen again in 2015 at a time when the oral only direct-acting antiviral (DAA) therapy was limited to those with cirrhosis or specific complications of chronic Hepatitis C infection.
14. In June 2016, the Witness underwent a repeat Fibroscan and this gave a reading of 11.8 kPa. This indicated that there was disease progression and that the Witness now met the treatment threshold criteria as mandated by NHS England, being Fibroscan reading of above 11.5 kPa. At that time that there was a Hepatitis C treatment waiting list and prioritisation was made on the level of fibrosis, with decompensated cirrhotics who had the highest risk of mortality or requiring a liver transplant at the top of the treatment waiting list.
15. In accordance with NHS England policy, the Witness's case was discussed at the Operating Delivery Network (ODN) meeting for West London. He was approved for treatment with sofosbuvir and ribavirin (the NHS England approved therapy) on 8 July

GRO-B At that time, this was the only approved therapy for interferon intolerant/interferon experienced patients with genotype 2 Hepatitis C infection.

16. There was no delay in the Witness's treatment at the Hospital. The Witness was initially ineligible for direct-acting antiviral therapy but then became eligible by virtue of his Fibroscan reading increasing. The limitation of Hepatitis C treatment when the direct-acting antiviral treatment was first released was due to the restrictions put upon the Hospital by NHS England. Furthermore, there was a restriction by NHS England on the number of patients able to be treated with direct-acting antiviral therapies within West London as, at the time, NHS England operated a "regional run rate" system whereby NHS England allocated each region a fixed number of funded Hepatitis C treatments per month.
17. The Witness initiated therapy on 19 August **GRO-C** and completed treatment on 11 November **GRO-C** at the Hospital.
18. The Witness underwent testing for sustained virologic response (SVR12) in May 2017 having missed several appointments in the intervening period.
19. In view of his elevated Fibroscan pre-treatment, the Witness continues with 6-monthly ultrasound for surveillance for hepatocellular carcinoma to date.
20. At present, there is no NHS England limitation on funded Hepatitis C treatments so patients are seen and commenced on treatment within a few weeks.
21. We hope that the Witness is now well and that there has been a satisfactory outcome.

Statement of Truth

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

Signed

GRO-C

Dated 26 April 2023

Table of exhibits

Date	Notes/ Description	Exhibit number
16 January 2008	A letter regarding inaccuracies in Witness's medical records	WITN7266010