

Witness Name: Louise Ashley

Statement No: WITN7692001

Exhibit: None

Date: 19 May 2023

## INFECTED BLOOD INQUIRY

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### WITNESS STATEMENT OF LOUISE ASHLEY

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I provide this statement on behalf of Homerton Healthcare NHS Foundation Trust in response to the request under Rule 9 of the Inquiry Rules 2006 dated 13 March 2023.

I, Louise Ashley, will say as follows:

#### **Section 1: Introduction**

1. I, Louise Ashley am the Chief Executive of Homerton Healthcare NHS Foundation Trust, Homerton Hospital, Homerton Row, London E9 6SR. I have been employed at Homerton Healthcare since 3<sup>rd</sup> October 2022. Prior to that I was the Chief Executive of Dartford and Gravesham NHS Trust for four years.

#### **Section 2: Response to Criticism by W7215**

2. I would like to thank witness W7215 for agreeing to share the witness statement prepared for the Infected Blood Inquiry with us and highlighting the concerns they have about the care they received at our Trust for treatment of Hepatitis C.
3. I would like to say at the outset that I am very sorry to read of witness W7215's experiences at Homerton Healthcare NHS Foundation Trust and would therefore like to take this opportunity to acknowledge the pain and distress this must have caused them.
4. Unfortunately, as witness W7215 does not wish for us to access their medical records, I am unable to respond to the specific issues raised in the statement.

Signed

GRO-C

Dated: 22/06/2023

However, having consulted with clinicians at our Trust that work in this area, I am able to address some of the general points that witness W7215 has raised.

5. At paragraph 16 of witness W7215's statement, he states that following referral to Homerton Hospital, the witness was informed after a liver ultrasound that his liver was fine. The witness states that no biopsies or Fibroscans were undertaken. I have been informed that "FibroScan" is a trademarked version of transient elastography and this only became available at the Homerton Hospital in 2016. The Homerton Hospital had access to GE brand elastography from 2016 and Fibroscan from 2020. Therefore, this would not have been available at the time this witness was seen at the Homerton Hospital. Prior to the availability of elastography, a liver biopsy was undertaken on a case-by-case basis, acknowledging the risks of bleeding, balanced against the possible benefit of staging fibrotic liver disease. Patients were sometimes treated without biopsy using non-invasive blood markers to predict the presence or absence of liver fibrosis (e.g. the APRI score).
6. At paragraph 18 of the witness statement, witness W7215 states that there was limited advice provided to him about managing the risks of infection. The British Liver Trust and the Hepatitis C Trust have both provided online printed material for patients with Hepatitis C for many years. Witness W7215 should have been signposted to this information and I sincerely apologise if this was not the case.
7. At paragraphs 23 and 24, witness W7215 states that there were a long series of postponements in commencing treatment. Although I am unable to comment on the specific service provision at the time, I have been informed that the decision to initiate Hepatitis C treatment around the time in question was quite nuanced as it was clear that newer and more efficacious treatments were due to be released in the subsequent decade and many patients were advised to wait for clarity on treatment access for that reason. Once newer treatments became available patients were treated in order of clinical need and patients with mild disease continue to wait until such time as those with cirrhosis had been treated.
8. At paragraph 25 I note that witness W7215 states that there was inadequate information provided to him and he had not been informed that he wasn't able to

Signed

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drink with a specific timeframe preceding the treatment. I apologise that this was not made clear to witness W7215 as I am informed that all patients with significant fibrotic liver disease would have been advised not to drink alcohol.

9. At paragraph 28 b), I note that witness W7215 states that he was informed by Dr Ray Shidrawi that all blood was screened by 1979 and therefore he could not have contracted HCV that way. As Hepatitis C was only discovered in 1989, it is unlikely that the witness would have been told that screening for Hepatitis C started in 1979. I again apologise if this information was relayed to him.
10. In relation to paragraph 34, I note that witness W7215 states he kept on being told how expensive the course of treatment was and that he would not be given the treatment if he wasn't going to complete it. I can confirm that Hepatitis C medication was expensive and remains expensive. Access to further cycles of treatment after an unsuccessful first round of treatment has been historically difficult for funding reasons. Patients are therefore routinely informed that the treatment involves a high-cost drug funding application process, and that poor compliance or non-engagement with treatment may disqualify patients from future access.
11. At paragraph 39, I note that witness W7215 states the clinicians were always worried about the number of his white blood cells and if they went too low, he was told that the treatment would be stopped. I am informed that at the time in question, Hepatitis C treatments contained interferon and ribavirin which can reduce red blood cell and platelet cell lines within the blood. Close monitoring of the full blood count was therefore required for all patients administered such treatment and was part of standard practice. Dose adjustments of medication or initiation of adjunct medication to increase cell counts in the blood were common. It is of note that current Hepatitis C medication no longer carries this risk.
12. At paragraph 74, I note that witness W7215 states that the clinicians at Homerton Hospital never gave him any information about financial assistance that could be available to him. I apologise if witness W7215 was not made aware of the Skipton Fund. However, I can confirm that clinicians today are more aware about the issues around infected blood and the possible availability of financial support

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compensation through the English Infected Blood Support Scheme, and sharing this information with their patients.

13. I would like to reassure witness W7215 that once the final report is published, the Trust will do its best to implement any relevant recommendations made by the Inquiry. I hope these will address the areas of concern that witness W7215 has raised and have a positive impact on anyone using our services in future.

14. I would like to reiterate that if witness W7215 would like the Trust to look into and respond in detail to any of the issues raised in his statement, I would be more than happy to facilitate this.

**Statement of Truth**

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

**Signed**

**GRO-C**

**Date 22<sup>nd</sup> June 2023**

**Signed**

**GRO-C**

**Dated: 22/06/2023**