



Aldwych House  
5th Floor  
71-91 Aldwych House  
London  
WC2 4HN

Professor Anthony Kessel  
Deputy Medical Director (Specialised Services)  
National Specialised Commissioning  
NHS England

16 October 2024

Dear Professor Kessel,

Thank you for your clarificatory questions about the Inquiry recommendation for monitoring liver damage for people who were infected with Hepatitis C. DHSC passed your letter to the Inquiry.

You asked whether the recommendation that *“those who have had Hepatitis C which is attributable to infected blood or blood products should be seen by a consultant hepatologist, rather than a more junior member of staff, wherever practicable”* applies to all patients who received infected blood or blood products, or only those with fibrosis or cirrhosis. You also asked for clarification as to whether the recommendation was for one consultation with a consultant hepatologist, every consultation to be with a consultant hepatologist, or review by a consultant hepatologist which could be through a multi-disciplinary team.

The Report noted the evidence of Professor Makris that many of the patients with bleeding disorders treated over the last 35 years, especially prior to the last decade, will have been treated for Hepatitis C through haemophilia centres rather than by an hepatologist – and so it may not be known whether they have fibrosis or cirrhosis. In his written statement (available on the Inquiry website [here](#)) Professor Makris recommended that patients should be reviewed by a consultant hepatologist at least once: *“Other members of the hepatology team can see the patients for assessment and organise the initial investigations, but the final appointment when long term*

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*decisions are made should be with a consultant hepatologist.”* For patients who are only now being diagnosed, it is important that they receive not only treatment for Hepatitis C but also assessment for advanced liver disease.

It follows that the Inquiry's recommendation is for every patient infected with Hepatitis C through infected blood or blood products to be offered at least one consultation with a consultant hepatologist wherever practicable.

You will see that the Inquiry has issued a letter to medical directors and chief medical officers of the four health services about monitoring liver damage which makes clear that the objective of this recommendation about monitoring liver damage is both surveillance for hepatocellular carcinoma and monitoring of progression of fibrosis and cirrhosis.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'J Cole', enclosed within a circular scribble.

Jennifer Cole OBE  
INQUIRY SECRETARY

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