

Susan Murray and Tracey Turnbull
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28 November 2012

Dear Susan and Tracey

**The Penrose Inquiry – Request for further evidence on the topic of Statistics
Patients with bleeding disorders – Hepatitis C
Dr Campbell Tait**

Following the procedural hearing on the topic of Statistics held on 29 October 2012, Lord Penrose issued his written decision on 9 November. Specifically he said in his written decision: '[T]here are issues on which it is appropriate to have further information, concerning the basis on which Dr Schnier and Professor Goldberg proceeded and concerning the up to date data supplied by UKHCDO.'

Please that a complete version of Lord Penrose's decision is available on the Inquiry website.

As a result the Inquiry would be grateful if your client could look at and respond to the questions contained in the attached schedule. Please note I have also written to another witness, Dr Charles Hay of the UKHCDO and have put the same questions to him.

You will see that the schedule of questions refers to several documents which, for your ease of reference, I have put onto the **enclosed CD**, which also contains a copy of the questions.

Lord Penrose has decided not to make any approach to Professor Goldberg at this stage but will decide whether or not to put any further questions to him once he has received the replies from the witnesses, to these and other questions.

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Lord Penrose would be grateful to receive a response within four weeks, if at all possible, if this is unlikely could you please advise me as soon as possible.

I look forward to hearing from you.

Kind regards

Yours sincerely

Janet Marsh

SCHEDULE
FURTHER QUESTIONS ON STATISTICS

Dr Campbell Tait
Patients with bleeding disorders – HCV

There is a discrepancy in the evidence before the Inquiry as to the number of patients with bleeding disorders likely to have been infected with HCV as a result of NHS treatment in Scotland.

The Scottish Haemophilia Directors estimated that 459 patients may have been infected with HCV as a result of treatment, albeit they considered that to be a “maximum” number or a “cautious overestimate”.¹ Dr Tait considered that the minimum number was likely to be 314, on the basis that “314 represents the numbers that we know who are or have been Hepatitis C antibody positive, plus a small number who were never tested but we have evidence that they clinically suffered an episode of non-A non-B hepatitis”.²

The UKHCDO estimated that 447 patients may have been so infected, albeit they considered that that was “probably an underestimate” since it did not include patients treated with blood or blood components (in particular, cryoprecipitate) rather than concentrates.³

The evidence from Health Protection Scotland was to the effect that that organisation was aware of 351 individuals in Scotland who have received blood factor, who have been diagnosed as HCV antibody positive and in respect of whom there was no information that they had received blood factor outside Scotland.⁴

¹ Methodology statement, [PEN.013.0016] at 0017, para 8

² Dr Tait, Day 14, Page 83 of the Inquiry Hearings Transcript and Methodology Statement, [PEN.013.0016] at 0017, para 8

³ UKHCDO report, April 2012, page 51 and table 7, [PEN.019.0927] at 0983 and 0984

⁴ Professor Goldberg, Day 6, Pages 116-119 of the Inquiry Hearings Transcript; see also statement of Professor Goldberg, [PEN.001.0206], question/answer 1

1. What is the explanation for the discrepancy between these figures?
2. Is one set of figures more likely to be correct and, if so, why?
3. The Inquiry is aware that the UKHCDO is in the process of collecting data from haemophilia centres on Hepatitis C test results. Do the currently available results of that exercise allow for a more accurate estimate to be made of the number of patients with bleeding disorders in Scotland likely to have contracted HCV as a result of treatment?
4. When is that exercise likely to be completed or, at least, reach a stage at which a more informed estimate can be made of the number of patients with bleeding disorders in Scotland likely to have contracted HCV as a result of treatment?
5. Has any further work been undertaken on the number of patients with bleeding disorders who were infected with HCV as a result of NHS treatment in Scotland who have died (including any further work in respect of the cause of death)?