

To: GP practices

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CCGs
NHSE Commissioning teams
Commissioning Support units

Primary Care Commissioning
NHS England
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Quarry Hill
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11 April 2018

Dear Colleague

RE: The National Infected Blood Inquiry (IBI)

In July 2017 the Government announced an inquiry to examine the circumstances in which patients treated by the NHS had been given infected blood and infected blood products. The Inquiry will examine why men, women and children in the UK were given infected blood and/or infected blood products; the impact on their families; how the authorities (including government) responded; the nature of any support provided following infection; questions of consent; and whether there was a cover-up.

Chaired by Sir Brian Langstaff, the [Infected Blood Inquiry \(IBI\)](#) was established in July 2018. Public hearings start on 30 April this year and will hear directly from people who were infected by blood or blood products, and from the people close to them who were affected by this.

This letter is to help clinicians in primary care to support patients who have, or who believe they may have been exposed to risks associated with infected blood or blood products.

Background

Prior to 1991, blood and blood products were not tested for blood born viruses. As a consequence, there is a risk that patients who received blood or blood products prior to 1991 could have become infected. The greatest risk is in relation to Hepatitis C. It is estimated that during the mid 80s, between 0.6-1% of the population was infected by Hepatitis C. ¹

NB. Approximately 1% of transfusions given prior to 1991 could have contained an infected agent such as Hepatitis C

¹ The Penrose Inquiry <http://www.penroseinquiry.org.uk/finalreport/>



Action

Hepatitis C often doesn't have any noticeable symptoms until the liver has been significantly damaged. This means many people have the infection without realising it.

When symptoms do occur, they can be mistaken for another condition. Symptoms can include:

- [flu-like symptoms](#), such as muscle aches and a high temperature
- feeling tired all the time
- loss of appetite
- abdominal pain
- feeling and being sick

The only way to know for certain if these symptoms are caused by hepatitis C is to get tested. Clinical staff should therefore consider asking patients who present with nonspecific symptoms whether they may have had blood or blood products prior to 1991 (e.g. following RTA, Childbirth etc.) and offering them a screen for blood borne viruses.

Those patients who test positive for Hepatitis C should be referred to the local Operational Delivery Network (ODN) for treatment. New hepatitis C treatments are oral tablets for 8 - 12 weeks and have minimal side effects and over 95% cure rates.

Support to patients

Untreated hepatitis C infection causes cirrhosis and liver cancer but now very effective, well tolerated oral therapies are now available on the NHS and most people diagnosed with hepatitis C can be cured.

Support for patients is available from the Hepatitis C trust (www.hepctrust.org.uk) and the British Liver trust (<https://www.britishlivertrust.org.uk> Helpline 0800 652 7330). In addition, for those patients engaging with the inquiry, the Inquiry recognises participating can be difficult and has therefore organised a confidential support line staffed by the British Red Cross. (see appendix).

Access to records.

The Inquiry seeks to establish, not only what was done, but also what should have been done in relation to making blood and blood products safe.

The Inquiry Team is searching millions of pages of documents from the NHS and Department of Health, and Trusts and almost 2,500 people so far have come forward to give statements.

GP practices should note that Sir Brian Langstaff, Chairman of the Inquiry has written to request that no documents, files or paperwork that may be of interest to the inquiry be destroyed.

Although patients seeking a subject access request (SARs) can do so without charge, it is important to note that practices are expected to also waive fees for people seeking copies of their medical records.

Support to the inquiry

More information about the Inquiry is available at www.infectedbloodinquiry.org.uk. GPs and clinical staff may have personal reflections from previous roles where they were working closely with transfusion or related services that they may feel has a bearing on the work of the inquiry. If you would be interested in making a statement to the Inquiry, contact details can be found in the appendix

Yours sincerely

A handwritten signature in blue ink, appearing to read 'D Geddes', is positioned above the printed name.

Dr David Geddes
Director of Primary Care Commissioning
GMC no. 3253722

Appendix

Infected Blood Inquiry

Tel: 0808 169 1377

Email: contact@infectedbloodinquiry.org.uk

Address: Fleetbank House, 1st Floor, 2-6 Salisbury Square, London EC4Y 8AE

Website: www.infectedbloodinquiry.org.uk

Confidential support

The Inquiry recognises participating in the Inquiry can be difficult and has organised a confidential support line staffed by the British Red Cross. The number is 0800 458 9473 and calls are answered between these times:

Monday between 11am - 1 pm

Wednesday between 7pm - 9pm

Friday between 2pm - 4pm

Hepatitis C Trust

Support for patients is available from the Hepatitis C Trust:

Confidential helpline: 020 7089 6221

Website: www.hepctrust.org.uk.

British Liver Trust

Support for patients is available from the British Liver Trust:

Confidential helpline: 0800 652 7330

General enquiries: 01425 481320

Website: www.britishlivertrust.org.uk.