

Reference:	FOI.3788.20
Subject:	Commissioning of pathways around detection of liver disease in primary care
Date of Request:	12 August 2020

Requested and response:

1. Please enter the name of your Health Board:

Hywel Dda University Local Health Board (UHB).

2. Do you have a named person within the Health Board who is responsible for liver disease?

The UHB confirms, yes it does have a named person who is responsible for liver disease.

If yes, please answer Q3 and then move to Q5

If no, please answer Q4 and then move to Q5

3. Please provide the details of the person responsible for liver disease within the Health Board.

The UHB confirms that Dr Ian Rees, Consultant Gastroenterologist, is the person responsible for liver disease and can be contacted by email:

ian.Rees@wales.nhs.uk

4. In the absence of a named contact for liver disease at the Health Board, please provide the details of the person who should be contacted regarding liver health.

Not applicable.

5. Do you have a commissioned pathway for:
a. the interpretation of abnormal liver blood tests?
b. responding to liver disease more generally?

The UHB confirms local pathways are being developed, whilst adhering to National Institute for Health and Care Excellence (NICE) Guidance.

If answer to any of these is yes, please move to Q6

If answer is no pathways for either, please move to Q9

6. Does it include an endorsed pathway for the management of abnormal liver blood tests that follow the BSG guidance?

The UHB confirms yes, it includes an endorsed pathway for the management of abnormal liver blood tests that follow the British Society of Gastroenterology (BSG) guidance.

7. Is liver fibrosis assessment part of your pathway?

The UHB confirms yes, liver fibrosis assessments are part of the pathway.

If yes, please move to Q8

If no, please move to Q9

8. Please indicate how fibrosis is assessed.

The UHB confirms fibrosis is assessed by Fibroscan (transient elastography).

9. Do you have an additional pathway that **proactively** case-finds individuals who may be at high-risk of liver disease?
e.g. people with diabetes or for those who drink alcohol at harmful levels

The UHB confirms yes, diabetics are screened by annual Liver Function Tests (LFT) and some clusters across the UHB have implemented a liver pathway depending on prevalence.

If yes, please move to Q10

If no, please move to Q12

10. How does your pathway define individuals as high risk of liver disease? Please tick all that apply

Options:

Diabetes

Alcohol risk

Obesity

Obesity with other metabolic risk factors

Risk factors for viral hepatitis

Other (please specify)

11. How are these individuals identified? Please tick all that apply

Options:

At annual chronic disease / year of care review

During the NHS health check

Opportunistically during consultations

Using IT system prompts / pop-ups

Other (please specify)

12. Does the Health Board monitor the breadth of adoption and efficacy of pathways in primary care your area?

The UHB confirms no, it does not monitor the breadth of adoption and efficacy of pathways in primary care.

If yes, please move to Q13

If no, please move to Q14

13. Where are these statistics published?

Not applicable.

14. Are you aware of the current available statistics relating to liver disease in your area and do you monitor these?

The UHB confirms that it is aware of the available statistics relating to liver disease. Population needs assessments form part of a cluster plan, where some have chosen to look at the proactive screening of liver disease (ALT:AST ratio) and subsequent fibroscanning.

15. Would you be willing to share your pathway information with other Health Boards for best practice purposes? If yes, the British Liver Trust will email you for further details.

The UHB confirms yes, it would be willing to share pathway information with other Health Boards for best practice purposes.