



British Liver Trust Primary Care Pathway Survey - Survey Questions

Q1. Name and position of person answering the survey

Dr Leanne Stratton Consultant Hepatologist

Q2. Please enter the name of your Health and Social Care Trust

Belfast Health and Social Care Trust Northern Ireland

Q3. Do you have a named person within the Health and Social Care Trust who is responsible for liver disease?

Yes

No – **There is a team of 6 consultant hepatologists who all share responsibility for care of liver patients. I am the current clinical lead for the hepatology service in the Royal Victoria Hospital, Belfast.**

If yes, please move to Q3a

If no, please move to Q3b

Q3a If yes, please provide the name, title and email address of this person

Name:

Title:

Email address:

Q3b In the absence of a named contact for liver disease, please provide the name, title and email address of the person who should be contacted regarding liver health

Name: Dr Leanne Stratton

Title: Consultant Hepatologist

Email address: Leanne.stratton@belfasttrust.hscni.net

Q4. Do you have a commissioned pathway for a) the interpretation of abnormal liver blood tests? b) responding to liver disease more generally? Please could you attach/hyperlink any pathway documents to your response.

Yes, pathways for both

Yes, pathway for abnormal liver blood tests

Yes, pathway for responding to liver disease more generally

No pathways for either –

There is no formalised pathway. Local GPs use the “CCG referral system” and on this we have an option to provide advice if this is what is being requested. From GP referrals / secondary care referrals, we dictate letters responding to queries, and arrange appointments for anyone in our service who requires a review.

***If answer to any of these is yes, please move to Q5
If answer is no pathways for either, please move to Q7***

Q5. Does it include an endorsed pathway for the management of abnormal liver blood tests that follows the BSG guidance?

- Yes
- No
- Not applicable** – no formal pathway

Q6. Is liver fibrosis assessment part of your pathway?

- Yes
- No
- Not applicable** - no formal pathway

***If yes, please move to Q6a
If no, please move to Q7***

Q6a. Please indicate how fibrosis is assessed

The following are used within our service:

- Fibroscan**
- ELF Test
- FIB-4**
- NAFLD fibrosis score**
- iLFTs
- Other:** We have been running a pilot of ELF testing using funding from our patient liver charity (RVH Liver Support Group). It is not currently a commissioned test in Northern Ireland but the results of this pilot study may help to better inform our onward management of patients. We believe that this may prove to be a useful test to help us to risk-stratify new referrals, and help us to manage our outpatient waiting list.

Q7. Do you have an additional pathway that proactively case-finds individuals who may be at high-risk of liver disease?

- Yes
- No** – No formal pathway. However, we have good links with our local GP services, and in-hospital specialties. Our local Addictions service have been trained in the use of Fibroscan to target high-risk patient groups attending their service. Our local cystic fibrosis team has also been trained in Fibroscan to risk-assess their cohort of patients. Our cardiology and immunology team have identified conditions which

confer higher risk of liver disease, and are in regular communication with the hepatology team. These asymptomatic patients are being screened by relevant teams as they are deemed to be “high risk”. Anyone with an abnormal Fibroscan is referred to the liver service for further management.

If yes, please move to Q8

If no, please move to Q10

Q8. How does your pathway define individuals as high risk of liver disease? (Please tick all that apply)

- Diabetes
- Alcohol risk
- Obesity
- Obesity with other metabolic risk factors
- Risk factors for viral hepatitis
- Other:

Q9. How are these individuals identified? (Please tick all that apply)

- At annual chronic disease or year of care review
- During the NHS Health Check
- Opportunistically during consultations
- Using IT system prompts or pop-ups
- Other:

Q10: Does your contract with Drug and Alcohol Recovery Service providers include providing a liver disease diagnostic test?

Yes – Malone Addictions Place team in the Belfast Trust area has been trained to complete and interpret Fibroscans, and referrals of any abnormal results are sent to the hepatology service.

No

Q11: Does your contract with Weight Management Service providers include providing a liver disease diagnostic test?

Yes

No

Q12. Does the Health and Social Care Trust monitor the breadth of adoption and efficacy of liver disease pathways in primary care in your area?

Yes

No – In Northern Ireland, there are currently 6 hepatologists, all based in RVH Belfast. We accept referrals regionally from GPs across all 5 Health and Social Care Trusts in NI, although some referrals will be made to local gastroenterology services outside of Belfast. It is at the discretion of the GP to send a referral where they wish. As such, we currently have no formalised pathways from primary care, but there is a generic referral form used by GPs across Northern Ireland which is triaged on a daily basis by the allocated Hepatologist for that week.

If yes, please move to Q13

If no, please move to Q14

Q13. Where are these statistics published?

Q14. Are you aware of current statistics relating to liver disease in your area and do you monitor these?

Yes – Our Trust has regular updates for the hepatology team regarding new referrals to our service, waiting lists, inpatient morbidity and mortality, etc. We are sent monthly emails to keep us up to date about the current burden within our service.

Regarding information for liver disease as a whole in Northern Ireland, including those who are not currently engaged with liver/gastroenterology services, this information is not so easily available.

No

Q15. Would you be willing to share your pathway information with other Health and Social Care Trusts for best practice purposes?

Yes

No

Not applicable

Q16. Would you like to meet with the British Liver Trust and/or a local clinician to find out how you can improve liver disease in your area? (optional)

Yes

No

Final comments:

Fibroscans

For many years, there was only one Fibroscan machine in Northern Ireland. Over the past 2 years, there is now a machine in each Health and Social Care Trust. There is still a long backlog, but this has increased availability of the hardware required, and fewer new referrals are being received for Fibroscan from outside of Belfast.

In addition, in Belfast, all of our hepatology nurse-specialists have been trained in Fibroscan and all deliver at least one list per week. Recently, a nursing support assistant has been employed and trained, and this has increased our scanning capacity. New software is pending which will reduce the administration time surrounding each scan, and should increase the number of scans possible during each session. I am also working with Trust management to enable the Waiting List Office to formally take over the management of our Fibroscan waiting list. This should reduce the number of lists not being used (currently these are booked by our secretaries on top of all other jobs). It will also give us more oversight into our waiting list / DNA rate / utilisation of appointments.

Alcohol services

As mentioned, Malone Place Addictions team in Belfast have been trained in the use of Fibroscan. They are able to target the high risk drinkers who attend their service and offer them a scan. Patients with a liver stiffness $>8.0\text{kPa}$ are referred to our service for a new appointment.

GP engagement

We are a small team of hepatologists covering all of Northern Ireland. Some GPs will refer all liver patients to Belfast, and some will refer most to the local DGH gastroenterology team – there is no clear pathway and this is at the discretion of the GP. We have audited the new referrals from primary care in 2022. 219 new GP referrals were received between September and October 2022 – 29% were for pure NAFLD, 12% for alcohol, and almost 30% for deranged liver enzymes or abnormal imaging (many of whom will be diagnosed with NAFLD / ALD / both).

In March 2023, a survey was disseminated among GPs in Northern Ireland to better understand their challenges, concerns, understanding of liver disease – notably the three main causes for referral in Northern Ireland – ALD, NAFLD and haemochromatosis (21% of referrals).

Later in March 2023, a GP webinar took place (available to all GPs in Northern Ireland at the time of the event, and on catch-up). To date, feedback has been provided from over 100 GPs across Northern Ireland, with a rating of 9.3/10, topic relevance of 4.9/5.0. Topics discussed included risk stratification of NAFLD (eg use of NAFLD score) or ALD (use of FIB-4 scores) and when to refer. GPs were advised regarding the British Liver Trust Primary Care support, and patient information leaflets available on the website.

ELF Testing

ELF tests were mentioned in NICE guidelines in 2016, but this is not currently available in Northern Ireland. As mentioned, the RVH Liver Support group has funded a pilot of 40 tests. The NICE guidelines suggest that, for patients with an ELF score <10.51, they are unlikely to have advanced fibrosis, and suggest lifestyle advice, and repeat ELF test in 3 years, with no interim tests required. Our pilot of 40 patients with an “indeterminate NAFLD score” has shown that 12/40 had a score of 10.51 or more, indicating a high risk of advanced fibrosis. However, 70% of scores are in the “low risk” category – patients who currently wait on a routine waiting list for Fibroscan and first clinic appointment for several years. We believe that these results are promising, and, if introduced, may allow us to better risk-stratify our new referrals, as well as manage our current waiting list.

If ELF testing were to be funded, we believe that this could help to shape a new nurse-led risk stratification service for NAFLD. A specialist hepatology nurse with an interest in NAFLD will be fully in post by summer 2023.

Other Trusts

Specialist hepatology clinics are currently only available in Belfast. Gastroenterologists across Northern Ireland all receive at least 6 months of specialist liver training during registrar training. Each Trust has at least one named representative with a “hepatology interest” and the NI Hepatology Forum meets via video-link every 1-2 months to troubleshoot hepatology issues across the Trusts, discuss challenging cases, and to discuss Fibroscan lists, nursing support, etc.

JRCPTB has changed the gastroenterology / hepatology curriculum from 2022 – the target for change is that 20% of gastroenterology trainees will specialise in hepatology and the aim is to increase the number of DGH level hepatologists.