Example of innovative and best practice in the management of liver disease

<table>
<thead>
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<th>Name of project:</th>
<th>West Midlands Liver Health Work</th>
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<td>Project start date:</td>
<td>November 2015</td>
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<td>Project end date:</td>
<td>Ongoing</td>
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<td>Submitted by:</td>
<td>Sarah Burwood, Health &amp; Wellbeing Improvement Manager, West Midlands PHE Centre</td>
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Introduction:
The work we are doing in the West Midlands (WM) is around bringing people, services and organisations together to tackle the high level of liver disease within the region and to share innovation and good practice.

Aims:
Premature mortality from liver disease is significantly higher in the West Midlands compared to England as a whole. There are also high levels of inequalities in that some of the more deprived areas are seeing more than double the rates of mortality than less deprived areas. A shocking statistic is that between 2013 and 2015, 50,000 years of life were lost to liver disease in the West Midlands.

We realized that we were unlikely to make a difference by working separately and that we all needed to work together across all the different services and organisations to try and reduce this premature mortality. There are human and financial costs associated with liver disease, and our aim is to reduce these costs so that people live longer, healthier lives.

Actions:
We have carried out a number of actions here in the last couple of years:

- An initial regional workshop was held in November 2015 to bring people and stakeholders together and galvanise action.
- A follow up workshop was held in July 2016 (with around 100 people) which focused on what we could do in terms of early intervention around liver disease.
• The WM PHE Local Knowledge and Intelligence Service produced a regional liver health epidemiological summary, highlighting the impact and costs of liver disease within the region.
• A regional liver health network of around 300 people has been established together with a regional liver health steering group that has helped to steer the regional work.
• The steering group agreed some recommendations for future work, including strategies for early detection and improved patient experience. We are currently working on these within the region.

Alongside the strategic work, there are some excellent initiatives already underway within the West Midlands around liver disease. The following examples are from the Queen Elizabeth Hospital (QEHB) in Birmingham:

• A new nurse-led one-stop alcohol-related liver disease screening clinic has been set up at QEHB, providing a FibroScan and screening for liver disease as per NICE guidance (https://www.nice.org.uk/guidance/ng50) with an alcohol-use assessment and, if appropriate, an immediate consultation with the QEHB alcohol liaison team which then follow the patients up in the community. This avoids delays with referrals and patients like it as they get everything done in one afternoon, so it’s a popular option. It’s the only clinic of its kind in the region.
• QEHB have also established a High Intensity clinic for complex patients with alcohol-related liver disease who may require liver transplantation. The clinic looks to provide the patients (who are often very isolated) with support and information as well as good medical care that will enable them to prepare effectively for a liver transplant. This is a supra-regional service, but can be referred to by local GPs if they feel they have an appropriate patient.
• There are also new ‘hot clinics’ at QEHB which seek to provide ambulatory care for patients with complications of cirrhosis in order to prevent unnecessary admission.
• On an educational front, QEHB run a twice yearly national training course for nurse specialists (including practice nurses) which provides detailed teaching in how to manage the complications of liver disease, alcohol-related disease and blood borne viral disease (HCV and HBV etc). There’s a long waiting list for places, but primary care leads are prioritized so practice nurses should apply if they are seeing these patients.

Outcomes:
We have yet to see the impact of our work in terms of a reduction in mortality from liver disease although this is our ultimate aim. However, we have seen a raised awareness of the importance of early identification of liver disease and a commitment to addressing liver disease as early as possible within the region. The work has engaged partners from across the region and we are working to ensure that liver health is seen as everyone’s responsibility and not just the specialist services.

If you would like further information about the project, please contact:

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