



ALCOHOL-RELATED LIVER DISEASE: GUIDANCE FOR GOOD PRACTICE

REPORT OF 2019 HEALTH BOARD SURVEY

Background

A major healthcare goal of the Scottish Government is to reduce alcohol-related harm, and as much of the cost, morbidity and mortality of alcohol-related disease is driven by alcohol-related liver disease (ALD), in 2016 SHAAP convened a multi-disciplinary group of healthcare specialists led by Professor John Dillon (NHS Tayside) to devise Good Practice Guidance aimed at improving and standardising treatment and care pathways of patients with ALD across Scotland.

The SHAAP report, 'Alcohol-related Liver Disease: Guidance for Good Practice' was published in 2017 and launched at the Royal College of Physicians of Edinburgh at a public meeting in October attended by the Chief Medical Officer for Scotland, Dr Catherine Calderwood. In spring 2018, a copy of the Guidance was sent to every GP surgery in Scotland (almost 1,000) making, among others, recommendations for the identification and early assessment of patients with ALD and/or liver fibrosis; treatment of alcohol-related liver failure and follow-up of such patients, and asking general practitioners and practice nurses to consider these recommendations in the care of their patients.

In summer 2019, SHAAP wrote to the Medical Director and Public Health Director in every health board in Scotland with a copy of the Guidance asking them to respond to the following questions:

1. What actions are you aware of locally to coordinate service provision related to ALD?
2. Are you aware of the SHAAP ALD Guidance?
3. Are you aware of any steps being taken in your Health Board area to implement its recommendations?
4. If so, please give details of the programmes or contact details for the relevant leads.
5. Is there any other feedback you would like to give us in relation to this?

This was followed up one month later by a reminder email.

Survey Results

Of the 14 health boards written to, five responded formally: NHS Borders (Medical Director), NHS Grampian (Medical Director), NHS Greater Glasgow & Clyde (Public Health Consultant Dr C Chiang), NHS Lanarkshire (Director of Public Health), NHS Orkney (Medical Director). We are also aware of activity in relation to the Guidance happening in NHS Tayside through our SHAAP Steering Group member and lead author of the Guidance, Prof John Dillon.

- Three health boards were taking action based on the Guidance (**Grampian, Greater Glasgow and Clyde, and Tayside**) and were doing so because they had been involved in the development of the guidance.
- A further one (**Borders**) reports being aware of the Guidance and anticipates some of the actions they have in place will support some of the recommendations in the Guidance.
- One other Health Board (**Ayrshire and Arran**) will be taking action in March 2020: the Pan-Ayrshire Alcohol Health Harms Group has organised a stakeholder meeting, at which the Guidance will be discussed with a SHAAP speaker present
- So five out of fourteen Health Boards can be seen to be taking action in some way related to the Guidance.
- In **Orkney**, the survey letter prompted the Medical Director to send all doctors in his Board the link to the Guidance to make them aware of its recommendations. Liver patients in this area are currently managed by the partner health board, NHS Grampian (see above).
- In **Lanarkshire**, there is already a comprehensive Specialist Liver Nurse Service in operation. Neither they nor the Health Board were aware of the Guidance, but the Public Health Director noted that the Guidance would be discussed at the North & South Lanarkshire Alcohol & Drug Partnerships, the Public Health Dept. and the Substance Misuse Liaison Nurse Service.

Conclusions

Where there is interest or particular expertise in this area, it would seem from these results that action may be taken in individual Health Boards, which is a positive outcome and may be a useful way forward. A next step might therefore be to identify someone in each Health Board, and perhaps also in different specialties, e.g. GI, addictions, or public health to support the development of efforts to implement at least some of the Guidance's recommendations. Given the link between addictions and mental health problems, it seemed mental health services were not always included in the service provision for ALD.

It might also be useful to survey the GPs who initially received the report to find out if it helped them change their practices in relation to their liver patients, and whether they were able as a result to make better use of available services and to identify/link up with more specialist services in their area where these exist.

Looking ahead, further work in this area could be highlighted as a template to develop consistent evaluation of services for other alcohol-related harm.

SHAAP, March 2020

Health board response	Q1. What actions are you aware of locally to coordinate service provision related to ALD?	Q.2 Are you aware of the SHAAP ALD Guidance?	Q.3 Are you aware of any steps being taken in your Health Board area to implement its recommendations?	Q.4 Please give details of the programmes or contact details for the relevant leads	Q.5 Any other feedback you would like to give in this respect
Borders	There is not a specific function to coordinate this work, but there are positive links between specialist GI service and our addictions services (NHS & 3 rd Sector)	Yes	Yes	FAST screening questions have been built into the unitary pt. record in the acute hospital. A new Assertive Engagement Service has been commissioned via the ADP. One of the actions for this service will be to support development of a pathway for alcohol misuse mgt with access to safe appropriate detox, follow-up post-detox and ARBD assessment in the service. We would anticipate this supporting some of the recommendations in the guidance.	We would be interested to hear about any engagement that has happened with GP colleagues over and above issuing the guidance.
Grampian	Funding has been secured from Aberdeenshire HSCP to identify a medical lead with responsibility for implementation of the guidance within the acute sector and in primary care in Aberdeenshire. As yet the recruitment process has not been concluded.	NHS Grampian was involved in the development of the ALD guidance. Once published, partnerships such as the Alcohol and Drug Partnership were instrumental in raising	a. Within the Acute sector there is variation in practice across the range of sites. Only a small fraction of patients are screened using FAST or PAT. Increasing this proportion is the focus of on-going improvement work conducted as ward level tests of change within the acute sector led by Carol McDougall – Lead Alcohol Liaison Nurse carol.mcdougall@nhs.net b. All patients attending viral hepatitis services are asked about alcohol consumption using a structured tool and ABIs delivered / referral to alcohol services made. The viral hepatitis service are the only service to have the facility of non-invasive testing for liver fibrosis		

		<p>awareness of it. Amongst professionals, a liver health event held in 2018 raised awareness of the recommendations within the guidance to a large multidisciplinary audience from both primary and secondary care</p>	<p>c. Within HMP Grampian, people are routinely screened for alcohol consumption using FAST / AUDIT as part of the admission screen and ABIs delivered / referral to specialist services made. At present there is no access to tests of liver fibrosis other than through the visiting viral hepatitis team where a referral has been made.</p> <p>d. There is variation in the processes used to identify and prioritise patients with evidence of liver disease in addictions services. Some addictions services use a hub model to implement a multidisciplinary wrap around approach to those at high risk of poor outcome, liver disease is one of many considerations regarding an individual's vulnerability which would make them eligible for this type of intervention. Further information from Dawn Leslie, Service Manager for Aberdeenshire Dawn.Leslie@aberdeenshire.gov.uk This approach is also used to ensure that vulnerable people are actively supported to remain in contact with services. Aberdeen City operates a fast track approach to addictions services where the referral is made by colleagues from the liver service.</p> <p>e. In Aberdeen City, a project of alcohol hubs, multidisciplinary teams which coordinate via primary care to improve engagement with addictions services is being trialled. Further information from Dr Seonaid Anderson, Consultant Psychiatrist seonaid.anderson@nhs.net</p>		
GG&C	In the Glasgow area a group considered the actions that could	Hepatologists in both the	A trial is underway in one locality of the Glasgow area on the use of a fibroscanner to		No further details are available at the current

	<p>contribute to the improvement of care for patients with alcohol related liver disease. Discussion focused on better use of alcohol screening and brief interventions in acute, primary care and mental health settings to permit earlier detection of patients with alcohol problems. An assertive outreach team was established in May 2019 to support referral from acute services to the Glasgow Alcohol and Drug Recovery Service and its impact will be monitored. Further work needs to be undertaken in the mental health service to support the referral of patients identified in this setting to the Alcohol and Drug Recovery Service.</p> <p>There is good collaboration between primary and secondary care in the Clyde area. Special attention has been focused on frequent attenders in the Clyde area who are often from the most deprived decile of the population.</p>	Glasgow and Clyde area were involved in the development of the guidance and are well aware of its contents.	<p>supplement alcohol screening and brief interventions in the Alcohol and Drug Recovery Service. This has started recently. It is not yet possible to determine the impact that this will have on services.</p> <p>Discussion is also underway on the possibility of conducting FIB4 tests at one of the laboratories in the Glasgow area and discussion is required with mental health services on whether they will have access to liver function tests.</p> <p>The Glasgow Alcohol and Drug Recovery Service have been requested to give priority status to patients who have been diagnosed with alcohol related liver disease to ensure that they are given the same attention as other vulnerable groups such as parents with dependent children.</p> <p>In the Clyde area the initiatives have focused on improving links between primary and secondary care. The lead hepatologist for the Clyde area believes that the development of a managed alcohol programme in their area would be useful.</p>		time.
Lanarkshire	<p>A Specialist Liver Nurse Service has been established in the past year in Lanarkshire. The team support patients with Alcohol Liver Disease (ALD) and comprises of:</p> <ul style="list-style-type: none"> • 1 x Liver Nurse Specialist Team 	Neither local ADPs nor Public Health are aware of the SHAAP ALD guidance. NHS Lanarkshire	The SHAAP ALD guidance will be discussed at the South Lanarkshire Alcohol Drug Partnership (ADP) Alcohol Related Harm group; with the North Lanarkshire ADP and within NHS Lanarkshire's Public Health Department. SMLNS Nurses are part of the SL Alcohol Harms Group and the NL ADP	No other feedback	

	<p>Leader (Band 7) (University Hospital Hairmyres)</p> <ul style="list-style-type: none"> • 2 x Specialist Liver Nurses (Band 6) (University Hospital Wishaw and University Hospital Monklands – 1 per site) • 1 x Hep C/Gastro Specialist Nurse (Band 6) (University Hospital Hairmyres). <p>Prior to this service being established specialist liver nurse support was provided solely by two Hep C/Liver nurses based in University Hospital Hairmyres. There has also been a long established Substance Misuse Liaison Nurse Service (SMLNS) within the 3 acute sites that support patients with ALD. The SMLNS has 2 specialist nurses located at each of the 3 acute sites in Lanarkshire. SML Nurses play a key role in supporting inpatients with problematic alcohol use and will work closely with the Specialist Liver Nurse Service going forward.</p> <p>1.3 New Specialist Liver Nurse Service</p> <p>1.3.1 Patients Discharged from Acute Care: When patients are discharged from hospital a rapid follow up appointment is requested, with referrals for rapid follow up vetted by</p>	<p>Liver Nurse Specialist Team Leader is also not aware of this guidance.</p>	<p>Board and will be involved in supporting discussions and future implementation, as will the newly established Specialist Liver Nurse Service.</p>		
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	<p>consultants. A 'one stop shop' has been developed with referrals going directly to the liver nurse. This reduces the amount of appointments for patients to attend.</p> <p>1.3.2 Stable Patients Patients with ALD who are identified as stable are given 6 monthly follow up appointments.</p> <p>1.3.3 GP Referrals Patients identified within Primary Care as having a raised liver function tests (LFTs) or indicating drinking at increased levels, are referred to the service by their GP. A Fibro Scan is conducted within the specialist service to determine the level of liver damage.</p> <p>1.3.4 Cirrhotic Patients If cirrhosis is detected, patients will be referred to specialist clinics/liver nurses.</p> <p>1.3.5 Non-cirrhotic patients If cirrhosis is not detected lifestyle advice is given.</p> <p>1.3.6 Service Development There are plans to recruit additional community based liver nurses to improve access and offer on-going support to patients.</p>				
Orkney	None	Not until I have read your letter and attached	I have sent a link to all doctors in the health board to draw their attention to the guidance	We do not have a programme of leads in place to implement these guidelines	Orkney pts with identified liver disease will be managed by our

		guidance			partner HB, namely Grampian. Awareness of the guidance by GPs and local physicians will be beneficial (therefore the distribution of the link to all)
Tayside		Yes – was lead on Guidance writing group in 2016	In terms of fibrosis markers and using them around alcohol in general practice and addiction services we have been much more successful and have got that embedded (March 2019). We now have a system that if GPs request LFTS and they are abnormal, a whole liver screen and fibrosis markers the results are automatically interpreted and a management plan sent back to the GP. We are trying to roll this out further (Oct 2019)		
A&A	Planned early 2020: Pan-Ayrshire Alcohol Health Harms Group - Alcohol Framework Event, incl. ALD & Pathways	Yes			

