North East and North Cumbria Liver Network Progress Report
March 2016

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<td>Dr Mark Hudson</td>
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Background

The North East and North Cumbria (NENC) Liver Network was launched in December 2012 and is chaired by Dr Mark Hudson, Consultant Hepatologist, Medical Lead for Clinical Hepatology and Liver Transplantation at the Freeman Hospital, Newcastle Upon Tyne. Membership of the group includes representation from the following healthcare professionals; hepatologists, gastroenterologists, specialist nurses, primary care, commissioners, Public Health England and Balance North East. The Network is administered by the Strategic Clinical Network support team and one session per week of Dr Hudson’s time is funded by the CCG’s.

Key Achievements

The group’s many achievements are set out below and include all 3 of the top priorities identified in their work plan.

1. Decompensated Cirrhosis Care Bundle

The Network’s first major success is their work on the decompensated cirrhosis care bundle which has seen the development of a National CQUIN based on the work produced in the North East and North Cumbria. Decompensated cirrhosis is a medical emergency with a high mortality however; effective early interventions can save lives and reduce hospital stay. The 2013 National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report on alcohol related liver disease “Measuring the Units”, highlighted that the management of patients admitted with decompensated cirrhosis in the UK was suboptimal, with only 47% of patients receiving adequate care. Hospital admission for decompensated cirrhosis is a common medical presentation and carries a high mortality (10-20% in hospital mortality); therefore early intervention with evidence-based treatments for patients with complications of cirrhosis can save lives.

The NCEPOD report highlighted that the majority of patients admitted with decompensated liver disease were initially seen and managed by non-specialists in liver disease. The NENC performed a region wide audit of the management of decompensated cirrhosis which confirmed the findings of the NCEPOD report. This audit was accepted for presentation at the British Society of Gastroenterology in Manchester in June 2014. On the background of these findings a “care bundle” for the early management of decompensated cirrhosis was developed by the Network. This was specifically designed to support the non-specialist in the care of patients with cirrhosis. The checklist within the care bundle provides a guide to help ensure that essential early investigations are completed in a timely manner and appropriate treatments are given at the earliest opportunity.

Implementation of the care bundle began in the Newcastle Upon Tyne NHS Foundation Trust in June 2014 as a CQUIN target in Newcastle. The CQUIN target has been achieved with significant additional funding being awarded (£800,000). Re-audit following the implementation of the care bundle in Newcastle has already demonstrated improvement in care; 100% of patients now having a diagnostic ascitic tap for spontaneous bacterial peritonitis (SBP) as compared to 62%.

The Liver Network cascaded the care bundle to medical directors and acute medicine leads around the region and actively encouraged members of the Network to also make this a
CQUIN target. The implementation of the care bundle took place in stages throughout the region and was first adopted in Sunderland.

The cirrhosis care bundle developed by the NENC Liver Network has also been adopted by both the British Association for Studies of the Liver (BASL) and the British Society of Gastroenterology (BSG) and is available on their websites.

The care bundle was also accepted as a poster by NCEPOD poster presentation to highlight good practice in response to their report. The poster was presented at the NCEPOD launch meeting for their report of ‘Lower limb amputation: Working together’ on November 14th 2014 at the Royal College of Obstetricians and Gynaecologists, London.

In addition, the care bundle has been recognised as an example of “Good Practice” nationally by The Lancet Commission and its implementation is recommended in all hospitals in the United Kingdom.

2. Guidelines for the management of Abnormal Liver Function Tests (LFTs)

It is recognised that abnormal LFTs are now seen more frequently in primary care, in part due to the growing number of individuals with non-alcoholic fatty liver disease (NAFLD) with up to 30% of the general population having abnormal liver enzymes. It is also recognised that GPs find managing this difficult and that there is inconsistency in referral. To date no national guideline is available, therefore a local guideline was produced which was initially intended for use by clinicians in Newcastle, North Tyneside and Northumberland. This guideline has since been approved by the members of the Liver Network and is available and being promoted to be used in other areas.

This guideline is a useful tool for all healthcare professionals and clinicians involved in the diagnosis and management of these patients, ensuring a consistent approach to risk stratification in this setting is adopted. The document focuses on making recommendations for the diagnosis and management of adults with abnormal liver function tests that have little or no symptoms.

The guideline takes a step by step approach highlighting the investigations that should take place, including ‘Step 4 – Decide Who to Refer’. This section provides clear advice on which patients need referral for further assessment and management, when urgent referral is appropriate and how low risk patients with fatty liver can be managed in primary care.

This is another example of exemplary work by the group. The local guideline document is now being used as a template for national guidance on the management of abnormal LFTs by the BSG.

3. Hepatitis C Multidisciplinary Team (MDT)

With the introduction of the highly effective but expensive new oral antiviral agents for Hepatitis C, NHS England plan for Hepatitis C services to be commissioned using a model of approximately 30 networks led by a centre selected according to a specification.

The Liver Network has discussed the models of delivery for care of viral hepatitis and how access to local services can best be provided to patients to optimise care, access and patient
compliance with the new agents. In addition, an important component of the draft specification for Hepatitis C is the provision of a regional MDT where all patients for potential treatment would be discussed, allowing treatment to be delivered locally.

Although funding arrangements are still to be finalised by commissioners, the MDT element of the service has been established at the Freeman Hospital and is operational. The Hepatitis C Operational Delivery Network (ODN) in the North East has been functional since June 2015 and was the first to be active in England. Up to 10-12 patients are discussed in the MDT each week. The Liver Network has made the development of the MDT an easier task to achieve as good working realtaionships were already in place across the region.

4. Liver Specialist Nurse Group

The Liver Network has supported the identification of all regional specialist liver nurse practitioners and the development of regular educational group meetings for specialist nurses. The first of these meetings was held in October 2014 and are now held 3 times a year. The meetings are well attended and bring together nurses with a specialist role in liver disease from across the Network. The group has agreed that the education and development of liver specialist nurses is a priority and nurses are keen to access formal qualifications. The development of nursing qualifications is also a recommendation in the Lancet Commission.

5. Intensive Care Audit

The NCEPOD report “Measuring the Units” suggested that there was resistance to access to intensive care units (ITU) for patients with alcohol related liver disease. The main focus of this work has been to ensure that patients with decompensated liver disease in the Northern Region have equity of access to Intensive Therapy Units (ITU) and to standardise care of these patients in ITU.

To take this work forward the Network has undertaken a survey of healthcare professionals involved in the treatment of patients with liver disease and those responsible for the escalation of patients to ITU. This includes consultants and registrars in acute/general medicine, gastroenterologists/hepatologists and intensivists/anaesthetists. Permission to undertake this survey was sought from the Medical Directors of each Trust in the Region.

The initial findings of the survey were presented at the Liver Network meeting on 18th March 2015. Results for individual trusts will be compared with the previous End of Life survey for patients with liver disease in ITU completed by Dr Elizabeth Kendrick in 2013.

The next steps for the group will be to take the findings from this work to the relevant Medical Directors and CEO’s of each trust.

6. Liver Disease in the UK: A Lancet Commission

The Chairman of the NENC Liver Network is a senior author and commissioner on the Lancet Commission document published in November 2014. This document provides a blueprint for the development of a strategy for liver services in the UK. This document also provides a national direction to the Liver Network and will support the setting of priorities within our region. Progress is being made in this region against the recommendations however there are some areas in particular where improvements are required such as;
• Flow of patients from centres to the specialist centre
  (some of the outcomes from the ITU audit will address this)
• Transition from paediatric services to adult services
  (First clinic held on 11th January 2016)
• Promoting healthy lifestyles
  (alcohol themed event to be held on 14th March 2016 to increase awareness of alcohol
  related activity and facilitate improved practice) – Agenda for this meeting attached and
  held in collaboration between NENC and PHE

The Liver Network has reviewed their work plan to reflect the local elements and priorities of
the Lancet Commission. They aim to improve the awareness and access to alcohol support
services for both primary and secondary care and improve alcohol pathways in both
community and secondary care.

A small working group led by Dr Mark Hudson, with representatives from Public Health
England was formed to work on the alcohol agenda. The group is currently performing a
mapping exercise across all Local Authority areas to; identify services, pathways, gaps and
issues for improvement activity. One early success has been the development of FRANK. For
over 10 years, FRANK has been a branding for a range of media activity focused upon drug
awareness that included, for example: TV adverts, promotional campaigns and an interactive
substance misuse website. It was developed by a collaboration between a number of
Government departments (led by the Home Office) primarily targeting young people and their
parents.

The FRANK website FRANK provides information about drugs/ alcohol / medicines and local
help and support. With the involvement of PHE and collaboration with NENC there has been
the potential to refresh this website to provide a greater focus upon alcohol for a wider target
population group which includes a refresh of the information it contains on local services.

7. Examples of regional meetings the Network has actively participated in

“The alcohol challenge: Embedding evidence based approaches in hospital settings
conference” on 16th January 2015, a joint meeting of BALANCE, Northern England Strategic

The GP ‘Gut Club’ on the evening of 11th March 2015 to present the abnormal LFT Guidelines.

Dr Hudson has also presented at varying GP practices around Newcastle and was invited to
meet Newcastle CCG leads to further discuss the implementation and management of
asymptomatic abnormal LFTs.

Dr Hudson has met with representatives of the Gateshead CCG (Pam Lee and Dr Marc
Herscovitz) to link the commissioning intentions with the activities of the Liver Network.

The NENC Liver Network was approached by representatives from the Midlands and provided
guidance in the setting up of their Liver Network.

Dr Hudson is presently involved in the development of new NICE guidance for Cirrhosis which
is due out in July 2016 and is currently out for review. The Network will work on the
recommendations from this.
Future Priorities

The Liver Network will continue to address the key priorities identified in the 2014-2016 work plan in line with the recommendations within the Lancet Commission, 2014. The intention is to focus on alcohol services. The Office for National Statistics has produced evidence that alcohol related deaths have increased overall by 3% in the past year. More striking is the rise in alcohol deaths of 6% in a single year in young women, peaking in the 55 to 59 year groups. Alcohol related deaths have now doubled since 1994 and account for almost 9,000 deaths each year. The highest incidence is in the North East of England. The meeting of NENC and PHE on 14th March will gather evidence of good practice in managing and increasing awareness of alcohol related disease in NE and plan a way forward regionally to implement these.