GMS Contract 2017/18

CND 012W

National Clinical Priority E: Liver Disease

Introduction

This priority intervention is intended to support the overall goal of the National Liver Plan in relation to preventing morbidity and mortality in Wales due to liver disease. It specifically supports the goal of early detection of liver disease to allow action to be taken early in the disease process, thereby preventing progression to more serious disease. In addition it supports the priority stated in the liver plan to avoid over-diagnosis and inappropriate medicalisation of abnormal tests where life style intervention is the appropriate management and there is no additional benefit to the patient of secondary care investigation and management.

The problem

Liver function tests are commonly performed both in primary and secondary care at considerable cost to the health service. In Aneurin Bevan Health Board approximately 12,000 samples are requested from primary care / outpatients per month. Of these approximately 15% (1800) are abnormal ALT is one of the six tests performed as a biochemical assessment of liver function. As a test, ALT is neither a sensitive nor specific marker of liver disease, neither is it a sensitive or specific marker of the severity of existing disease. The test is a ‘tool’ to aid the clinical assessment of patients and guide decisions on further investigations and management.

The current evidence-base is incomplete and does not provide clarity on the appropriate management of individual tests. This remains a clinical judgement based on individual patient characteristics, past history, life style and medication etc. However, what is known is that around 95% of abnormal ALTs do not indicate liver disease, but that 70% of patients with cirrhosis are only diagnosed on admission to hospital with decompensated liver failure, at huge cost to the health system and poor health outcomes.

Currently, there is inconsistency in the way that abnormal ALTs are managed in primary care. Many are managed with a ‘wait and see’ policy with repeats at regular intervals. For some of these patients, if the ALT remains high, then they are referred to the liver specialists with no further assessment or clear potential differential diagnosis. This is inappropriate use of secondary care expertise which is expensive; it also greats inappropriate demand. As a consequence this creates long waiting

lists, delays in assessment and care for those needing secondary care as well as inappropriate medicalisation for those who do not.

There is a need to explore the potential for creating a more 'streamlined' investigation and treatment pathway which supports primary care clinicians in assessing patients with abnormal ALTs and appropriately managing those who would not benefit from onward referral. This would involve supporting the approach of lifestyle interventions as treatment.

The proposal

Biochemistry laboratories in will provide an AST level on all liver function tests where the ALT is raised. The report form will also state the AST/ALT ratio. If the AST/ALT ratio is greater than 1 there is some evidence to suggest that these patients are at greater risk of fibrosis and the recommendation from the liver specialists is that these patients are referred directly for a fibroscan. Patients with an ALT above 6X normal should also be referred directly to secondary care, but have a liver screen whilst waiting to be seen. Patients with a mild elevation of ALT but an AST/ALT ratio below 1 would continue to be managed as per current guidance which recommends clinical assessment, consideration of a liver screen and lifestyle management if a liver screen is negative.

Goal

The goal of the project is to facilitate appropriate management of abnormal ALT tests and, thereby, more timely diagnosis of patients with liver disease.

Aims

1. To reduce the number of repeat liver function tests following an abnormal ALT
2. To increase appropriate testing following an abnormal ALT
3. To increase appropriate referrals to hepatology for patients with abnormal ALT indicative of hepatic fibrosis

Requirements

1. The contractor will undertake a baseline audit of the management of patients with raised ALT levels in the previous two months.
2. The practice will follow the clinical pathway illustrated by the algorithm in Appendix A in the management of the results of patients with abnormal function tests.
3. After a period of two months the practice will audit the outcomes of the management of those patients with raised ALT levels.
   This will include audit of documented evidence of
   - Further investigations

- Advise re risk factor management
- Referral to Hepatology services

4. The practice will participate in a facilitated discussion of the collated data from the baseline and first cycle intervention audits. This will include consideration of how the Cluster Network can support its constituent practices and other stakeholders in management of patients with risk factors for liver disease including excess alcohol consumption

5. The practice will continue to follow the pathway and repeat the audit after a further two months. The collated results of the practice audits will be discussed by the Cluster Network and included in the Cluster Network Annual Report.

END

Appendix A
NCP E
Liver Disease