

Community Hepatology: Taking Specialist Care Closer to Home

Andrew Yeoman

RCP Update in Medicine

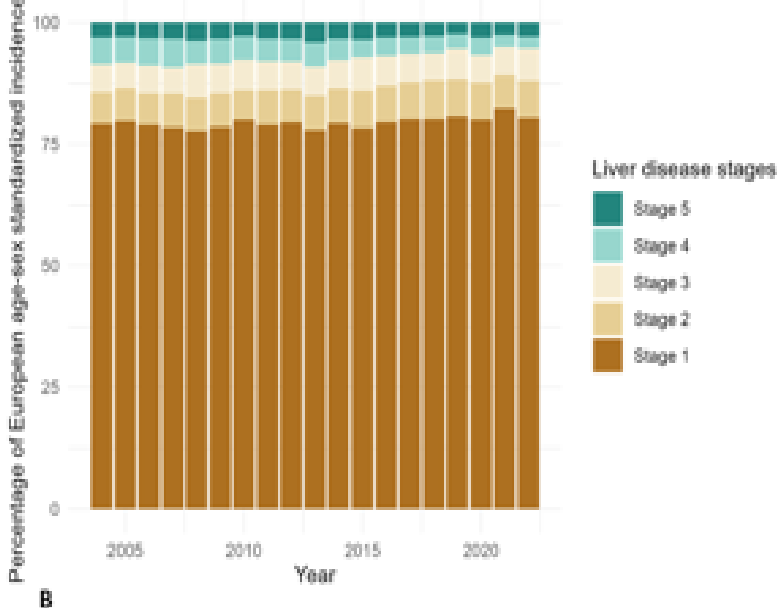
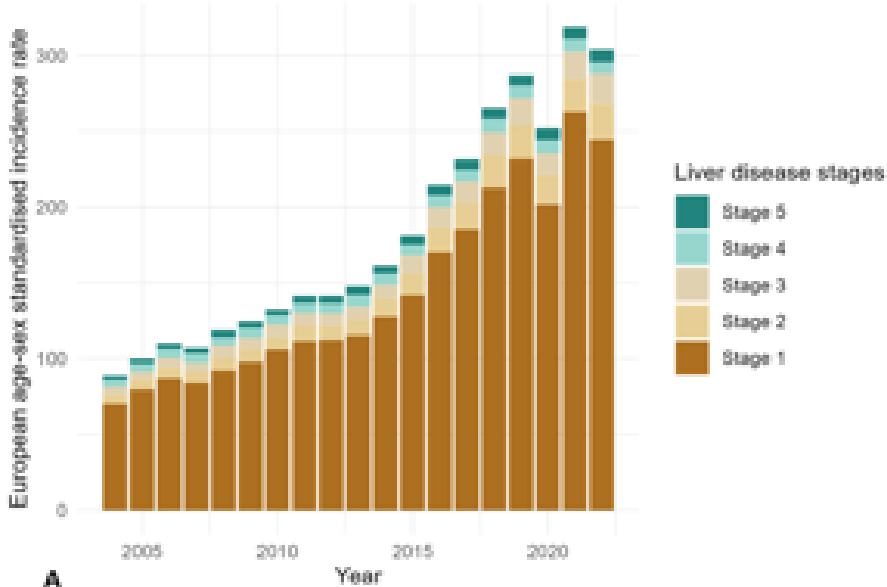
Dec 5th 2024

Declaration for [speaker name]

I have the following financial interest or relationship/s to disclose with regard to the subject matter of this presentation:

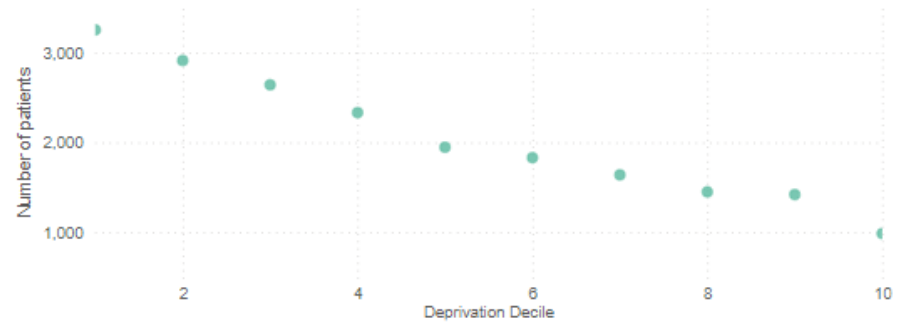
The Gwent Liver Unit received a non promotional grant from Norgine Pharmaceuticals to pilot a Clinical Nurse Specialist Home Care service.

The changing face of liver disease in Wales

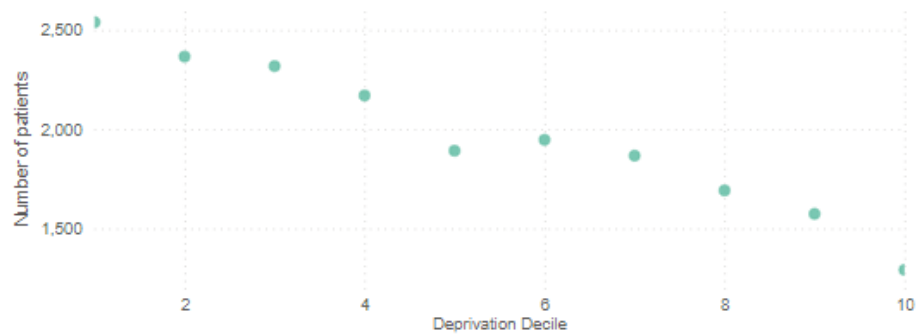


Impact of Deprivation on Incidence in Wales

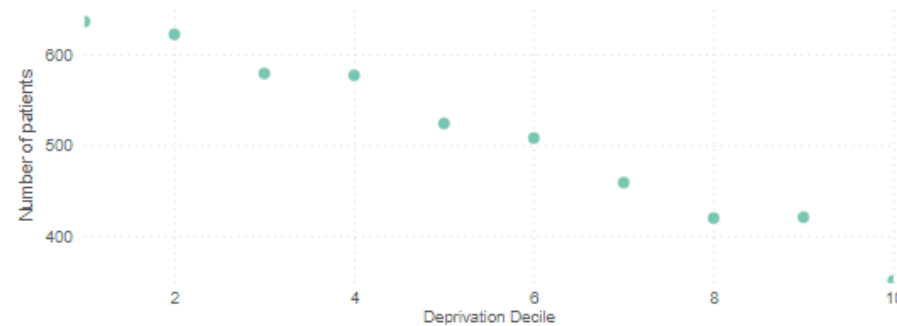
ALD



MASLD



Cirrhosis



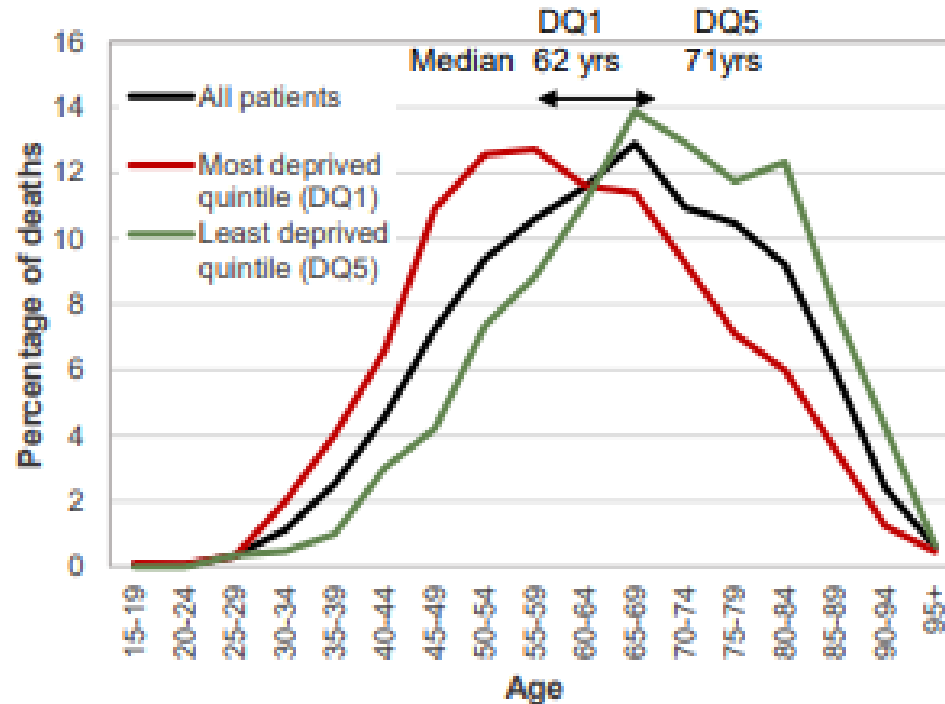
Deprivation & unplanned hospital admissions

TABLE 3 (Continued)

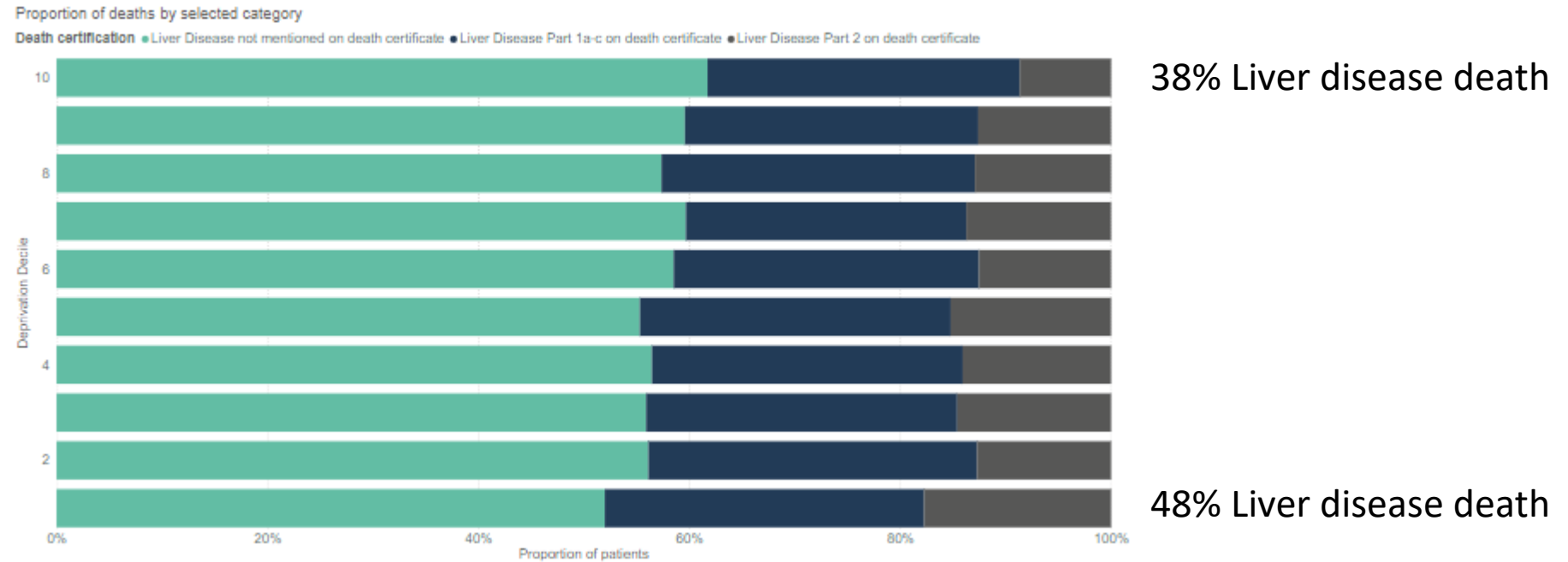
	Early mortality (60-d follow-up)				Late mortality (5-y follow-up)			
	No. of admissions	Mortality rate (%)	Odds ratio	(95% CI)	No. of admissions	Mortality rate (%)	Odds ratio	(95% CI)
65-74	9267	36.3	5.745	(5.179, 6.372)	3988	76.9	7.003	(6.215, 7.890)
75+	3653	51.8	10.91	(9.695, 12.27)	1598	87.6	14.26	(11.97, 16.99)
Patient sex								
Male	47 317	24.6	Ref		21 904	62.2	Ref	
Female	25 801	25.5	1.063	(1.024, 1.103)	11 820	59.6	0.892	(0.850, 0.936)
Social deprivation								
I	7719	27.6	Ref		3455	62.9	Ref	
II	9884	27.1	1.002	(0.933, 1.077)	4481	62.6	1.016	(0.923, 1.119)
III	12 270	25.5	0.997	(0.931, 1.068)	5516	62.5	1.090	(0.994, 1.195)
IV	16 693	24.3	1.020	(0.956, 1.089)	7745	60.8	1.085	(0.995, 1.183)
Residential region								
London	9736	21.2	Ref		4591	54.9	Ref	
South East	8318	26.6	1.291	(1.212, 1.383)	3867	63.5	1.335	(1.218, 1.468)
South West	5908	25.5	1.221	(1.144, 1.324)	2677	63.2	1.276	(1.152, 1.414)
East of England	5536	24.7	1.257	(1.163, 1.350)	2614	60.8	1.213	(1.094, 1.343)
East Midlands	5006	25.7	1.284	(1.199, 1.398)	2279	62.2	1.296	(1.164, 1.443)
West Midlands	7816	27.8	1.466	(1.355, 1.549)	3597	62.6	1.398	(1.274, 1.535)
Yorkshire & Humber	7300	25.3	1.359	(1.274, 1.462)	3292	61.9	1.350	(1.227, 1.485)
North East	4682	24.2	1.300	(1.200, 1.404)	2140	61.0	1.324	(1.187, 1.477)
North West	13 811	24.3	1.333	(1.251, 1.409)	6316	62.3	1.473	(1.358, 1.597)
Wales	5010	24.0	1.236	(1.152, 1.354)	2353	62.8	1.369	(1.231, 1.522)

Liver Disease Inequalities in England

There is a 5 fold variation in age standardised mortality from liver disease between the worst affected area (Blackpool 43/100,000) and the least (Eden District 8/100,000)



Deprivation is THE key driver of inequalities



***“We need to stop just pulling people out of the river.
We need to go upstream and find out why they’re falling in.”***

Archbishop Desmond Tutu

The Hepatologist's Role in Reducing Inequalities

- Advocacy: Delivering service design from users perspective
- “Physicians as educators”: The prevention role
- Improve diagnostic pathways: Early detection, closer to home
- Ambulatory/Rapid Review post discharge: Effective care closer to home, admission prevention
- Provide care at home: Supports complex needs and/or advanced frailty

Community Hepatology: Diagnostic Pathways

- Gwent AST Project
- Primary care pathways to identify patients at high risk of cirrhosis based on abnormal liver blood tests
- If ALT is abnormal AST is reflexly measured and if AST:ALT ratio is >1 advice is refer for Fibroscan
- Since 2016:
 - $>50,000$ individuals risk assessed
 - 90% low risk and reassured
 - Additional 2 new diagnoses cirrhosis per week (75-80% increase)
 - 45% discharged, 30% followed by Fibroscan only 25% need OPA

Community Hepatology: Ambulatory Care

- Delivered by an ANP & a clinical fellow: 5 day service
- Predominantly around ascites, blood test review
- Annual “Rapid Reviews” : ~1,000 per year
- Day case paracentesis: 180-200 per year
- Ambulatory paracentesis and rapid post discharge review reduces LOS, prevents readmission and provides care in location of patients choosing

Community Hepatology: BBV Work

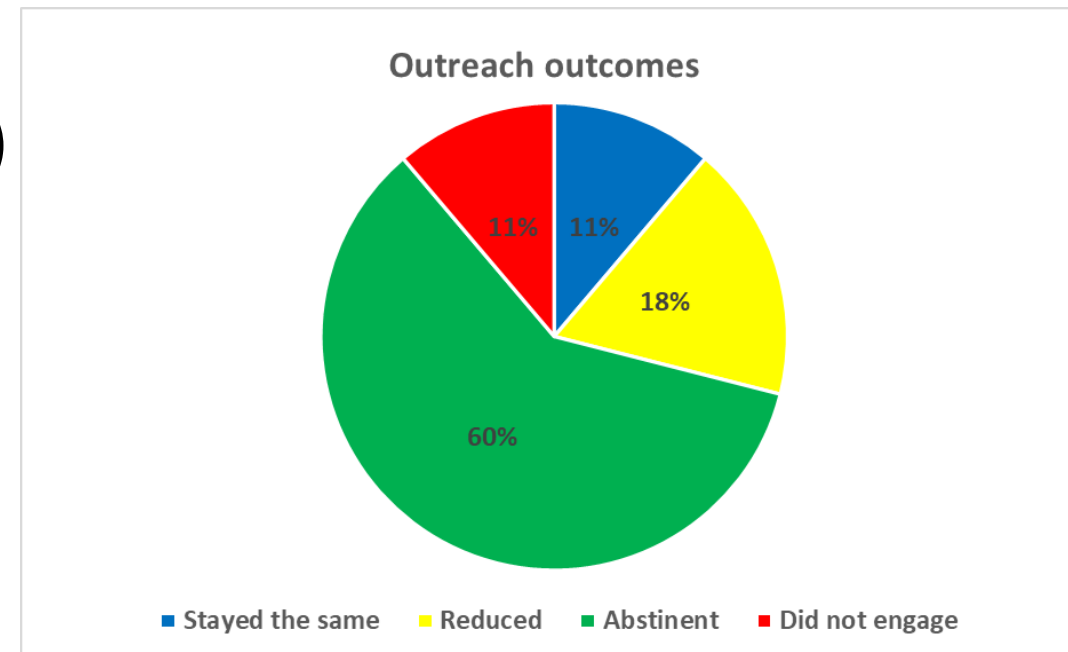
- Community based HBV & HCV Testing & Treatment
 - Salvation Army homeless drop in Dried Blood Spot Incentive (£10 voucher)
 - 175 tested in just over 6 months
 - Testing in hostels and probation services and at TB testing events
 - POCT introduced in Gwent Drug and Alcohol Service
 - HCV PCR within an hour
 - Access to over-labelled therapy= homeless patients can start Rx on day of diagnosis
 - Supervised consumption of HCV Rx in GDAS Newport when people attend for Opiate Substitution Therapy allows us to treat “non attenders”
 - Mosque BBV testing events established in partnership with Muslim Doctors Cymru

Community Hepatology: Other Engagement

- Community Health Events
 - Mosque events
 - Events planned in areas of deprivation across Gwent in 2025 with PH
- Operation Pathway: monthly collaboration with Gwent Police, Housing Associations to improve sex workers' access to healthcare
- Fibroscan clinics in Community Health Centres
 - Rhymney/Tredegar/Newport East
 - Starting Jan '25
- Pilot of ACT clinics in one GP cluster (Newport East)

Community Hepatology: Alcohol Care Teams

- Gwent Assertive Outreach Service
 - Delivered by 2 team members
 - max caseload 20-25 each.
- Targeted to frequent attenders, those with serious health conditions or have disengaged with other services
- Frequent home visits (1,967 first 2 years)
 - Weekly initially plus regular phone contact
- Weekly community peer support group
 - Facilitated by ACT staff
 - 20-25 members



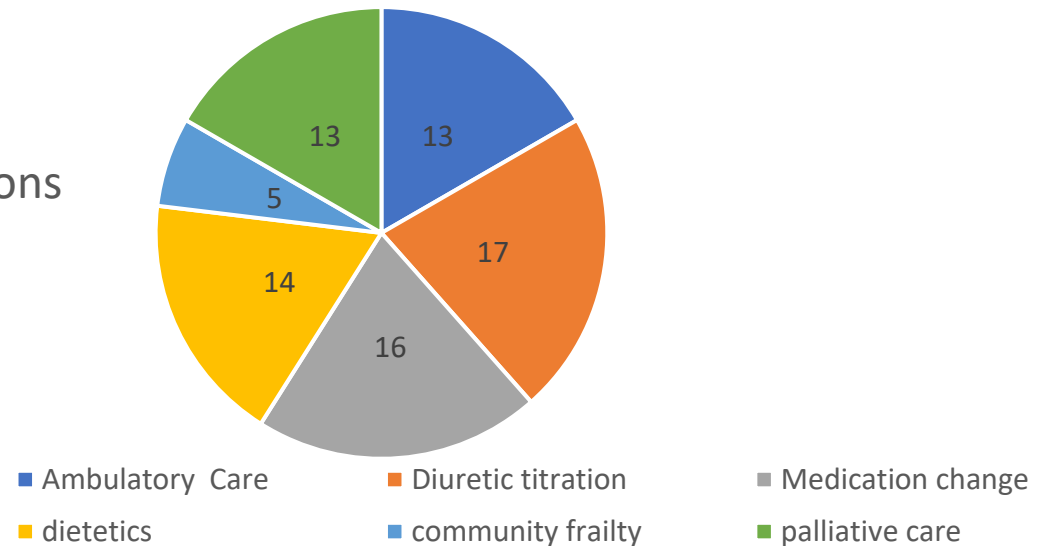
Community Hepatology: CNS Homecare Service

- Homecare Service was established to provide holistic care and manage symptom burden in patients with CLD
- Patients with poor prognosis or palliative care needs were identified at their last clinic appointment or discussion at the weekly liver MDT
- Assessments undertaken
 - Liver frailty index, involving dietetics
 - Ascites reviews -commencing or titrating diuretics/referring to ambulatory care for paracentesis
 - For suspected HE -critical flicker frequency assessments (CFF) and treatment modified accordingly

Hepatology CNS Home Visit Outcomes:

- 249 home visits were made to 136 patients
 - 57% (n=78) were ESLD patients age range 48 to 90 years (mean 80 years)
 - 43% (n=58) were for Critical Flicker Test only

Interventions



- Hospital admissions
 - reduced from 95 to 30
 - bed days from 481 to 144
- Of 31 patients that have died
 - 68% did so in the community, either at home or in a hospice

Linked Services

Community Alcohol/Mental Health
Haematology/Dermatology/Diabetes
Joint Clinics: Transition/HIV

Community Hepatology

BBV Community work
Home CNS Visits
Patient support group/email advice
Alcohol Care Team

Inpatient Care

Inpatient MDT
Liver Care Bundle,
Alcohol Care Team
Ambulatory Care/SDEC

Primary Care

Early detection pathway
GP Advice Line
Link with Ambulatory Care/SDEC
GP Cluster Alcohol Outreach/Fibroscan clinics

Outpatients

Complex Liver (One Stop) Clinic
Pooled subspecialty clinics
Rapid Access CNS FU
Fibroscan Clinic



Royal College
of Physicians

Improving Quality
in Liver Services

- RCP Accreditation Unit scheme:
 - 70 services in UK (all 6 Welsh HB's) 17 Fully accredited services
- Patient centred, clinical care framework centred on
 - Comprehensive operational plans
 - Patient feedback and learning from adverse events
 - Good understanding of demand capacity gap
 - Key performance metrics
- Fulfills accreditation, continuous improvement and peer review functions
 - Supports services to achieve care standards and exposes them to innovation and excellence
- An example of how the RCP can support clinical service development for benefit of patients

Providing Hepatology Care in the Community

- Community focussed yet integrated specialty care IS possible
- Whole service focus required:
 - Understand your patient group: break down barriers
 - Robust early detection pathways: find the disease
 - Strong focus on admission prevention/readmission
 - Outpatient efficiency key to building capacity to deliver home care
- Flexible and adaptive team responsive to need
 - Continuously listens to patients & actively seeks feedback
 - Moves away from “traditional”, centralised location models