



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

Name of project:	Improving the identification and management of liver disease at the St Mary's Surgery, Southampton	
Project start and end dates:	Start date: 2016	Project end date: On-going
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Aims of the project:

To improve the identification and management of liver disease at the St Mary's Surgery, Southampton, through the development of local clinical pathways in partnership with local hepatologists and through direct GP access to transient elastography (TE).

The project:

The St Mary's Surgery in Southampton took part in the LOCATE study and as a result concluded that the management of liver disease in the practice needed to be developed.

Although Locate had defined an at-risk population, there had been barriers in getting this patient group to engage with care. The response rate to invitations to a nurse led liver clinic was only 7%.

Engaging those at risk of liver disease was assessed as important because St Mary's is a large inner city practice, with high levels of deprivation and immigration and therefore a high prevalence of potentially undiagnosed liver disease.

Using the Lancet Commission's proposed primary care pathway as a starting point a clinical pathway was developed in discussion with the local hepatology department and a short term agreement made for direct access to TE scanning. An at-risk population was defined and a flag added to the primary care records of each at-risk patient. The clinical database was configured so that opening an at-risk patient record triggered a protocol saying: "this patient is at risk of liver disease please consider a liver conversation". The aim behind this was to fully integrate the risk alert with the primary care

consultation making a “liver status check” as commonplace and normal part of primary care as discussing blood pressure.

To raise GP awareness and engage enthusiasm the surgery liaised with the British Liver Trust, who lent promotional material, and in September 2016 the practice launched its first liver campaign. The surgery was decorated; promotional material in the waiting room directed patients to ask for a liver check; and a new clinical template with the British Liver Trust logo was installed so that doctors could code and track patients along the pathway. The development of the template and recall process was the most difficult part of the project due to the lack of suitable Read codes and a set of missing process codes have been proposed.

The practice trained two nurses in the management of liver disease and they have been invaluable in following through with alcohol-misusing patients. They provide anecdotal evidence of good initial changes in behaviour following their consultations even before TE was available.

Outcomes:

Of the 2700 patient at-risk population 430 had been started on the pathway up to July 2017.

Although it is still early in data collection, initial indications show that patients who had DNA'd hepatology appointments in the past have been engaging with care at the practice. The project has led to more appropriate referrals and a reduction in unnecessary repeated blood tests and ultrasound scans.

The pilot has moved on with the development of a jointly run practice-based TE clinic.

A presentation regarding the pilot has resulted in the local CCG asking to use the pathway to update local guidance and the lead GP has spoken at a PULSE educational event regarding the project.