

SBUHB Liver Disease Delivery Plan 2015 - 2020

Listed below are the outcomes hoped to be achieved through the actions in the above delivery plan. Please answer the questions for each action.

Has this action been completed y/n?	What has the HB done to support/achieve this action?	What was the impact of this action being completed/not completed?	How was this measured?	Additional comments
Preventing Liver Disease				
OUTCOMES				
Wales to have lower incidence and mortality rates, and higher survival rates for liver disease.	Yes - NB only for HCV overall mortality has	Reduction in death and need for liver transplant related to HCV infection	Reduced need for liver transplant and management of end stage liver diseases with all	HCV related death and liver transplant as per UK data. The development of the liver disease registry will facilitate the measurement
Before 2020, to halt the rise in morbidity and mortality related to liver disease, to prevent liver disease and promote liver health, to recognise that the prevalence of key factors associated with liver disease and its outcomes are linked to social deprivation and inequality, and, where they do occur, to have access to excellent care services.	Yes (see above)	Reduction in mortality and morbidity related to HCV infection	Reduced burden on NHS resource with associated cost savings	HCV related mortality as per UK data
ACTIONS				
Work with the Public Health Wales Health Improvement Programme to ensure appropriate effort is allocated to reducing the risk factors for liver disease and programmes reflect the potential contribution to reducing liver disease. This work should include optimisation of services and strategies for the primary prevention of liver disease, as well as increasing awareness of liver disease throughout the pathway and related pathways.	Nationally led through PHW	Development of Better Health, Better Care, Better Lives Transformation Board within SBUHB aimed to govern Transformation Portfolio of Programmes which will support the Health Board in delivering its Organisational Strategy.The Portfolio oversees a range of initiatives and programmes of work that are linked to the Health Board's core purpose of improving population health.	Work ongoing on issues related to obesity, excess alcohol intake and BBV hepatitis. HB have links with the British Liver Trust	In development
Take forward the legacy of the Blood Borne Virus Hepatitis Action Plan in all relevant settings and continue the effort to eradicate viral hepatitis; including working to identify and treat individuals with a diagnosis of hepatitis B or C infection and working with the Welsh Health Specialised Services Committee and All Wales Medicines Strategy Group on the phased introduction of new hepatitis C drugs.	Yes ongoing	1. Achieved targets in relation to treatment of Hepatitis C from 2016/17, 2017/18 and 2018/19. On course to meet target of target of 152 for SBUHB in 2019/20 (As of end of September 2019 have treated 93). 2. Active participation in the re-engagement project with Public Health Wales. 3. Joint working collaboration project with Public Health Wales and Swansea Prison. Outcomes were micro-elimination of Hepatitis C for this cohort. 4. Completed a joint working project with industry partners Abbvie to review the patient pathway from referral to discharge for patients diagnosed with Hepatitis C. 5. Appointed an additional Band 6 BBV CNS to support increased demand. 6. BBV team Outreach to patients in the community producing a more streamlined service with control over appointments and follow-ups opposed to a call centre-booking model. Excellent administrative support as a key person to coordinate all services. 7. The work of the BBV nurses and the Community Drug and Alcohol Team within SBUHB has developed well. A dedicated blood borne virus nurse specialist provides outreach services across region. This includes home visits, satellite clinics and community based outreach.	Improved access to testing and treatment for patients with Hepatitis C. Average length of stay for emergency admissions with Liver related disease has reduced. Improved partnership working and collaboration with community, primary care, prison service and third sector partners,	1. % of Liver disease mortality rates 2. % of Alcohol related deaths 3. % of Liver cancer related deaths 4. Number of all hospital admissions and emergency admissions due to alcoholic liver disease. 5. Number of all hospital admissions and emergency admissions due to all liver disease. 6. Average length of stay all hospital admissions and emergency admissions due to all liver disease.
				Main drivers for success within SBUHB have been the seamless and effective links with various services as follows – • Strong and seamless links with CDAT, Homeless Health care nurse, BAROD, Dyfodol, service for offenders when released back into community to receive their prescription of Methadone additionally can be tested for Hepatitis C Virus with potential to treat (similar to community pharmacies when patients collect methadone – assess and treat). •Expansion of the Medical Day Unit in Singleton Hospital to support increased ambulatory procedures including liver biopsies and large volume paracentesis. • Increase number of Nurse led Fibroscan clinics. Purchase of new portable Fibroscan Machine. • Continued to support the dedicated Liver Outreach clinic in Neath Port Talbot Hospital.

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Further develop the opportunistic assessment of alcohol intake in different settings and develop in house alcohol care teams within health boards to provide timely interventions as appropriate; including helping to take forward the systematic process for reviewing alcohol-related deaths and make recommendations about how Substance Misuse Services and Alcohol Liaison Services can better assist the management of risk factors for liver disease.	Yes	Funding secured from the National Porgramme to appoint into Band 6 Alcohol Care Nurse for a three year period. Continued requirement to fund included in the IMTP submission for 2019/20 Service configuration:Nurse Led Service Clinical Nurse Specialist - Band 7 Alcohol Liaison Nurse - Band 6 Medical Support from Gastroenterologist/Hepatologist – in Respective General Hospitals (Morriston and Singleton) Consultant Psychiatrist in Addictions – in respective localities (Swansea and Neath Port Talbot)	All patients with alcohol problems have equal access to essential hospital services and receive the highest standard of care. Specialist assessment, brief interventions/harm reduction and health education to patients presenting with alcohol problems. Specialist advice on the pharmacological and management of patients presenting with alcohol problems. Effective communication between the hospitals and community based services to ensure continuity of care. Education and to hospital based staff with aim to achieving and maintaining a workforce that is empowered to work with patients with alcohol problems.	1. Symptom Triggered Management of alcohol withdrawals; 2. July 2017 – Audit of Patients Commenced on CIWA- Ar- 50 patients 3. Average Bed stay days 1 - 3 day(s) 140 bed stay day saved 4. Successful recruitment to band 6 post 5. Reduction in the average alcohol consumption of patients treated 6. Earlier patient discharge 7. Reduced re-attendance improved staff attitudes and knowledge improved patient feedback 8. With change of protocol from fixed regime alcohol withdrawal management to symptom triggered regime has offered financial benefits associated with bed stay days for patients with aloccohol related problems.	Future plans will involve the following: Replication of Healthier Choices Alcohol Liver Disease Clinic in 2 other sites (only in Morriston). In development online based training packages as a delivery aid for current training session offered on the wards and departments. 7 day service - responsiveness and optimal capacity. Fully establish screening - as both a global and targeted approach. Full roll out of Symptom Triggered Management of Alcohol Withdrawals in remaining departments/units in Morriston Hospital.
Examine opportunities and make costed recommendations to increase the availability of targeted community testing for viral hepatitis and fatty liver disease particularly in areas of socio-economic deprivation to address health inequity; including the community availability of non-invasive testing (NITs) for liver fibrosis among high risk populations. Continue to review and monitor the content of the online over-50s health and wellbeing assessment Add to your Life in relation to risk factors for liver	yes	<div>The script was amended to make links to liver disease, and efforts are made to keep advice on the tool up to date with major changes in policy/ guidance in respect of lifestyle risk factors e.g. the changes in alcohol guidelines</div> <div>The BLT have been raising awareness of liver disease in many settings Delivery of treatment for hepatitis B & C helps to reduce stigma - curable / treatable infections are associated with reduced stigma.</div>			
Develop an approach to help de-stigmatise liver disease.	yes				
Timely detection of liver disease					
OUTCOMES					
Wales to have lower incidence and mortality rates, and higher survival rates for liver disease.	Yes	Yes. Reduced mortality rates and improved survival amongst patients infected with Hepatitis B &C.	Implemented and adhered to National guidelines. Responded to KPI's to increase testing in relevant settings. Delivered treatment to 3500 HCV patients nationally. Delivered treatment to patients with Hepatitis B in line with European guidelines.	Reduced mortality and incidence of hepatitis related liver disease.	UK figures on mortality of HCV related liver disease.
Before 2020, to halt the rise in morbidity and mortality related to liver disease, to prevent liver disease and promote liver health, to recognise that the prevalence of key factors associated with liver disease and its outcomes are linked to social deprivation and inequality, and, where they do occur, to have access to excellent care services.	yes	No - Nationally and locally buidling blocks have been put in place to better recognise alcohol misuse and improve hospital based services but these are not mature enough. MUP will help. The work of the group via the BLT has improved knowledge of liver disease in the population			
ACTIONS					
Improve provision of assessment and testing of those at highest risk of developing liver disease.	Yes	1. Review of referral to diagnosis pathway and process as follows: i. Electronic referral into service ii. Referral if appropriate booked in for Fibroscan testing prior to Consultant Review. 2.Increased workforce for the Liver Team to include an additional Band 7 CNS, Band 5 Operational Support Manager for the Liver Service and an increase in pharmacy hours. 3. Increased Fibroscanning capacity and purchase of new portable Fibroscan machine. 4. Implementation of agreed care pathway for the risk assessment of those found to have fatty liver disease.	Reduction in length of wait for first Outpatient appointment for patients that meet the criteria (fatty liver and BBV) Improved access to testing and treatment for patients with Hepatitis C. Average length of stay for emergency admissions with Liver related disease has reduced. Improved partnership working and collaboration with community, primary care, prison service and third sector partners.	1. % of Liver disease mortality rates 2. % of Alcohol related deaths 3. % of Liver cancer related deaths 4. Number of all hospital admissions and emergency admissions due to alcoholic liver disease. 5. Number of all hospital admissions and emergency admissions due to all liver disease. 6. Average length of stay all hospital admissions and emergency admissions due to all liver disease.	1. SBUHB Liver Service working towards achievement of Level 1 and Level 2 accreditation of the Improving Quality in Liver Services (IQILS). This provides a framework for quality improvement in liver services 2. SBUHB enhanced use of Making Every Contact Count (MECC). MECC includes addressing alcohol consumption and provides information on recommended guidelines. This is supported by the Liver Team. 3. Improved pathway of referral with

	Has this action been completed y/n?	What has the HB done to support/achieve this action?	What was the impact of this action being completed/not completed?	How was this measured?	Additional comments
Improve awareness and understanding of liver disease among primary and community care, and local government partners to help detect early liver disease and make appropriate referral.	yes	Ongoing- Increased testing of patients at risk of HCV has been implemented across SBUHB. Elimination of HCV from a remand prison achieved (UK first) within SBUHB region.The work with the Institute of clinical science and technology will also help address this as will the IQILS work.	Introduced KPI's for testing to subsance misuse services. Developed improved testing pathways with access to PCR tests on dried blood spot testing.	Increased testing of at risk individuals. 3500 people with HCV infection treated across Wales.	National (All Wales) data collection.
Develop a nationally agreed care pathway for patients with abnormal liver function tests and develop a national audit to support this.	This links with rows 20/21				
Develop a nationally agreed care pathway for the risk assessment of those incidentally found to have fatty liver disease.					
Develop nationally agreed referral guidelines to improve consistency and quality in referral practices, manage demand and minimise inappropriate investigation of those at low risk. This will include appropriate links to guidance and related care pathways and service frameworks.	This links with rows 20/21/22				
Develop a costed proposal for identifying those at greatest risk of fatty liver disease.	No	This hasn't been done but published work elsewhere has shown methods similar to the pilot AST project to be clinically and cost effective			
Encourage primary care clusters/locality groups to identify a champion for liver disease who will work with the health board liver disease team to improve risk management, detection and referral practices. Undertake a cost assessment of improving the effectiveness of the routine use of risk assessment tools (such as routine provision of AST/ALT ratio) to identify those at greatest risk of significant liver disease.	Partial	Cwm Tawe Cluster Transformation programme in place. GP member of local Liver Delivery Planning Board	Full membership of local delivery planning Board enabler for further transformation of liver services.	KPI's in place for Transformation programme	Discussions ongoing with Primary care leads to further develop this work.
	Related to activity in row 20/21				
	No. The anticipated introduction of a national pathway next year based on learning from the Gwent experience will lead to future audits				
Measure performance against key standards in the developed national audit of the care pathway for the investigation and management of abnormal Liver Function Tests, across primary and secondary care.					
Fast and effective care					
OUTCOMES					
Wales to have lower incidence and mortality rates, and higher survival rates for liver disease.	Yes	Reduction in incidence and mortality rates in relation to HCV.	Increased testing for at risk individuals and improved linkage to care for infected patients. Developed community based services. Developed improved testing methods. Developed national guidelines for management including accelerated pathways for treatment.	Reduction in mortality and morbidity in HCV related liver disease with all the associated benefits including cost savings, reduced burden on the NHS and reduction in pressure on scarce resource.	Collection of national data on testing and treatment figures. UK data on HCV related mortality and liver transplant.
Before 2020, to halt the rise in morbidity and mortality related to liver disease, to prevent liver disease and promote liver health, to recognise that the prevalence of key factors associated with liver disease and its outcomes are linked to social deprivation and inequality, and, where they do occur, to have access to excellent care services.	No	Increased number of specialist nurses in SBUHB since the plan began.			
ACTIONS					
	Yes	Increased workforce for the Liver Team to include an extra Consultant session, an additional Band 7 CNS, Band 6 BBV CNS, Band 5 Operational Support Manager for the Liver Service and an increase in pharmacy hours.	Reduction in length of wait for first Outpatient appointment for patients that meet the criteria (fatty liver and BBV) Improved access to testing and treatment for patients with Hepatitis C. Average length of stay for emergency admissions with Liver related disease has reduced. Improved partnership working and collaboration with community, primary care, prison service and third sector partners.	1. % of Liver disease mortality rates 2. % of Alcohol related deaths 3. % of Liver cancer related deaths 4. Number of all hospital admissions and emergency admissions due to alcoholic liver disease. 5. Number of all hospital admissions and emergency admissions due to all liver disease. 6. Average length of stay all hospital admissions and emergency admissions due to all liver disease.	
Plan to establish a liver disease unit in each health board staffed by at least one consultant hepatologist supported by additional consultant hepatologists or gastroenterologists with appropriate training in managing liver disease. Each unit should provide support to primary care clusters and through a hub and spoke arrangement support neighbouring hospitals to facilitate high quality inpatient care.					

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Partial	This will be made sustainable as part of the peer-review IQILS process.	Increased testing for at risk individuals and improved linkage to care for infected patients. Developed community based services. Developed improved testing methods. Developed national guidelines for management including accelerated pathways for treatment	reduction in waits	
	The 2020 WAGE Awayday theme is again hepatology. Again the IQILS process is the major driver to peer review of standards of practice.			
Yes	2 Fibroscan machines available for Swansea Bay both with XL probs to scan patients with higher BMI's. A static machine based in Singleton and a portable that can be used more widely			
	<div>Mature National network established for the management of hepatitis.</div> <div>In South Wales there is a centralised Hepatobiliary service now led by three consultant surgeons. There are links with liver transplant centres in both London and Birmingham. SBUHB has establihsed links.</div>			

Improve access to related services such as diagnostics (particularly fibroscan and biopsy, including transjugular biopsy), dietetics and interventional radiology.
 Implementation group to support the development of regional networks to facilitate optimal service delivery and improvement including outreach services with transplant centres.
 Implementation group to support access to national or regional hepatocellular carcinoma Multi-Disciplinary Teams.
Living with liver disease
 OUTCOMES
 Wales to have lower incidence and mortality rates, and higher survival rates for liver disease.
 Before 2020, to halt the rise in morbidity and mortality related to liver disease, to prevent liver disease and promote liver health, to recognise that the prevalence of key factors associated with liver disease and its outcomes are linked to social deprivation and inequality, and, where they do occur, to have access to excellent care services.
 ACTIONS

<p>Facilitate the strengthening of the co-productive approach to designing services and treatment plans. Consider the feasibility of developing one-stop-shop cirrhosis clinics where patients can have their disease monitored and surveillance ultrasound scans undertaken as appropriate.</p> <p>Examine opportunities to encourage and support better primary care management of those diagnosed with liver disease including improved uptake of appropriate vaccinations.</p> <p>Improve access to specialist dietetic advice and psychological support, especially for patients with cirrhosis and chronic liver failure so that they can better self-manage their condition.</p> <p>Support the provision of palliative care services for patients with chronic liver failure.</p> <p>Encourage each health board to engage community support groups to help patients manage their condition in the community.</p> <p>Improving information</p>	No	Ongoing on a National Level-The British Liver Trust has been undertaking support groups which have influence service design and are an active members of alliances and partnerships tackling the causes of liver disease e.g. obesity alliance cymru, Wales cancer alliance, national alcohol misuse prevention partnership. The childrens liver disease foundation has also been involved in this area and the Hepatitis C Trust are also working in Wales		
		Reviewing current process with a view to implementation of one stop clinic. Business case to be developed.		
		The British Liver Trust through its helpline, publications and support group facilitates both dietetic advice and psychological support. The national exercise referral scheme has been a partner of the British Liver Trust in Wales and have attended a number of public events (see funding tab for more detail and reports)		
		ongoing- BLT have supported this activity, circulating the details of the support groups via the community voluntary councils through direct contact with clinical staff		

OUTCOME
 Wales to have lower incidence and mortality rates, and higher survival rates for liver disease.

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ACTIONS					
Review the quality of existing data systems for the reporting of liver-related morbidity, mortality and associated risk factors and make recommendations for improvement.		ongoing-A liver disease registry has been developed and is producing intelligence to help support national and local action, see funding sheet for more information. Data systems in place to capture HCV (BBV) testing across Wales. National data capture in place for treatment of HCV.			
Develop a clinical management system to support the care of individuals with chronic liver disease, provide measurement of health outcomes and support high quality audit and research.		ongoing-A HCV eform has been developed to improve data capture of HCV treatment.and discussions are ongoing with NWIS to develop a continuation sheet approach for cirrhosis and HBV management			
Develop information to increase public awareness of risks factors related to these conditions in a way which is specific and relevant to each of the at risk communities; this work must have as its focus the de-stigmatisation of liver disease and its causes.	Yes	The CNS's have held awarness days in the community with the British Liver Trust and outreach services. Further awareness sessions are planned for the future.			
Develop national management guidelines facilitating the assessment of individuals with abnormal LFTs; these should include guidelines for the management of common complications of liver disease and indicators for referral.					
Develop and implement electronic alerts for patients with abnormal liver function tests linked to national pathway guidance directing the requesting clinician to advise on further investigation and, if necessary onwards referrals to specialist services.					
Health boards work to increase awareness of relevant educational material for staff (e.g. RCN liver disease toolkit, RCGP online resource on Hepatitis B and C: Detection, Diagnosis and Management).Increase provision of medical and nursing training in hepatology and introduce wider educational opportunities for clinicians to increase awareness of liver disease, its risk factors and		ongoing -Funding of the eductaion and training grant to WAGE will contribute to this as will the work with the Institute of clinical science and technology, see funding sheet			
Develop the delivery plan set of measures in order to understand the current situation and the size of the issue, including:		ongoing- The development of the liver disease registry will help address these, see funding sheet			
Identify existing care pathways for the investigation and management of chronically elevated LFTs and map local provision of services.		The work related to IQILS will help address this please see funding sheet			
Establish the number of people diagnosed with cirrhosis in each health board.		see row 62 The development of the liver disease registry will help address these, see funding sheet			
Establish and report the waiting time measures for patients referred for outpatient specialist assessment.					
Collated data on admissions related to liver disorders		see row 62 The development of the liver disease registry will help address these, see funding sheet			
Estimated number of years of life lost from liver disease in Wales.		see row 62 The development of the liver disease registry will help address these, see funding sheet			
Geographical deprivation gaps for liver disease morbidity and mortality.		see row 62 The development of the liver disease registry will help address these, see funding sheet			
Targeting research					
OUTCOME					
Increased and improved research activity resulting in improved healthcare outcomes for people					
ACTIONS					
Undertake a gap analysis and identify key pieces of research needed and work with NISCHR to develop opportunities to address such gaps.					
Explore the utilisation of data linkage to better understand liver disease and its risk factors.		see row 62 The development of the liver disease registry will help address these, see funding sheet			

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Establish a database for liver disease to facilitate all Wales research and funding; including mechanisms for the application of research findings. Explore undertaking research into methods for improving surveillance strategies in hepatocellular carcinoma.	<div>see row 62 related to the liver registry and potential exists at HB level to have access to named patient data, in addition the HCV eform allow this</div> <div></div> <div><div>A number of research studies have been undertaken within SBUHB. • Non-Commercial</div><div>• Screening of patients with infertility/subfertility for coeliac disease (male and female cohort)</div><div>• PBC genetic study</div><div>• PSC genetic study</div><div>• UK-AIH</div><div>• Completed: HCV-UK, STOPHCV1, STOP-HCV cirrhosis, ATTIRE, feasibility study of iv iron in patients with IBD, PITCH</div><div>• CALIBRE</div><div>• BOPPP</div><div>• ASEPTIC</div><div>• MICAH</div><div>• DILI</div><div>• Collaboration with Liver and Obstetric group in London</div><div>• Commercial</div><div>• Completed:</div><div>• SHIRE NASH ASBT inhibitor</div><div>• Gilead NASH STELLAR3 and STELLAR4</div><div>• Genkyotex PBC study</div><div>• Completed recruitment/ongoing monitoring</div><div>• SEMA NASH</div><div>• ENHANCE PBC study</div><div>• Ongoing recruitment</div><div>• REVERSE – NASH cirrhosis</div><div>• AURORA NASH F2 and F3</div><div>• Madrigal NASH F2 and F3</div><div>• OASIS – NUT3 F2 and F3</div><div>• Feasibility</div><div>• Hepatitis B</div><div>• A1AT deficiency</div></div> <div>Making every contact count (MECC) has been introduced including web based learning. By early 2019 Nationally over 2,000 had undertaken training on MECC</div> <div>Business Case to be developed to increase the number of hepatologists within the HB</div>			
Explore undertaking research into the relationship between lifestyle choices and liver disease and how these can be tackled. Assess the impact of the “Have a Word” brief intervention training programme. Increase the number of joint academic appointments between health boards and local universities.				

Strategic Key Actions

The vision	By Whom	By When	Achieved?
Before 2020 halt the rise in morbidity and mortality related to liver disease.	This would capture all activities and partners	By 2020	This has been achieved for HCV related disease in SBUHB
For NHS Wales to collaborate equally with its partners in social services and the third sector to provide seamless care to patients, where possible in the community.	National work British Liver Trust Children's Liver Disease Foundation, Hepatitis C Trust	ongoing - foundation laid and progress is being made	partially
For clinical leadership and multi-disciplinary working to help improve the quality of the patient pathway and drive down harm, waste and variation.	SBUHB	By 2020	SBUHB Liver Service working towards achievement of Level 1 and Level 2 accreditation of the Improving Quality in Liver Services (IQILS). This provides a framework for quality improvement in liver services
For better medical undergraduate, postgraduate and healthcare professional understanding of liver disease.	National work, including the work of the British Liver Trust, the Institute of clinical science and technology project and the WAGE education and training grant will help address this	ongoing	partially -see funding sheet for update on relevant work
Patients responsible for their health, having an equal voice in their treatment and through the third sector having shared responsibility to determine the shape of services for liver disease.	National Work British Liver Trust Children's Liver Disease Foundation, Hepatitis C trust	ongoing- British Liver Trust uses the patient	partially -see funding sheet for update on relevant work
Annual Reports			
Publish annual All Wales reports on Liver Disease in Wales, based on Local Health Board reports against Performance Measures	Welsh Government	Apr-16	Until 2018

Outcome Indicators and assurance measures

OUTCOME 1: The mortality rate of people dying from liver disease amongst our population

All liver disease: Death Rates (Age-Standardised) per 100K pop, age under 75 (3 year rolling)

	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Abertawe Bro Morgannwg University Health Board	21.6	20.2	21.8	22.7	24.9	26.3	27.5
Aneurin Bevan University Health Board	20.6	20.9	22.3	23.1	21.5	21.7	22.0
Betsi Cadwaladr University Health Board	19.1	19.2	20.2	19.9	20.5	19.6	21.4
Cardiff and Vale University Health Board	20.3	21.1	20.4	22.6	24.1	23.6	23.3
Cwm Taf University Health Board	26.2	26.4	25.2	25.3	23.7	22.8	21.9
Hywel Dda University Health Board	16.1	15.9	15.3	15.1	16.6	18.0	18.8
Powys Teaching Health Board	12.9	13.2	14.1	11.6	10.7	11.8	12.6
Wales	19.9	19.9	20.4	20.8	21.1	21.3	22.0

Health Maps Wales

OUTCOME 2: The numbers of hospital admissions for liver disease amongst our population.

All liver disease: All hospital admissions

	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Abertawe Bro Morgannwg University Health Board	492	464	485	431	459	472	553	574	620
Aneurin Bevan University Health Board	599	630	704	549	532	554	608	587	733
Betsi Cadwaladr University Health Board	648	665	676	672	681	776	768	793	730
Cardiff and Vale University Health Board	339	317	356	404	372	355	427	445	369
Cwm Taf University Health Board	327	365	398	353	334	305	378	395	331
Hywel Dda University Health Board	365	381	412	442	351	402	362	363	355
Powys Teaching Health Board	100	82	98	119	97	95	109	128	133
Wales	2,870	2,904	3,129	2,970	2,826	2,959	3,205	3,285	3,271

NWIS, 2018. Numbers are not identical with numerator in Health Maps Wales hospital admission rates.

OUTCOME 3: The number of emergency hospital admissions for liver disease amongst our population

All liver disease: Emergency hospital admissions

	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Abertawe Bro Morgannwg University Health Board	240	241	256	255	252	251	273	301	316
Aneurin Bevan University Health Board	339	361	361	289	320	324	345	347	338
Betsi Cadwaladr University Health Board	372	385	363	370	358	381	372	417	398
Cardiff and Vale University Health Board	188	179	198	232	207	235	255	261	233
Cwm Taf University Health Board	210	245	246	220	233	211	233	239	214
Hywel Dda University Health Board	190	215	215	235	189	201	185	156	180
Powys Teaching Health Board	31	30	49	61	50	46	51	65	51
Wales	1,570	1,656	1,688	1,662	1,609	1,649	1,714	1,786	1,730

NWIS, 2018

Preventing liver disease

Aim: The risk factors contributing to liver disease are being actively addressed and fewer people are at risk of developing liver disease

ASSURANCE MEASURE:

Months of life lost due to alcohol.

Timely detection of liver disease

Aim: People with liver disease are detected early and referred for treatment

Fast and effective care

Aim: People with liver disease receive appropriate care by specialist multi-disciplinary teams

ASSURANCE MEASURE:

Time from GP referral to start of treatment

RTT performance only available for gastroenterology

ASSURANCE MEASURE:

Average length of stay (ALOS) for emergency admissions.

Average length of stay for emergency admissions for all liver disease

	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Abertawe Bro Morgannwg University Health Board	13.6	14.0	15.2	14.3	13.4	14.3	12.3	14.4	11.1
Aneurin Bevan University Health Board	12.9	11.6	11.5	12.4	12.7	11.5	11.0	11.5	10.2
Betsi Cadwaladr University Health Board	11.3	12.6	12.2	12.4	12.3	11.8	12.7	15.8	13.7
Cardiff and Vale University Health Board	17.4	19.9	16.6	15.5	14.8	16.4	17.4	15.5	14.6
Cwm Taf University Health Board	15.0	14.9	12.7	12.2	11.3	11.5	12.7	10.2	10.7
Hywel Dda University Health Board	13.5	13.0	12.2	11.2	11.7	13.0	13.7	15.3	12.4
Powys Teaching Health Board	13.3	11.1	14.8	10.0	11.1	12.3	11.1	9.9	8.3
Wales	13.5	13.7	13.2	12.9	12.6	12.9	12.9	13.6	11.9

NWIS, 2018

ASSURANCE MEASURE:

Average length of stay(ALOS) for elective admissions.

Average length of stay for elective admissions for all liver disease

	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Abertawe Bro Morgannwg University Health Board	11.7	9.5	11.0	11.6	11.5	12.9	13.9	11.9	10.0
Aneurin Bevan University Health Board	6.0	5.4	7.4	9.4	5.9	9.1	11.2	15.3	9.5
Betsi Cadwaladr University Health Board	7.2	5.8	6.0	7.0	5.5	7.2	5.6	5.4	7.6
Cardiff and Vale University Health Board	8.3	5.7	4.6	5.1	7.1	3.4	6.9	3.5	4.3
Cwm Taf University Health Board	15.8	5.9	12.6	7.8	16.3	14.9	11.9	14.7	23.8
Hywel Dda University Health Board	7.1	3.1	5.0	4.5	3.8	4.9	7.5	5.0	4.3
Powys Teaching Health Board	8.6	3.0	5.8	6.0	5.2	13.1	6.3	12.7	6.6
Wales	8.6	5.7	7.5	7.7	7.5	8.7	9.1	10.0	9.5

NWIS, 2018

ASSURANCE MEASURE:

Liver transplant rate.

Liver transplantation activity data - total liver organ transplants

						Mar-15	Mar-16	Mar-17	Mar-18
Wales						29	44	37	45

NHS Blood and Transplant, October 2018

Living with liver disease

Aim: people with liver disease are supported to manage their condition and reduce the risk of their disease progressing

The percentage of one year and five year liver cancer survival rates.

Hepatitis B related end-stage liver disease/hepatocellular carcinoma hospital admissions.

Hepatitis C related end-stage liver disease/hepatocellular carcinoma hospital admissions.

	2007/08- 2009/10	2008/09- 2010/11	2009/10- 2011/12	2010/11- 2012/13	2011/12- 2013/14	2012/13- 2014/15	2013/14- 2015/16	2014/15- 2016/17	2015/16- 2017/18
Abertawe Bro Morgannwg University Health Board	1.4	1.1	1.0	1.1	1.6	1.8	2.2	2.2	2.7
Aneurin Bevan University Health Board	1.2	1.4	1.4	1.3	1.2	1.3	1.4	1.5	1.6
Betsi Cadwaladr University Health Board	1.3	1.7	2.2	2.3	3.0	3.2	3.4	2.9	2.6
Cardiff and Vale University Health Board	2.1	2.0	1.9	1.9	2.2	2.3	2.6	3.1	3.1
Cwm Taf University Health Board	1.4	1.3	1.6	1.7	2.4	2.7	2.0	1.2	1.3
Hywel Dda University Health Board	1.7	1.5	1.1	1.2	1.6	1.8	1.7	1.9	1.8
Powys Teaching Health Board	x	x	x	x	x	2.1	2.1	2.8	2.7
Wales	1.4	1.5	1.6	1.6	2.0	2.2	2.3	2.2	2.3

Improving information

Aim: NHS Wales and its partners provide better information and support to people at risk of developing or already suffering with liver disease

Participation in national clinical audits is a requirement which health boards must ensure is achieved. Full (100%) participation is required to effectively monitor progress in the delivery of care for people with liver disease, to provide comparative outcome data and allow effective benchmarking.

Aim: Active collaboration in research related to liver disease delivers improvements in diagnosis, treatment and management

Recruitment to liver disease Health and Care Research Wales CRP studies.

[illegible]

Hywel Dda University Health Board								4	4	11
Powys Teaching Health Board								0	0	0
Wales								236	47	66

Health and Care Research Wales Support Centre, 2019

Liver diseases delivery plan 2019-2020

Listed below are the actions in the above delivery plan. Please answer the questions for each action.					
	Has this action been completed y/n?	What has the HB done to support/achieve this action?	What was the impact of this action being completed/not completed?	How was this measured?	Additional comments
Work on priorities for 2019-20:					
Priority 1: Further develop the opportunist assessment of alcohol in different settings and develop secondary care-based alcohol care teams to provide timely interventions as appropriate.	Yes	Funding secured from the National Porgramme to appoint into Band 6 Alcohol Care Nurse for a three year period. Continued requirment to fund included in the IMTP submission for 2019/20 Service configuration: <i>Nurse Led Service</i> Clinical Nurse Specialist - Band 7 Alcohol Liaison Nurse - Band 6 <i>Medical Support</i> from Gastroenterologist/Hepatologist – in Respective General Hospitals (Morriston and Singleton) Consultant Psychiatrist in Addictions – in respective localities (Swansea and Neath Port Talbot)	All patients with alcohol problems have equal access to essential hospital services and receive the highest standard of care. Specialist assessment, brief interventions/harm reduction and health education to patients presenting with alcohol problems. Specialist advice on the pharmacological and management of patients presenting with alcohol problems. Effective communication between the hospitals and community based services to ensure continuity of care. Education and to hospital based staff with aim to achieving and maintaining a workforce that is empowered to work with patients with alcohol problems.	1. Symptom Triggered Management of alcohol withdrawals; 2. July 2017 – Audit of Patients Commenced on CIWA- Ar- 50 patients 3. Average Bed stay days 1 - 3 day(s) 140 bed stay day saved 4. Successful recruitment to band 6 post 5. Reduction in the average alcohol consumption of patients treated 6. Earlier patient discharge 7. Reduced re-attendance 8. Improved staff attitudes and knowledge 9. Improved patient feedback with change of protocol from fixed regime alcohol withdrawal management to symptom triggered regime has offered financial benefits associated with bed stay days for patients with alocohol related problems.	Future plans will involve the following: Replication of Healthier Choices Alcohol Liver Disease Clinic in 2 other sites (only in Morriston). In development online based training packages as a delivery aid for current training session offered on the wards and departments. 7 day service - responsiveness and optimal capacity. Fully establish screening - as both a global and targeted approach. Full roll out of Symptom Triggered Management of Alcohol Withdrawals in remaining departments/units in Morriston Hospital.
Priority 2: Taking forward the implementation of Welsh Health Circular 048 2017 'Attaining the WHO targets for eliminating hepatitis (B and C) as a significant threat to public health'.	Yes ongoing	1. Achieved targets in relation to treatment of Hepatitis C from 2016/17, 2017/18 and 2018/19. On course to meet target of 152 for SBUHB in 2019/20 (As of end of September 2019 have treated 93). 2. Active participation in the re-engagement project with Public Health Wales. 3. Joint working collaboration project with Public Health Wales and Swansea Prison. Outcomes were micro-elimination of Hepatits C for this cohort. 4. Completed a joint working project with industry partners Abbvie to review the patient pathway from referral to discharge for patients diagnosed with Hepatits C. 5. Appointed an additional Band 6 BBV CNS to support increased demand. 6. BBV team Outreach to patients in the community producing a more streamlined service with control over appointments and follow-ups opposed to a call centre-booking model. Excellent administrative support as a key person to coordinate all services. 7. The work of the BBV nurses and the Community Drug and Alcohol Team within SBUHB has developed well. A dedicated blood borne virus nurse specialist provides outreach services across region. This includes home visits, satellite clinics and community based outreach.	Improved access to testing and treatment for patients with Hepatitis C. Average lenth of stay for emergency admissions with Liver related disease has reduced. Improved partnership working and collaboration with community, primary care, prison service and third sector partners,	1. % of Liver disease mortality rates 2. % of Alcohol related deaths 3. % of Liver cancer related deaths 4. Number of all hospital admissions and emergency admissions due to alcoholic liver disease. 5. Number of all hospital admissions and emergency admissions due to all liver disease. 6. Average length of stay all hospital admissions and emergency admissions due to all liver disease.	Main drivers for success within SBUHB have been the seamless and effective links with various services as follows – • Strong and seamless links with CDAT, Homeless Health care nurse, BAROD, Dyfodol – service for offenders when released back into community to receive their prescription of Methadone additionally can be tested for Hepatitis C Virus with potential to treat (similar to community pharmacies when patients collect methadone – assess and treat). •Expansion of the Medical Day Unit in Singleton Hospital to support increased ambulatory procedures including liver biopsies and large volume paracentesis. • Increase number of Nurse led Fibroscan clinics. Purchase of new portable Fibroscan • Continued to support the dedicated Liver Outreach clinic in Neath Port Talbot Hospital.
Priority 3: Improve the provision of assessment, testing and treatment of those at highest risk of developing liver disease.	Y	1. Review of referral to diagnisis pathway and process as follows: i. Electronic referral into service ii. Referral if appropriate booked in for Fibroscan testing prior to Consultant Review. 2.Increased workforce for the Liver Team to include an additional Band 7 CNS, Band 5 Operational Support Manager for the Liver Service and an increase in pharmacy hours. 3. Increased Fibroscanning capacity and purchase of new portable Fibroscan machine. 4. Implementation of agreed care pathway for the risk assessment of those found to have fatty liver disease.	Reduction in length of wait for first Outpatient appointment for patients that meet the criteria (fatty liver and BBV) Improved access to testing and treatment for patients with Hepatitis C. Average lenth of stay for emergency admissions with Liver related disease has reduced. Improved partnership working and collaboration with community, primary care, prison service and third sector partners.	1. % of Liver disease mortality rates 2. % of Alcohol related deaths 3. % of Liver cancer related deaths 4. Number of all hospital admissions and emergency admissions due to alcoholic liver disease. 5. Number of all hospital admissions and emergency admissions due to all liver disease. 6. Average length of stay all hospital admissions and emergency admissions due to all liver disease.	1. SBUHB Liver Service working towards achievement of Level 1 and Level 2 accreditation of the Improving Quality in Liver Services (IQILS). This provides a framework for quality improvement in liver services 2. SBUHB enhanced use of Making Every Contact Count (MECC). MECC includes addressing alcohol consumption and provides information on recommended guidelines. This is supported by the Liver Team. 3. Improved pathway of referral with Dietican Team within SBUHB.

Please list below the funding initiatives that have been funded including those funded directly from Welsh Government money allocated through the implementation group

[illegible]

Date	Project name	Aims	Funding amount	Source of funding	Was the project a success?	How did it impact on patients/pathways?	How is the HB maintaining/ building on this?