National Liver Strategy

Update 2012:

- Health & Social Care Act
- Healthy Lives, Healthy People: a call to action on obesity in England
- Alcohol Strategy
  - Government (Home office, Health)
- Structures (2013)
  - NHSCB, PHE, HEE

Professor Martin Lombard,
National Clinical Director for Liver Disease,
Department of Health (England)
Chronic Liver Disease (1) Mortality - 1993 & 2009

Rates per 100,000 population

North East
- 5.7 up to 13.7

North West
- 7.3 up to 15.2

Yorks & Humber
- 4.8 up to 10.2

Rapid increase across the country in the last 16 years

(1) Metric: Mortality from chronic liver disease including cirrhosis (ICD v10: K70, K73, K74)
Source: National Centre for Health Outcomes Development (NCHOD), part of NHS Information Centre
Data: SHA level data, standardised for age and gender using European Standard population. Figures are rates per 100,000 population.
Mortality from chronic liver disease including cirrhosis (ICD10 K70, K73-K74)

Directly age standardised rates (DSR) 2005-07

14 of top 20 (70%) LAs' where chronic liver disease results in loss of life are in NW England!
Liver mortality: ‘mind the gap’

1. **England** – rising 5% pa 1990’s, now 1.7% pa.

2. **International** – Liver disease mortality trend dramatic increase relative to other major countries

3. **gap/ambition**: 1:1000 pa

**SDR, chronic liver disease and cirrhosis, 0-64 per 100000**

Source: WHO/Europe, European HFA Database, January 2012
Outcomes Framework Domains

- **Domain 1**: Preventing people from dying prematurely
- **Domain 2**: Enhancing quality of life for people with long-term conditions
- **Domain 3**: Helping people to recover from episodes of ill health or following injury
- **Domain 4**: Ensuring people have a positive experience of care
- **Domain 5**: Treating and caring for people in a safe environment and protecting them from avoidable harm
Deaths from mental disorders - for younger people (under 50) - these deaths are mostly people dying from mental/behavioural disorders associated with alcohol or drug use. For older people (over 50) these deaths are almost entirely due to dementia.
Alcohol consumption in the UK - 1947-2009

Death due to ALD/Cirrhosis age 35-69 per 100,000 living in UK

Source: British Beer and Pub Association Statistical Handbook 2010
Who’s Buying?

80% of alcohol purchases are made by 30% of the population

Consumption rose as prices fell.
Alcohol Strategy Outcomes

~ attitude: drunkenness unacceptable
Í # alcohol-fuelled crime
Í # adults drinking > guidelines
Í # binge drinking
Í # alcohol related deaths
Í # 11-15 yr olds drinking & amount
Alcohol strategy

- Individual responsibility
- Local level policies & strategy
- Taxation
  - 2% >rpi escalator
  - Min juice cider
  - È rate for beer ABV>7.5%
  - Support EU changes for wine
- Relationship with price
  - MUP (consult on 40p, Scotland 50p)
  - Ban multi-buy in off sales (consult)
- Advertising: definite link, proportionate measures
  - Self regulation
  - Tighten rules esp <18
- Emerging issues:
  - Fraud, illegal alcohol
  - Liver strategy
Price policy effects on consumption in England

- 1% general price increase → 0.4% reduction
- 10% general price increase → 4.2% reduction
- 25% general price increase → 10.9% reduction

Graph showing the relationship between minimum unit price (in pence) and reduction in consumption.
Highest consuming 10% of the population are drinking more than 40% of all alcohol consumed in the UK

Meier et al, Addiction 105, 383-393, 2009
Alcohol strategy: RDAN

Responsible promotion
Limit access/availability (aisles placement)
È & promote lower %ABV drinks
È Awareness drinking in pregnancy
Í  <18 sales & service
Í  1bn units by 2015 (~2%)
Obesity or alcohol at hazardous levels
7-12 million

Alcohol at harmful levels
1-2 million

Chronic or significant liver disease
700,000

Non-viral ‘Non-Life style’
Liver disease mortality (K70, K73-74) 2007

ALCOHOL:
rates of hospital admission
2009 ~1 million (~7% total, ^11%pa)

Map: Dr. Foster
Data: DH

HCC

HCV

Liver disease mortality (K70, K73-74) 2007

Estimated number of chronically infected individuals in English Strategic Health Authorities, 2007 (~ 146,752)

Figure 1: Map of age-standardised incidence rates of liver cancer (per 100,000 European standard population, ASR(E)) by cancer network, males and females, England, 1998-2006

Map: Dr. Foster
Data: DH

Alcohol <18 yrs

OBESITY (QOF)
Community Liver Disease

‘Typical’ GP pop 10,000 (<75yrs=9,210)
Expect ~88 deaths pa

Age <75 dying per annum = ~29
Lung Cancer: 2.8
Acute myocardial infarction: 1.6
Breast cancer: 1.8
Liver disease 2.2

Established cirrhosis: 5.3
Undetected cirrhosis: 1.6
Hepatocellular cancer: 0.6

Dependent drinkers (harmful level): 640+
Risk cirrhosis from NASH: 250+
Number with hepatitis C: 40-400+
Number with hepatitis B: 30-300+

Total ‘at risk’ 16-75 years: >10%
Abnormal liver tests if checked: 20-30%
System to Manage Burden

DH
PHE-NHSCB
LA-HWB
JSNA
CCG

Network to Plan, Audit, Review, Train

Pathways & Processes
NHS aspects of alcohol strategy

- PH to commission Identification & BIs
- Alcohol liaison nurses in A&E
- “Make every contact count” (www.liver.nhs.uk)
- Health checks – identification (40-75 yrs)
- Treatment
  - Addiction services
  - Prisons (NHSCB)
  - Mental health (strategy)
There are 4 steps for liver disease

<table>
<thead>
<tr>
<th>Step</th>
<th>Tests</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Assess risk: e.g. Xs alcohol, weight, PWID, SE Asian etc</td>
<td>Assess by specific screen: LFTs, HepC etc</td>
</tr>
<tr>
<td>i</td>
<td>^Liver Ez <strong>but</strong> normal alb, bilirubin, platelets, USS, screen</td>
<td>Lifestyle intervention &amp; regular monitoring</td>
</tr>
<tr>
<td>ii</td>
<td>Specific screen abnormal e.g. hep B or C, AA &amp; ^Igs, Ferritin,</td>
<td>Confirm result, use local pathways</td>
</tr>
<tr>
<td>iii</td>
<td>^Liver Ez <strong>with</strong> low albumen ± ^bilirubin ± low platelets <strong>and/or</strong> signs &amp; symptoms e.g. ascites, jaundice</td>
<td>Refer to secondary care</td>
</tr>
</tbody>
</table>
Making every contact count

- A key aspect to promoting liver care is to facilitate behaviour change in those at risk
- Especially, diet & exercise and alcohol
- Brief Interventions aim to identify a problem & motivate the person to change
- Any trained healthcare professional can do this
Liver Disease: Community Care

- Awareness & Education
  - Identify people at risk
    - Drinking excess
    - Hepatitis C
    - Chronic hepatitis B
    - Obesity & DM
  - Use/Agree pathways
    - Liver enzymes
    - Liver screen
    - Ultrasound scan
  - Refer selectively
- Community expertise
- Fibrosis markers
- Follow up & review
- Patient self-management
- Monitor & Surveillance
- Audit & Review
Perceptions

Behavioral Addiction

Physical Safety & Collateral Consequences

Prevention (Primary, Secondary, Tertiary)

Avoidance (personal responsibility)

Intervention(s)

Information & Awareness

Teen binge drinker faces liver transplant

Safety (Driving)

Prevent Harm

Interventions

Information & Awareness
Number of Thiamine 100mg prescriptions per 1,000 population by PCT, 2010-11 (standardised for population)
Thiamine vs. Combined Acamprosate and Disulfiram

- Liverpool
- Knowsley

\[ y = 0.391x + 733.5 \]
\[ R^2 = 0.251 \]
SDR, chronic liver disease and cirrhosis:

NorthWest England
~20-45/100,000!

Sweden
Alcohol: whose problem?

- Information & Awareness
- Safety & Collateral Consequences
- Avoidance (personal responsibility)
- Intervention(s)
  - Behavioural
  - Addiction
  - Physical
- Prevention
  - Primary
  - Secondary
  - Tertiary
Scatterplot showing years of life lost from chronic liver disease (vertical axis) and hospital admission rates for hepatobiliary problems (horizontal axis)

Scatterplot can be reproduced by SHA or cluster of similar PCTs

Blackpool – very high years of life lost from liver disease

North Staffs and City of Hackney – low admissions but higher years of life lost from liver disease

Wolverhampton, Blackburn, Manchester, Wirral, Liverpool, Oldham, Sandwell – high years of life lost from liver disease

Peterborough, Luton, Bassetlaw, Cornwall, Cambridgeshire, Lincolnshire

South Tyneside – high admissions but lower years of life lost from liver disease
Local alcohol implementation

- Ring fence PH grant
- HWB & JSNA
- Police & Crime Commissioners
  - Licensing & reviews
  - “Early morning restriction orders”
  - “Late night levy”
  - Density of sales restriction
  - £ fine £20k for <18 sales
  - A&E fines v. rights & responsibilities
Alcohol: whose problem?

Integrate
Co-ordinate
Negotiate
(Advanced Care Orders)

Information & Awareness
Avoidance (personal responsibility)
Safety & Collateral Consequences
Intervention(s)
  Behavioural
  Addiction
  Physical
Prevention
  Primary
  Secondary
  Tertiary
To enhance service provision: 3 questions

**What is being provided**
- Why is it being provided
- What are the objectives/outcomes

**For whom is it provided**
- Recipients of provision
- Paymasters of provision
- what do they want/expect
- what do they value/fear
- what is a good outcome

**By whom is it provided**
- what they can/cannot do
- how well do they do it
- how to help them do it