

# Service evaluation of a primary care pathway utilising non-invasive biochemical tests to risk-stratify significant fibrosis in patients with Non-Alcoholic Fatty Liver Disease (NAFLD)

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## Background

NAFLD consists of an ever-growing patient population, exhibiting heterogeneity in presentation and individual associated risk of progression to clinically significant fibrosis / cirrhosis.

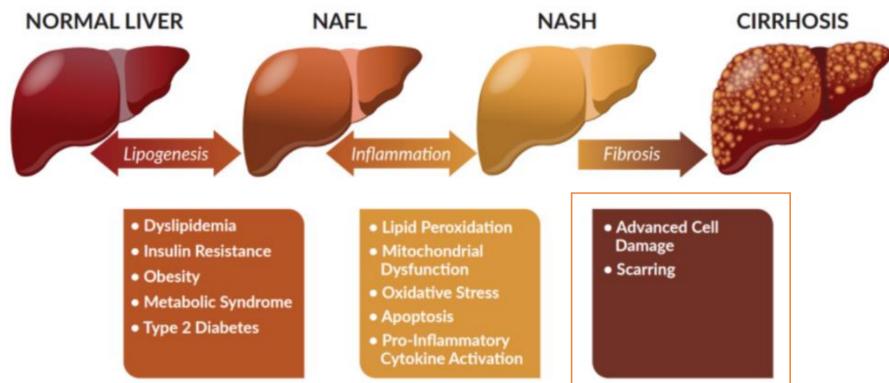
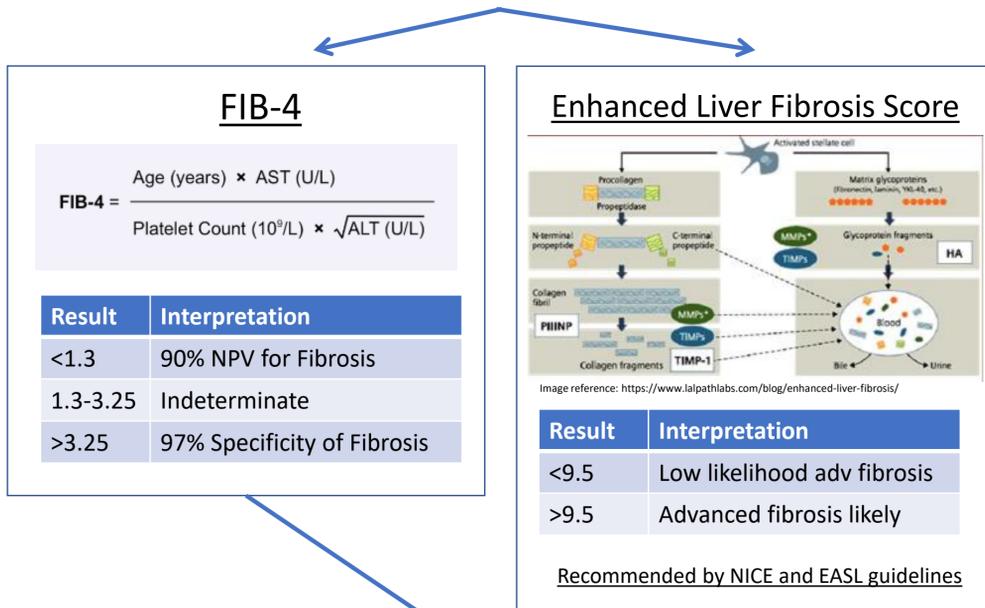


Image reference: <https://blog.teleme.co/2018/07/09/non-alcoholic-fatty-liver-disease-naflid>

Approximately 5% of NAFLD patients develop clinically significant liver disease ->

**Q: How to detect early and ensure appropriate counselling/ follow-up in specialist services?**

**A:** Biochemical tests have been **evaluated** and **approved** in both national (UK-NICE) and European (EASL) forums for risk assessing NAFLD patients for referral to secondary care. Pathways utilise results from one or combination of :



Bristol North Somerset, South Gloucestershire (BNSSG) CCG introduced a primary care pathway in 2019 in conjunction with local hepatology services based on these best practice guidelines

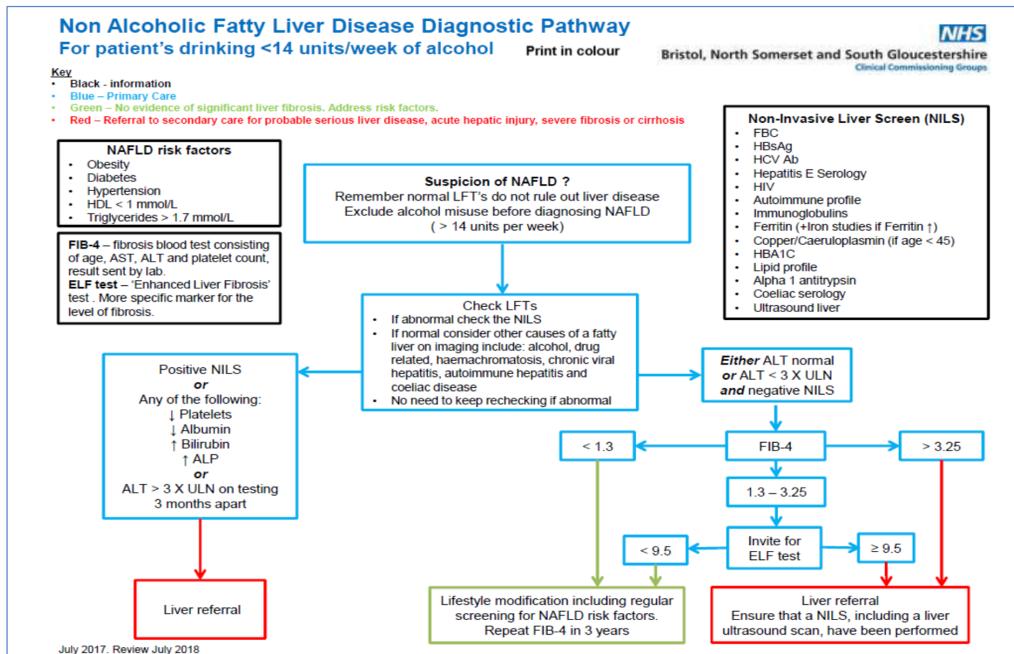


Image reference: <https://remedy.bnssgccc.nhs.uk/>

## Aims of project

To assess:

- 1) the uptake, and
- 2) appropriate use of non-invasive biochemical testing by primary care clinicians to identify patients with possible NAFLD related fibrosis requiring referral to secondary care hepatology services

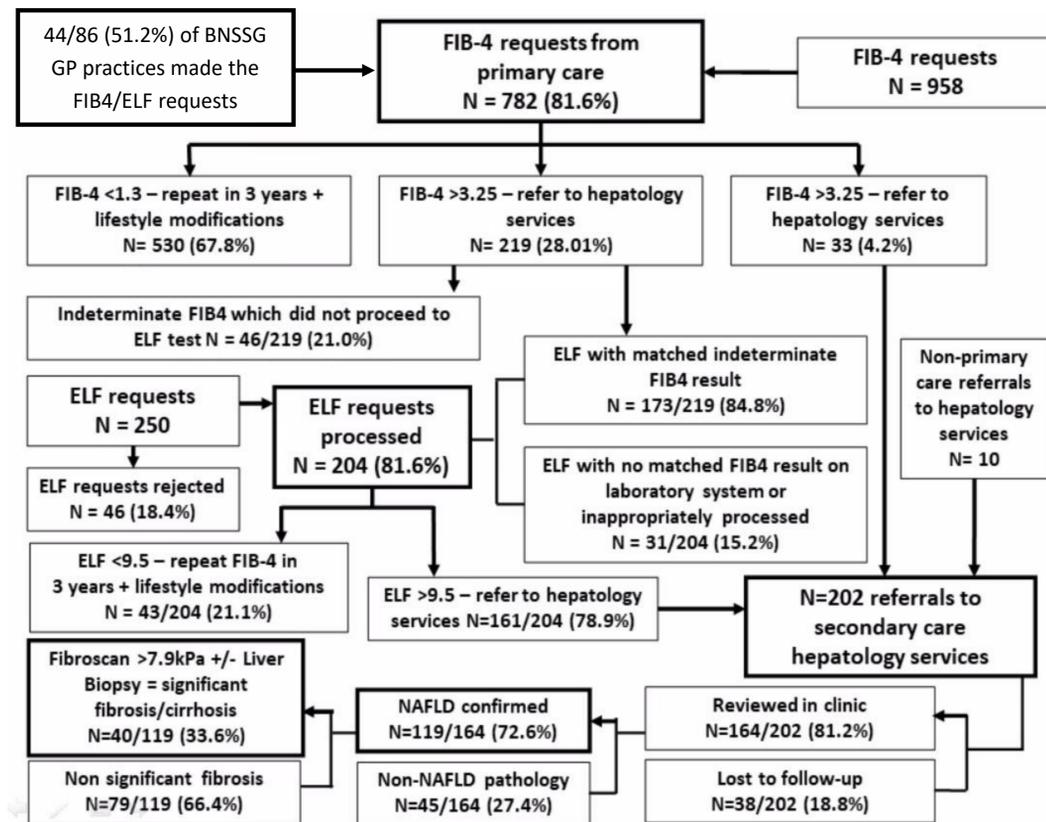
## Methods

Retrospective data extract from Southmead hospital LIMS for period July 2018 to June 2019 (inclusive)

Biochemical and radiology NILS data collected on those that meet criteria for referral to 2° care hepatology services

Review 2° care clinic letters and GP electronic records for clinical information and outcomes from referral/assessment

## Results



## Discussion/Learning Points

**1 in 4** of those considered for significant NAFLD related fibrosis should be referred based on non-invasive biochemical testing

**1 in 3** of those referred to 2o care hepatology with NAFLD have clinically significant fibrosis/cirrhosis

**1 in 4** of those referred to 2o care hepatology services did not have NAFLD

Diagnostic pathways need to consider the pressures on primary care to facilitate multi-step pathways when reviewing inappropriate referral rates.

Next step actions:

- Feedback to primary care on possible gaps in uptake across the CCG
- Identify opportunities to simplify biochemical testing including NILS and follow-on reflex testing of FIB4/ELF
- Re-audit in 24months to identify change in practice