

Transforming the care of patients with non alcoholic fatty liver disease

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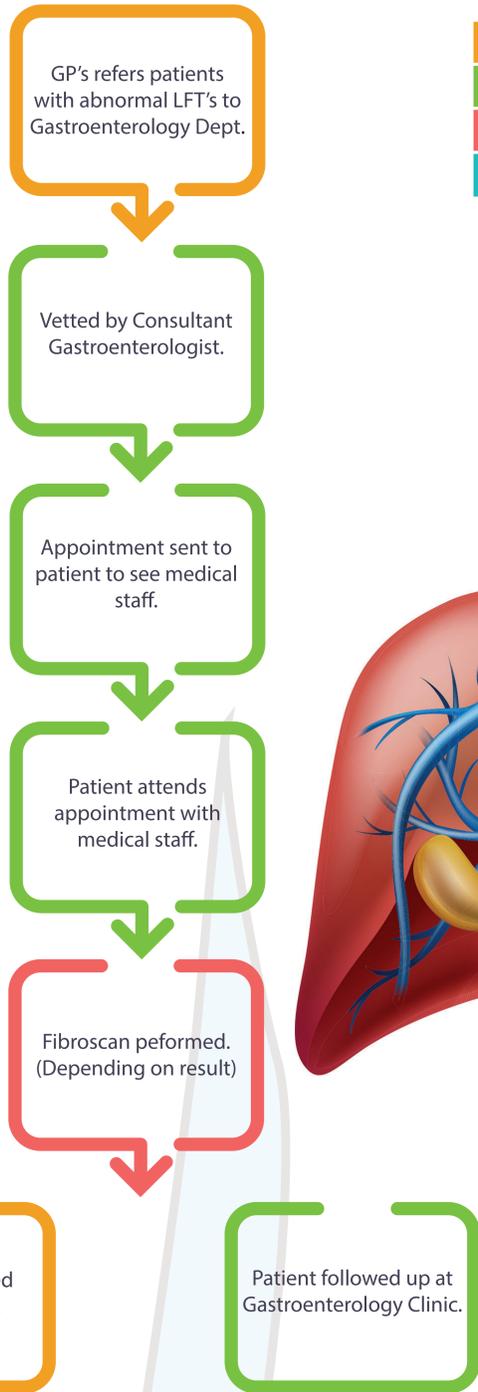


Background:

Non-alcoholic fatty liver disease (NAFLD) is the commonest cause of liver disease worldwide, and is rapidly becoming the leading indication for liver transplantation. NAFLD strongly correlates with obesity and insulin resistance; currently, the best management strategy is weight loss and treatment of metabolic syndrome.

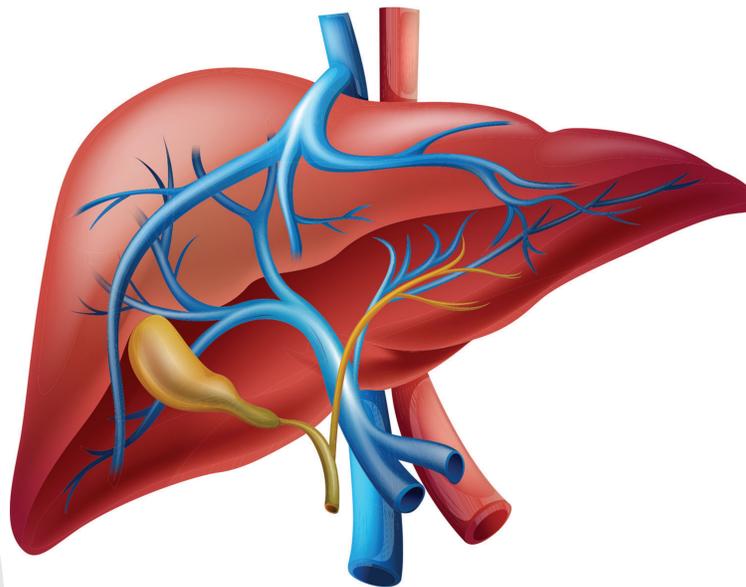
In NHS Grampian there was no dedicated clinic or pathway to address the needs of patients with NAFLD. All patients with abnormal LFTs are referred to hospital and see medical staff at their first appointment, which may not be appropriate. Due to the volume of patients this has led to a long waiting list to be seen. GPs were unsure when to refer patients and which bloods/investigations should be performed beforehand. There is no dedicated input from Specialist nurses, Dietetics, Health Psychology or Diabetes Specialists.

Current - Pathway

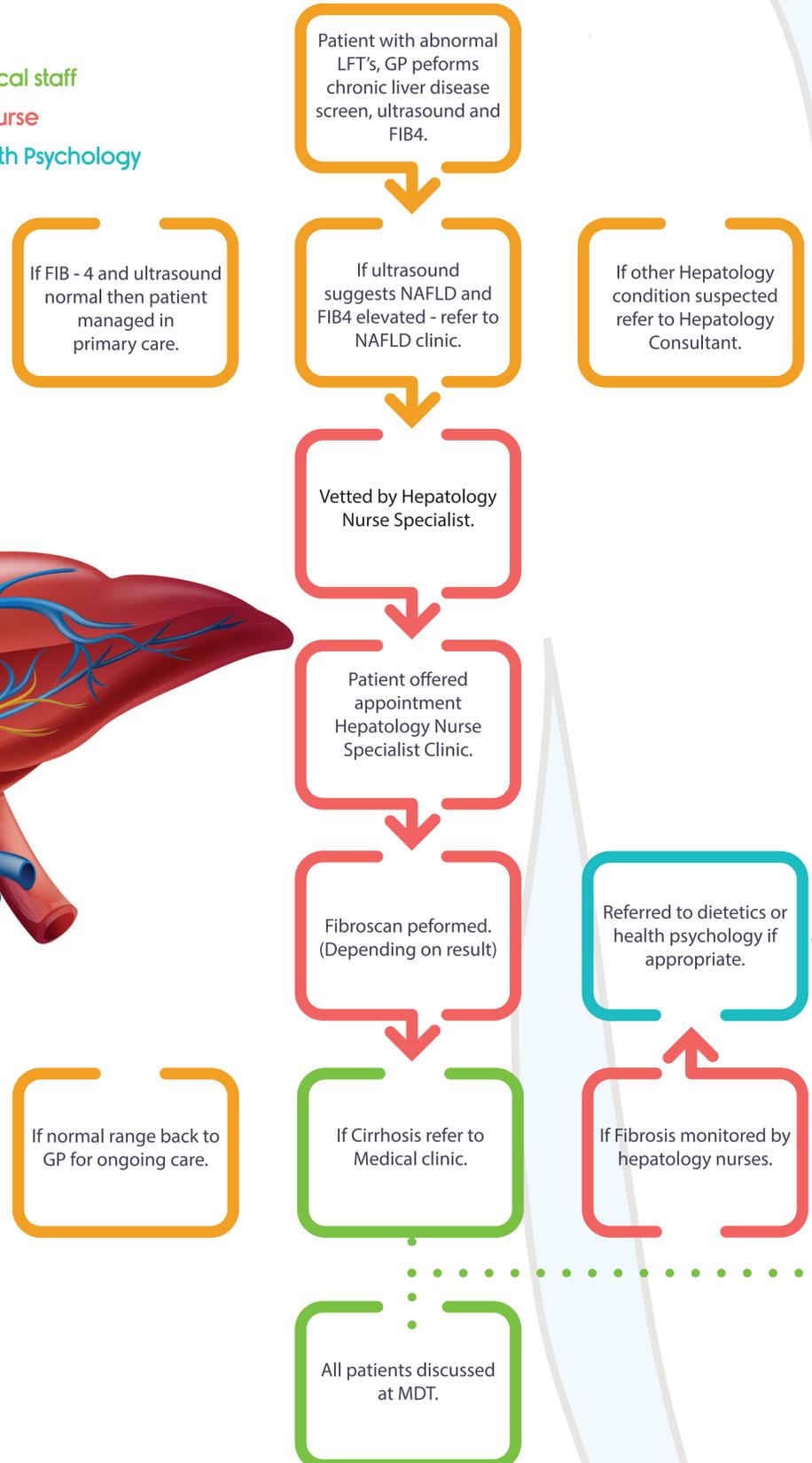


Key

- Gp
- Hospital medical staff
- Hepatology Nurse
- Dietetics/Health Psychology



New - Pathway



Methods:

The Lead Clinician and Lead Hepatology Nurse Specialist met with an interested GP to look at the current pathway for patients with NAFLD and see where improvements could be implemented.

The Lead Nurse had discussions with the dietetic and health psychology departments for input to the project, which was agreed.

The Lead Clinician met with colleagues in Diabetes medicine to collaborate due to the cross over with metabolic syndrome. Dedicated clinics are being designed to change the referral pathway for a more patient centred approach to management.

Conclusion

All members of the multidisciplinary team agreed that a patient centred pathway was appropriate. The GPs will undertake initial assessments and the nurse specialists will triage the referrals and see the patient at their first appointment if required. The nurse specialists decide (depending on investigation results) which other team members require to be involved and arrange this.

The above diagram describes the changes in roles.

There was a delay in publishing the pathway to General Practitioners; this should be resolved in the near future. Presently the Lead Nurse is calculating Fib 4 scores from all referrals and this has resulted in fewer patients requiring Hospital Medical Appointments, freeing up medical staff to deal with more appropriate complex referrals and reducing waiting times. The patients have the input they require from other specialists e.g. specialist nurses, dietetics and health psychology to provide them with support to help change behaviour and attempt to reduce the progression of liver disease. An audit process is under way to evaluate the change.

References:

S.A. Townsend Philip N. Newsome, Non-alcoholic fatty liver disease in 2016 British Medical Bulletin, September 2016, Volume 119, Issue 1, 1, 143-156.

Brandon J Perumpail, Muhammad Ali Khan, Eric R Yoo, George Cholankeril, Donghee Kim, and Aijaz Ahmed, Clinical epidemiology and disease burden of non-alcoholic fatty liver disease. World J Gastroenterol. 2017 Dec 21; 23(47): 8263-8276.

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