

National NAFLD Audit

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Background

- Currently little practical guidance to support delivery of care and service development in NAFLD
- Variation in primary and secondary care management of NAFLD in the UK [[Neilson LJ, Macdougall L, Lee PS, et al. Frontline Gastroenterology 2020](#)]
- The BSG/BASL NAFLD SIG have developed a series of evidence based quality standard recommendations, with the aim of improving the holistic care of people with NAFLD

Quality standards for the management of non-alcoholic fatty liver disease (NAFLD): consensus recommendations from the British Association for the Study of the Liver and British Society of Gastroenterology NAFLD Special Interest Group

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Published: April 28, 2022 · DOI: [https://doi.org/10.1016/S2468-1253\(22\)00061-9](https://doi.org/10.1016/S2468-1253(22)00061-9) · 

- 1. Management of people with, or at risk of, NAFLD before the gastroenterology or liver clinic
- 2. Assessment and investigations in secondary care
- 3. Management in secondary care

Aim of audit

- Identify practice of outpatient NAFLD management according to quality standards in patients referred to outpatient Gastroenterology and Hepatology services across the UK
- Identify changes in practice over the last 3 years across the UK

Methodology (to be finalised)

All **NEW patients** in Gastroenterology and Hepatology clinics in **March 2019** and **March 2022** with the following indications:

- Management of suspected or known clinical diagnosis of NAFLD
- Radiological evidence of liver steatosis
- Unexplained abnormal liver function tests
- Non-invasive liver scores indicating indeterminant or high risk of liver fibrosis
- **ICD10 codes:** K76.0, K75.8, K74.6, K74.0, R945

Exclusion criteria

< 18 years old

AUDIT-C score of ≥ 5

Other non-NAFLD liver diagnoses

Previous history of liver decompensation (jaundice, ascites, encephalopathy, HRS, GI bleed)

Previous liver transplantation

Current or previous history of hepatocellular carcinoma

Active non-liver malignancy

Pregnant at time of clinic visit

- Google forms survey (one form for each patient)
- [https://docs.google.com/forms/d/e/1FAIpQLSfxvUY13LYqihGI5mr7anaXEZg8Syf5za-k4k7ZOIkGizNLpw/viewform?usp=sf link](https://docs.google.com/forms/d/e/1FAIpQLSfxvUY13LYqihGI5mr7anaXEZg8Syf5za-k4k7ZOIkGizNLpw/viewform?usp=sf_link)

Survey details

23 questions

Type of clinic (F2F, virtual), year, source of referral, referral indications

Patient demographic

Patient fibrosis stage, primary care fibrosis tool used

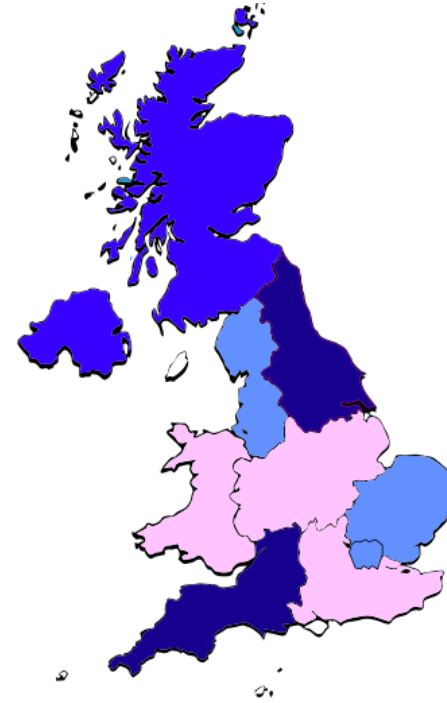
Assessments and recommendations during clinical consultation with patient

Discharge advice

Service-related questions (local pathways and MDT)

Delivery of audit

Network of trainees from different regions around the UK to promote and drive delivery of this audit



Feasibility

- East London (**three** Hospitals: two DGHs, one level 2 centre)
 - March 2019: Total new suspected or confirmed NAFLD: **45**
 - March 2022: Total new suspected or confirmed NAFLD: **27**
- ~4 minutes per case to complete

Benefits

- Hospitals will receive summary report
 - Key performance indicators to allow services to benchmark their practice against quality standards
 - Comparison with national results
- Engage trainees from all grades to develop interest in liver disease and research
- Standardise and improve holistic care for NAFLD patients

Acknowledgements

- Stuart McPherson, David Sheridan, Will Alazawi
- ToRcH-UK network colleagues (Gio McGinty, Sara Mahgoub, Theresa Hydes, Paul Brennan, Tim Hardy, Cyril Sieberhagen, Tessa Cacciottolo, Tom Marjot, Kush Abeysekera, Oliver Tavabie)