

SHIP8 Clinical Commissioning Groups Priority Committee

No. 38

Policy Recommendation: Non-Alcoholic Fatty Liver Disease

Date of issue: July 2018

The SHIP Clinical Commissioning Groups (CCGs) reviewed the evidence on the investigation and management of non-alcoholic fatty liver disease (NAFLD) according to the ethical framework. It was noted that this is a growing area of concern for the population which is getting fatter and that late stage liver disease presents a great burden on the health system, both in terms of resources and finances. The following points were agreed:

- The condition has health consequences in longer term
- By the time there is established Advanced Liver Fibrosis (ALF) there are few interventions available
- Advice and lifestyle interventions can halt progression
- The cohort affected is so large (20% of the population) that this cannot be managed in an acute care setting
- Education is paramount for patients in the early stages as well as for health professionals
- There is no consensus as to investigations or pathways which leads to confusion and fragmentation
- A single pathway that can be adopted across Wessex should be aimed for
- Fibroscans are better value and have fewer adverse events compared with biopsy.
- Fibroscans should not need to be repeated more frequently than 3 years

The Committee recognised that this is a complex and evolving area and recommend that:

- lifestyle advice and interventions can halt progression and therefore should be offered on diagnosis of any degree of NAFLD;
- Fibroscans should be available as an alternative to biopsy but should not need to be repeated more frequently than 3 yearly.

The Committee further recommend that the H10W STP Prevention Strategy includes, not delaying systems already in place or planned, review and design a single pathway that can be adopted across the Wessex STP area.