

Liver disease in Barking and Dagenham

Dr Paul Kooner, Consultant Hepatologist, BHRUT/Barts Health
Matthew Cole, Director of Public Health, LBBD
Sue Lloyd, Consultant in Public Health, LBBD

Health and Wellbeing Board, 5 July 2017

Why are residents livers' important?



Converts food into energy →



Fights infections

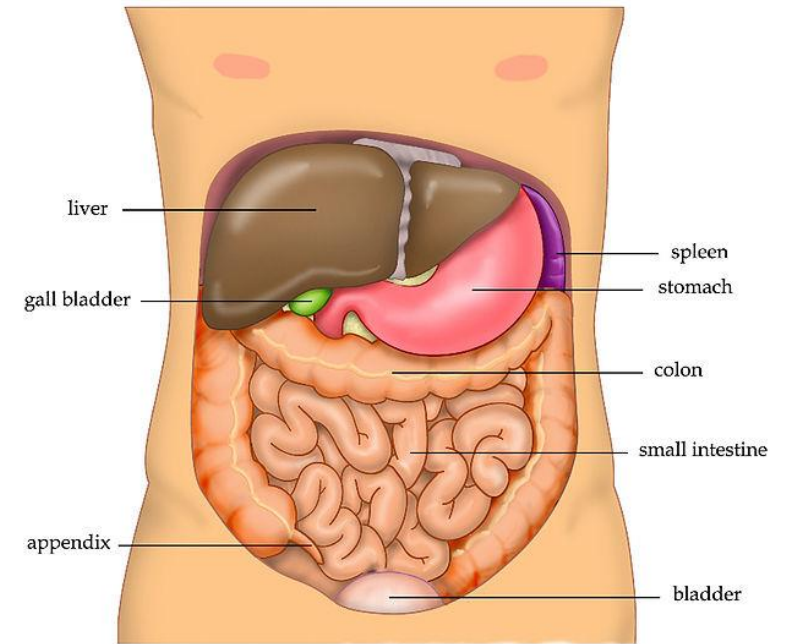


Breaks down toxins and drugs (including alcohol)



Makes, regulates and/or stores essential components:

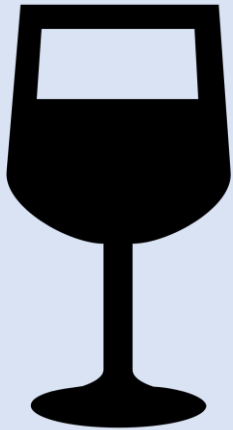
- Stores iron and vitamins
- Produces and regulates hormones
- Makes enzymes and proteins that allow your body to repair itself
- Regulates fats/glucose in blood stream



Source: Ties van Brussel

Most liver disease is preventable

Three key modifiable risk factors:

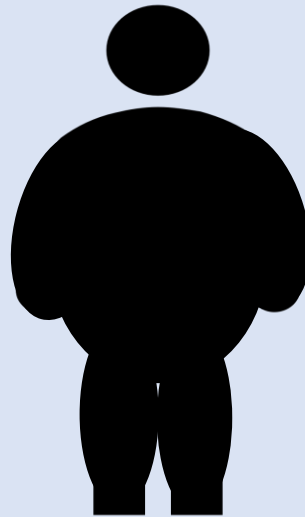


Alcohol misuse

- can cause inflammation (hepatitis) or scarring (cirrhosis)
- risk factor for liver cancer

Overweight and obesity

- can cause non-alcoholic fatty liver disease (where fat builds up in the liver)



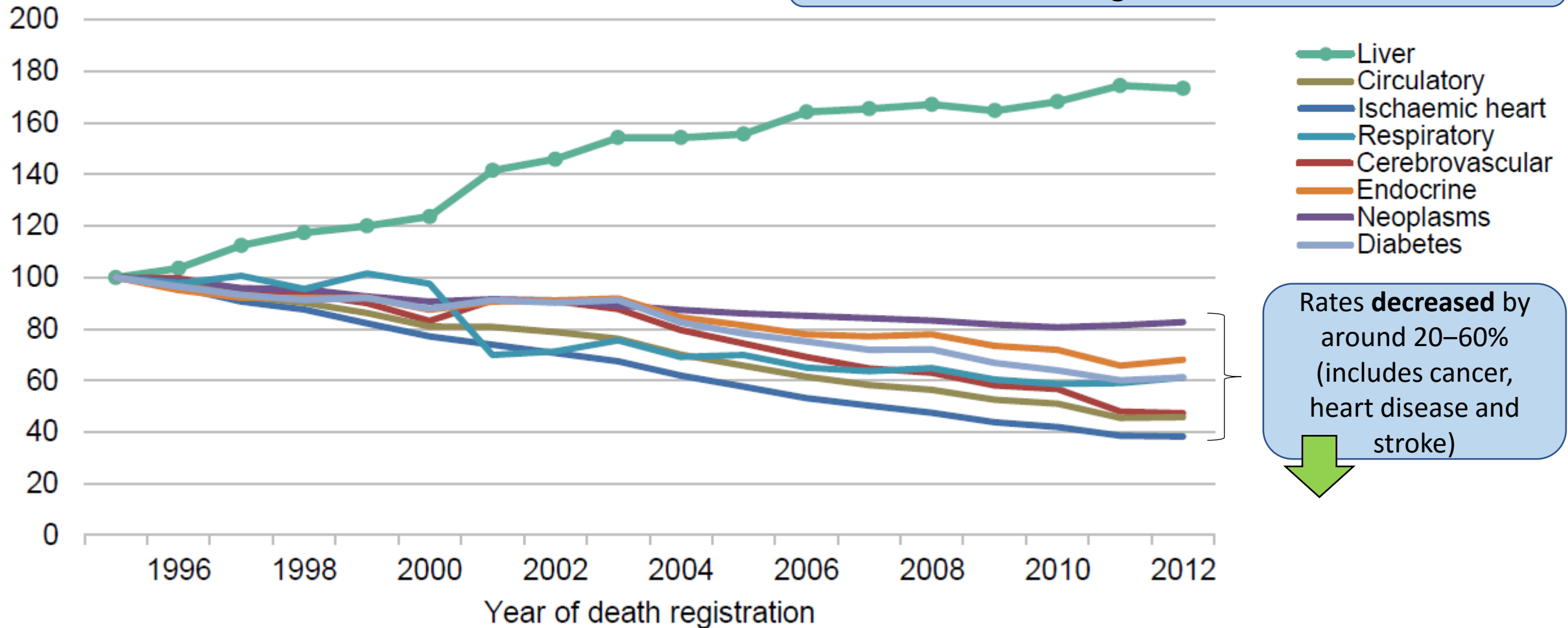
Hepatitis B and C

- blood-borne viruses
- can cause liver inflammation/cirrhosis
- can increase risk of liver cancer

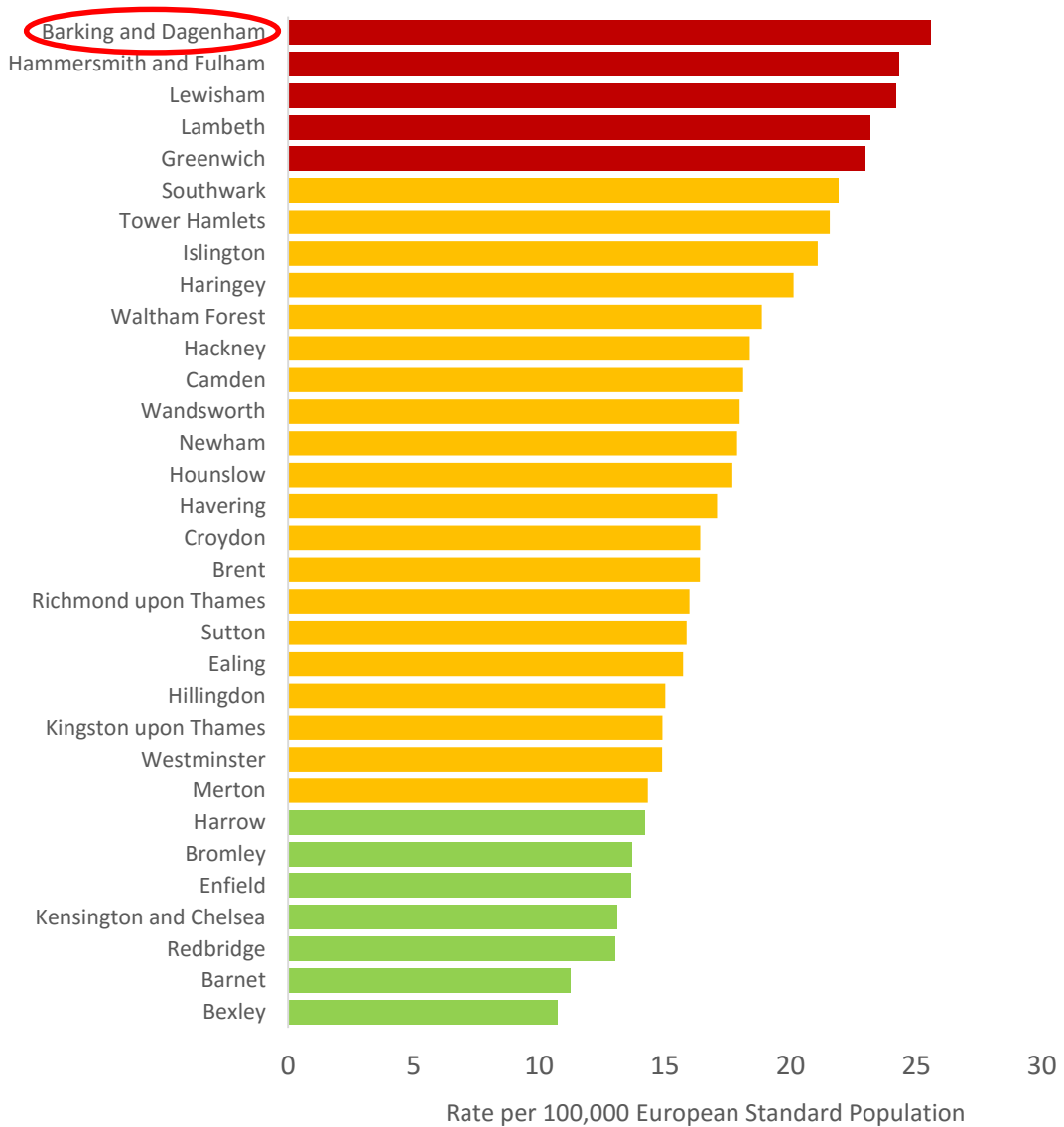
Nationally, mortality from liver disease is increasing

% change from 1995 age-standardised rates

Mortality rates for liver disease **increased by more than 70%** in England from 1995 to 2012



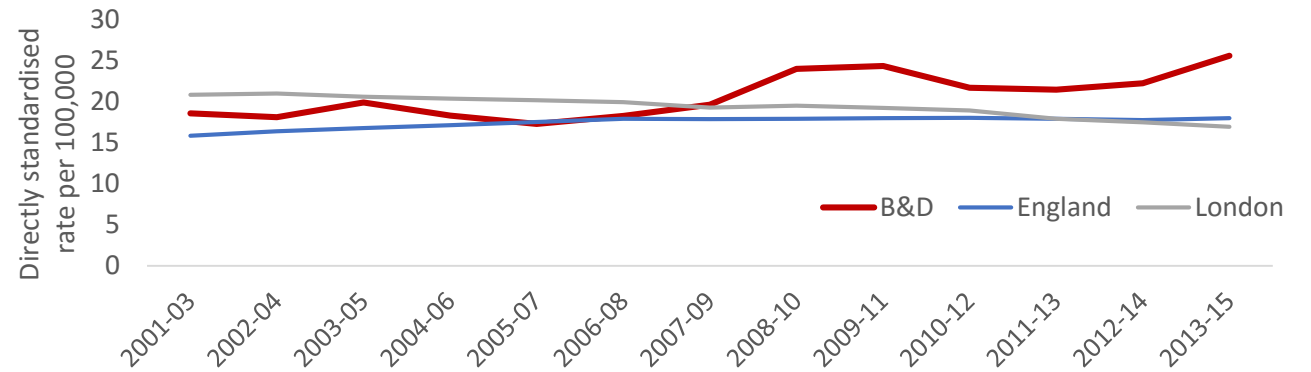
Premature mortality (<75) from liver disease in B&D is high



Highest age-standardised rate in London



Upward trend



89 deaths (2013–15) ≈ 30 deaths/year in under 75s



Twice as many male deaths as female deaths



20 deaths/year

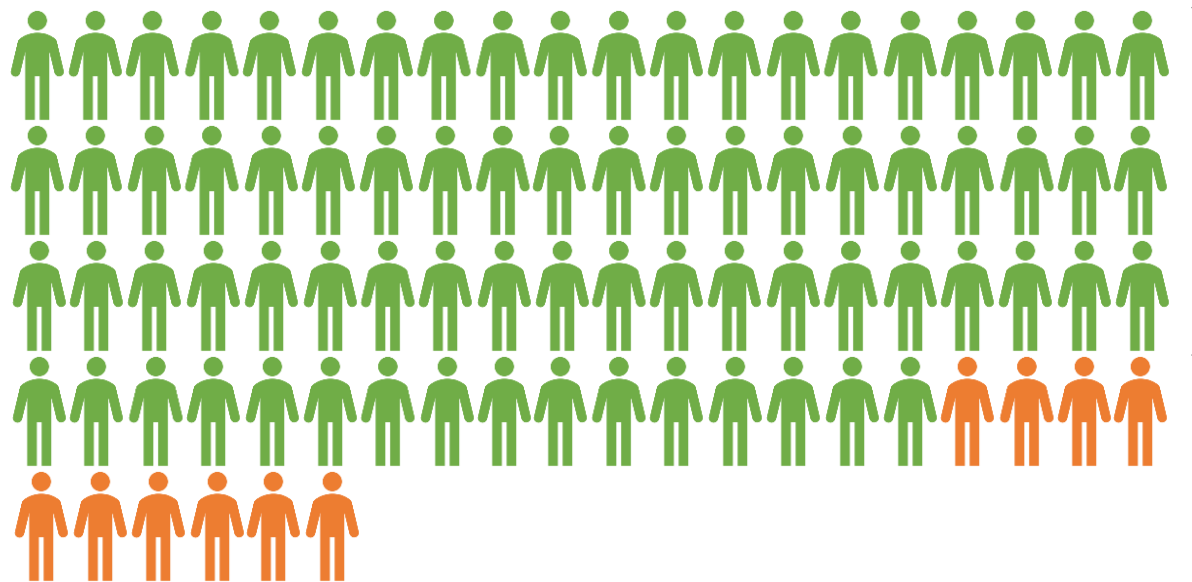


10 deaths/year

Men & women combined, directly standardised rate per 100,000. Red/yellow/green = worse/similar/better compared with England. Source: PHE, 2013-15

85% of these deaths were potentially preventable

Of the 89 deaths from liver disease in under 75s in 2013–15...



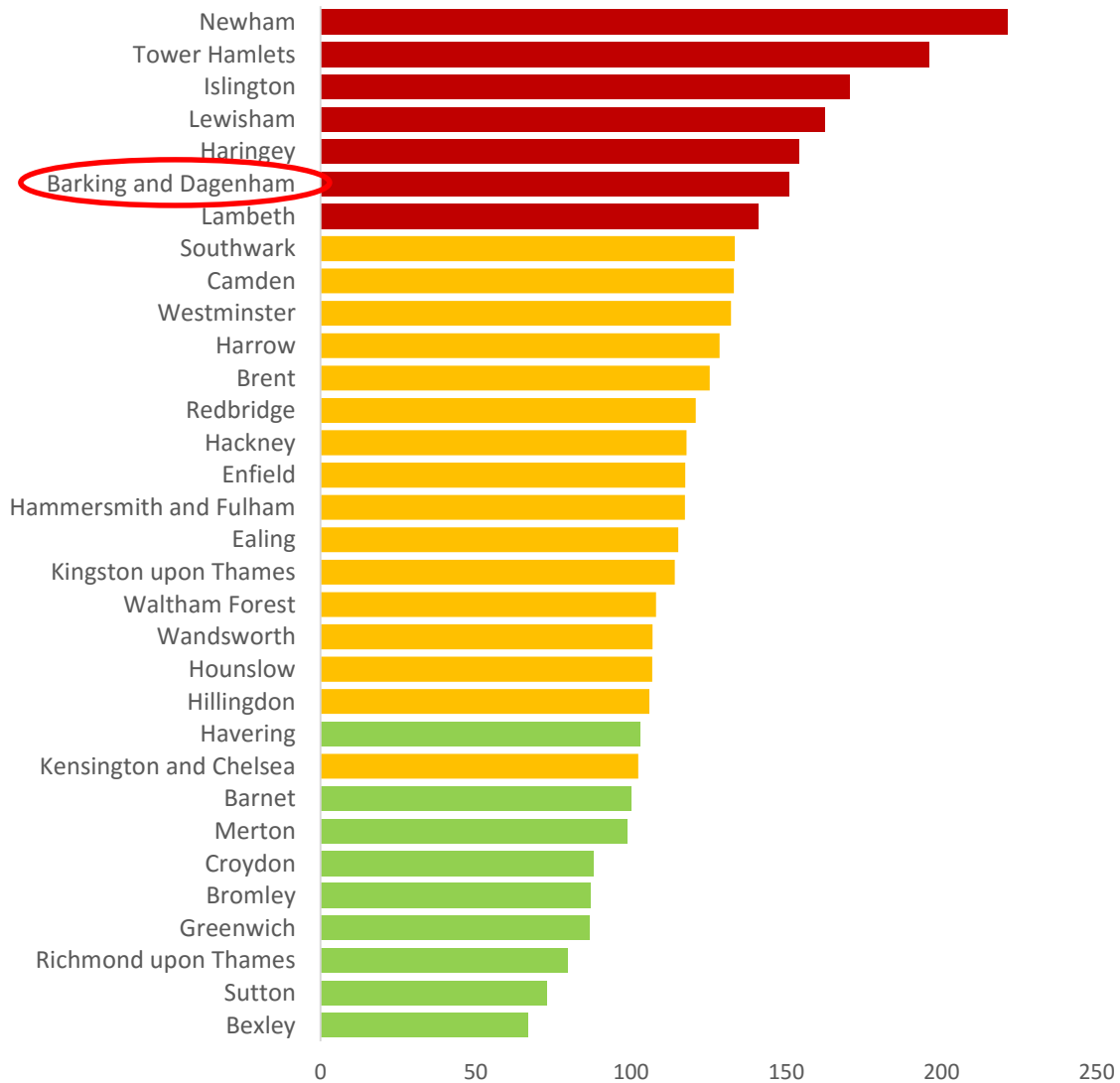
76 (85%) were classed as 'preventable'

i.e. around 25 of 30 deaths from liver disease in under 75s each year are considered preventable in B&D



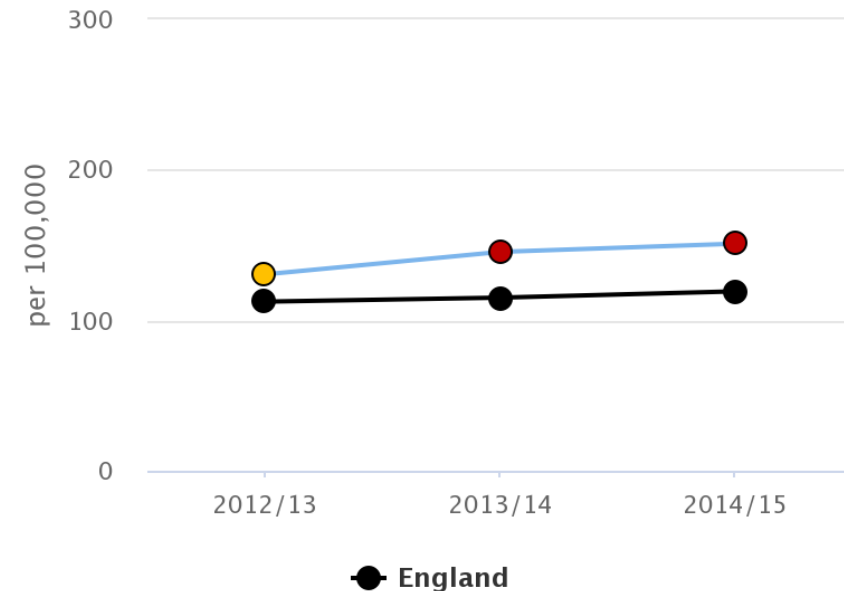
Barking and Dagenham has the highest rate of preventable deaths from liver disease in under 75s in London

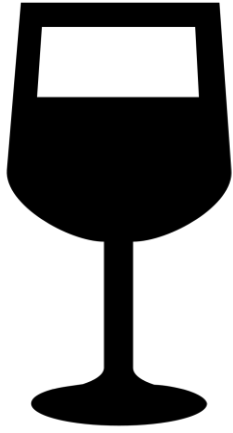
B&D also has a higher rate of liver disease admissions than the English average



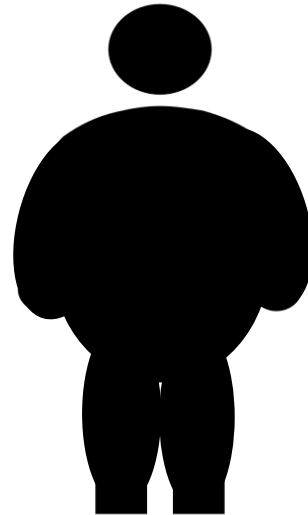
- There were **231 admissions** with a primary diagnosis of liver disease among B&D residents in 2014/15 (40% female, 60% male)
- This has increased over the past three financial years

Hospital admission rate due to liver disease (Persons) – Barking and Dagenham



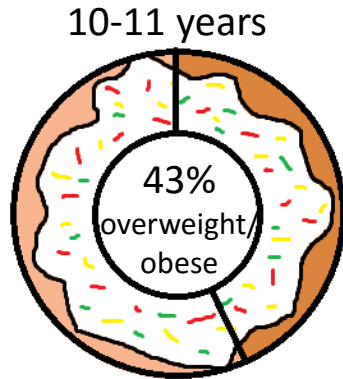


How does this relate to risk factors?



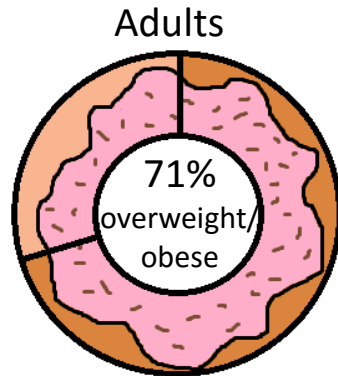
Obesity-related liver disease

High rates of overweight/obesity in B&D



Source: NCMP, 2015/16

Highest in London & England



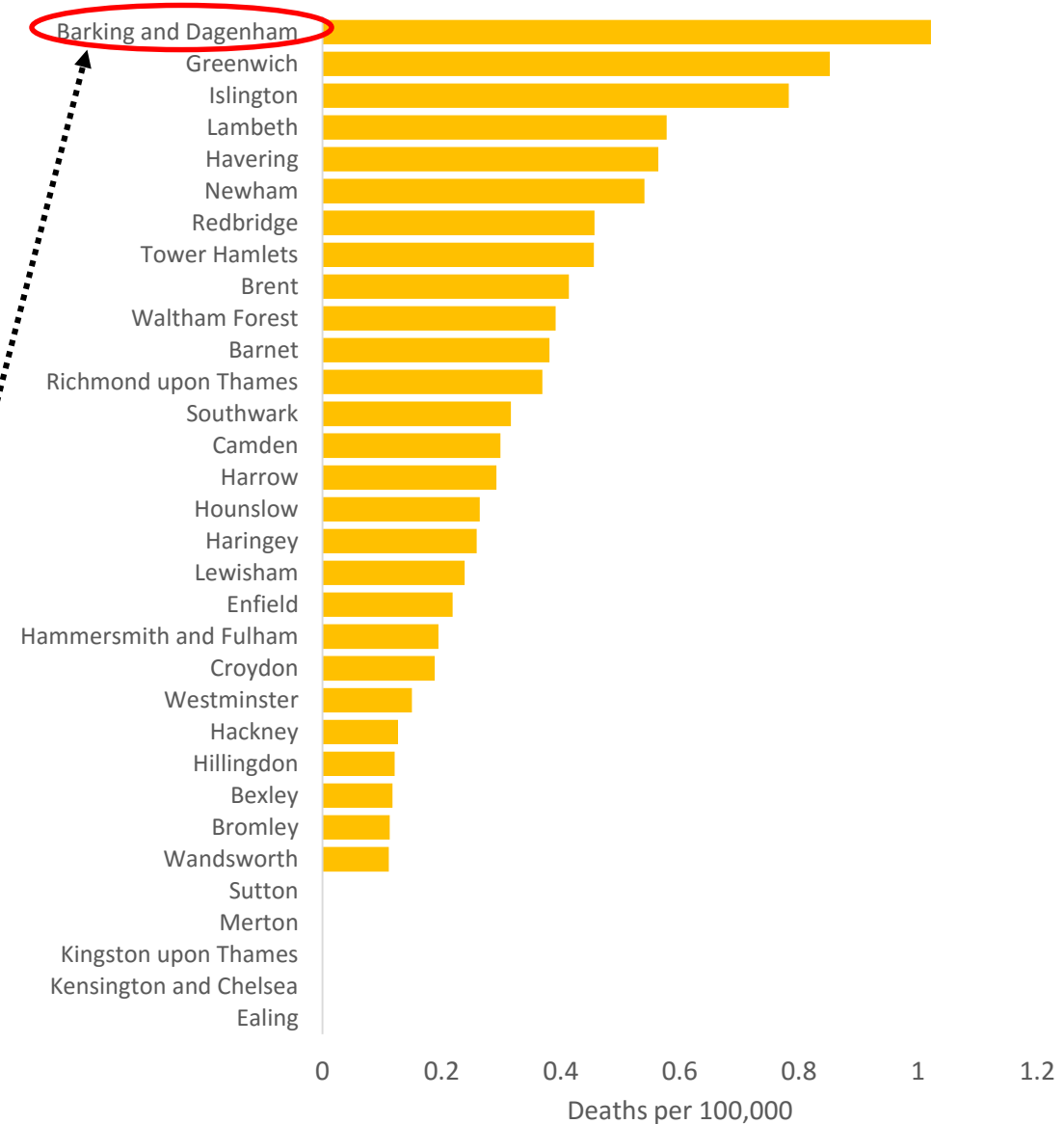
Source: Active People Survey, 2013-15

Highest in London

Non-alcoholic fatty liver disease (NAFLD)

- Under 75 mortality – **6 deaths** in B&D over three years
- Hospital admissions – **21 admissions** (with primary diagnosis) in B&D over three years

Under 75 mortality from non-alcoholic fatty liver disease



Men & women combined, crude rate per 100,000. Yellow = similar to England.

Source: PHE, 2013-15

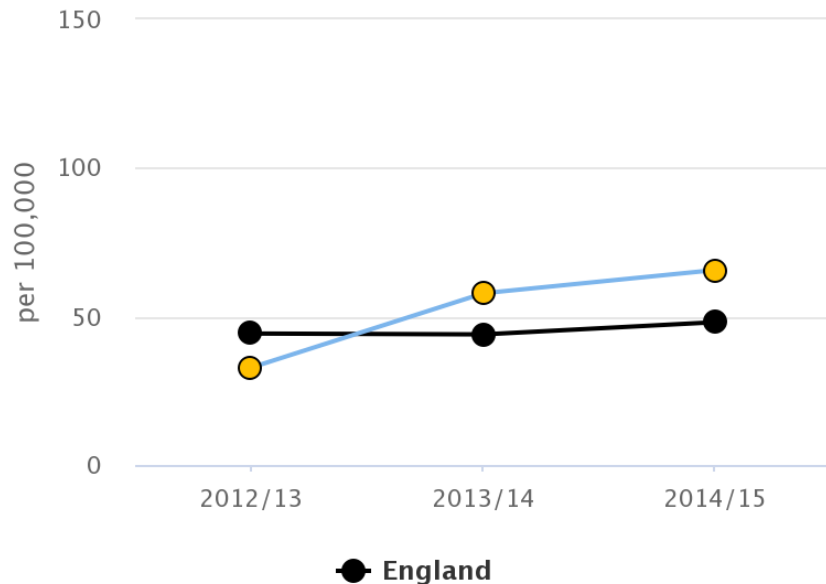
¹ <http://www.nhs.uk/conditions/fatty-liver-disease/Pages/Introduction.aspx>

Alcohol-related liver disease

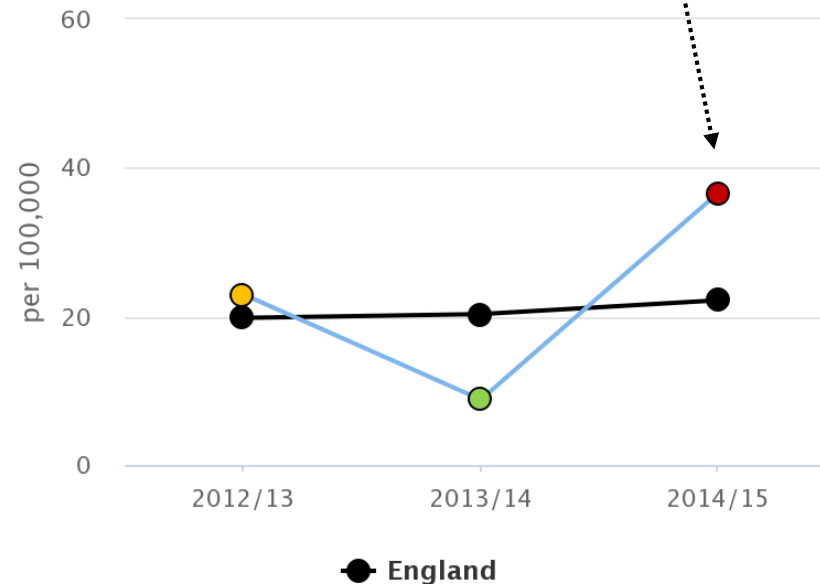
Alcoholic liver disease

- Under 75 mortality – **30 deaths** over three years (77% male, 23% female)
- Hospital admissions – **84 admissions** (with primary diagnosis) over three years (58% male, 42% female – a higher rate than England in 2014/15)

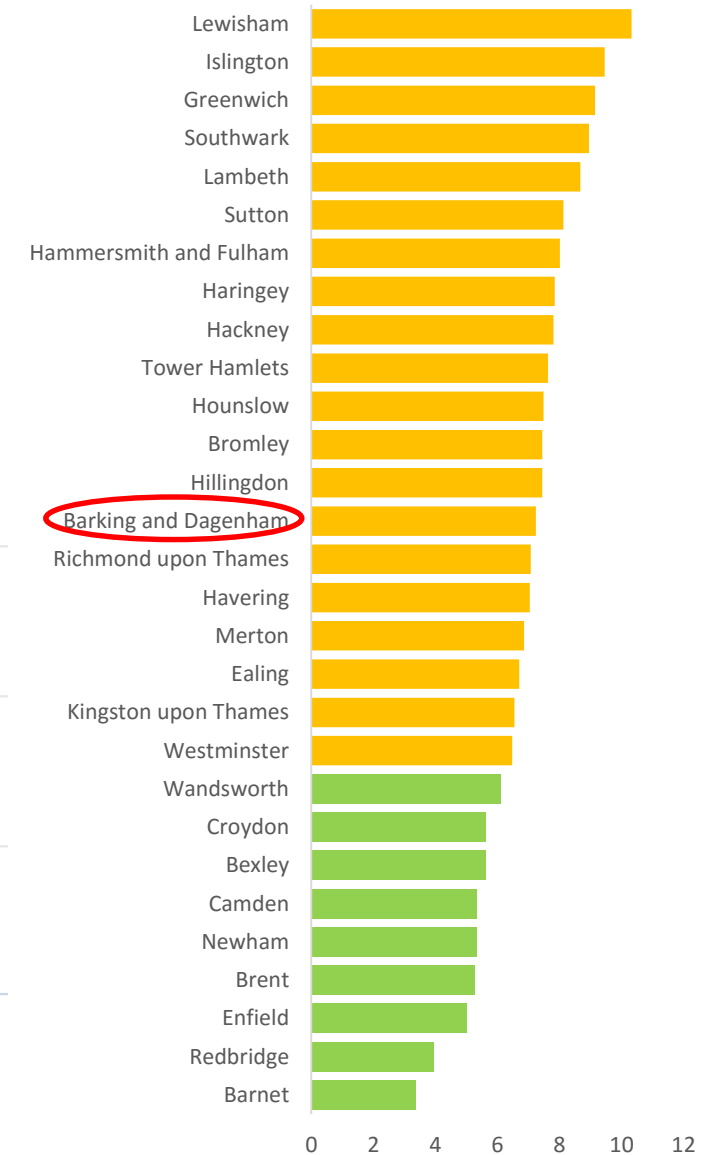
Hospital admission rate for alcoholic liver disease (Male) – Barking and Dagenham



Hospital admission rate for alcoholic liver disease (Female) – Barking and Dagenham



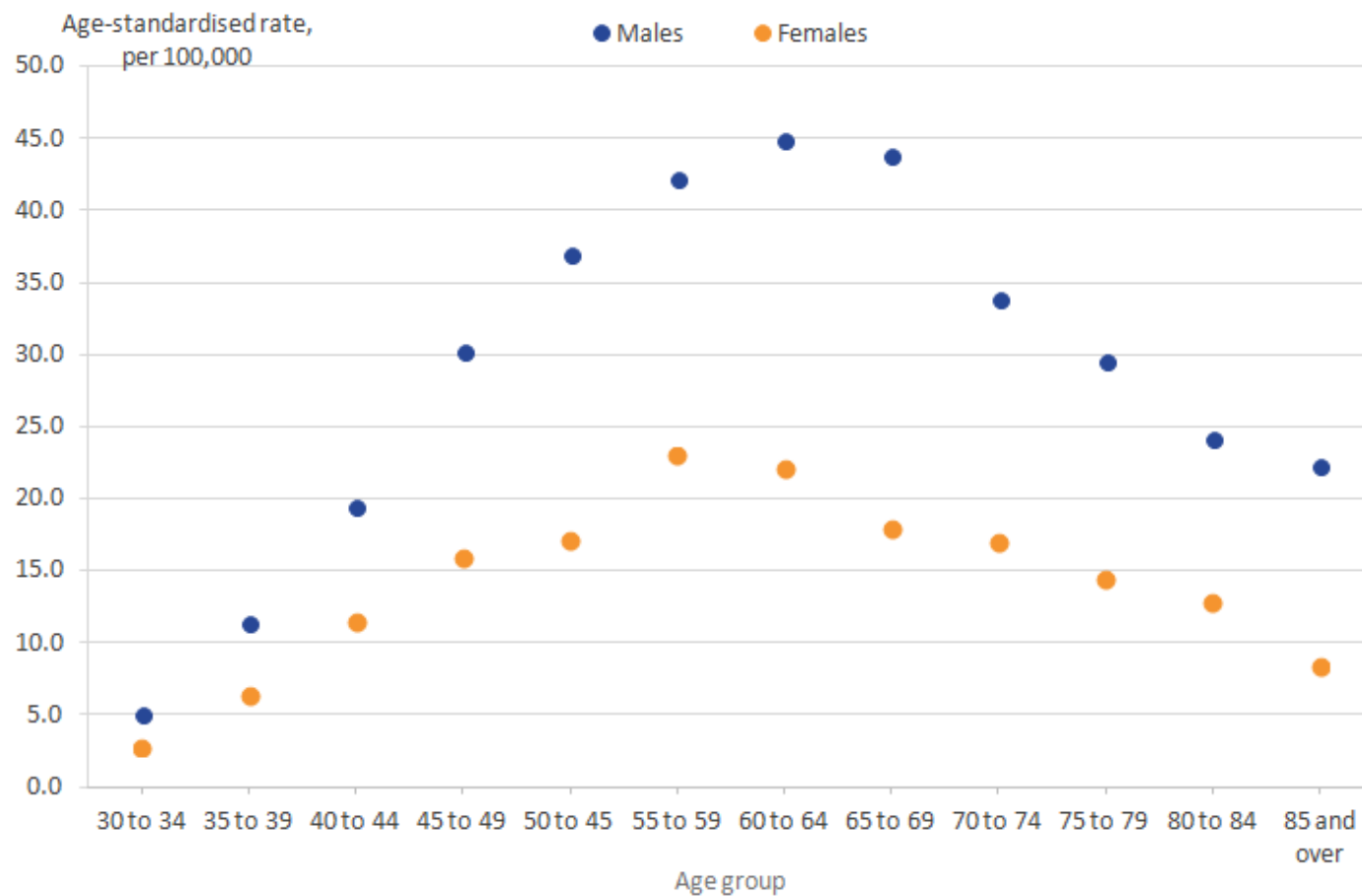
Under 75 mortality from alcoholic liver disease



Other impacts of alcohol

Alcohol-related deaths contribute to low life expectancy

Deaths from alcohol-related causes are highest in those in their late 50s/60s





UK, 2015

Source: ONS

Note: ONS uses different definition of 'alcohol-related' than PHE

Liver disease is among the top 5 causes of deaths for men and women aged 20–64

Age group	Male 	Female 
20–34	5th	5th
35–49	4th	2nd
49–64	3rd	5th



Cirrhosis and other diseases of liver
England and Wales, 2015

Source: ONS



Alcohol-related admissions in B&D

- Better/similar admission rates for alcohol-specific conditions, or alcohol-related admissions, using a narrow definition, than England
- Higher rate using the broad definition – this is likely to relate to CVD admissions and alcoholic liver disease admissions

Overall picture

Admission episodes for...	Male 	Female 	Persons
alcohol-specific conditions	Yellow	Green	Green
alcohol-related conditions (narrow)	Green	Green	Green
alcohol-related conditions (broad)	Red	Red	Red

Conditions influenced by alcohol

Admission episodes for...	Male 	Female 	Persons
alcohol-related unintentional injuries *	Yellow	Yellow	Yellow
mental and behavioural disorders due to use of alcohol condition*	Yellow	Green	Green
intentional self-poisoning by and exposure to alcohol condition*	Grey	Grey	Green
alcohol-related cardiovascular disease conditions**	Red	Red	Red
mental and behavioural disorders due to use of alcohol condition**	Yellow	Green	Green
alcoholic liver disease **	Yellow	Red	Red
Incidence rate of alcohol-related cancer	Yellow	Yellow	Yellow

*narrow definition; **broad definition

Red/yellow/green = worse/similar/better compared with England

Alcohol-related attendances/admissions - BHRUT

A&E attendances: primary alcohol problem		Inpatient admissions: a: alcohol-related primary diagnosis; b: alcohol-related primary or secondary diagnosis	
Queens	KGH	Queens	KGH
1,499	1,005	a) 496 b) 9,638	a) 153 b) 2,977

A&E data, 2015/16

Inpatient coded data drug + alcohol related admissions, 12 months from Oct 2015

This equates to almost 7 attendances per day with a primary alcohol problem

This equates to 35 patients per day admitted to hospital with an alcohol-linked diagnosis across the trust

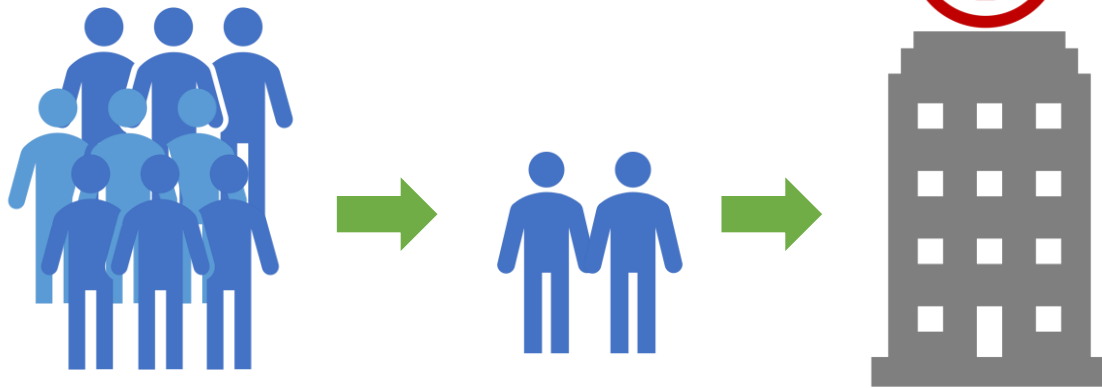
Re-attendances: 258 (10.3%)

- 10 patients attended > 10 times

New models of care

Community assessment

- High risk groups
- Screen for liver disease
- Refer to secondary care



Pop up pilot – ‘Love your Liver’

- Dagenham library, Nov 2016
- Screened + Fibroscanned 37 people
 - 16 people (43%) had abnormal Fibroscans

Alcohol liaison service

- NICE guidance
- CQC recommendation

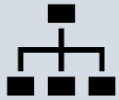


Liver disease approach B&D

Deliver highest quality of care for all patients with liver disease in the region:



Aim to diagnose liver disease **early**



Address issues e.g. joined-up acute alcohol liaison model → **joint approach**

Year 1

Regional strategy NE London

Joined up approach between 3 boroughs

Robust links to STP prevention approach, alcohol

BHR Health system level

Clear pathways into secondary care e.g. Non- Alcoholic Fatty Liver Disease

BHRUT alcohol liaison service – robust + sustainable

Bring together into single network all disparate drug + alcohol services

Years 2-3

Outreach


Target difficult to reach groups

Screen for viral hepatitis and treat in community

Target alcohol + obesity for liver disease



The Barking and Dagenham Prevention Approach




Substance misuse strategy

Alcohol misuse


- can cause inflammation (hepatitis) or scarring (cirrhosis)
- risk factor for liver cancer

Overweight and obesity

- can cause non-alcoholic fatty liver disease
- more fat builds up in the liver



Healthy weight strategy



Health protection

Hepatitis B and C

- blood-borne virus
- can cause liver inflammation/cirrhosis
- can increase risk of liver cancer



The Barking and Dagenham Prevention Approach

Alcohol misuse

- can cause inflammation (hepatitis) or scarring (cirrhosis)
- risk factor for liver cancer

Current Service

- Community De-Tox
- Structured Rehabilitation
- Hospital Liaison
- Borough awareness programmes
- Residential Rehabilitation
- Groups
- Outreach
- GP liaison
- Relapse prevention work

Current projects

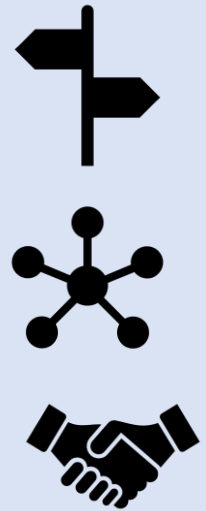
- Liver “pop-up” shops
- Probation Outreach
- Job Centre Outreach
- Street Drinking outreach



The Future Community Alcohol Service

Incorporated into the vision of a fully Integrated Drug and Alcohol Service in May 2018

- Trauma-informed service delivery
- Lessons learned from the Street Drinking Project
- Better community specific Outreach and satellite delivery
- Continuation of JCP and Probation Outreach
- Increased Mental Health Integration and Partnership working



The Barking and Dagenham Prevention Approach



Overweight and obesity

- can cause non-alcoholic fatty liver disease
- Excess fat builds up in the liver

Healthy weight strategy



NHS health checks – 40 – 74 years

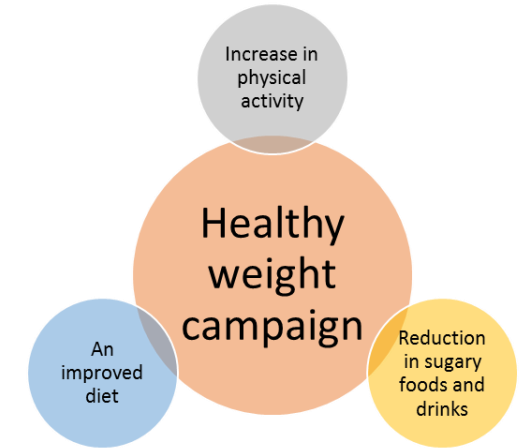
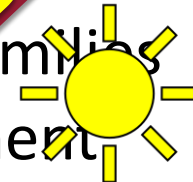
Lifestyle services

- Exercise prescription
- Adult weight management
- Child weight management
- Active ageing

Behaviour change approach

- Understanding our families
- Change the environment

Summer fun



The Great Weight Debate

A London conversation on childhood obesity



Liver disease in Barking and Dagenham

1. Do partners wish to support a tri-borough approach to liver disease prevention?
2. Do partners agree that prevention and early diagnosis are priorities, particularly for individuals with a higher than recommended alcohol intake?

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