

Eastern Liver Network meeting 5.11.20 minutes

Present: Bill Griffiths, Will Gelson, Gary Bray, Abi Ford, Achuth Shenoy, Aftab Alam, Arun Shankar, Katie Eoilart, Chirag Oza, Janeane Hails, Jean Payne, Mary Ninkovic, Matt Hoare, George Mells, Mike Allison, Abdul Mohsen, Nadia Konstanina, Paul Selby, Rebecca Blackwell, Sarah Fairclough, Simon Whalley, Jay Patel, Pooja Khanna, Keval Naik, Simon Rushbrook, Tanina Schillaci, Rachael Bates

Apologies: Martin Phillips

Minutes from 26.9.19 reviewed/agreed, matters arising: HCC videoconferencing set up in response to COVID, newsletter not done (COVID), planned regional liver CRN research forum - lack of engagement

ODN - HCV (TS)

Run rate/funding: run rate 556, highest achieving ODN Apr-Oct 2020, 164% of target, funding arrangement altered post COVID ('block') which is proving difficult to tease out with both NHS England and CUH, need to use up previous funding earmarked for HCV by the end of this financial year (all Trusts).

Rate card: the market share for each company means that for G1 and 4 patients, elb/graz is first line. Any deviation from this requires discussion at MDT and central application

New areas for testing: ED departments, maternity, mental health (eg Bedford)

New testing coordinator for region appointed - Rachael Bates, please liaise with her re any testing/treating events or to help generate a strategy for your region

Community pharmacy project: strategy being developed (Paul Selby), main launch January 2021 (post 'flu vaccination process)

HCV guidelines: there have been significant updates recently, which were sent around the region

Regional registry: message to all to upload treatment dates, SVR results. Please contact Wendy Smeeton if advice is required with this

ODN - PBC (JH)

MDT: 111 referred to date, 61 Rx OCA / 36 Rx bezafibrate, reminder re referral criteria (ALP>200 despite 12 m UDCA or intolerant UDCA), single OPA including blds/scan but relies on obtaining local results for follow up (all happy with), N&N and Basildon sub-hubs plus Peterborough in time now Gwil Webb is setting up a clinic there, monthly memo to region re MDT dial in

National audit: SpR in every centre to help coordinate case finding, should increase referrals to secondary care and identify more patients for 2nd line treatment

RESEARCH (AF)

NASH: fertile area for drug development still with two types of study in progress/pipeline: phase 2a - short term, no biopsy requirement (LIVIFY recruiting), phase 2b/3 - longer term, require biopsy (CELGENE & MAESTRO recruiting). Details of trials to go on ELN website.

PSC (CHEMOAB & PRIMIS recruiting) and PBC (GENFIT & CARA in set up) commercial drug studies, also to go on ELN website.

Misc: ZZ a1at, HCC (at all stages of treatment eg TACE3), +/- HBV, not currently in alcoholic hepatitis but will update when online.

Eastern Hepatology CRN (MA): discussed best way to disseminate info/interact with region, agreed to provide quarterly information and to link in with ODN events

CLINICAL (BG)

Community diagnostics: driven by COVID - blood testing (eg at CUH can send EPIC forms to patients to keep GP out of loop and drive through facility obviating need to visit GP/hospital), US challenging due to primary care driven provider contracts, concern re quality.

Community FibroScan project: hoping to commission via Cambs and Pboro CCG April 2021 - supported by Diabetes CCG lead to screen obese/diabetics via GP neighbourhoods using portable FibroScan machine.

NAFLD pathways across region variable but idea is to have a 2 stage system eg FIB4 + FibroScan (CUH) or ELF. N&N (SR) are bidding for latter and have a primary care lead in place. FIB4 limited by ease of testing in primary care - can be done via T Quest. Ipswich (AM) have 3 x FibroScan machine and say GPs keen.

Remote/virtual clinics agreed as way forward for stable patients (WG setting up virtual HBV clinic at CUH).

Variceal screening during COVID - continuing as normal in some centres eg South Essex (CO/GB), where significant backlog present, employing a more liberal use of carvedilol to overcome risk of variceal bleeding (CUH).

HCC surveillance during COVID - risk of not having a scan until 12 m accepted by Trust, hope to get back on track thereafter (CUH).

Indwelling ascitic drains: MN enquired about practice, CUH have an experience which our pleural team lead Jurgen Herre is putting together (overall positive), other centres such as Luton are putting them in, Basildon have had less positive input from radiology of late. Agreed to build up a regional database and disseminate protocols (MN/MA)

Cirrhosis bundles: examples of good practice in the region where the admission bundle has been implemented, requires regular reinforcement eg at induction, CNS inreach helps early management of decompensated cirrhosis. To be discussed in main meeting 6.11.20.

Histopathology: South Essex have SLA in place for secondary reporting via CUH, agreed this is a good model for improving biopsy interpretation for clinicians in the region.

Digital health: local creation of registries for virtual clinics (WG via CUH EPIC system), developing a regional registry pilot of patients with cirrhosis via CRUK/Astra Zeneca with automated recall to improve clinical outcome and feeding in to research studies (MH).

AOB - personnel changes (WG)

At Consultant level Gwil Webb at CUH, Kev Naik at Broomfield, Jay Patel at Bedford all welcomed. WG thanked Jo Leithead for her significant contribution and wished her well in her new post in Scotland. Rebecca Blackwell has been appointed as band 8 CNS at CUH and Rachael Bates as the regional HCV case finding CNS role.

BG asked if there is anything useful to put in place to improve transplant referral process.

Date of next meeting: 30.9.21