

A Clinical Audit of compliance with NICE NG50: NICE Guidance NG50, recommendations for assessing liver fibrosis and cirrhosis in the Jersey Alcohol Pathway Team

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Introduction

Alcohol use, viral hepatitis and obesity are recognised as the leading causes of liver disease (British Liver Trust, 2024b). The progression of liver disease can lead to cirrhosis, hepatic failure, hepatocellular carcinoma, and increased mortality (Graupera *et al.*, 2022). In 2022 alone, 5,776 premature deaths in England were attributed to alcoholic liver disease (ALD) (Office for Health Improvement & Disparities, 2024).

Hazardous and harmful alcohol consumption remains highly prevalent across the UK (NHS, 2022) and Jersey populations (HCJ, 2025).

NICE guidance NG50 recommends the use of transient elastography (TE) to assess liver fibrosis and detect cirrhosis in individuals who consume alcohol at harmful levels for several months (NICE, 2023a), and as motivational tool alongside extended brief intervention and advice (NICE,2023a).

Literature review

Only cohort studies, diagnostic test studies or systematic reviews published in English between 2015 and 2025 were included in this literature review, with a total of 10 articles selected.

The literature review concluded that besides benefits there are limitations to TE. The quality of the procedure depends on obtaining 10 valid measurements, which can be challenging in patients with high BMI (Masuzaki *et al.*, 2020) and is associated with failure to measure or unreliable measurements (Harris *et al.*, 2018; Orgil *et al.*, 2024). Therefore, NICE (2023b) advises that organisations should ensure different sizes of probes as small, medium or extra-large are available.

Precise cut off values for identification of different stages of fibrosis have not been well established for ALD (Pavlov *et al.*, 2015), with a variety found on this review. However, Newsome *et al.* (2017) recommends that TE readings of 8-16kPa may indicate possible advanced liver fibrosis and TE readings ≥ 16 kPa is indicative of possible cirrhosis. Therefore, these parameters could be used as guidance for practitioners.

Liver inflammation constitutes a confounding factor for interpretation, as can lead to overestimation of fibrosis (De Lédinghen *et al.*, 2017; Gianni *et al.*, 2017). Blood tests can reflect liver inflammation and are useful on interpreting TE readings (De Lédinghen *et al.*, 2017; Orgil *et al.*, 2024). However, literature review demonstrates there is also a link between normal blood tests and fibrosis (De Lédinghen *et al.*, 2017; Gianni *et al.*, 2017). Hence, blood tests alone are not a true reflection of liver fibrosis (NICE, 2023a), these should be used alongside TE and never in isolation (Newsome *et al.*, 2017; NICE, 2023a).

The value of abstinence in decreasing fibrosis is documented throughout some of the literature reviewed (Levi-Strauss *et al.*, 2023; Gianni *et al.*, 2017; Madhusudhan *et al.*, 2024), with studies reporting that the early staging of hepatic fibrosis in ALD can motivate patients and practitioners to find strategies for abstinence (Orgil *et al.*, 2024; Pavlov *et al.*, 2015; Gianni *et al.*, 2017).

Study Aim

Aim: The study aims to measure whether patients (over 16 years old) within the Jersey Alcohol Pathway Team are appropriately referred for transient elastography in line with NICE Guidance NG50 for the assessment of liver fibrosis and cirrhosis (NICE, 2023a).

Study objectives

- To identify the number of patients within the Jersey Alcohol Pathway Service who meet the criteria for assessment of liver fibrosis or cirrhosis in line with NICE Guidance NG50 (NICE, 2023a).
- To identify how many patients fitting the criteria for referral are referred for transient elastography.
- To assess the number of eligible patients who did not consent to referral.
- To assess the number of referred patients who did not attend (DNA) their appointment for transient elastography.
- To assess the consistency of documentation of referral decisions and patient consent, refusal or DNA.

Study Design

Methodology: A clinical audit using a retrospective observational methodology was designed for this study.

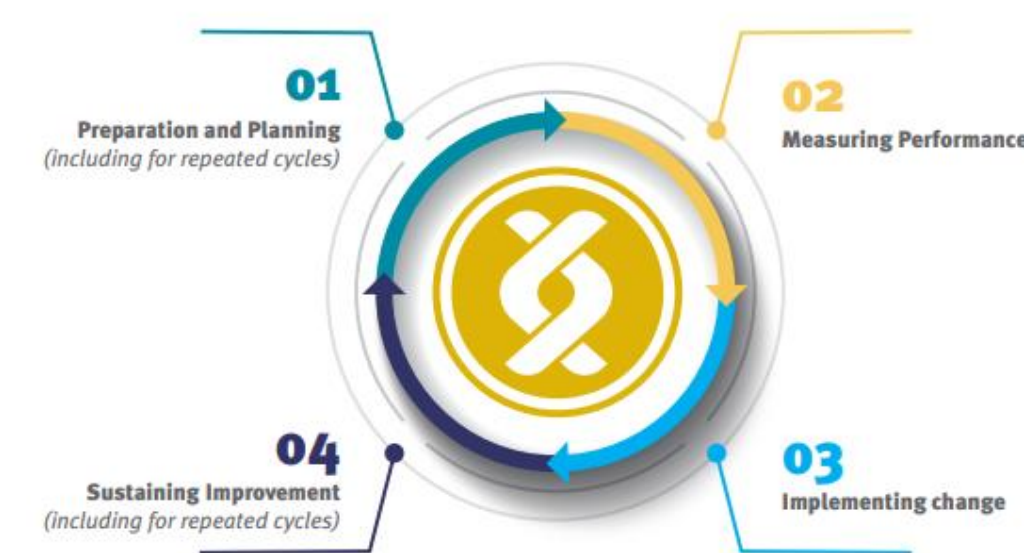


Figure 2 - Clinical Audit Cycle (Health Care Quality Improvement Partnership, 2020)

Methods:

Data collection methods: The study uses secondary quantitative data, collected by auditing patient referrals for the preceding year.

Data analysis methods: Descriptive statistical analysis was conducted using frequency tables and charts.

Sample: The study uses a total population sampling approach. It includes a sample of 50 patient records, of referrals received by the A&D service in 2025, that met the study inclusion criteria during the audit period.

Inclusion criteria:

- Patient records of individuals over 16 years old who have been referred to the Alcohol Pathway Team;
- Patient records of individuals meeting NICE (2023a) Guidance NG50 risk criteria, including:
 - ✓ Hepatitis C virus infection;
 - ✓ Diagnosed with alcohol related liver disease;
 - ✓ Men who consume over 50 units of alcohol a week;
 - ✓ Females who consume over 35 units of alcohol a week.

Exclusion criteria:

- Patient records of individuals under 16 years old;
- Patient records of individuals who have been diagnosed with cirrhosis of the liver;
- Patient records of individuals who have had TE before initial assessment.

Results

Demographics

Gender	Frequency (n=50)	Percentage
Male	38	76%
Female	12	24%

Table 1 - Frequency table of gender distribution of study subjects

Age distribution of study subjects

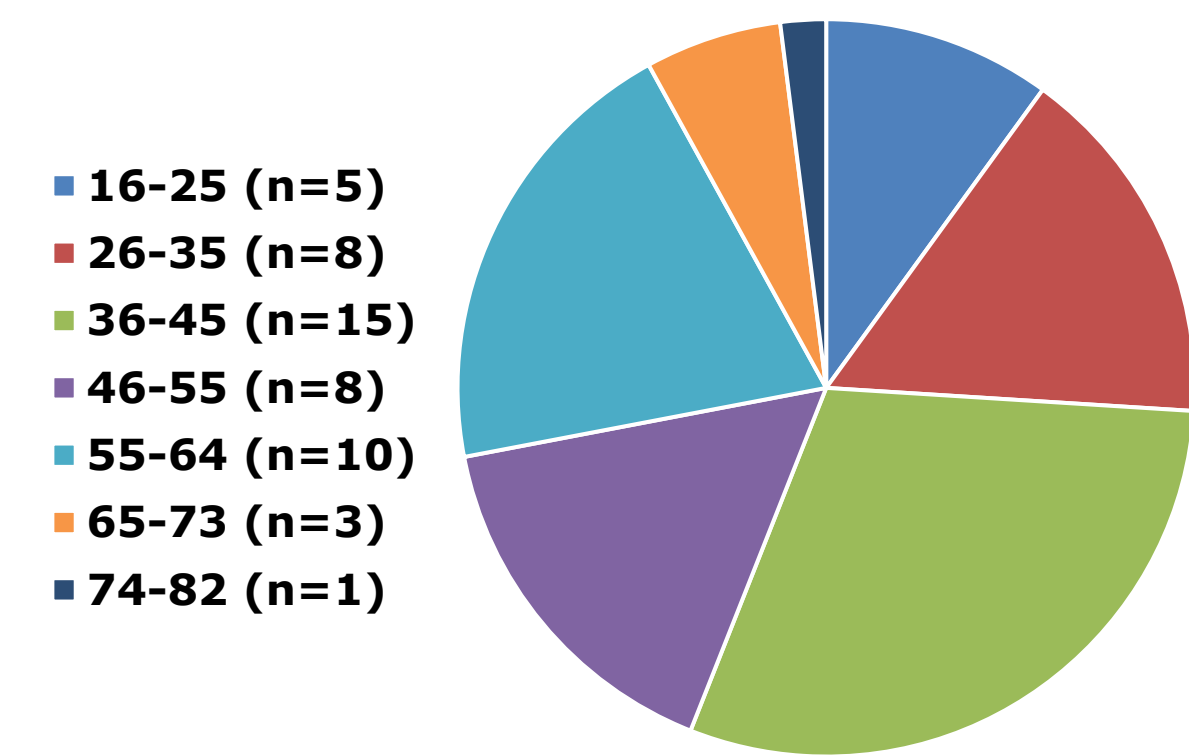


Figure 1 - Age distribution of study subjects

Alcohol consumption

Weekly alcohol consumption in units

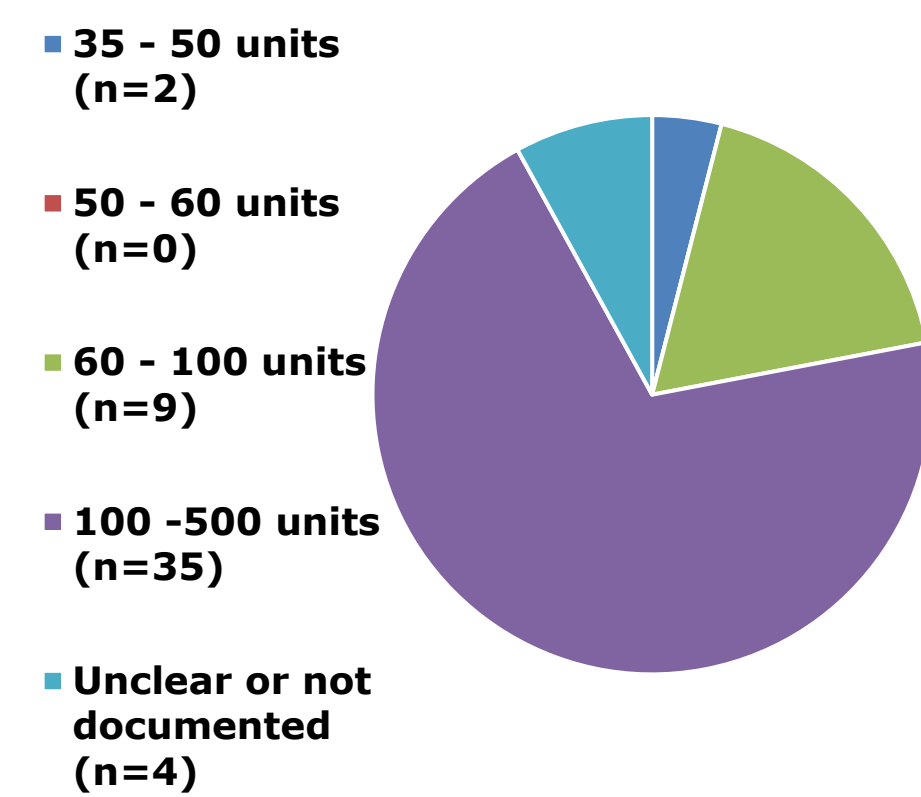


Figure 2 - Weekly alcohol consumption in units

Length of alcohol consumption at time of initial assessment

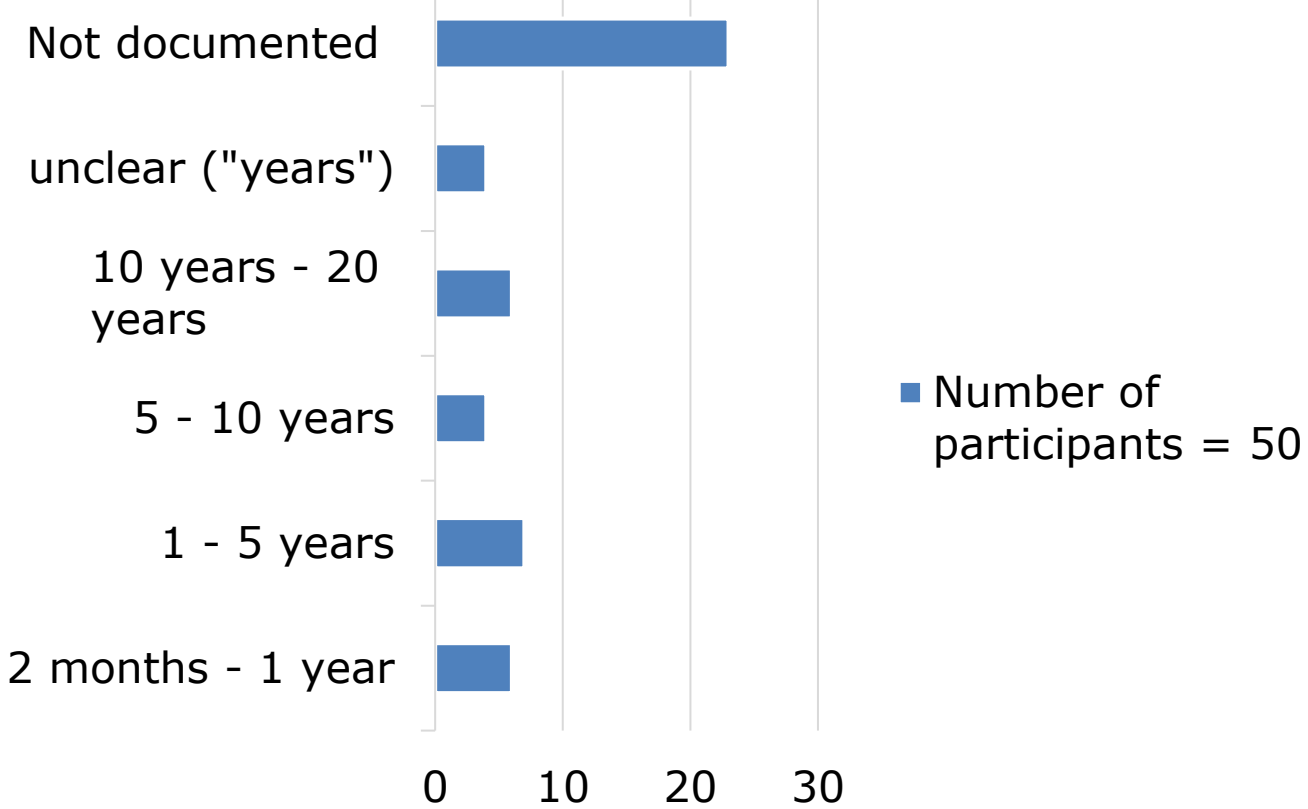


Figure 3 - Length of alcohol consumption by the time of initial assessment

Alcohol harm screening

AUDIT scores

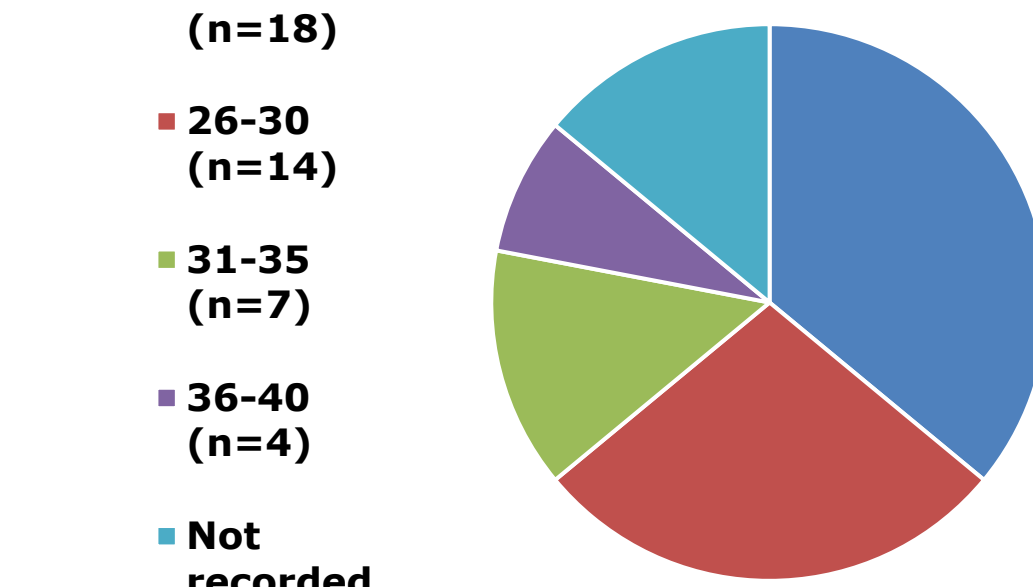


Figure 4 - AUDIT scores of study subjects

Existent diagnosis of ALD

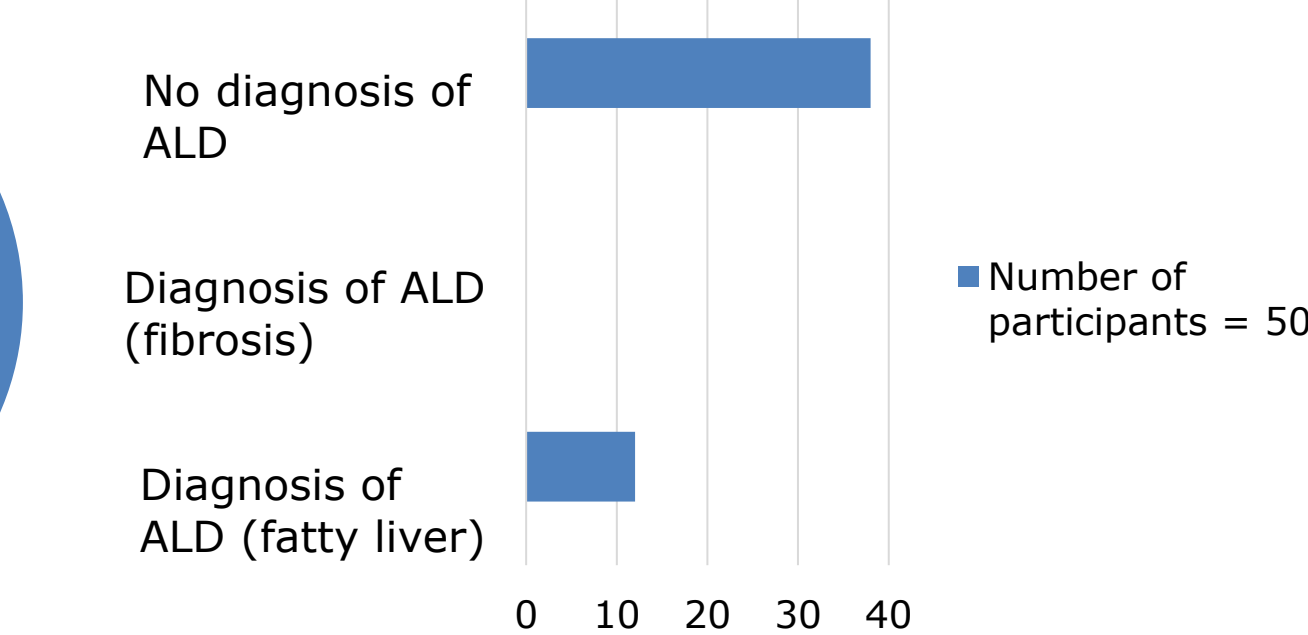


Figure 5 - Existent diagnosis of ALD of study subjects

Documentation of diagnosis of ALD

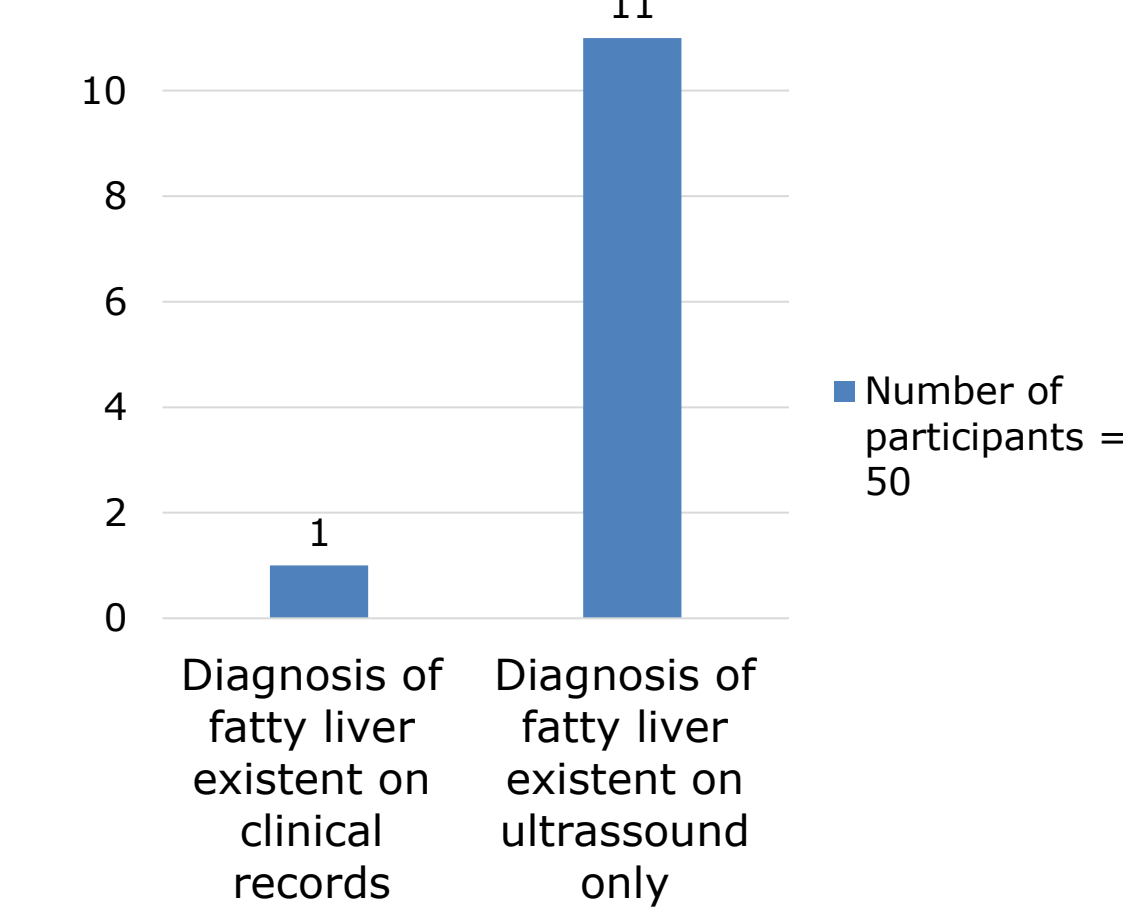


Figure 8 - Documentation of diagnosis of ALD

Referral to TE	Frequency (n=50)	Percentage
Number of individuals to which TE was offered	4	8%
Number of individuals with fatty liver to which TE was offered	0	0%
Number of individuals who did not attend TE appointment	0	0%
Number of individuals who declined referral	0	0%
Number of individuals who attended TE appointment	4	8%
Number of individuals not referred	46	92%

Table 2 - Frequency table of referrals to TE

Limitations

- Lack and variety of documentation regarding daily and weekly alcohol consumption, AUDIT scores and diagnosis of ALD could have affect findings.
- The audit included a small sample of 50 records. The sample size could have led to under-representation of genders and age groups.
- This audit does not look at what happens to patients who present with deranged LFTs to GPs, missing identifying if there is a gap on the existent process.
- Despite the limitations, the support of the HCJ audit team has benefited ensuring the audit tool captured relevant data to answer the study question. The project lead was experient on interpreting different drink strength and patterns of consumption which could have supported correct interpretation of data, improving relevance of data collected.
- Comparing this audit findings with data available on the Jersey Alcohol Profile 2024 (HCJ, 2025) and the Alcohol Profile UK (Department of Health and Social Care, 2024), it is clear data collected correlates positively with the same.

Conclusion

Findings from this audit are indicative of a predominantly male cohort presenting with harmful levels of alcohol use. All records also identified a high AUDIT score, suggestive of substantial exposure to alcohol-related harm (World Health Organization, 2001). All records selected met criteria for referral to TE according to NICE Guidance NG50 (NICE, 2023a). However, the findings suggest a suboptimal adherence to NICE Guidance NG50 within the Jersey APT.

Given the study findings, the introduction of an ACP-led service for the diagnosis and management of ALD and AUD within the local A&D service is proposed.

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References

