Working with:

NHS addictions provider alliance

HEP C U Later

FibroScan Census 2025

FibroScan Census

Introduction

In April 2025 Hep C U Later worked with NHS England to complete a FibroScan census, to understand the current use of FibroScans within Hepatitis C Operational Delivery Networks (ODNs) and community drug treatment services (DTS) across England. Questions related to the placement, ownership, accessibility, referral processes, screening pathways, data collection, data sharing, skill mix, and governance arrangements.

Liver health is a key priority in many national and international guidelines and strategies:

- The World Health Organisation's (WHO) Global Viral Hepatitis Elimination Strategy (2016-2021) aimed to reduce mortality from viral hepatitis (WHO-HIV-2016.06-eng.pdf).
- NHS England's Hepatitis C Elimination Programme and its multiple stakeholders have made significant progress towards the elimination of hepatitis C in England, exceeding the WHO's mortality reduction target. The latest data from UKHSA (2024) demonstrates the progress and remaining challenges (Hepatitis C in England 2024 - GOV.UK).
- The NHS Long Term Plan (NHS Long Term Plan v1.2 August 2019) – cited under alcohol and obesity.
- Cancer prevention is one of the Core 20 PLUS 5's 'big five' contributors to poor health and mortality in England, aiming for 75% of cases diagnosed at stage 1 or 2 by 2028 (NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities).

FibroScans:

FibroScan® is a quick, non-invasive test that measures liver stiffness, which reflects the amount of scarring (fibrosis) in the liver. It helps assess the progression of liver disease, including the risk of developing fibrosis or cirrhosis. FibroScan can also detect fatty liver changes—such as non-alcoholic fatty liver disease (NAFLD) or fat buildup due to hepatitis, alcohol, or obesity. By providing key information without the need for a liver biopsy, FibroScan is a valuable tool for monitoring liver health and supporting early detection of serious complications like liver cancer.

FibroScan Census

Summary of Findings

The FibroScan census received responses for **56 community DTS and 24 ODNs**.

Please note - There may be some overlap between data gained in the two surveys from DTS and ODNs, particularly in relation to the number of FibroScans believed to be available (as both may have recorded these). It is also possible the number of areas in which the FibroScans are used is higher than reported due to the variation in level of detail provided in the answers.

Drug Treatment Services

Coverage and accessibility:

Whilst 39% of DTS owned a FibroScan, 45% of those without did not have access to a FibroScan, potentially highlighting a disparity across DTS in the liver health offer.

Approaches to referrals to hepatology:

There were a wide variety of approaches in place for DTS to complete or refer to hepatology for a FibroScan and a mixture of criteria for referral to hepatology. 42% reported that FibroScans were shared across different teams.

Guidance and policies:

54% did not have a FibroScan Standard Operating Procedure in place, however it is recognised that many of the respondents in this category may not have held the responsibility for completing the FibroScans. 12% were willing to share the documents they had developed.

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Data collection:

There was also a wide variety in data collection. This variation included the total number of FibroScans completed per year (9%), per month (9%), broken down by settings (2%), partial data from some scanners (2%), and some collated FibroScan scores (9%). 26% reported they did not record FibroScan data, however, this may be due to the responsibility of the intervention sitting outside of DTS or not currently being set up to complete the FibroScans. 43% chose the 'other' option, detailing that outcomes were recorded in patient records, kept on internal spreadsheets, or only recorded for those with certain scores. Data was shared with relevant healthcare services such as GP, ODN, commissioners and NHS services (where appropriate), or the ODN shared the result with DTS.

Roles completing FibroScans:

Where FibroScans were completed by DTS staff this was mostly carried out by nurses, and some recovery coordinators, from NHS Agenda for Change bands 2 to 8, with the majority being band 6 and above. 78% did not use peers to carry out FibroScans, citing reasons such as it not being locally agreed, lack of training, lack of governance arrangements, or it not being a part of their agreed role within the DTS.

Additional comments on the census highlighted the following:

- The need for additional funding for some DTS if they were required to implement or upscale current FibroScan work.
- One DTS had already escalated the need for FibroScan development to commissioners and others showed interest in having a Fibroscan in place.
- One DTS had worked collaboratively alongside the commissioner, OHID, ODN and internal teams to build the FibroScan pathway.
- There were logistical challenges in regularly moving a FibroScan from one service to another, and accessibility was limited at times
- The need for giving FibroScan information in written form to everyone having a test.

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ODNS

24 ODNs across England responded to the FibroScan Survey.

Number and availability of FibroScan machines:

The number of FibroScan machines available ranged across the networks from 1 to 11, with the majority having 3, 4 or 5 FibroScans across their networks (12 services in total). There were 118 FibroScans across the ODNs in total.

The majority of the FibroScans were utilised across multiple areas including:

- Hospitals, hub and spoke sites
- Drug treatment services
- Outreach buses
- Emergency departments
- Community settings such as hostels
- Prison settings

8 ODNS specifically mentioned the FibroScans being used on outreach vans.

7 ODNS specifically mentioned the FibroScans being used within prison settings.

5 ODNs specifically mentioned the FibroScans being used within community drug and alcohol treatment services, however, the majority of the ODNs mentioned their use within community and outreach settings, meaning the true number is likely higher and a limitation of the data collection.

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It was noted by the ODNs that some settings had their own FibroScan machines that they had purchased, for example, prison setting and DTS. Additionally, some recognised that the FibroScans were not only used for hepatitis C-related clinics.

Data collection:

Data collection across the ODNs ranged in terms of collecting the number of FibroScans completed and the scores, with the majority either collecting data or partially collecting data. Where some did not collect this data it was however added to electronic patient systems, and some were either working on better data collection or demonstrated a willingness to collect this data.

- None collected - **6**
- Partial collection - **8 (some data from some scanners)**
- Collected - **10 (total number per year/month across all sites and scanners)**

Roles completing FibroScans:

The roles of people trained to use FibroScanners across the ODNs varied greatly both in role and banding. They included peers, FibroScan technicians, health care support workers, non-registered testing coordinators, care navigators, community liaison officers, nurses, clinical nurse specialists, consultants, and registrars. The majority of ODNs used non-registered healthcare support workers, nurses, clinical nurse specialists to complete FibroScans. One ODN used pharmacists.

Only two ODNs specifically mentioned using peers, however, 6 ODNs later stated that they do. It was noted that of these ODNs some had received the FibroScan training but were yet to commence using the FibroScan machines.

NHS Agenda for Change banding of the people completing FibroScans ranged greatly from band 4 to band 8, not including consultants and registrars.

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Guidance, policies and training:

13 ODNs had training guidance/standard operating procedures/policies/competencies they were willing to share for the benefit of the network. 11 ODNS either did not have any, were in the process of updating them or had policies which they deemed unhelpful as they were too localised. Many commented on how training was provided by Echosens and therefore they did not hold specific training with their networks.

Additional comments on the census from ODNs included the following:

One ODN noted how FibroScans are a useful engagement tool under the banner of 'liver health' and this may be a route of offering more specific, often stigmatised testing for viral hepatitis.

There was a willingness from one ODN to provide data for central collection if it was required.

One ODN recognised that some FibroScans needed to be replaced urgently as they had reached 'end of life'.

One ODN raised a concern that using Peers to deliver FibroScan testing would pull them away from other forms of testing, engagement and support where there is still a need. They believed their skill set would be better used locating and engaging people lost to follow up for hepatitis C care.

Additionally, they suggested that when the clinical staff scan they also update patient records, send letters, liaise directly with GPs, and provide wellbeing and lifestyle advice, meaning the current honorary contract they have in place with peers which allows them to work on behalf of the ODN but did not cover this type of intervention. They reported that for peers to do this type of work peers would need to meet the educational requirements for a band 3 (which includes functional skills and relevant diplomas as well as the FibroScan training).

Hep C U Later Recommendations

The following are recommendations following the initial survey which will be later built upon:

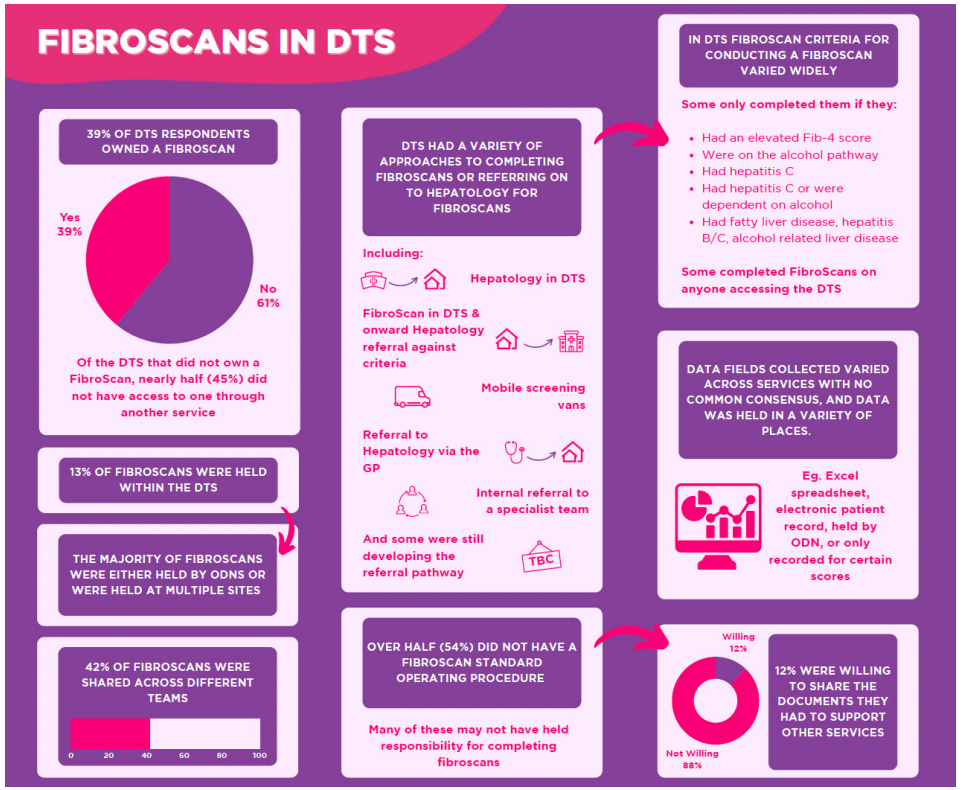
1. Within DTS there is a need to ensure equitable and accessible FibroScan provision for people accessing the service.
2. An agreement across DTS needs to be reached regarding what data is collected to further inform the evidence base, as well as standards for recording FibroScans within DTS.
3. Benchmarking and good practice with FibroScan monitoring across DTS needs to be outlined and shared with DTS providers, DTS commissioners, ICBs and ODNs to further improve on current provision.
4. Consideration needs to be given to the additional resource which may be required to upscale FibroScan provision and pathways such as capital funding, time investment and training requirements.
5. A ‘knowledge bank’ of pathways, resources and standard operating procedures should be built to save time and resource when services need to develop them in the future.
6. Plans may need to be put in place to manage the replacement of machines that have reached their ‘end of life’.
7. Consideration needs to be given to how each workforce can be best used to deliver FibroScan work across the system.
8. Consideration needs to be given to collecting national data on the use of FibroScans across the whole system and what value this may bring.
9. Further national mapping may be required to look at the detail of where FibroScans are available or not to groups in need.

FibroScan Census

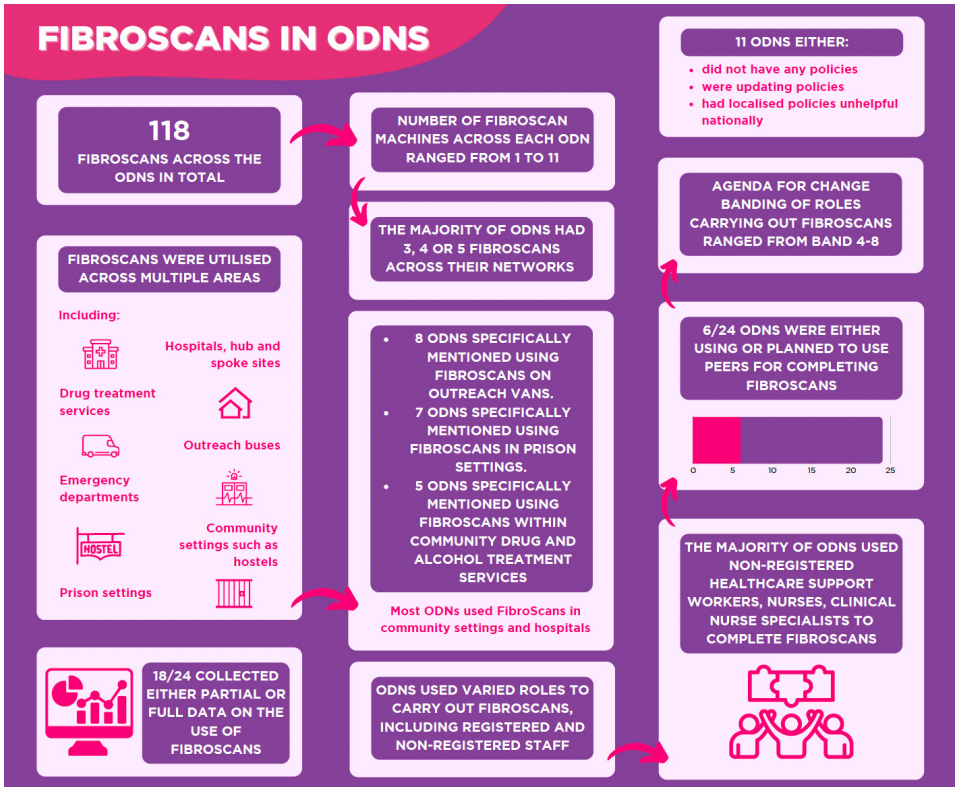
FibroScan Census Results 2025 Infographic

Please click on the info-graphics below to download a full sized, HD versions.

FibroScans in DTS



FibroScans in ODNs



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