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HEP C U Later

Hep C U Later Pilot Report:
Isle of Wight FibroScan Event

A pilot delivering community-based FibroScan screening in the Isle of Wight community drug and alcohol treatment service to assess feasibility, impact and benefits as a health promotion tool for individuals at low to moderate risk of alcohol-related liver disease.

Introduction to the Pilot Report:

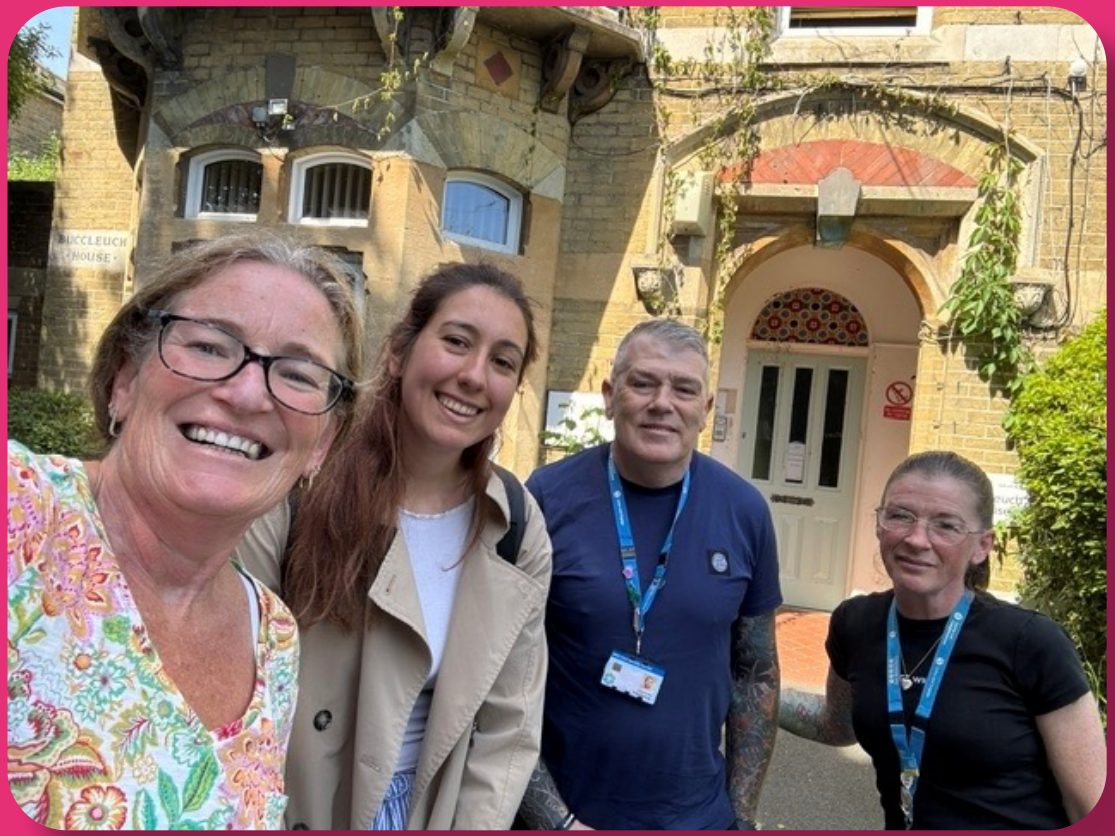
Hep C U Later is a national initiative of the NHS Addictions Provider Alliance, commissioned by NHS England's Viral Hepatitis Elimination Programme, aimed at widening awareness, testing and treatment of viral hepatitis and overall liver health. This report outlines the implementation, outcomes, and lessons learned from the Isle of Wight FibroScan Pilot.

Pilot Outline

The Isle of Wight FibroScan pilot explored the delivery, acceptability and accessibility of community-based FibroScan screening within drug and alcohol treatment services for people identified through the Alcohol Use Disorders Identification Test (AUDIT) with scores between 1–19. Key aims included:

- Improving access to liver health checks
- Identifying early liver disease
- Establishing referral pathways into hepatology services

If you want to learn about other pilots that Hep C U Later has been involved with or to access our additional resources, please visit our website **- hepculater.com/resources/**



Implementation:

The pilot was delivered in collaboration with Hep C U Later, Inclusion Isle of Wight community drug and alcohol treatment service (part of Midlands Partnership University NHS Foundation Trust), St Mary's Hospital, and Echosens. Hep C U Later provided project oversight, data support and governance coordination.

Initial meetings were held in November 2026 to agree parameters, pathways and a cohort for liver scanning. The hepatology nurses on the Isle of Wight have a waiting list for liver patients, and their referral criteria start with a fibrosis score of 10 kPa. This is lower than other parts of the Wessex Operational Delivery Network.

The Isle of Wight Data Lead created a report showing people's AUDIT scores so they could be invited in for a FibroScan.

To mobilise the project, a trained FibroScan operator was required, a requirement that proved challenging due to capacity constraints. To address this, Louise Hansford (Hep C U Later) completed the Echosens FibroScan training at the end of January 2026. It was recommended that FibroScan operators have someone with them initially to support with building confidence and competency.

The pilot was discussed with Susana Ceinos Ciria, Echosens Clinical and Applications Specialist, who offered to be on-site to support it. This offer was gratefully accepted, and appropriate governance was put in place to ensure Susana was present whilst people were scanned.

Before the pilot commenced, the Isle of Wight hepatology team agreed on a referral pathway. Whilst acknowledging the target group were unlikely to meet the referral threshold, it was agreed to have a discussion with hepatology the following week about any people who had elevated scores or other concerns.

The pilot dates were agreed for 21–22 May 2026 to allow for clinic room and key staff availability at the Inclusion Isle of Wight community drug and alcohol treatment service.

Key setup included securing access to FibroScan, creating data-capture tools, training staff, and establishing referral pathways.

Challenges included limited scanner access, logistics and capacity constraints. These were mitigated through small-scale delivery and strong partnership working.

Outcomes

Overall, the pilot improved access to liver health assessment for people accessing the community drug and alcohol treatment service and enabled early identification of patients requiring further investigation.

Quantitative outcomes:

Over the two days, 18 people who accessed the service were scanned, including 3 family members of one person registered with the service, along with 12 scans of staff and volunteers.

2 people were discussed with Esme and Lucy, the local Hepatology nurses: one who had a CAP of 342 and another who had a kPa score of 8.7; neither person nor their results were cause for immediate concern.

GP letters were written and sent for the 18 people who had a FibroScan. This included the 3 family members of one person.

Every person who was scanned has been invited back in 6 months to assess the effectiveness of any advice and information given.

Qualitative feedback:

Qualitative feedback indicated strong engagement and increased awareness of liver health.

Every person in attendance was given lifestyle advice.

“Thank you for offering me a scan; it was very informative, and I was relieved to know my liver is healthy.”

“Great to have this in a place I trust and feel safe.”

“I was not surprised to learn I have a fatty liver, but this has given me the shove I need to take it seriously. Thanks for caring and not judging me.”

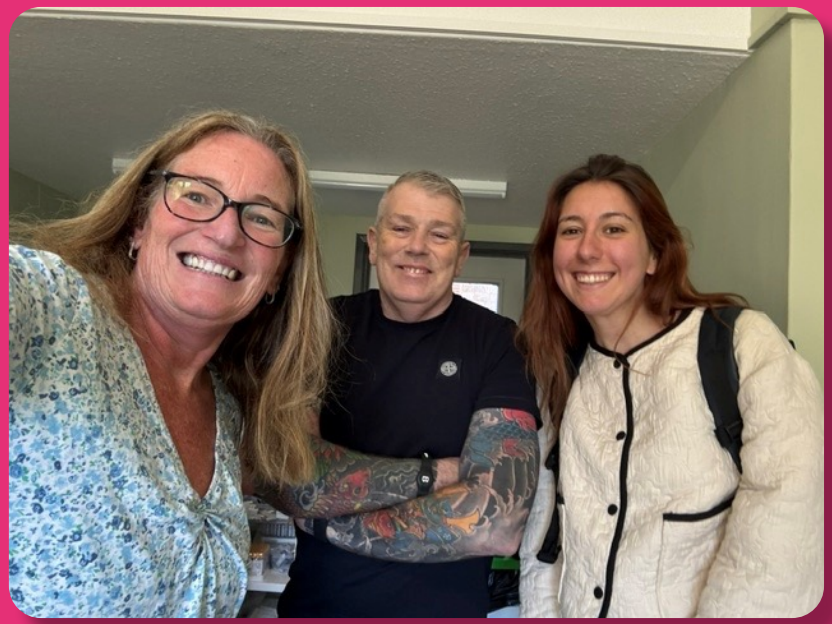
Learning

Community FibroScan delivery is feasible and addresses a gap in local provision for people who might not otherwise access liver scanning.

Strong data capture and partnership working are critical to the successful implementation of liver scanning within community drug and alcohol treatment services.

Future implementation would require dedicated equipment, clear, agreed-upon pathways, and increased capacity, including trained members of staff.

The triage questionnaire already implemented on CarePath, the electronic recording system used during the pilot, was blood-borne virus-focused and had some missing fields that would have been beneficial, such as time and date. If the work is repeated in this service, the triage form will be updated to include all relevant questions for people who use alcohol or may be at risk of liver disease.



The ODN Clinical Lead was keen for future work to focus on scanning people at risk of liver disease, which will require careful consideration given hepatology capacity on the Isle of Wight.

Key Learning Highlights:

- Community FibroScan is viable in community drug & alcohol treatment services
- Clear unmet need was identified, and future work would benefit people who experience barriers to accessing mainstream healthcare
- The pilot can improve the early detection of liver disease
- The pilot is scalable should the appropriate level of resource, training and staff capacity be in place
- Strong partnership working and robust data processes are critical

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