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HEP C U Later

Closing the Liver Health Gap: Implementing Community Based FibroScan in Community Drug and Alcohol Treatment Services

Introduction: A Shift from Viral Hepatitis to Whole Liver Health

This case study documents the development and implementation of community based FibroScan within community drug and alcohol treatment services in Hampshire, delivered through the Hep C Hants P2P (peer to peer) team (part of Inclusion Recovery Hampshire, Midlands Partnership University NHS Foundation Trust) and embedded within existing NHS and partner pathways.

While FibroScan was initially considered through the lens of viral hepatitis elimination, its role has evolved into a broader liver health intervention, particularly addressing alcohol related liver disease and wider health inequalities among people who do not routinely engage with primary care.

As the service lead reflected:

"Viral hepatitis affects liver health, but we work with a lot of people who aren't affected by hepatitis at all – they're affected by alcohol use and other factors that damage the liver."

What is a FibroScan?

A FibroScan is a non-invasive test developed by Echosens that measures liver stiffness (an indicator of fibrosis or scarring) and liver fat using vibration-controlled transient elastography. The scan is quick, painless, and provides immediate results, making it well suited to community and outreach healthcare settings.

More information is available from Echosens:
https://www.echosens.com/fibroscan/

Role and Service Context

The P2P service is coordinated by Alan Howard, P2P Coordinator, working across community drug and alcohol treatment services delivered by Inclusion, part of Midlands Partnership University NHS Foundation Trust (MPFT), covering multiple sites across Hampshire.

His remit includes oversight of blood borne viruses (BBV), liver health, and peer led engagement across services that sit within two Operational Delivery Networks (ODNs), due to geographical boundary overlap (Surrey and Wessex).

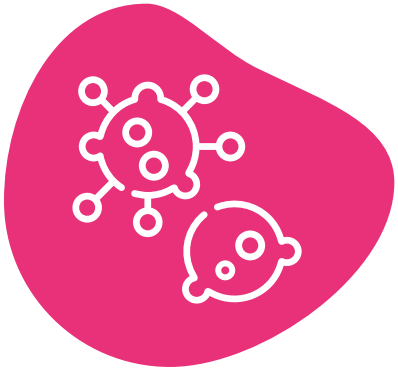
"In a nutshell, I coordinate and oversee all the BBV related work across Inclusion's community drug and alcohol treatment services in Hampshire."

Alan Howard
P2P Coordinator,
Inclusion (MPFT)

Why Community FibroScan Was Necessary: Responding to an Unmet Liver Health Need

The initial drivers for introducing FibroScan were both clinical and strategic. There was growing recognition that while hepatitis services were well established, liver disease linked to alcohol use represented a significant and under addressed burden.

"Liver health is one of the leading underserved areas of health, in my opinion. We work with people who don't necessarily engage with primary care. Offering FibroScan in our service means we're reaching people who otherwise wouldn't be picked up."



However, the introduction of FibroScan was not without difficulty. Scanners were procured early, before pathways, governance and referral relationships were fully established.

"We got the FibroScans, but the work hadn't been done to set the pathways up... there were no real conversations with hepatology at that point."

This led to a period where staff were trained but unable to use or maintain competency because the service infrastructure did not yet exist.

Re Setting the Foundations: Pathways Before Activity

Progress was achieved only once clear clinical pathways were co designed with hepatology teams, particularly at Queen Alexandra Hospital (Richard Aspinell), Southampton Hospital (Ryan Buchanan), and Hampshire Hospitals NHS Foundation Trust (Corinne Brookes) alongside named consultants and specialist liver nurses. Alan Howard was especially thankful to Richard Aspinell, Ryan Buchanan, and Corinne Brookes for how they have worked with the services to develop these pathways. This collaborative approach addressed initial concerns from hepatology regarding the potential volume of referrals and system capacity.

"There was a concern related to the potential number of referrals and the capacity for them to be managed by specialist care, but the pilot showed that referrals just didn't happen in high numbers."

Importantly, the pilot demonstrated that appropriate thresholds and clear criteria protect specialist capacity while enabling earlier intervention.

Training, Competency and Clinical Oversight: Delivering Safely Outside Specialist Settings

FibroScans are delivered in the community drug and alcohol treatment setting, primarily by:

- The P2P Hants team (Alan Howard and Louise Brown)
- Nurses in Southern Hampshire
- A doctor and a nurse in North Hampshire

All operators are trained by Echosens, the FibroScan manufacturer.

"We're not specialists - we're taking the readings. Any clinical decisions are made by specialist care teams"

Competency is maintained through regular practice, supported by:

- Direct communication with hepatology / gastroenterology
- Shared review of scan images, readings, relevant blood results and clinical history
- Clear escalation routes for uncertainty

Approximately 106–107 scans were delivered in the first year using a single FibroScan machine across nine services, illustrating both achievement and strain.

Governance, Consent, and Clinical Safety

A central principle of the model is strict role clarity. The service does not diagnose liver disease.

"We are absolutely clear – we are not diagnosing. We are gathering information.

"We've built direct relationships with hepatology / gastroenterology teams so we can pick up the phone, have a conversation, and make joint decisions."

Governance includes:

- Written and verbal informed consent
- Pre scan questionnaires
- Use of liver bloods (including FIB 4 where appropriate)
- Direct referral to hepatology when thresholds are met
- Communication with GPs for continuity

People are informed at every stage how information will be shared and used.

"It's all about consent and patient choice."

Navigating the Complexity of Alcohol Use and FibroScan Results

A key learning from the pilot was how active alcohol use can result in an over-estimation of fibrosis readings, creating a "grey area" that requires careful interpretation.

"We've had people with readings of 19 who reduced alcohol and it came down to 9."

This has reinforced the importance of:

- Timing scans where possible
- Avoiding alarmist messaging
- Using FibroScan as a motivational and educational tool, not merely a diagnostic trigger

Delivering Results Without Causing Harm: Learning from Experience

One of the most significant learning points arose from how results were communicated in writing.

In an early case, a letter describing "possible advanced fibrosis" caused significant distress and relapse.

"Delivering results must be trauma informed. Explaining results need to be individualised and person centred as no one person is the same. A 'normal' scan isn't a green light, and an elevated scan needs careful explanation – otherwise there is a real risk of causing unnecessary anxiety if a trauma informed approach to this is not adopted"

This resulted in immediate practice change:

- Results are now contextualised verbally
- Expectations are explored beforehand
- Language is simplified
- Reflective practice sessions review delivery methods

"How we deliver results to one person isn't how we deliver them to another."

Liver Health UK – Resources

Liver Health UK provides trusted, patient-focused information that supports understanding of liver disease and liver health, including:

- **Alcohol-related liver disease:** https://liveruk.org/about-liver-disease/conditions/alcohol-related-liver-disease/
- **Risks and causes of liver disease:** https://liveruk.org/about-liver-disease/risks-and-causes/
- **Living with a liver condition:** https://liveruk.org/about-liver-disease/living-with-a-liver-condition/

The Journey: From Identification to Follow Up

Referral to FibroScan is guided by NICE criteria, including:

- Women drinking ≥35 units/week
- Men drinking ≥50 units/week
- Abnormal liver bloods
- Clinical judgement by community drug and alcohol treatment service staff

FibroScan is offered within existing recovery journeys, not as a standalone intervention.

Follow up is meticulously tracked using a bespoke spreadsheet while work continues to integrate this into formal care pathways.

This is about bridging health inequalities. These are people who would often fall through the gaps and not access routine care. We're giving people access to healthcare they otherwise wouldn't have, and that's a really powerful thing."

NICE Guidance

NICE HealthTech Guidance HTG682 (2023): FibroScan for assessing liver fibrosis and cirrhosis outside secondary and specialist care - Overview | FibroScan for assessing liver fibrosis and cirrhosis outside secondary and specialist care | Guidance | NICE

It supports use in primary and community settings to:

- Identify significant fibrosis or cirrhosis
- Guide referral into hepatology.

While it does not mandate a single kPa cut off, it explicitly states FibroScan should be used to:

- Rule out significant fibrosis, reducing unnecessary referrals
- **Identify people who need referral to specialist care** when results suggest advanced disease

Impact (Year One)

"If we're doing this work, it's work GPs and hospitals don't have to do – that's saving the system time and money. We've shortened the hepatitis C treatment pathway by doing scanning and work up in the community before MDT."

In the first year:

- 107 FibroScans conducted (some repeat scans)
- 97 FibroScans related to alcohol use
- 10 FibroScans related to viral hepatitis
- 16–17 scheduled re-scans
- 5 referrals to specialist hepatology
- 1 person already under specialist care
- Other people needing referral triaged appropriately
- Majority of people managed with advice and brief intervention

Notably, hepatology referrals remained low, validating pathway thresholds.

"There's a real focus now on alcohol related harm and deaths, and FibroScan allows us to intervene earlier – before people reach advanced liver disease."

Engagement, Motivation, and Behaviour Change: Impact Beyond Numbers

While outcome measurement systems are still evolving, clear behavioural impact has been observed.

"We've had people whose scans triggered them to reduce or stop drinking — and their scores dropped significantly."

Visual feedback was repeatedly described as powerful.

"We've had people with very high FibroScan scores who reduced or became abstinent after seeing their results. When they were rescanned, their fibrosis markers dropped significantly. Seeing the scan can be a real catalyst for change. It makes liver health real in a way numbers alone don't."

The intervention has also acted as a gateway to:

- BBV screening and vaccination
- Mental health support
- Safeguarding referrals
- Housing support
- Holistic recovery planning

"This isn't just about doing a FibroScan. We look at the whole picture."

"I am 40 days off alcohol and having this opportunity to have a liver scan at Inclusion was very helpful. Everything was explained clearly and I was given the time to ask questions.

The information given was clear and I feel that I have a better understanding of what I can do to look after my liver (information booklet was very helpful).

My results of the scan were good. Seeing this has further motivated me to continue not using alcohol. Having my worker present at the appointment was reassuring as I was nervous. Thank you!"

Engagement, Motivation, and Behaviour Change: Impact Beyond Numbers

The introduction of FibroScan has increased liver health literacy across teams.

"We're getting emails left, right and centre asking for scans."

Awareness of alcohol related liver disease has grown, although training coverage remains inconsistent and is identified as an area for development.

Lessons for Future Implementation

With hindsight, two key changes were identified:

1. Pathways and governance should have been in place before equipment arrived
2. Earlier collaboration and delegation would have reduced pressure

"Start small, pilot it, learn from it, and build credibility with specialist teams – that's what's made this work."

Why This Model Matters: Reaching People the System Often Misses

The rationale for FibroScan goes beyond diagnostics.

"It's about saving lives."

The model:

- Reduces health inequalities
- Engages people excluded from primary care
- Enables earlier intervention
- Supports harm reduction
- Aligns with national priorities on alcohol related harm

"These are people who wouldn't get picked up otherwise."

"I was made to feel at ease from the start. I was able to talk openly about my anxiety and concerns about having a scan today and I felt that I was genuinely listened to.

The information given was clear and I felt that I now have a better understanding of what alcohol can do to my liver, and what I can do. Everything was explained and I was given an information booklet to take away.

Seeing my results being in a normal range has given me a kick to make some positive changes. I also had blood tests done and a test for hepatitis. It was a really good experience."

Sustainability and Future Scaling

The current model is not sustainable as business as usual without:

- Additional scanners
- Dedicated staff time
- Admin support
- Robust outcome and financial impact data

"One machine across nine services just doesn't work long term."

Future priorities include:

- Scaling capacity
- Capturing cost savings
- Embedding data into formal systems to reduce admin time and improve ability to review data
- Strengthening workforce planning
- Capturing qualitative and 'ripple effect' feedback from people using the service

Summery

"Alcohol related liver disease is now the leading cause of liver related deaths in the UK, largely because it is detected too late. By embedding FibroScan within drug and alcohol treatment services, we are changing that trajectory—identifying liver disease earlier, opening clear pathways into specialist care, and directly delivering one of the OHID Alcohol Treatment Priorities: timely liver health screening for those at greatest risk."

Dr Georges Petitjean
Clinical Director and Medical Lead, Inclusion (MPFT)

This case study demonstrates that community based FibroScan within drug and alcohol services is feasible, safe, and impactful when delivered through strong clinical partnerships, clear governance, and trauma informed practice.

While still evolving, the model offers a credible blueprint for other systems seeking to address alcohol related liver disease earlier and more equitably.

"It's about saving lives. If people get that information and advice early, that's prevention. Changes don't always happen straight away, but they can and do happen."

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