

Freedom of Information Act 2000 - Request Reference FoI/20/303

Liver Disease

Request details

I am requesting this information under the Freedom of Information Act 2000

1. Please enter the name of your Health Board

Cardiff and Vale University Health Board (the UHB).

2. Do you have a named person within the Health Board who is responsible for liver disease?

Options:

Yes - Yes

No

If yes, please answer Q3 and then move to Q5

If no, please answer Q4 and then move to Q5

3. Please provide the details of the person responsible for liver disease within the Health Board

After considering your request, the UHB believes that the data requested is classed as personal data as defined under the General Data Protection Regulation (GDPR) and Data Protection Act 2018 and its disclosure would be contrary to the data protection principles and constitute unfair and unlawful processing in regard to Articles 5, 6, and 9 of GDPR. We are therefore withholding this detail under Section 40(2) of the Freedom of Information Act 2000. This exemption is absolute and therefore there is no requirement to apply the public interest test.

4. In the absence of a named contact for liver disease at the Health Board, please provide the details of the person who should be contacted regarding liver health

5. Do you have a commissioned pathway for:

a) the interpretation of abnormal liver blood tests? - Yes

b) responding to liver disease more generally? - No

Options:

Yes, pathways for both

Yes, pathway for abnormal liver blood tests

Yes, pathway for responding to liver disease more generally

No pathways for either

If answer to any of these is yes, please move to Q6

If answer is no pathways for either, please move to Q9

6. Does it include an endorsed pathway for the management of abnormal liver blood tests that follow the BSG guidance?

Options:

Yes - Yes

No

7. Is liver fibrosis assessment part of your pathway?

Options:

Yes - Yes

No

If yes, please move to Q8

If no, please move to Q9

8. Please indicate how fibrosis is assessed. Please tick all that apply

Options:

Fibroscan (transient elastography) - Yes

ELF Test

FIB-4 score

NAFLD fibrosis score

Other (please specify) - ALT/AST RATIO

9. Do you have an additional pathway that proactively case-finds individuals who may be at high-risk of liver disease?

E.g. people with diabetes or for those who drink alcohol at harmful levels

Options:

Yes - Yes

No

If yes, please move to Q10

If no, please move to Q12

10. How does your pathway define individuals as high risk of liver disease? Please tick all that apply

Options:

Diabetes

Alcohol risk - Yes

Obesity - Yes

Obesity with other metabolic risk factors - Yes

Risk factors for viral hepatitis - Yes

Other (please specify)

11. How are these individuals identified? Please tick all that apply

Options:

At annual chronic disease / year of care review - Yes

During the NHS health check

Opportunistically during consultations - Yes

Using IT system prompts / pop-ups

Other (please specify)

12. Does the Health Board monitor the breadth of adoption and efficacy of pathways in primary care your area?

Options:

Yes

No - No

If yes, please move to Q13

If no, please move to Q14

13. Where are these statistics published?

14. Are you aware of the current available statistics relating to liver disease in your area and do you monitor these?

Options:

Yes

No - No

15. Would you be willing to share your pathway information with other Health Boards for best practice purposes?

Options:

Yes - Yes

No

