

**Freedom of Information Act 2000 - Request Reference FoI/23/251**

**Liver Disease**

**Information Requested:**

**Survey Questions**

**Q1. Name and position of person answering the survey**

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.

**Q2. Please enter the name of your Health Board**

Cardiff and Vale University Health Board (the UHB)

**Q3. Do you have a named person within the Health Board who is responsible for liver disease?**

Yes

No

*If yes, please move to Q3a*

*If no, please move to Q3b*

**Q3a If yes, please provide the name, title and email address of this person**

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.

In accordance with our duty to provide advice and assistance, the UHB can advise that it publishes relevant contact information via its public-facing website. Please note the following page, which may be of use to you.

<https://cavuhb.nhs.wales/our-services/gastroenterology-hepatology-and-endoscopy/hepatology/the-liver-unit-team/>

**Q3b In the absence of a named contact for liver disease, please provide the name, title and email address of the person who should be contacted regarding liver health**

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**Q4. Do you have a commissioned pathway for a) the interpretation of abnormal liver blood tests? b) responding to liver disease more generally? Please could you attach/hyperlink any pathway documents to your response.**

- 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 Q5  
If answer is no pathways for either, please move to Q7*

**Q5. Does it include an endorsed pathway for the management of abnormal liver blood tests that follows the BSG guidance?**

- Yes
- No
- Not applicable

**Q6. Is liver fibrosis assessment part of your pathway?**

- Yes
- No
- Not applicable

It is part of NAFLD health pathway.  
It will be as part of the All Wales abnormal LFT pathway.

*If yes, please move to Q6a  
If no, please move to Q7*

**Q6a. Please indicate how fibrosis is assessed (Please tick all that apply):**

- Fibroscan
- ELF Test

- ✓ FIB-4
- ✓ NAFLD fibrosis score
- iLFTs
- ✓ Other: AST/ALT ratio

**Q7. Do you have an additional pathway that proactively case-finds individuals who may be at high-risk of liver disease?**

- Yes
- ✓ No

*If yes, please move to Q8*

*If no, please move to Q10*

**Q8. How does your pathway define individuals as high risk of liver disease? (Please tick all that apply)**

- Diabetes
- ✓ Alcohol risk
- Obesity
- ✓ Obesity with other metabolic risk factors
- ✓ Risk factors for viral hepatitis
- Other:

**Q9. How are these individuals identified? (Please tick all that apply)**

- ✓ At annual chronic disease or year of care review
- During the NHS Health Check
- Opportunistically during consultations
- Using IT system prompts or pop-ups
- Other:

**Q10: Does your contract with Drug and Alcohol Recovery Service providers include providing a liver disease diagnostic test?**

- Yes
- ✓ No

**Q11: Does your contract with Weight Management Service providers include providing a liver disease diagnostic test?**

- Yes
- ✓ No

**Q12. Does the Health Board monitor the breadth of adoption and efficacy of liver disease pathways in primary care in your area?**

- Yes  
 No

*If yes, please move to Q13  
If no, please move to Q14*

**Q13. Where are these statistics published?**

They are not published

**Q14. Are you aware of current statistics relating to liver disease in your area and do you monitor these?**

- Yes  
 No

**Q15. Would you be willing to share your pathway information with other Health Boards for best practice purposes?**

- Yes  
 No  
 Not applicable

**Q16. Would you like to meet with the British Liver Trust and/or a local clinician to find out how you can improve liver disease in your area? (optional)**

- Yes  
 No

**Final comments:**