NHS England abandons Liver Strategy – LJWG response

Public Health Minister Jane Ellison has announced that NHS England has abandoned plans to publish a National Liver Disease Outcomes Strategy. The London Joint Working Group on Substance Misuse and Hepatitis C (LJWG) believes that by failing to keep its promise to publish a Liver Strategy, the government has failed the many thousands of people with liver disease, and the many thousands more who are at risk, and we strongly urge the minister to show leadership so the Department of Health, NHS England and Public Health England can work together on a strategy to combat liver disease.

Of the five major causes of premature mortality in the UK, liver disease is the only one that is increasing year on year. Over a third of deaths from liver disease are attributable to hepatitis C, an infection that is entirely preventable and curable with NICE-approved treatments. Hospital admissions and deaths from hepatitis C-related liver disease and liver cancer have risen three-fold in the UK since 1998 and overall liver mortality has increased, in contrast to the rest of Europe where deaths from liver disease are decreasing.

At least 216,000 people in England are estimated to have hepatitis C, most of whom remain undiagnosed. There are an estimated 58,000 people living with hepatitis C in London, which faces particular challenges due to the size, diversity and often transient nature of its population, as well as the disjointed nature of existing service provision. The disease predominantly affects people who use drugs (PWUD), who may find it particularly difficult to navigate poorly integrated care pathways.

Left untreated, hepatitis C can cause cirrhosis, liver cancer, liver failure, or death. Failure to address the spread of the virus will result in an increasing pool of people with hepatitis C in London and significant NHS costs due to chronic disease and the treatment of late complications of the virus.

Hepatitis C could be eliminated by 2030, however there needs to be a strategy with clear lines of responsibility within the Department of Health, NHS England, Public Health England and Clinical
Commissioning Groups. The strategy must include measurable targets, robust data collection and a lead responsible for improving hepatitis C outcomes.

The Scottish Government’s Hepatitis C Action Plan was launched in 2006, and is regarded globally as a model of good practice. Considerable progress has been made, with evident increases in the annual number of people diagnosed with hepatitis C and initiated on antiviral therapy, and an encouraging downward trend in the incidence of hepatitis C infection among PWUD.

In 2012 the LJWG published the London Consensus, which sets out specific recommendations – developed in consultation with over 300 health care professionals and patient advocates – to improve access to treatment services for PWUD. Four London boroughs have run pilots in 2013 to measure the effectiveness of the recommendations. The London Consensus can be used as a blueprint for commissioning services across the country and on which to build a national strategy to combat hepatitis C.

Professor Nutt commented, “the government’s failure to publish its promised Liver Strategy is a shameful decision that demonstrates a wilful blindness on tackling the growing epidemic of liver disease in this country.”

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1 www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131104/text/131104w0003.htm#131104w0003.htm_wqn21 (accessed 20 December 2013)
3 Health Protection Agency, Hepatitis C in London – Annual review (2011 data), August 2012
4 Health Protection Agency, Hepatitis C in the UK: 2012 report, July 2012
5 The Hepatitis C Trust, Opportunity knocks? An Audit of hepatitis C services during the Transition, March 2013