Public Health England

Protecting and improving the nation's health

Preview of 2nd Atlas of Variation in Liver Disease & PHE Action on Liver Disease

Thank you for joining the webinar. The session will start at 2pm. Please ensure you are on **mute**.

Please note that the webinar is being recorded.

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Public Health England

The webinar team

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Questions can be asked by the Instant Messaging tool or by emailing neolcin@phe.gov.uk. We will pause to answer the questions throughout the webinar.

This webinar is being recorded and we are planning to make this available as a resource.

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Why care about Liver Disease

- Young
  - 90% deaths < 70 years, third highest cause working age mortality, 40% deaths in 40 year olds
- Deprived and marginalised populations (BAME)
- ~90% preventable
- Deaths: unexpected, frightening, dramatic
- NCEPOD: Potentially preventable
- Little End of Life Care (except Primary Liver Cell Cancer)

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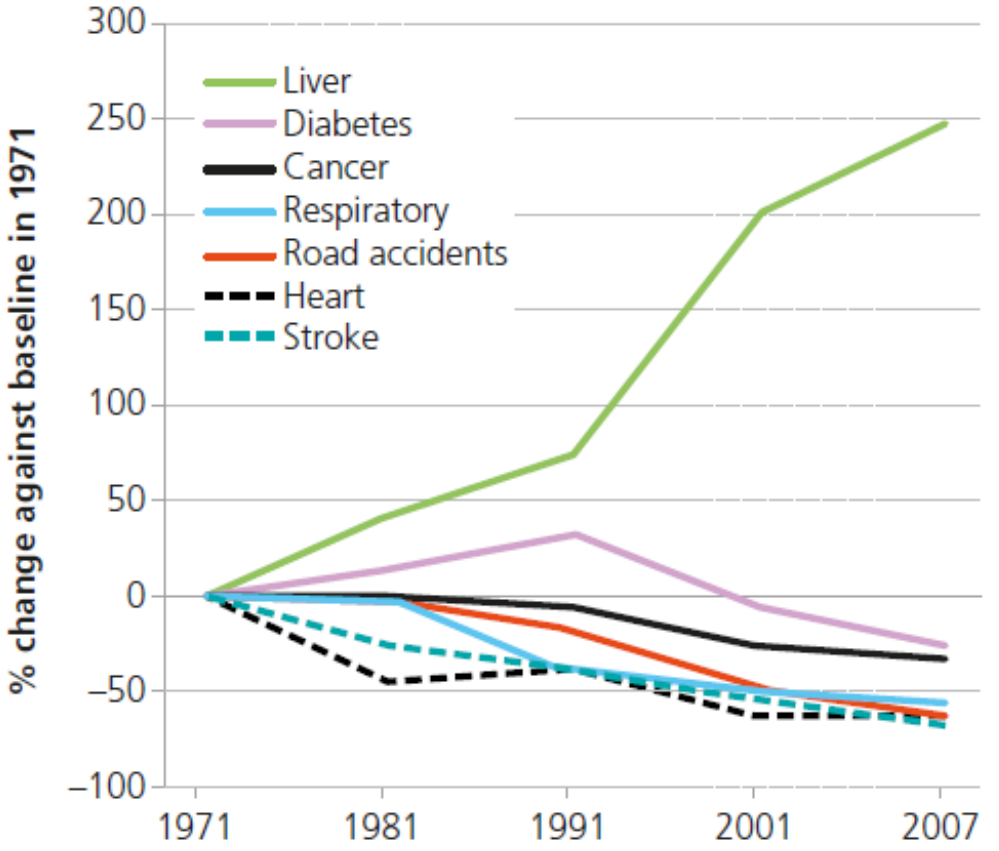
A key issue for population health

In the *Annual Report of the Chief Medical Officer (CMO), Volume 1, 2011*, liver disease one of three issues for population health because:
"the only major cause of mortality and morbidity which is on the increase in England..."

In 2010, it killed more people than were killed in transport accidents and more women than cancer of the cervix.

FIGURE I.3: TREND IN MORTALITY FROM LIVER DISEASE IN RELATION TO TRENDS IN MORTALITY FROM OTHER CAUSES, ENGLAND, 1971–2007



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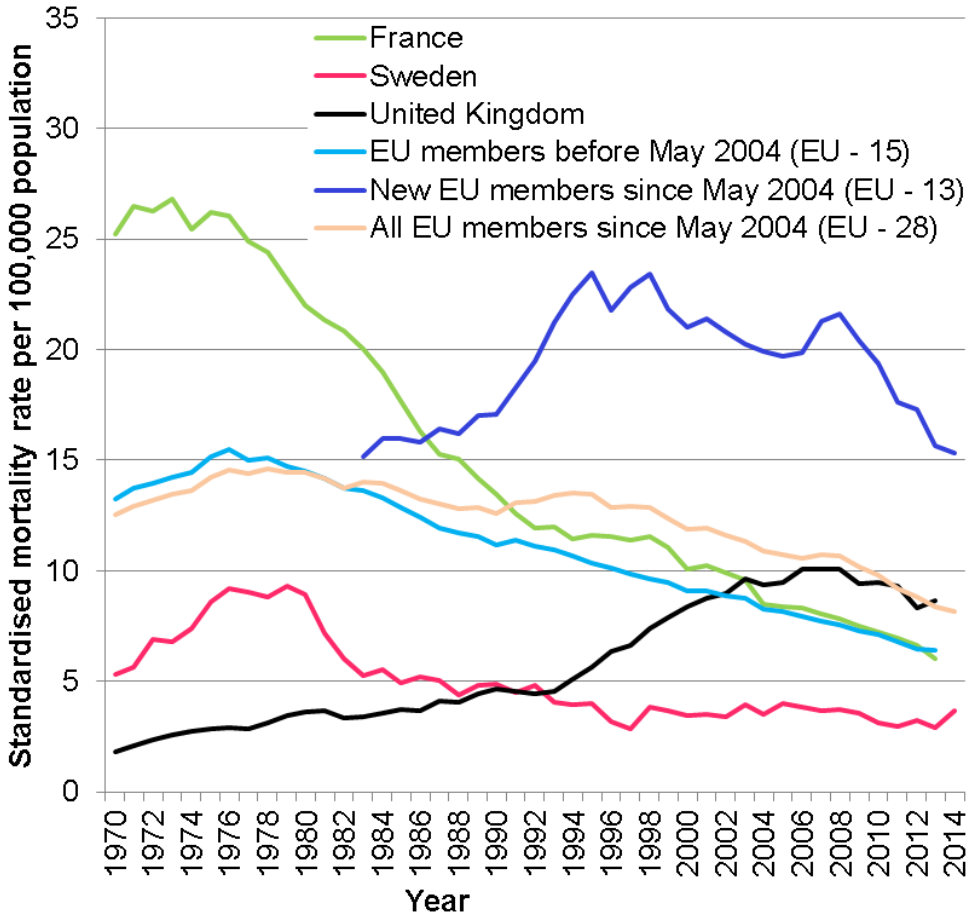
Premature mortality from chronic liver disease and cirrhosis in people aged under 65 in the UK and European Union (EU) countries before and after 2004, and France and Sweden, 1970-2014



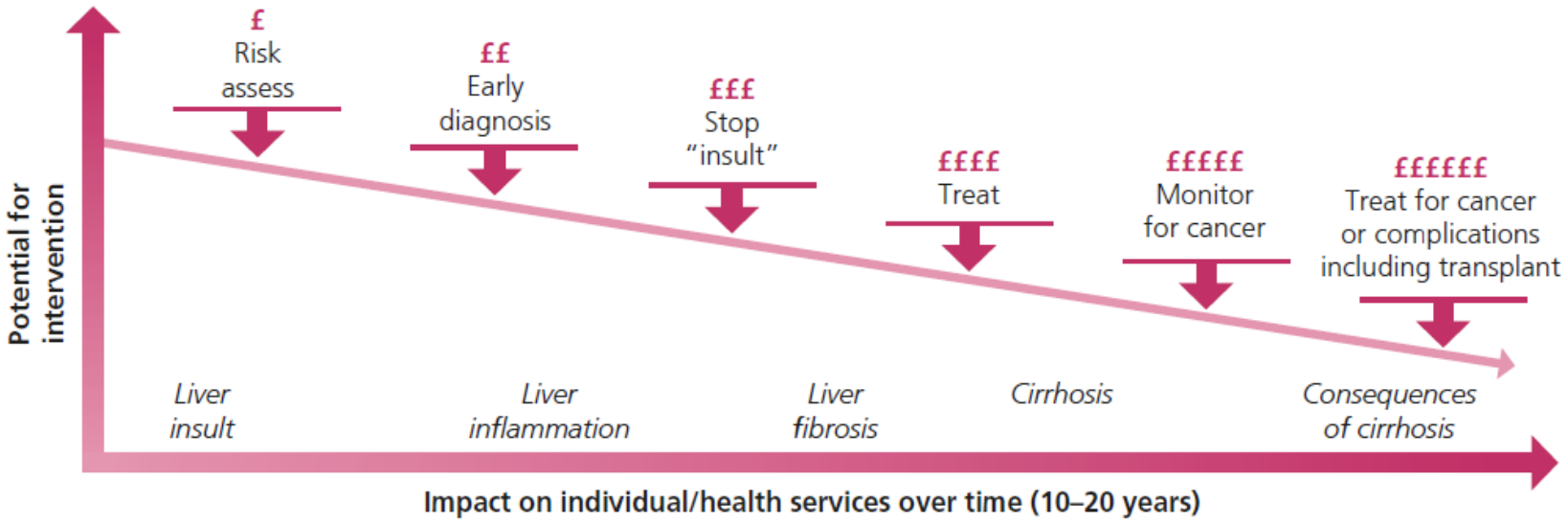
Preliminary analysis

Source: European health for all database (HFA-DB) WHO/Europe July 2016)

A public health approach to Liver Cancer

Opportunities for intervention and the effectiveness of intervention diminish with progression of liver disease, whereas the relative costs of the interventions that can be applied increase

FIGURE I.5: THE POTENTIAL FOR, AND COST OF, INTERVENTION IN RELATION TO THE COURSE OF LIVER DISEASE



24 http://data.euro.who.int/dmdb/

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Outline

- Intelligence on Liver Disease: Inequalities and Geographical Variation
  - Introduction to inequalities in liver disease
  - Local Authority Liver Disease Profiles
  - Atlases of Variation in Liver Disease (Preview the 2nd Atlas)
- Obesity
- Alcohol
- Hepatitis B &C
- Healthcare issues

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Intelligence on Liver Disease

Audiences:

Hepatologists

Providers (Trusts, Primary Care, Local Authorities, NGOs)

Commissioners (CCGs, STPs, Specialist Commissioning)

Government Departments

Patients, the Public, NGOs

Products:

Local Authority Liver Disease Profiles

Update of Atlas of Variation in Liver Disease

Ad-hoc reports and requests

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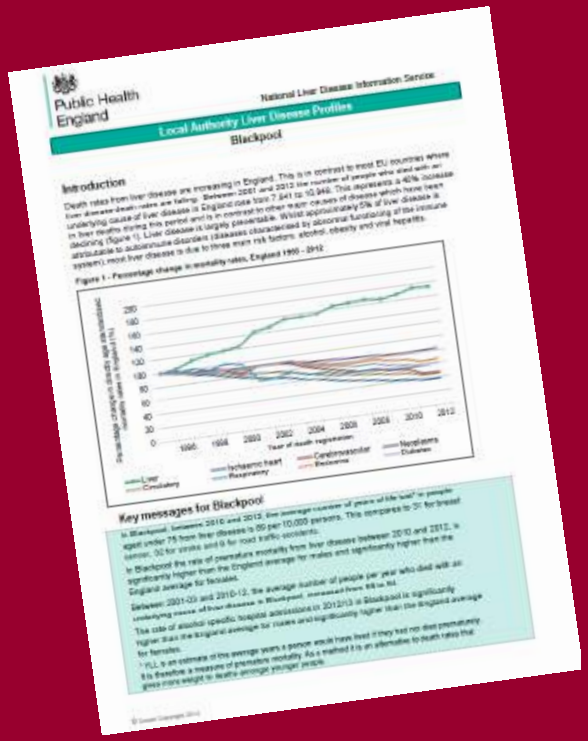

http://fingertips.phe.org.uk/profile/liver-disease

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Inequalities

Location, location

Variation, variation…..

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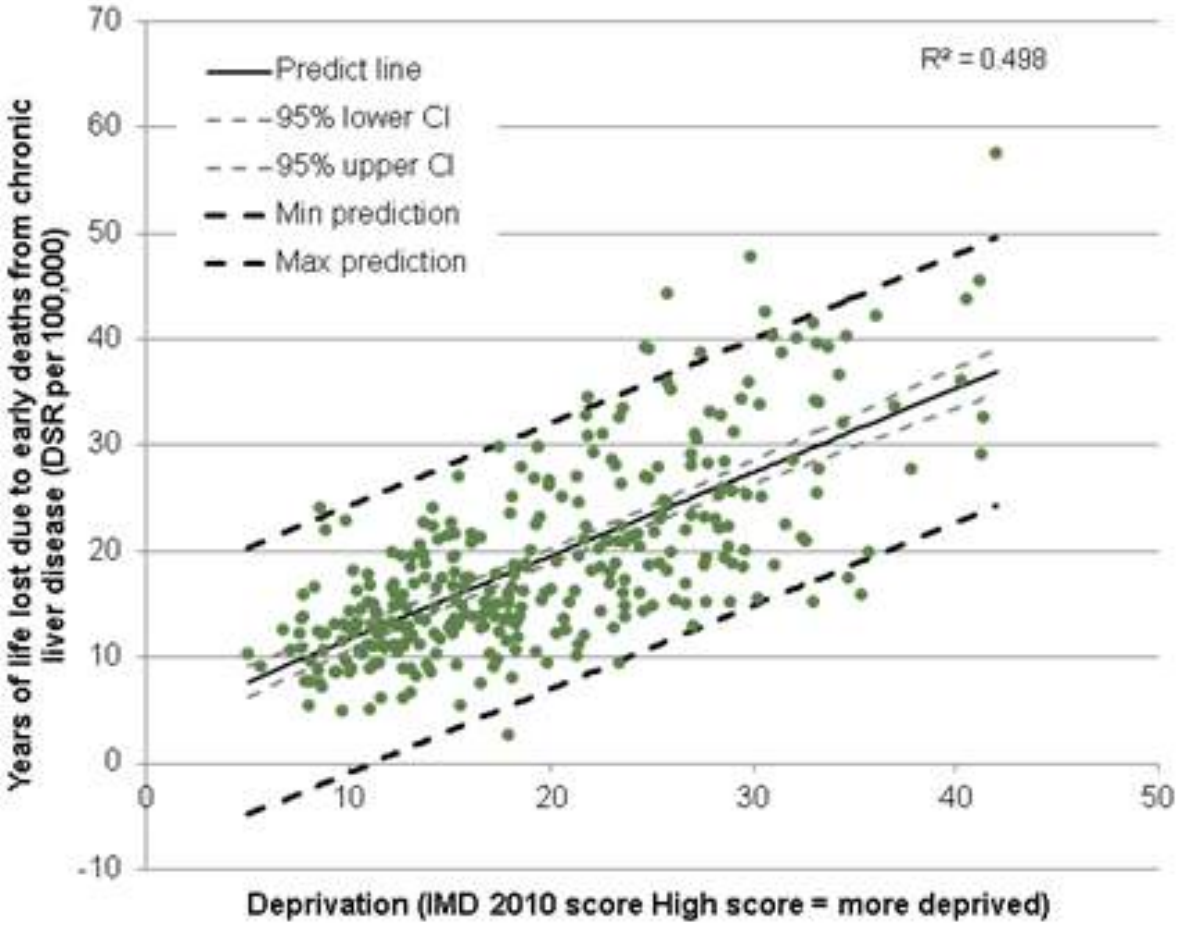
Rate of years of life lost in people aged under 75 years due to mortality from chronic liver disease including cirrhosis per 100,000 population by LTLA 2012-14 in relation to the index of multiple deprivation (IMD) 2015 (1 = The least deprived; 100= The most deprived)



Source: NHS Digital Indicator Portal & Department of communities and local government

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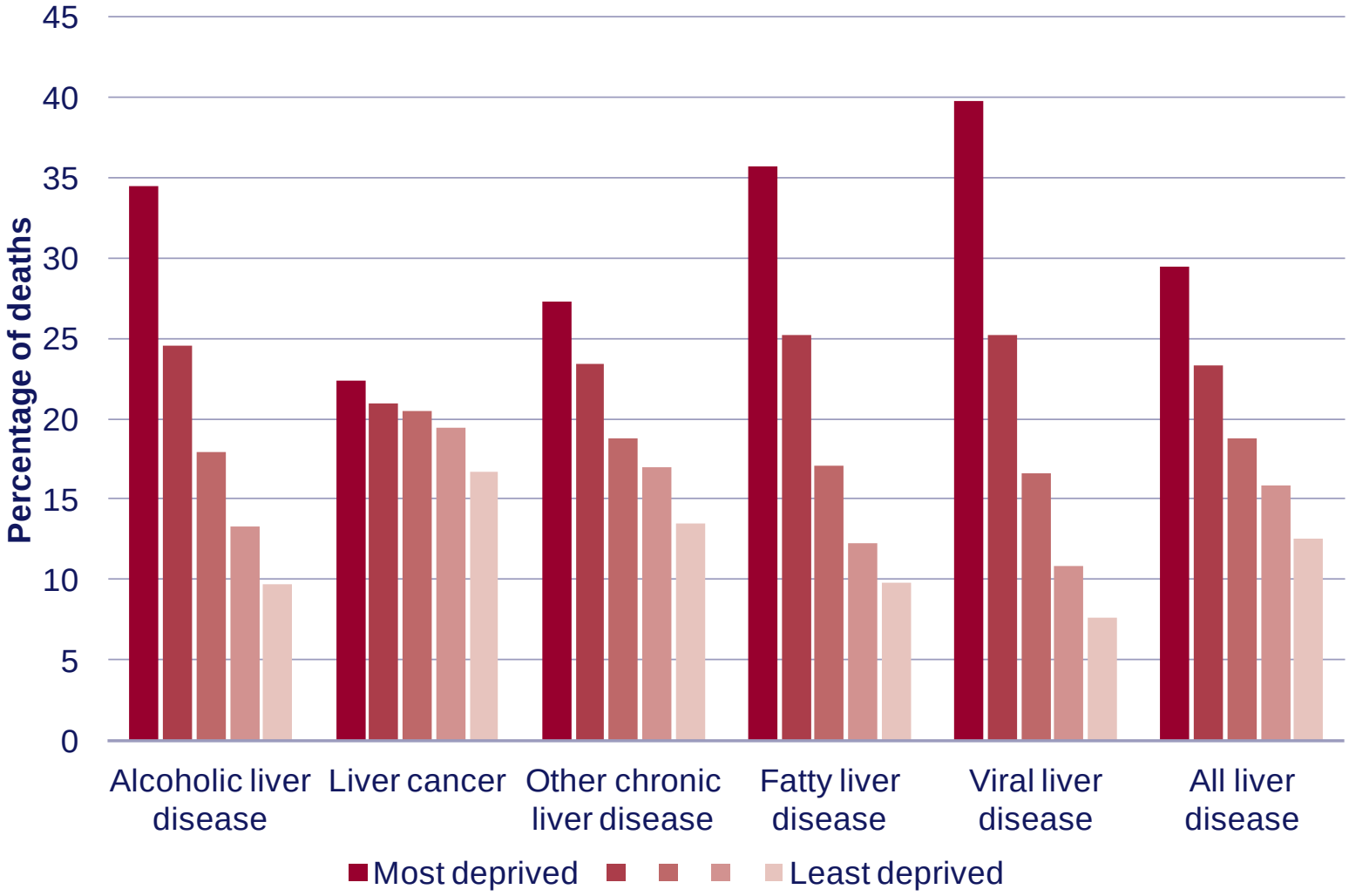
Distribution by quintile of income deprivation of deaths with an underlying cause of liver disease, 2003 to 2012, England (Source: ONS)



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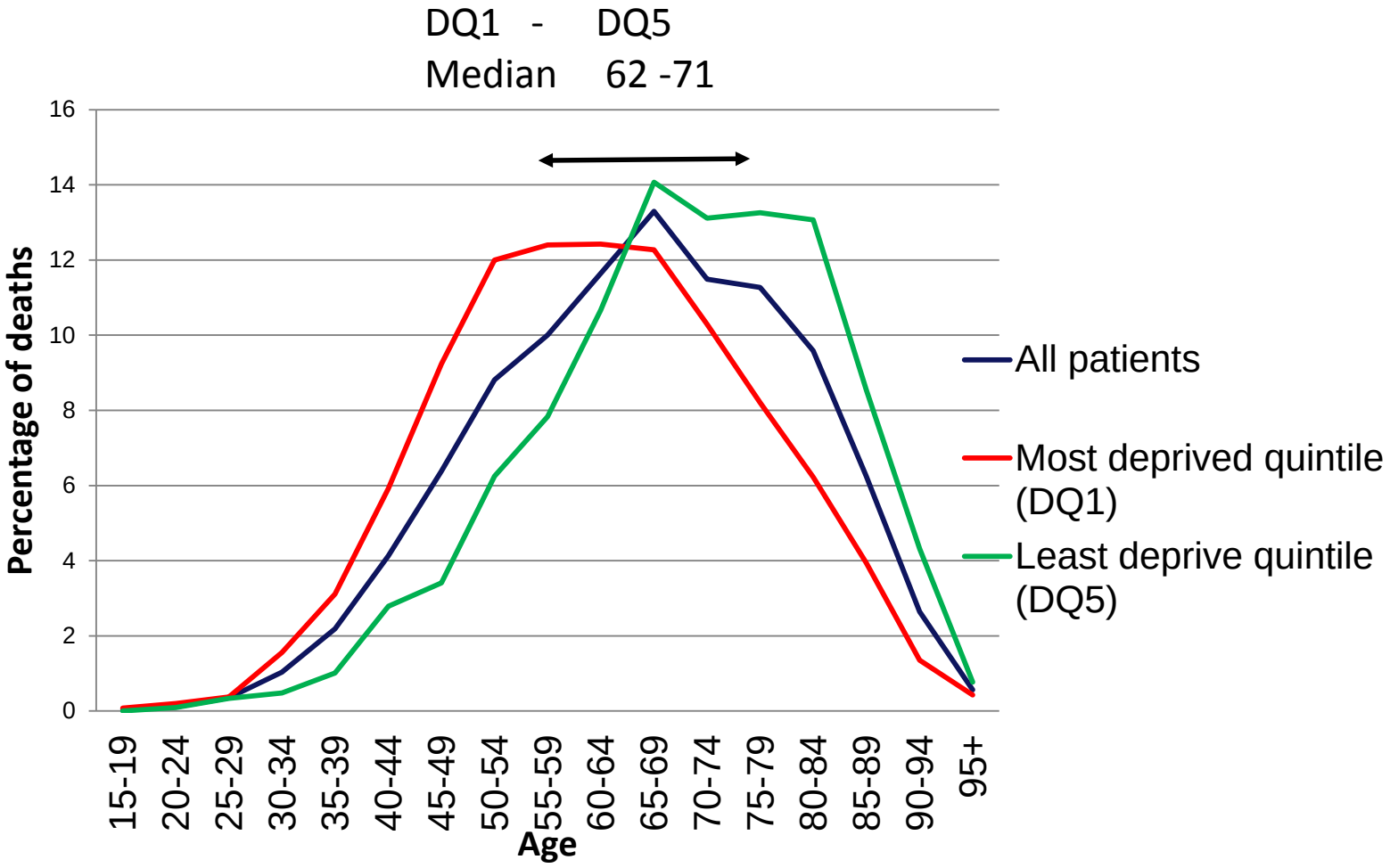
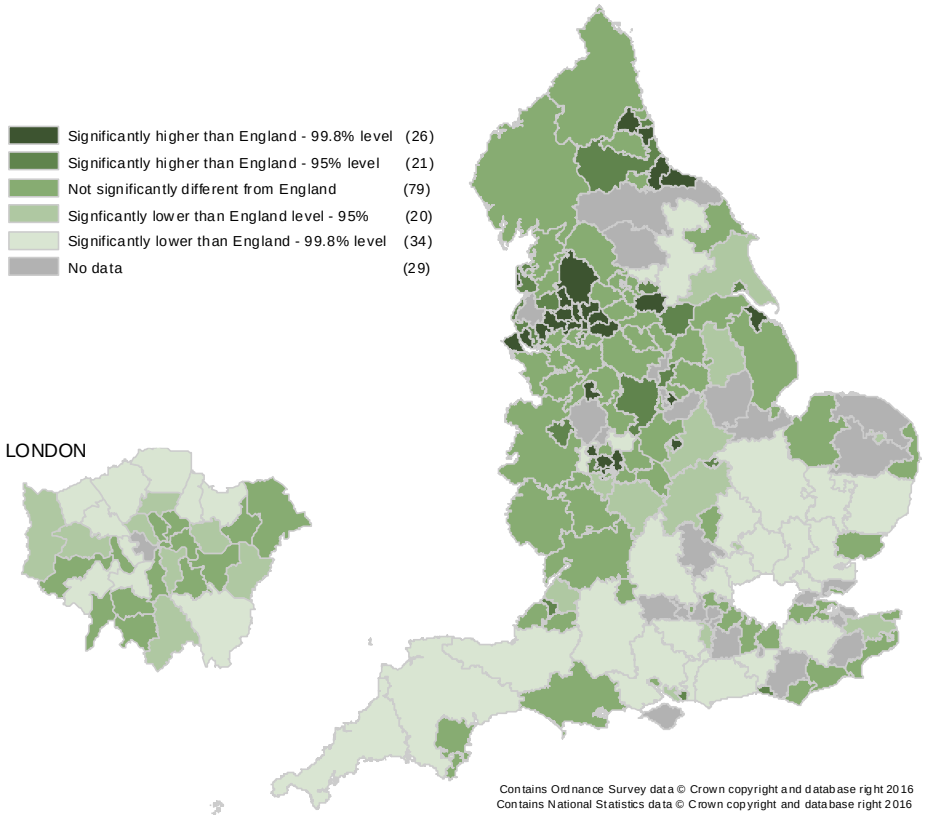
Age at death by deprivation quintile – all liver disease

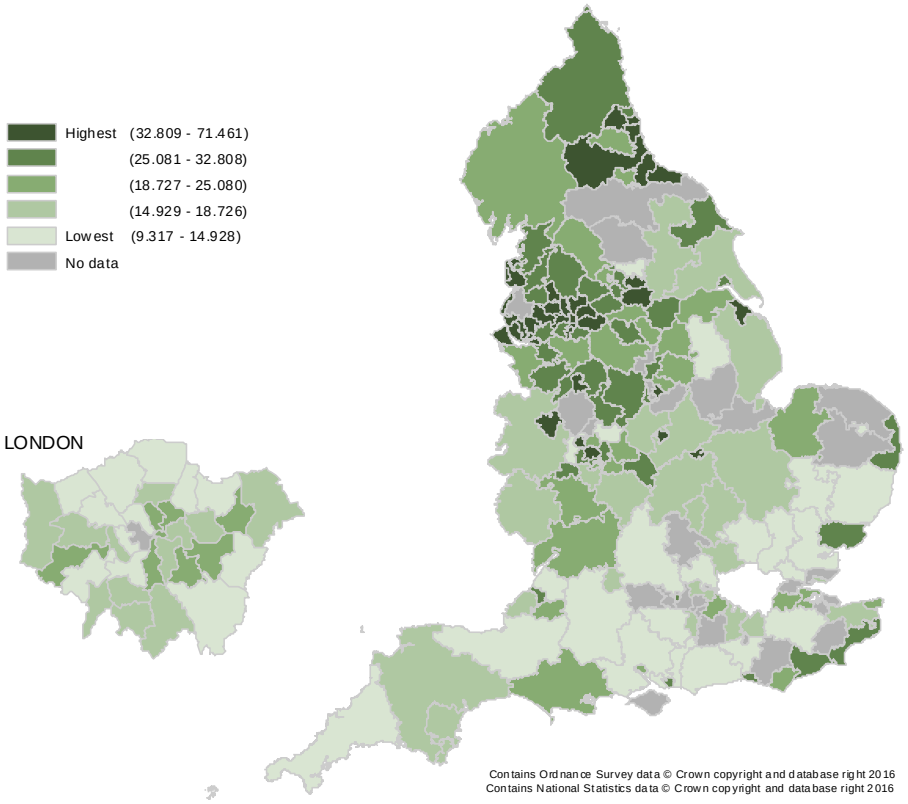
Liver Medicine
Bristol Royal Infirmary



MAP M1u65: Rate of years of life lost in people aged under 65 years due to mortality from chronic liver disease including cirrhosis per population by CCG

Standardised Years of Life Lost per 10,000, 2013-2015





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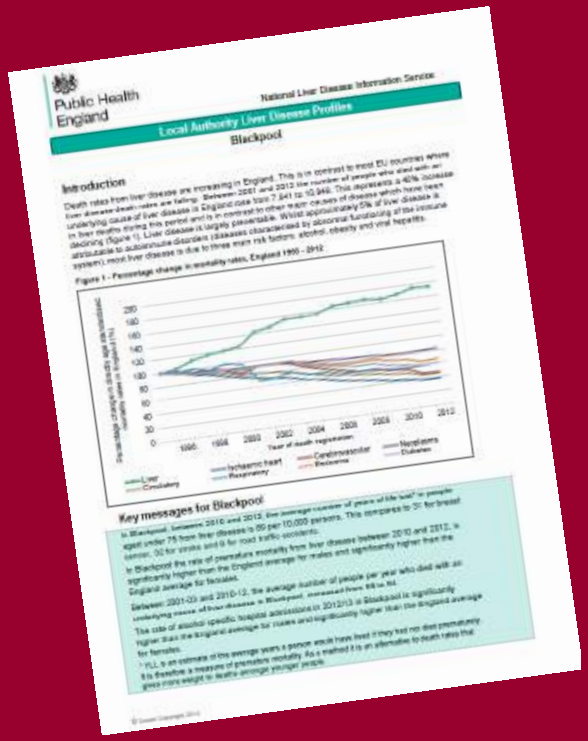

http://fingertips.phe.org.uk/profile/liver-disease

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Local Authority Liver Disease Profiles

Public Health England

National Liver Disease Information Service

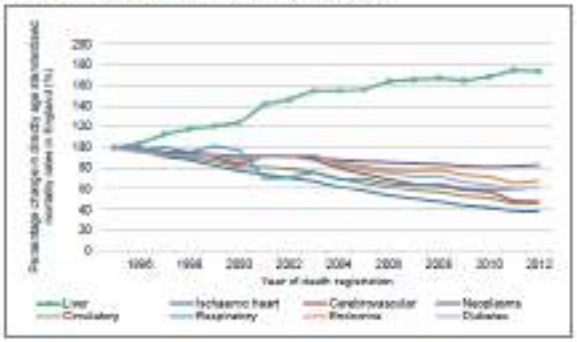
Local Authority Liver Disease Profiles

Blackpool

Introduction

Death rates from liver disease are increasing in England. This is in contrast to most EU countries where liver disease death rates are falling. Between 2001 and 2012 the number of people who died with an underlying cause of liver disease in England rose from 7,841 to 10,949. This represents a 40% increase in liver deaths during this period and is in contrast to other major causes of disease which have been declining (figure 1). Liver disease is largely preventable. Whilst approximately 5% of liver disease is attributable to autoimmune disorders (diseases characterised by abnormal functioning of the immune system), most liver disease is due to three main risk factors: alcohol, obesity and viral hepatitis.

Figure 1 - Percentage change in mortality rates, England 1990 - 2012



Key messages for Blackpool

In Blackpool, between 2010 and 2012, the average number of years of life lost* in people aged under 75 from liver disease is 69 per 10,000 persons. This compares to 31 for breast cancer, 32 for stroke and 9 for road traffic accidents.

In Blackpool the rate of premature mortality from liver disease between 2010 and 2012, is significantly higher than the England average for males and significantly higher than the England average for females.

Between 2001-03 and 2010-12, the average number of people per year who died with an underlying cause of liver disease in Blackpool, increased from 18 to 30.

The rate of alcohol specific hospital admissions in 2012/13 in Blackpool is significantly higher than the England average for males and significantly higher than the England average for females.

* YLL is an estimate of the average years a person would have lived if they had not died prematurely. It is therefore a measure of premature mortality. As a method it is an alternative to death rates that gives more weight to deaths amongst younger people.

liver disease profile - Blackpool

Alcohol Related Liver Disease

Key Facts

Alcohol is the most common cause of liver disease in England. Alcoholic liver disease accounts for over a third of liver disease deaths. The more someone drinks above the lower-risk guideline, the higher their risk of developing liver disease. The UK is one of the few European countries where alcohol consumption has risen in the last 50 years.

- Between 2010 and 2012, in those under 75 years, an average of 24 men and 6 women died each year in Blackpool from alcoholic liver disease. In 2012/13, there were 74 hospital admissions in Blackpool (42 male and 32 female) where alcoholic liver disease was the primary diagnosis.
- There were 1,097 alcohol-specific hospital admissions in Blackpool in 2012/13 (701 male and 396 female). The rate of alcohol specific hospital admissions in Blackpool is significantly higher than the England average for males, and significantly higher than the England average for females.
- There are currently 1,558 premises licensed to serve alcohol in Blackpool. This equates to one licensed premises for every 72 adults. There are 751 premises with 24 hour alcohol licences.

Prevention

The most effective way for an individual to prevent alcohol related liver disease is to drink within the lower-risk guideline. There is strong evidence that opportunistic early identification of people whose health is being damaged by alcohol and brief advice is effective in reducing alcohol consumption and related problems, particularly when delivered in Primary Care and Emergency Departments.

There is good evidence that population level interventions which limit availability and affordability of alcohol through licensing restrictions, minimum pricing and taxation that is proportionate to the volume of alcohol are effective in reducing alcohol consumption.

Questions you should ask locally

1. Has alcohol and its links with liver disease been included in your Joint Strategic Needs Assessment (JSNA)?
2. Do you have a local multi-agency alcohol strategy which considers public health and community safety?
3. Are the links between availability of alcohol and alcohol related harm explicitly considered in local licensing policy, and when reviewing new licensing applications?
4. Are local health and social care staff trained to routinely provide early identification of problem drinking and provide brief alcohol advice?
5. Do local alcohol services have sufficient capacity to meet current and future alcohol treatment needs?

Resources

- Health First: An evidence-based alcohol strategy for the UK.
  http://www.ebi.ac.uk/media/schools/management/documents/Alcoholstrategy-updated.pdf
- Local Alcohol Profiles for England http://www.lape.org.uk/
- Longer Lives: http://longerlives.phe.org.uk/
- National Institute for Health and Care Excellence. Public health guidance Alcohol-use disorders - preventing harmful drinking. http://www.nice.org.uk/guidance/PH24
- National Confidential Enquiry into Patient Outcome and Death: Alcohol Related Liver Disease: Measuring the Units: http://www.ncepod.org.uk/2013prof.htm
- The Alcohol Learning Centre (http://www.alcohollearningcentre.org.uk/

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Blackpool key messages YLL

Key messages for Blackpool

In Blackpool, between 2010 and 2012, the average number of years of life lost* in people aged under 75 from liver disease is 89 per 10,000 persons. This compares to 31 for breast cancer, 32 for stroke and 9 for road traffic accidents.

In Blackpool the rate of premature mortality from liver disease between 2010 and 2012, is significantly higher than the England average for males and significantly higher than the England average for females.

Between 2001-03 and 2010-12, the average number of people per year who died with an underlying cause of liver disease in Blackpool, increased from 58 to 64.

The rate of alcohol specific hospital admissions in 2012/13 in Blackpool is significantly higher than the England average for males and significantly higher than the England average for females.

* YLL is an estimate of the average years a person would have lived if they had not died prematurely. It is therefore a measure of premature mortality. As a method it is an alternative to death rates that gives more weight to deaths amongst younger people.

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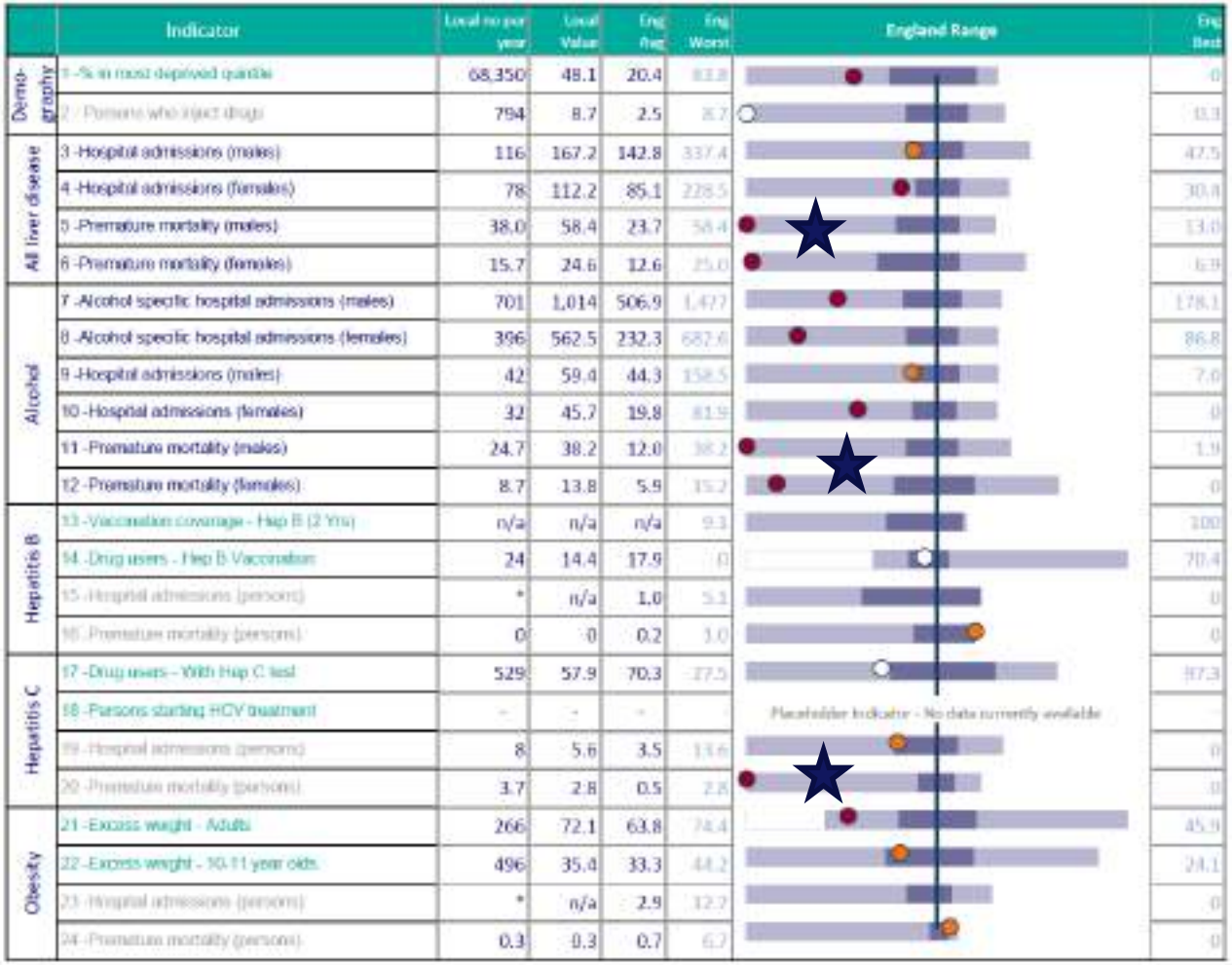
Profile spine charts – Blackpool
N.B. Deprivation, alcohol, hepatitis C



	Indicator	Local no per year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Demography	1 -% in most deprived quintile	68,350	48.1	20.4	83.8		0
	2 - Persons who inject drugs	794	8.7	2.5	8.7		0.3
All liver disease	3 -Hospital admissions (males)	116	167.2	142.8	337.4		47.5
	4 -Hospital admissions (females)	78	112.2	85.1	228.5		30.8
	5 -Premature mortality (males)	38.0	58.4	23.7	58.4		13.0
	6 -Premature mortality (females)	15.7	24.6	12.6	25.0		6.9
Alcohol	7 -Alcohol specific hospital admissions (males)	701	1,014	506.9	1,477		178.1
	8 -Alcohol specific hospital admissions (females)	396	562.5	232.3	682.6		86.8
	9 -Hospital admissions (males)	42	59.4	44.3	158.5		7.0
	10 -Hospital admissions (females)	32	45.7	19.8	81.9		0
	11 -Premature mortality (males)	24.7	38.2	12.0	38.2		1.9
	12 -Premature mortality (females)	8.7	13.8	5.9	15.2		0
Hepatitis B	13 -Vaccination coverage - Hep B (2 Yrs)	n/a	n/a	n/a	93		100
	14 -Drug users - Hep B Vaccination	24	14.4	17.9	0		70.4
	15 -Hospital admissions (persons)	*	n/a	1.0	5.1		0
	16 -Premature mortality (persons)	0	0	0.2	1.0		0
Hepatitis C	17 -Drug users - With Hep C test	529	57.9	70.3	27.5		97.3
	18 -Persons starting HCV treatment	-	-	-	-	Placeholder indicator - No data currently available	-
	19 -Hospital admissions (persons)	8	5.6	3.5	13.6		0
	20 -Premature mortality (persons)	3.7	2.8	0.5	2.8		0
Obesity	21 -Excess weight - Adults	266	72.1	63.8	74.4		45.9
	22 -Excess weight - 10-11 year olds	496	35.4	33.3	44.2		24.1
	23 -Hospital admissions (persons)	*	n/a	2.9	12.7		0
	24 -Premature mortality (persons)	0.3	0.3	0.7	6.7		0

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Profile spine charts – Plymouth Fairly average

	Indicator	Local no per year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Demography	1 -% in most deprived quintile	67,594	26.2	20.4	83.8		0
	2 - Persons who inject drugs	1,070	6.2	2.5	8.7		0.3
All liver disease	3 -Hospital admissions (males)	172	151.9	142.8	337.4		47.5
	4 -Hospital admissions (females)	125	101.9	85.1	228.5		30.4
	5 -Premature mortality (males)	23.7	23.4	23.7	58.4		13.0
	6 -Premature mortality (females)	11.7	11.0	12.6	25.0		6.9
Alcohol	7 -Alcohol specific hospital admissions (males)	650	533.7	506.9	1,477		178.1
	8 -Alcohol specific hospital admissions (females)	360	275.9	232.3	682.6		86.8
	9 -Hospital admissions (males)	68	59.2	44.3	158.5		7.0
	10 -Hospital admissions (females)	24	19.2	19.8	81.9		0
	11 -Premature mortality (males)	9.3	8.9	12.0	38.2		3.9
	12 -Premature mortality (females)	4.0	3.7	5.9	15.2		0
Hepatitis B	13 -Vaccination coverage - Hep B (2 Yrs)	7	41.2	n/a	9.1		100
	14 -Drug users - Hep B Vaccination	35	25.7	17.9	0		70.8
	15 -Hospital admissions (persons)	*	n/a	1.0	5.1		0
	16 -Premature mortality (persons)	1.3	0.6	0.2	1.0		0
Hepatitis C	17 -Drug users - With Hep C test	329	28.8	70.3	37.5		97.3
	18 -Persons starting HCV treatment	-	-	-	-	Placeholder Indicator - No data currently available	-
	19 -Hospital admissions (persons)	7	2.7	3.5	13.6		0
	20 -Premature mortality (persons)	2.7	1.1	0.5	2.8		0
Obesity	21 -Excess weight - Adults	399	60.0	63.8	74.4		45.9
	22 -Excess weight - 10-11 year olds	722	32.1	33.3	44.2		24.1
	23 -Hospital admissions (persons)	12	4.7	2.9	12.7		0
	24 -Premature mortality (persons)	1.7	0.7	0.7	6.2		0

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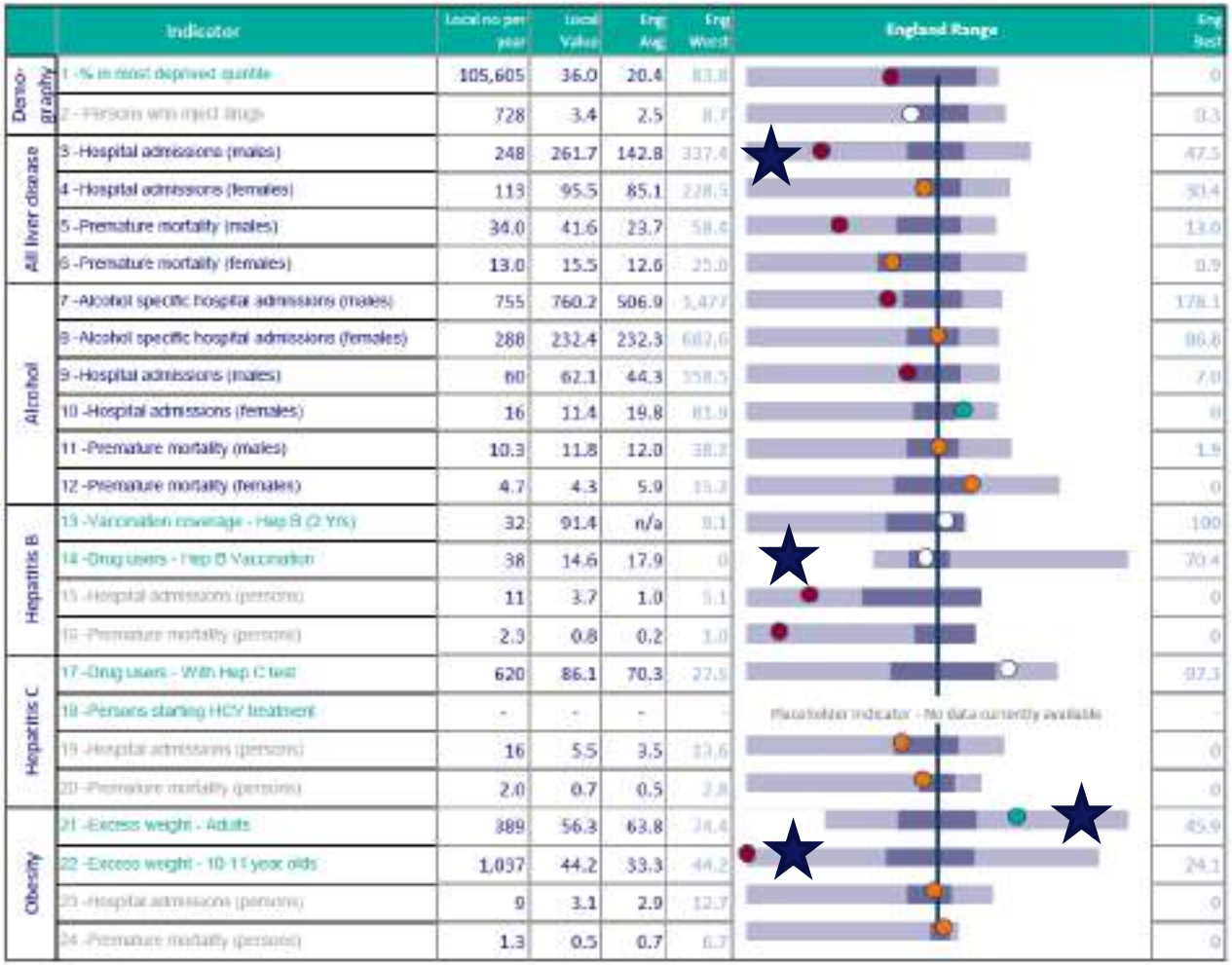
Profile spine charts – Southwark

N.B Deprivation, healthcare, Hepatitis B, Obesity (10-11yrs)



	Indicator	Local no per year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Demography	1 -% in most deprived quintile	105,605	36.0	20.4	83.8		0
	2 -Persons with injecting drugs	728	3.4	2.5	8.7		0.3
All liver disease	3 -Hospital admissions (males)	248	261.7	142.8	337.4		47.5
	4 -Hospital admissions (females)	113	95.5	85.1	228.5		30.4
	5 -Premature mortality (males)	34.0	41.6	23.7	58.4		13.0
	6 -Premature mortality (females)	13.0	15.5	12.6	25.0		0.9
Alcohol	7 -Alcohol specific hospital admissions (males)	755	760.2	506.9	1,477		178.1
	8 -Alcohol specific hospital admissions (females)	288	232.4	232.3	682.0		86.8
	9 -Hospital admissions (males)	80	62.1	44.3	358.5		7.0
	10 -Hospital admissions (females)	16	11.4	19.8	81.9		0
	11 -Premature mortality (males)	10.3	11.8	12.0	38.2		1.9
	12 -Premature mortality (females)	4.7	4.3	5.9	15.3		0
Hepatitis B	13 -Vaccination coverage - Hep B (2 Yrs)	32	91.4	n/a	9.1		100
	14 -Drug users - Hep B Vaccination	38	14.6	17.9	0		70.4
	15 -Hospital admissions (persons)	11	3.7	1.0	5.1		0
	16 -Premature mortality (persons)	2.3	0.8	0.2	1.0		0
Hepatitis C	17 -Drug users - With Hep C test	620	86.1	70.3	27.5		97.3
	18 -Persons starting HCV treatment	-	-	-	-	Placeholder indicator - No data currently available	-
	19 -Hospital admissions (persons)	16	5.5	3.5	13.6		0
	20 -Premature mortality (persons)	2.0	0.7	0.5	2.8		0
Obesity	21 -Excess weight - Adults	389	56.3	63.8	74.4		45.9
	22 -Excess weight - 10-11 year olds	1,037	44.2	33.3	44.2		24.1
	23 -Hospital admissions (persons)	9	3.1	2.9	12.7		0
	24 -Premature mortality (persons)	1.3	0.5	0.7	6.7		0

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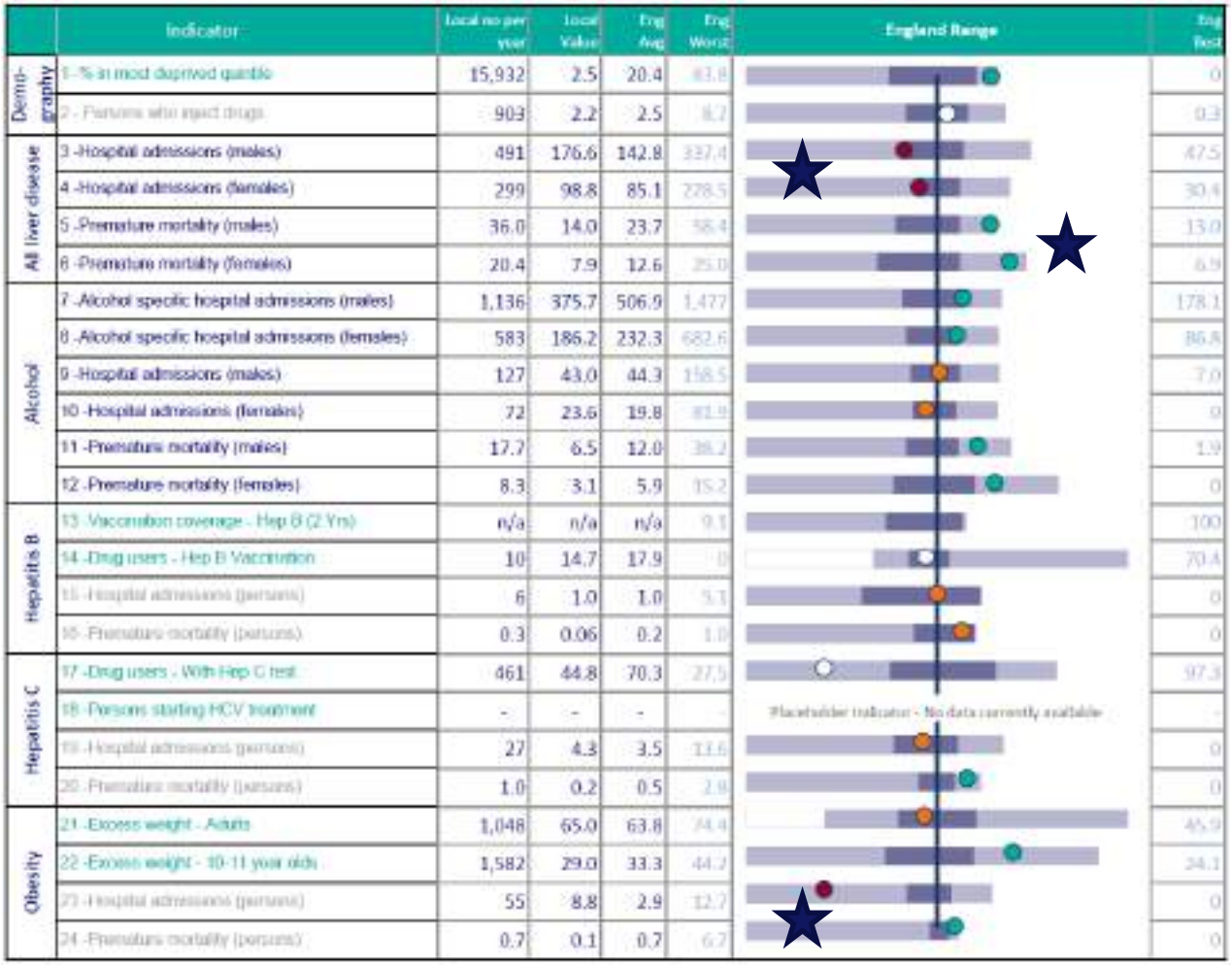
Profile spine charts – Cambridgeshire N.B. Healthcare



	Indicator	Local no per year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Demography	1 -% in most deprived quintile	15,932	2.5	20.4	83.8		0
	2 - Persons who inject drugs	903	2.2	2.5	8.2		0.3
All liver disease	3 -Hospital admissions (males)	491	176.6	142.8	337.4		47.5
	4 -Hospital admissions (females)	299	98.8	85.1	228.5		30.4
	5 -Premature mortality (males)	36.0	14.0	23.7	98.4		13.0
	6 -Premature mortality (females)	20.4	7.9	12.6	25.0		6.9
Alcohol	7 -Alcohol specific hospital admissions (males)	1,136	375.7	506.9	1,477		178.1
	8 -Alcohol specific hospital admissions (females)	583	186.2	232.3	682.6		86.8
	9 -Hospital admissions (males)	127	43.0	44.3	158.5		7.0
	10 -Hospital admissions (females)	72	23.6	19.8	81.9		0
	11 -Premature mortality (males)	17.7	6.5	12.0	38.2		1.9
	12 -Premature mortality (females)	8.3	3.1	5.9	15.2		0
Hepatitis B	13 -Vaccination coverage - Hep B (2 Yrs)	n/a	n/a	n/a	9.1		100
	14 -Drug users - Hep B Vaccination	10	14.7	17.9	0		70.4
	15 -Hospital admissions (persons)	6	1.0	1.0	5.1		0
	16 -Premature mortality (persons)	0.3	0.06	0.2	1.0		0
Hepatitis C	17 -Drug users - With Hep C test	461	44.8	70.3	27.5		97.3
	18 -Persons starting HCV treatment	-	-	-	-	Placeholder indicator - No data currently available	-
	19 -Hospital admissions (persons)	27	4.3	3.5	13.6		0
	20 -Premature mortality (persons)	1.0	0.2	0.5	2.8		0
Obesity	21 -Excess weight - Adults	1,048	65.0	63.8	74.4		45.9
	22 -Excess weight - 10-11 year olds	1,582	29.0	33.3	44.2		24.1
	23 -Hospital admissions (persons)	55	8.8	2.9	12.7		0
	24 -Premature mortality (persons)	0.7	0.1	0.7	6.2		0

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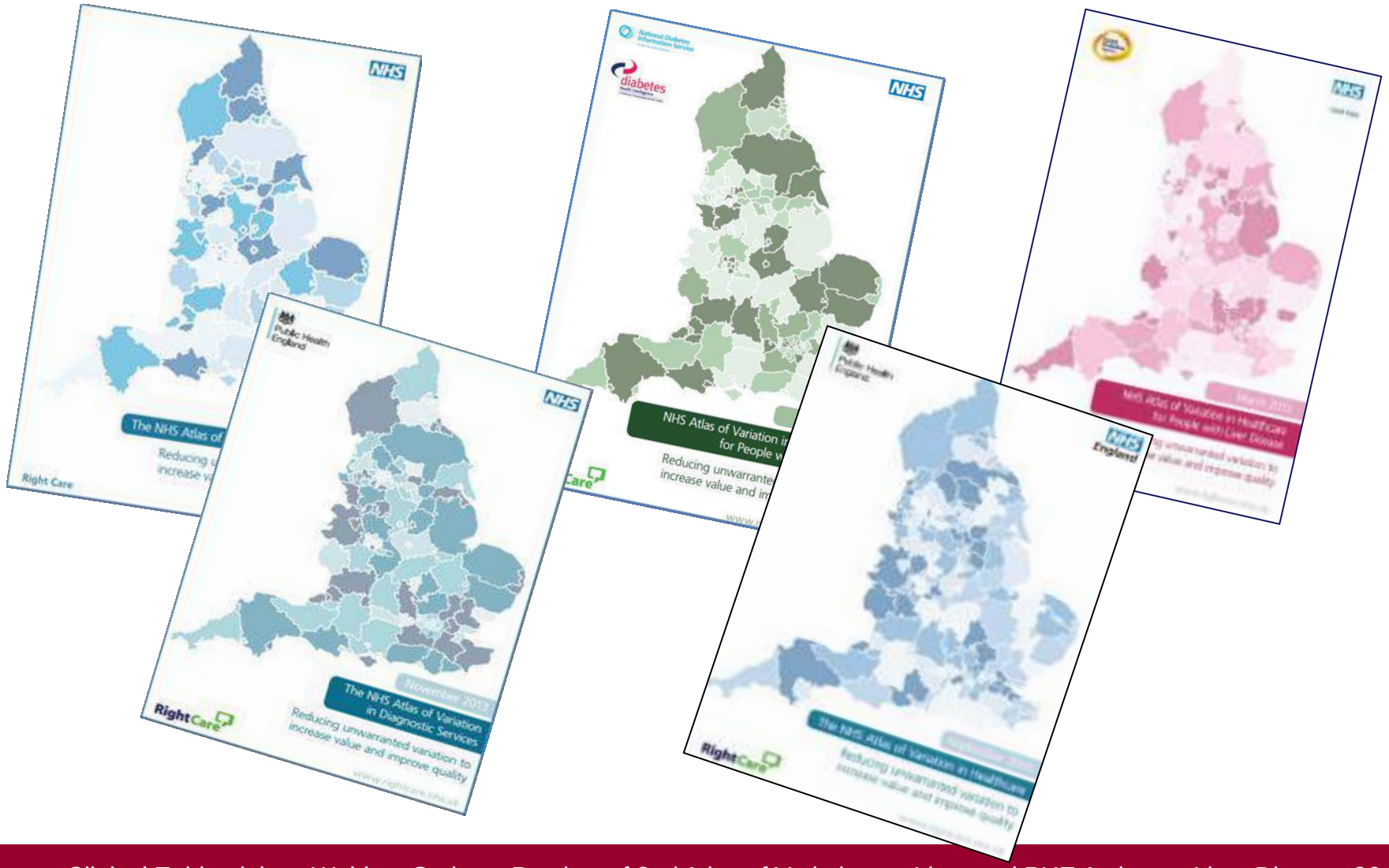
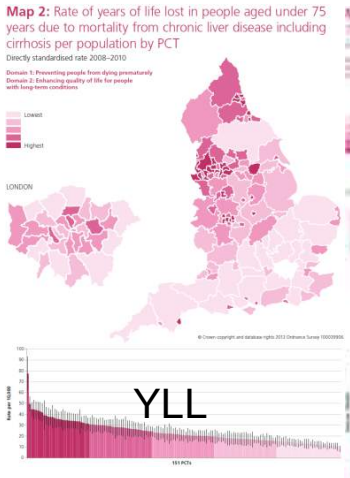
Atlases of Variation



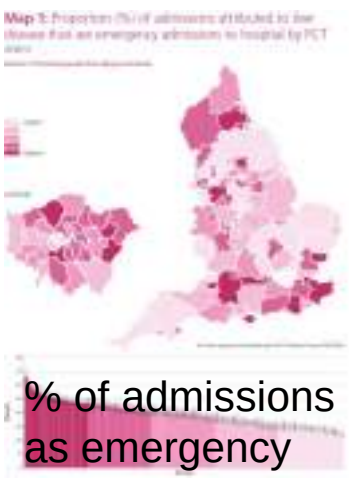
Variations in risk factors, death, admissions and provision of services for Liver Disease – From Liver Disease Atlas



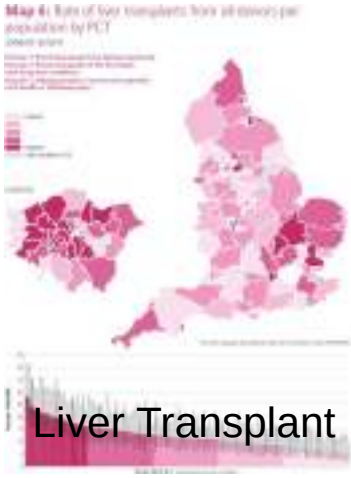
YLL

Mortality <75

≥1 admission for cirrhosis



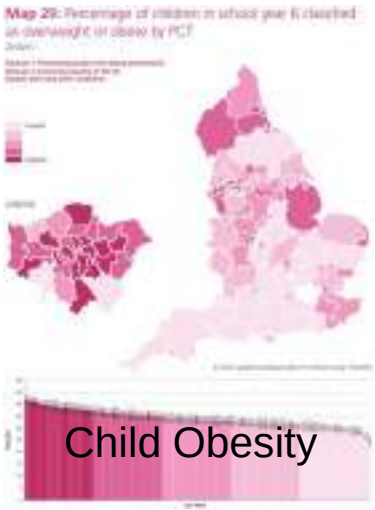
% of admissions as emergency



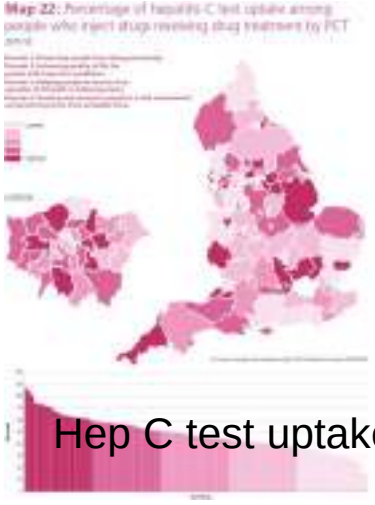
Liver Transplant

Alcohol Admissions

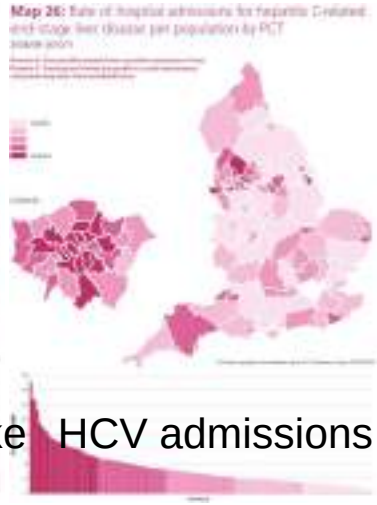
Adult obesity



Child Obesity



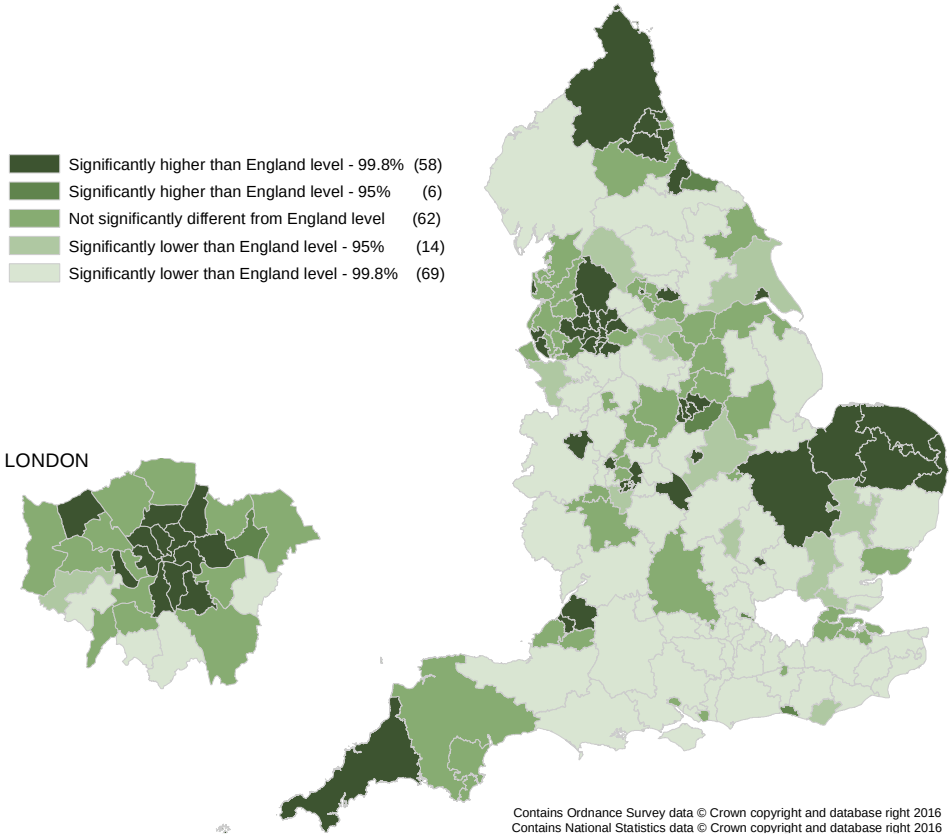
Hep C test uptake

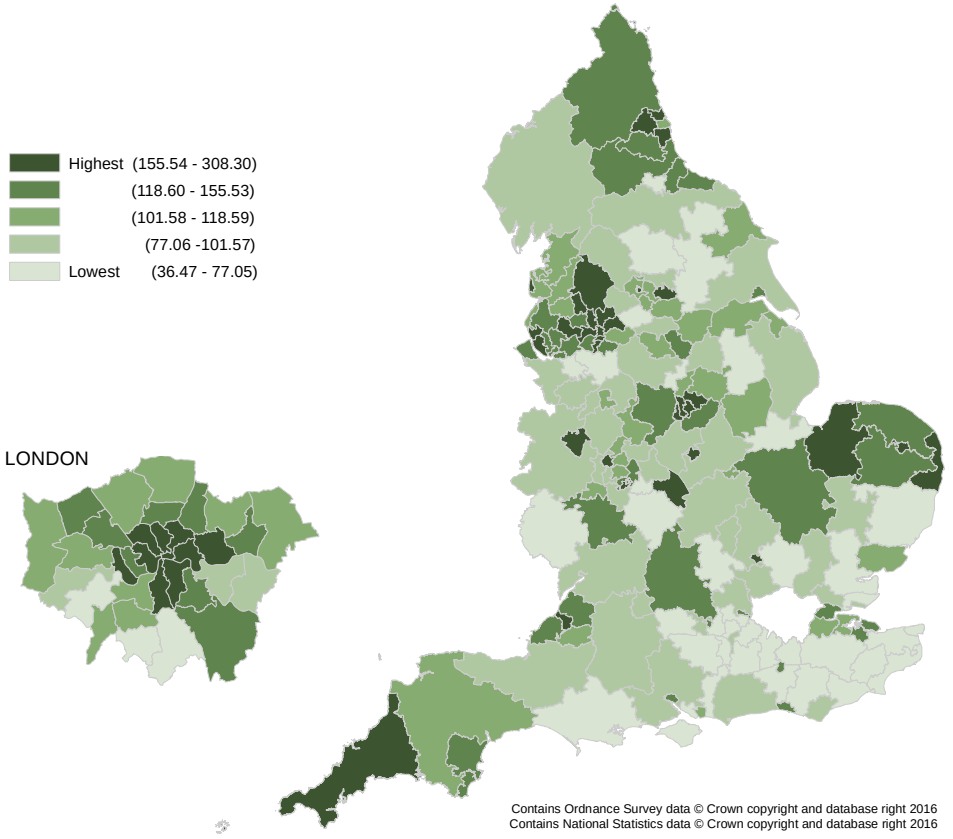


HCV admissions

Map H1: Rate of people admitted to hospital at least once for cirrhosis per population, by CCG

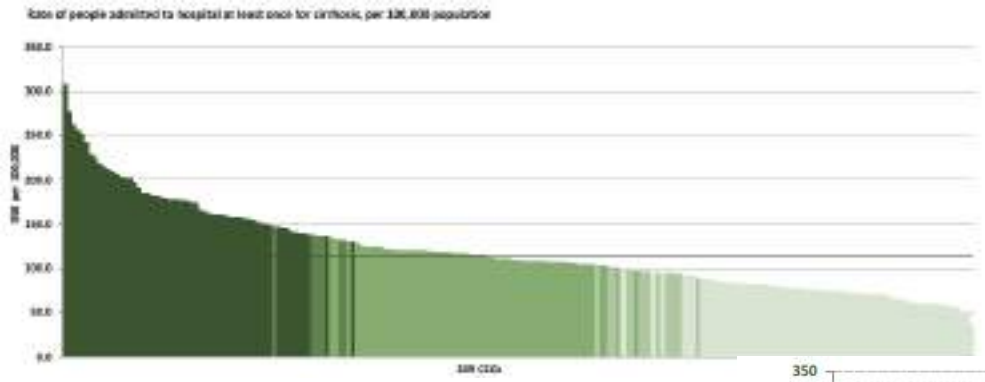
Directly standardised rate, 2014/15

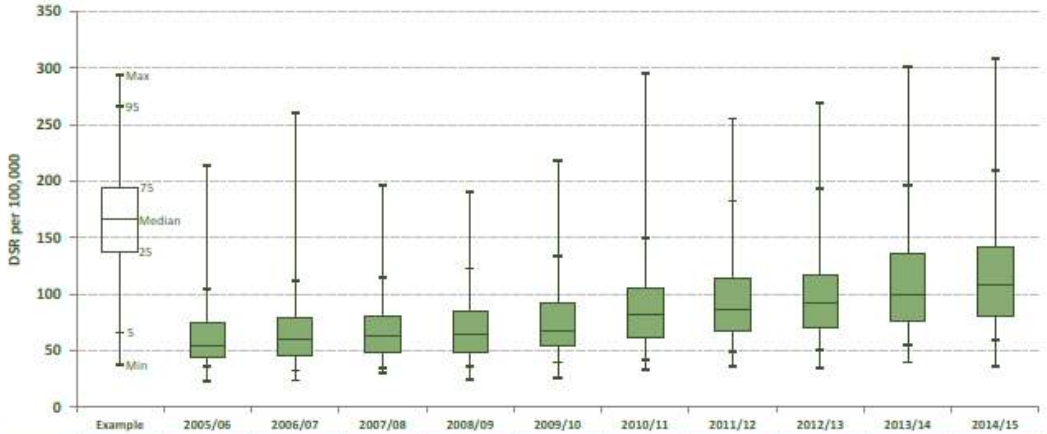




H1: Rate of people admitted to hospital at least once for cirrhosis per population, by CCG

Directly standardised rate, 2014/15

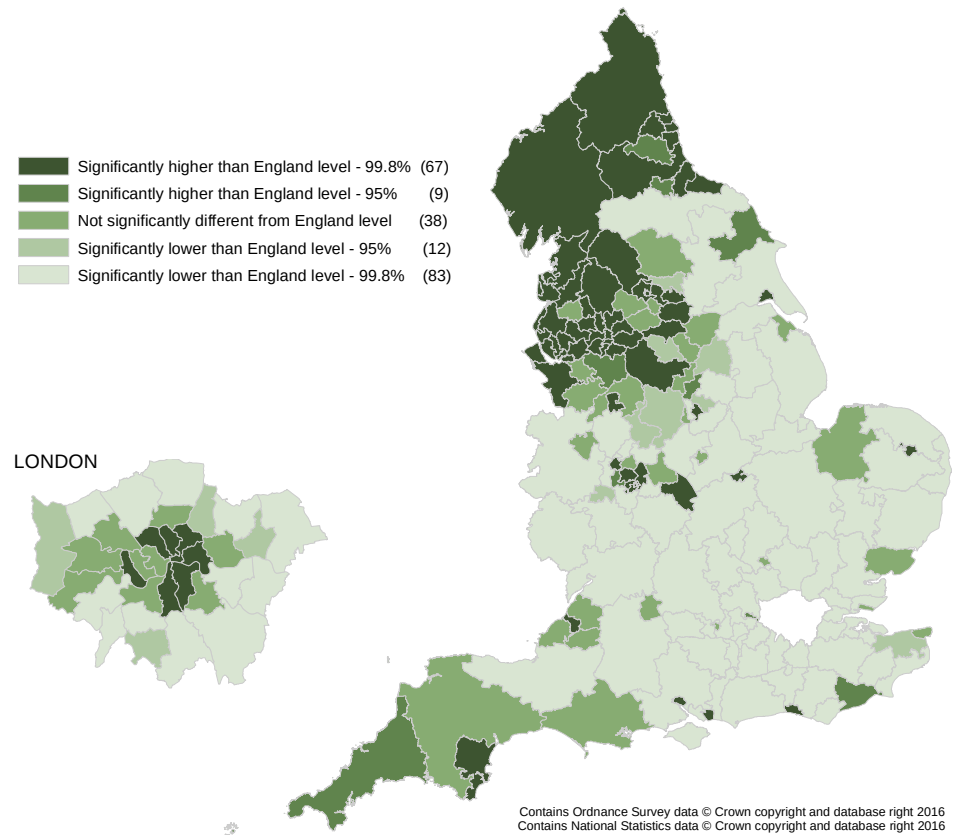


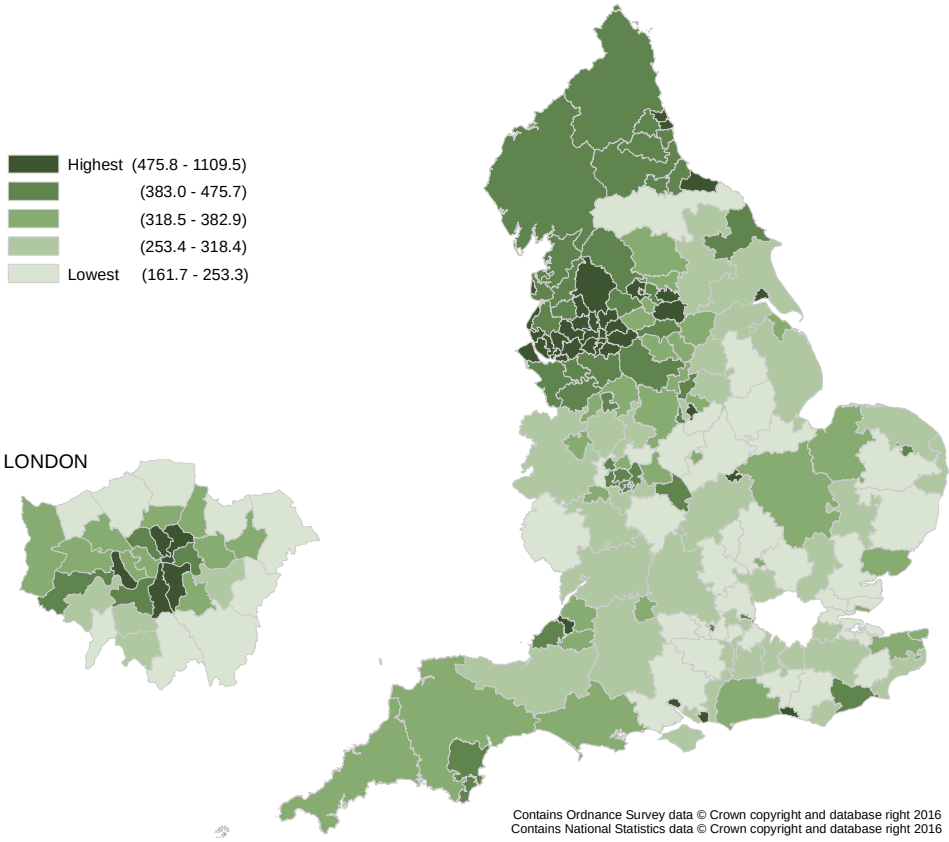


Max-Min (Range)		190.2	236.3	166.0	164.9	192.8	261.7	218.6	234.8	261.1	271.8	WIDENING Significant
95th-5th percentile		68.5	79.9	79.1	87.0	94.0	108.2	133.2	142.6	141.8	150.5	WIDENING Significant
75th-25th percentile		29.8	33.4	32.6	37.6	37.3	44.6	46.9	46.9	58.9	60.0	WIDENING Significant
Median		54.8	59.6	62.4	64.7	67.1	81.6	86.9	91.7	99.4	108.4	INCREASING Significant

MAP H4P: Rate of alcohol specific admissions for all persons per population, by CCG

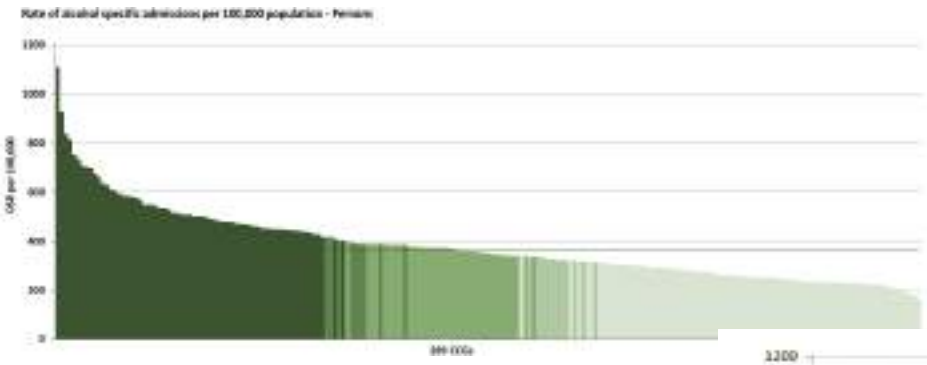
Directly standardised rate, 2014/15

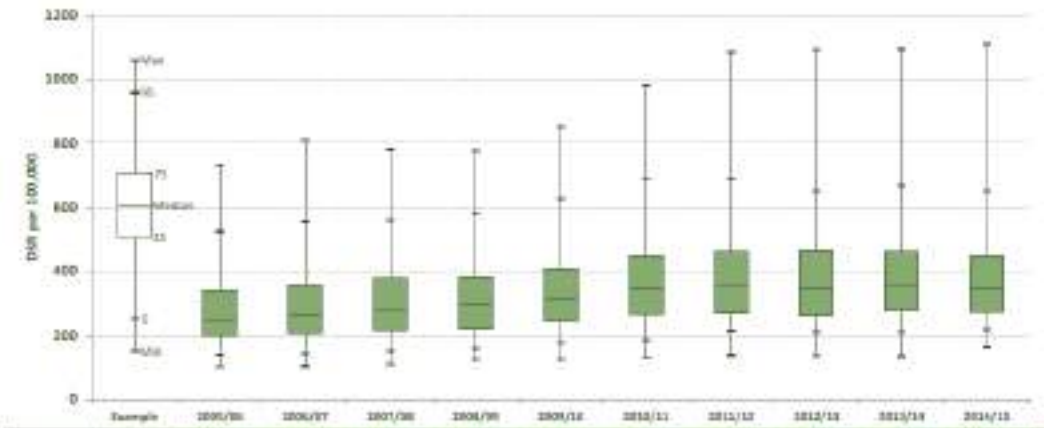




H4P: Rate of alcohol specific admissions for all person per population by CCG

Directly standardised rate, 2014/15

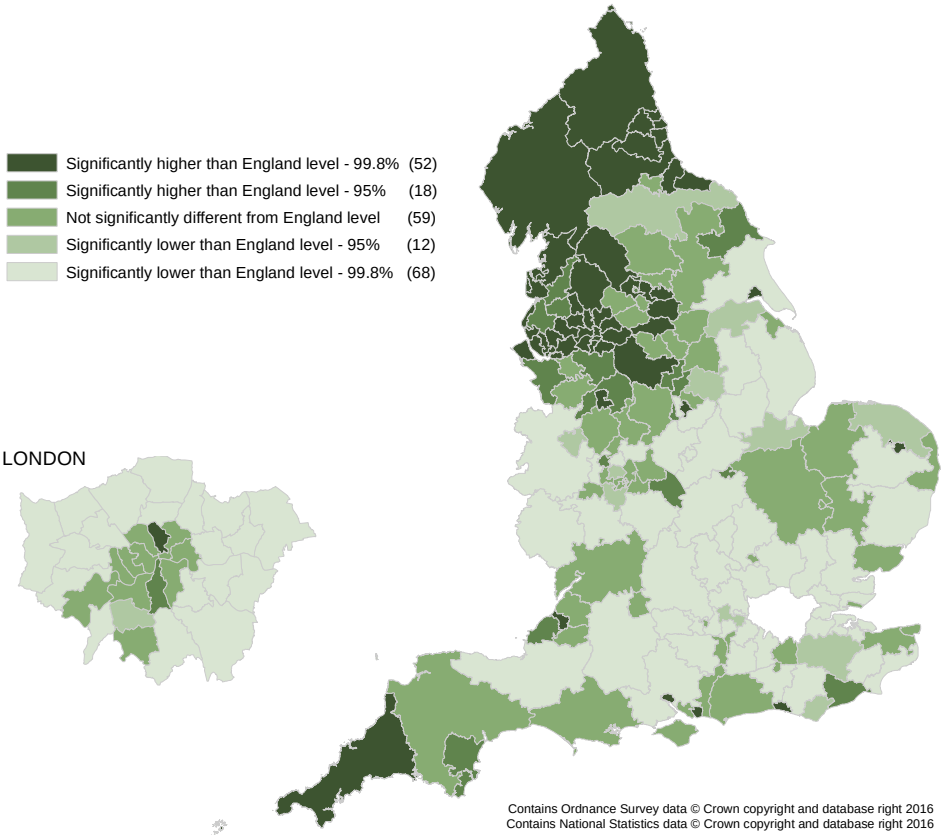


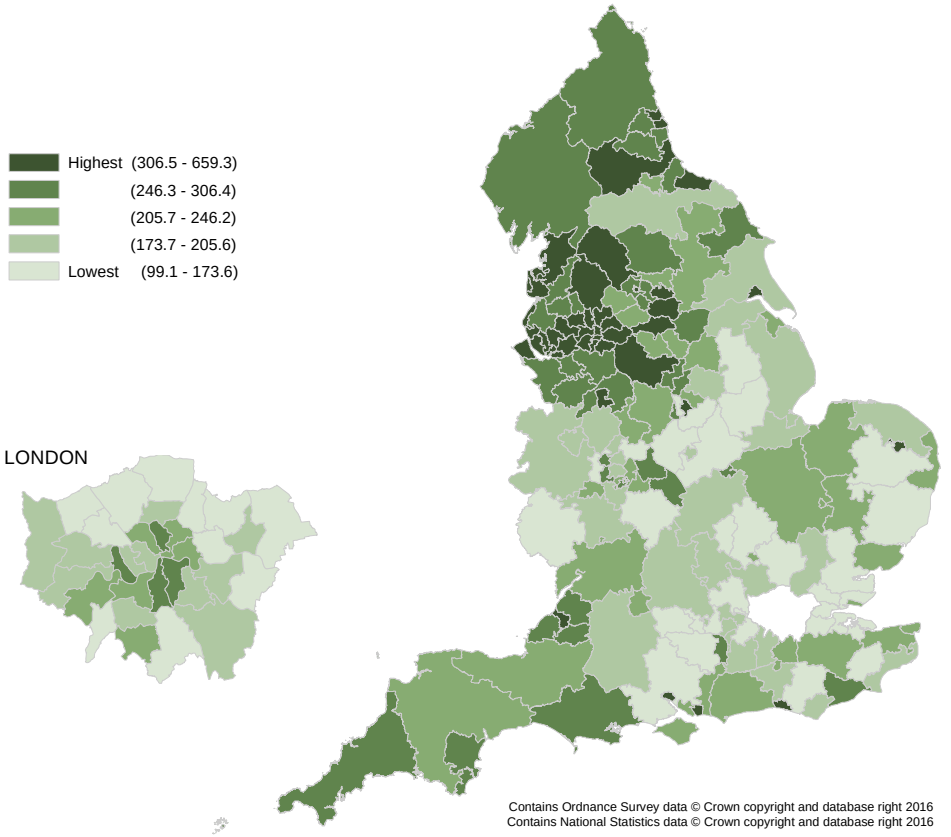


Min-Max (Range)		690.2	706.5	664.4	652.4	727.2	645.9	947.3	956.0	956.8	947.8	
95th-5th percentile		382.9	411.8	418.1	423.8	448.0	507.0	475.9	439.3	451.8	439.7	
75th-25th percentile		161.8	162.3	161.3	165.9	166.7	164.6	164.5	166.5	167.7	178.0	
Median		247.5	262.5	277.0	288.3	311.7	342.6	353.8	366.6	359.8	368.4	

MAP H4F: Rate of alcohol specific admissions for females per population, by CCG

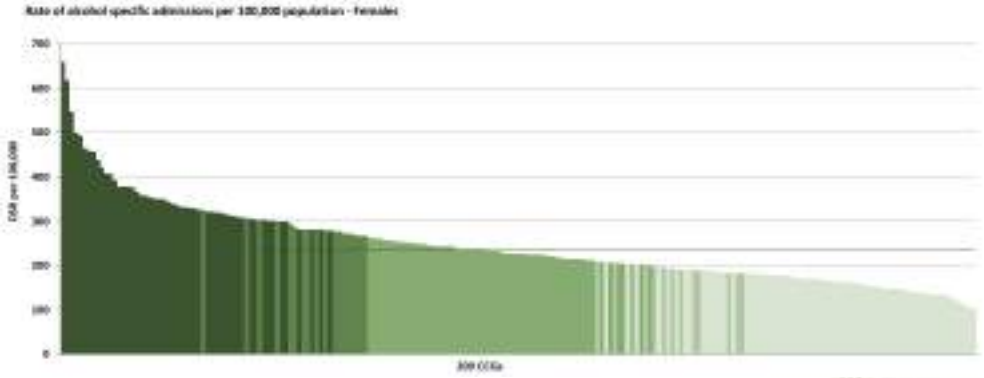
Directly standardised rate, 2014/15

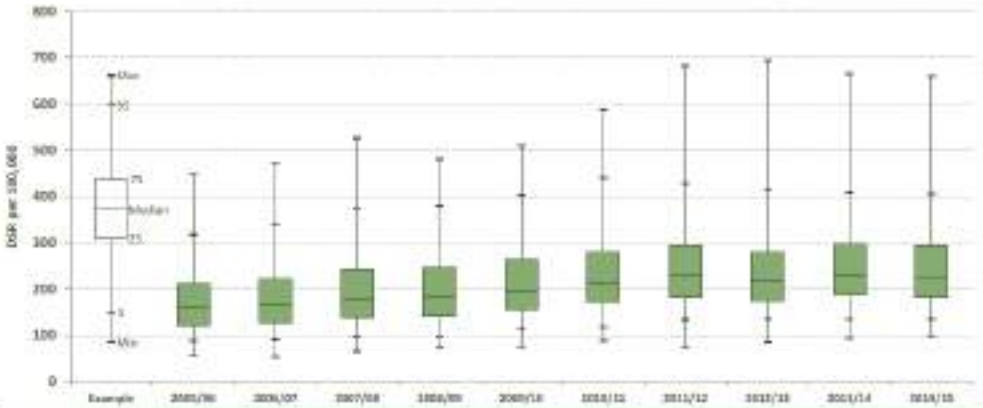




H4F: Rate of alcohol specific admissions for females per population by CCG

Directly standardised rate, 2014/15

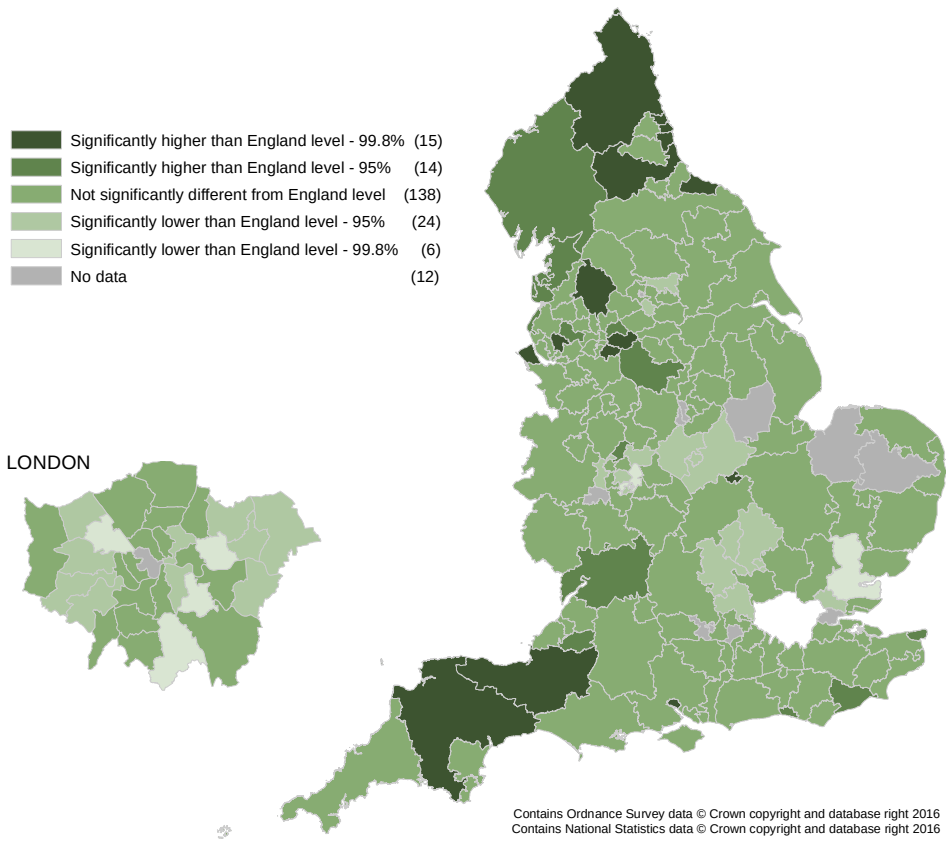


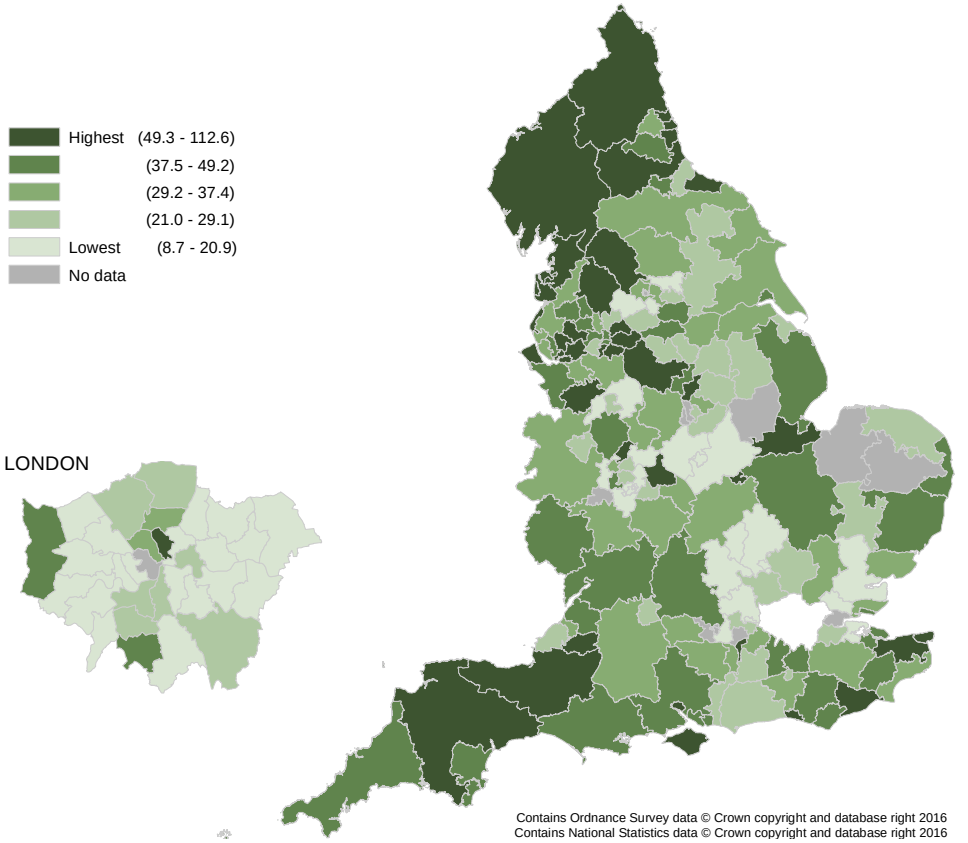


Max-Min (Range)											
95th-5th percentile											
75th-25th percentile											
Median											

MAP H3: Rate of alcohol specific admissions in people aged under 18 years per population by CCG

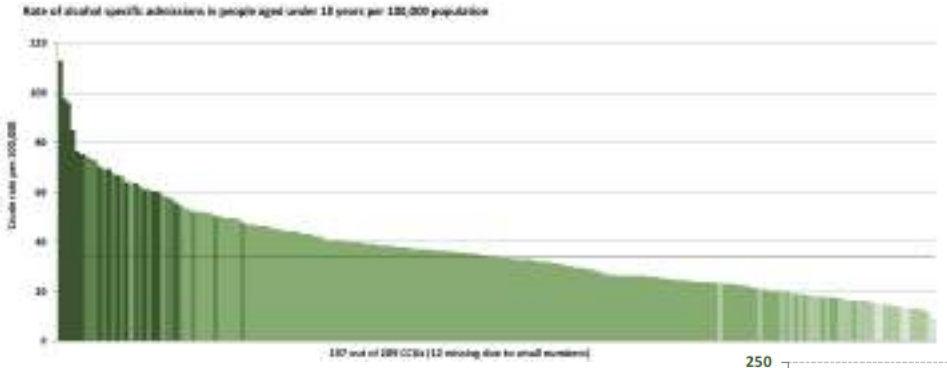
Crude rate per 100,000, 2014/15

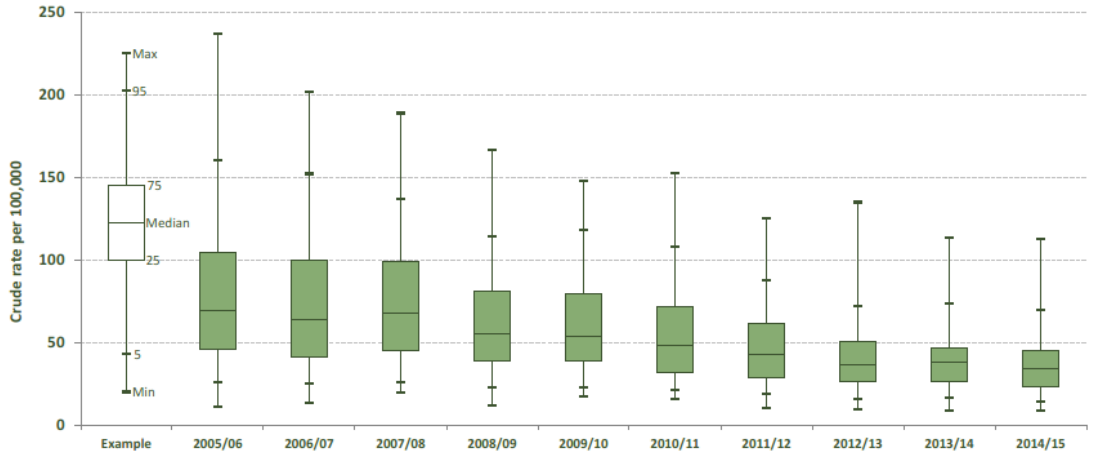




H3: Rate of alcohol specific admissions in people aged under 18 years per population by CCG

Crude rate per 100,000, 2014/15





		2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	
Max-Min (Range)		224.9	187.8	168.8	154.1	130.3	136.6	114.4	125.5	104.9	103.9	NARROWING Significant
95th-5th percentile		134.2	126.9	110.7	91.0	95.0	86.6	68.7	56.2	57.0	54.9	NARROWING Significant
75th-25th percentile		57.9	57.8	53.8	42.4	40.9	39.8	32.6	24.3	20.2	21.5	NARROWING Significant
Median		69.4	63.8	67.5	55.3	54.1	48.2	43.0	36.2	38.5	34.0	DECREASING Significant

Public Health England

Protecting and improving the nation's health

Any Questions?

Ask your question on instant messaging or by email to neolcin@phe.gov.uk

Public Health England

Protecting and improving the nation's health

Obesity

Public Health England

HM Government Childhood Obesity A Plan for Action August 2016

PHE-led deliverables

Taking out 20% of sugar in products, achieving salt targets (calories from 2017, & saturated fat considered post SACN)

Updating the nutrient profile model

Supporting early years settings

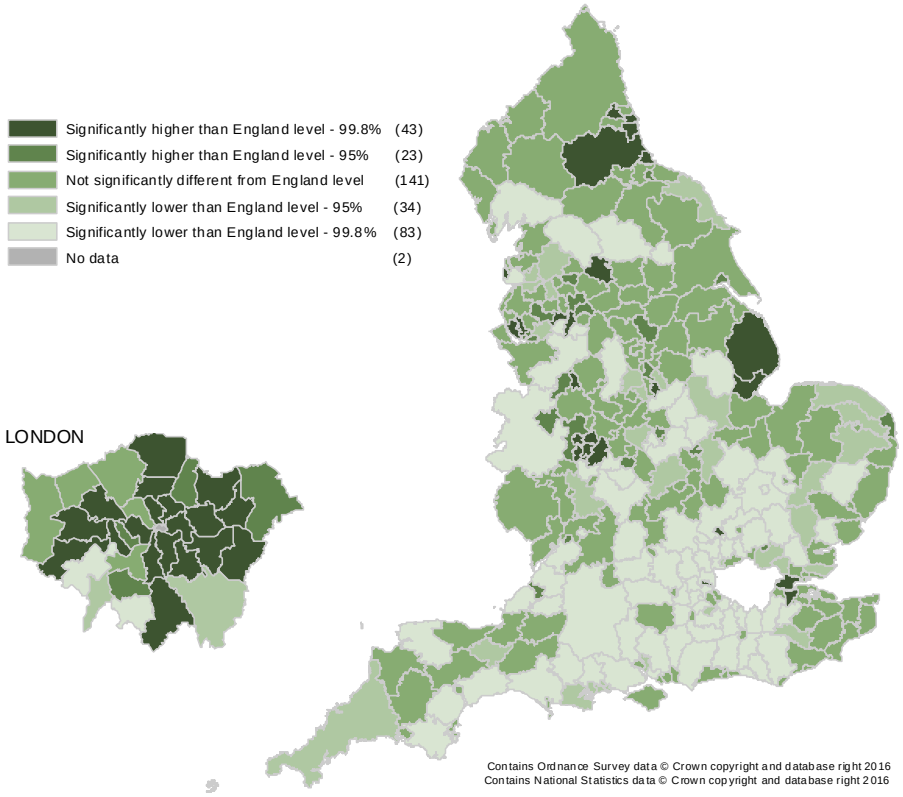
Harnessing the best new technology

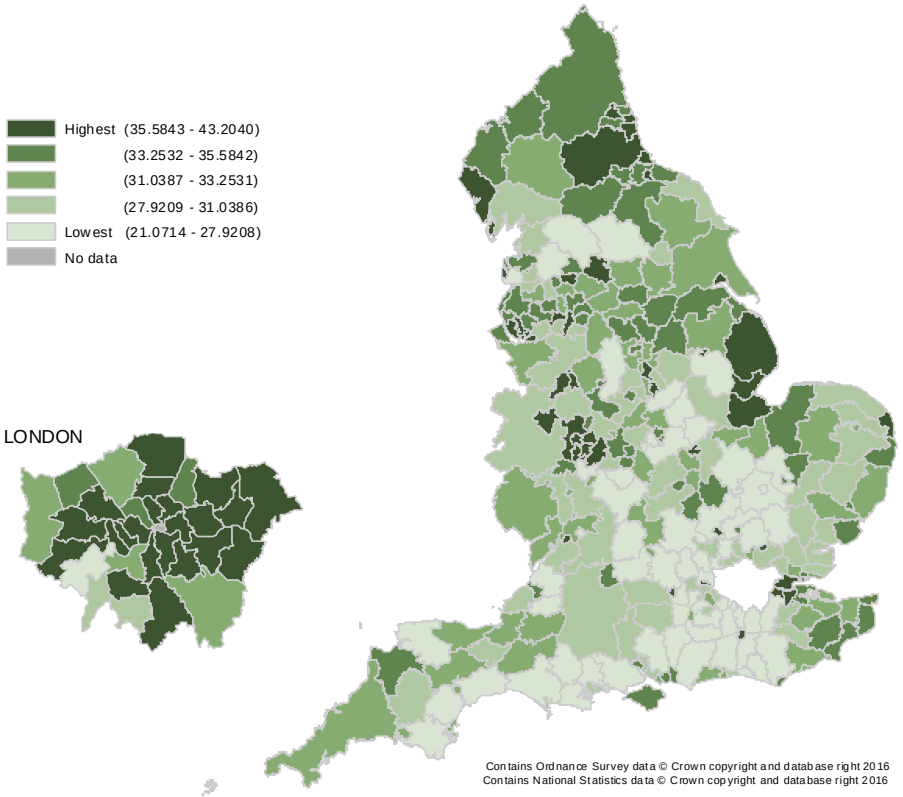
Outcomes

Increase in % children leaving primary school with healthy weight

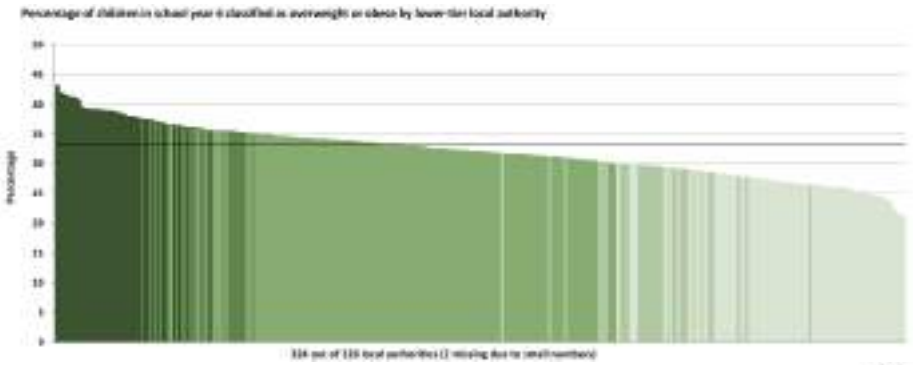
Reduction in excess weight in adults

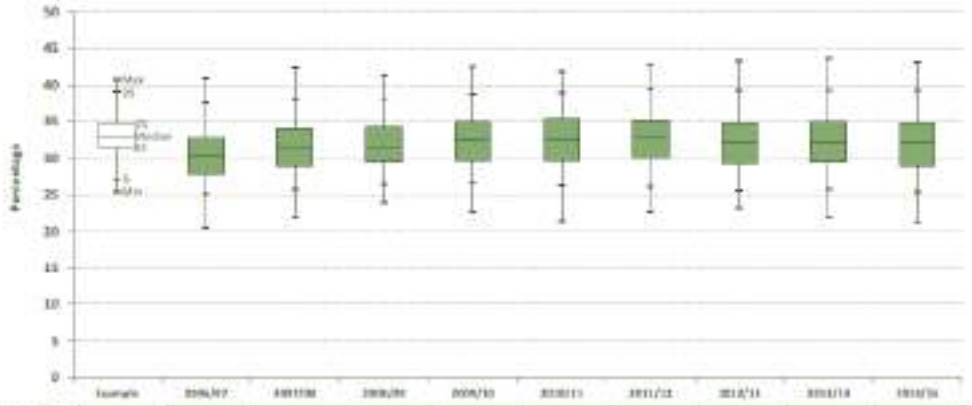
Map LD11: Percentage of children in school year 6 classified as overweight or obese by lower-tier local authority
2014/15





LD11: Percentage of children in school year 6 classified as overweight or obese by lower-tier local authority
2014/15





Max-Min (Range)		30.9	30.6	27.8	29.8	30.6	30.3	30.9	31.1	No significant change
Min-Max percentile		12.6	12.7	11.4	11.2	12.7	13.1	13.0	11.9	13.8	WIDENING significant
75th-25th percentile		4.9	5.1	4.9	5.2	5.2	5.1	5.0	5.0	5.0	WIDENING significant
Median		19.2	21.4	21.5	21.5	21.9	21.9	22.2	22.1	21.1	INCREASING significant

Public Health England

Delivering on the ambition: obesity

- **Tackling the obesogenic environment**
  - Government buying standards for food and catering services (GBSF)
  - Toolkit to improve the food offer “out of home”

- **Systems Wide Prevention Approaches**
  - Support local authorities to deliver a whole systems approach to obesity

- **Supporting healthy eating**
  - Eatwell Guide (March 2016)
  - Change4Life campaign
  - One You campaign

- **Weight Management**
  - Developing weight management toolkits to support commissioners and providers

Public Health England

Protecting and improving the nation's health

Alcohol

Public Health England

PHE Alcohol Programme:

- **The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review (2nd December 2016 abridged version in Lancet, full at GOV.UK)**
  - *Reducing the affordability* of alcohol is the most effective and cost effective way of reducing alcohol harm.
  - *Targeting* price increases at the *cheapest alcohol* is very effective and cost-effective and is able to substantially reduce harm in heavy drinkers without affecting moderate drinkers or the price of alcohol sold in pubs and bars.
  - The relationship between *the exposure of children to alcohol marketing* and alcohol consumption is strongly supported by the evidence suggesting that measures to reduce their exposure are important for reducing harm in children
  - *Brief interventions and treatment* are effective in reducing consumption and harm.
  - Providing information and education increases knowledge and awareness, but has little direct impact in reducing harm.

Public Health England

Supporting local planning and delivery

- **Commissioning and planning:**
  - Data products LAPE (Local Alcohol Profiles in England – 19 Indicators)
  - CLeaR (model to support local improvement)
- **Licensing**
  - Pilot analytical support package and publish findings
  - Develop and publish analytical support tool
- **Identification and Brief Advice**
  - Have a Word (Wales)
  - STP
  - CQUIN (links % provider income to quality measures, prevention – alcohol/tobacco)

Public Health England

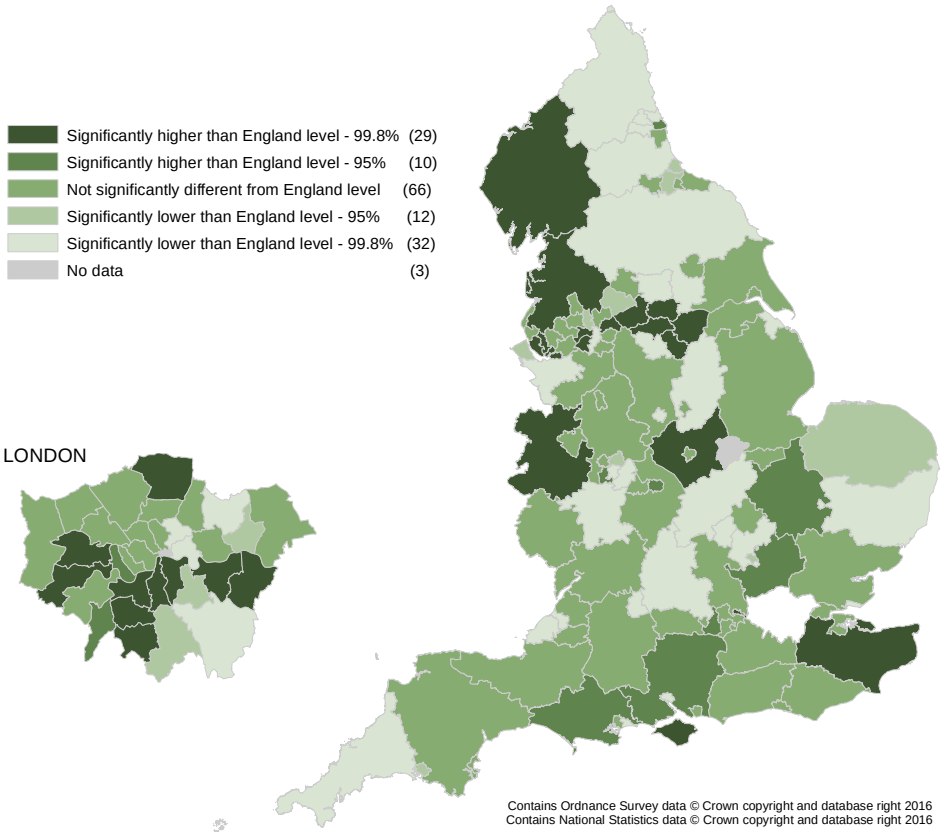
Supporting local planning and delivery

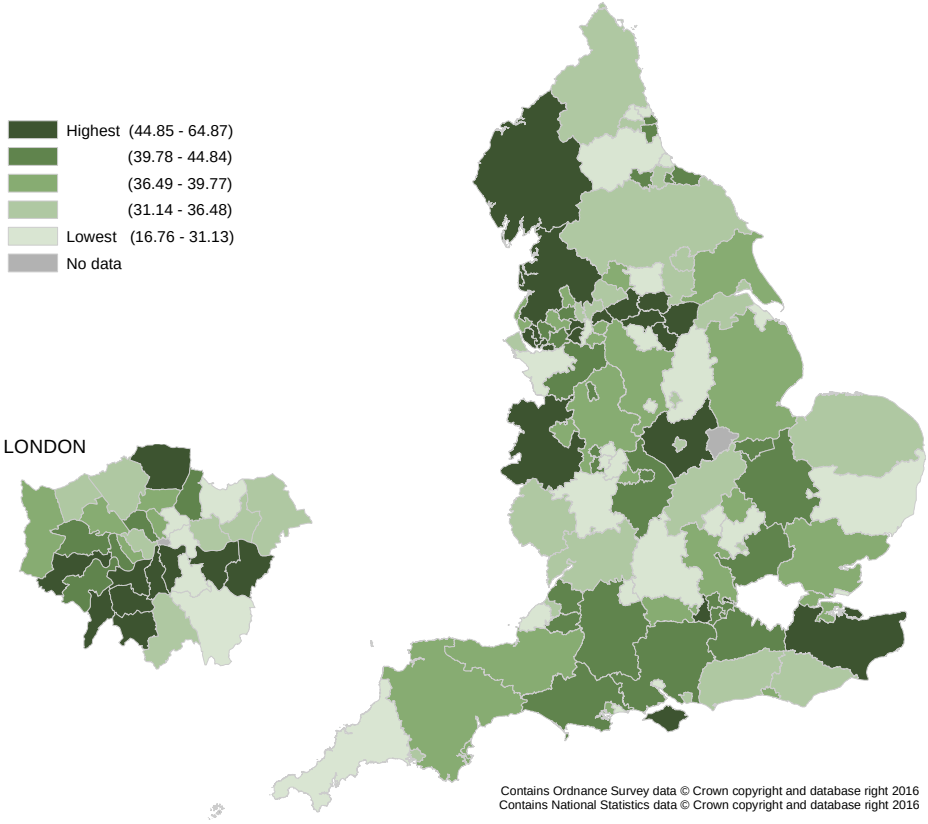
- **Alcohol Services in secondary care**
  - Survey of alcohol care teams (2014, 2016 – most Trusts have provision)

- **Dependent drinkers treatment and recovery**
  - Launching a new commissioning tool and prevalence estimates for alcohol dependence
  - Hosting an alcohol treatment expert group with external stakeholders to inform our programme of work

Map LD13: Percentage of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months by upper-tier local authority

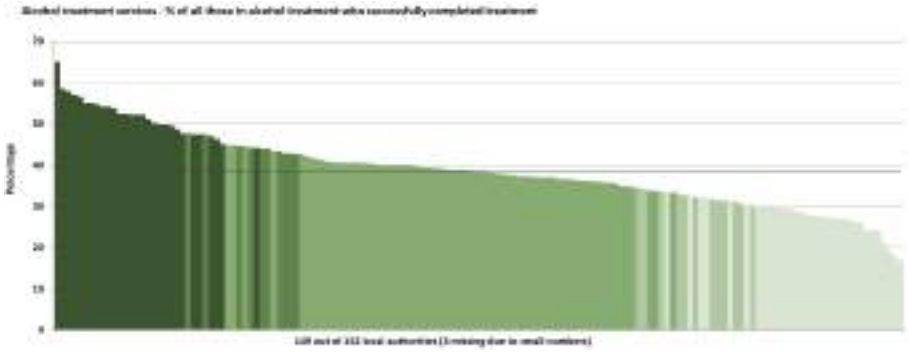
2015

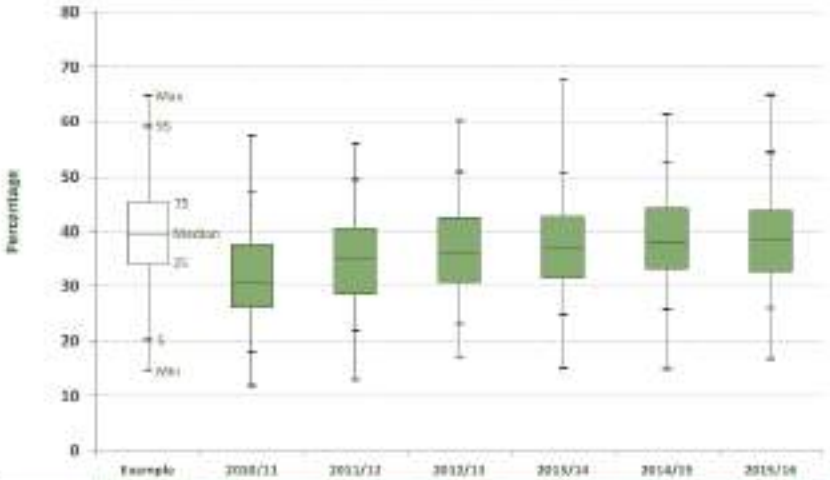




LD13: Percentage of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months by upper-tier local authority

2015





Max-Min (Range)		45.6	43.0	43.0	51.5	46.4	48.1	No significant change
95th-5th percentile		29.4	27.7	27.6	25.8	26.7	28.4	No significant change
75th-25th percentile		11.6	12.1	11.6	11.3	11.0	11.3	No significant change
Median		30.7	35.2	35.9	37.0	37.8	38.8	INCREASING Significant

Public Health England

Resources:

Evidence Review:

https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32420-5/fulltext

Data Products:

Local Alcohol Profiles for England (LAPE): http://www.lape.org.uk/

National Drugs Treatment Monitoring System: https://www.ndtms.net/default.aspx

Support tools

CLeaR: https://www.alcohollearningcentre.org.uk/Topics/Browse/CLeaR/

Have a Word: https://www.alcohollearningcentre.org.uk/Topics/Browse/have-a-word/

Alcohol Learning Resource: www.alcohollearningcentre.org.uk

Public Health England

Protecting and improving the nation's health

Hepatitis B & C

Public Health England

Tackling hepatitis B and C

Action areas

- Prevention of new infections
- Increasing awareness of infection
- Increasing testing and diagnosis
- Getting diagnosed individuals into treatment and care

Progress NHS/PH Outcomes

- ↓ Mortality from liver disease
- ↓ Mortality from causes considered preventable
- ↓ Mortality from cancer
- ↓ Mortality from communicable diseases
- ↑ Successful completion of drug treatment
- ↑ Early diagnosis of cancer
- ↓ Inequalities
- ↑ Quality of life for those with long-term conditions
- ↑ Recovery from ill health
- ↓ Prevention of premature mortality
- ↑ Positive experience of care

Public Health England

PHE hepatitis programme/activity highlights I

- Prevention
  - **Universal hepatitis B infant immunisation programme in 2017**
  - **Selective immunisation of at-risk infants-born to hepatitis B infected mothers**
- Testing, diagnosis and referral to care
  - **Prisons opt-out testing programme**
  - Feasibility of BBV testing in A&E departments (UCL/PHE NIHR HPRU)
  - Enhanced management of close contacts of chronic hepatitis B cases
  - Establishing the **HCV cascade of care** from risk, treatment and outcome through data linkage (UCL/PHE NIHR HPRU)

PHE hepatitis programme/activity highlights II

- Awareness

  PHE/RCGP co-developed e-training modules:

  - course for clinicians: Detection and management of hepatitis B/C

  - hepatitis C training course for those who work with drug users: Enhancing prevention, testing and care

- Treatment

  Agreeing a national treatment monitoring dataset

  Modelling impact of treatment strategies

- Surveillance for action- publications

  Hepatitis C in UK: 2016 Report

  Shooting Up: Infections among people who inject drugs in the UK, 2015 -a 2016 update

Public Health England

Universal infant immunisation programme

- In October 2014 JCVI agreed that universal HBV vaccination of infants in the UK was of considerable public health importance and in line with current global WHO advice
- JCVI recommendation:

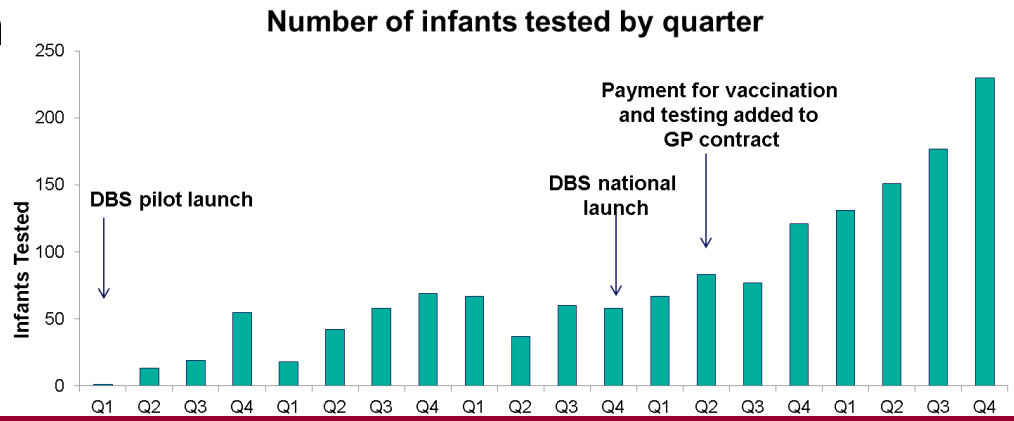
  *"A universal infant programme using a **hexavalent** infant vaccine (DTaP-IPV-Hib-HBV) should be implemented, subject to procurement at a **cost-effective price**, and such a hexavalent vaccine should be considered the preferred vaccine for use in the UK schedule"*

- Vaccine procured: planned introduction of universal infant programme in 2017 to replace pentavalent vaccine at 2,3,4 months of age

Public Health England

Selective neonatal immunisation programme

- With universal programme, **still need to maintain and improve selective infant programme:** monovalent birth, 1 month dose plus 12 month dose and testing required
- Since 2012 annual vaccine uptake is >80% for 3 doses by 12 months and >70% for 4 doses by 24 months
- PHE free DBS testing service for at-risk infants at 12 months old launched in 2013
- GP payment for vaccination and testing since 2014



Public Health England

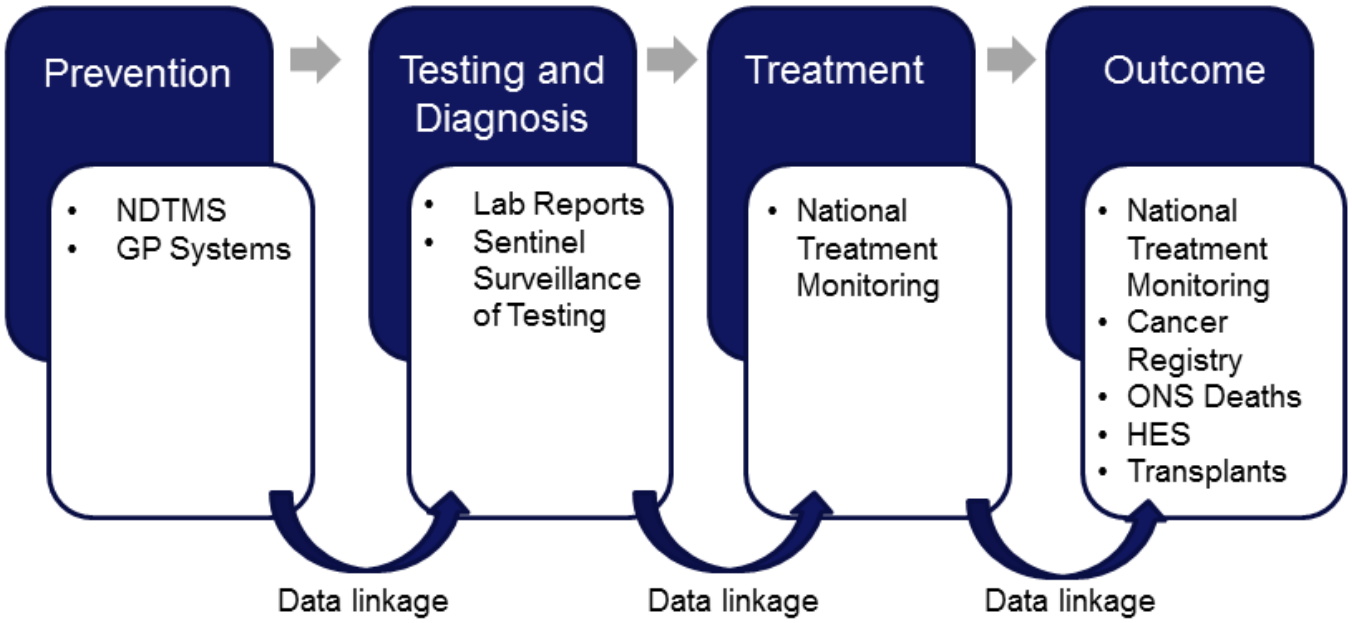
BBV opt-out testing in adult prisons

- National Partnership Agreements between PHE, NHS England and National Offender Management Service in 2013.
- Roll-out since April 2014 informed through phased implementation and evaluation at pathfinder prisons
- Prior to 2010, levels of BBV testing in English prisons **did not exceed 4%** of the prison population
- Formal evaluation shows **an increase in testing across all prisons in England to about 10%** and within **pathfinder prisons** about **20%** of prisoners are currently accepting offer of testing.
- **In England in 2015-16*,**
    - 16,425 tests were done for Hepatitis B infection
        - 18, 967 for Hepatitis C infection and
            - (40,705 for HIV infection)
- Full implementation in all adult prisons in England is expected by the **end of FY2016-17:** currently approximately **60% of estate is implementing the programme.**

Public Health England

Mapping cascade of care of hepatitis C

Parameterise models to estimate HCV prevalence and burden of HCV related cirrhosis/ESLD/HCC

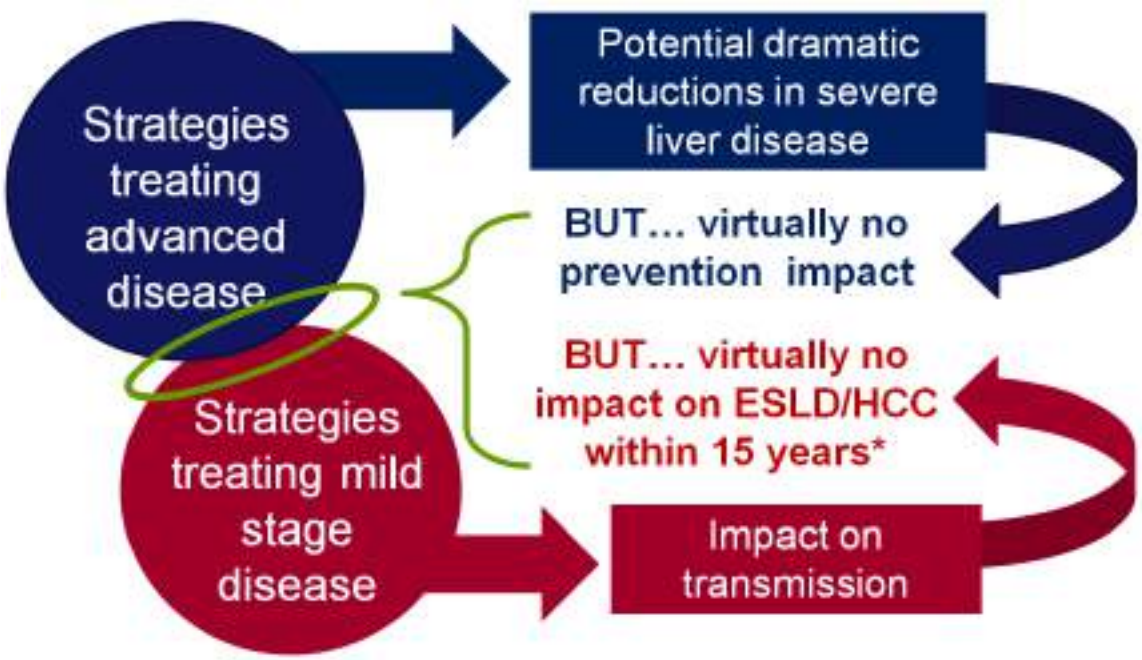


Datasets

Assess equality in access and outcomes

Public Health England

Modelling estimates of hepatitis C transmission and burden with the new therapies (PHE & Bristol Uni)



Estimated reduction in ESLD/HCC incidence from 1100 in 2015 to 630 in 2020, following the treatment of 3500 cirrhotics per year.

Treating mild-stage PWID was required to make a substantial impact on transmission.

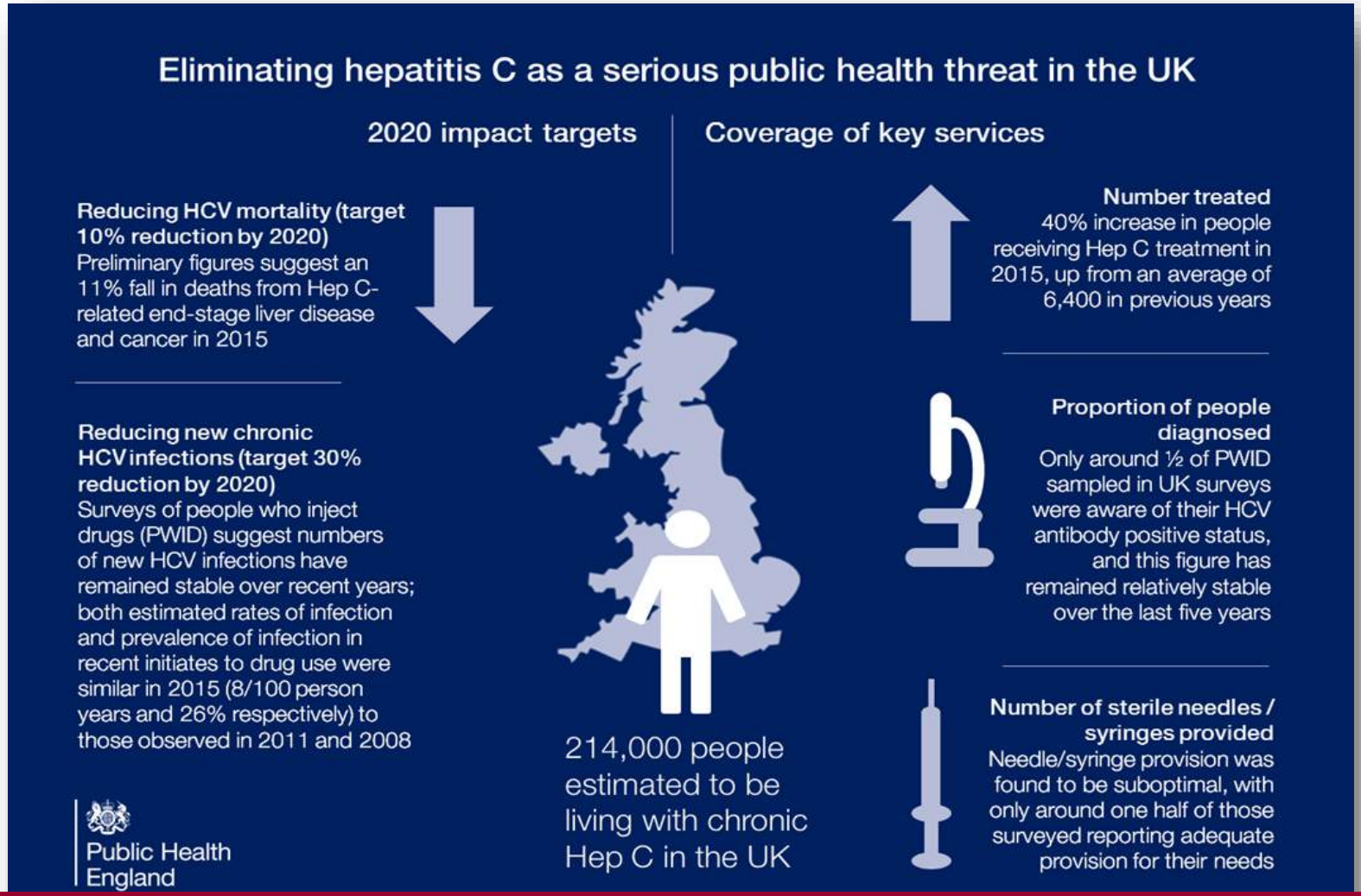
Need two-pronged attack

For clarity, not all transitions are shown, as individuals who achieve SVR but are re-infected then return to their previous state prior to SVR. IFN-R: pegylated interferon and ribavirin; DAA: direct-acting antivirals

Harris et al. J Viral Hep 2016

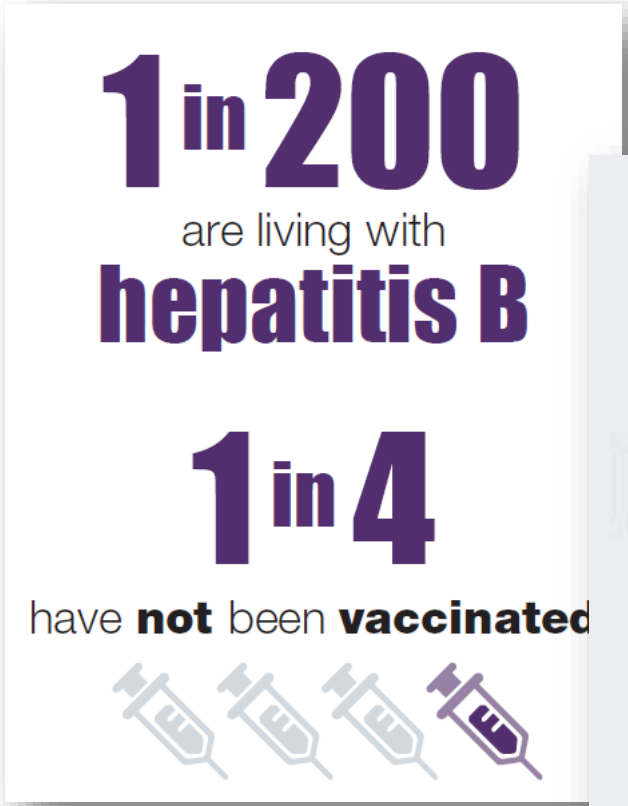
Public Health England

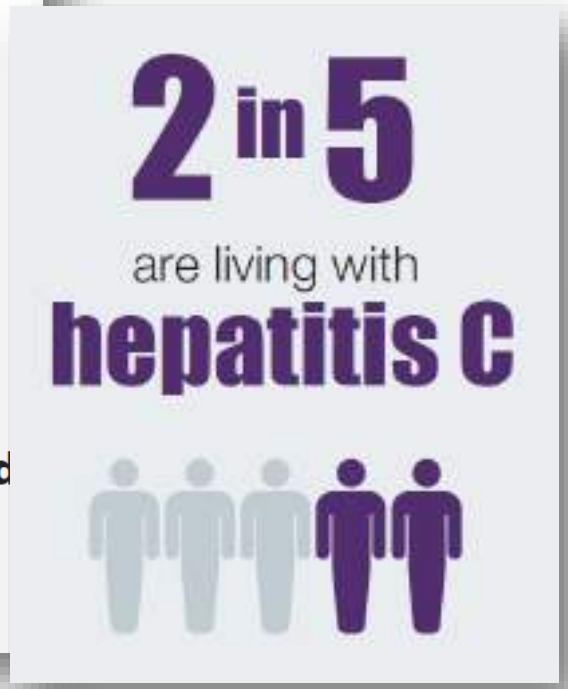
2016 report: Hepatitis C in the UK



Public Health England

Shooting up: infections among people who inject drugs in the UK, 2015

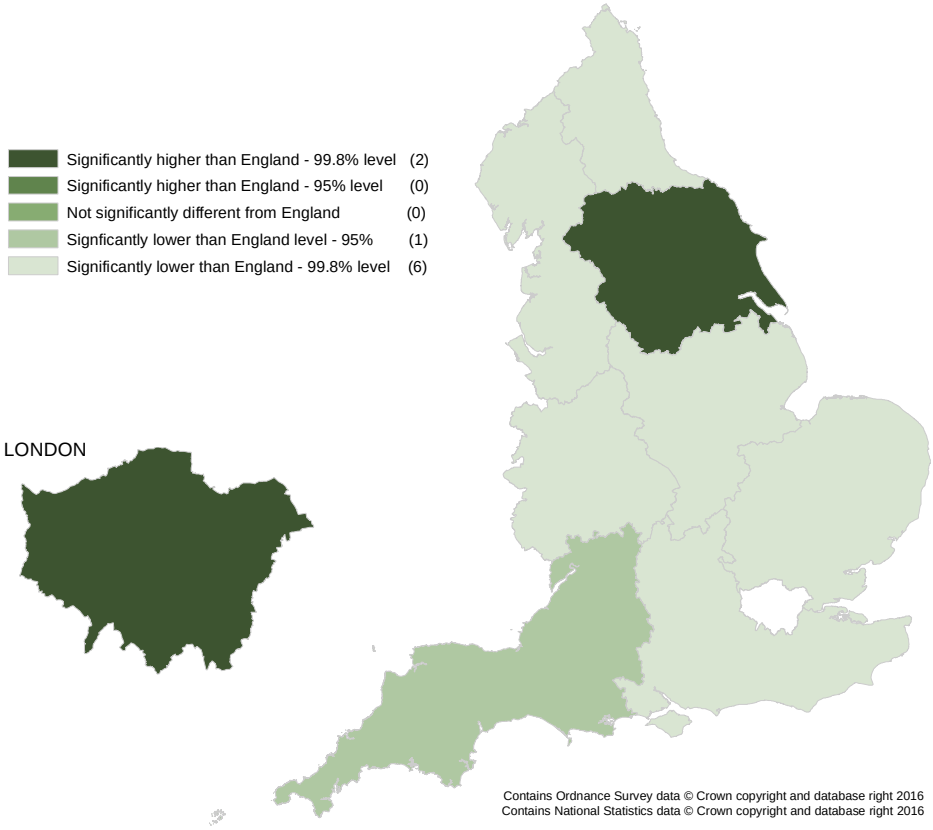


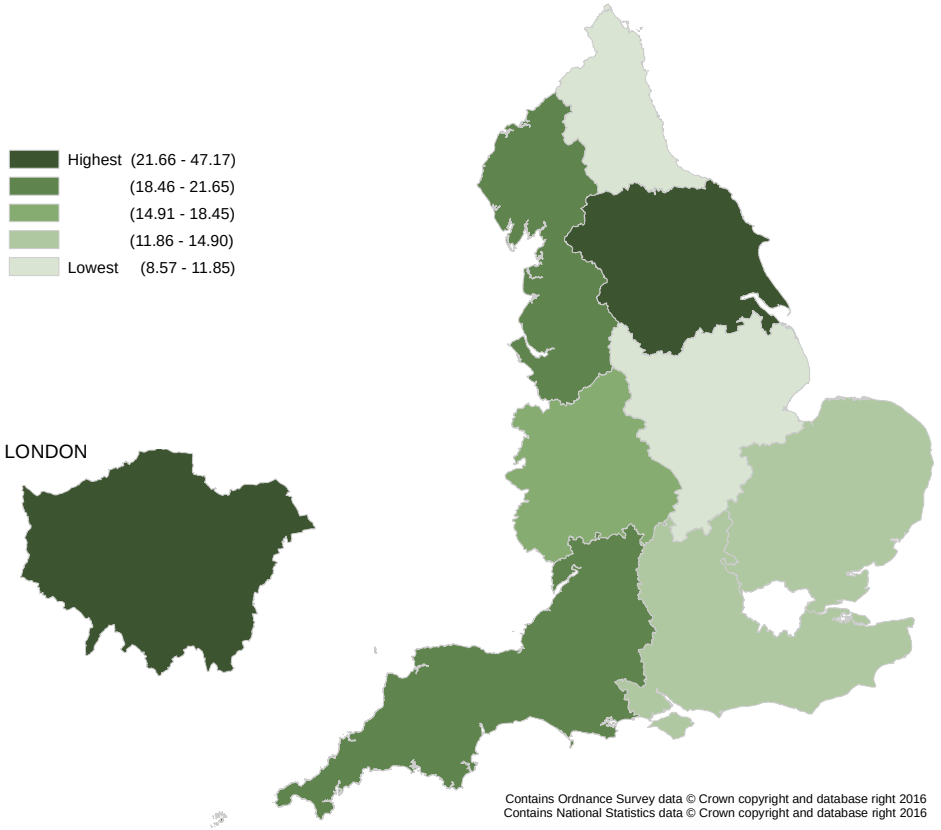


Around half of the hepatitis C infections in people who inject drugs remain *undiagnosed*

Map LD6: Rate of laboratory reports for confirmed hepatitis C per population by region

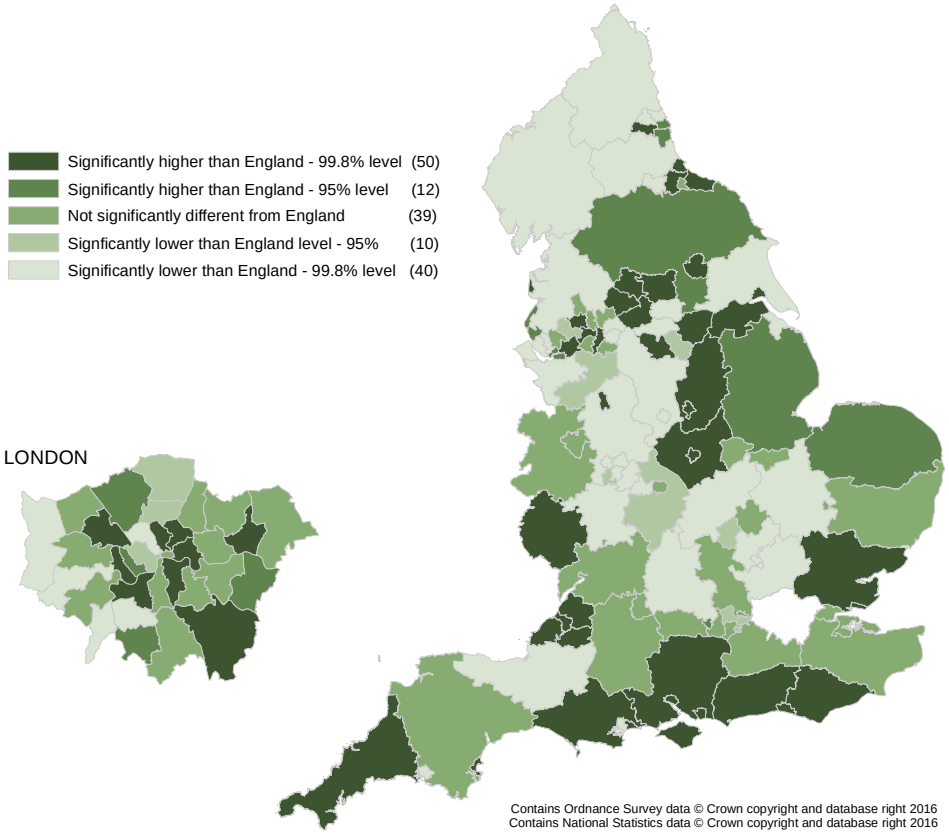
Crude rate per 100,000, 2015

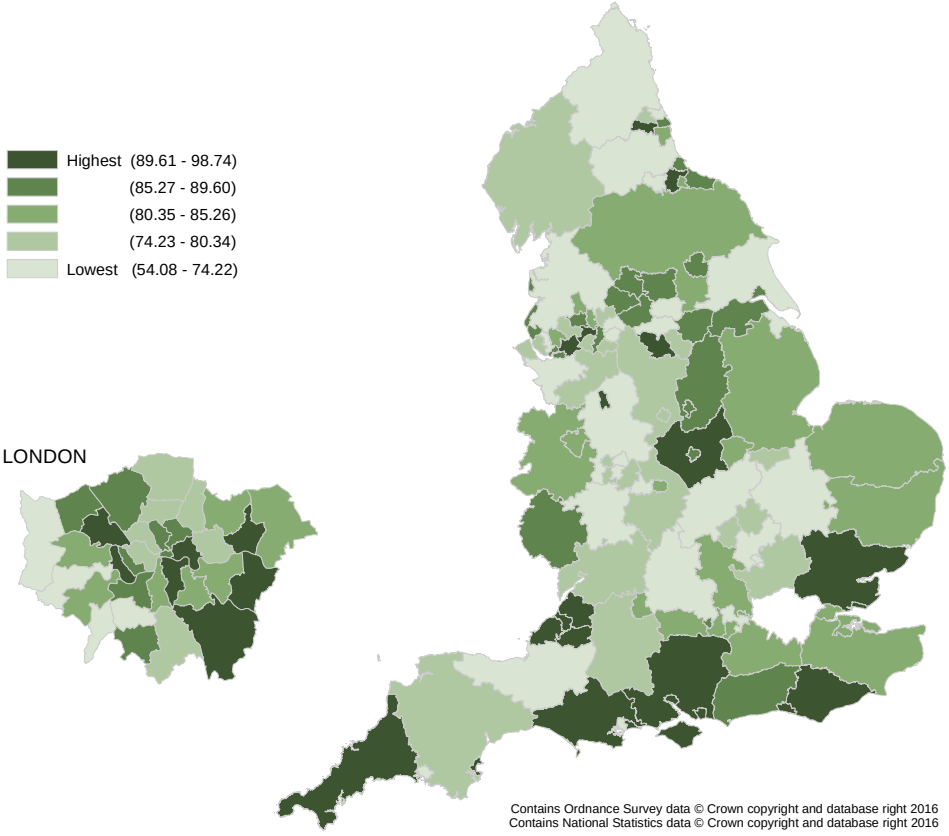




Map LD8: Percentage of hepatitis C test uptake among people who inject drugs receiving drug treatment by upper-tier local authority

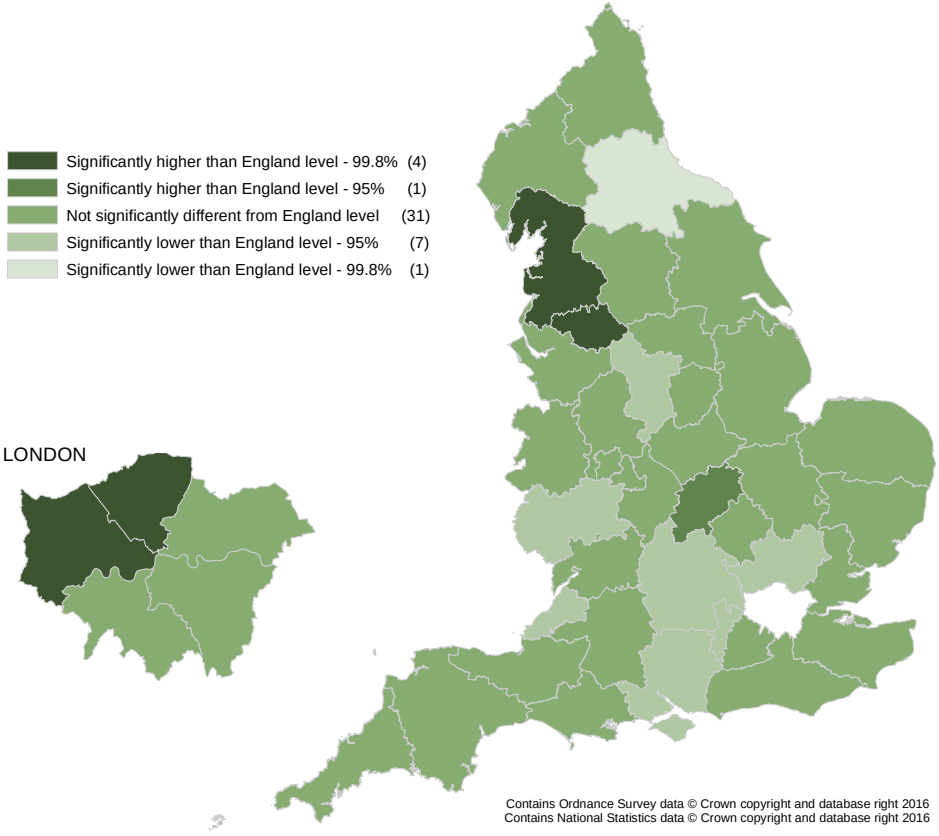
2014/15

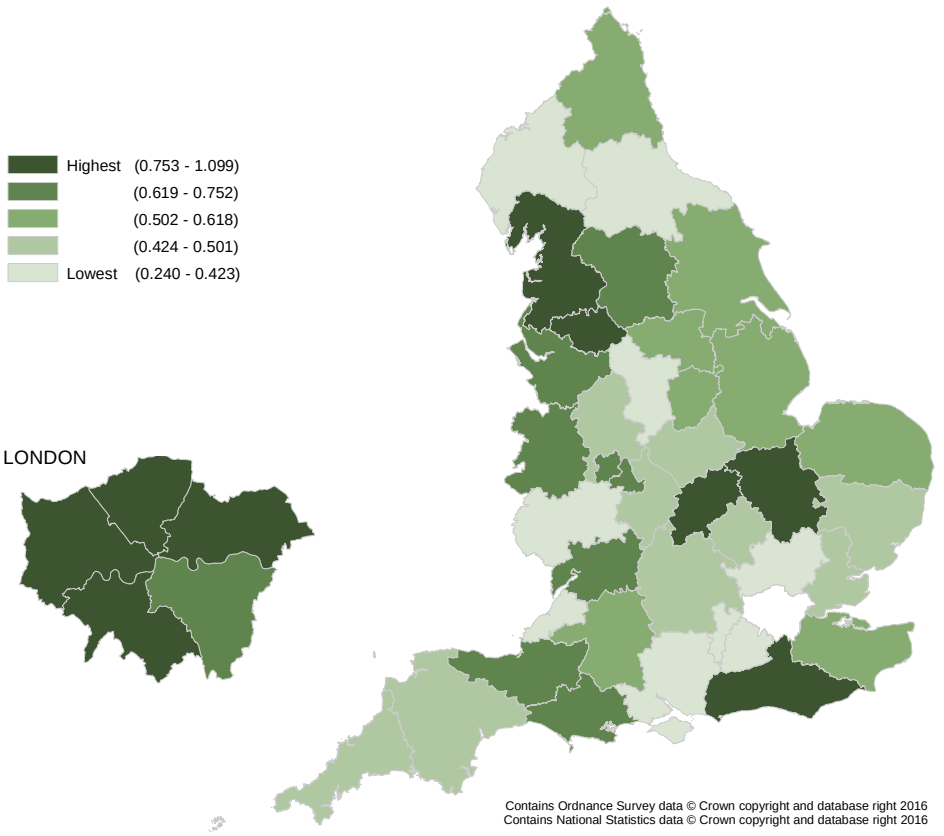




Map M4: Rate of mortality from hepatitis C-related end-stage liver disease per population by STP

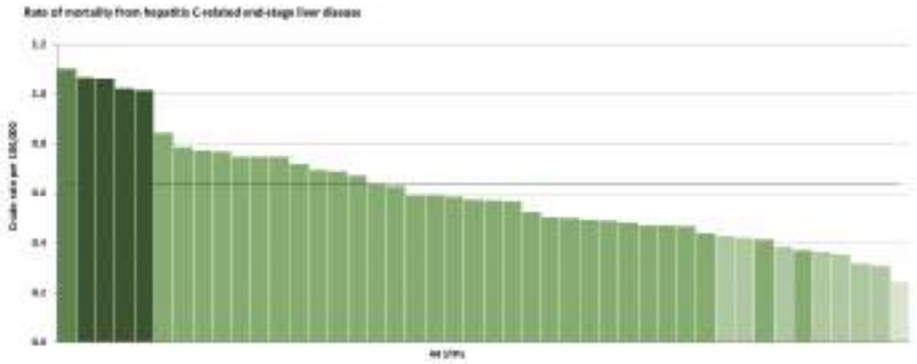
Crude rate per 100,000, 2011 - 2015

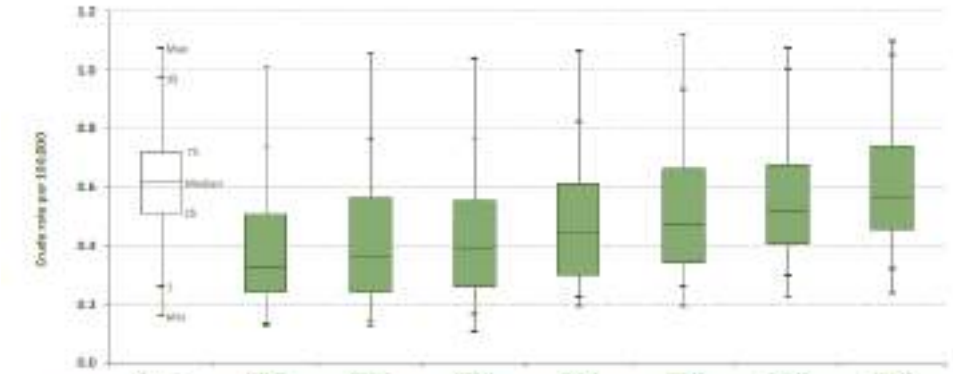




M4: Rate of mortality from hepatitis C-related end-stage liver disease per population by STP

Crude rate per 100,000, 2011 - 2015

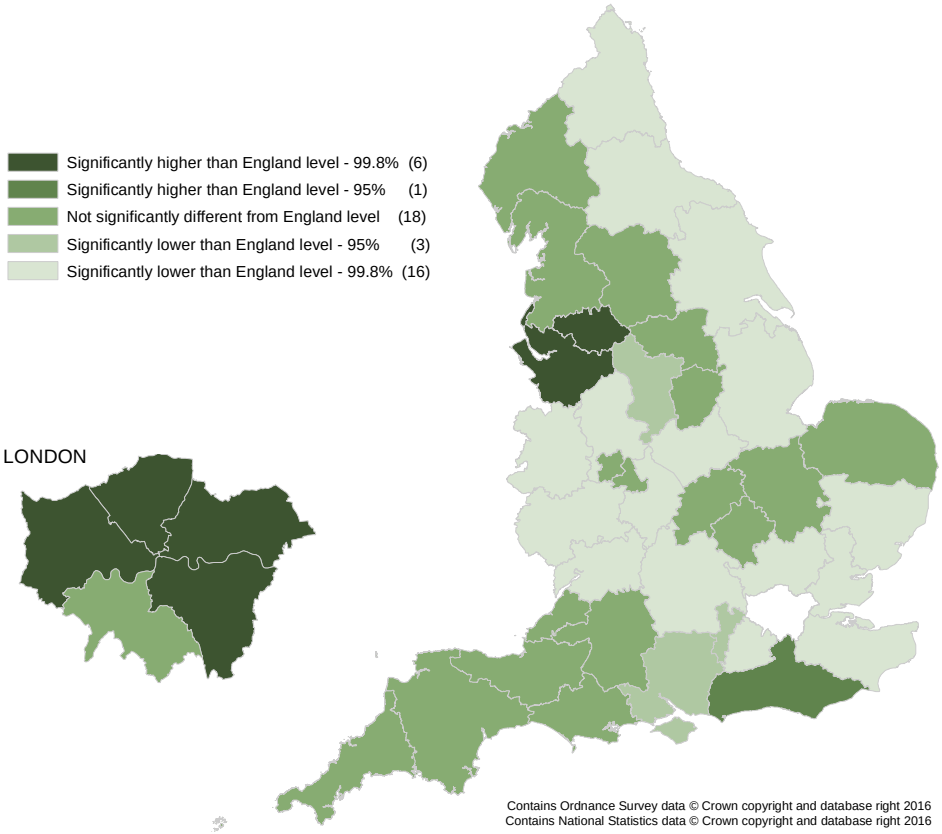


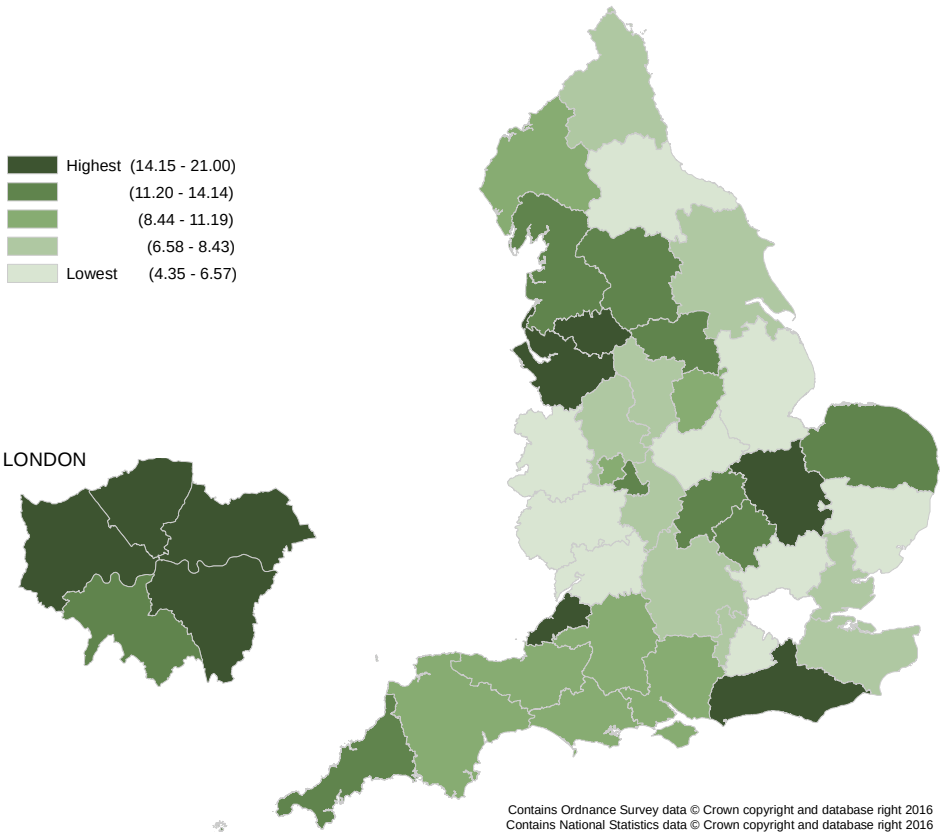


Max-Min (Range)								
90th-10th percentile								
75th-25th percentile								
Median								

MAP H5: Rate of hospital admissions for hepatitis C - related end stage liver disease or hepatocellular carcinoma per population by STP

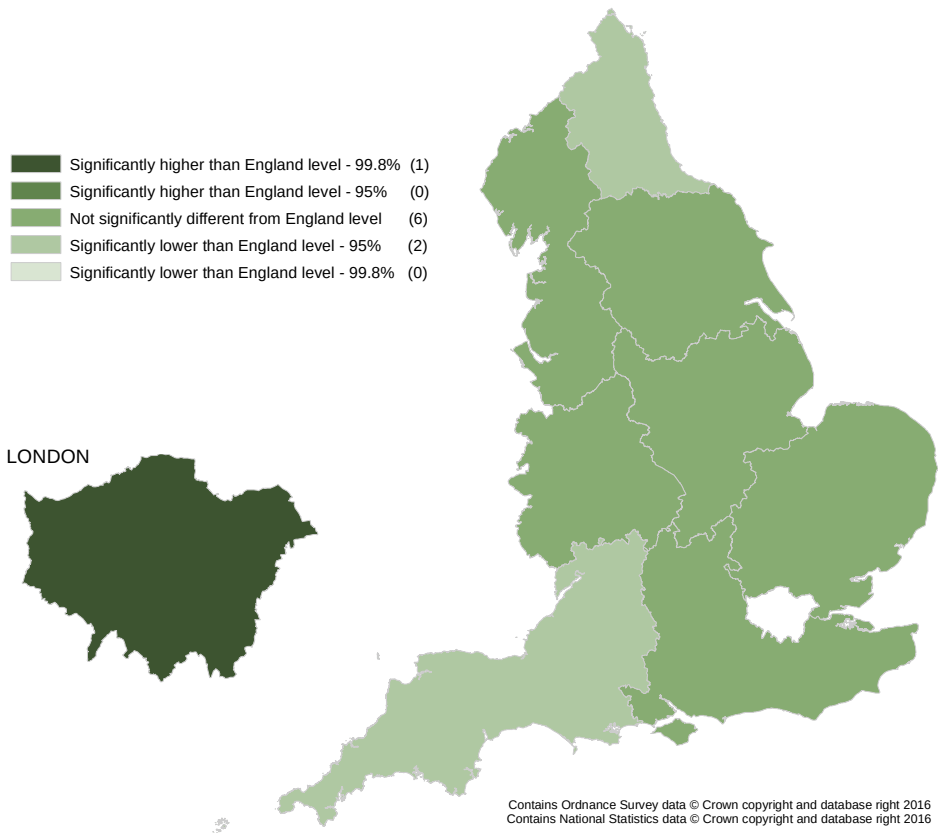
Crude rate per 1,000,000, 2012/13 – 2014/15

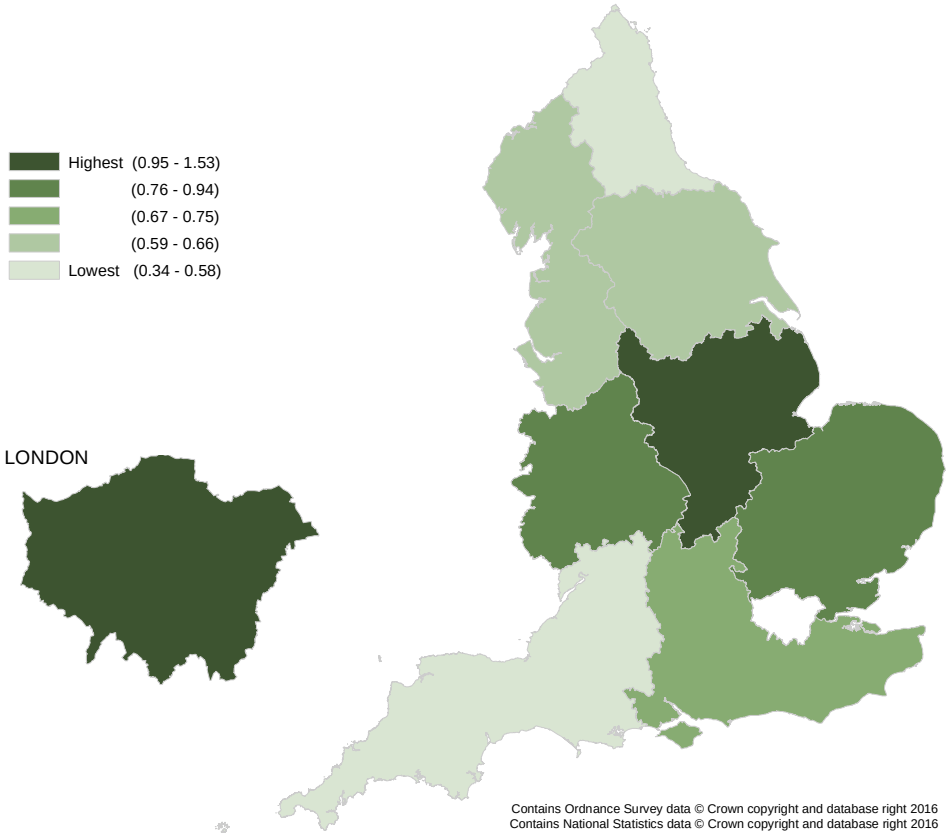




Map LD16: Rate of laboratory reports for confirmed hepatitis B per 100,000 population by region

Crude rate per 100,000, 2015





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WHO Global Strategy for Viral Hepatitis

Global Health Sector Strategies for HIV, viral hepatitis, STIs, 2016-2021

Photo collage from GHSS consultation meetings

As the world looks to 2030, and prepares to meet the challenges of an ambitious set of Sustainable Development Goals, the World Health Organization developed three global health sector strategies to cover HIV, viral hepatitis, and sexually transmitted infections (STIs). The strategies cover the period 2016-2021 and were endorsed by the Sixty-ninth World Health Assembly on 28 May 2016.

The Sixty-ninth World Health Assembly endorsed the draft strategies

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Primary Liver Cell Carcinoma

Joint work between UK HCC Group and NCRAS

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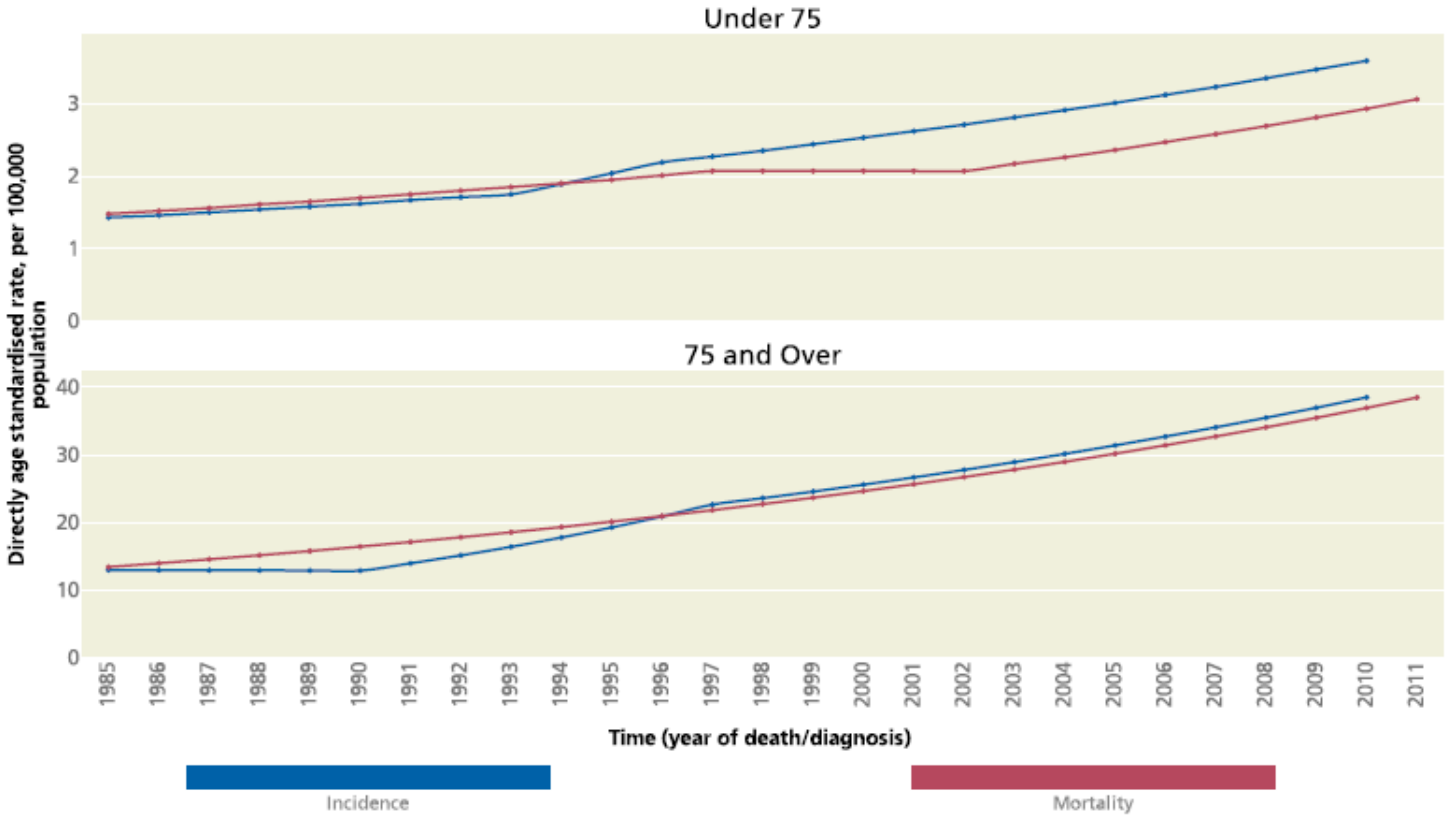
Primary Liver Cell Carcinoma

Joint work between UK HCC Group and NCRAS

Trends in Liver Cancer Incidence and Mortality

The incidence of Liver Cancer has tripled since the mid 1970s .Incidence and mortality have risen by an average of 4% per year since 1985. This overall figure masks larger annual increases in incidence seen in the mid-1990s.

Figure 6.5: Trends in incidence and mortality of liver cancers by age and sex, England, 1985 to 2011

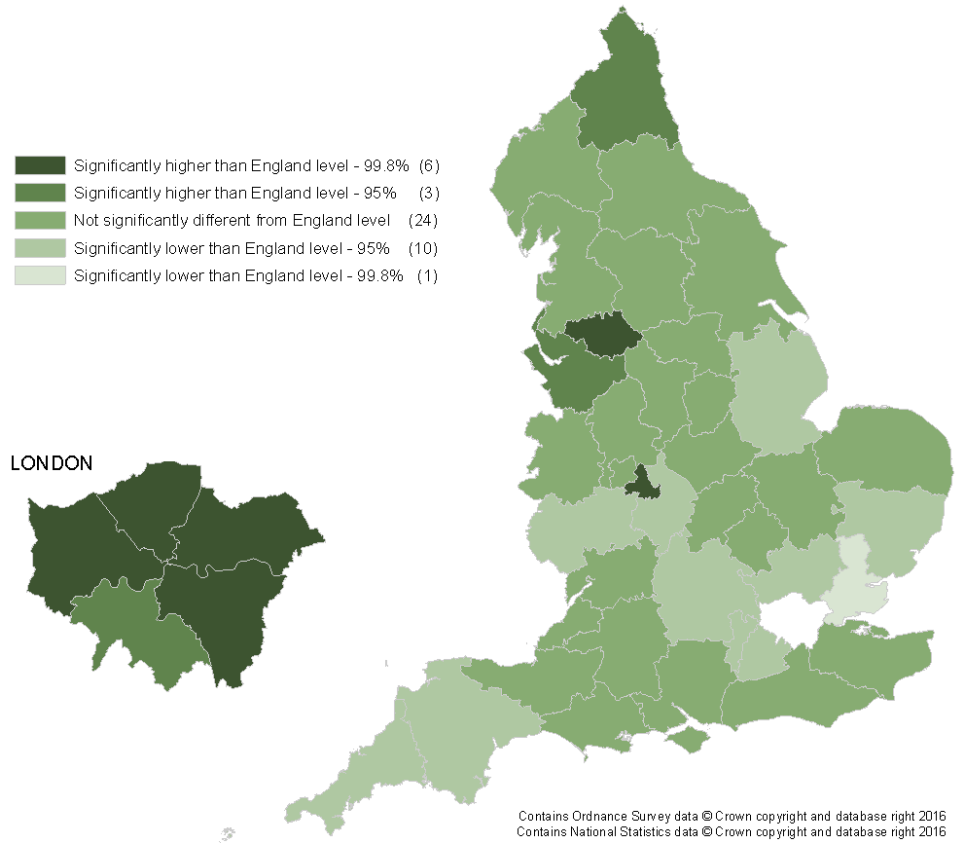


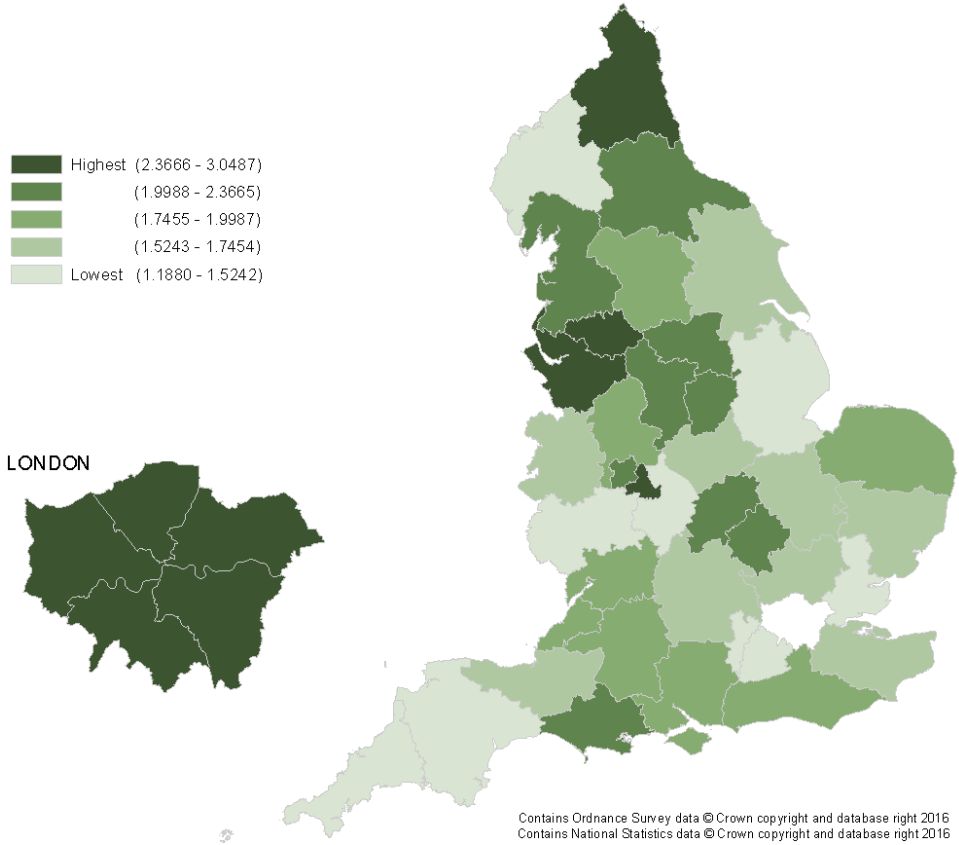
Source: Best fitting modelled data based on Joinpoint analysis. Underlying data from NCDR, provided by PHE (WM KIT). Joinpoint analysis by Dr Eleanor Curtis and Dr Tom Fowler.

Annual Report of the Chief Medical Officer, Surveillance Volume, 2012: On the State of the Public's Health

Map M3: Rate of liver cancer mortality in people aged under 75 years per population by STP

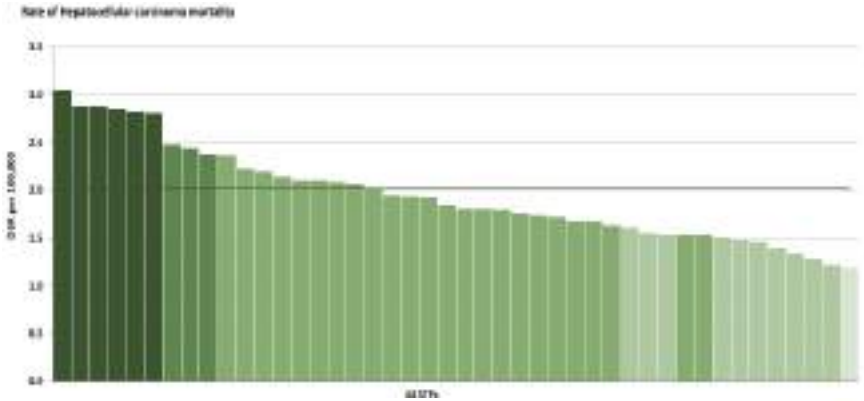
Directly standardised rate 2011-2015

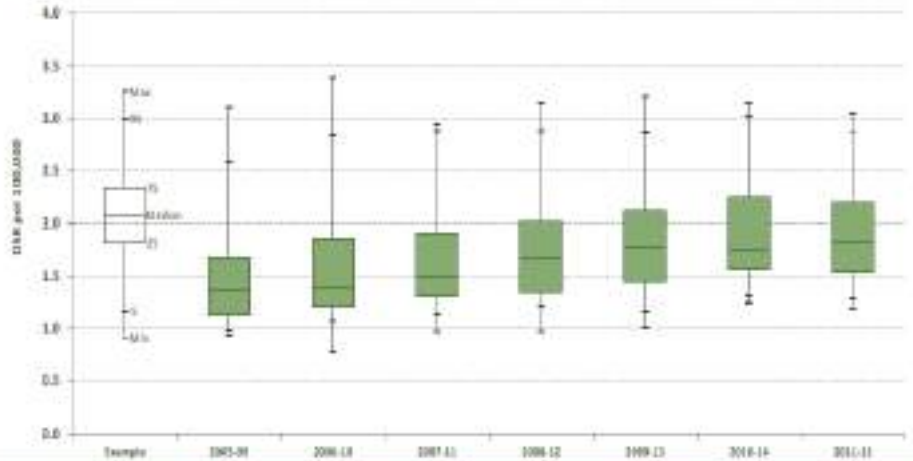




M3: Rate of liver cancer mortality in people aged under 75 years per population by STP

Directly standardised rate, 2011-2015

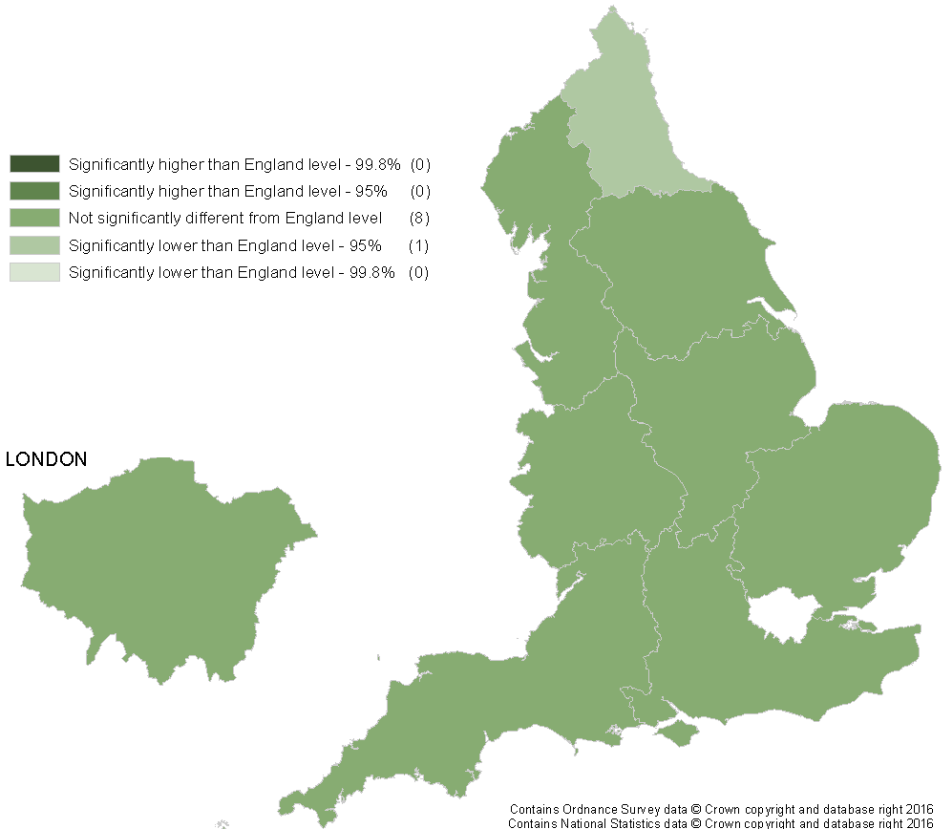


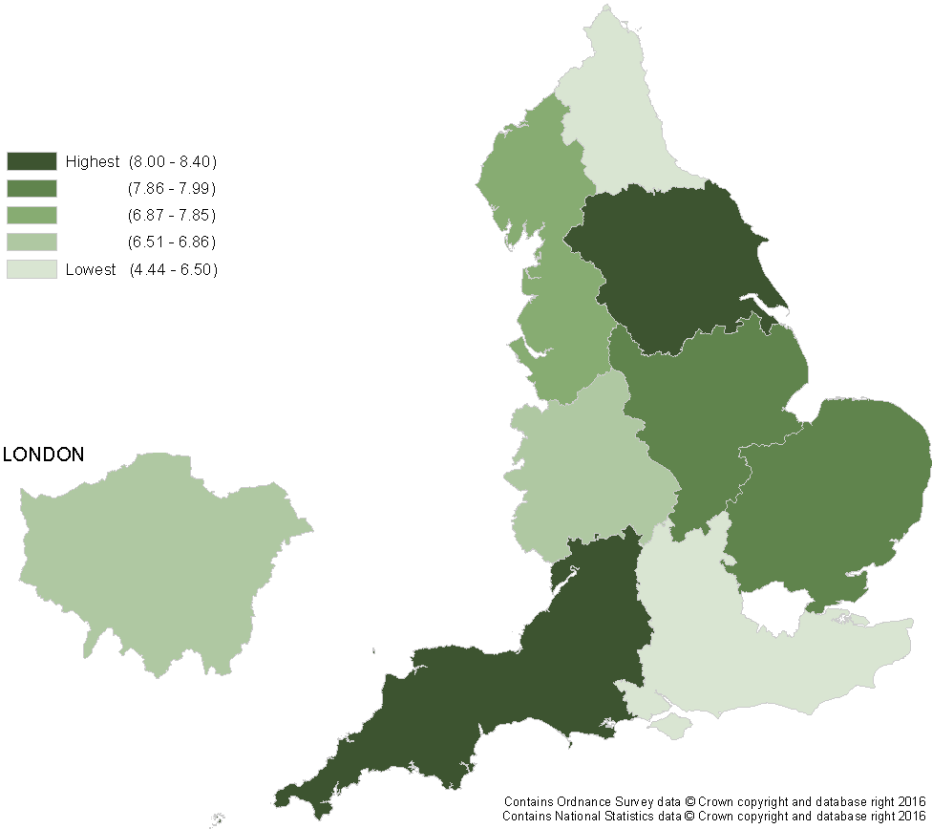


Max-Min (Range)		2.10	2.61	1.96	2.12	2.23	1.91	1.86	No significant change
90th-10th percentile		1.61	1.76	1.74	1.83	1.69	1.76	1.59	No significant change
75th-25th percentile		0.54	0.64	0.62	0.66	0.67	0.68	0.65	No significant change
Median		1.07	1.19	1.10	1.18	1.24	1.21	1.12	INCREASING Significant

Map H10: Percentage of people aged 15 and over with hepatocellular carcinoma that have had a major liver resection by region

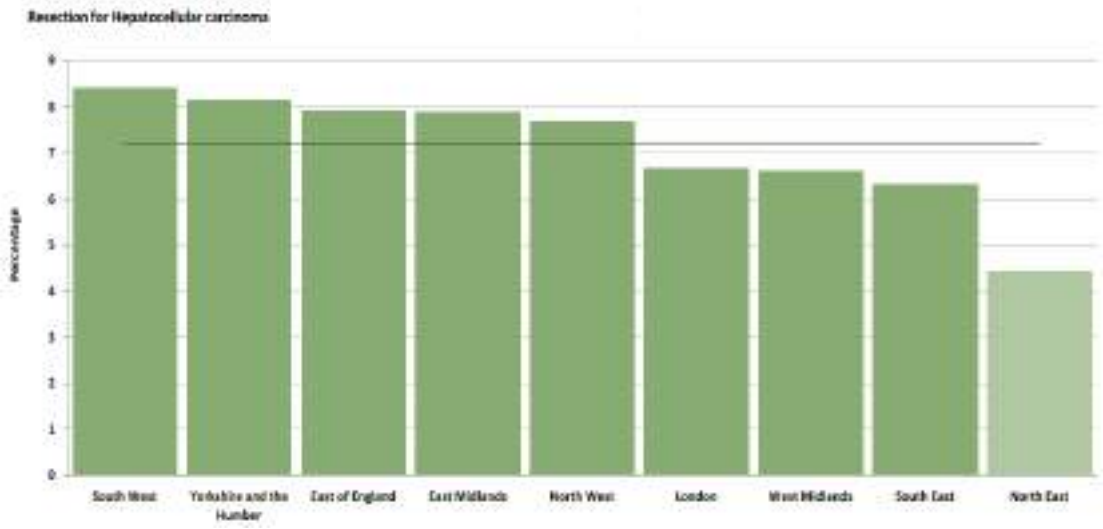
2010-14

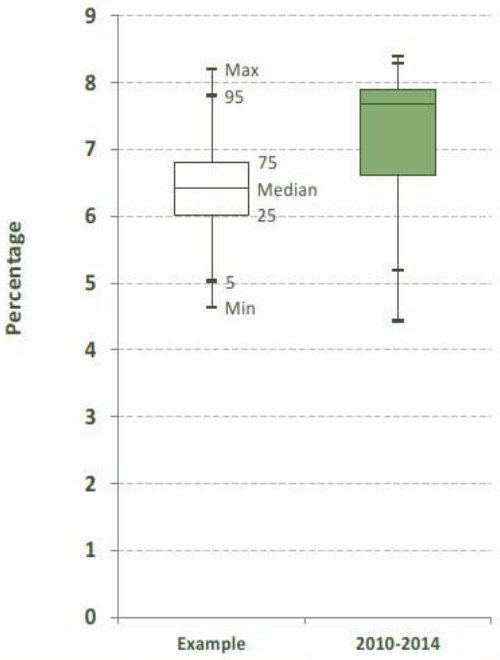




H10: Percentage of people aged 15 and over with hepatocellular carcinoma that have had a major liver resection by region

2010-14

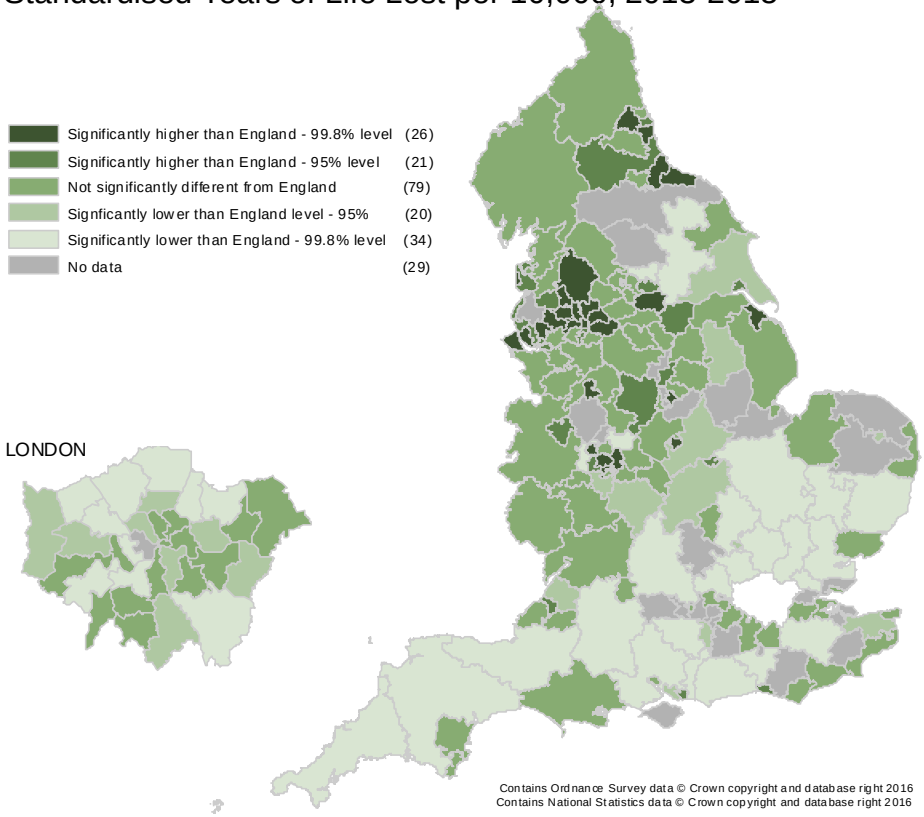


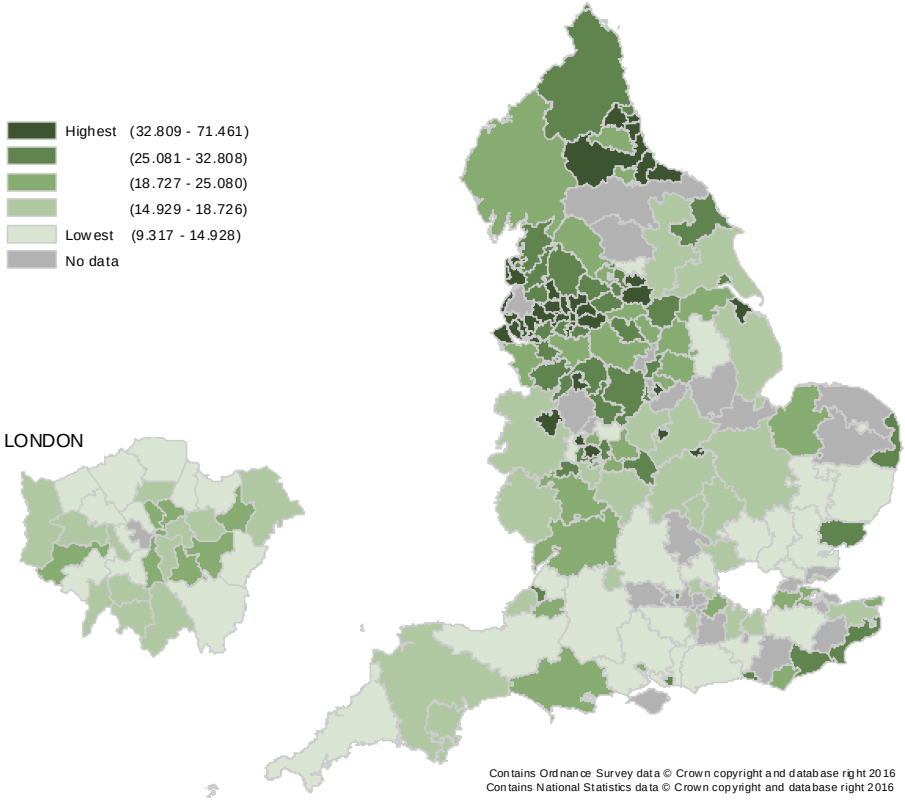


Max-Min (Range)		4.0
95th-5th percentile		3.1
75th-25th percentile		1.3
Median		7.7

MAP M1u65: Rate of years of life lost in people aged under 65 years due to mortality from chronic liver disease including cirrhosis per population by CCG

Standardised Years of Life Lost per 10,000, 2013-2015





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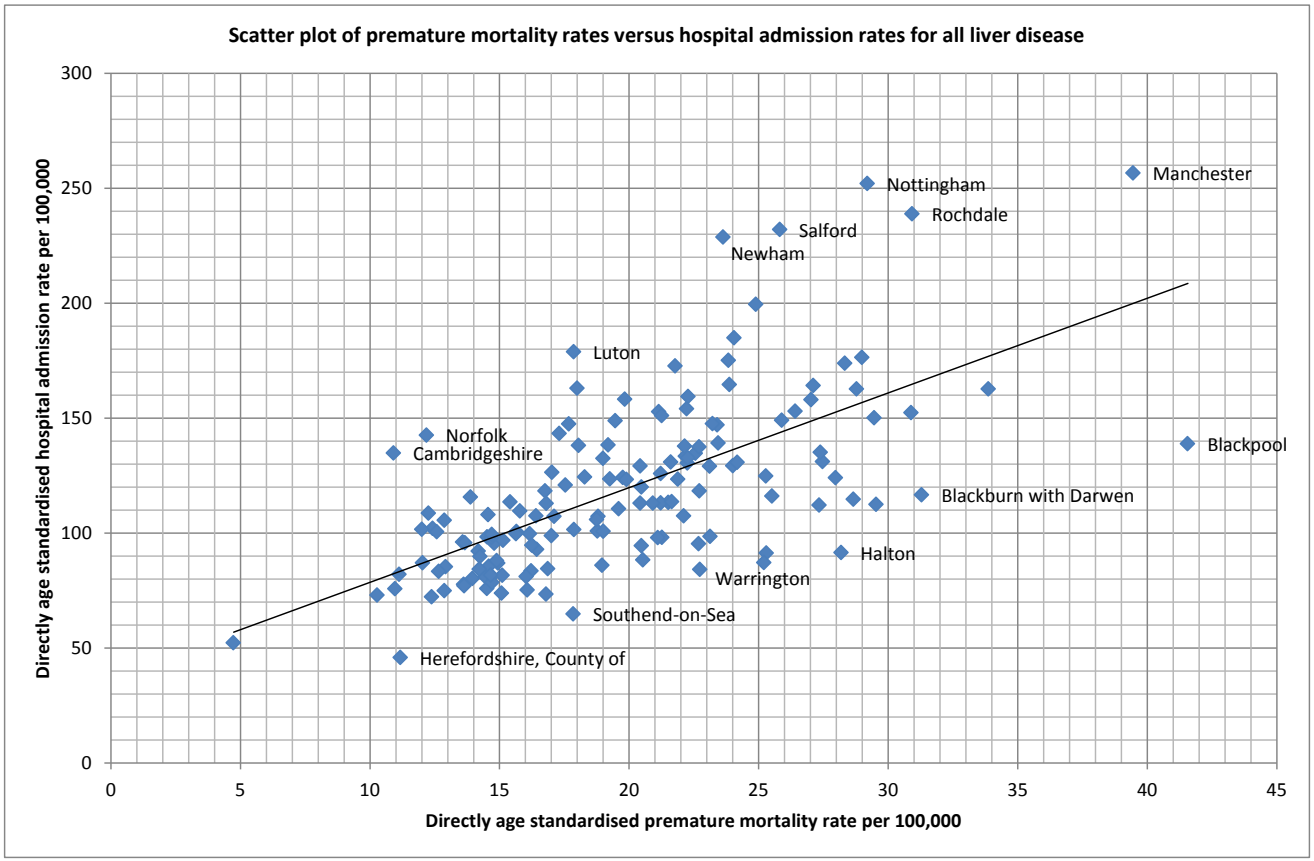
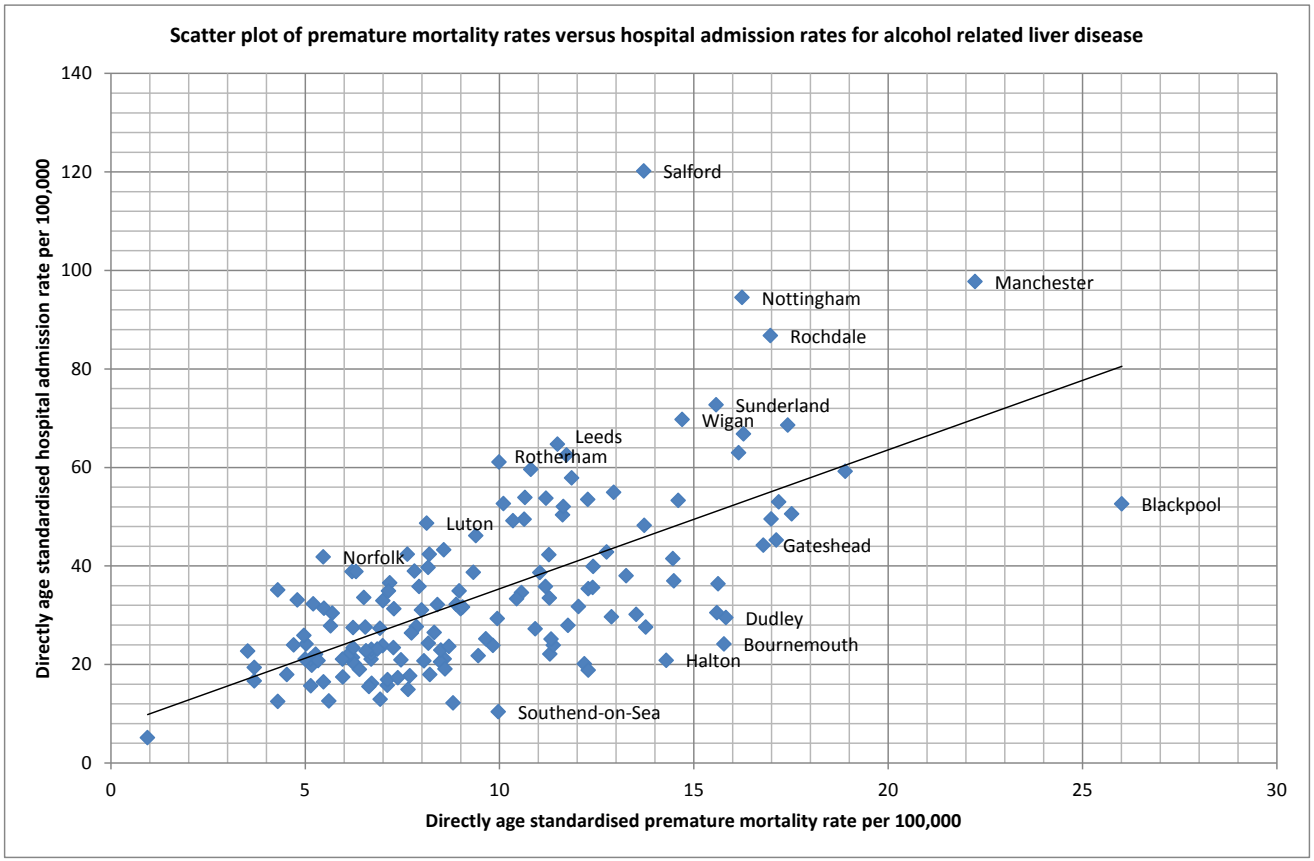
Premature mortality vs. hospital admission for all liver disease



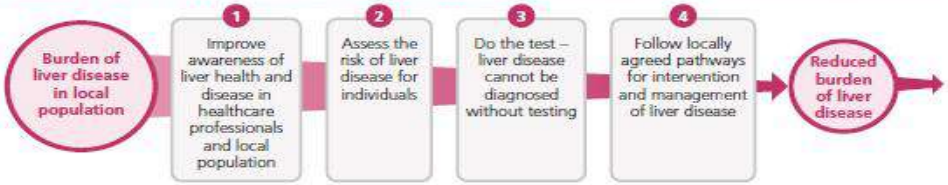
Public Health England

Premature mortality vs. hospital admission for alcohol related liver disease

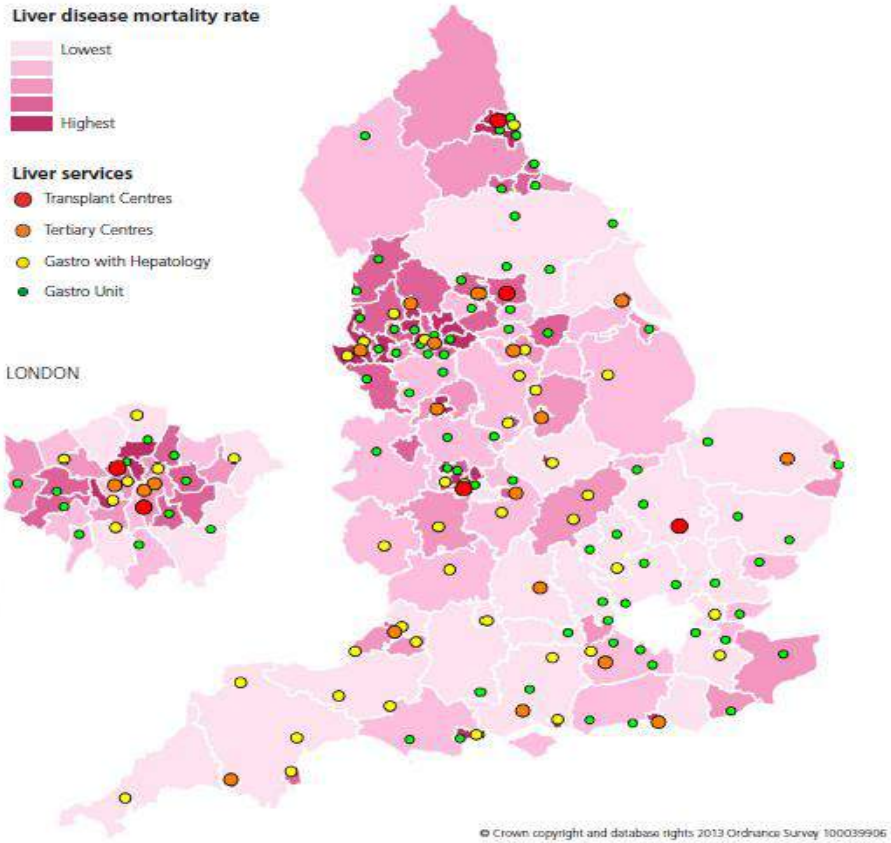


Public Health England

FIGURE I.15: BASIC STEPS IN REDUCING THE BURDEN OF LIVER DISEASE



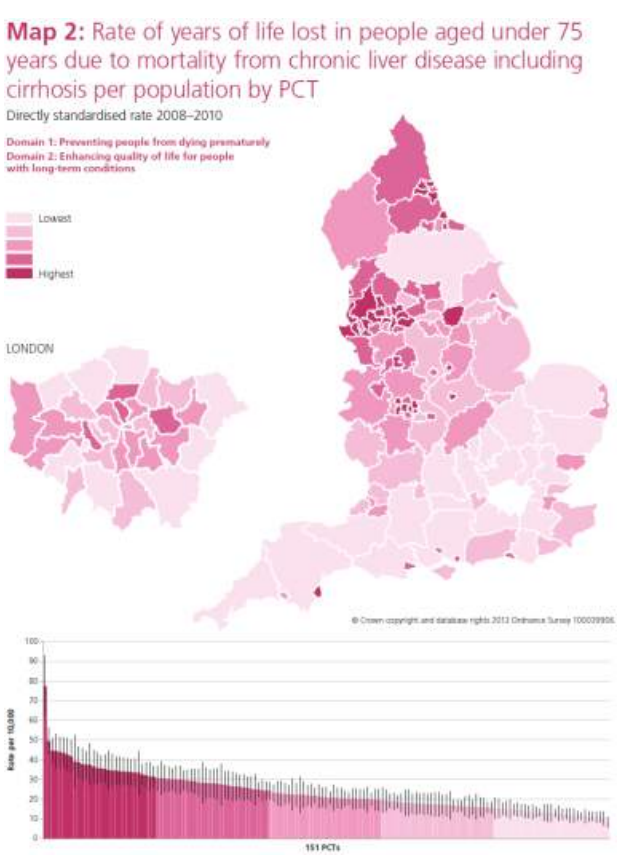
MAP I.2: LIVER SERVICES AT ACUTE TRUSTS IN ENGLAND SHOWN IN RELATION TO CHRONIC LIVER DISEASE MORTALITY IN MEN PER 100,000 POPULATION BY PCT 2006–2008

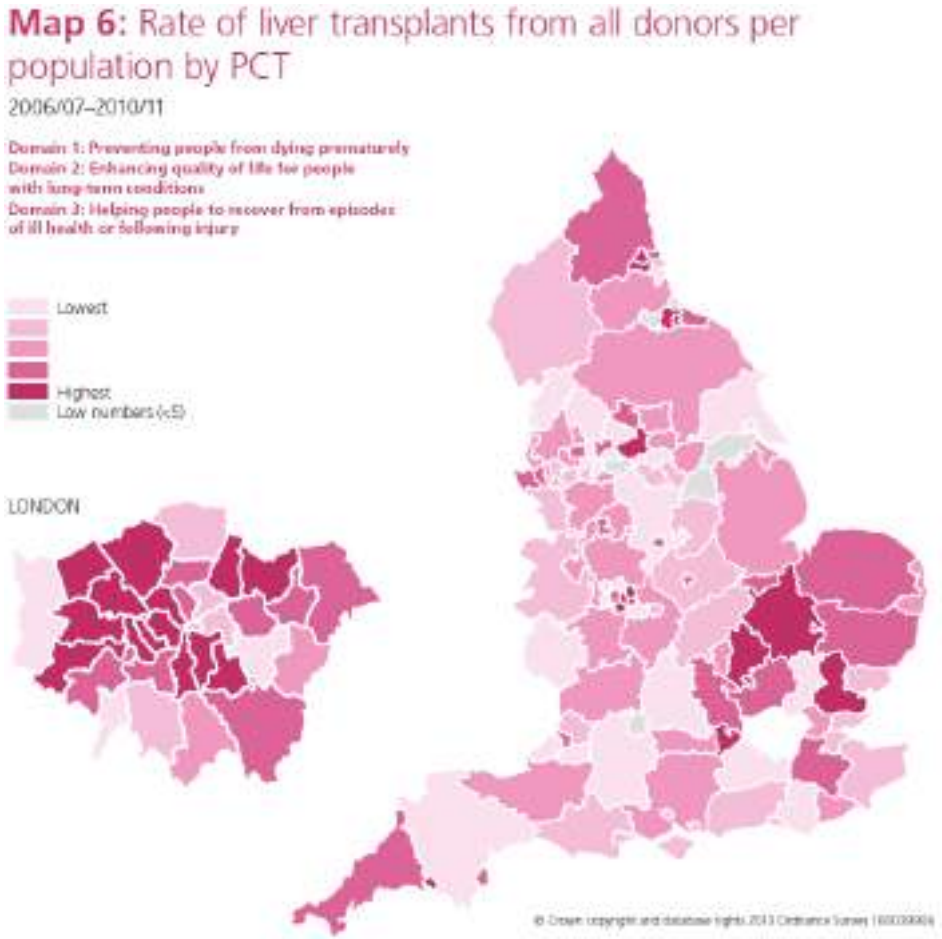


Public Health England

Transplantation PCT rate of liver transplants (all donors)

4.5 to 28.5 per million population (6-fold variation)





Source: Right Care Atlas

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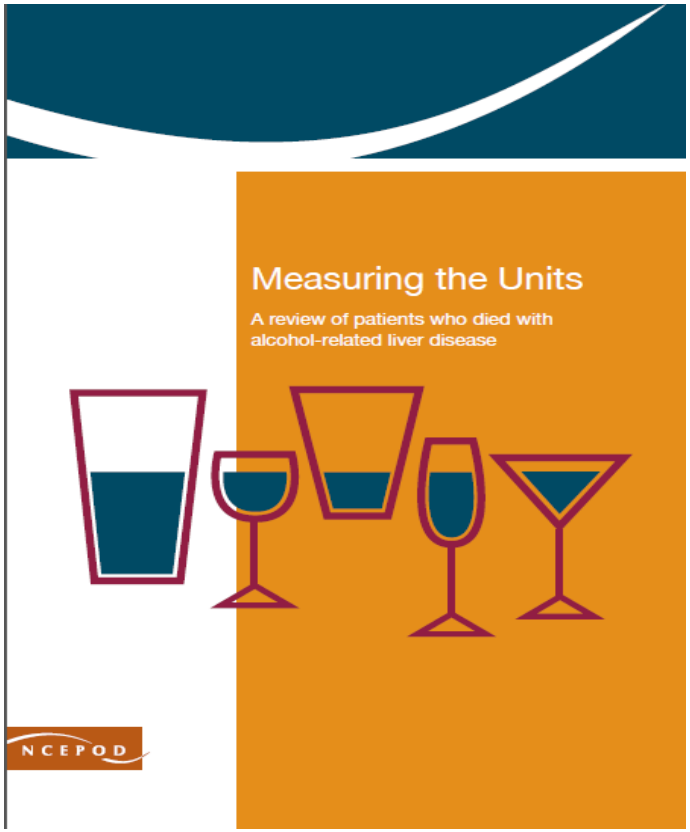

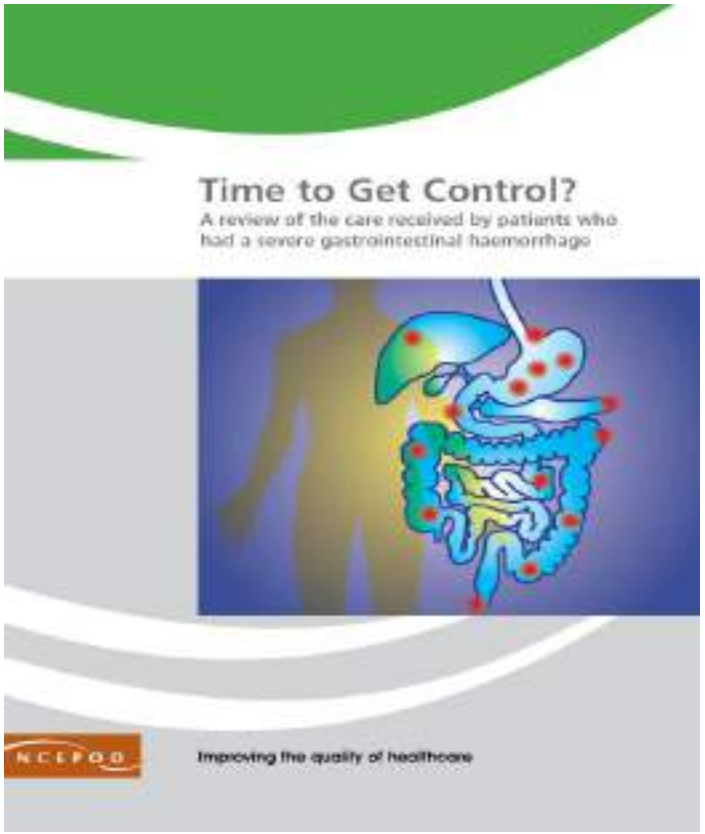

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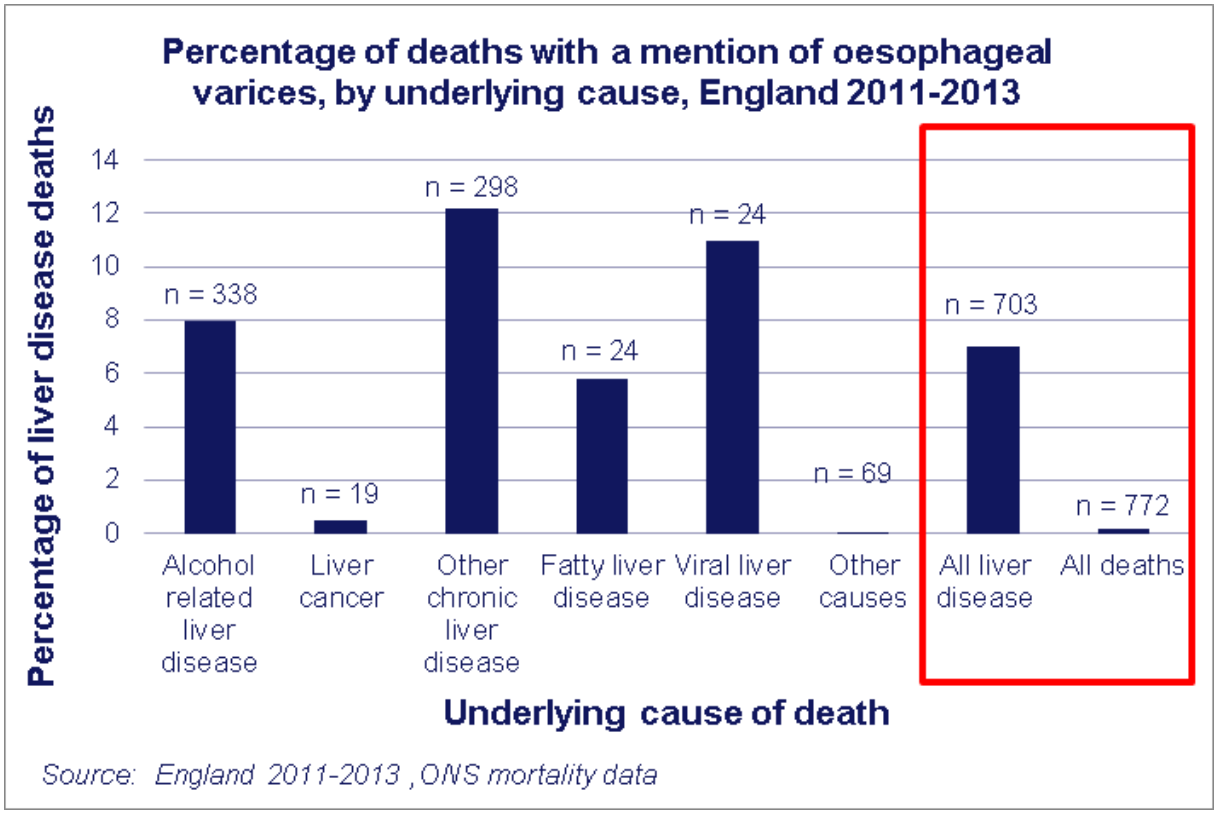
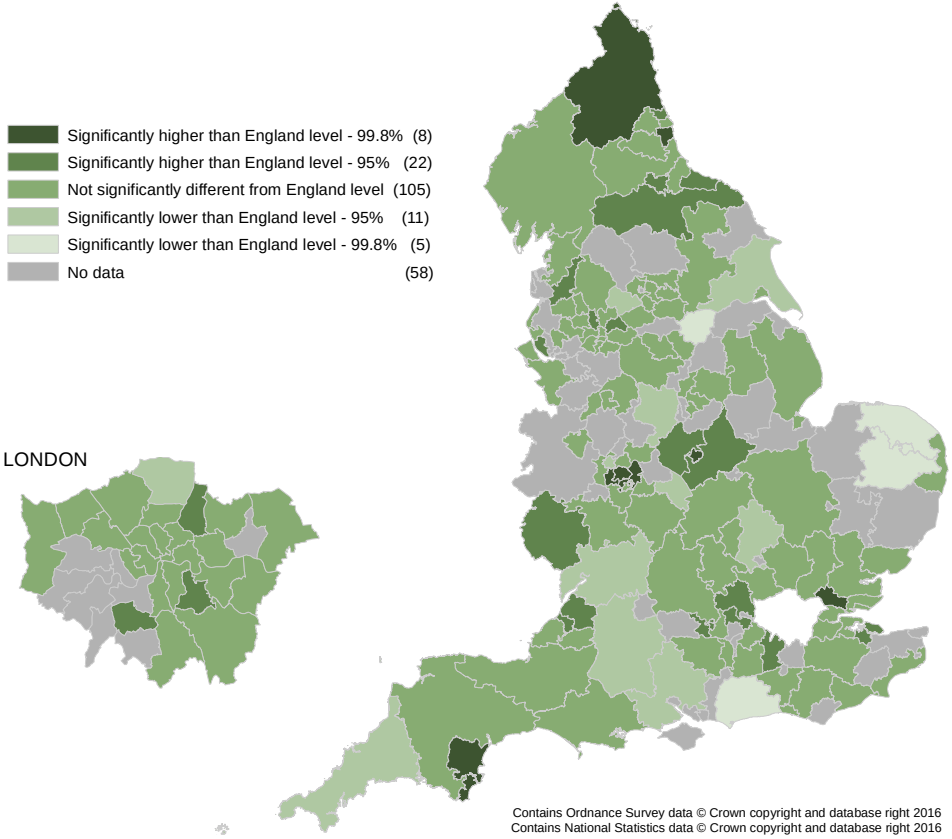
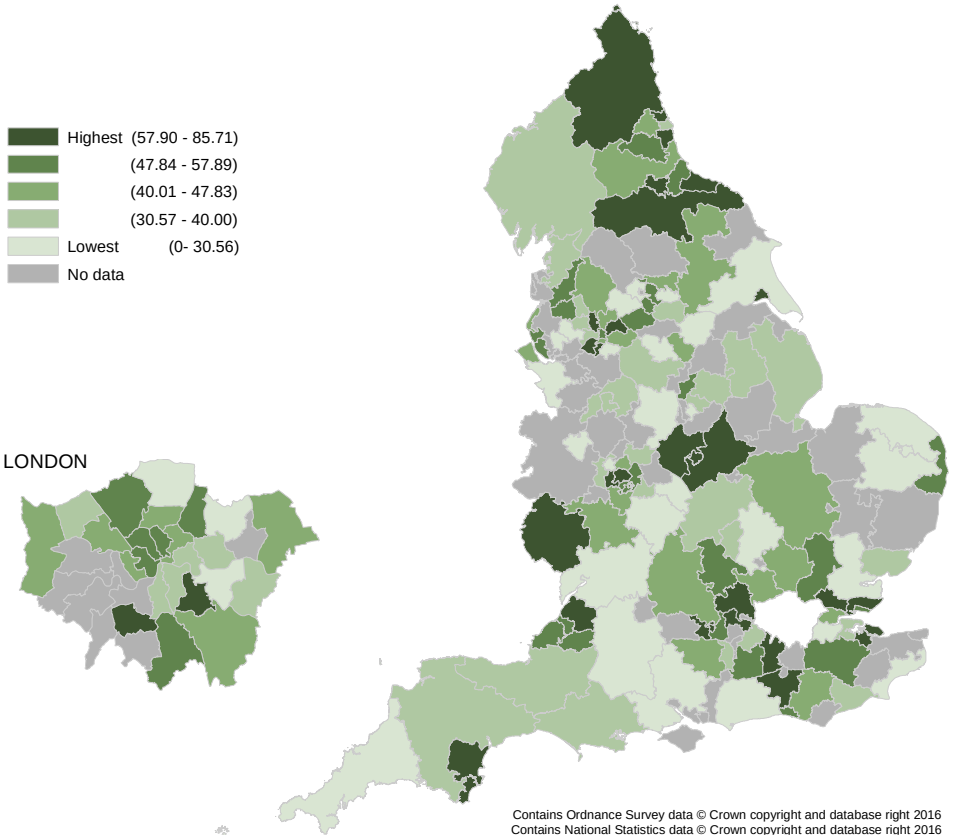
Oesophageal varices



n : average annual number deaths

Map H9: Percentage of admissions for oesophageal varices that are emergency admissions by CCG 2014/15





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End of Life Care in Liver Disease

Parallel Planning in Advanced Disease

Liver Disease: silent killer/parallel planning paradox

Admissions to hospital in Last Year of Life

~ 1,000 (1 in 10) people die with

NO admission LYOL

Alcohol related liver disease

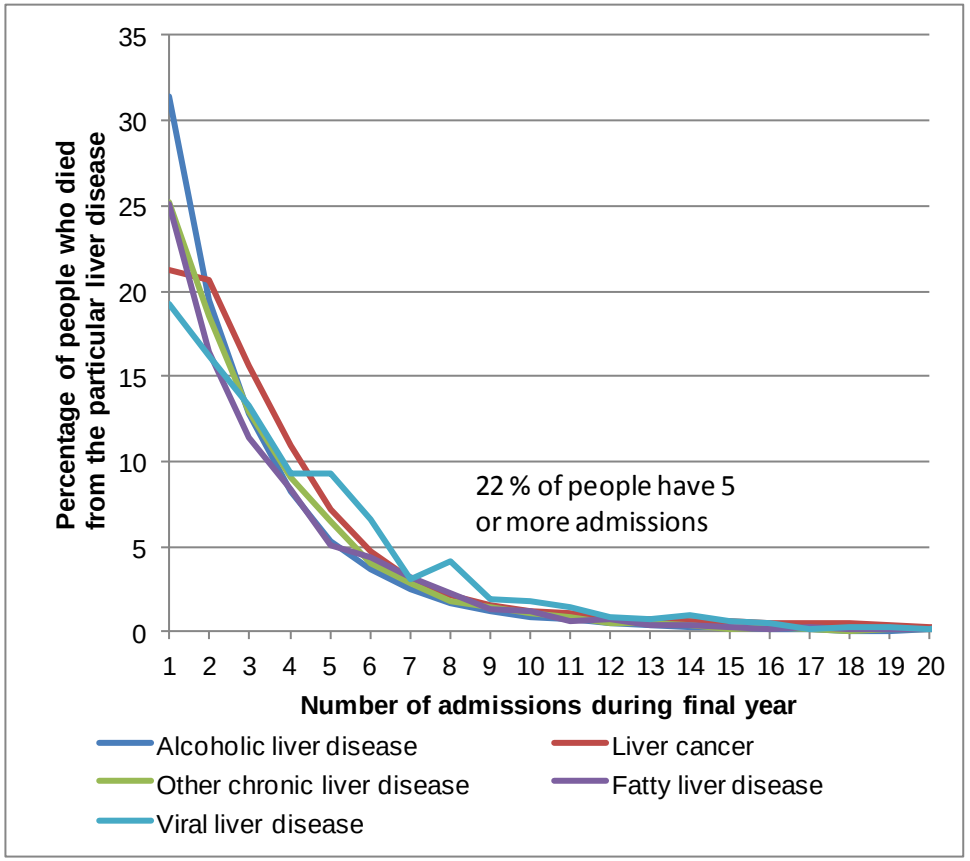
•10% no admissions

• 31% admitted only once

• 26% admitted once and die

•4% all liver deaths in A&E

•80% deaths in A&E ARLD



Source : HES-ONS mortality 2007-2011

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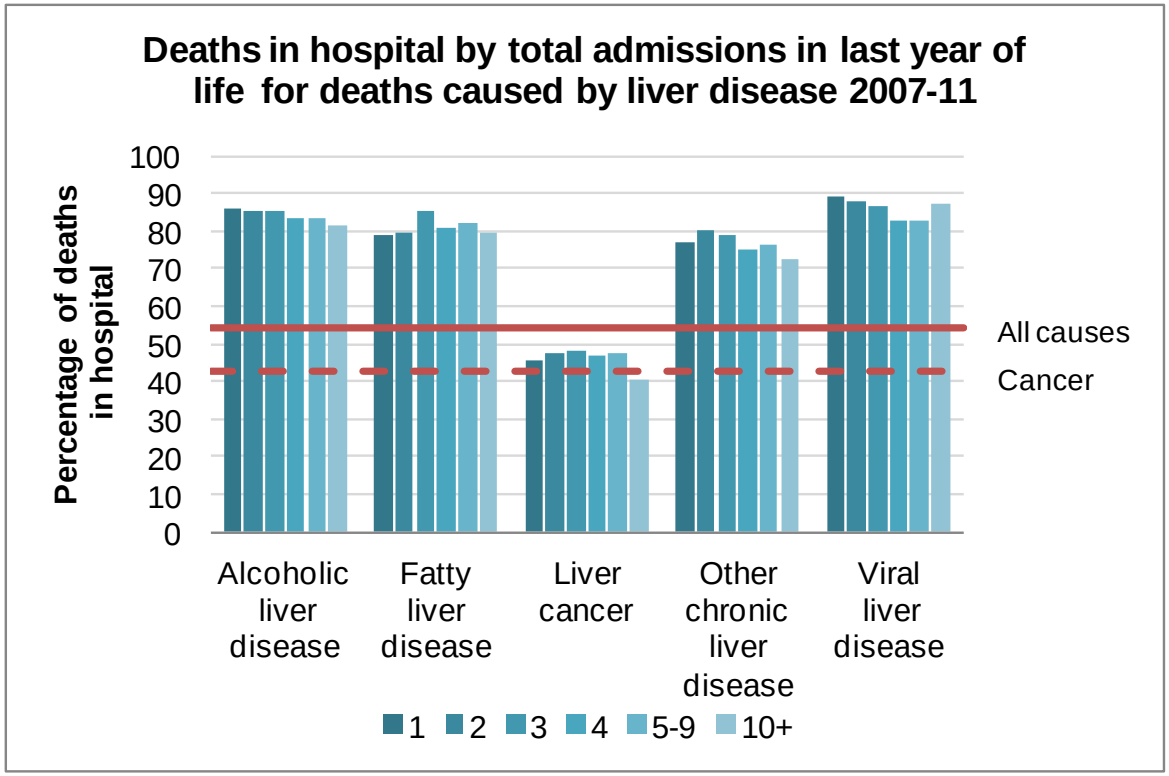
Opportunities for advanced care planning ?



Source : HES-ONS mortality 2007-2011

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Acknowledgements

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Alcohol

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HBV/HCV

Mary Ramsey, Sema Mandal, Monica Desai, Rachel Glass, Maciej Czachorowski, Eamon O'Moore, Helen Harris

Public Health England

The Clinical Epidemiology Team

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Thank you for listening
Any questions?

We will send a survey for your feedback on this webinar.

https://fingertips.phe.org.uk/profile/atlas-of-variation
https://fingertips.phe.org.uk/profile/liver-disease

neolcin@phe.gov.uk