

## Lowering the burden of liver disease in the UK: a blueprint for change

Liver disease is the third biggest cause of premature death in the UK and the number of deaths from liver disease is on the rise (Fig. 1).

People can develop liver disease for a number of reasons but the major causes are excessive alcohol consumption, obesity, and undiagnosed hepatitis infections (Fig. 2).

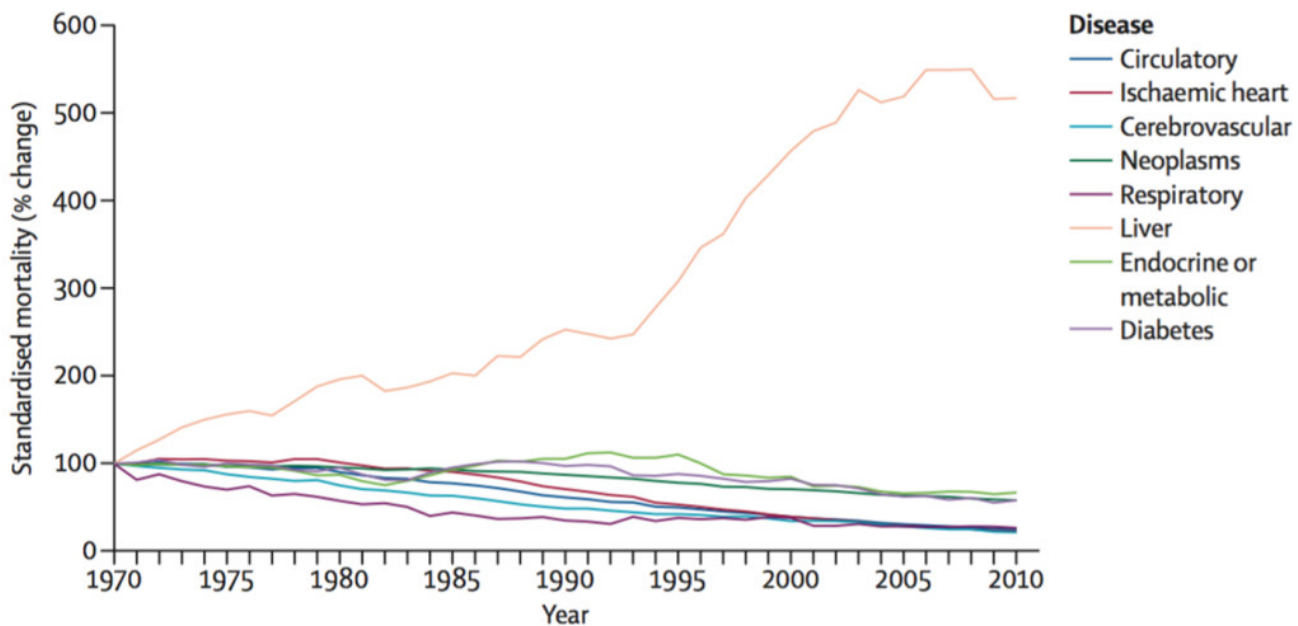


Fig. 1.

In November 2014, the Lancet Commission on liver disease, a group of experts across multiple disciplines, published a report, *Addressing liver disease in the UK*, which outlined ten evidence-based recommendations for lowering the burden of liver disease in the UK. The recommendations called for:

- Earlier detection and treatment of liver disease by GPs
- Improved screening for people at high risk of liver disease
- More specialised liver units in district hospitals
- A national review of liver transplantation services
- Better support for children with liver disease as they reach adulthood
- Introduction of a minimum price per unit for alcohol, with health warnings on alcohol packaging, and restrictions of alcohol advertising and sales

- Promotion of healthy lifestyles to reduce obesity
- Better treatment for people with the hepatitis B and hepatitis C virus
- Improved medical and nursing training in liver disease
- Greater awareness of liver disease in the general population

In November 2015, the Lancet Commission published a progress report, which examined the extent to which these recommendations have been adopted by the health system. The Lancet Commission found that uptake of the recommendations was mixed.

The Lancet Commission felt that encouraging progress was made across some areas. For instance, the group felt that awareness of liver disease had increased (Recommendation 10), particularly at the government level. Similarly, progress has also been made in terms of treating more people with hepatitis C (Recommendation 8), largely as a result of new drugs becoming available to the NHS. The group also noted that major step forward has been taken on their call for a national review of liver transplant services (Recommendation 4), with a review being initiated in late 2015 to address this issue.

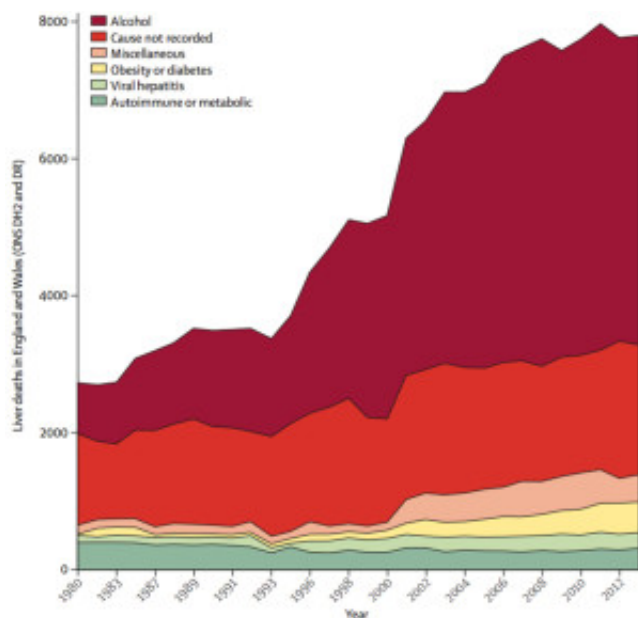


Fig. 2.

The Lancet Commission also felt that while progress on delivering Recommendations 1 and 2 has been slow, the release of new clinical guidelines on how to treat and manage liver disease in mid-2016 will improve the early detection and treatment of patients with liver disease. It was also observed that progress had been made on implementing Recommendation 5 as evidenced by the creation of a working group tasked with developing clear guidance for managing the care of

children with liver disease as they enter adulthood.

On other areas, the Lancet Commission believed only limited improvements had been made. On the provision of medical and nursing training in liver disease (Recommendation 9), the group noted that while there is much appetite for additional training it remains difficult for health professionals to access this training. With respect to the establishment of liver units in district hospitals (Recommendation 3), the Lancet Commission found that efforts to strengthen district-level liver disease services are hampered by a lack of suitably trained liver specialists across the UK.

Despite wide backing from professional experts, public health bodies and national charities the group found that there has been very little progress towards implementing Recommendations 6 and 7, which seek to compel policy action to address the major lifestyle causes of liver disease, namely alcohol and obesity. The Lancet Commission found that a lack of political will to introduce the measures represents a major barrier to adopting the recommendations.

*Professor **Roger Williams**  
Chairman*

*Lancet Commission for Liver Disease in the UK*

## **Publications**

### [Implementation of the Lancet Standing Commission on Liver Disease in the UK.](#)

Williams R, Ashton K, Aspinall R, Bellis MA, Bosanquet J, Cramp ME, Day N, Dhawan A, Dillon J, Dyson J, Ferguson J, Foster G, Sir Gilmore I, Glynn M, Guthrie JA, Hudson M, Kelly D, Langford A, Newsome P, O'Grady J, Pryke R, Ryder S, Samyn M, Sheron N, Verne J  
*Lancet. 2015 Nov 21*

### [Addressing liver disease in the UK: a blueprint for attaining excellence in health care and reducing premature mortality from lifestyle issues of excess consumption of alcohol, obesity, and viral hepatitis.](#)

Williams R, Aspinall R, Bellis M, Camps-Walsh G, Cramp M, Dhawan A, Ferguson J, Forton D, Foster G, Gilmore I, Hickman M, Hudson M, Kelly D, Langford A, Lombard M, Longworth L, Martin N, Moriarty K, Newsome P, O'Grady J, Pryke R, Rutter H, Ryder S, Sheron N, Smith T  
*Lancet. 2014 Nov 29*