option in the form of Ursodeoxycholic acid. A confident diagnosis of PBC relies upon a positive anti-mitochondrial antibody (AMA), a raised alkaline phosphatase (ALP) and/or immunoglobulin M (IgM). York Teaching Hospitals NHS Foundation Trust (YTHT) serves a population of 800,000, however our existing PBC database included only 100 patients. Given the prevalence (35 per 100,000) it is likely there are a significant number of undiagnosed cases within our population.

**Aim** To review historical positive AMA tests throughout YTHT, with the aim of identifying patients with hitherto undiagnosed PBC.

**Method** An IT-based search identified all positive AMA blood tests over a nine year period (2009–2018) (n = 731). An electronic note review of a proportion (n = 204) established demographic details, blood test results (including liver blood tests and immunoglobulins), the department requesting the test and consequential action taken.

**Results** Data from 2017–18 revealed 204 patients with a positive AMA, 88% of whom were female. Tests were predominantly requested by specialties other than hepatology; secondary care specialties (52%) GPs (38%) and hepatologists (9%). 34% had a known diagnosis of PBC. 31% of the cohort had a raised ALP (ALP >130 IU/L). Of those patients in whom immunoglobulins were performed (n = 112) over half, 57%, had a positive IgM. 115 patients (56%) had a positive AMA only, of these hepatology advice was sought in less than half (44%) of cases. 19 patients (9%) had results in keeping with a diagnosis of PBC, but were not referred, or previously known to, the hepatology service.

**Discussion** Our results have identified a significant number of patients in this population with undiagnosed PBC who could benefit from treatment. Identifying patients who potentially have established PBC is relatively non-invasive, and form part of the panel of blood tests frequently requested in primary and secondary care. As many such patients do not end up with either a formal diagnosis or appropriate referral, perhaps it is time to recommend all hospitals interrogate their laboratory databases in this way.

**REFERENCE**
1. www.yorkhospitals.nhs.uk/about-us/

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**P42 IMPROVING QUALITY IN LIVER SERVICES (IQILS) KEY PERFORMANCE INDICATORS AUDIT – AN OPPORTUNITY TO IMPLEMENT CHANGE AND IMPROVE PATIENT CARE**

Alka Joshi*, Rebecca Noller, Rosalind Beckitt, Katharine Caddick, Uthayanan Chevalatnam, Robert Przemioslo, Zeino Zeino, Talal Valliani, Arkur Shivastava. Southmead Hospital/North Bristol NHS Trust, Bristol, UK

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**Introduction** The North Bristol Liver Unit (NBLU) 2018–2019 audit against the Improving Quality in Liver Services (IQILS) Key Performance Indicators (KPI) demonstrated good compliance but identified service improvement opportunities (table 1). The unit introduced twice daily AMU in-reach service, and improved the junior doctor training programme. We present re-audit after these service changes.

**Methods** Patients with decompensated liver disease admitted to the gastroenterology ward between 01/08/2019 to 31/01/2020 were retrospectively identified. Electronic clinical records were interrogated to audit practice against the KPI recommending early specialist review, diagnostic ascitic tap in patients with ascites, administration of antibiotics in spontaneous bacterial peritonitis (SBP) and acute variceal bleeding.

**Results** Over 6 months, 111 admissions were identified (67% male; mean age 55 years (range 31–88)) with most common aetiology being alcohol (81%) and NAFLD (12%).

85/92 (92.3%) patients (excluding admissions to other specialties etc.) received specialist review within 24 hours of admission (table 1). Diagnostic paracentesis was attempted in 53 patients (92.9%) with clinically significant ascites. All 4 patients (100%) with confirmed SBP received antibiotics and albumin within 12 hours of diagnosis. 19/20 (95%) and 11/12 (92%) patient with suspected and confirmed variceal bleeding respectively received prophylactic antibiotics.

**Discussion** The North Bristol Liver Unit achieved over 90% compliance in all areas of IQILS KPI after implementing service improvement changes as a result of previous IQILS audit. This example emphasises the importance of critical self-assessment and engaging with national strategies to improve the care of patients with chronic liver disease.

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<tbody>
<tr>
<td>Specialist review within 24 hours of admission</td>
<td>82.3%</td>
<td>92%</td>
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<tr>
<td>Diagnostic paracentesis</td>
<td>90.5%</td>
<td>92.9%</td>
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<tr>
<td>Antibiotics in patients with SBP</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>Albumin in patients with SBP</td>
<td>70%</td>
<td>100%</td>
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<tr>
<td>Prophylactic antibiotics in variceal bleed</td>
<td>90.9%</td>
<td>95%</td>
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