C patients and 65.3% (17/26) of non-transplantable patients were counselled regarding ESLD. In terms of palliative care provision, 19.2% (10/52) received inpatient palliative care, though 80% of these referrals only occurred during their terminal admission. 62.5% of community palliative care referrals occurred in the context of a Continuing Healthcare Fast Track discharge.

We have highlighted that more needs to be done to resolve the gaps in our patient pathway to ensure ESLD is recognised, patients are counselled appropriately and fitting EOLC is offered. Enhanced EOLC planning in this high-risk group is a priority, as currently palliative care input is mostly limited to a late stage in the patient journey.

Validated prognostication tools can identify those with poorer prognoses yet, without a formal pathway to review this, patients with declining trajectories were not readily recognised. We plan to introduce an inpatient 'discharge bundle' to prompt enhanced follow up of ESLD patients. The goal is to achieve an optimised parallel care model, with earlier EOLC offered alongside ongoing active management in this cohort.

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P011 'FURTHERING THE FIBROSCAN': PROMOTING THE USE OF TRANSIENT ELASTOGRAPHY IN PATIENTS WITH ALCOHOL DEPENDENCE

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Early identification of alcohol-related liver disease in patients with alcohol dependence is vital, both to enhance their clinical management and as a potential motivator for abstinence.¹ The current Commissioning for Quality and Innovation (CQUIN) performance target necessitates that at least 20–35% of alcohol-dependent patients are offered referral for transient elastography (Fibroscan) during an overnight admission.² We aimed to assess and optimise our Fibroscan referral rate to ensure we were meeting this CQUIN target in our district general hospital.

Quarterly data from 1st April 2020–31st March 2021 (Q1–4) was retrospectively analysed to determine the Fibroscan

Abstract P011 Figure 1 Run chart data of Fibroscan referral rate in inpatients with alcohol dependence

referral rate for alcohol-dependent inpatients. Those with known fibrosis, cirrhosis or prior Fibroscan within the last year were excluded. Interventions were then implemented via quality improvement methodology PDSA (Plan, Do, Study, Act) cycles. Existing alcohol liaison and Fibroscan referral pathways were simplified in PDSA #1 and #2, whilst PDSA #3 involved promotional educational programmes. Appointment of designated 'nurse champions' is currently underway for PDSA #4.

128 patients met the inclusion criteria for Fibroscan referral. Between Q1 and Q4, the Fibroscan referral rate improved from 16.7% to 46.2% (figure 1). The referral rate for patients admitted via the medical take increased from 19% (4/21) to 55% (11/20). However, for those with simply an overnight admission to the Emergency Department Observation ward before next day discharge, the referral rate increased less markedly from 0% (0/3) to 20% (1/5). Of the patients who underwent Fibroscan, 10.8% (4/37) had a significant finding of bridging fibrosis and were referred to hepatology services.

This project has been a useful tool in highlighting gaps in our assessment of alcohol-related liver disease. We have demonstrated that our existing practice had failed to meet national performance targets, but that simple yet effective interventions have markedly improved Fibroscan referral rates. These are easily reproducible in other trusts, and the implications for both patient care and CQUIN financial payment is clear. Indeed, if current performance is maintained, the trust will receive the maximum £100,000 annual CQUIN payment.² However, there remains scope to continue progressing referral rates, especially in the Emergency Department Observation ward setting, and efforts remain ongoing locally.

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P012 INCIDENCE OF CHRONIC KIDNEY DISEASE IN NORTHERN IRELAND LIVER TRANSPLANT RECIPIENTS- A 10 YEAR RETROSPECTIVE REVIEW

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Background and Aims Post-transplant renal dysfunction is one of the most important and common complications experienced by liver transplant (LT) recipients, leading to increased morbidity and mortality. 5-year cumulative incidence of end-stage renal disease (ESRD) is reported as 18%–22%. Risk factors contributing to this include peri-operative events, immunosuppression and metabolic risk factors. There are no specific practice guidelines for chronic kidney disease (CKD) identification and management among LT recipients. Our aim was to review the incidence of CKD, and risk factors for it, in our LT cohort, who are followed up in a single centre in Northern Ireland (NI).

Method An electronic database identified all LT recipients in NI over a 10 year period from 2010–2019. Electronic care

records were used to collect patient information and relevant laboratory values. Data was analysed for those in whom 1 year follow-up information was available.

Results 218 patients in NI (123 male, 95 female) underwent LT between 1st January 2010 and 31st December 2019. Age ranged from 13 to 71 at time of transplant (mean 44 years old). Complete records are available for 204 patients allowing at least one year follow-up. 13 patients were transplanted as super-urgent fulminant cases, with the rest transplanted on the elective list. 7 patients had known pre-existing CKD. 32 patients had hypertension and 43 were diabetic pre-transplant. Post-transplant, 101 patients were hypertensive, and 72 were known to be diabetic. At 1 year, 1 patient had CKD 5, 10/204 had CKD and 110/204 patients had CKD 3. 94/204 (46%) had a deterioration by at least 1 CKD stage. Of the 93 patients in whom 5 year data is available, 1 patient had CKD 5 (1.1%), 2 had CKD 4 (2.2%), and 48 had CKD 3 (51.6%). 37 patients (20.4%) are known to renal services. Based on NI GAIN guidelines, a further 22 patients (15.3%) meet criteria for routine referral to nephrology based on sustained reduction of >25% eGFR in one year based on recent blood results.

Conclusion Within LT recipients in Northern Ireland, the incidence of ESRD is much lower than quoted in the historical literature (1.1% of current patients with CKD 5 and 2.2% CKD 4). A substantial proportion have CKD 3 (51.6%). 61% of patients have risk factors in addition to calcineurin inhibitors. Care of these patients should include regular monitoring of renal function as well as aggressive management of risk factors such as diabetes mellitus and hypertension.

P013

RETROSPECT ANALYSIS OF PATIENTS WITH PRIMARY BILIARY CHOLANGITIS (PBC) IN A DISTRICT GENERAL HOSPITAL

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Introduction We performed a retrospective audit of the demographics, diagnoses and metabolic risk factors among patients with Primary Biliary Cholangitis (PBC) at Mid Yorkshire Hospitals NHS Trust (MYHT); MYHT provides hospital services to a population of 530,000.

Methods Retrospective analysis of patient records and clinic letters was undertaken. We included patients who are currently having follow up with the Hepatology and or Gastroenterology services and reviewed their medical records for the past 3 years from December 2017 to December 2020.

Results 39 patients diagnosed with PBC are currently under the follow up of the local Hepatology outpatient department. 95% (n=37) are female. The median age is 62.5 years (range from 37 to 88 years old) with a median age of diagnosis of 55.5 years (range from 32 to 79 years old). The median of Body Mass Index (BMI) was 30.5 (range from 19 to 42) with 3% (n=1) have alcohol intake exceeding the national guideline of less than 14 units a week. 98% (n= 38) were Anti-mitochondrial Antibodies (AMA)

positive and 23% (n=9) was Antinuclear Antibody (ANA) positive.

44% (n=17) was diagnosed with additional autoimmune conditions, with hypothyroidism being the commonest diagnosis 41% (n=7). Other autoimmune conditions include lichen planus, Grave's disease, Crohn's disease, CREST syndrome, Sarcoidosis and Vitiligo. 18% (n=7) had additional liver conditions; the commonest being Non- Alcoholic Fatty Liver disease (NAFLD) (43%, n=3); 27% (n=10) had hypertension and 18% (n=7) had dyslipidaemia.

13% (n=5) of the patients had liver biopsy; for the initial diagnoses of PBC. 80% (n=4) of them had their liver biopsy for diagnostic purpose although they were already AMA seropositive. Only 20% (n=1) had liver biopsy to investigate the possibility of autoimmune hepatitis overlap.

Conclusions The number of patients with PBC at Wakefield was 7.4 in 100,000 which was less than the prevalence in the UK which was 35 in 100,000, with female predominance;^{1 2} this suggests that we have undiagnosed PBC patients in our MYHT population. Additionally, we found a high prevalence of NAFLD in this population which affirms the importance of good metabolic risk factor management in this patient group in addition to the traditional targeted PBC therapies such as Ursodeoxycholic acid and fibrates.

Abstract P013 Table 1

	Number of patients (n=39)
Age	
0-65	23
>65	16
Gender	
Female	37
Male	2
Age at diagnosis	
0-65	35
>65	3
BMI	
18.5-25	13
25-30	14
>30	11
AMA serology	
Positive	38
Negative	1
ANA serology	
Positive	9
Negative	28
Unknown	2
Associated autoimmune condition	
Hypothyroidism	7
Lichen Planus	2
Others	8
Other liver diseases	
Non- alcoholic fatty liver disease	3
Others	3
Co-morbidities	
Hypertension	10
Hypercholesterolemia	7