medical cause(6), drug-induced (3), no cause found (4). There were no cases of hospitalisation because of raised ALT and no cases of acute liver failure secondary to statins.

Conclusion Only 35% of cardiology patients started on statins had baseline LFTs measured and ¼ had a raised ALT. Most resolved during follow up. Only 2% had a transaminitis with an ALT > X10 ULN. None came to harm from this. Our results, even though not showing good compliance to NICE guidelines, confirm the safety of statins, in keeping with current evidence³. Monitoring of ALT after starting statin therapy only in symptomatic patients appears to be safe and would lead to savings in time and resources.

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PWE-28 'FURTHERING THE FIBROSCAN': PROMOTING THE USE OF TRANSIENT ELASTOGRAPHY IN PATIENTS WITH ALCOHOL DEPENDENCE

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Introduction 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 a >1 night 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.

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

Results 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.

Conclusions 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

Abstract PWE-28 Figure 1 Run chart data of Fibroscan referral rate in inpatients with alcohol dependence

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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PWE-29 ATTITUDES TO OFFERING INCENTIVES IN THE TESTING AND TREATMENT OF HEPATITIS C

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Introduction Hepatitis C virus (HCV) is now easy to test for and straightforward to treat, but encouraging those most at risk to engage with services can be more challenging. Incentivisation for testing and treating already takes place in some places for HCV as well as for other conditions. However, this is controversial for various ethical and practical reasons. We conducted a survey of people who work within two HCV Operational Delivery Networks (ODNs) to understand current attitudes to incentivisation.

Methods An anonymous online survey (Web Survey Creator[®]) was sent to participants of the Wessex and Southwest HCV ODNs in January 2020. Questions included personal experience of HCV incentivisation and its effect on engagement, opinion of incentivisation and the appropriate value, type and timing of an incentive.

Results There were 32 respondents, representing a range of ODN participants; specialist nurses(13), hepatologists(8), drug & alcohol workers(3), peer support(2), commissioner(1), other (5). 15/32 (46.9%) did not agree with offering financial incentives, 12/32 (37.5%) did agree and 5/32 (15.6%) were undecided.

14/32 (43.8%) had personal experience of financial incentives. 69% of those with experience felt incentives had increased engagement with HCV services and negative