NHS
Scarborough and Ryedale
Clinical Commissioning Group

Pathway:	Upper GI Topic – Suspected Liver Disease

Referral Criteria/Commissioning position:

Admission or urgent referral required if:

- jaundice
- signs of hepatic decompensation (acites, coagulopathy, flap/encephalopathy, low albumin)

Following initial management consider referral if:

- if LFTs >3x normal limit (for advice from gastroenterology); mildly elevated do not require secondary care referral

Repeat LFTs after 3-6 months, consider referral if*:*

- raised isolated Bilirubin **AND** low Hb (to Haematology)
- raised ALP, confirm hepatic origin by confirming raised gamma GT and if USS and autoimmune/immunoglobin screen are abnormal

Raised transaminases +/- ALP – perform USS and Liver screen if:

- alcohol excess and liver screen negative consider referral to alcohol team
- suspected NAFLD refer if diabetic and BMI>28 and /or AST;AST ration>0.8
- Hepatitis B positive, refer to secondary care
- Hepatitis C positive, refer to secondary care if Hep C viral load is positive
- pre-existing liver disease and the clinical picture has changed, refer

Investigations prior to referral (do not delay 2 week referral for these)

- LFTs, transaminases +/- ALP, USS, Liver screen, Hep B, Hep C, Bilirubin, autoimmune, immunoglobin screen,

Information to include in referral letter:

The GP referral letter should contain:

- History, treatments and interventions tried in primary care including the results
- Drug history (prescribed and non-prescribed)
- Relevant past medical/surgical history
- Current regular medication
- BMI
- Smoking status
- Alcohol consumption

References & Additional information:

Patient Information Leaflets/ PDAs

To view the Gilberts Syndrome Patient Information Leaflet, please click here
To view the Liver Function Tests Patient Information Leaflet, please click here
To view the Hepatitis B Patient Information Leaflet, please click here

References:

1. Godlee (2011). NAFLD. BMJ 343, 4652
2. Ainste et al (2011). How big a problem is NAFLD. BMJ 343, 3897
3. Bhala et al (2013).How to tackle rising death rates of liver disease. BMJ 346, f807

For the full SRCCG commissioning policy please click here

CCG GP sign off:	SRCCG Business Committee (Delegated to Dr Greg Black)
Review date:	2017