

Putting NICE guidance into practice

**Resource impact report: Non-alcoholic  
fatty liver disease (NAFLD): assessment and  
management (NG49)**

Published: July 2016

# 1 Introduction

- 1.1 The guideline offers best practice advice on assessing and managing non-alcoholic fatty liver disease (NAFLD).
- 1.2 This report discusses the resource impact of implementing our guideline on [non-alcoholic fatty liver disease: assessment and management](#). It aims to help organisations plan for the financial implications of implementing this NICE guideline.
- 1.3 The resource impact report focuses on the recommendations for adults, because they account for the majority of people with NAFLD.
- 1.4 The guideline might have resource implications at a local level. We encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs and savings locally.
- 1.5 Users can input estimates into the local resource impact template to reflect local practice and estimate the impact of implementing the guideline locally.
- 1.6 Services for the assessment and management of NAFLD are commissioned by clinical commissioning groups (CCGs) and NHS England. Providers are primary, secondary and tertiary care.

# 2 Background

- 2.1 NAFLD has a wide spectrum of disease. Most people with NAFLD will have simple steatosis and will not have liver-related complications. A minority will have liver fibrosis, and are more likely to progress to cirrhosis, and potentially liver cancer, without intervention. NAFLD tends to be asymptomatic.
- 2.2 There is currently a lack of awareness around NAFLD. It is more common in people with type 2 diabetes and metabolic syndrome,

meaning it is likely to become an increasing health burden. Publication of this guideline may help to raise awareness of NAFLD.

### **3 Areas with a potential resource impact**

#### **Testing everyone with NAFLD for advanced liver fibrosis**

3.1 Implementing the guideline may result in a change in practice in the following areas:

- Testing everyone diagnosed with NAFLD for advanced liver fibrosis, to identify those who are most likely to progress to cirrhosis (recommendation 1.2.1).
- Retesting adults with NAFLD and an enhanced liver fibrosis (ELF) score below 10.51 for advanced liver fibrosis every 3 years (recommendation 1.2.7).
- Potentially using the ELF test in primary care to identify people with advanced liver fibrosis (recommendations 1.2.2 and 1.2.8).
- Referring those with NAFLD and advanced liver fibrosis to secondary care (recommendation 1.2.5).
- Considering pioglitazone or vitamin E for adults with advanced liver fibrosis who have been referred to secondary care (recommendation 1.4.1).

3.2 Current practice varies, with some people with NAFLD monitored in primary care and others referred to secondary care for testing and follow-up. Referral may not currently be based on the risk of progression to cirrhosis. Therefore some people at low risk of progressing may be referred inappropriately, while some people at high risk may not be referred until they are symptomatic and have advanced disease. Testing all people with NAFLD for advanced liver fibrosis will identify those who are at higher risk of progressing to cirrhosis so that their treatment can be managed in secondary care.

- 3.3 Currently people with advanced fibrosis are not routinely offered a pharmacological treatment. Pioglitazone or vitamin E may now be considered for adults with advanced liver fibrosis who have been referred to secondary care
- 3.4 The ELF test can be used in primary care to identify people with advanced liver fibrosis before they are referred to secondary care. This would be a change in practice in areas where testing is currently done in secondary care.
- 3.5 Users can input estimates into the local resource impact template to reflect local practice and estimate the impact of implementing the guideline locally. The template has been pre-populated with unit costs and other estimates where available.

## **4 Other considerations**

- 4.1 There is a lack of robust data on the incidence and prevalence of people diagnosed with NAFLD. In practice the number of people diagnosed with NAFLD is likely to be fewer than the prevalence reported in studies due to the asymptomatic nature of early stage disease.

## About this resource impact report

This resource impact report accompanies the NICE guideline on non-alcoholic fatty liver disease (NAFLD): assessment and management and should be read in conjunction with it. See [terms and conditions](#) on the NICE website.

### **This report is written in the following context**

This report represents the view of NICE, which was arrived at after careful consideration of the available data and through consulting healthcare professionals. The report is an implementation tool and focuses on the recommendations that were considered to have a significant impact on national resource use.

Assumptions used in the report are based on assessment of the national average. Local practice may be different from this, and the impact should be estimated locally.

Implementation of the guidance is the responsibility of local commissioners and providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this resource impact product should be interpreted in a way that would be inconsistent with compliance with those duties.

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