

# Overview of IQILS

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Royal College  
of Physicians

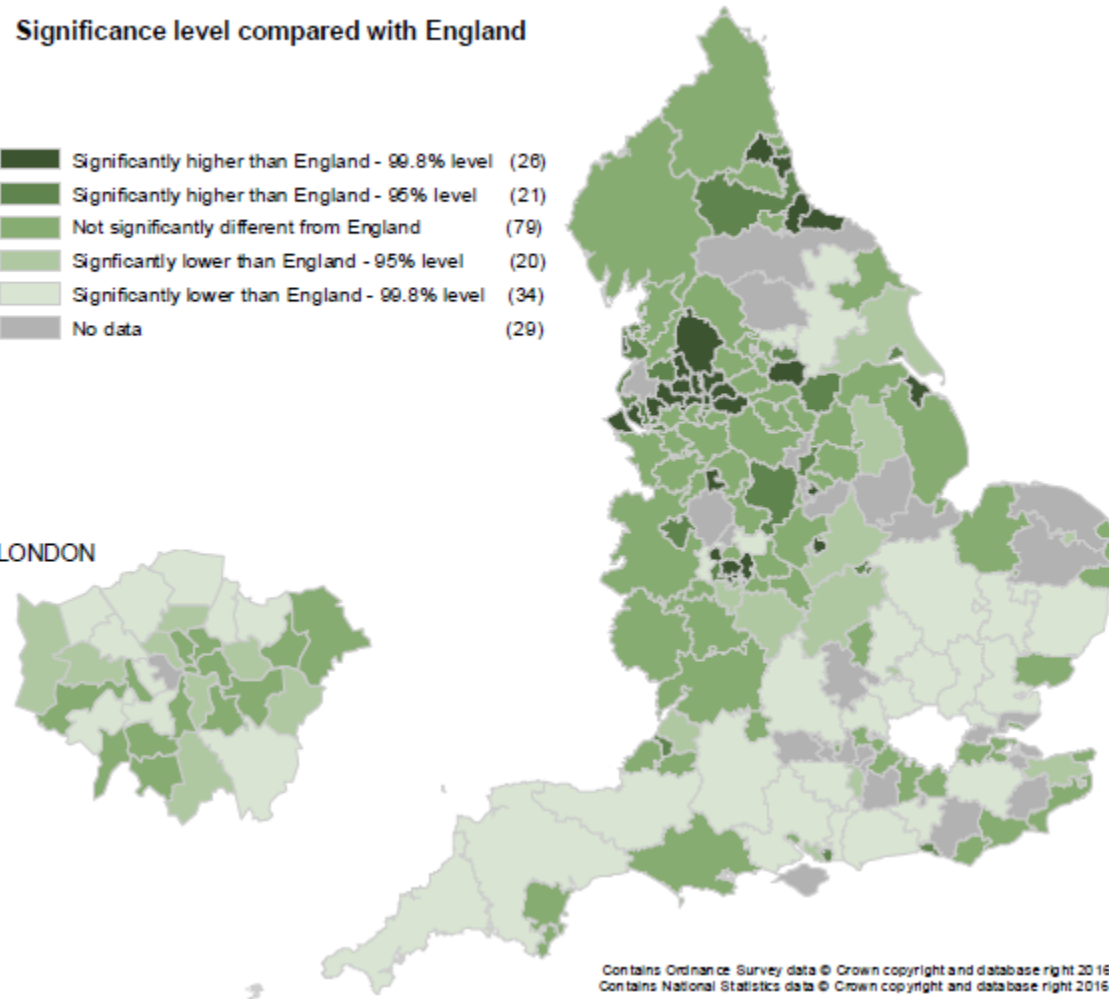
Improving Quality  
in Liver Services

# Variation in rate of years lost in people aged 1 to 64 yrs. from chronic liver disease per population by CCG (2016)

## Significance level compared with England

Significantly higher than England - 99.8% level	(26)
Significantly higher than England - 95% level	(21)
Not significantly different from England	(79)
Significantly lower than England - 95% level	(20)
Significantly lower than England - 99.8% level	(34)
No data	(29)

LONDON

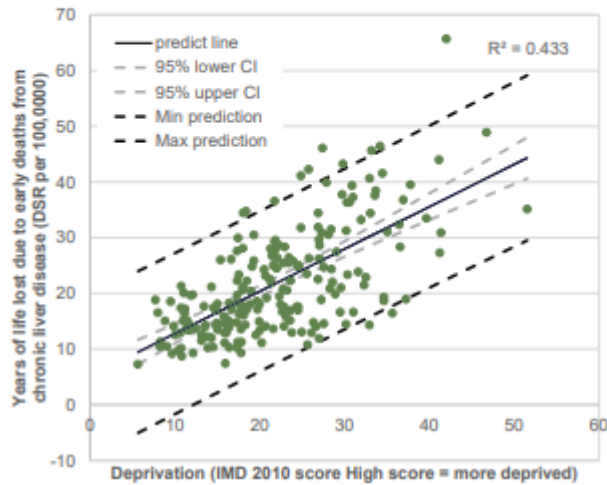


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Contains National Statistics data © Crown copyright and database right 2016

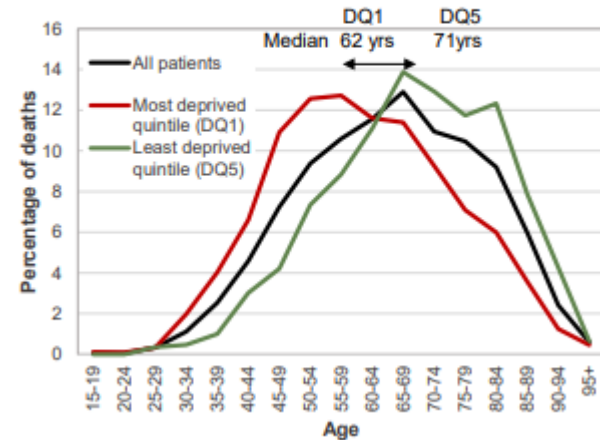
The 2<sup>nd</sup> Atlas of variation in risk factors and  
healthcare for liver disease in England

September 2017

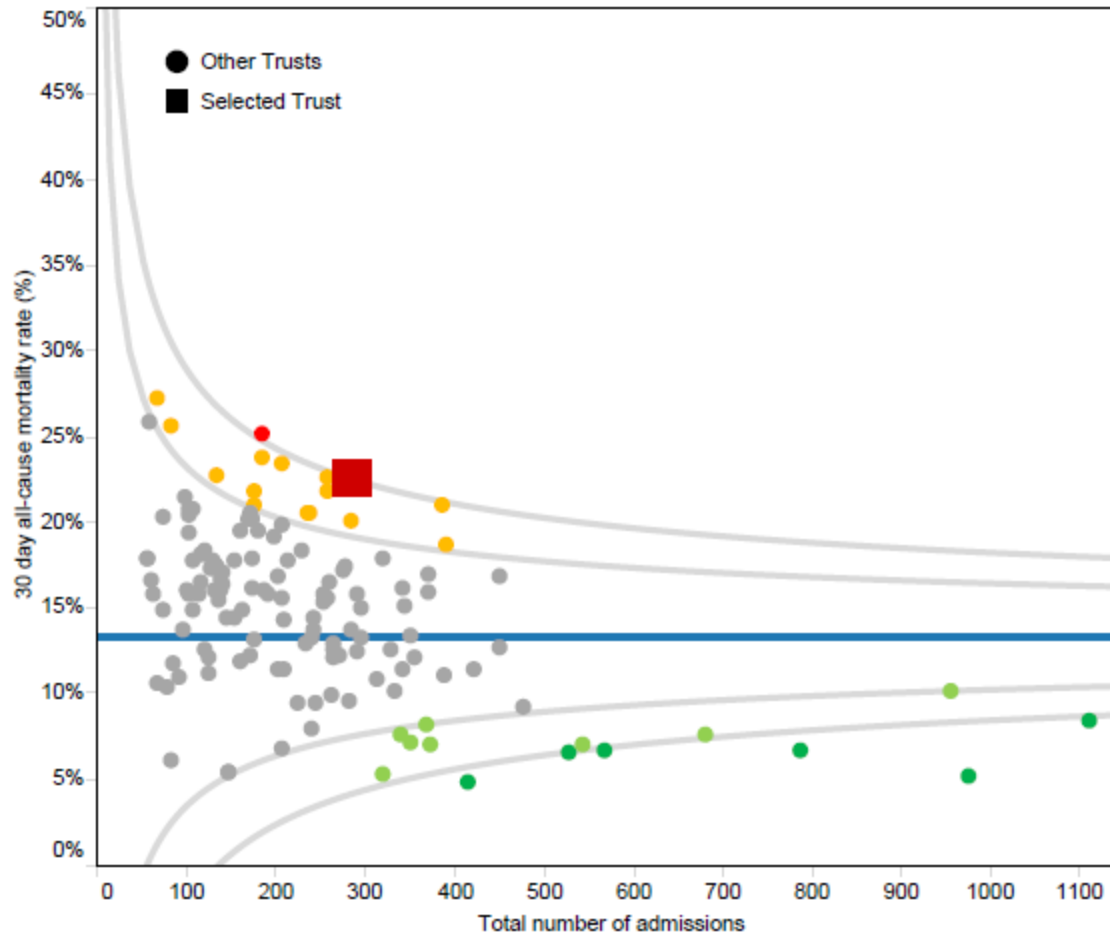
**Figure A.3:** Rate of years of life lost in people aged under 75 years due to mortality from chronic liver disease including cirrhosis per 100,000 population by CCG 2013-15 in relation to the index of multiple deprivation (IMD) 2015 (1 = The least deprived; 100= The most deprived)<sup>16, 17</sup>



**Figure A.4:** Age at death by deprivation quintile, for all liver disease<sup>18</sup>



**30 day all-cause mortality for liver disease (including cirrhosis) admissions (including day cases) (crude mortality figures not casemix adjusted)**  
**Source and Year: Civil Registration of Deaths (CRD) Apr 17 - Mar 18**



The all-cause mortality indicators include both hospital and community deaths.

Figure 22: Proportion of varices banding procedures performed as an emergency

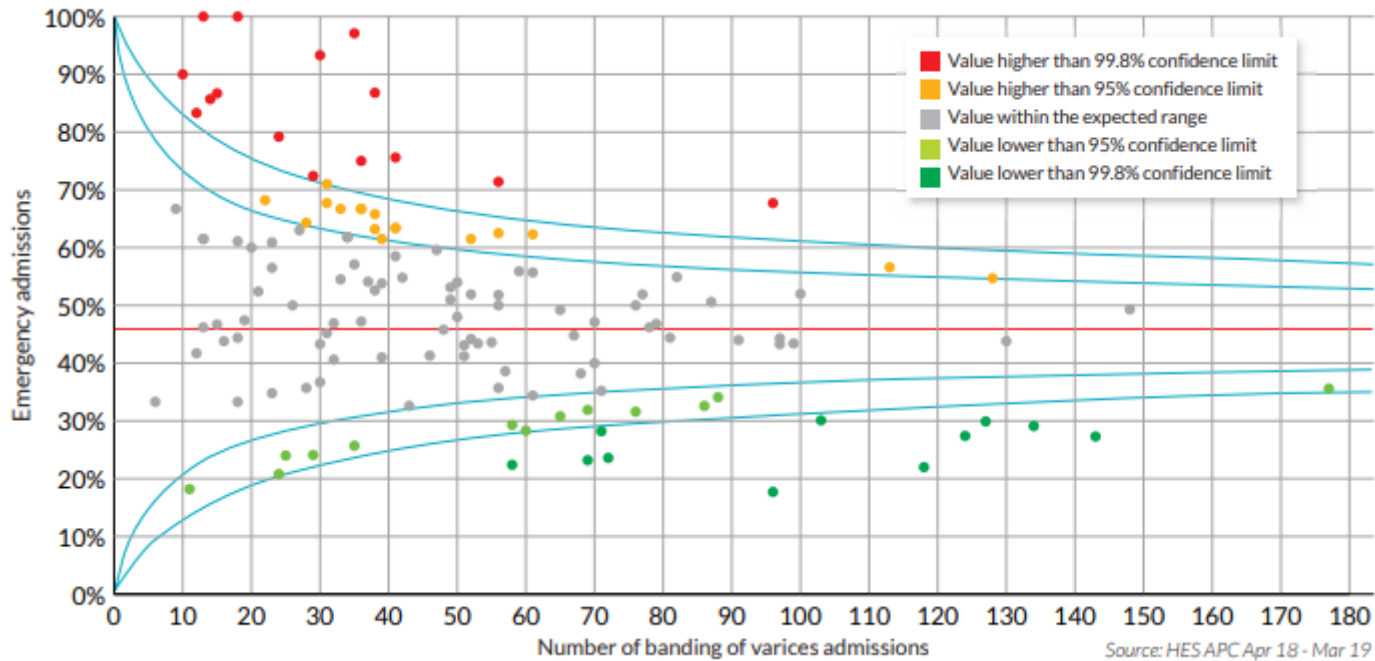
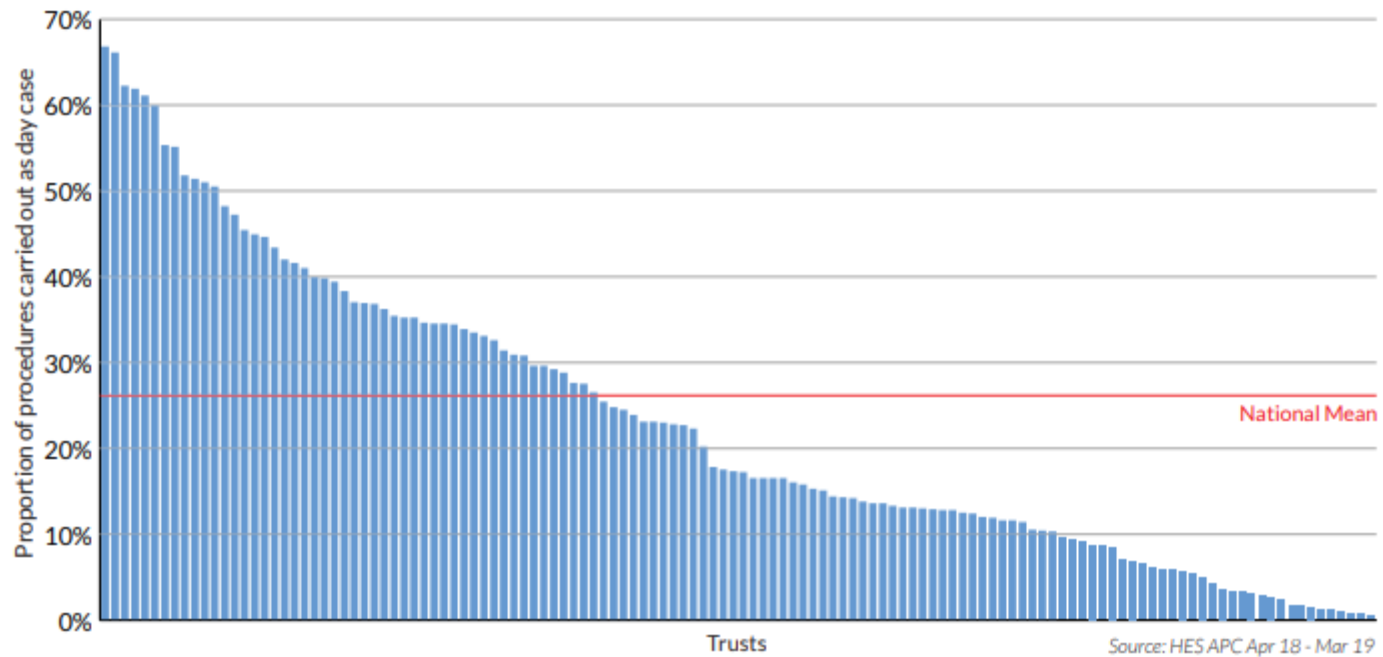


Figure 26: Proportion of ascitic drainage procedures carried out as day case



# Cirrhosis with ascites in the last year of life: a nationwide analysis of factors shaping costs, health-care use, and place of death in England

*Benjamin Hudson, Jeff Round, Brendan Georgeson, Andrew Pring, Karen Forbes, Catherine Anne McCune, Julia Verne*

- **day-case large-volume paracentesis service within their last year of life**
- had significant reductions in cost
- number of inpatient bed days
- probability of early readmission
- and probability of dying in hospital

*Lancet Gastroenterol Hepatol*  
2017

Published Online  
November 14, 2017  
[http://dx.doi.org/10.1016/S2468-1253\(17\)30362-X](http://dx.doi.org/10.1016/S2468-1253(17)30362-X)



Guidelines

First published on 23 Oct 2020

## Guidelines on the Management of Ascites in Cirrhosis

Abstract The British Society of Gastroenterology in collaboration with British Association for the Study of the Liver has prepared this document. The aim of this guideline is to review and summarise the evidence that guides clinical diagnosis and management of [...]



Guidelines

First published on 01 Jun 2020

## Guidelines on the use of liver biopsy in clinical practice from the British Society of Gastroenterology, the Royal College of Radiologists and the Royal College of Pathology

Abstract Liver biopsy is required when clinically important information about the diagnosis, prognosis or management of a patient cannot be obtained by safer means, or for research purposes. There are several approaches to liver biopsy but predominantly percutaneous or transvenous [...]



Guidelines

First published on 11 Oct 2019

## Transjugular Intrahepatic Portosystemic Stent-Shunt (TIPSS) in the management of portal hypertension

Abstract These guidelines on transjugular intrahepatic portosystemic stent-shunt (TIPSS) in the management of portal hypertension have been commissioned by the Clinical Services and Standards Committee (CSSC) of the British Society of Gastroenterology (BSG) under the auspices of the Liver Section [...]





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## What is IQILS?

IQILS (improving quality in liver services) is an accreditation programme launched by the Royal College of Physicians in 2017.



# Why are we doing this?

IQILS aims to improve the quality and safety of care for patients with liver disease

Its ultimate aim is to reduce premature mortality from liver disease

# How does IQILS work?



Improvement first

then accreditation

# Improvement

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01

Work through  
the standards  
online

02

Develop  
supporting  
evidence and  
improvement  
plan

03

Report  
underlining  
achievements  
and areas for  
action

04

Continue  
improvement  
and aim for  
accreditation

# What are the standards?

There are 6 core standards for liver assessments

**Leadership and Organisation**

**Service Planning and Definition**

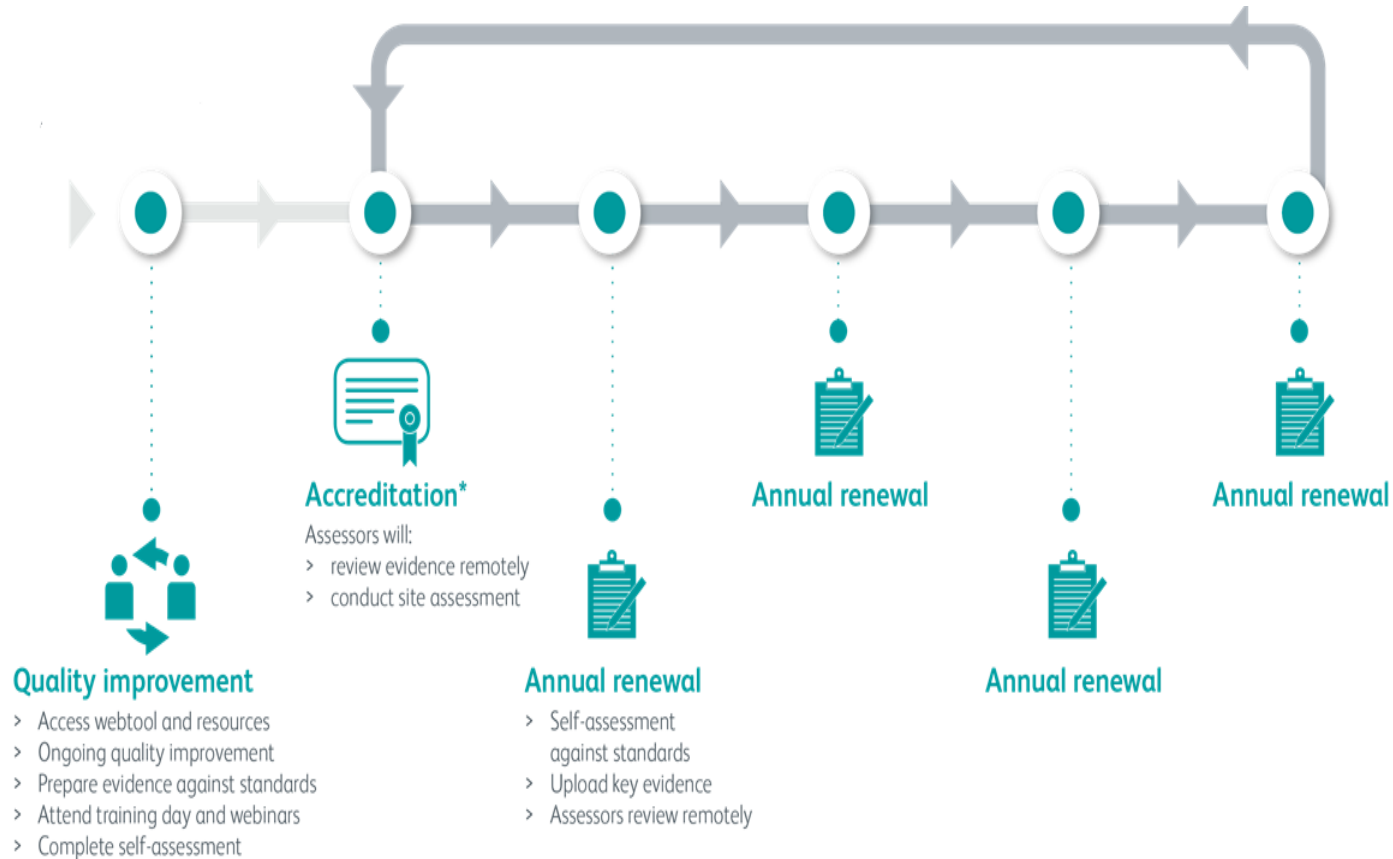
**Person Centred Care**

**Safety**

**Clinical Effectiveness**

**Staffing a Clinical Service**

# The accreditation cycle



\* Services which don't meet or maintain accreditation standards may be granted a period of deferral to resolve some matters.

# The first phase

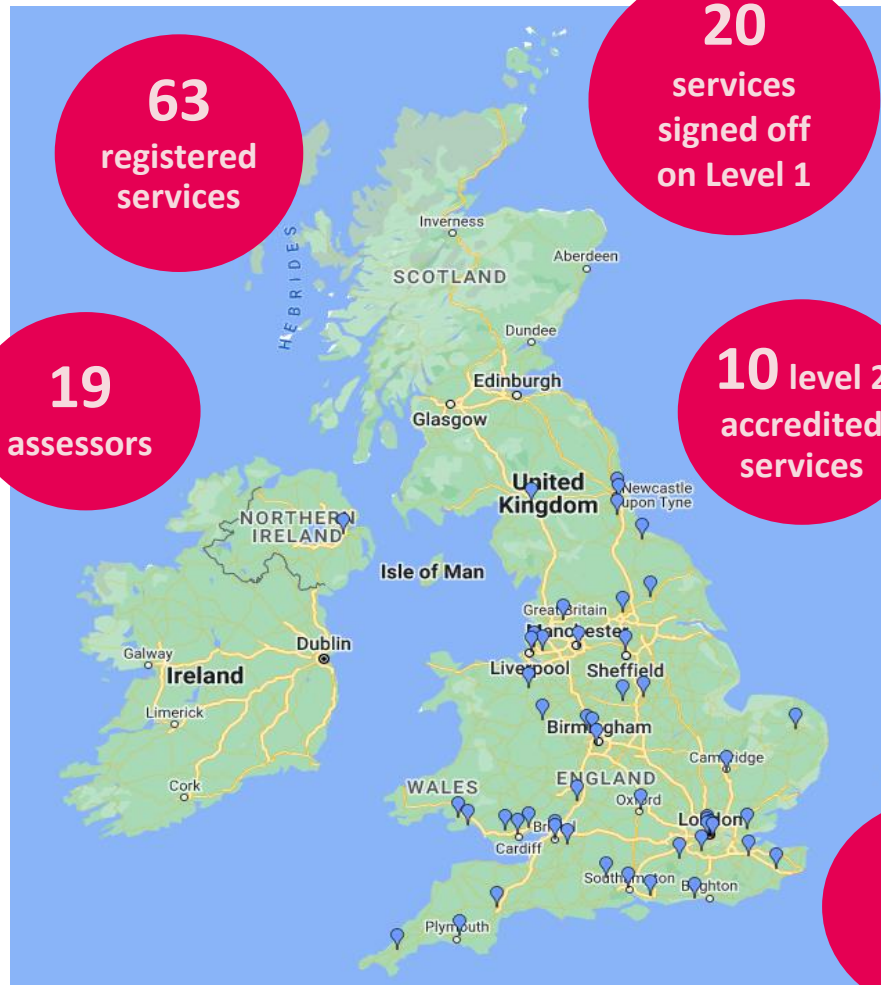
- Development of standards
- Endorsement by RCP
- Recruitment of sites
- Welsh government Liver plan
- Training of assessors

# Level 1 and peer review

- Stepping stone
- Peer review light touch
- Level 1 standards review
  - advice given on how to reach level 2



# Accreditation



## Accredited services...

Name of Trust	Name of Service
University Hospital Southampton NHS Trust	Southampton General Hospital
Royal Cornwall Hospitals NHS Trust	Royal Cornwall Hospital (Treliske)
Guys and St Thomas' NHS Foundation Trust	St Thomas' Hospital
University Hospitals Plymouth NHS Trust	Derriford Hospital
North Bristol NHS Trust	Southmead Hospital
St George's University Hospitals NHS Foundation Trust	St George's Hospital
Aneurin Bevan University Health Board	Grange University Hospital
The Royal Wolverhampton NHS Trust	New Cross Hospital
Liverpool University Hospitals NHS Foundation Trust	The Royal Liverpool University Hospital
Cambridge University Hospitals NHS Foundation Trust	Addenbrooke's Hospital

# Accreditation



*'Everyone found the assessor team very warm and friendly and indeed made the day a celebration of our service.'*



*'Our achievement was recognised throughout the Trust, including our board of directors. We saw the process as a great team bonding experience, and we had a party to celebrate our achievement.'*



*'The entire journey to accreditation has been an excellent opportunity to assess and reflect on the service we provide to our patients, highlight good practice and identify areas for improvement.'*

# Accreditation

- Bringing large teams together
- Sharing good practice
- Development of patient groups
- Planning ahead
- Regular review of key performance indicators
- Workforce planning
- Leverage with senior trust management
- New ideas
  - Palliative community liver nurses
  - Alcohol teams based in hospital and community
- Knowledge repository

# What next?

- Further assessor training
- Targeted recruitment of the next sites  
    areas of high liver disease mortality
- Supporting existing sites in accreditation
- Re evaluation of standards (2023)
- Work with NHS incentive team



Royal College  
of Physicians

Improving Quality  
in Liver Services



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Trainee representative

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Improving Quality  
in Liver Services

CELEBRATING  
2017–2022

5  
Years