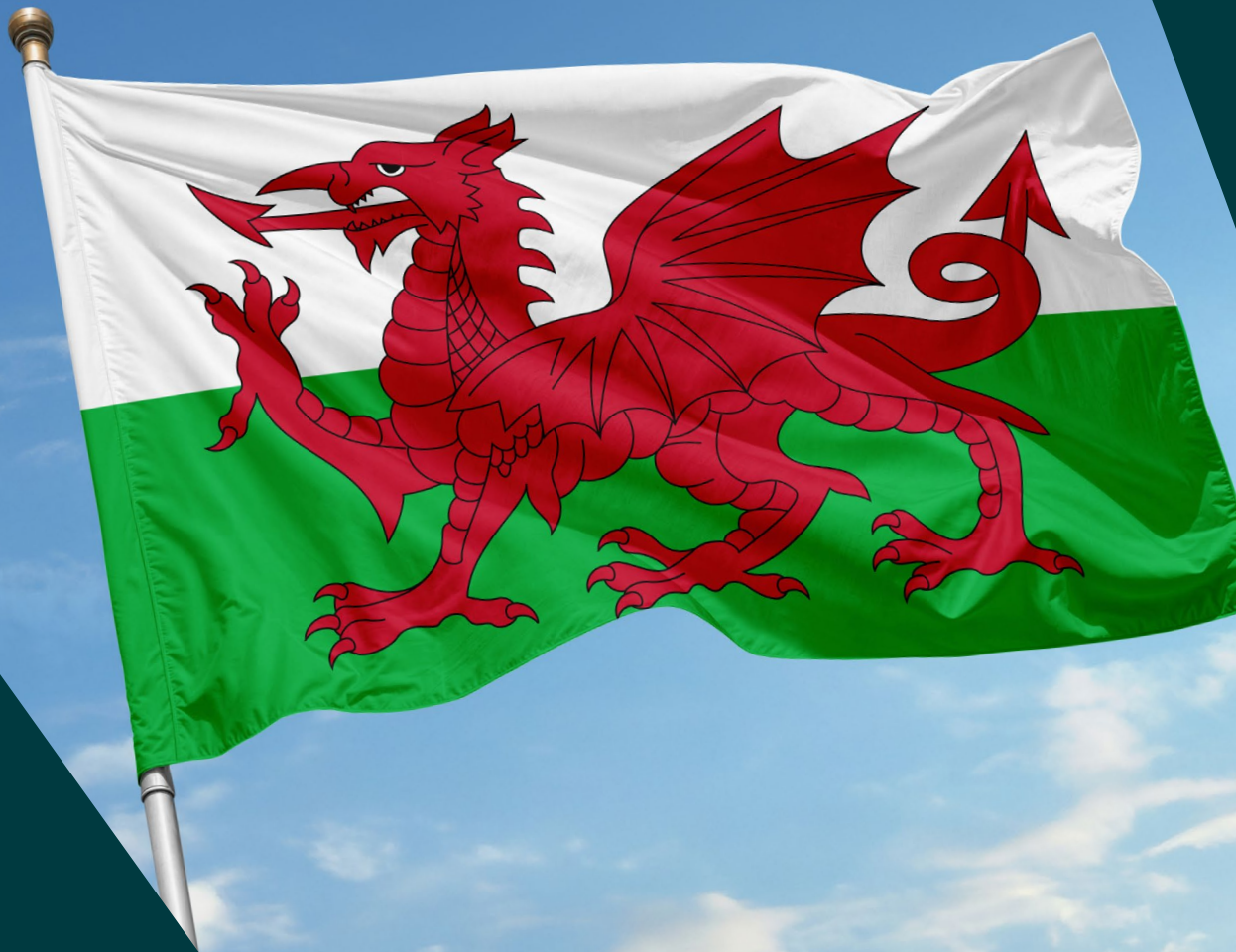




The new name for the British Liver Trust
and Children's Liver Disease Foundation

Liver disease in Wales

A generational crisis, an opportunity for change



Introduction

Liver disease in Wales has risen by 400% across two generations¹. Driven by obesity, alcohol and viral hepatitis – liver disease adds huge, avoidable pressure to our NHS and economy. Wales has the highest mortality rate due to liver disease in the UK².

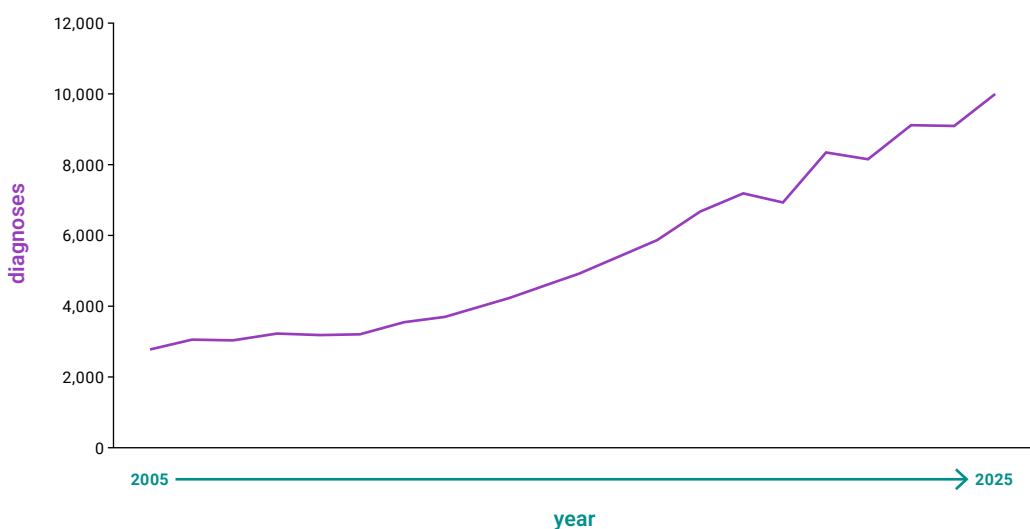
We have a genuine opportunity to transform liver services in Wales, deliver a step change in the early detection of liver disease and liver cancer to save lives and improve outcomes for liver patients across the country.

Liver disease disproportionately affects our most vulnerable and deprived communities, who continue to face entrenched stigma and stark health inequalities – inequalities that only widen the gap in healthy life expectancy. Almost three quarters (73%) of people with a liver condition report experiencing stigma, whilst a third say stigma has prevented them from accessing care³.

Almost three quarters (73%) of people with a liver condition have experienced stigma



Liver disease diagnoses in Wales



(Annual liver disease diagnoses recorded in secondary care in Wales 2005-2025)

Liver disease is now the biggest cause of death among people aged 35–49 in Wales⁴ and is one of the leading causes of premature death and lost working years of life across the nation. If the new Welsh Government is serious about improving healthy life expectancy, it must commit to reducing deaths from liver disease and liver cancer through **reestablishing a dedicated national liver disease plan**.

This will require bolder action: stronger prevention, earlier detection, and fair, equal access to person-centred care for everyone affected – wherever they live in Wales.



I was shocked that something so significant had been on my liver for years without me knowing. There were no obvious signs, and I had no idea anything was wrong until I became seriously ill. My experience highlights the importance of patients receiving the care they need at the earliest opportunity.

Maneek, liver patient, Abergavenny



The scale of the crisis

Premature deaths in Wales from chronic liver disease have doubled over the past 20 years⁵. Cirrhosis has increased four-fold over the same period⁶.

Against these devastating statistics sits a simple truth – 90% of liver disease is preventable⁷. Diagnosed early, patients can access treatment and interventions that can slow, stop or even reverse liver disease before significant damage occurs.

Liver disease does not affect everyone equally. Around 10% of cases have a genetic origin, but the overwhelming majority are driven by three preventable factors:



Alcohol consumption
Alcohol-related liver disease claims 719 lives in Wales every year⁸.



Obesity
Around two-thirds of adults in Wales are overweight or obese and the rates continue to rise⁹.



Viral hepatitis
Chronic infection remains a major, and often undiagnosed, driver of advanced liver disease.

Low public awareness of liver disease compounds the problem, delaying diagnosis and allowing preventable harm to escalate.

Why Wales needs a national liver disease plan

In 2015, the Welsh Government launched *Together for Health: Liver Disease Delivery Plan*, a five-year strategy for NHS Wales and its partners. The plan set out a comprehensive programme for improving liver services and was overseen by the Liver Disease Implementation Group (LDIG).

In 2022, the dedicated plan was replaced by a Quality Statement and LDIG was due to become the Liver Disease Implementation Network (LDIN) within the wider Gastroenterology National Specialist Advisory Group structure. However, LDIN never became operational and was subsequently disbanded by the previous Welsh Government in late 2025.

The original delivery plan drove significant progress, including the creation of a national liver registry, a national abnormal liver blood test pathway, a more than 50% increase in alcohol support workers in hospitals, and a national nutrition resource for people living with cirrhosis. These achievements laid the foundations for the next phase of improvement: building an equitable workforce and reducing unwarranted variation in liver care across Wales.

The shift from a dedicated delivery plan to a broader Quality Statement has left liver disease without a clear national focus at precisely the time it should be a priority. As a result, momentum has been lost and liver disease has effectively lost its voice within the system.



The original Liver Disease Delivery Plan demonstrated what can be achieved when there is clear national leadership and accountability. Without that focus, there is a real risk that progress stalls and inequalities in care widen. We now need a renewed commitment to improving liver health across Wales.

**Dr Andrew Yeoman,
Consultant Hepatologist**

Wales urgently needs the new government to commit to an integrated liver disease plan that restores liver disease to the priority it deserves.



Liver disease explained

Although around 10% of liver disease is caused by genetic or autoimmune factors, the sharp increase in prevalence has three main causes.

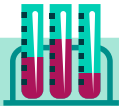
Alcohol-Related Liver Disease



Alcohol remains one of the three principal drivers of liver disease in Wales, alongside obesity and viral hepatitis. Alcohol-related liver disease disproportionately affects the most deprived communities in Wales, compounding existing health inequalities.

Earlier identification of harmful drinking, combined with timely access to alcohol support services, gives patients the best chance of halting or reversing damage before it becomes irreversible.

Viral hepatitis



Real progress has been made in Wales toward the WHO's 2030 hepatitis elimination target, but elimination is not yet within reach. New hepatitis B and C diagnoses both fell by around a fifth between 2024 and 2025, and treatment outcomes have improved – yet 1 in 5 people testing positive for hepatitis C antibodies never receive the confirmatory test needed to determine if they require treatment, and needle and syringe provision sits at only two-thirds of the recommended level. Inequalities also persist, with men, people in their mid-30s to mid-50s, and people in prison or who inject drugs carrying the highest burden, and outcomes varying by health board¹⁴.

By closing the confirmatory testing gap, targeting the highest-risk groups, addressing the needle and syringe shortfall, and tackling geographic inequality, Wales can get on track to eliminate viral hepatitis as a public health threat.

Liver Pathways

Timely, consistent pathways from first presentation through to diagnosis and treatment are essential to catching liver disease before it becomes advanced. Wales already has an All-Wales Abnormal Liver Blood Test Pathway in place, supporting earlier diagnosis of liver disease – but its impact depends on consistent uptake and resourcing across every health board. The pathway has led to a significant increase in chronic liver disease diagnosis by at least 20% in Wales¹⁵ – evidencing the clear patient benefit of the All-Wales Test Pathway.

Fatty liver disease – MASLD and MASH



MASLD and MASH are common liver conditions caused by the build-up of excess fat in the liver, often linked to obesity, type 2 diabetes and poor metabolic health.

MASH isn't something that only affects you when you're at a hospital appointment. It follows you into work, into family life, into everything. I was at the peak of my career when I was diagnosed, and it has had a devastating impact on my family and myself.

Nazneen, MASH patient

The numbers of people diagnosed have increased 20-fold between 2002 and 2022¹⁰.

With close to two-thirds of the adult population of Wales living with overweight or obesity, fatty liver disease is rising sharply¹¹. An estimated 1 in 4 people are living with the early stage of the condition, and approximately 75,000 people in Wales are living with MASH¹².

Critically, fatty liver disease disproportionately impacts our most deprived and marginalised communities – mirroring the wider pattern of liver disease inequality across Wales¹³.

New treatments for MASH will be available shortly, offering a genuine opportunity to transform outcomes and quality of life for patients living with the condition. NHS Wales must act now to become 'patient ready', with the pathways, workforce and infrastructure needed to deliver these new medicines as soon as they become available.

I was told I had ascites and needed to have it drained, but they didn't explain how serious it was or what it meant for my health. I discharged myself the next day without fully understanding what was happening to me. It is so important that patients are given clear information and support to understand their condition and engage with their care.

Phil, liver patient, Penarth



A workforce in crisis

Wales does not have the workforce it needs to tackle the liver disease crisis, and patients are paying the price. **Currently there is only 1 consultant hepatologist based in North Wales and another for West Wales, leaving patients across the region without direct access to specialist liver care.**

Despite rising liver disease deaths and admissions, Wales has just 20 hepatology consultants for a population of 3.2 million. Approximately 55% are concentrated in Gwent and Cardiff alone, five in seven health boards lack seven-day alcohol care teams, and Wales has no liver transplant centre of its own. Trainees cannot become accredited consultant hepatologists without leaving for England or Scotland.

The British Society of Gastroenterology is clear, hepatology staffing must increase dramatically to at least 26 full-time equivalents¹⁶, to meet a basic standard of care – and alcohol care teams must be rapidly expanded to deliver the Welsh Government's own seven-day pledge. Wales cannot deliver a credible liver disease plan with today's workforce.

Our policy recommendations for the Seventh Senedd

Liver UK is calling on the Welsh Government to act decisively, through a renewed, whole-system approach spanning prevention, early detection and treatment.

We set out the following recommendations for the Seventh Senedd.

- 1** Commit to a new, dedicated national plan for liver disease in Wales, integrated into whole-system care and given the same status and visibility as other major disease areas.
- 2** Confirm the future and resourcing of the All-Wales Abnormal Liver Blood Test Pathway, in place since 2022, ensuring consistent adoption and monitoring across every health board.
- 3** Invest in the liver disease workforce – including specialist hepatologists, specialist nurses, and dietetic and psychological support – to close the gap between demand and capacity, with particular focus on rural and underserved areas.
- 4** Provide dedicated funding to support meeting the WHO's 2030 goal to eliminate hepatitis B and C as public health threats in Wales.
- 5** Reduce unwarranted variation in outcomes between health boards, integrating patients into wider support services – including weight management, alcohol support and psychological care – to deliver consistent, equitable care nationwide.

A call to action

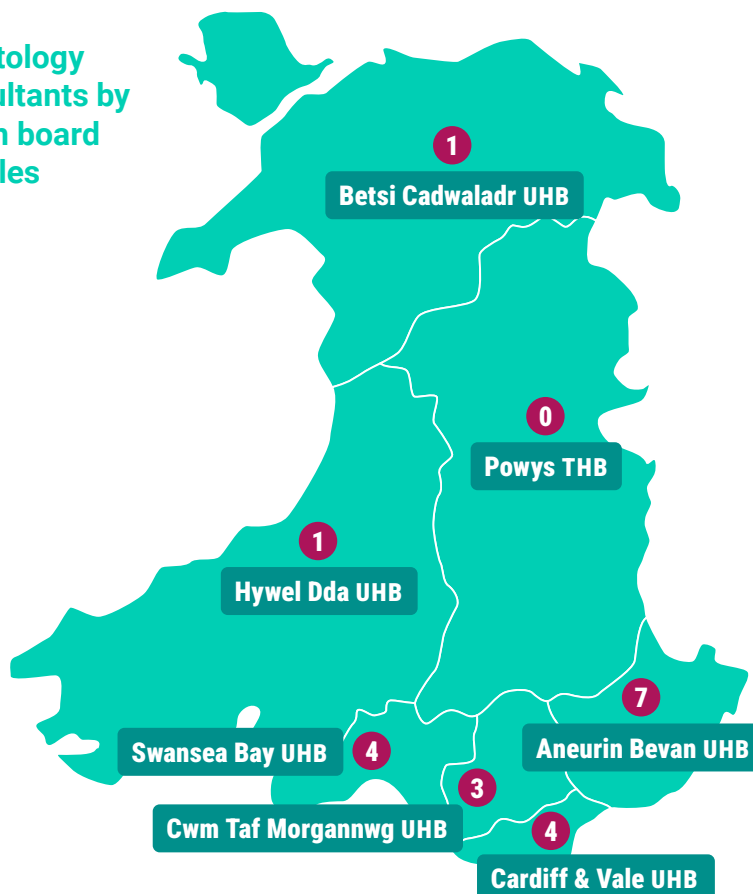
Liver disease is one of the most significant and most preventable public health crises facing Wales today. It is a disease of inequality – one that falls hardest on communities already carrying the greatest burden of disadvantage, and one that is too often diagnosed too late to reverse.

The Seventh Senedd has a once-in-a-generation opportunity to change this trajectory. With a renewed national plan, sustained investment in prevention and early detection, and a fair, equal system of care for every patient regardless of where they live, Wales can turn the tide on liver disease.

The evidence is clear, the solutions are available and the cost of inaction is high.

We urge the Welsh Government and every Member of the Senedd to make liver disease a national priority.

Hepatology consultants by health board in Wales



Endnotes

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¹⁰ Obesity Alliance Cymru (2024) Obesity Alliance Cymru Prevention Paper. 19 March. Available at: nhs-alliance.uksouth01.umbraco.io/media/50pb2zux/obesity-alliance-cymru-prevention-paper.pdf

¹¹ [National Survey for Wales headline results: April 2024 to March 2025 \[HTML\] | GOV.WALES](https://gov.wales/national-survey-for-wales-headline-results-april-2024-to-march-2025)

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¹³ Welsh Government. (2015) *Liver Disease Delivery Plan 2015-2020*. Cardiff: Welsh Government. Available at: www.gov.wales/sites/default/files/publications/2018-12/liver-disease-delivery-plan-2015-to-2020.pdf (Accessed: 28 September 2026).

¹⁴ Liver UK, "New Wales data shows progress on hepatitis B and C – but elimination is not yet within reach," 29 July 2026. Available at: <https://liveruk.org/new-wales-data-shows-progress-on-hepatitis-b-and-c-but-elimination-is-not-yet-within-reach/>

¹⁵ Gao, J., Ahmed, H., Cannings-John, R., Akbari, A., Davies, A., & Pembroke, T. P. I. (2026). A liver function test pathway significantly increases the early detection of chronic liver disease and cirrhosis. <https://journals.lww.com/hepcomm/fulltext/10.1097/hc9.0000000000000887%7Ea-liver-function-test-pathway-significantly-increases-the>

¹⁶ www.bsg.org.uk/workforce-reports/