

JSNA Health and Wellbeing Profile 2025/26

Liver Disease

Summary points

- Liver disease is largely preventable and is due to three main risk factors: alcohol, obesity and viral hepatitis.
- Early deaths from liver disease are increasing in England, in contrast to other major causes of disease which have been declining.
- In Bristol, early death rates from liver disease decreased in 2024 following seven years of increase, but remain similar to England rates. Early death rates for liver disease are significantly higher for males than females in Bristol.
- Hospital admission rates in Bristol for both liver disease and alcoholic liver disease reduced in 2022/23 and are now statistically similar to the national average. Rates are more than twice as high in males than females.

Early Deaths (deaths in under 75 year olds) – Liver Disease

The latest data for 2024 shows that there were 62 deaths (under 75) from liver disease in Bristol, a rate of 18.6 per 100,000 people. This is statistically similar to the England rate of 20.1 per 100,000 people and lowest of all the English core cities.

Figure 1 below shows the under 75 mortality rate from liver disease between 2001 and 2024. Nationally the rate has slowly been increasing over the last twenty years whilst in Bristol it has been more sporadic ranging from its lowest rate of 15.4 in 2004 to 27.5 in 2003. Between 2017 and 2023 the rate has been in excess of 20 deaths per 100,000 but dropped in 2024 to 18.6 per 100,000.

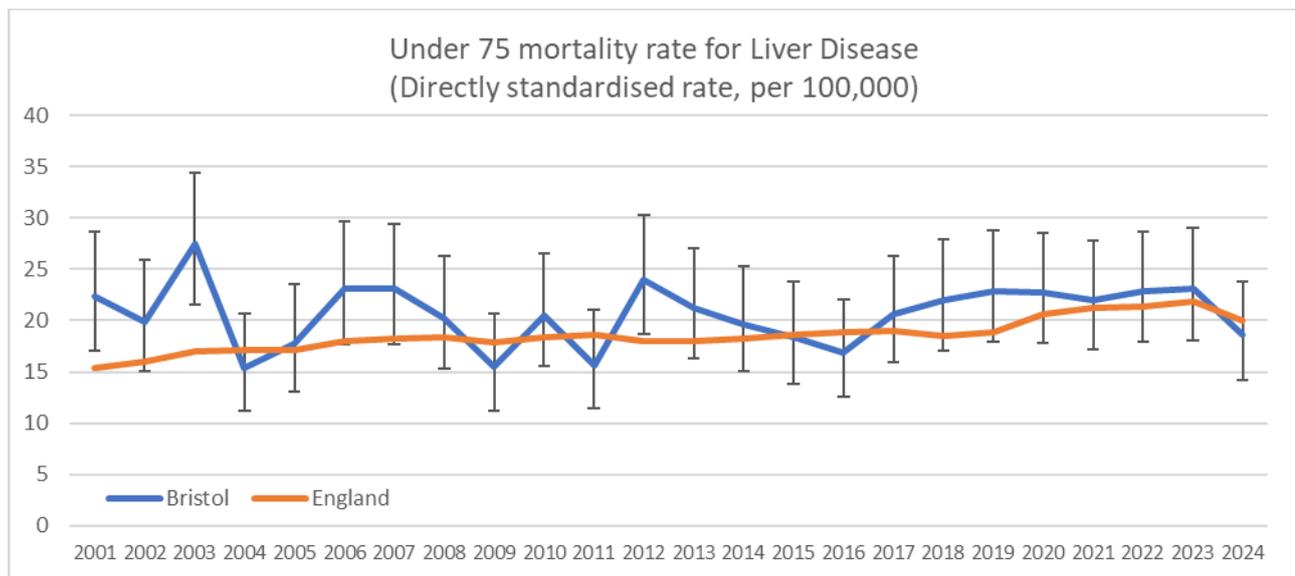


Figure 1. Under 75 mortality rate from liver disease 2001-2024. Source: Public Health Outcomes Framework, November 2025

Equalities data: The mortality rate in Bristol is significantly higher in males (25.7 per 100,000) than females (11.8 per 100,000). This is similar to the national rate of 25.7 per 100,000 males and 14.7 per 100,000 females.

Early Deaths – Alcoholic Liver Disease

Alcohol is the most common cause of liver disease in England. Alcohol-related liver disease accounts for over a third of liver disease deaths. The more someone drinks, the higher their risk of developing liver disease.

In Bristol, 41 people under 75 years died in 2023 from alcoholic liver disease, a rate of 12.3 per 100,000 people. This is similar to the national average of 12.0 per 100,000 people and is second lowest of all the English core cities. Figure 2 below shows the under 75 mortality rate from alcoholic liver disease between 2001 and 2023.

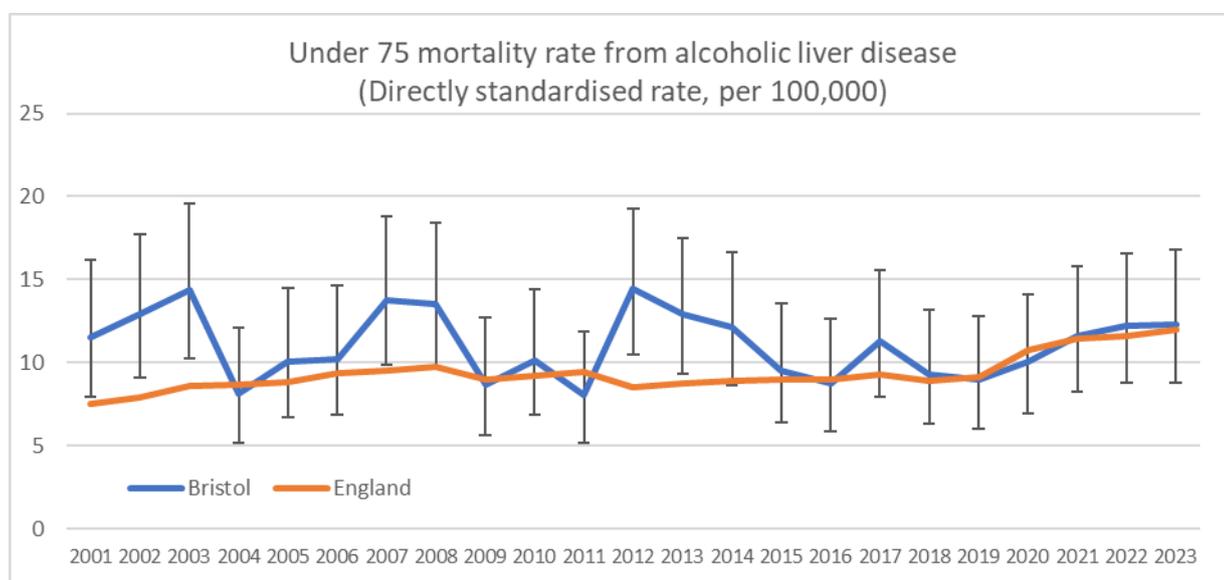


Figure 2. Under 75 mortality rate from alcoholic liver disease 2001-2023. Source: Public Health Outcomes Framework, November 2025

Equalities data: National data for 2023 shows that people living in the most deprived decile are more than twice as likely to die from alcoholic liver disease than those living in the least deprived decile. Males are nearly twice as likely to die from liver disease than females. Data is not available for Bristol / local authorities.

Hospital admissions – liver disease

In Bristol, the hospital admission rate due to liver disease in 2022/23 was 147.4 per 100,000 people. This is statistically similar to the national rate of 155.2 per 100,000 people and second lowest of the English core cities. Figure 4 shows the hospital admission rates from 2010/11 to 2022/23 illustrating the recent drop in hospital admissions in Bristol, the lowest rate since 2010/11. Between 2011/12 and 2020/21 the admission rate in Bristol has been significantly higher than the national average. However, in the previous two years the national rate has been

increasing, closing the gap in 2021/22 until the number of admissions in 2022/23 reduced by over 100 taking Bristol’s rate to lower than the national average for the first time.

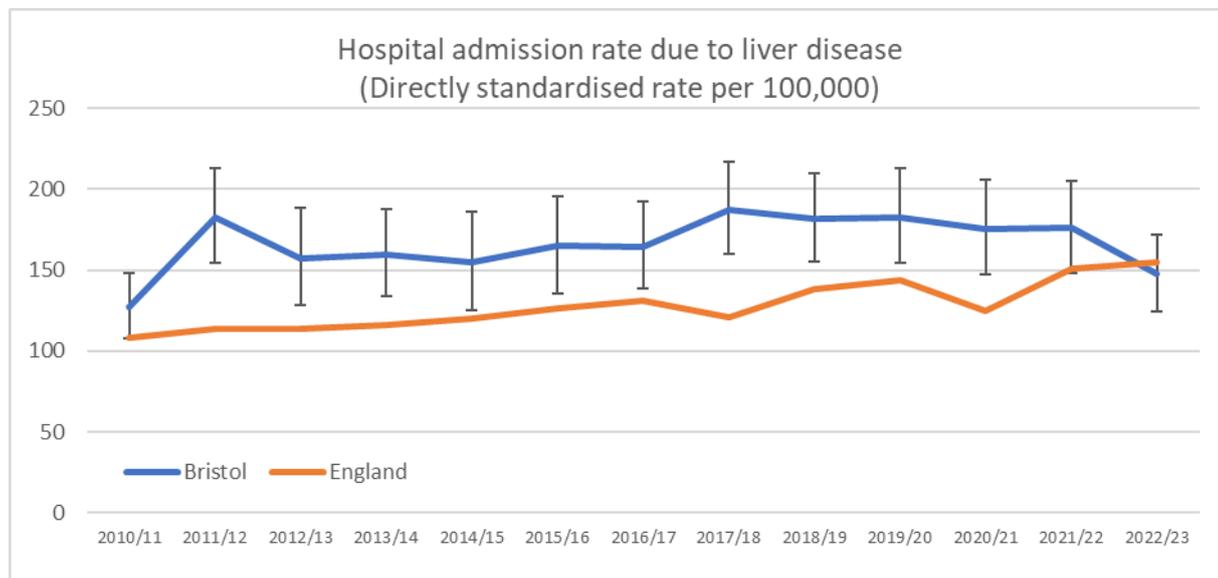


Figure 4. Hospital admission rate due to liver disease 2010/11 – 2022/23. Source: Public Health Outcomes Framework, November 2024

Equalities data: For Bristol in 2022/23, the hospital admission rate is over twice as high in males (199.6 per 100,000) than females (97.3 per 100,000). The rate for England is 194.8 per 100,000 males and 118.6 per 100,000 females.

The hospital admission rate for alcoholic liver disease was 55.8 per 100,000 people in Bristol, higher than the national average of 49.4 per 100,000, although third lowest of all the English core cities.

Figure 5 below shows the hospital admission rate between 2010/11 and 2022/23. It is clear to see that the national average has been gradually increasing over the last twelve years and whilst Bristol’s rate has always been higher, the gap in 2022/23 is the smallest it has ever been.

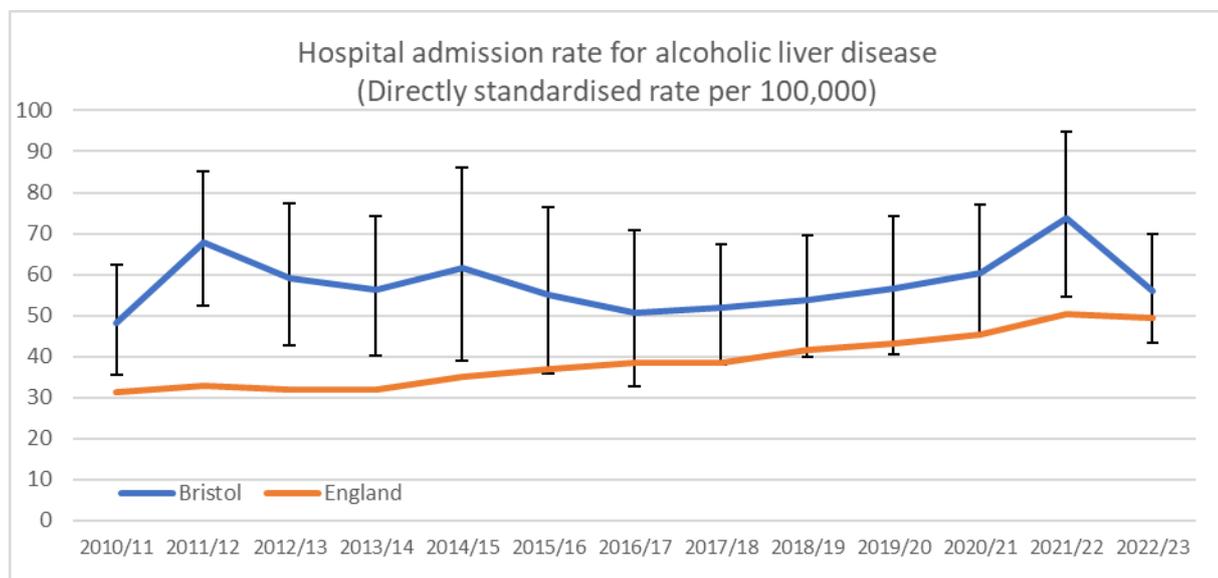


Figure 5. Hospital admission rate for alcoholic liver disease 2010/11 – 2022/23. Source: Public Health Outcomes Framework, November 2024

Equalities data: The hospital admission rate is three times higher in males (85.0 per 100,00) than females (26.8 per 100,000) in Bristol (2022/23), compared to the national rate of 67.7 per 100,000 males and 32.1 per 100,000 females.

Hospital admissions - Non-alcoholic Fatty Liver Disease

Obesity is an important risk factor for non-alcoholic fatty liver disease (NAFLD), a term used to describe accumulation of fat within the liver that is not caused by alcohol consumption. It is usually seen in people who are overweight or obese.

For the three year period of 2020/21 – 2022/23, 40 people in Bristol were admitted to hospital for non-alcoholic fatty liver disease, a rate of 3.4 per 100,000 population, significantly lower than the national average of 5.0 per 100,000 (Figure 6).

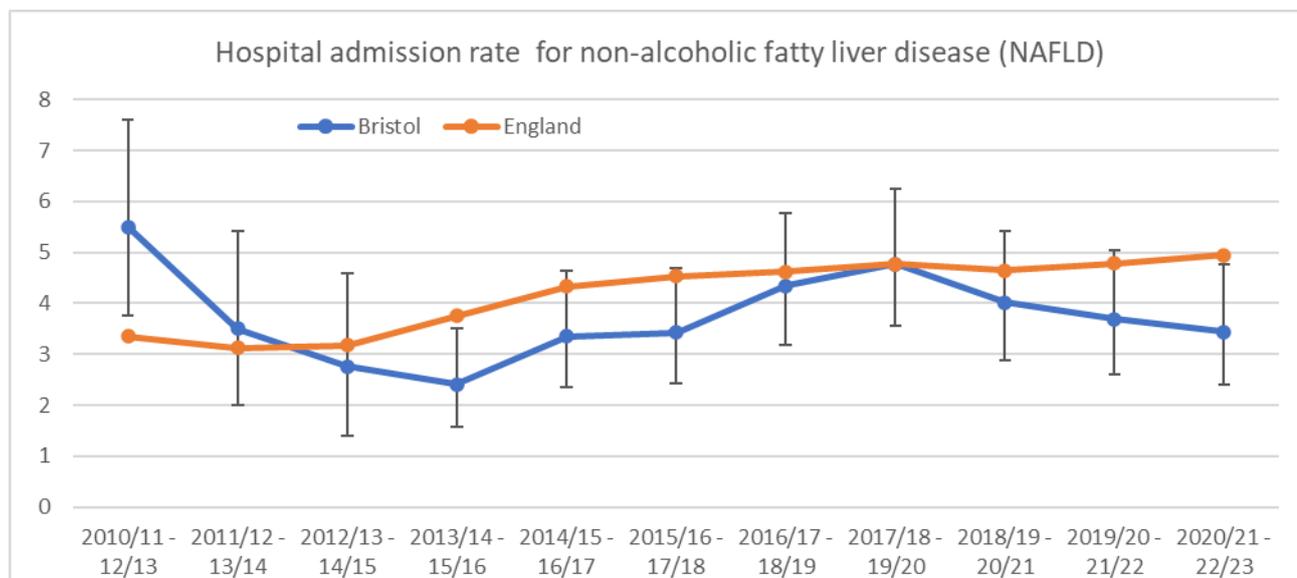


Figure 6. Hospital admission rate for non-alcoholic fatty liver disease 2010/11 – 2022/23. Source: Public Health Outcomes Framework, November 2024

Covid-19 impact:

A report by Public Health England, collates data on alcohol consumption and alcohol-related harm in England throughout the coronavirus (Covid-19) pandemic, compared to previous years. It shows that:

- Data from a consumer purchasing panel that measures off-trade volume sales of alcohol shows that between 2019 and 2020 (before and during the pandemic), volume sales increased by 25.0%. This increase was consistent and sustained for most of 2020.
- In 2020 (during the pandemic), rates of unplanned admissions to hospital for alcohol specific causes decreased by 3.2% compared to 2019 (before the pandemic). This is likely to be related to reduced admissions for mental and behavioural disorders due to alcohol use.

- In 2020, there was a 20.0% increase in total alcohol specific deaths compared to 2019. Deaths from mental and behavioural disorders due to alcohol increased by 10.8% (compared to a 1.1% increase between 2018 and 2019), and deaths from alcohol poisoning increased by 15.4% (compared to a decrease of 4.5% between 2018 and 2019).
- Alcoholic liver deaths accounted for 80.3% of total alcohol specific deaths in 2020 and saw a 20.8% increase between 2019 and 2020. From July 2020 onwards, rates of alcoholic liver disease deaths were significantly and consistently higher than baseline.
- Source: <https://Alcohol and COVID report.pdf>
- Data is not available for Bristol.

Further data / links / consultations:

- [JSNA 2025.26 - Alcohol \(bristol.gov.uk\)](https://bristol.gov.uk/jsna/2025.26/Alcohol)
- [JSNA 2025.26 - Healthy Weight \(bristol.gov.uk\)](https://bristol.gov.uk/jsna/2025.26/HealthyWeight)
- [JSNA 2024.25 - Substance Use \(bristol.gov.uk\)](https://bristol.gov.uk/jsna/2024.25/SubstanceUse)
- [JSNA 2025.26 – Sexual and reproductive health \(bristol.gov.uk\)](https://bristol.gov.uk/jsna/2025.26/SexualandReproductiveHealth)
- [Liver Disease Profiles - OHID \(phe.org.uk\)](https://phe.org.uk/liver-disease-profiles)

Date updated: November 2025**Next update due:** November 2026