Alcohol Care Teams in Acute Hospitals: A time to modernise



Dr Lynn Owens on behalf of the team





Cost

- The financial impact: Across Cheshire and Merseyside alcohol harms cost ~ £994 million each year (£412 per head of population):
- £218 million are direct costs to the NHS (Hospital admissions due to alcohol, A&E attendances, Ambulance journeys, GP and outpatient appointments)
- £81 million in social services cost (Children's and adults social service provision)
- £276 million are related to crime and licensing (Alcohol specific and alcohol related crimes, licensing enforcement costs).
- £430 million to the workplace (Absenteeism, unemployment, premature mortality)

The NHS Long Term Plan (Jan 2019)

Hospitals in Bolton, Salford, Nottingham, Liverpool, London and Portsmouth have improved the quality of alcohol-related care, by establishing specialist Alcohol Care Teams (ACTs).

ACTs significantly reduced A&E attendances, bed days, readmissions and ambulance call-outs

National Institute for Health and Care Excellence (2016) Quality and Productivity case study.

Over the next five years, those hospitals with the highest rate of alcohol dependence-related admissions will be supported to fully establish ACTs using funding from their clinical commissioning groups (CCGs) health inequalities funding supplement, working in partnership with local authority commissioners of drug and alcohol services.

Meeting the challenge requires commitment of our actual and virtual team

- Senior clinical, academic and strategic leadership and support
- Competent, caring and skillful Nurse Team
 - Respond to referrals from ED wards and GP's for AUD patients
 - Provide follow-up in out-patient clinics
 - Work to a comprehensive competency framework
 - Professional development to identify gaps in key skills and roles
 - World class research













Our Journey

2000 Prof Sir Pirmohamed

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2001 RCP Prof Sir Gilmore

2001 National Treatment Agency

2005 Department of Health

2006 Department of Health

2007 Department of Health

2007 Dr Moriaty

2008 National Audit Office

2009 Evidence to the Health Select Committee

2009 Department of Health

2010 Prof Lombard

2010 NICE Guidelines

2011 Dr Richardson

2017 PHE & RCN

2017 Liverpool Health Partners LARA

2018 Dr Richardson Strategic Transformation
Plan

• Development of dedicated Alcohol Specilist Nurse Role

•The burden of alcohol misuse on an inner-city general hospital [QJM:, 93(5) 2000]

•2 PhD to develop evidence of effectiveness of interventions (Owens & Cobain)

• Alcohol - can the NHS afford it? Recommendations for a coherent alcohol strategy for hospitals

•The NTA established to improve capacity and effectiveness of drug treatment. It became part of Public Health England in 2013.

• Alcohol Misuse Interventions - guidance on developing a local programme of improvement,

• Review of the effectiveness of treatment for alcohol problems.

•Safe. Sensible. Social: The next steps in the National Alcohol Strategy

•ALCOHOL-RELATED DISEASE: Meeting the challenge of improved quality of care and better use of resources

•Reducing Alcohol Harm: Health services in England for alcohol misuse

•First Report: Alcohol

•Guidance in Signs for Improvement - commissioning interventions to reduce alcohol related harm. High Impact Changes

•National Liver Disease Strategy

•RCN: Caring for people with liver disease: a competence framework for nursing 2013 & 15

•CG 100 guidence on treatment in acute hospitals

•Integration of alcohol care team into hepatology

•The Role of Nurses in Alcohol and Drug Treatment Services : A resource for commissioners, providers and clinicians

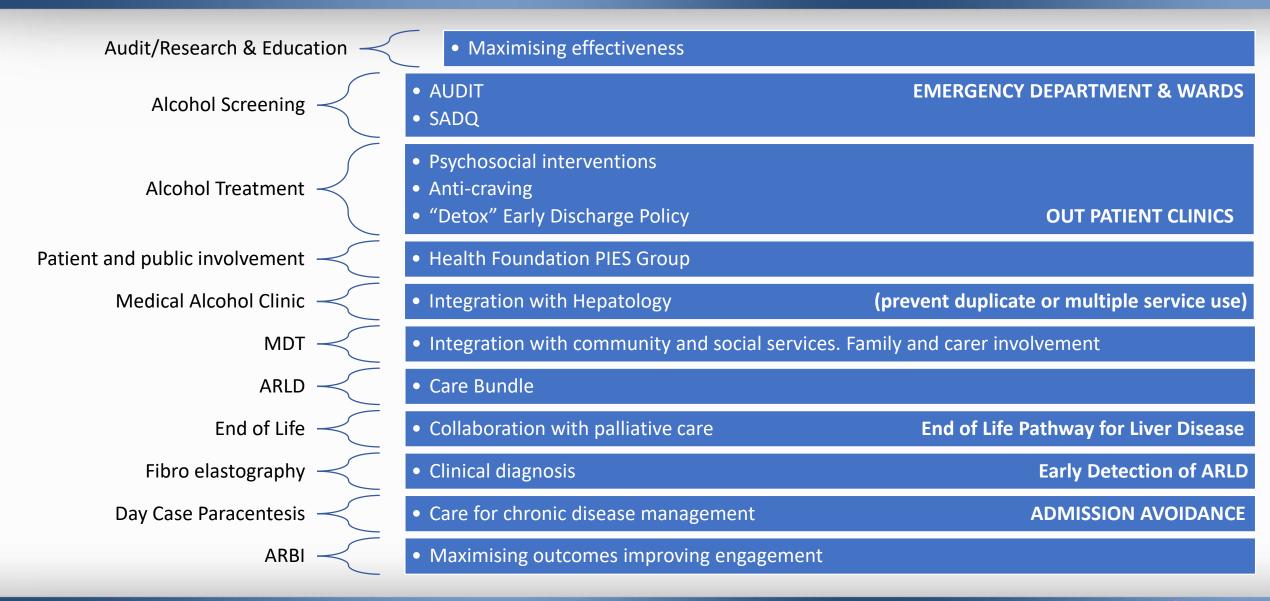
•Support collaborative research across clinical and accademic setting o improve knowledge of and responces to alcohol-related harms.

•Local joined up strategic response to alcohol-related harm: CQUIN, promote adequate funding for the acute trust alcohol prevention service, regional alcohol harm reduction dashboard

Alcohol treatment: matched to need



Developing skills to develop pathways:



Nurse skills and competence

- Social assessment
- Psychological assessment
- Physical assessment
- Integration with ED and Hepatology
- MDT
- Prescribing

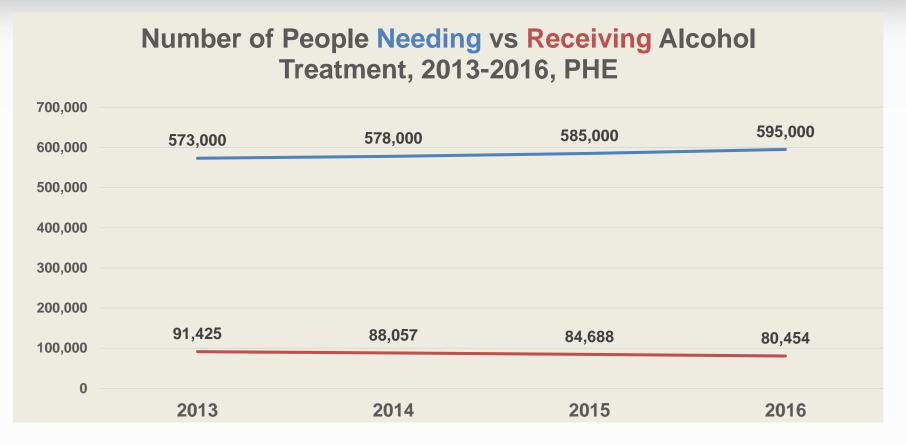
Providing real choice and multifaceted care pathways

Nationally there's too little help

Alcohol dependency estimates remained stable for 5 yrs

1 in 5 of those in need of treatment currently receiving it

PHE. Alcohol and drug treatment for adults: statistics summary 2017 to 2018



"My partner drinks 10 bottles of wine a week but every time I mention it we row. I'm so worried but I don't know what to do."

"I know I need some proper treatment, but I can't afford to pay and there's nothing free near me. Am I stuck with my terrible life?" "My GP has sent me away three times. She just says 'drink less, then.' She doesn't seem to get that I need help"

Potential deaths avoided with Pharmacotherapy

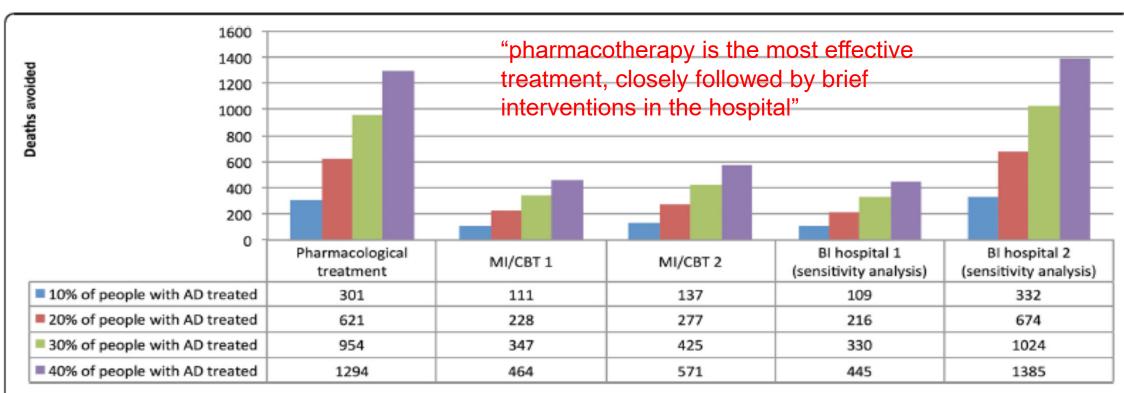


Figure 2 Deaths avoided in the UK for men based on different treatment coverage rates for AD for pharmacological treatment, Motivational Interviewing/Cognitive Behavioural (MI/CBT) (based on the lower (MBI/CT 1) and upper reported estimates (MBI/CT 2)), and Brief Interventions (BI) treatment (based on the resulting reduction in alcohol consumption (BI hospital 1) and the resulting reduction in mortality (BI hospital 2)).

Modeling the impact of alcohol dependence on mortality burden and the effect of available treatment interventions in the European Union J.Rehm st.al. *European Neuropsychopharmacology* 2013. 23, 89-97

Does this modern approach work?

Examples of effectiveness

Early detection of ARLD

Baseline (n=428)

428 patients screened Dec 2015 - Sept 2017;

314 had no evidence for fibrosis with a Kpa score <8,

47 had a score ≥8 and <12,

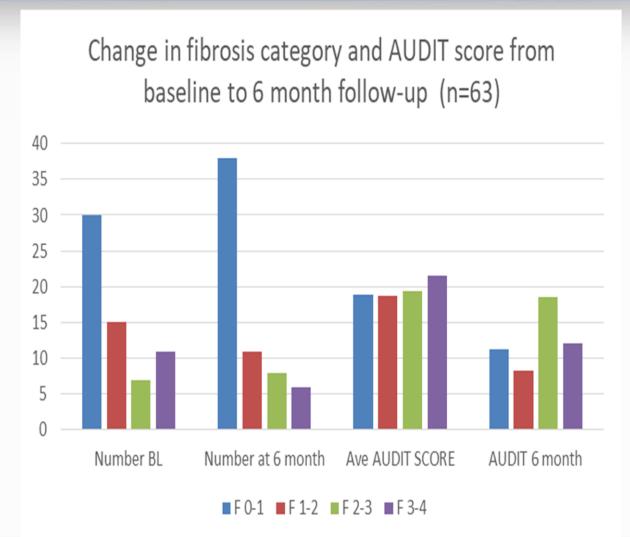
19 had a score ≥12, <19.4

48 had a score ≥19.5.

Follow-up (N=63)

At six months, there was a positive relationship between units consumed and FE result, such that a reduction in units was associated with a decrease FE score (B = 0.36, 95%CI = 0.16 to 0.57; p = 0.01).

Of 120 patients surveyed 117 stated that knowing the FE score helped motivate them to reduce their drinking.



Owens, L., et al. (2016). In *journal of hepatology* Vol. 64 (pp. S728-S729).

Alcohol Treatment: Baclofen 12 month Follow-up

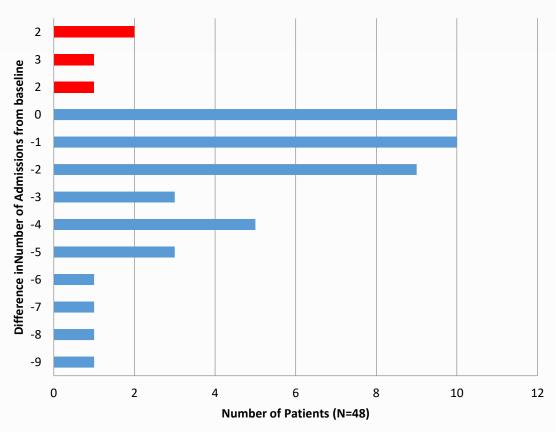
		Difference between baseline and 12 month follow-up			
Variable (n)	12 months (Q1-Q3)	Estimated 95% CI	Wilcoxon <i>P</i> -value	Effect size (d)	
AUDIT (113)	0 (0-20)	-25.0 to -19.0	< 0.0005	0.81	
SADQ (113)	0 (0-17)	-25.0 to -19.5	< 0.0005	0.82	
Consumption (111)	2 (0-13)	-20.0 to -15.0	< 0.0005	0.77	
ALT (106)	29 (20-45)	-16.5 to -5.0	0.001	0.33	
GGT (107)	103 (44-295)	-149.0 to -40.0	< 0.0005	0.39	
ALB (106)	43(39-45)	-4.1 to 2.0	0.051	0.19	
BiL (106)	11(7-19)	-7.0 to -2.0	0.001	0.32	

- Reduced alcohol consumption
- Reduced AUDIT and SADQ scores
- Improved liver biochemistry

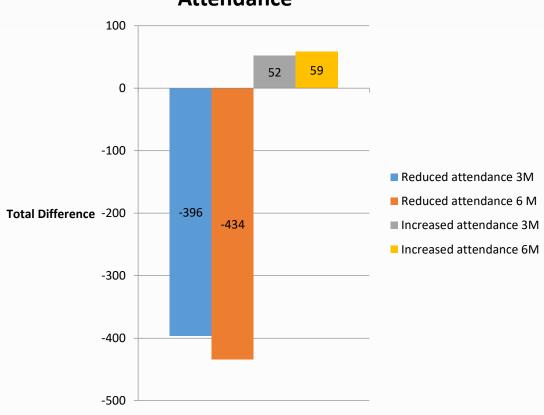
Owens, L., et al. (2017). ALCOHOL, 62, 11-15.

Complex patient alcohol MDT



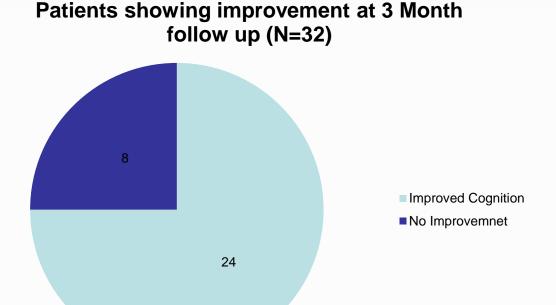


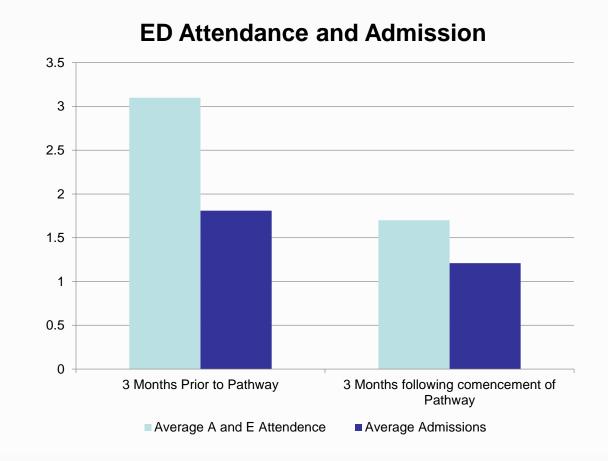
Difference in post MDT 3 & 6 month ED Attendance



This resulted in ~120 less admissions and ~434 less ED attendances. (**Potential saving ~£63,600 on ED attendance alone**)

ARBI: Pathway effectiveness





Richardson, P., et al (2019). In alcoholism-clinical and experimental research Vol. 43 (pp. 186A).

End of Life Care

- Early recognition of end of life
- Opportunity to choose place of death
- Dignity and respect for patients and families
- Reduce necessity tor admission
- Improved communication with other care providers and settings
- Guideline: managing symptoms in adult patients with end stage liver disease receiving palliative care.

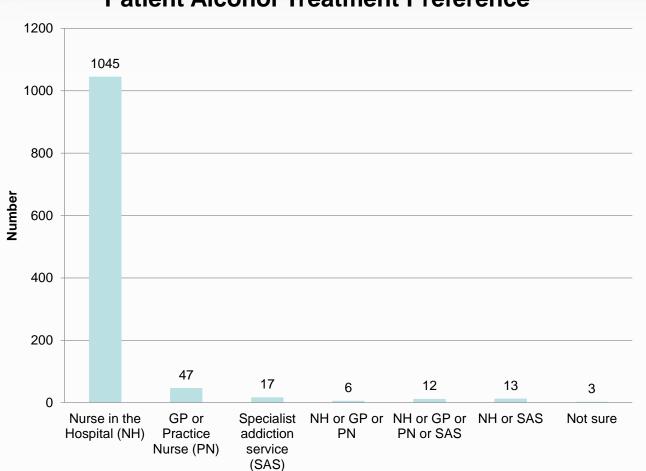
(Cheshire & Merseyside Palliative & End of Life Care

Strategic Clinical Network Standards & Guidelines)

Ting, G., et al In BMJ spcare Vol. Suppl 1 (pp. A63).

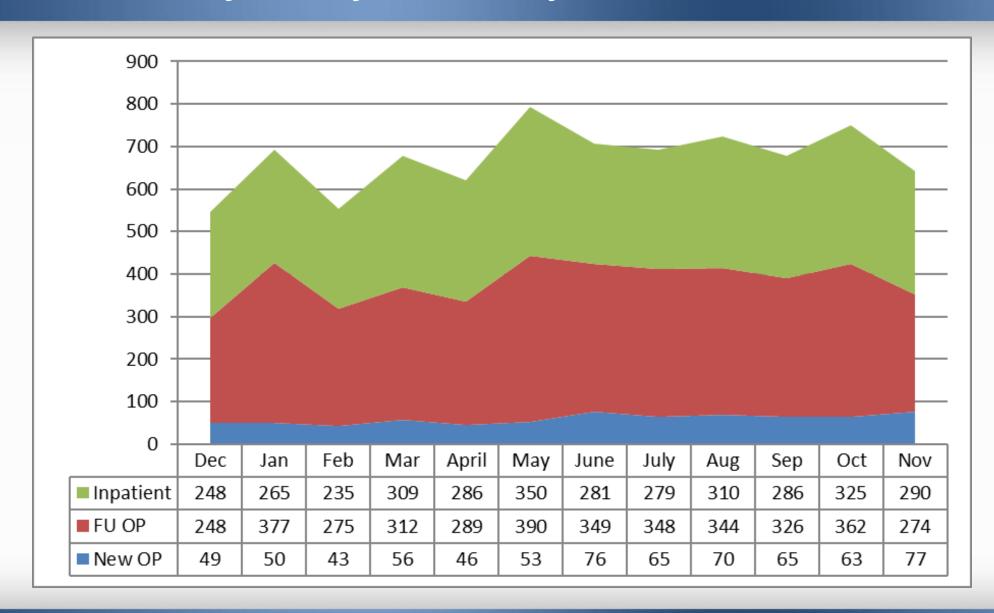
What the patients say





Question	Yes N (%)	No	NA
Valued the opportunity to speak to a nurse about drinking	1188	2	0
Felt as though you were listened to about your wishes for future care and treatment	1183	7	0
Alcohol specialist nurses treated you with dignity and respect	Always	Sometimes	Never
	1179	11	0

ACT yearly activity – the drivers



CONCLUSION

- Nurses are best placed to deliver comprehensive care pathways
- Patients say they like the continuity
- We can make a difference in efficiency and effectiveness
- It is our duty to change and to MODERNISE

NOT IN ISOLATION

"The electric light did not come from the continuous improvement of candles" – (Oren Harari)

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