

# Alcohol Care Teams in Acute Hospitals: A time to modernise



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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

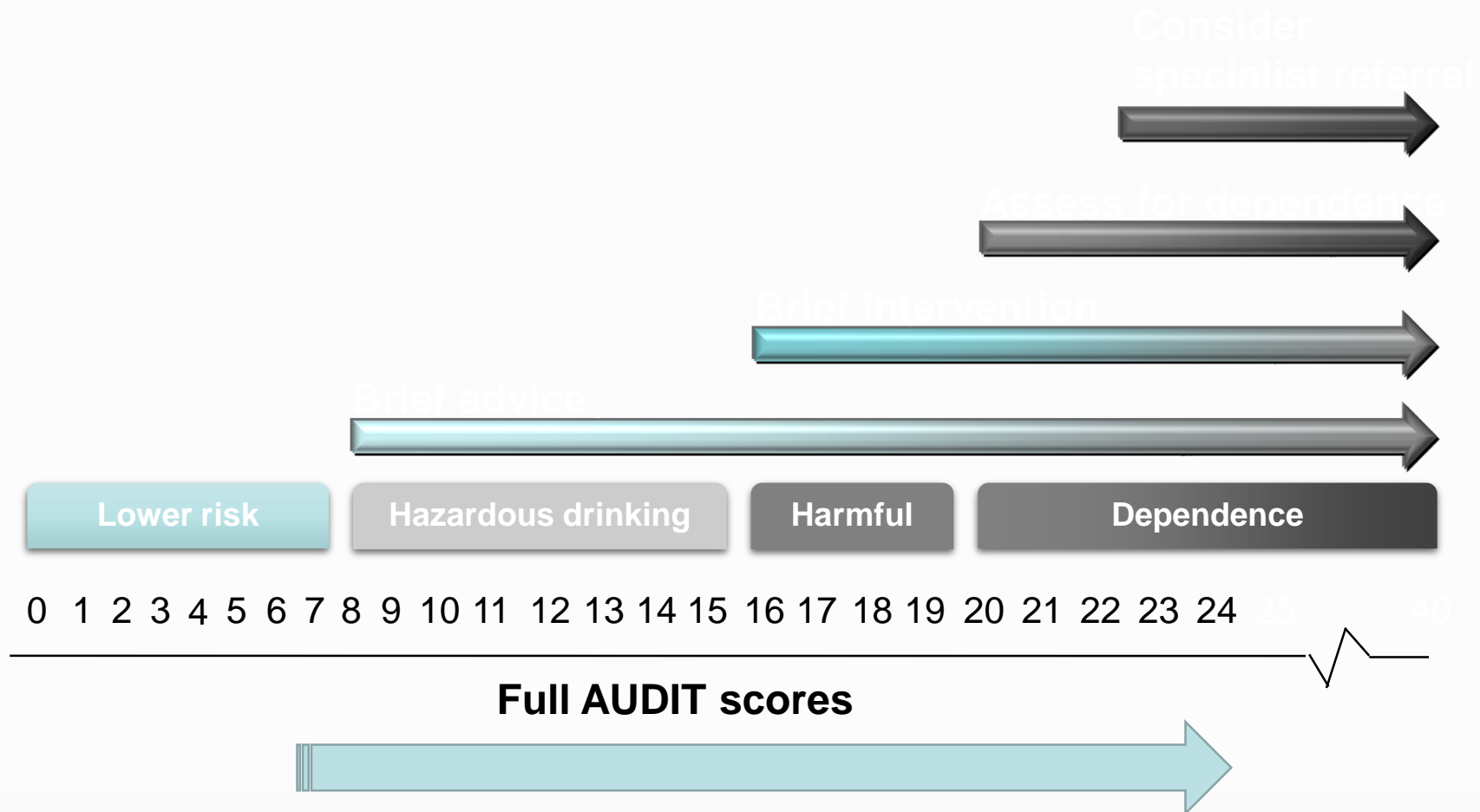
- Senior clinical, academic and strategic leadership and support
- Competent, caring and skillful Nurse Team
  - Respond to referrals from ED wards and GP's for AUD patients
  - Provide follow-up in out-patient clinics
  - Work to a comprehensive competency framework
  - Professional development to identify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



# Our Journey



# 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**



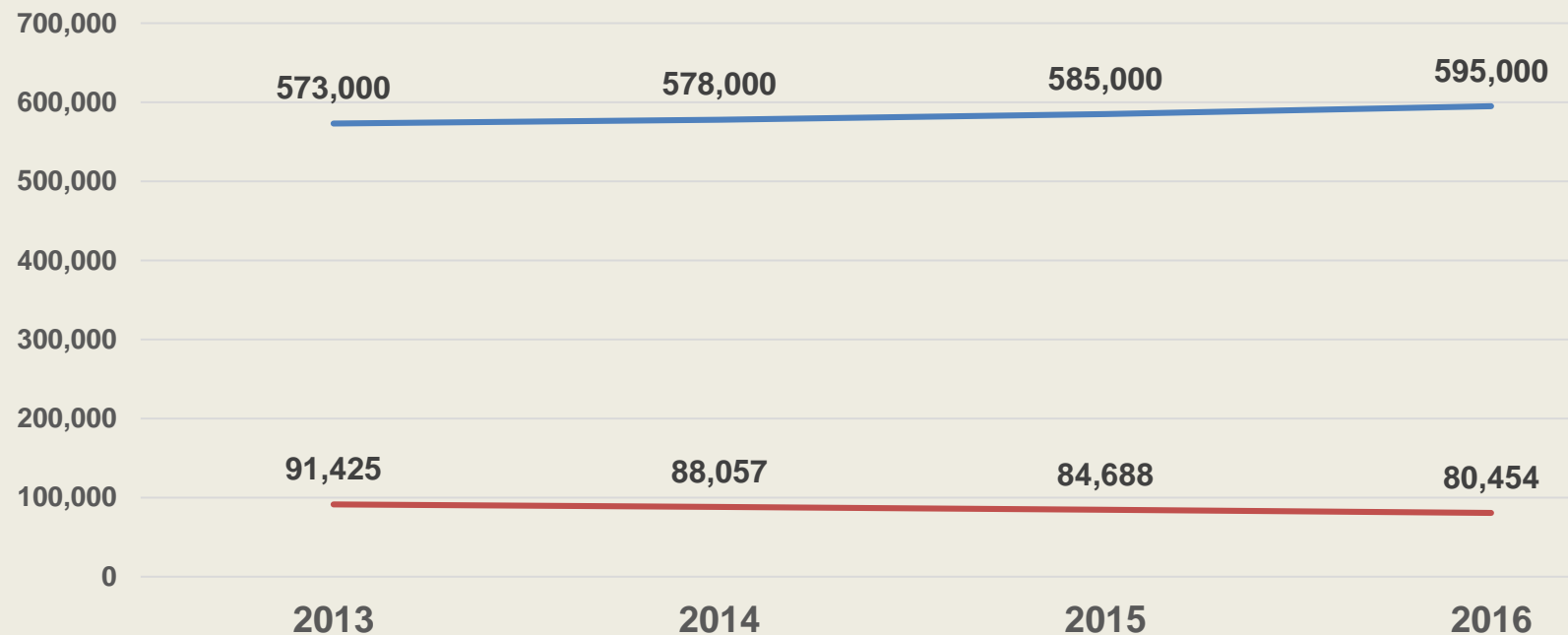
# Nationally there's too little help

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

Number of People **Needing** vs **Receiving** Alcohol Treatment, 2013-2016, PHE

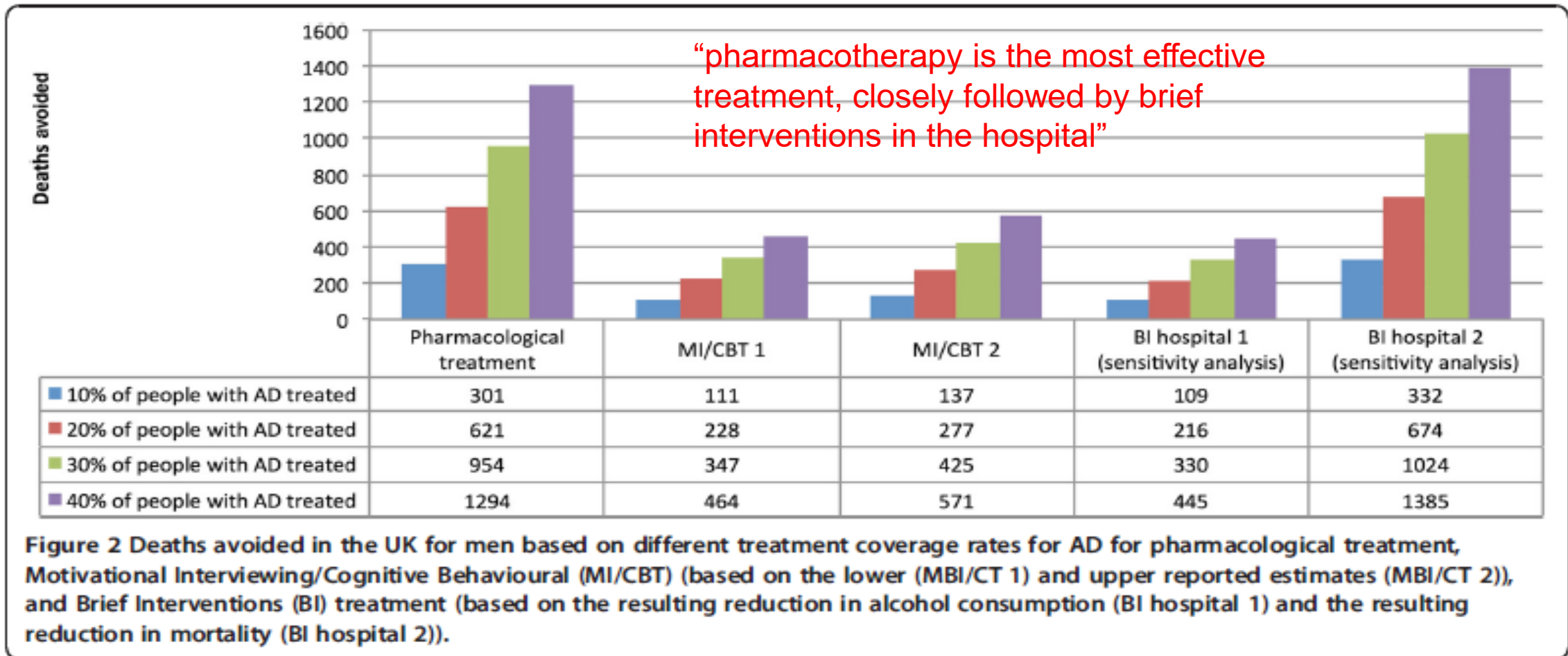


“My partner drinks 10 bottles of wine a week but every time I mention it we row. I’m so worried but I don’t know what to do.”

*“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



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  $\geq 8$  and <12,

19 had a score  $\geq 12$ , <19.4

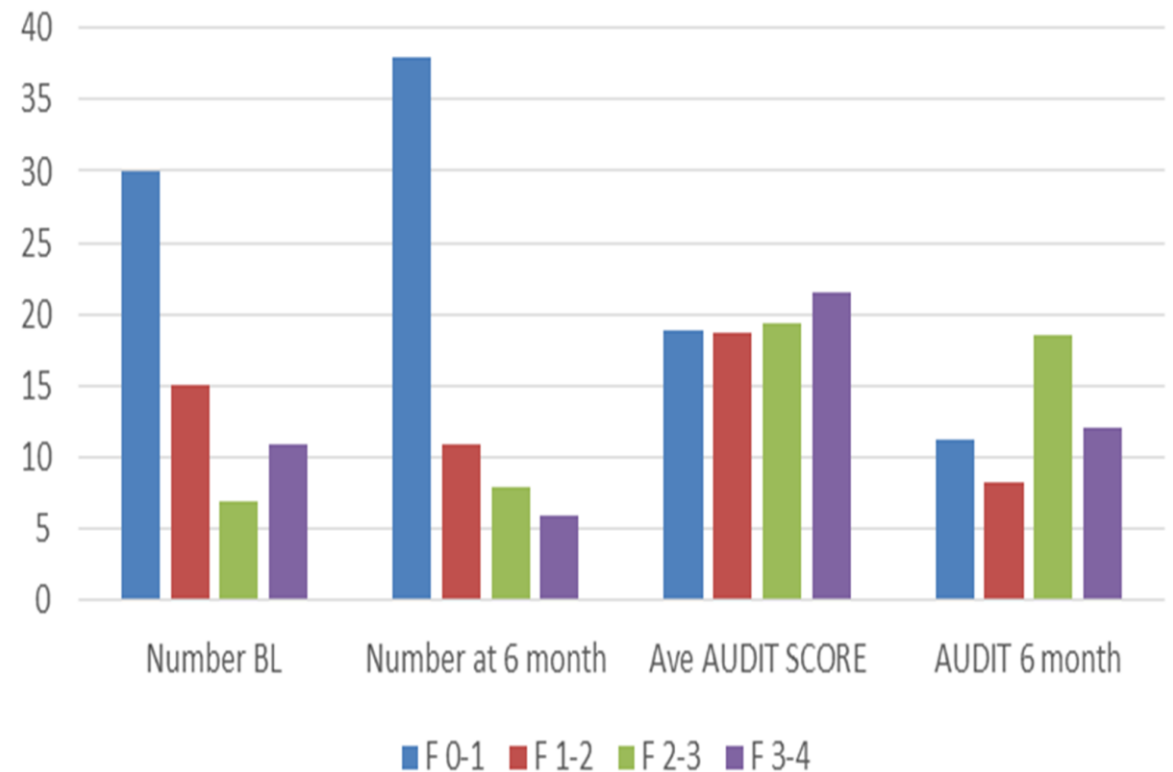
48 had a score  $\geq 19.5$ .

## 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.

Change in fibrosis category and AUDIT score from baseline to 6 month follow-up (n=63)



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

# Alcohol Treatment: Baclofen 12 month Follow-up

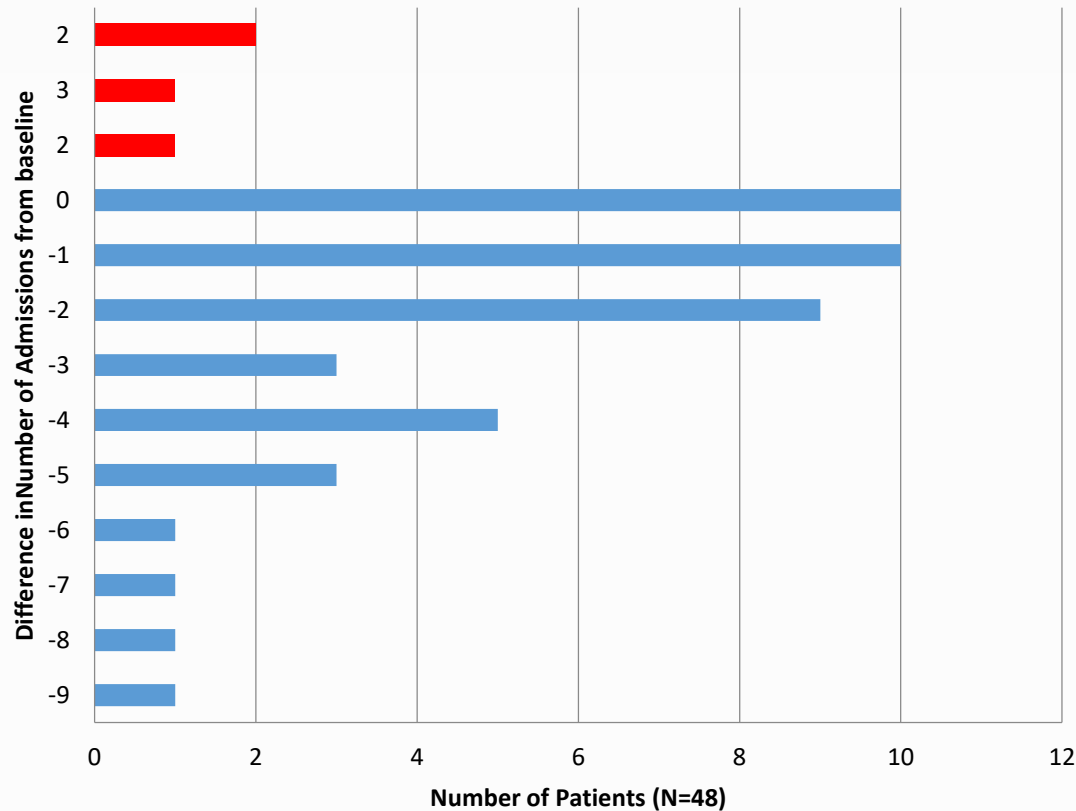
Variable ( <i>n</i> )	12 months (Q1-Q3)	<i>Difference between baseline and 12 month follow-up</i>		
		Estimated 95% CI	Wilcoxon <i>P</i> -value	Effect size ( <i>d</i> )
AUDIT (113)	0 (0-20)	-25.0 to -19.0	< 0.0005	0.81
SADQ (113)	0 (0-17)	-25.0 to -19.5	< 0.0005	0.82
Consumption (111)	2 (0-13)	-20.0 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

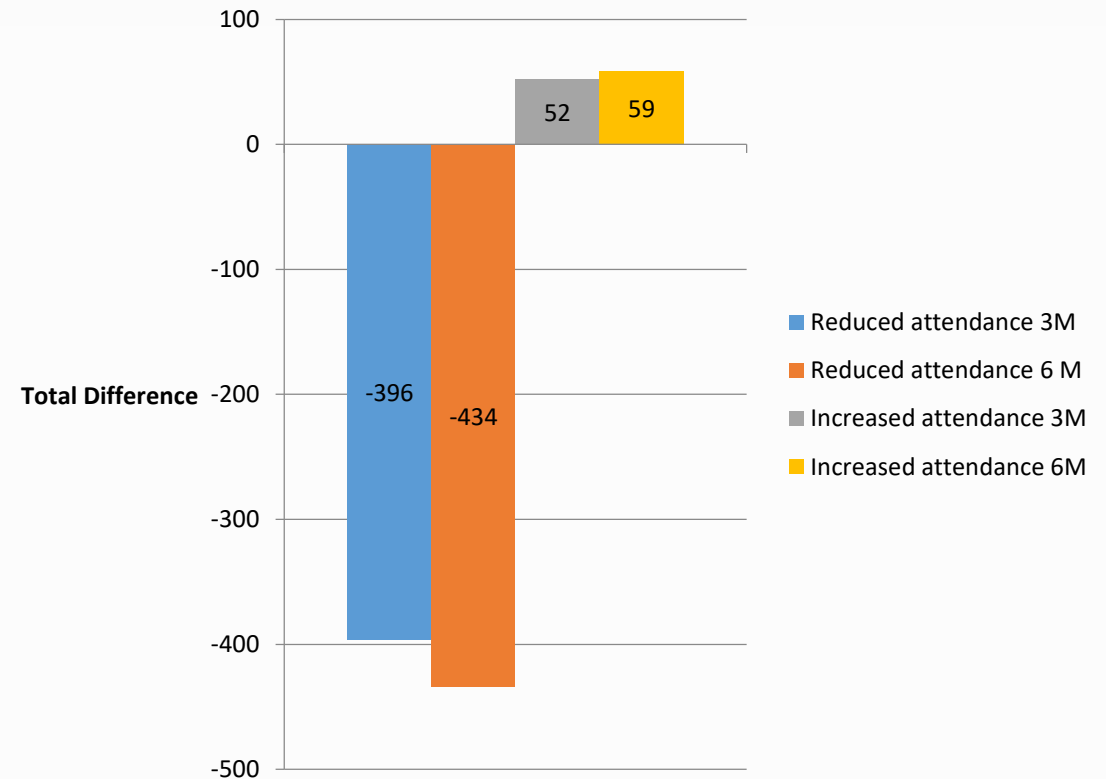
Owens, L., *et al.* (2017).  
*ALCOHOL*, 62, 11-15.

# Complex patient alcohol MDT

## Difference in post MDT 6 month Admissions



## Difference in post MDT 3 & 6 month ED Attendance

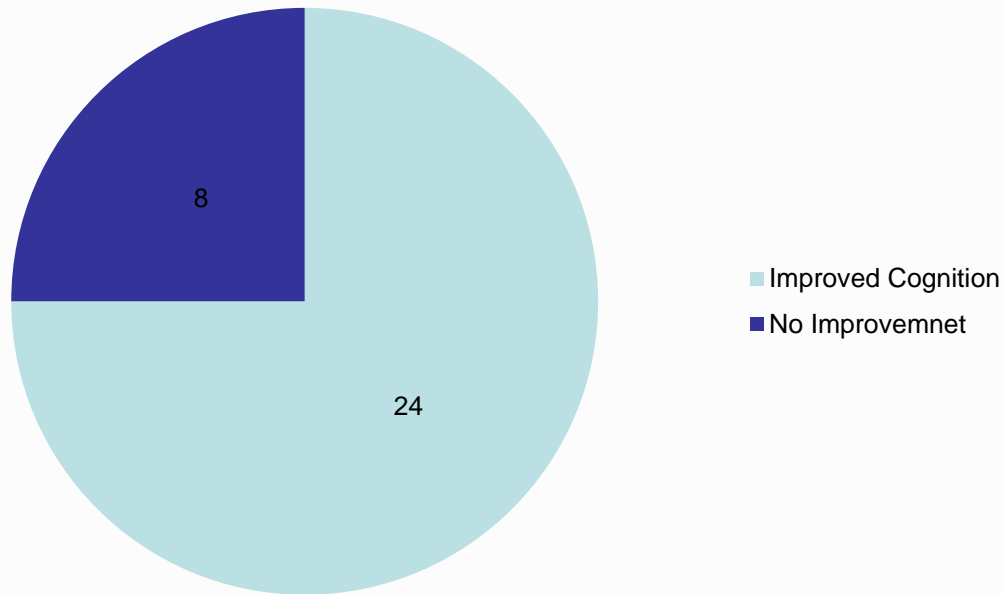


This resulted in ~120 less admissions and ~434 less ED attendances. **(Potential saving ~£63,600 on ED attendance alone)**

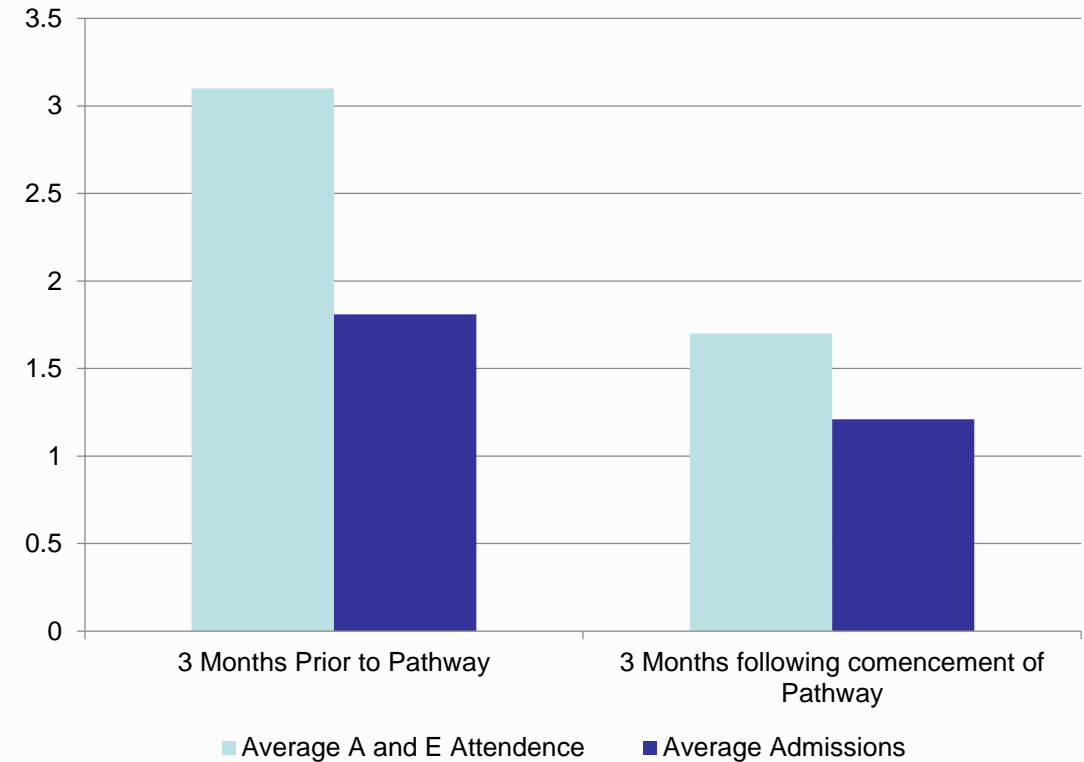
Owens, L., et al. In GUT Vol. 67 (pp. A253).

# ARBI: Pathway effectiveness

Patients showing improvement at 3 Month follow up (N=32)



ED Attendance and Admission



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 for 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)*

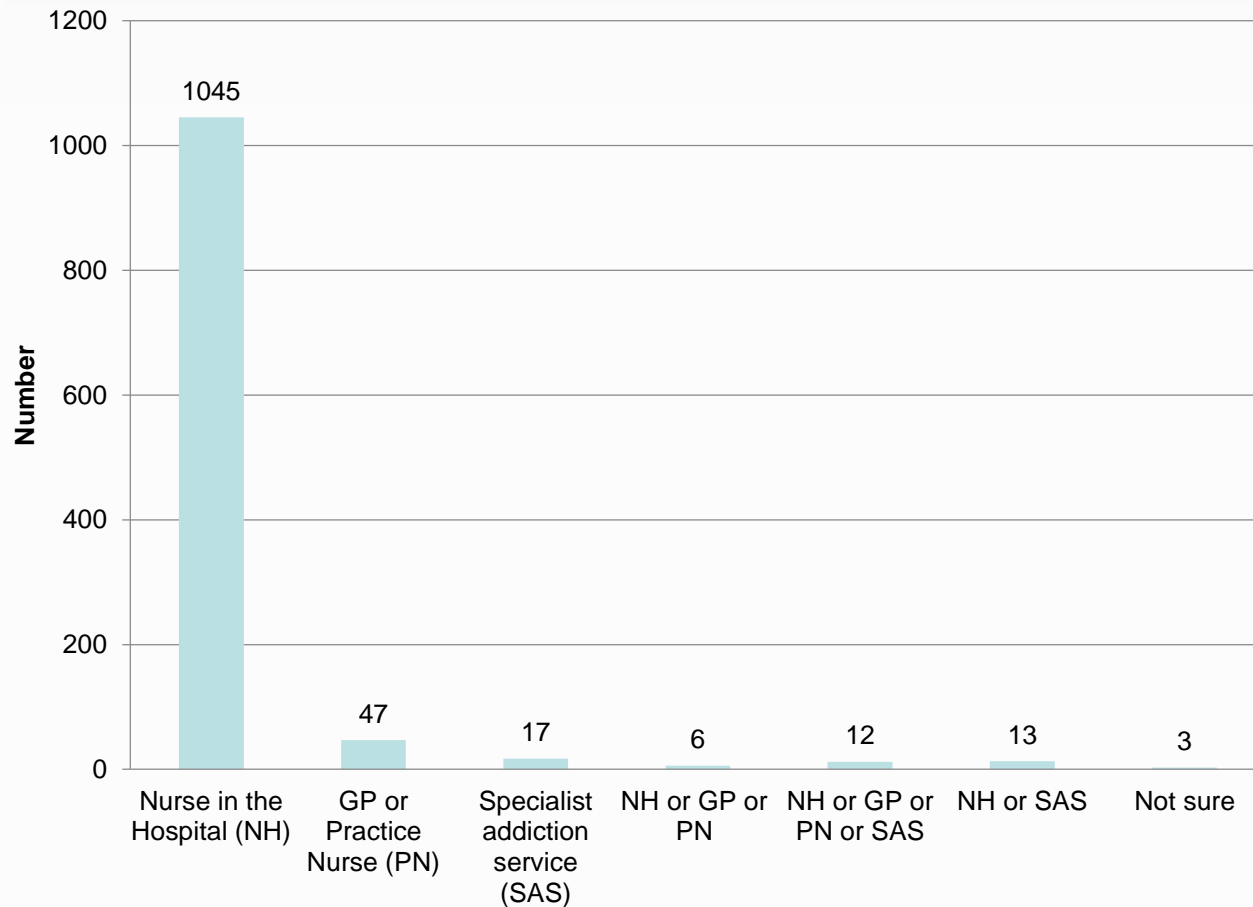
Ting, G., et al In *BMJ spcare* Vol. Suppl 1 (pp. A63).





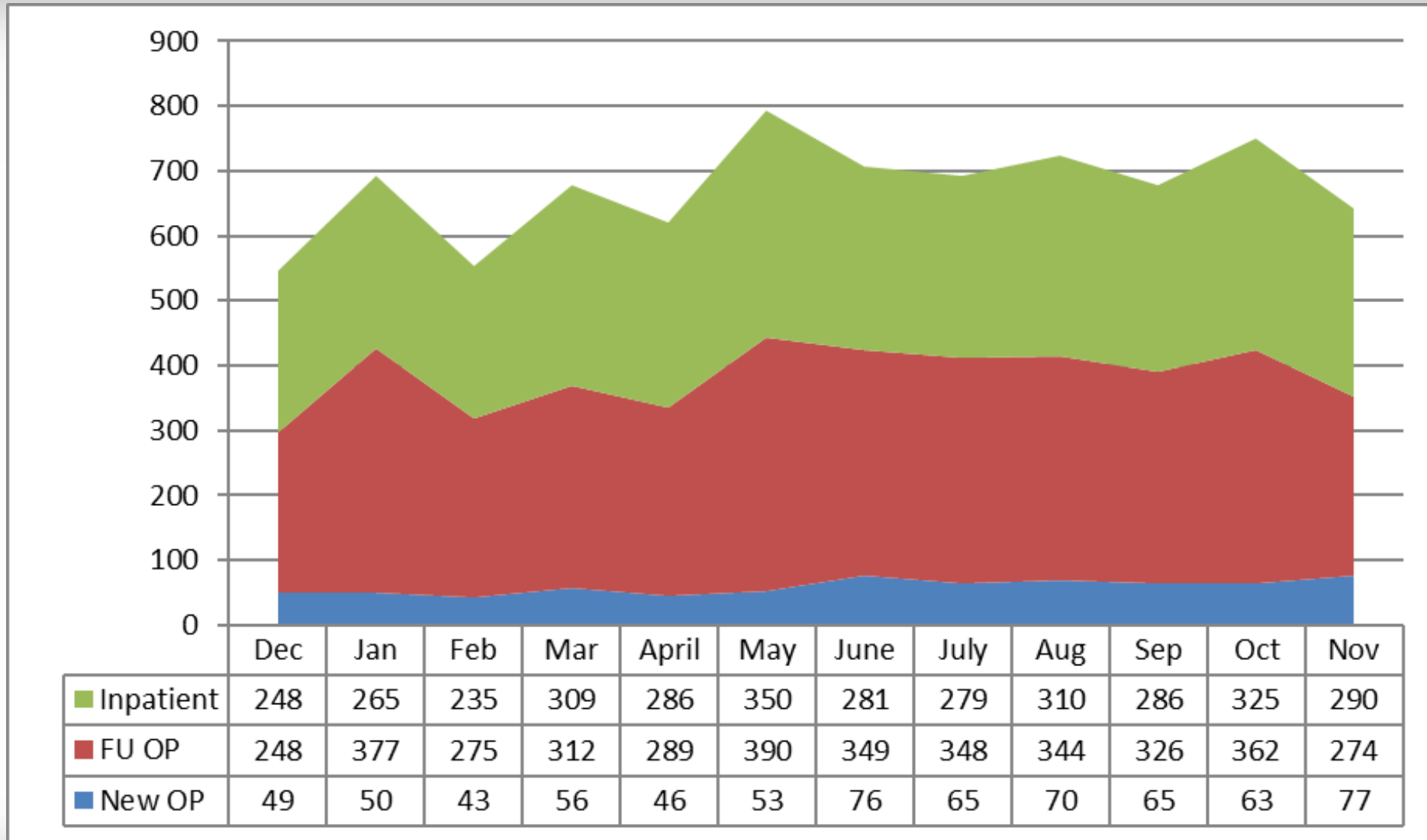
# What the patients say

## Patient Alcohol Treatment Preference



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)**

