

Drinking irresponsibly: Who cares?

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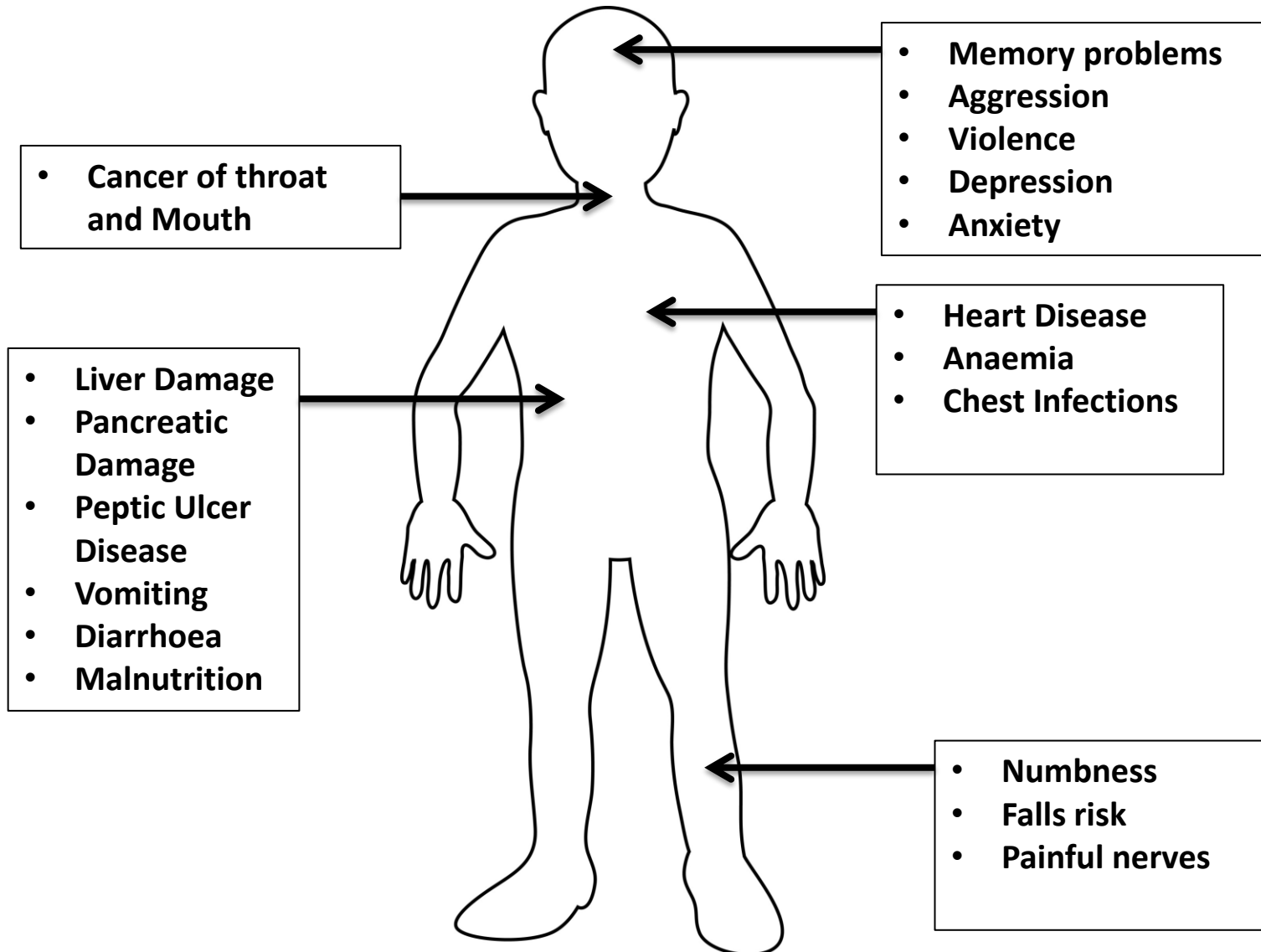
Hepatology Service
York Teaching Hospitals NHS FT

9th June 2017

Introduction: 1

- Deaths from liver disease have increased **10-fold** over last 30 years
- Annual cost to UK of alcohol-related harm is estimated to be **£21bn**
- The NHS incurs **£3.5bn a year** in costs related to alcohol (**~3% NHS expenditure**)

Effects of excessive drinking



How are we going to reduce liver mortality ?

- **Recognise the different forms of excessive alcohol drinking**
 - High level drinking each day
 - Repeated episodes of drinking to intoxication
 - Levels of drinking that are causing physical and or mental harm
 - Drinking behaviour that results in person becoming dependent/ addicted to alcohol
- **Illness and Distress:** to drinker/ family & friends/ employment/ NHS
- **Screening should allow identification and prevention of alcohol-use disorders**

Alcohol screening

The Alcohol-use disorders identification test (AUDIT)

- Developed by the World Health Organisation (WHO)
- Effective in the identification of hazardous and harmful and dependent drinking
- **Hazardous drinking:** results in harmful consequences to user or others
- **Harmful use:** impacts physical and or mental health
- **Alcohol dependence:** repeat alcohol use that results in behavioural/ cognitive and physiological phenomena

AUDIT

- Developed and evaluated over two decades
- Consists of 10 questions
- **NICE** acknowledges the time constraints on health care profession and completion of the **AUDIT**
- **AUDIT C** (abbreviated version of **AUDIT**): first three questions of AUDIT C score ≤ 4 lower risk ≥ 5 increased risk
- **AUDIT C** scores ≥ 11 indicate possible dependence

Introduction:

AUDIT C

	Questions	Scoring system					Your score
		0	1	2	3	4	
Q.1	How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
Q.2	How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
Q.3	How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Does York Teaching Hospitals NHS FT have a problem with alcohol ?

- AUDIT C
- Emergency Department
- Outpatient services
- Admissions & Mortality

York Hospital

AUDIT C

	AMU*	Endoscopy**
Patients screened (no)	39	203
Capture	39/60 (65%)	203/267 (76%)
AUDIT score ≥ 5	51%	37%
AUDIT score ≥ 11	10%	5%

Snap shot **AUDIT C** screen:

- *of inpatients Acute Medical Unit (60 beds): morning session in April 2017
- ** all patients attending for endoscopy over a 1 week period (April 2017)

York Emergency Department

Dr G Kelly's Audit data

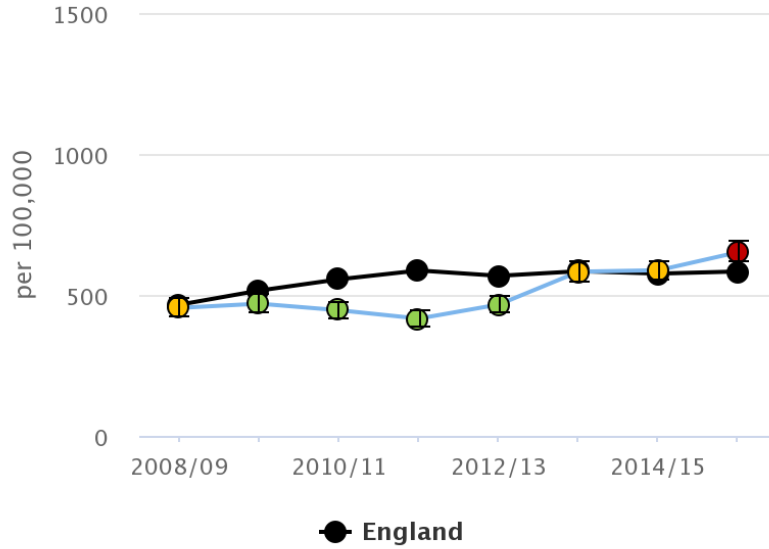
- **Audit of ED attendances in 2011**
 - 74,128 attendances over 12 months
 - 7265 (~10%) directly due to alcohol
 - Cost to Trust:
 - Trust paid £2,037,944 for these patients
 - However, the actual cost was £2,594,722
 - Acute trust lost £556,778 on attendees due to alcohol
 - 20% ambulance journeys due to alcohol
- 74 patients attended $\geq 10x$ in 12 months
 - 32/74 due to ETOH (+3 due to substance misuse)
 - 673 attendances + 434 ambulance journeys

OUTPATIENT SERVICES CURRENTLY PROVIDED BY LIVER SERVICE:

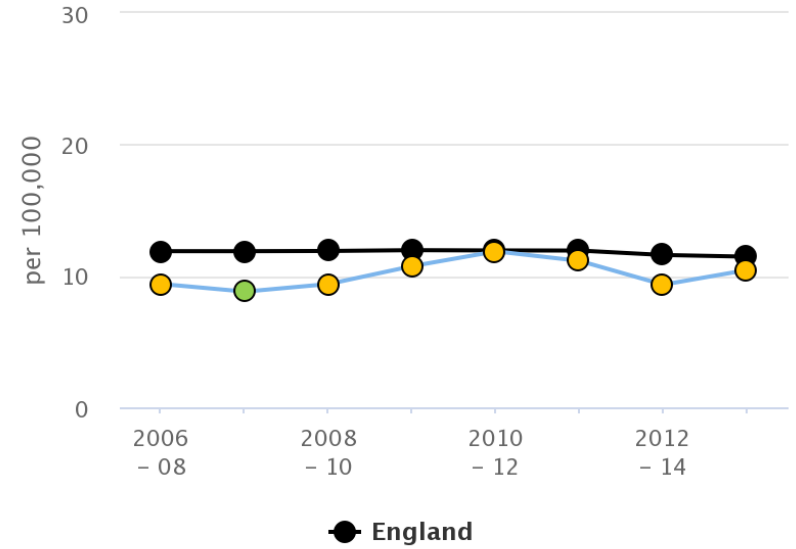
- Dedicated weekly cirrhosis clinics (York & Scarborough)
 - >50% causes of cirrhosis secondary or contributed to by excessive alcohol use
- Dedicated weekly elective endoscopic procedures (York & Scarborough) for variceal management
 - >50% secondary or contributed to by excessive alcohol use
- Nurse-led paracentesis service on the Medical Elective Suite (York)
 - **19 procedures** performed in 2015 due to alcohol
 - **34 procedures** performed in 2016 due to alcohol (1.8 fold increase to 2015)
 - **32 procedures** performed in 2017 (to date just over 5 months: due to alcohol; 2.3 fold increase to 2016)

Local Alcohol Profiles for England: fingertips.phe.org.uk

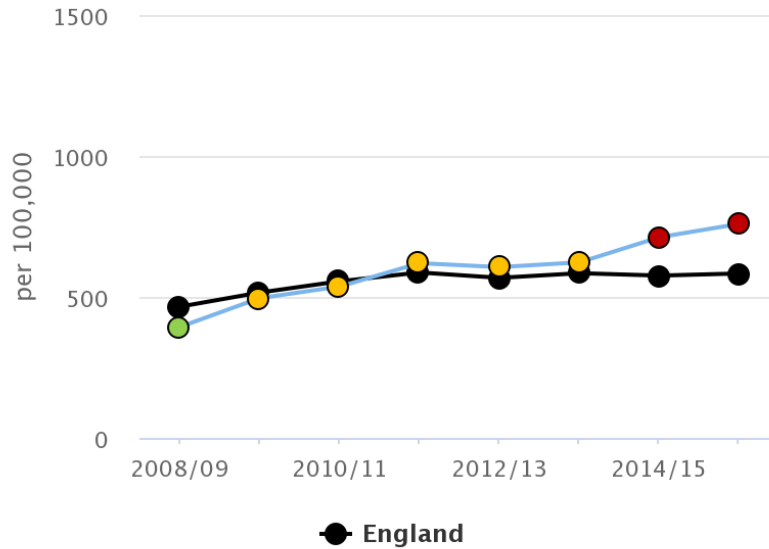
6.02 - Admission episodes for alcohol-specific conditions - York



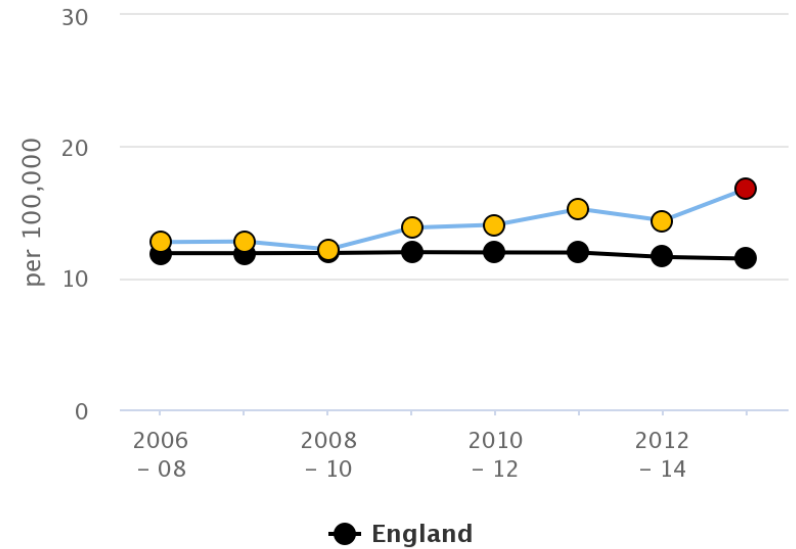
2.01 - Alcohol-specific mortality - York



6.02 - Admission episodes for alcohol-specific conditions - Scarborough



2.01 - Alcohol-specific mortality - Scarborough



The problem in summary

- It is likely that over 30% of patients (>16 years of age) passing through the services at York Hospital exhibit high risk alcohol drinking behaviour
- We have an increasing burden year on year alcohol related chronic liver disease
- At present we have a 0.6 WTE contracted alcohol and substance misuse nurse (at York Hospital)
 - guiding staff education
 - facilitating alcohol screening
 - providing brief inpatient alcohol intervention/ advice
 - and helping guide the management of patients with alcohol dependence

...we spend £26,000 combating an issue that costs £12 million

What can we do?

What can we afford *not* to do?

Royal Liverpool Hospital

- Alcohol Specialist Nurse in Inpatient Care
 - ↓ Average alcohol consumption in pts
 - Early discharge
 - Reduced re-admission
 - Improved staff attitude

• ASN saved
• £175,000 in costs over 20 months (early discharge)
• >150 admissions/year (30 covered ASN salary)

Source: BSG Joint position paper 2010

Nottingham Alcohol Liaison Service

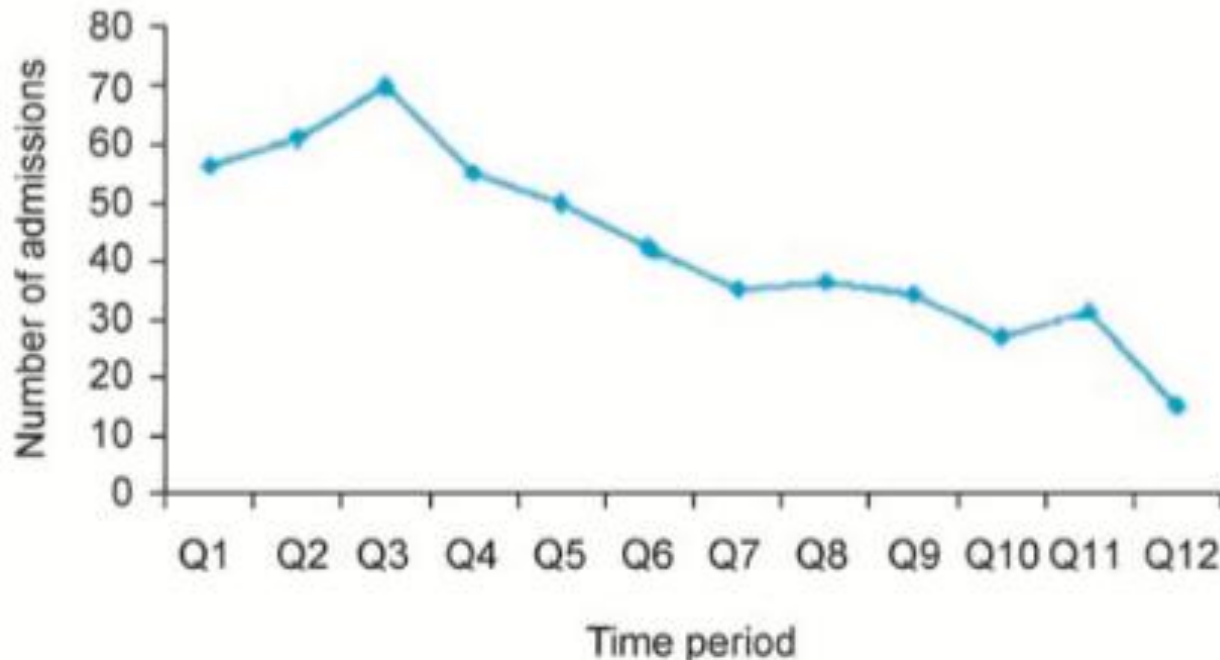


Fig 2. Reduction of admissions for alcohol withdrawal. Q1 etc refer to three-month periods from 2002. Q1 represents January to March 2002 with sequential three-month periods thereafter. The alcohol liaison nurse posts were initiated in April 2002 (in Q2).

Portsmouth Alcohol Strategy

- 2010:
 - £200,000 from PCT for nurse-led ACT
 - Further £100,000 to extend service (City fund)
- 1x band 7, 3x band 6, 1x HCA + admin
- 2011: Bed-days saved & admissions avoided
 - Portsmouth: £396,728
 - Hampshire: £594,531

Salford Alcohol Assertive Outreach Team

- AAOT for top 30 'frequent flyers'

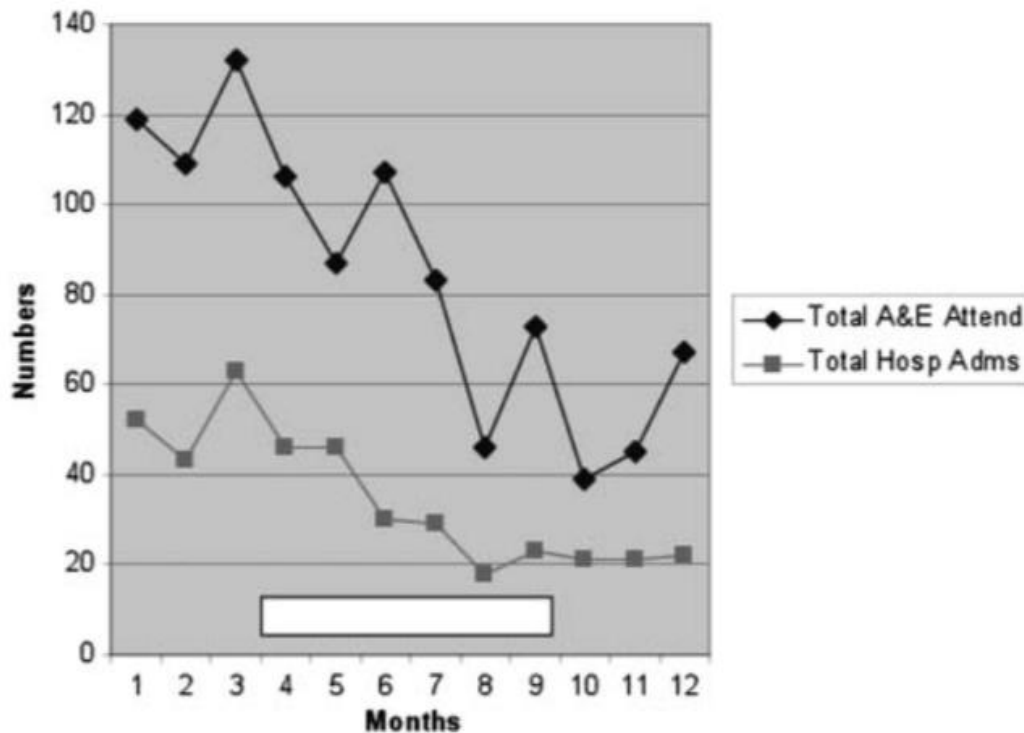


Figure 1 Monthly admissions and attendances. The white bar represents the 6-month period in which the team actively case managed 54 patients.

York Hospital & Beyond

1. Alcohol Specialist Nurse Service:

- [3 x band 6] + [1 x band 3] + Admin **£131,315**
- Ambulatory detox programme (7-day/week)
- Brief interventions and anti-craving medication management
- Non Medical Prescribers
- Strong links with all community teams

2. Alcohol Link Workers' Network:

- Development and time for *all* clinical areas

3. Assertive Outreach Alcohol Service:

- Frequent attenders meeting monthly (top 10 patients for that month)
- Chaired by Clinical Lead for alcohol
- Attended by NWAS, community alcohol teams, community matrons, mental health team, domestic violence team, safeguarding, A&E staff etc any other teams that are involved.

Addressing Alcohol related Health issues

POLICIES

- Price
- All Primary care
- M • New Patient screen: **AUDIT-C, Units/week**
- Ec • Brief Secondary care
- Supl • 7-day ACT
- Furt • Assessment
- ?QO • IP D • Community Alcohol Services
- Seal • Brief interventions
- Planned detox
- 3rd Sector agencies



CONCLUSIONS

1. Rising burden of alcohol related disease on NHS nationally *and* locally
2. 'We' MUST get better at recognizing risky drinking (harmful, hazardous, dependent)
 - Primary Care
 - Secondary care: ASN + AOAS
3. Spend to save