## **ANNEX H**



NHS Foundation Trust

# Drinking irresponsibly: Who cares?

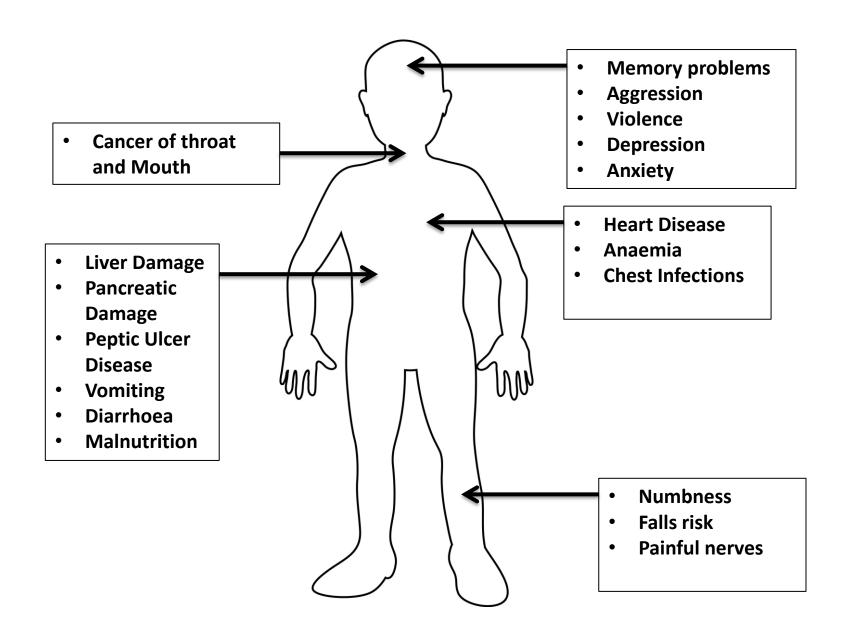
### John Hutchinson & Charlie Millson

Hepatology Service York Teaching Hospitals NHS FT

9<sup>th</sup> June 2017

- 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 alcoholuse 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
		0	1	2	3	4	score
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 <u>&gt;</u> 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

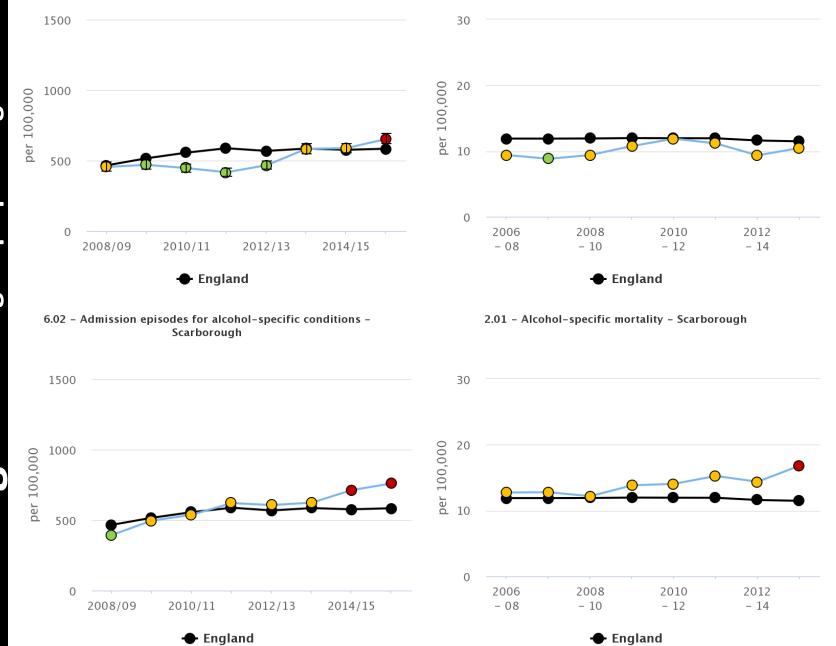
- Audit of ED attendances in 2011
  - 74,128 attendances over 12 months
  - 7265 (~10%) directly due to alcohol
  - Cost to Trust:
    - Trust paid £2,037,944 for these patients
    - However, the actual cost was £2,594,722
    - Acute trust lost £556,778 on attendees due to alcohol
  - 20% ambulance journeys due to alcohol
- 74 patients attended >10x in 12months
  - 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)



2.01 - Alcohol-specific mortality - York



# 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?

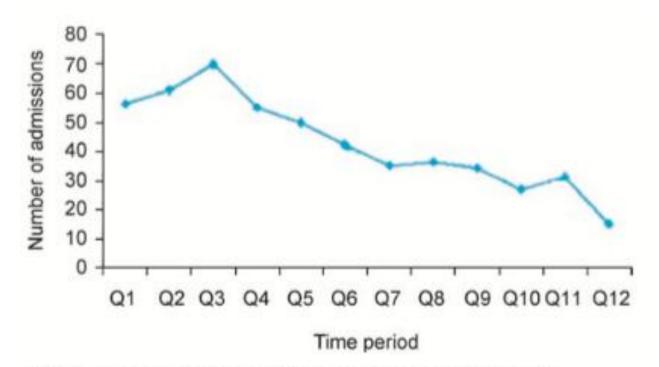
# **Royal Liverpool Hospital**

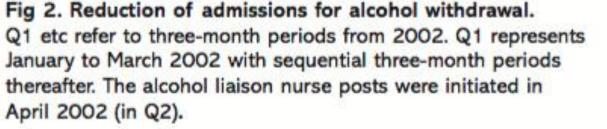
- Alcohol Specialist Nurse in Inpatient Care
  - £175,000 in costs over 20months (early discharge) -  $\mathbf{\Psi}$ Average alcohol consumption in pts
  - Early discharge
  - 3150 admissions/year (30 covered ASN salary) Reduced re-admission
  - Improved staff at

ASN saved

Source: BSG Joint position paper 2010

## **Nottingham Alcohol Liaison Service**





Source: Clin Medicine: 2010, 10: 435-40

## Portsmouth Alcohol Strategy

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

Source: Portsmouth SNS Alcohol Specialist Nurse Final report 2012

## Salford Alcohol Assertive Outreach Team

• AAOT for top 30 'frequent flyers'

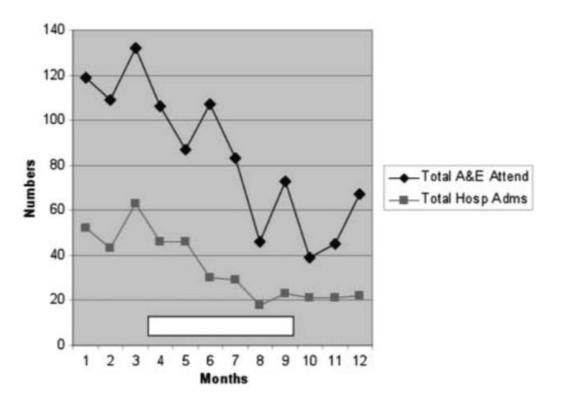
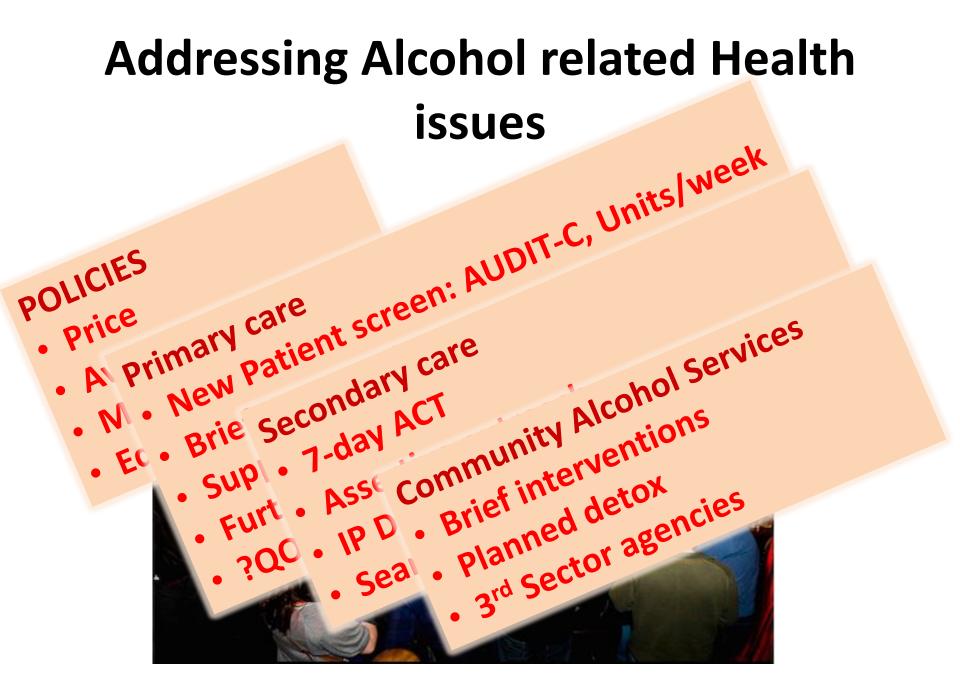


Figure 1 Monthly admissions and attendances. The white bar represents the 6-month period in which the team actively case managed 54 patients.

Source: Frontline Gastroenterology 2013:4; 130-134

# 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.



## 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