Cheshire & Merseyside
Health & Care Partnership

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Call to Action for Cheshire and Merseyside Acute Hospital Trusts

Five measures for reducing alcohol-related harm

Cheshire and Merseyside Health and Care Partnership: Alcohol Prevention Working Group

November 2018

1.Introduction

This is a call to action for Cheshire and Merseyside Acute Trusts to support an aspirational programme on reducing alcohol-related harm. Implementation of these five proposed measures for acute hospital trusts will underpin a system-wide approach to alcohol-related harm.

Alcohol is an agreed prevention priority of the Cheshire and Merseyside Health and Care Partnership and a key priority of all Health and Wellbeing Boards. This prioritisation recognises the scale of alcohol-related harm in Cheshire and Merseyside, which has some of the worst alcohol related metrics in England. Against a background of NHS services under unprecedented pressure from rising demand, there is an urgent need to reduce the burden of alcohol-related disease.

Acute hospital trusts are pivotal contact points for reducing alcohol-related harm. For high-risk and dependent drinkers, hospitals may be the only or first place they come into contact with treatment services, and hospital inpatients are more likely to be drinking heavily or dependent on alcohol on admission.

2. The need for action

Alcohol misuse causes a huge burden of health problems and harm at all stages of life, directly causing over 60 medical conditions from birth defects to cancer[1]. It is a substantial and preventable cause of hospital admissions, healthcare burden, and premature deaths. In 2016/17, there were 63,210 hospital admissions across Cheshire and Merseyside, where alcohol was either the sole or partial cause for admission.

Alcohol-related hospital admissions and deaths are persistently worse than the national average in Cheshire and Merseyside.[2] Many of these admissions and deaths are preventable, but continue to persist placing a considerable burden on the health and social care system.

Alcohol dependence and risky drinking behaviours contribute to alcohol-related costs of around £994 million per year[3] in Cheshire and Merseyside, while more than a quarter

[1] See http://www.cph.org.uk/wp-content/uploads/2014/03/24892-ALCOHOL-FRACTIONS-REPORT-A4-singles-24.3.14.pdf
[2] Project Initiation Document 2016 – FYFV Plan – Prevention at scale: Alcohol Harm Reduction
[3] https://www.wirralintelligenceservice.org/media/1319/wirral-cumulative-impact-policy-evidence-final.pdf

(26.5%) of the adult population (**518, 748 people**) drink alcohol at increasing or high-risk levels.

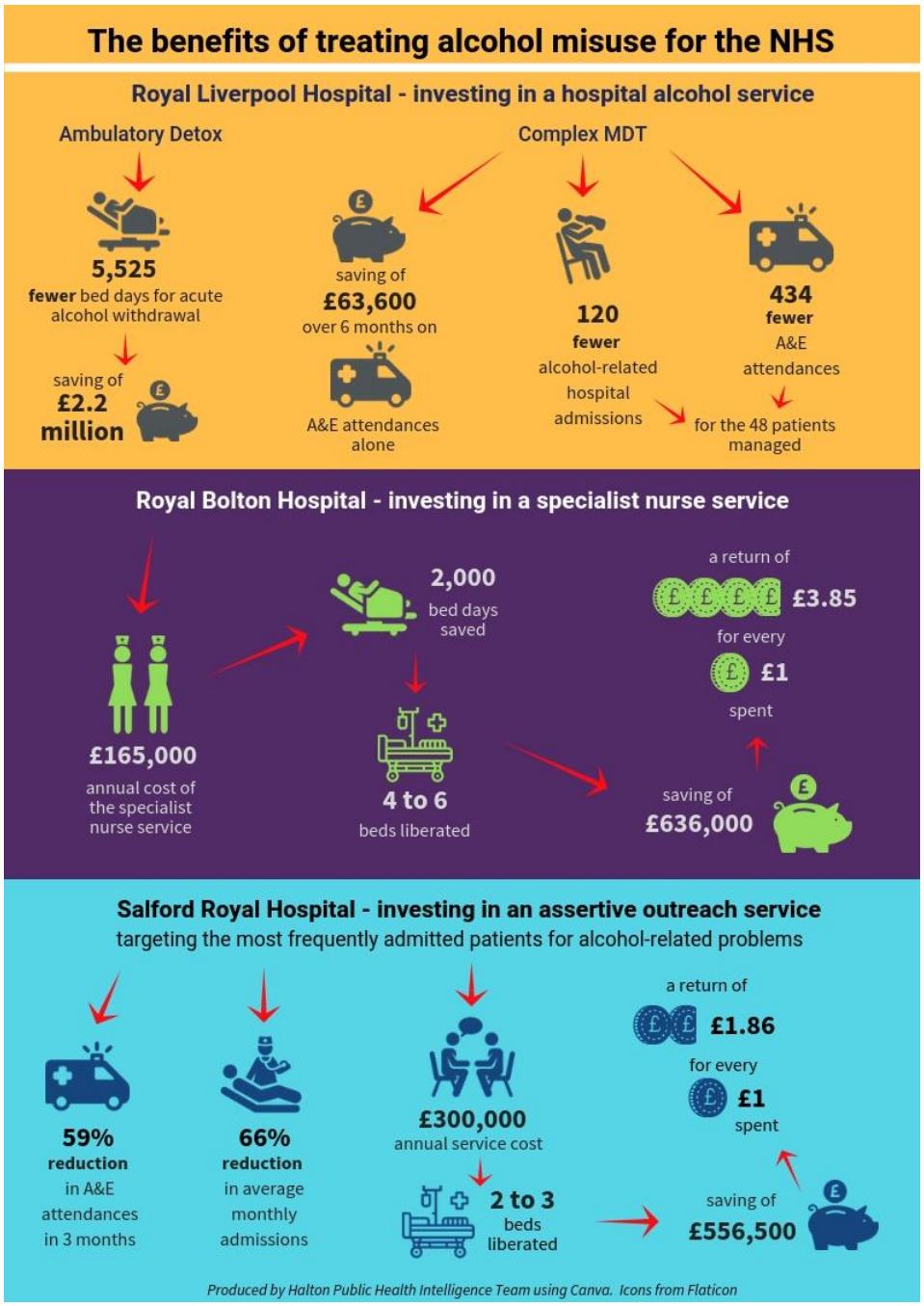
What value does treating alcohol misuse offer the NHS?

Acute hospital trusts have an opportunity to impact positively on alcohol-related harm, prevent progression to end organ-damage and reduce financial costs. Alcohol-related harm prevention, detection and treatment needs to be prioritised as an 'invest to save' measure.

Preventing alcohol-related admissions and A&E attendances also has non-financial benefits such as improvements the workplace environment, reduced aggression and violence, and reductions in demand freeing up staff time and capacity for other activity.

A six-month programme by the Royal Liverpool Hospital improved multi-disciplinary management of 48 patients with a history of frequent hospital attendances and complex needs (with no additional funds invested). This resulted in 434 fewer A&E attendances, 120 fewer alcohol-related admissions and a saving of £63,600 on A&E attendances alone. Investment in an ambulatory detox programme also resulted in 5,525 fewer bed days for acute detox and a saving of £2.2 million. Examples from several hospital trusts have also demonstrated return on investment from investing in evidence-based alcohol services in acute trusts (Figure 1).

Figure 1



3. Current situation

A recent baseline audit of alcohol service provision within Cheshire and Merseyside acute trusts highlighted wide variation in provision. While some trusts have well-developed alcohol teams, others have very limited provision and no contingency. Also, the source and quantum of funding for alcohol services differs between the trusts.

Acute trust alcohol services need to be able to provide a quality service commensurate with the level of need in each area. Acute hospital trusts should provide evidence-based comprehensive alcohol care pathways incorporating the necessary components of identification, brief intervention, end organ damage screening and treatment. This comprehensive pathway needs to be work closely with community based treatment services.

4. Five measures for acute trusts to reduce alcohol-related harm

To respond to the demand on the system acute hospital trusts need to adopt the following five measures as an initial and urgent response to alcohol-related harm in the region (**Error! Reference source not found.**). These five measures form part of a wider whole-system approach to reducing alcohol-related harms and align with relevant NICE guidance, such as CG100, CG115 and PH24[4]

Figure 2

[4] See https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/alcohol

Measure 1 – All acute trusts to implement CQUIN indicators 9d and 9e

All acute hospital trusts should improve inpatient screening for risky alcohol use and provide brief advice and referral to specialist services by implementing the current CQUIN for alcohol identification and brief advice (IBA). This CQUIN helps to reduce alcohol consumption and related harm by targeting a population of drinkers who do not usually seek help for alcohol problems. Implementation of the CQUIN could deliver conservative net savings to the trust of £181k (based on trust size of 60,000 unique inpatient admissions per year). This measure is the starting point for an effective alcohol pathway.

Acute trusts should build on the foundation of the CQUIN to deliver IBA to all hospital inpatients as appropriate, linking in with an effective evidence-based alcohol care team (Measure 4) and pathway (Measure 2). Investing in the CQUIN alone could result in **net yearly savings of around £27 per patient receiving Identification and Brief Advice (IBA)**, based on previous modelling performed by Sheffield University [5]

Measure 2 – Design a common Cheshire and Merseyside Alcohol Care Pathway

Acute hospital trusts should support the implementation of a common pathway, ensuring there is a system in place to record appropriate process and outcome measures (including the current alcohol prevention CQUIN measures). The establishment of a common pathway with agreed metrics will enable the identification of areas of unwarranted variation and quality improvement actions along with the GIRFT principles.

The alcohol prevention working group has drafted an evidence-based model pathway for alcohol care in acute trusts. Combined with an appropriately trained and resourced acute trust alcohol service and effective multi-disciplinary working relationships, this measure has huge potential for reducing alcohol-related harm and preventing hospital admissions.

Measure 3 – Creation of a Cheshire and Merseyside alcohol harm-reduction dashboard

Acute hospital trusts should support the development of a Cheshire and Merseyside intelligence dashboard that can be used to highlight unwarranted variation, and ensure ongoing quality assurance of actions to reduce alcohol-related harm. This tool would be used to benchmark and evaluate acute trust alcohol service activity against the model pathway, and allow for baseline and follow-up measurement of alcohol indicators.

[5] NHS England, 2017. CQUIN Indicator Specification Information on CQUIN 2017/18 - 2018/19

Measure 4 – Establishment of a common competency programme for alcohol harm reduction across Cheshire and Merseyside

A minimum set of staff training competencies and a regional training offer would enable more effective training standards for alcohol nursing teams and facilitate professional development and sharing of skills across the region. It would also support improvements in the scope and spread of best practice. This would reduce unwarranted variations in care and ensure an effective, sustainable, and high-quality alcohol care team and care pathway.

Measure 5 – Promote adequate funding for the acute trust alcohol prevention service that is proportionate to local need

Acute hospital trusts should review their baseline audit information to decide whether the service is commensurate to local needs and sufficient to deliver against an agreed best practice pathway. Adequately-resourced acute trust alcohol prevention services demonstrably improve care and reduce alcohol-related admissions. The standardisation of care of patients with harmful drinking and alcohol dependence (as evidenced by the alcohol care team at the Royal Liverpool) will reduce variation across Cheshire and Merseyside and provide more effective outcomes. If implemented, this action will reduce alcohol-related morbidity and mortality and related hospital admissions. Without effective local investment, alcohol-related admissions will continue to increase and contribute large costs to acute trusts, other parts of the health and social care system, and wider society.

5. Conclusion

Cheshire and Merseyside has some of the worst alcohol related health metrics and outcomes in England, we need a comprehensive integrated approach to respond to this serious issue. We have highlighted a five-point plan that we consider will have a significant impact if adopted across Cheshire and Merseyside.