

# **Needs better integration with the wider care system**

**Professor Colin Drummond**

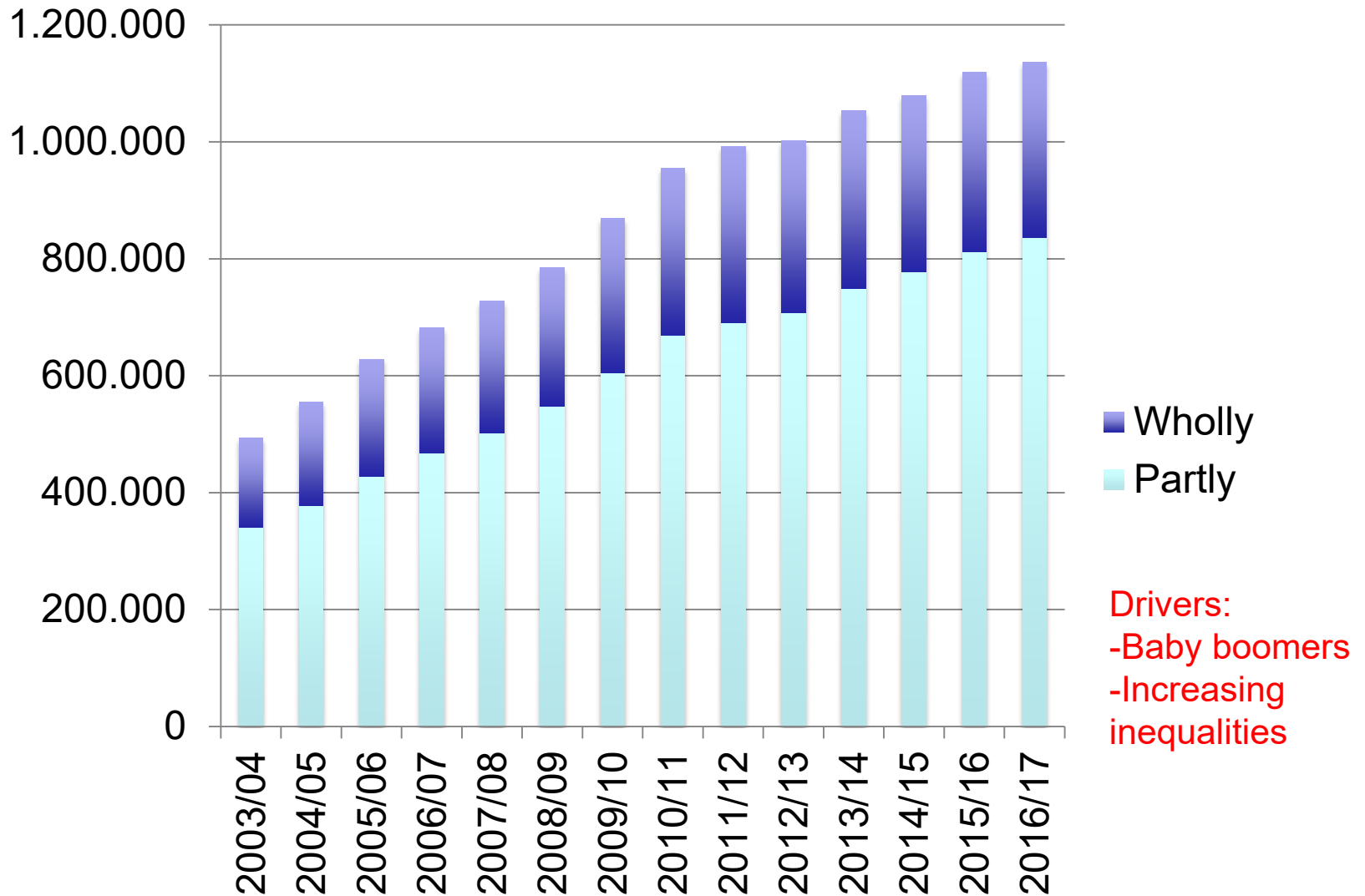
**National Addiction Centre**

**Institute of Psychiatry, Psychology and Neuroscience**

**King's College London**

**Danish National Conference on Alcohol, Jan 2020**

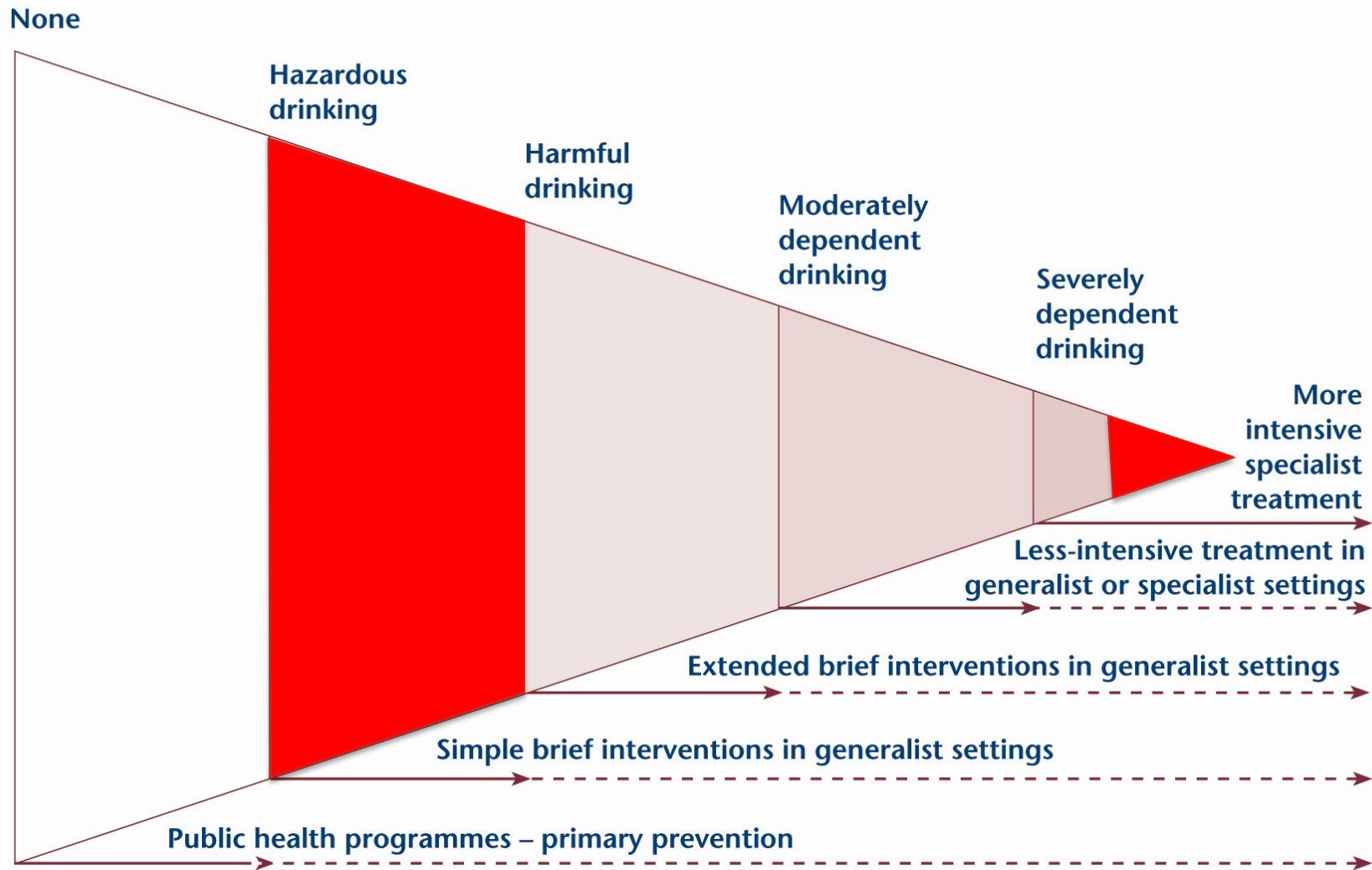
# Alcohol related hospital admissions England 2003-2017



# The prevalence of wholly attributable alcohol conditions in the United Kingdom hospital system: a systematic review, meta-analysis and meta-regression

Emmert Roberts<sup>1</sup> , Rachel Morse<sup>2</sup>, Sophie Epstein<sup>3</sup>, Matthew Hotopf<sup>4</sup>, David Leon<sup>5</sup> & Colin Drummond<sup>1</sup>

- 26 wholly alcohol attributable conditions
- 124 studies; 1.7m patients
- Harmful alcohol use = 20%
- Alcohol dependence = 10%
- 10x higher than general population
- 20-30x higher than NHS (HES) estimate



**Figure 1** A spectrum of responses to alcohol problems

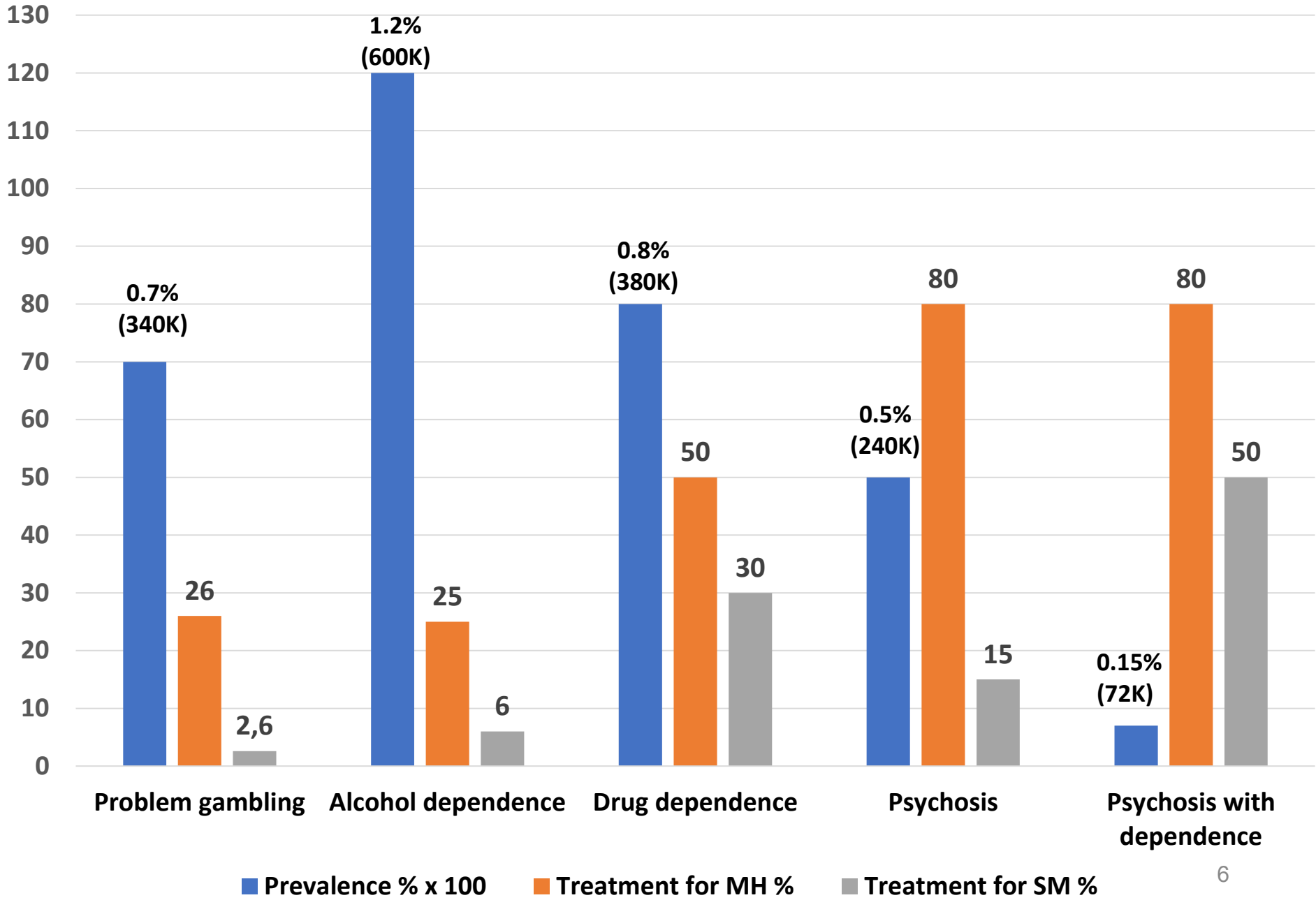
Source: *Rastrick et al. (2006)*,<sup>1</sup> adapted from *Institute of Medicine (1990)*.<sup>2</sup>

# Proportion of smokers and excessive drinkers offered SBI by PHC last year

(Alcohol Toolkit Survey – Brown et al., 2016, BJGP)  
(n=15,252)

- 20% smokers (n=3,043)
- 12.4% excessive drinkers (n=1,894)
- 62% visited GP last yr
- 59% visited GP last yr
- 52% of smokers received BI for smoking
- 6.8% of XSD received BI for alcohol
- (30% of all smokers)
- (4% of all XSD)
- Older, female, less education, disability, higher dependence, more quit attempts
- Older, smokers, higher dependence, male

# Prevalence and treatment for dependence and comorbidity (Drummond et al, APMS 2014)





# VIEWS AND REVIEWS

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## PERSONAL VIEW

### **Cuts to addiction services are a false economy**

“Savings” in specialist services are increasing pressure elsewhere in the NHS, says **Colin Drummond**

Colin Drummond *professor of addictions psychiatry*

Institute of Psychiatry, Psychology, and Neuroscience, King's College London

# Tackling alcohol misuse in NHS hospitals

a Resource Pack 

Version 2 (February 2018)

Introduction	Section 1	Section 2	Section 3	Section 4	Section 5	Section 6	Section 7	Section 8
Tackling Alcohol Misuse in the NHS Hospital Setting Resource Pack	Why hospitals need to be more proactive about alcohol misuse	Types of alcohol-related presentation	Interventions for alcohol misuse	Service models and systems to deliver alcohol care	How to develop and implement an alcohol care strategy	Case Study	Resources	Further Reading

Tackling alcohol misuse in NHS hospitals a Resource Pack 



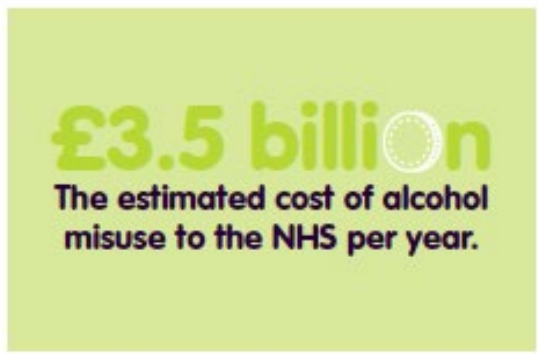
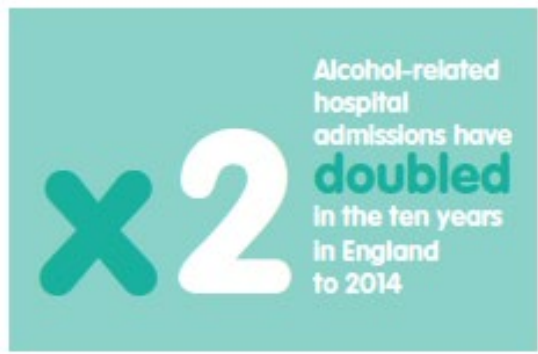
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# 1.1 Alcohol Misuse: The Impact on the NHS

Excessive alcohol use places a considerable burden on society and public healthcare services



Alcohol represents a significant challenge for the NHS:



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## 4.2 Alcohol care teams

The number of hospitals with alcohol care teams has increased considerably over the last 10 years

### But there is no predominant service model/configuration in England meaning services can differ widely:

- A lone worker from local community alcohol services visiting the hospital to accept referrals on a once-a-week basis
- Psychiatric liaison services with a remit for alcohol referrals
- A comprehensive hospital-based and consultant- or nurse-led seven-day alcohol care team that provides direct clinical care as well as training and support for non-specialist staff.

### The bigger, the better

Research shows that the more comprehensive the alcohol care team, the greater the proportion of alcohol-related in-patients will be reached, and hence the greater the impact on admission lengths, readmissions and clinical outcomes – and cost savings to the NHS.



Guy's and St Thomas' NHS Foundation Trust runs a seven day a week alcohol care team. Embedded in this is excellent partnership working, including daily handovers with other specialist teams (homeless, mental health liaison, emergency department) and sustained links with community services who regularly attend their multidisciplinary team meetings. The alcohol care team provides screening and brief intervention, training (pharmacological management of alcohol withdrawal, complications of this, & screening and brief intervention) to pre-registration nursing students, qualified nursing staff, medical teams and therapy services.

An outpatient clinic increases patients' options and reduces bedstay days for stable patients. It also enables smooth transfer to community services with an initial joint service session prior to discharge.

A trust alcohol steering group includes general medicine, toxicology, gastroenterology, hepatology, principal pharmacist, alcohol commissioning support - supporting alcohol work throughout the Trust.

#### The outcomes measured are:-

- Supporting effective discharges
- Reduced bed days
- Reduced re-attendances

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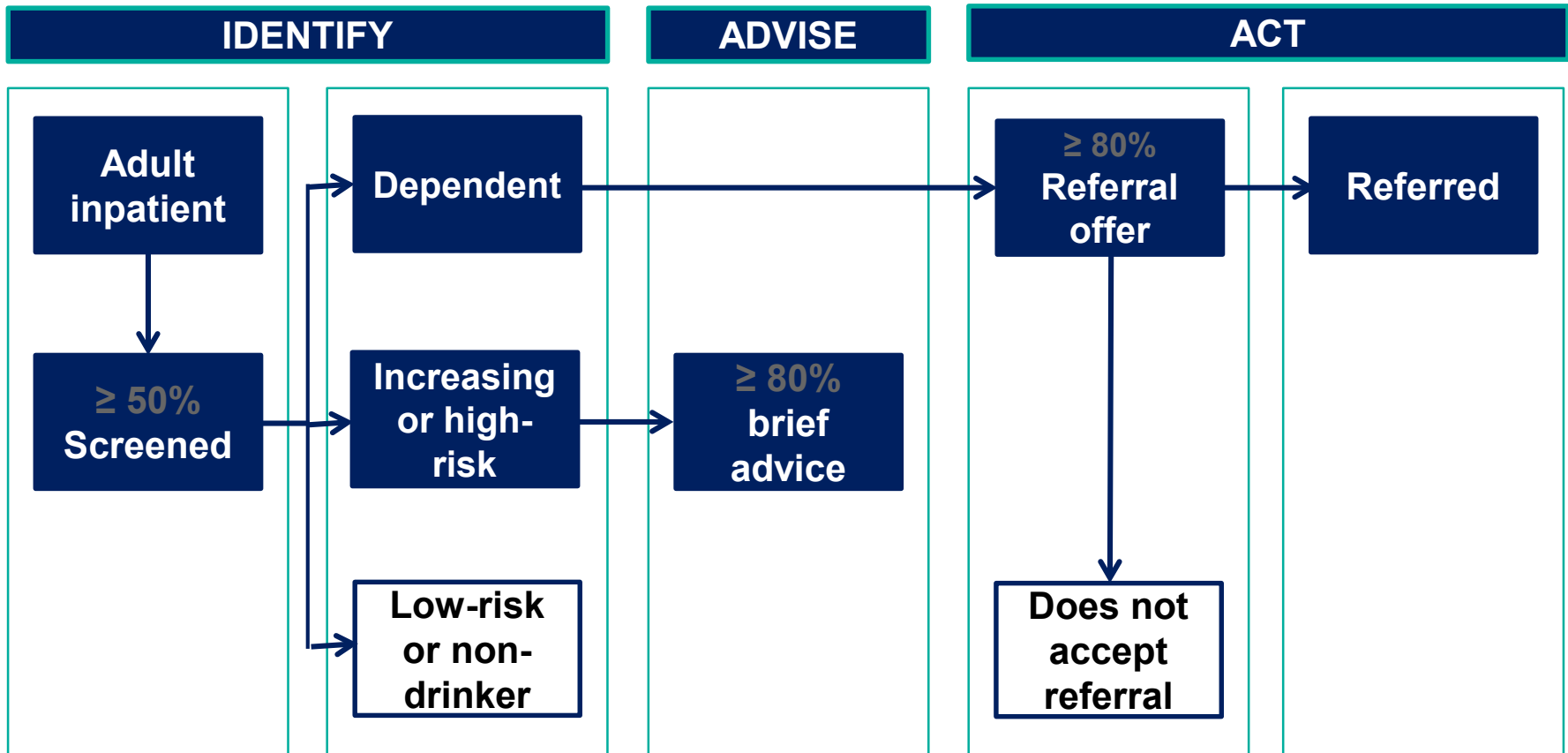
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## Box 1 Alcohol care team: key components of the UK model

- ▶ A clinician-led, multidisciplinary alcohol care team, with integrated alcohol treatment pathways across primary, secondary and community care
- ▶ Coordinated alcohol policies for emergency departments and acute medical units
- ▶ A 7 day alcohol specialist nurse service
- ▶ Addiction and liaison psychiatry services
- ▶ An alcohol assertive outreach team for frequent hospital attenders
- ▶ Specialist consultant hepatologists and gastroenterologists with expertise in liver disease
- ▶ Collaborative, multidisciplinary, person-centred care
- ▶ Quality metrics, national indicators and audit
- ▶ Workforce planning, training and accreditation
- ▶ Research, education and health promotion for the public and healthcare professionals
- ▶ Formal links with local authority, public health, clinical commissioning groups, patient groups, and other key stakeholders



# Alcohol CQUIN – Identification and brief advice



# Alcohol CQUIN – expected impact

## Smoking



~**1.6M** smokers should receive very brief advice due to PIHCQUIN; of whom ~**486K** can be expected to take up a referral; and we could expect **110K** may quit.

## Alcohol



Even if only half of patients get screened.

~**896K** of patients drinking above the low-risk guidelines will get IBA & ~**64K** will be referred to treatment in the community.

The NHS could save >**£20M** per year from reductions in ill-health caused by drinking.

# ALCOHOL RELATED FREQUENT HOSPITAL ATTENDERS

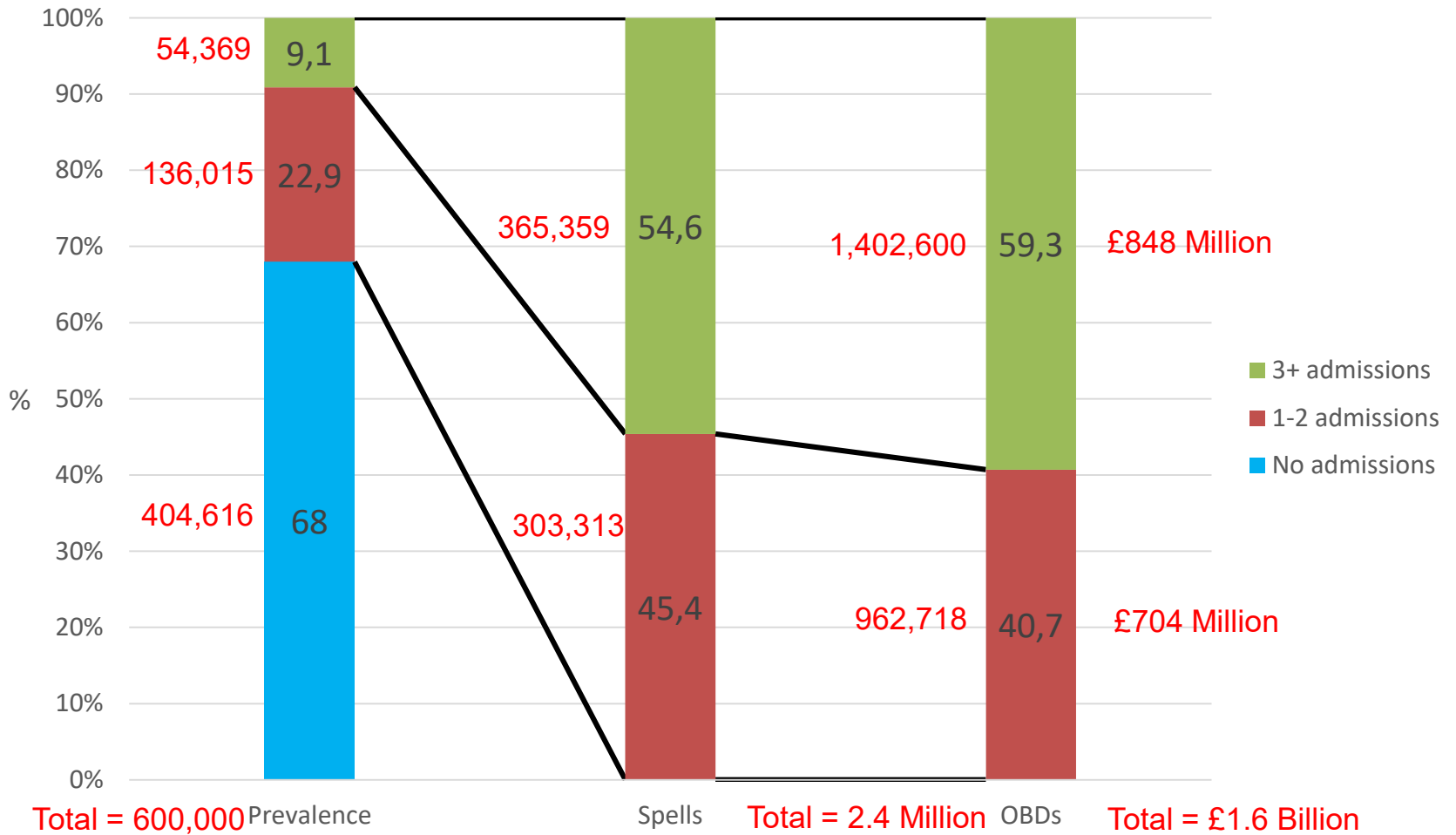
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## What problem did we address?

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- Alcohol-related frequent hospital attenders (ARFA):
  - 3+ alcohol-related admissions per year
  - Multiple unmet physical, mental and social care needs
  - Rarely access community addiction services
  - Feel stigmatized and socially excluded
  - Represent 9% of people with alcohol dependence but 59% of alcohol admissions
  - 1.4 million bed days per year = £848 million
  - Identified 324 ARFA patients in Lambeth and Southwark, with £5m annual cost

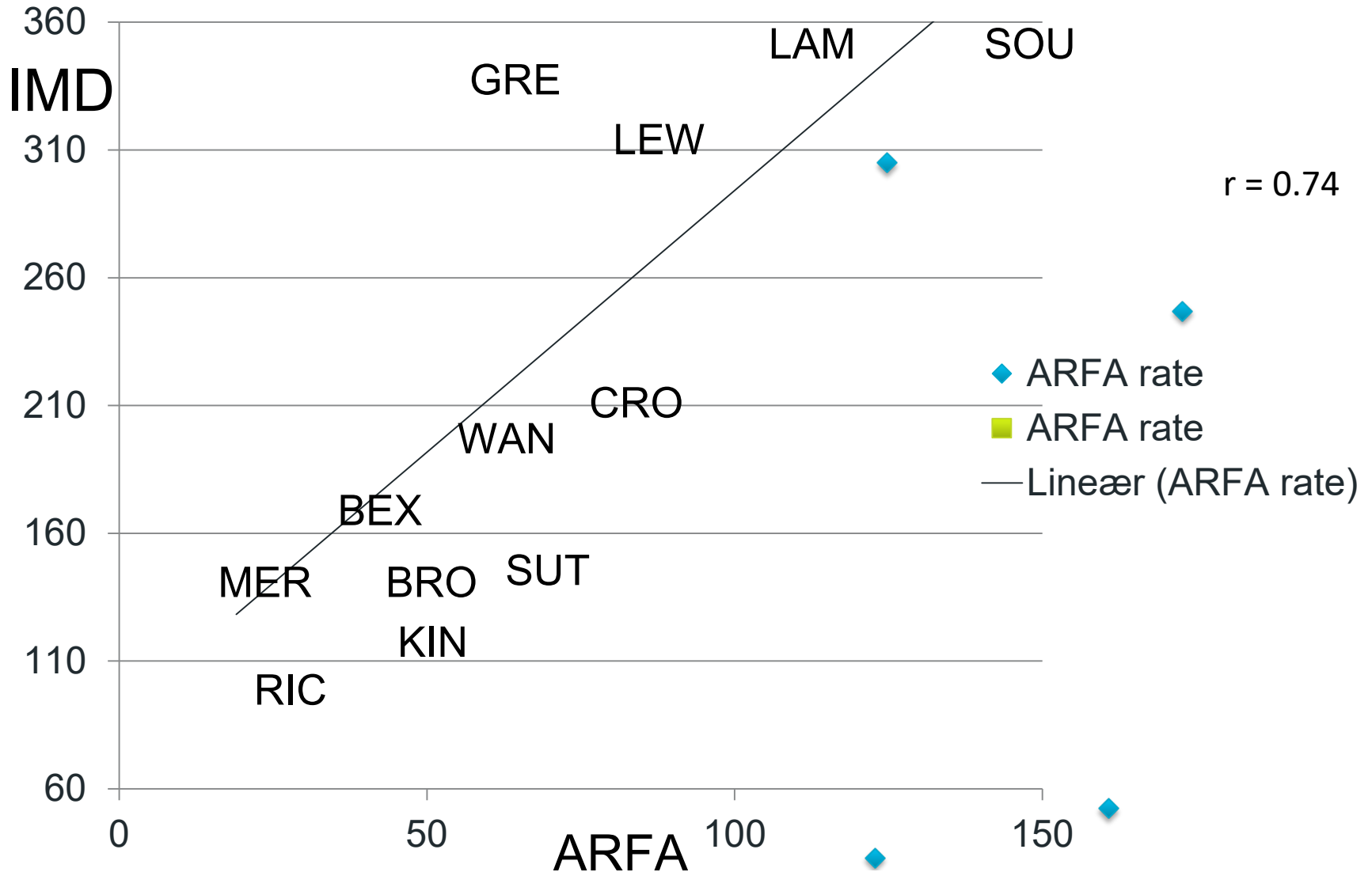
## Distribution of alcohol admissions in people with alcohol dependence





# Alcohol Frequent attenders per 100,000 and Index of Multiple Deprivation x10 South London

## Health inequalities and the alcohol harm paradox



# Alcohol Assertive Outreach Team

Colin Drummond, Emily Finch, Barney Hyndman



## What is Alcohol Assertive Outreach Treatment?

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- Minimum weekly contact for 12 months
- Small keyworker caseloads  $\leq 15$
- Persistent, assertive engagement
- Home-based or community setting
- Working across traditional professional boundaries
- Patient-led agenda
- Engagement with families, carers and professionals
- Supporting patients to attend addiction and health services
- Volunteers provided practical help and support

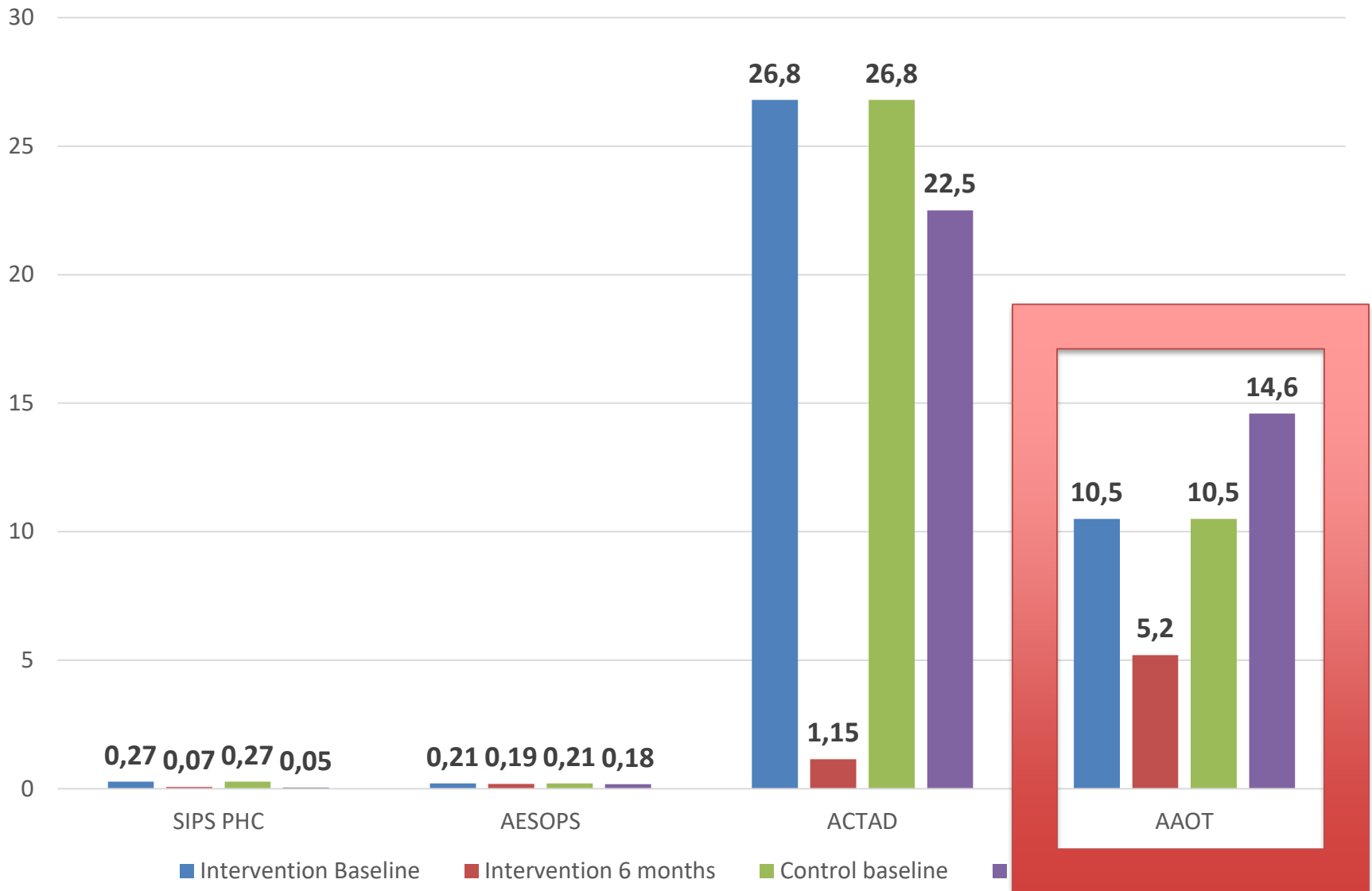
## What we did

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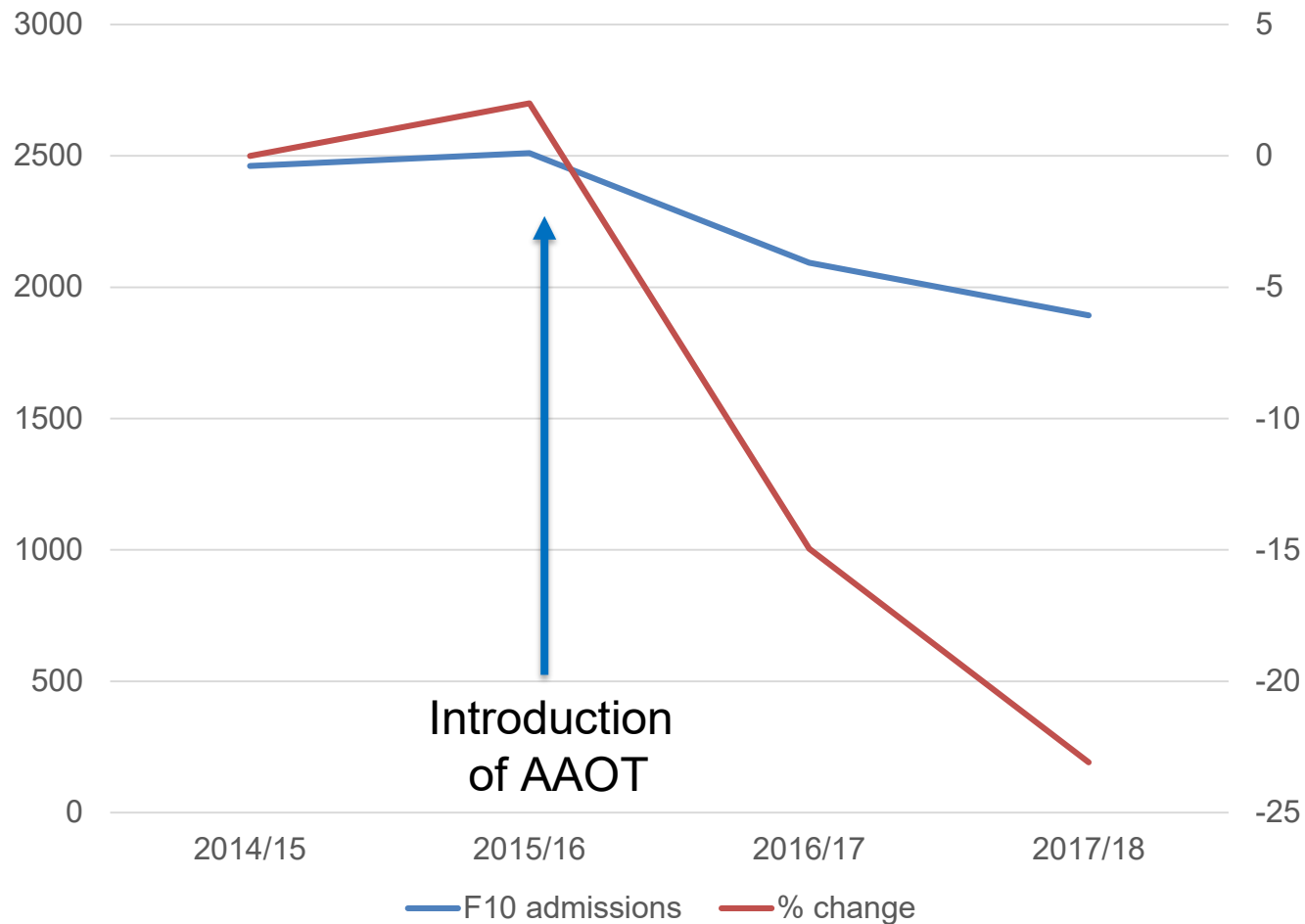
- Worked with patients and clinicians to adapt an Assertive Outreach Treatment model used in severe mental illness → training manual
- AAOT much more intensive and prolonged than standard alcohol care
- AAOT clinical team for Lambeth and Southwark
- Created partnerships with hospital and community teams
- Identified ARFA patients through hospital e-records
- Recruited 174 ARFA patients into a trial of AAOT versus Care as Usual, 87 per treatment group

# Value in reduced healthcare costs

## Mean inpatient nights pre-post intervention



# Change in alcohol admissions via Emergency Department in King's College Hospital



# BMJ Mental Health Team of the Year 2019



# Extrapolation from AAOT trial to national ARFA data

- England 54,369 ARFAs
- OBDs 1,402,600
- Cost £848M
- Saving AOT compared to CAU = £13,819/case = **£751M**
- AOT treatment cost = £2,979/case = **£161M**
- Net saving = £10,840/case = **£590M**
- For every £1 spent, net cost saved = £3.66
- So potential cost saving overall = **£590M in England**



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Even if only half of patients get screened.

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The NHS could save **>£20M** per year from reductions in ill-health caused by drinking.

Cost of implementation: BA £10 per case (SIPS ED) = £10 x 900,000 = **£9M**

Net saving = **£11M**

# Value for healthcare costs

Numbers of patients and cost savings for IBA and AOT

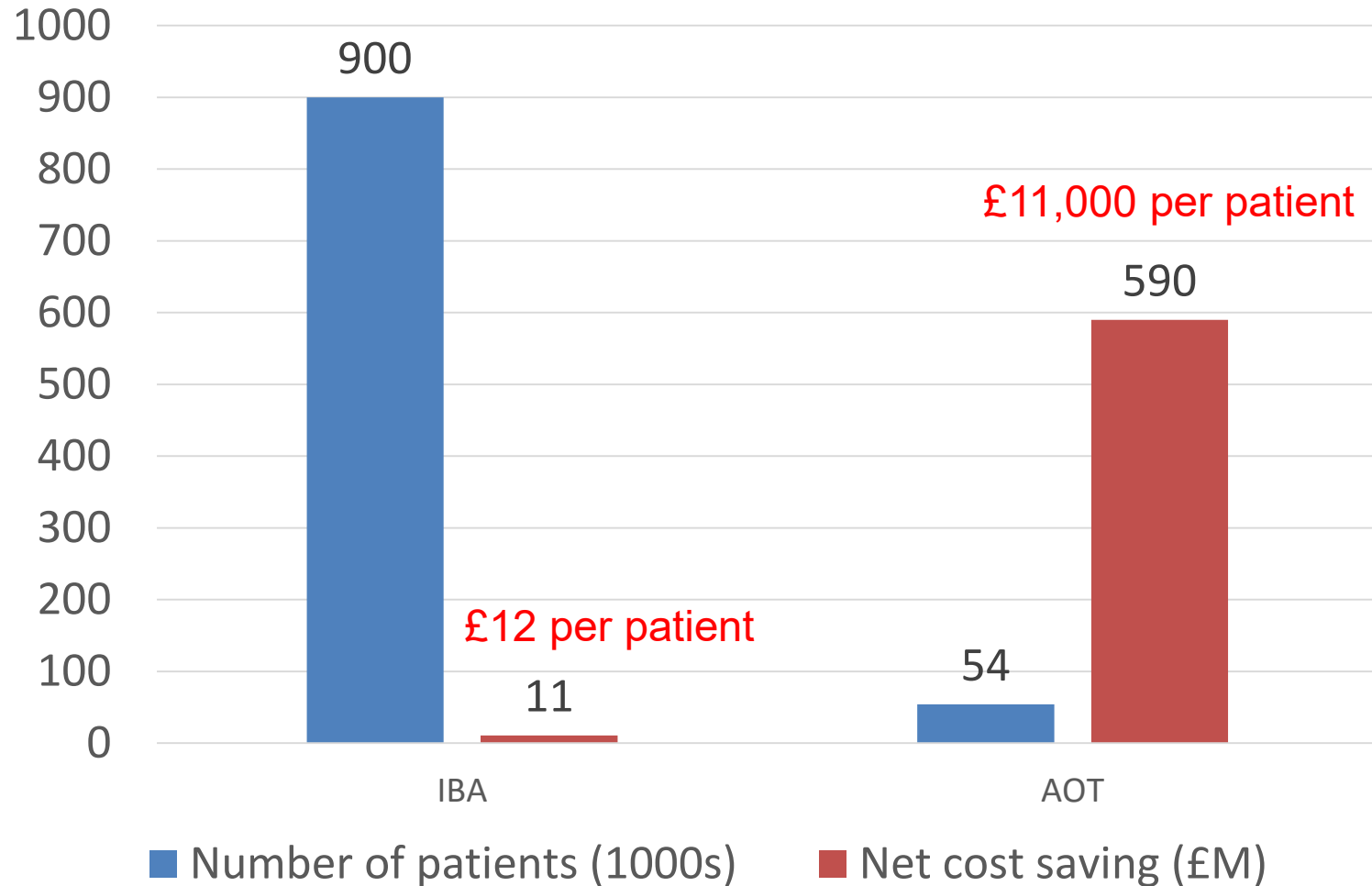
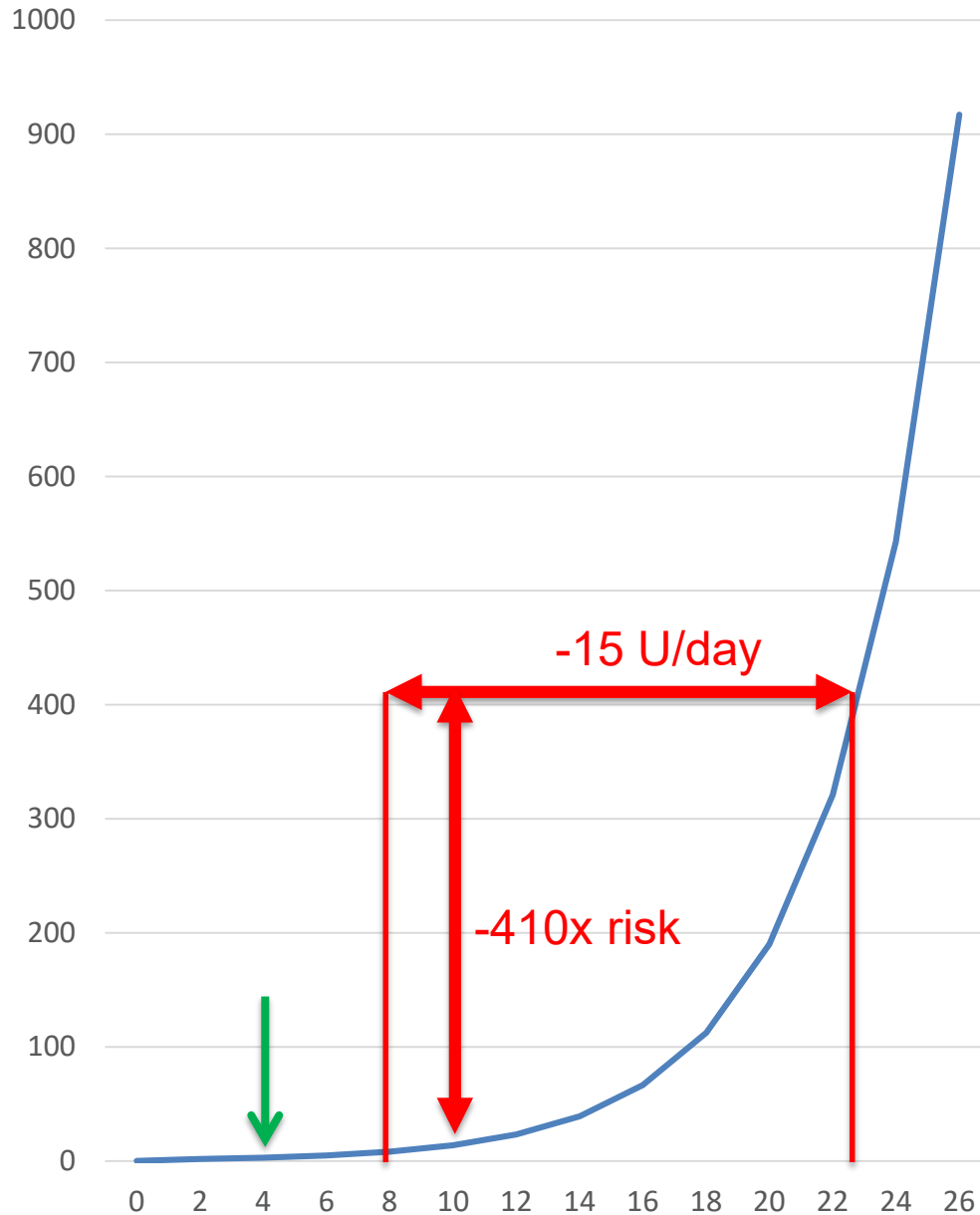


Figure 2. Differential changes in liver morbidity risk related to changes in alcohol consumption in dependent and hazardous/harmful drinkers following intervention



Dependence (ACTAD)  
Reduction 23→8 units/day  
Risk reduction 418→8.2x  
= -410

Hazardous/Harmful (Cochrane)  
Reduction 4.4→4 units/day  
Risk reduction 2.9→2.6x  
= -0.3

# Conclusions

- Alcohol care in acute hospitals is enjoying growth
- But focus is on SBI rather than complex needs
- Community addiction services shrinking and cater for more motivated, less complex people
- Hazardous/harmful drinkers more numerous but morbidity and costs relatively small and natural remission high compared to dependence
- Although intervention costs 150 times more for AOT than SBI, risk reductions and cost savings exponentially greater
- Focus needs to shift to High Need High Cost patients with multimorbidity and complex needs
- Need for Integrated Care Pathways between hospital and community

# **Assertive outreach for high-need, high-cost alcohol-related frequent NHS hospital attenders: The value-based case for investment**

**Professor Colin Drummond, Amy Wolstenholme, Dr Ros Blackwood, Dr Andreas Kimergård.**

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<sup>2</sup> NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) South London

**Alcohol costs the NHS £3.5bn per annum, over 80% of which is in inpatient and emergency care costs. A relatively small group of high-need, high-cost (HNHC) alcohol-related frequent attenders account for most alcohol-attributable admissions and costs. If care for this population could be provided more effectively in the community rather than hospital, it could release cost savings for the local health economy and reduce pressure on inpatient beds and A&E departments.**