Alcohol misuse - issues for commissioners for 2013/14 A specialists perspective

Mark Holmes
Clinical Nurse Specialist
07990664053
A bit about me

- Psychiatric Nurse (RMN) with a first class degree in substance misuse. Also a NMC recognised Specialist practitioner in Substance Misuse.
- Vice chair of Nursing Council on Alcohol 2008-2012.
- Have worked in alcohol misuse field for over 15 years
- Set up the QMC Alcohol Liaison Team in 2002. Assessed over 2000 patients in this time from ages 16-98.
- Seen referrals from the ‘had a bit too much to drink and fell over’ to the end stage of liver disease.
- Alcohol related liver disease clinic.
- Clinical Nurse Specialist in Brief Advice employed by Framework working with Nottingham PCT.
- Set up a sensible drinking service: Last Orders.
- Currently advising the DH on End of Life Care in Alcoholic Liver Disease. Previous adviser on Identification and Brief Advice.
- A moderator and sit on the steering group for Alcohol Learning Centre.
- Now working with alcohol training for Primary Care in Notts County
- And RAID Model
I’ve seen increases in:

- Awareness and understanding of the harms caused by alcohol
- Realisation of the financial costs of alcohol misuse
- Politicalisation of alcohol agenda - from licensing to health
- Press coverage
- Public belief of ‘Nannyism’
- The development of services - non statutory and statutory
- Emphasis of the medical model in treating alcohol dependence
- The main difference is the broad spectrum we are now asked to intervene with: IBA to the ‘frequent attendees’. (+ more!)
- Moved out of the shadow of drug treatment

The alcohol agenda has moved from second division to premier league.
East Midlands are nationally respected for:

- Hospital liaison services- Kings Mill, Leicester and QMC
- Tier 2 services- Direct Access, Last Orders
- Dual Diagnosis
- SMART Recovery groups
- Family and carers support
- Integrated treatment
- Recovery Partnership
- Local Alcohol Forums (carer, service user, true MDT and academia)
- GARGLE (Gradual Alcohol Reduction Less Ethanol)
- Research
- Web based learning
- Data Collection- monitoring frequent attender’s since 2002
Still lots to be done:
Areas to be developed

- High Volume Service Users ‘Frequent attendees’
- End of Life care
- Alcohol Related Brain Injuries
- Multiculturalism
- Payment by results
- LES
- Data sharing
High Volume Service Users

- 3 admissions or attendances in a month or 5 in 6 months
- In 2010/11 74% of the top 50 callers to East Midlands Ambulance Service (EMAS) were either abusing alcohol or had mental health or behavioural issues (Scothern, 2011)
- ‘One service user is costing the health community £18,000 in one month (£115,000 in a year) (Holmes and Coles, 2011)
- Adoption of a co-ordinated, multi-agency and Community Matron approach
- “Everyone has a piece of the jigsaw by getting the agencies together we get to see the whole picture”
- Understanding why clients behave as they do
- Involving carers/family
- An average saving of £80,000 per quarter.”
- It is possible to work with and change the outcomes for a patient group that many professionals consider beyond help
End of life care

In Nottinghamshire: 755 deaths in five year period from Alcoholic Liver disease
72% of deaths from ALD were in hospital
95% of people who died had a previous hospital admission in the 5 years prior to death
only 42% had a previous hospital admission with a diagnosis of ALD
80% of ALD deaths had a prior Emergency Department attendance
There was a mean of 7.06 hospital admissions per death from ALD in the 5 years preceding the death (Bash, and Coles, 2011)

We need to treat those dying with alcohol related diseases with parity of others at end of life
Not just a sticking plaster- Strategically national and local.
Involving the patient and carer!
Coordinating services Palliative care services, primary and secondary care, social care
Research
RIP March 2012
“I feel involved. I now know where to phone when I need help. He now arranges for me to have tests done and to be drained. I don’t want to stay in hospital so it is good for me” JR West Bridgford)

“My mum feels supported. I know and she knows where to go. It is the first I have felt properly supported during my mum’s illness” (JR’s daughter)
Alcohol Related Brain Injuries

- Alcohol related brain injury causes long and frequent admissions to hospital.
- Alcohol related brain damage or dementia, may contribute to between 10% and 24% of all cases of dementia (Gupta and Warner, 2008).
- Hospital admissions in for Korsakoff syndrome have increased by 35% (Drugsalcohol.info, 2005).
- Treatment is expensive.

Why? From carer viewpoint:

“*He fell between gaps, poor communication and inability to get appropriate funding as social and healthcare systems would not take responsibility*”
• Professor Aithal NHS Director Nottingham University Hospitals Deputy Clinical Director, Digestive Diseases & Thoracics Directorate

“Considering the amount of energy that we all have spent on it and the number of meeting and minutes written, it is the biggest disappointment from the services!”

Costing exercise: “astonished by the costs”

Total cost to healthcare by just 4 patients in a 2 year period

£286,922

### Admissions and Bed Days by Discharging Ward

![Graph showing admissions and bed days by discharging ward](image-url)
Recommendations

• Nationally:
  • Commissioning organisations and mental health trusts should take the lead on establishing clinical pathways of care (Wilson, 2011)

• Locally innovate:
  • Investment in an inpatient facility to provide inpatient assessment bed would be an example of spend to save and improve patient and carer experience
Briefly

• Multiculturalism - *Alcohol is not just a white British problem*

• Payment by Results - *One of the National pilot sites. Report due end of year*

• Workforce *development* - *IBA, Alcohol dependence, Local services- Where to refer, who they are? Still not in the nursing syllabus!*

• Data sharing - *working together*

• RAID

• LES, CQIN etc!
Future: For better or worse?

Austerity Britain

76% GPs believed the economic downturn has had a negative impact on their patients' health in the last 4 years.

Societal Issues

Alcohol
64% Felt there was an increase in patients drinking more alcohol.

Disability Living Allowance
62% Believe they have seen an increase in applications from patients who appear to be more in financial distress than in genuine need of support as a result of their health condition.

Smoking
38% Believed patients who are smokers were giving up or cutting down to save money.

Gym and Sporting Activities
60% Believed patients were cancelling sporting activities to save money.
54% Believed patients were cancelling sporting activities because of increased pressures at work.

Opinion survey of 300 GPs from across the UK.