

Tackling The Burden of Alcohol: The Belfast Trust Experience

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10/06/15



Belfast Health and
Social Care Trust

The Scale of the Problem

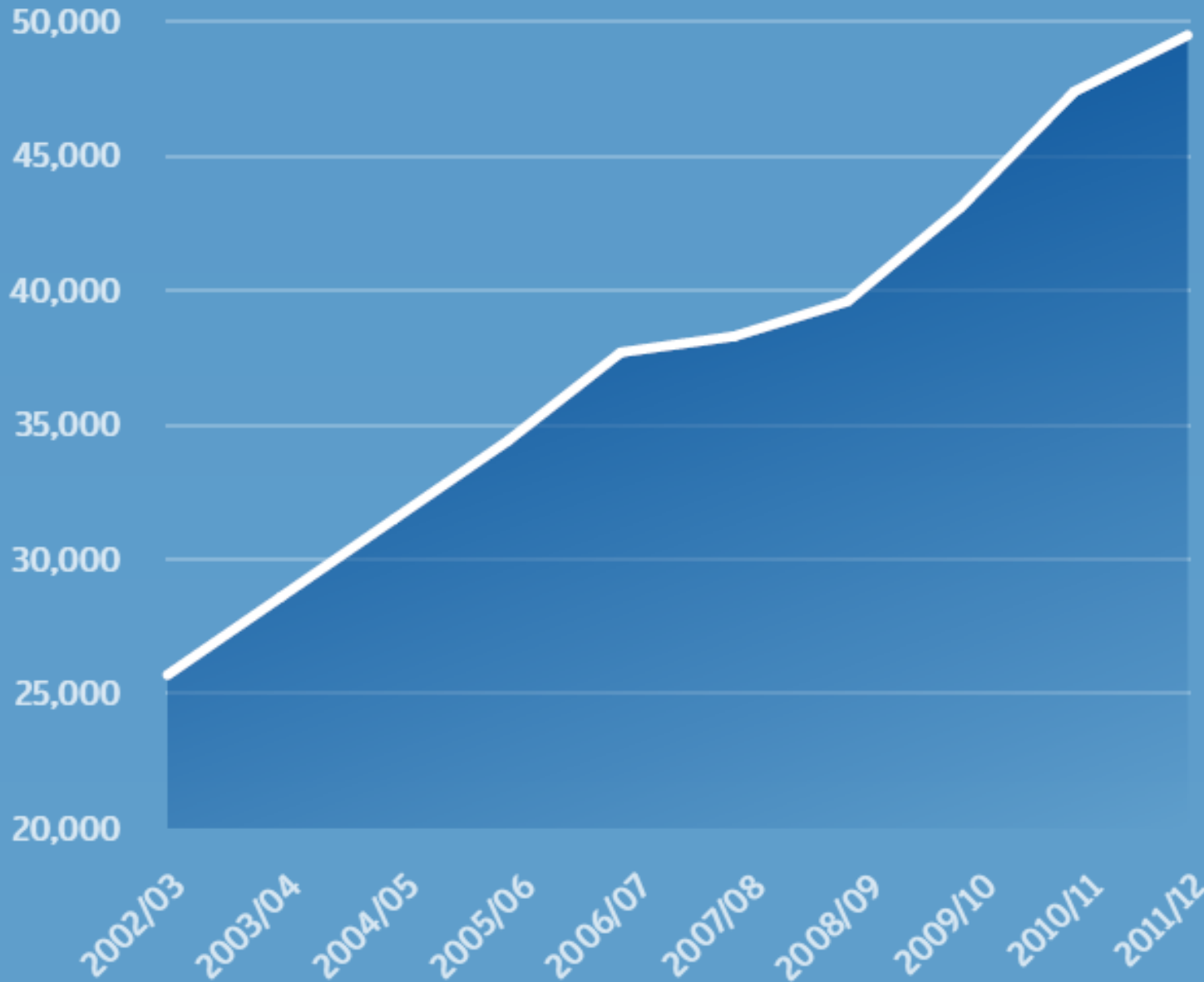


- Alcohol-related harm in Northern Ireland
 - Estimated to cost
 - society up to £900 million every year (10% of the entire block grant the NI Executive receives from Westminster).
 - HSC sector alone up to £250 million every year.
 - “alcohol abuse costs every person in Northern Ireland £500 a year.”
 - annual number of hospital admissions due to alcohol-related illness rose by 61% between 2000/01 and 2009/10

ALCOHOL-RELATED HOSPITAL ADMISSIONS³

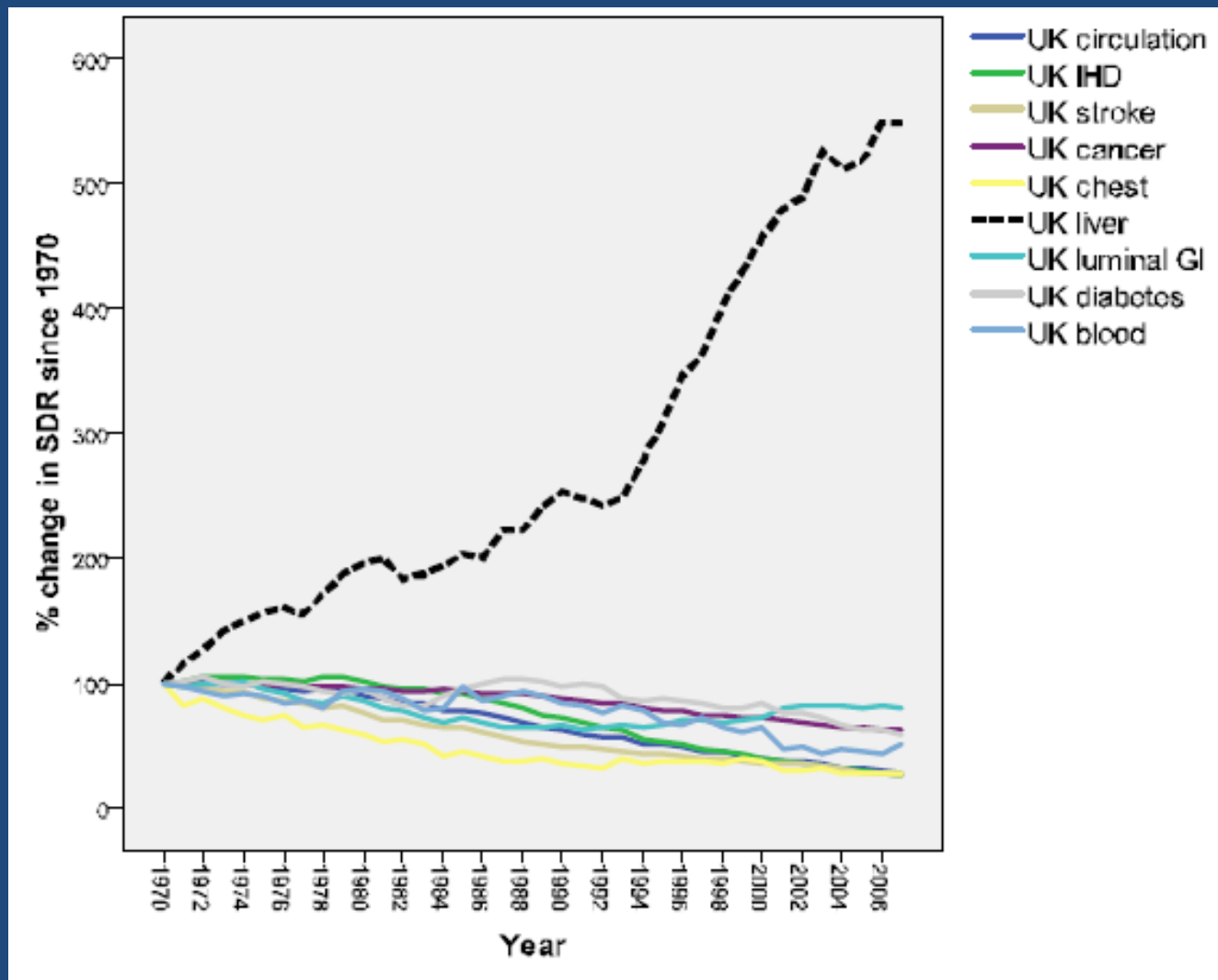


Admissions

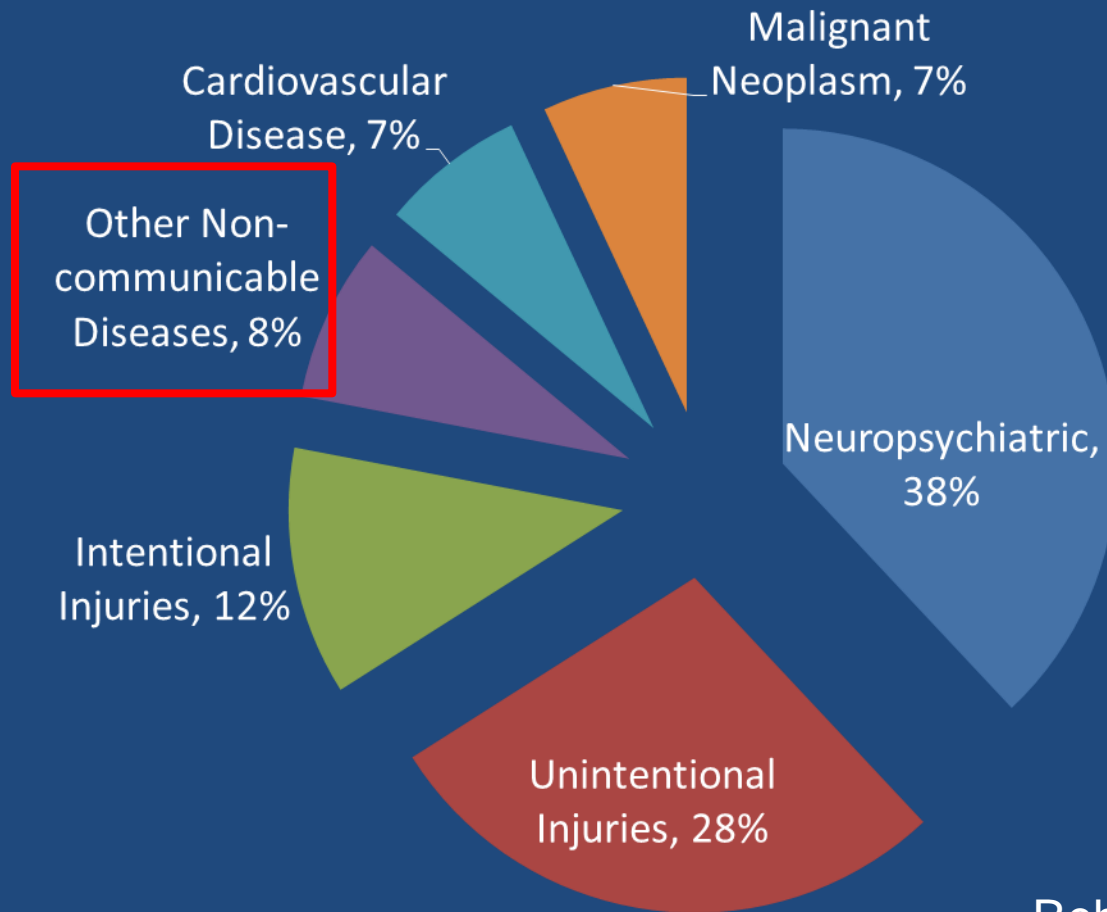


HSCIC,
2014

UK under 65 standard death rate for various diseases (1970 = 100%)



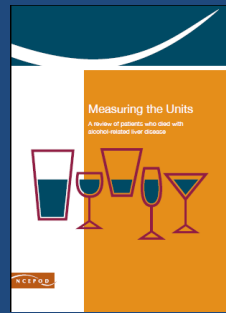
Global burden of disease in 2000 attributable to alcohol



Rehm et al 2004

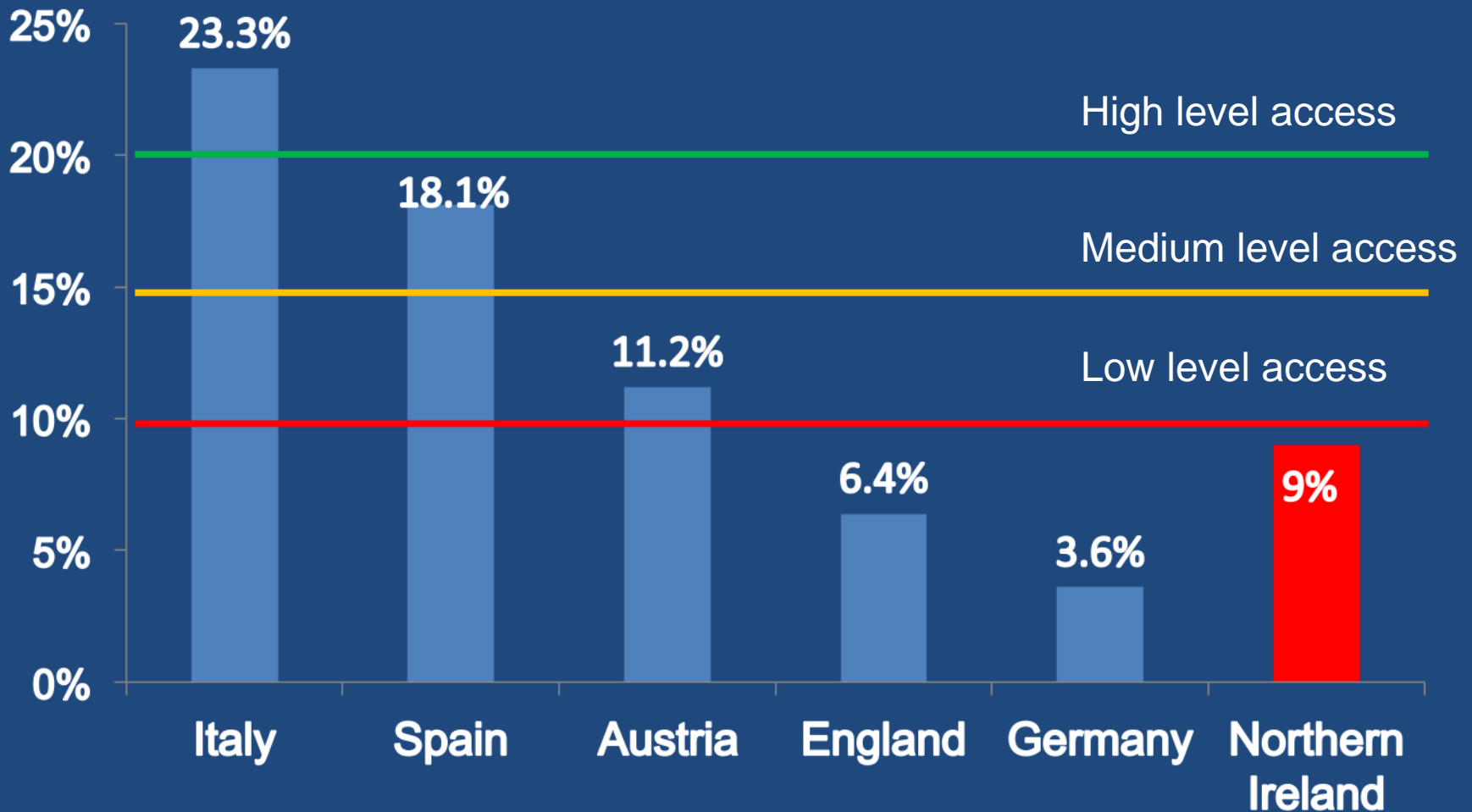
The need for early identification

NCEPOD – Alcohol Related Liver Disease: Measuring the Units Report (2013)



- 71% of ArLD deaths attended hospital at least once, in the 2-years before their final admission
- They concluded:
 - *not enough was done about the patient 's harmful drinking at the time*
 - *there was a failure to screen adequately for harmful use of alcohol*
 - *those identified as having alcohol misuse disorders were not referred for support*

Percentage of in-need population accessing treatment for alcohol problems



ALCOHOL AND THE BELFAST TRUST

The Historical Perspective: Pre - 2010

- No alcohol care team
- No alcohol screening policy
- No alcohol withdrawal syndrome (AWS) guidelines
- No alcohol liaison nurse service

Belfast Trust Alcohol Care Team

- Created in 2012 in response to the increasing burden of alcohol
- Members
 - Addiction psychiatrist
 - Alcohol liaison nurses X2
 - Addictions Day Services manager
 - Hepatologist
 - Public health
 - ED/Acute medicine
- Co-ordinates comprehensive alcohol inpatient and outpatient care
- Develops and delivers strategies for reducing alcohol-related problems within the Trust

The Role of ALNs

- Delivering screening and brief interventions training and advice
- Provide clinical advice and support regarding
 - alcohol detoxification
 - discharge planning
- Liaison with and referral to formal addictions services
 - RAAP, CAT, FASA, Addiction NI

**ALCOHOL LIAISON NURSE SERVICE
THE EVIDENCE BASE**

- NNT
 - Alcohol 1 in 8 vs Smoking 1 in 20 (DOH, 2005; Kaner et al, 2007)
- For every 2 patients referred to the alcohol liaison nurse there will be 1 less ED attendance within 12 months (Crawford MJ et al, 2004)
- For every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and crime costs
- Royal Bolton Hospital experience (DGH serving 250,000)
 - IP detoxification reduced by 50%
 - 1000 bed days saved annually (Moriarty KJM. BSG, 2010)

Alcohol Liaison Nurse Service

- Created RVH 2011
- Patients referred ad hoc via answerphone service
- No formal documentation of volume of referrals or outcome of consultation
- No audit process

ALCOHOL SCREENING

Alcohol Screening - AUDIT-C

Questions	Scoring system					Your score
	0	1	2	3	4	
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	
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+	
How often have you had ≥ 6 units if female, or ≥ 8 if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

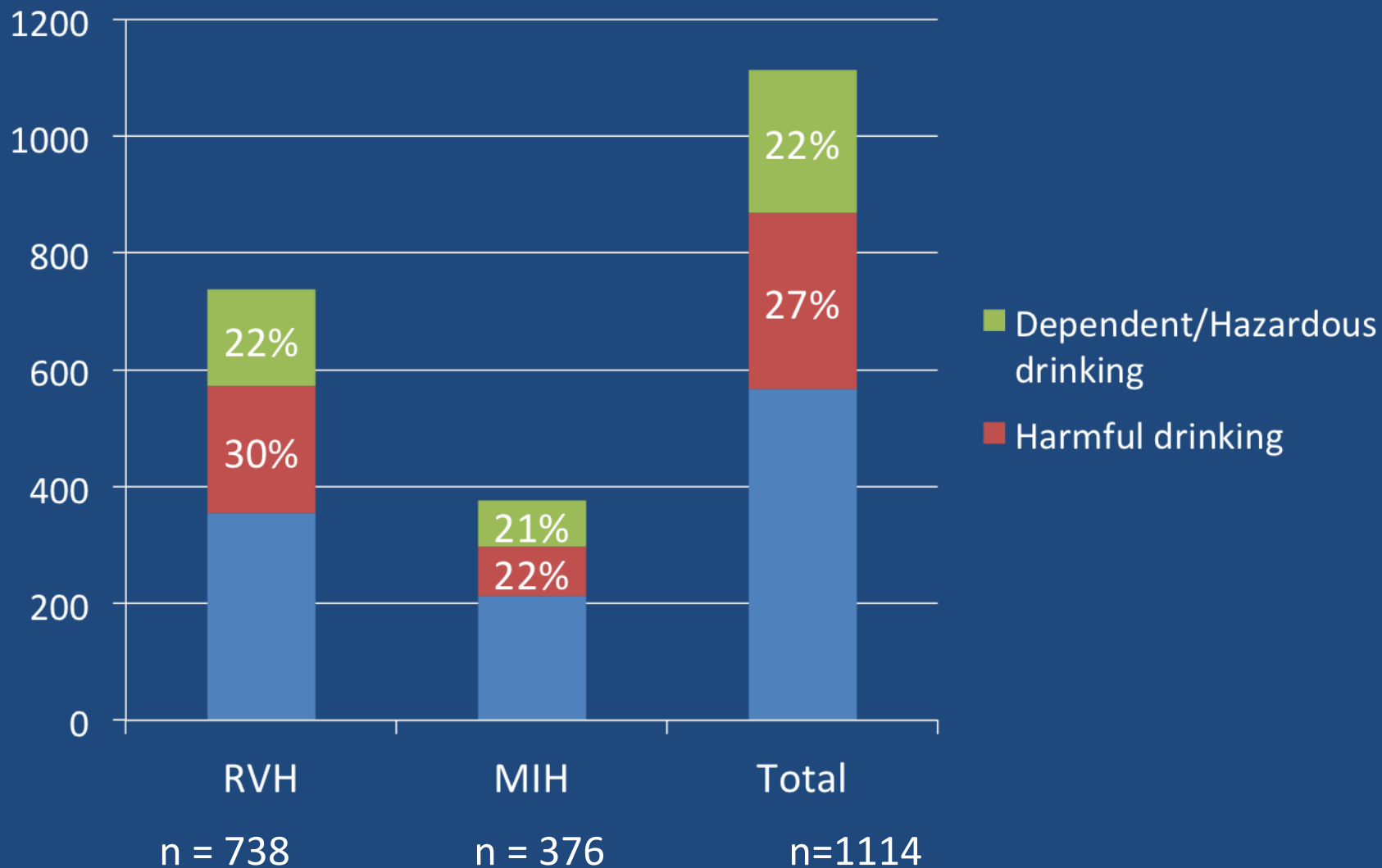
Audit of ED Attenders

- Consecutive patients attending the ED of RVH and MIH during a 1 week period were screened for the presence of an alcohol misuse disorder using the AUDIT-C at the time of triage
- Patients who were medically unfit, intoxicated or refused were counted but not screened

Audit of ED Attenders

- RVH
 - 1555 ED attenders during the study period (11th - 25th November 2013)
 - 915 (58.8%) were assessed
 - 738 (47.5%) completed AUDIT-C
- MIH
 - Study period 6th-12th January 2014
 - 528 were assessed
 - 376 (71.2%) completed AUDIT-C

Prevalence of Alcohol Use Disorder Belfast Trust ED January 2014



Alcohol Liaison Nurse Referral Pathway

the hub
Belfast Trust Intranet

The Hub

This Site: The Hub

The Hub Working Here Policies & Documents Education & Development IT Systems Sites Contact Directory

Latest News

Clean Care: WHO Campaign 5th May 2014
06/05/2014

10 Minute Team Cycle Challenge 7-27 May 2014
05/05/2014

Grandma's Attic
02/05/2014

IT Systems

- All IT systems
- HRPTS - ESS + MSS
- E-Procurement
- Book a course
- Make a Mileage Claim
- Update your contact details

Referral Forms & Systems

- > **Alcohol Liaison Nurse Referral**
- > Diabetes Nurse Referral System
- > Falls Awareness and Exercise Class
- > Heart Failure, Acute Services - Referral Criteria (BCH)
- > Heart Failure, Acute Services - Referral Criteria (RVH)
- > Heart Failure, Acute Services - Referral Form (BCH)
- > Heart Failure, Acute Services - Referral Form (RVH)
- > MACC Referral - Criteria
- > MACC Referral - Form



Libraries

Lists



Recycle Bin



All Site Content

Welcome to the Alcohol Liaison Service.

The Alcohol Liaison Nursing Team comprises of Jenny Reynolds Team Leader and 3 Addictions Nurse Practitioners, Geraldine Wilson, John Cosgrove and Susan Glenn.

Our aims are:

- To reduce the number of Alcohol related admissions to general hospitals in the Belfast Trust utilising Brief Interventions, Extended Brief Intervention and onward referral to appropriate services
- To promote alcohol screening to ensure early identification of patients who are screened as drinking at harmful/hazardous or dependent level
- To provide education/support to patients and relatives/carers in regard to alcohol related problems
- To provide training and support for staff in their management of patients with alcohol related attendances/admissions to general hospital

An AUDIT C score of 8 and above = refer to ALN

An AUDIT C score of 5 - 7 = Brief Advice should be provided by Ward Staff (Training and Resources can be provided by ALNs on request)

Ward Referral

ED Referral

Audit C

Is your drinking putting you at risk?

Most adults who live in Northern Ireland drink some alcohol. Many drink at a level that does not put their health at risk, and if you drink, you may think you are one of them. To find out for sure, answer the three questions below.

1. How often does the patient have a drink containing alcohol?		Score	
Never	(0) <input type="radio"/>		
Less than monthly	(1) <input type="radio"/>		
2-4 times a month	(2) <input type="radio"/>		
2-3 times a week	(3) <input type="radio"/>		
4 or more time a week	(4) <input type="radio"/>		
2. How many standard drinks (eg small glass of wine, pint of beer, single measure of spirits) containing alcohol does the patient have on a typical day when they are drinking?			
1 or 2	(0) <input type="radio"/>		
3 or 4	(1) <input type="radio"/>		
5 or 6	(2) <input type="radio"/>		
7 to 9	(3) <input type="radio"/>		
10 or more	(4) <input type="radio"/>		
3. How often does the patient have six or more drinks on one occasion?			
Never	(0) <input type="radio"/>		
Less than monthly	(1) <input type="radio"/>		
Monthly	(2) <input type="radio"/>		
Weekly	(3) <input type="radio"/>		
Daily or almost daily	(4) <input type="radio"/>		
Male <input type="radio"/> Female <input type="radio"/>		Total Score	0

What does your score mean?

If you are a man and scored four or less, or if you are a woman and scored three or less, you are a low-risk drinker. Aim to keep your drinking at these low levels.

If you are a man and scored five or more, or if you are a woman and scored four or more, your drinking may be putting your health at risk.

[Continue Referral](#)

[Close](#)

Section A : Patient Details

Hospital:	Belfast City Hospital	H+C No.:	<input type="text"/> HCN
DOB:	<input type="text"/> <input type="button" value="DOB"/>	Hospital No.:	<input type="text"/>
Patient Name:	<input type="text"/>	Tel/Mob No.:	<input type="text"/>
Address:	<input type="text"/>	Sex:	Male
Post Code:	<input type="text"/>	Admission Date:	<input type="text"/>

Section B : Referral Details

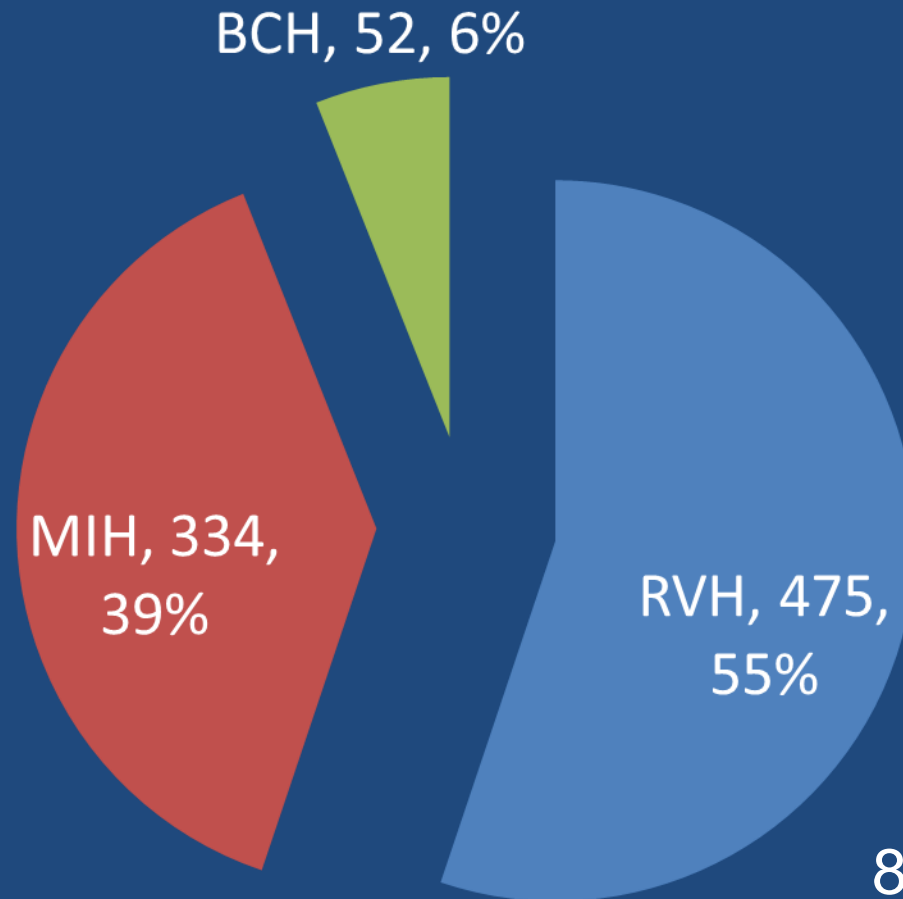
Consultant:	<input type="text"/>
Reason for medical admission / diagnosis:	<input type="text"/>
Reason for Referral:	<input type="text"/>
Patient consent given to be seen as inpatient:	<input type="radio"/> Yes <input type="radio"/> No
Patient consent given to be contacted at home if discharged before being seen on ward:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Expected / Estimated Date of Discharge:	<input type="text"/>

Section C : Referrer Details

Referred By:	Swann, Stephen ; <input type="button" value="Add"/> <input type="button" value="Remove"/>	Ward:	<input type="text"/>
	BELFASTTRUST\stephen.swann	Referral Date:	14/02/2014
Contact No / Ext:	02895043709 (43709)		

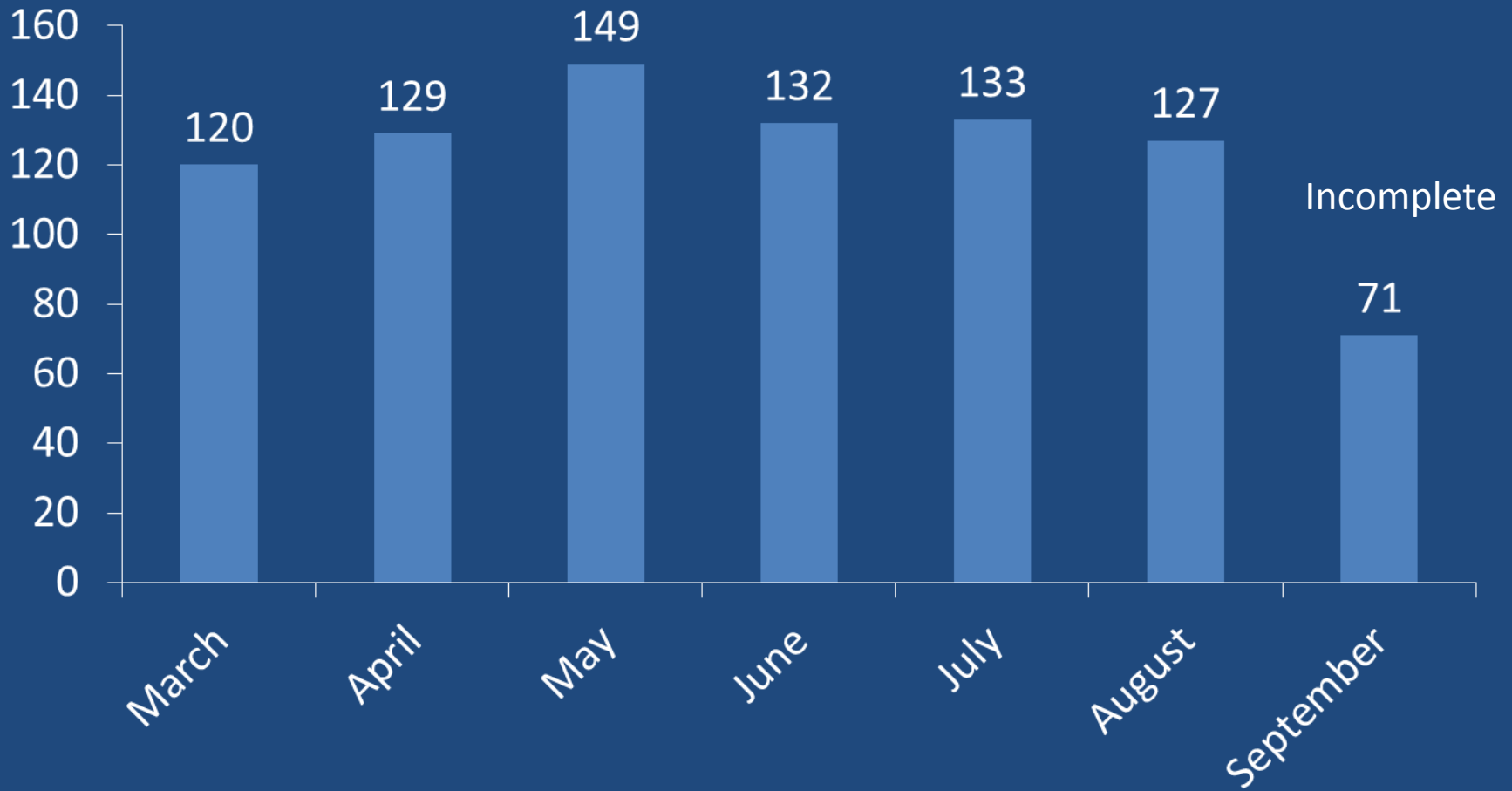
**AUDIT OF ALN REFERRALS
MARCH – SEPTEMBER 2014**

Source of Belfast Trust ALN Referrals

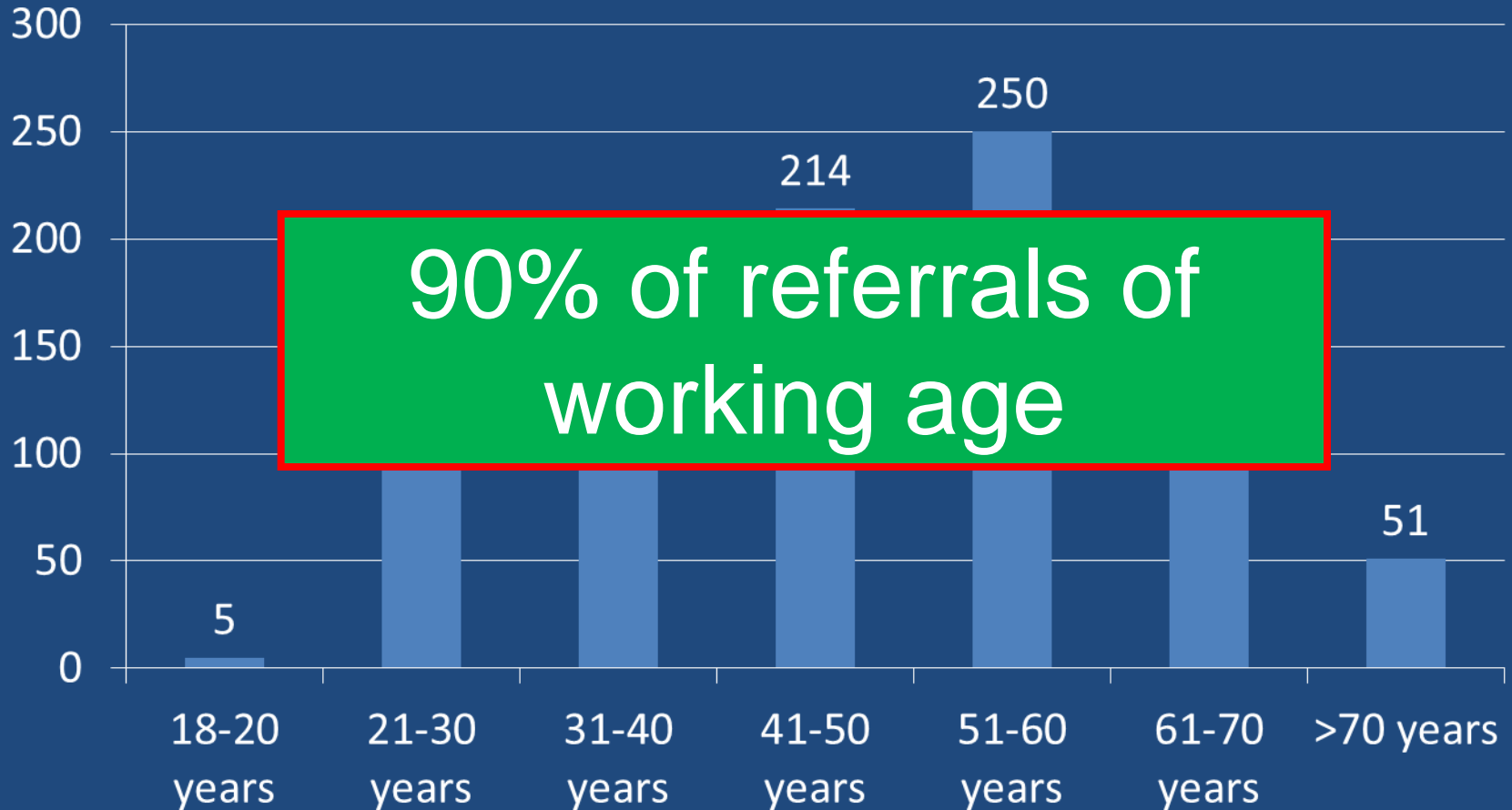


861 referrals
622 males (72.2%)
March – Sept 2014

Referrals per month

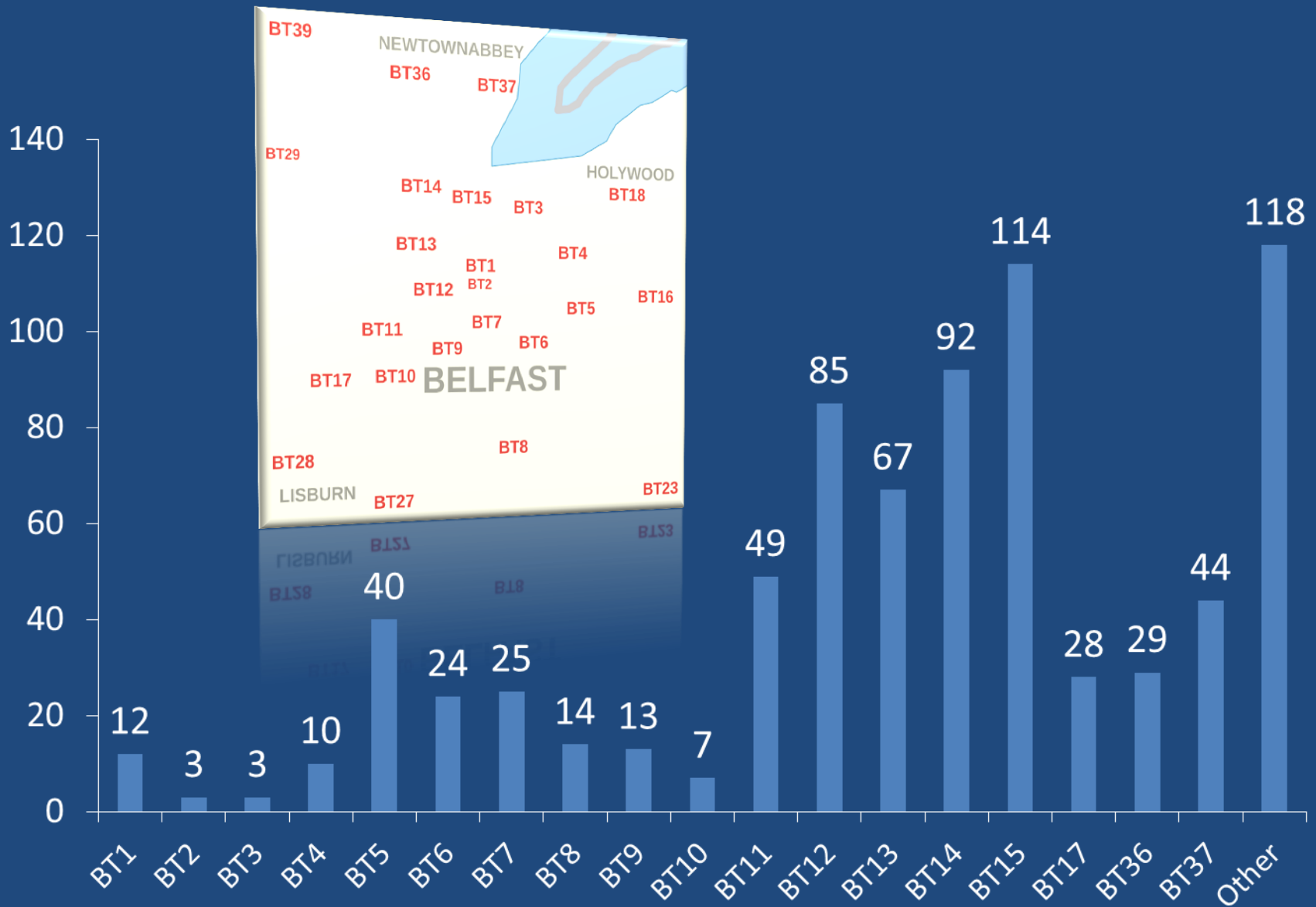


ALN Referrals by Age Range 03-09/2014



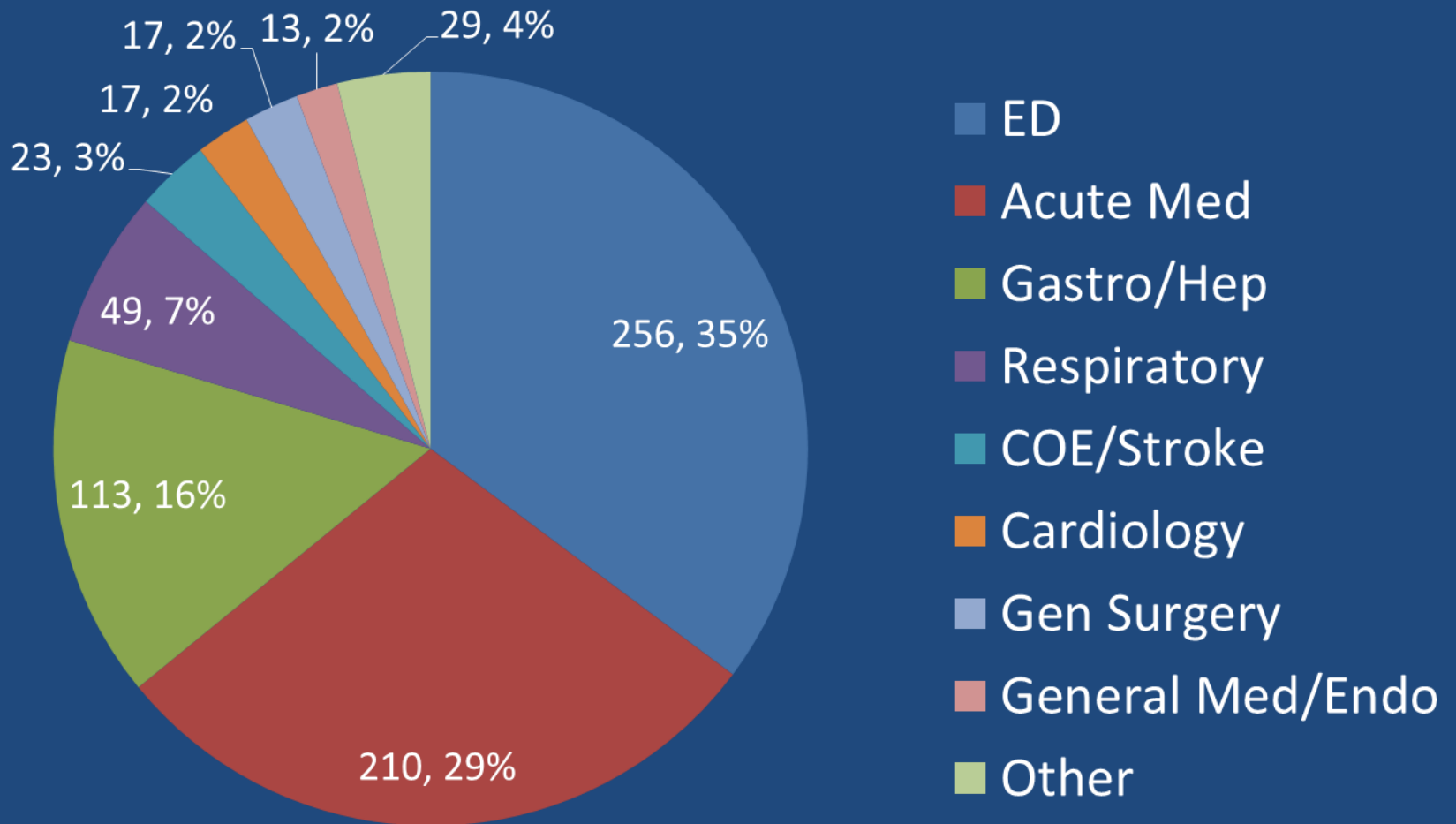
Mean 48yrs (range 14 – 101yrs)

ALN Referrals by Postcode (n=777)



- Referrals from BT11 to 15 constitute 47% of all referrals
- Includes:
 - Falls
 - Shankill
 - Ardoyne
 - New Lodge
 - Sandy Row
 - Crumlin Road
 - Clonard
 - Duncairn
 - Andersonstown
 - Whiterock
- These areas are all included in the top 15 most socioeconomically deprived areas in all of Northern Ireland

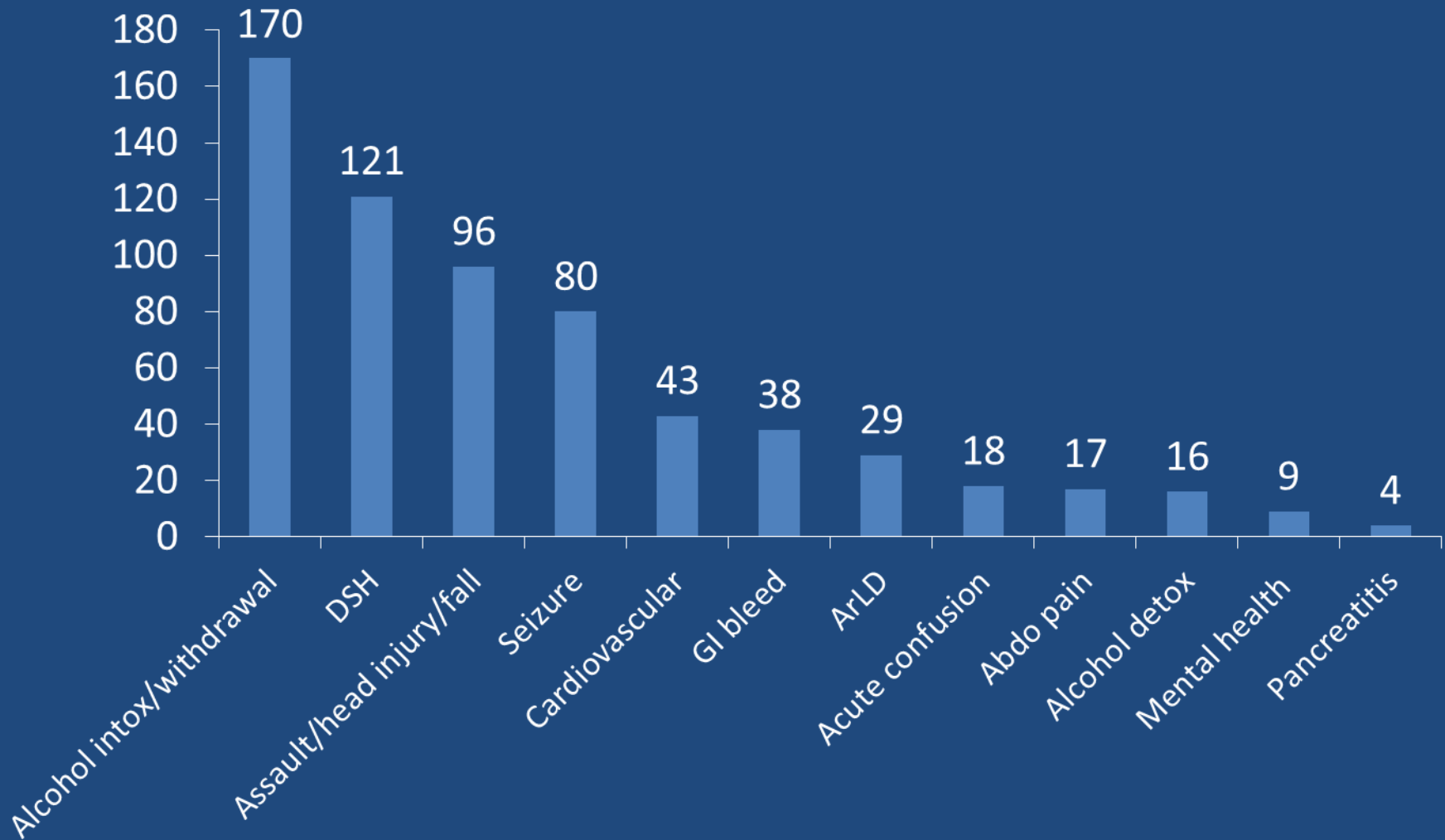
ALN Referral Source Belfast Trust



ALN Referrals

- 87% of referrals contributed by
 - ED
 - Acute Medicine
 - Gastroenterology/Hepatology
 - Respiratory
- Underachievers
 - Orthopaedics - 3
 - Cancer centre - 4
 - Maternity Hospital - 0

Reason for Admission (n=639)



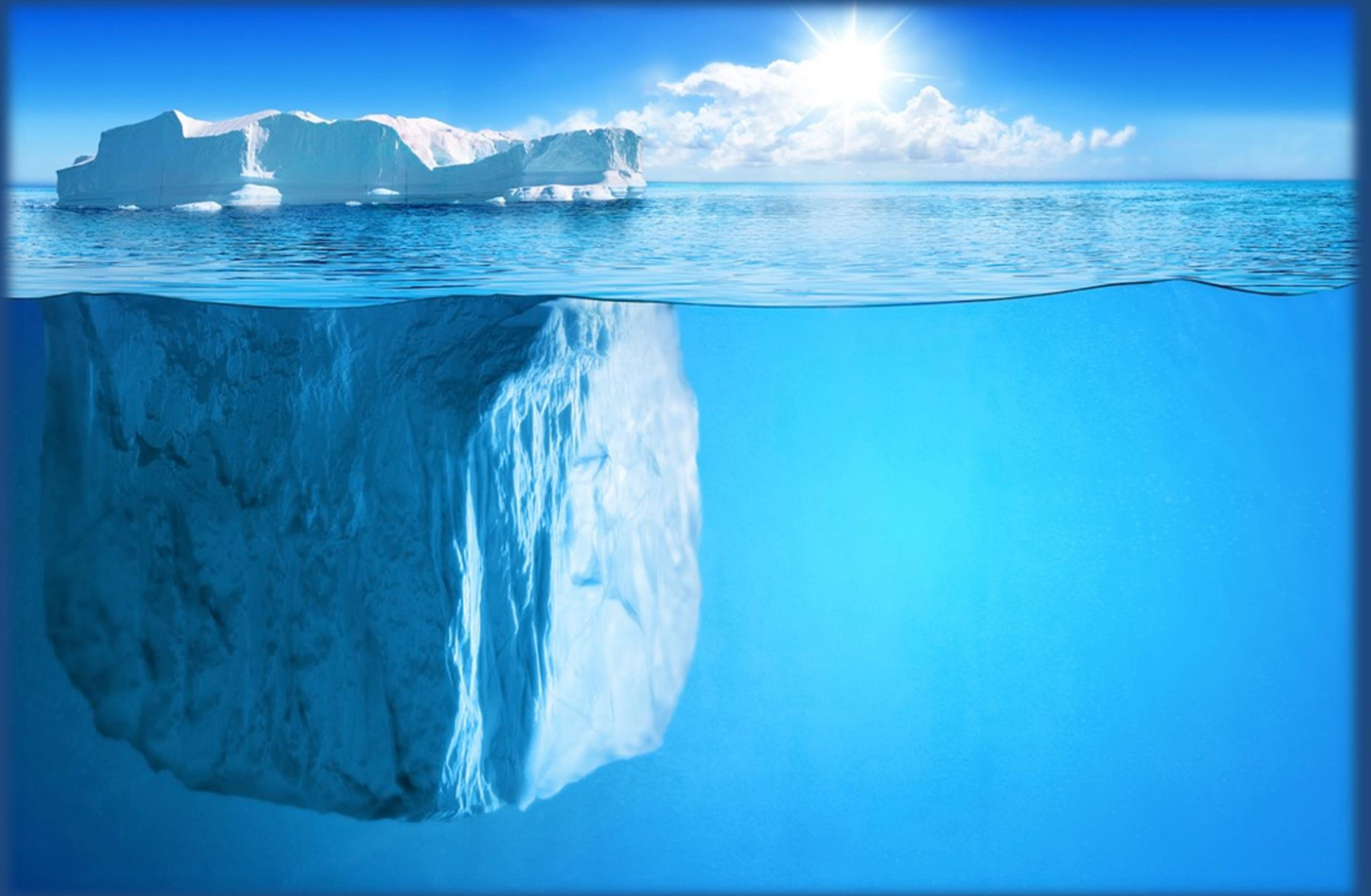
Outcome of consultation (n=477)

- 1 in 4 (25%) of referrals required onward referral to formal addiction services
 - 10% (49) to voluntary sector
 - F.A.S.A, Dunlewy Addiction Services and Addiction NI
 - 15% (71) to HSC led services
 - R.A.A.P - 5%
 - C.A.T. - 10%
- 18% of referrals were not seen by ALN
 - medically unfit at time of referral - 8% (37)
 - discharged prior to assessment - 10% (50)
- 4% (21) declined ALN input

RVH ED – Predicted vs Actual ALN Referrals

	March	April	May	June	July	August	Total
ED attendances	7006	6737	7142	7116	7154	7064	42219
Predicted prevalence of dependent drinking (22%)	1541	1482	1571	1566	1573	1554	9288
Actual ALN referrals	38	45	46	40	38	31	238

Potentially only 2.6% of all hazardous drinkers identified and referred



Medical Admissions Document

Baseline mobility

Nursing Home Residential Home Own Home

Carers Yes Frequency/day Driving Yes No
 No

Smoking Yes pack years No Ex-smoker

Alcohol Screening – AUDIT-C Score

Questions	Scoring system					Score
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How often have you had 6 or more drinks 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	
Total						

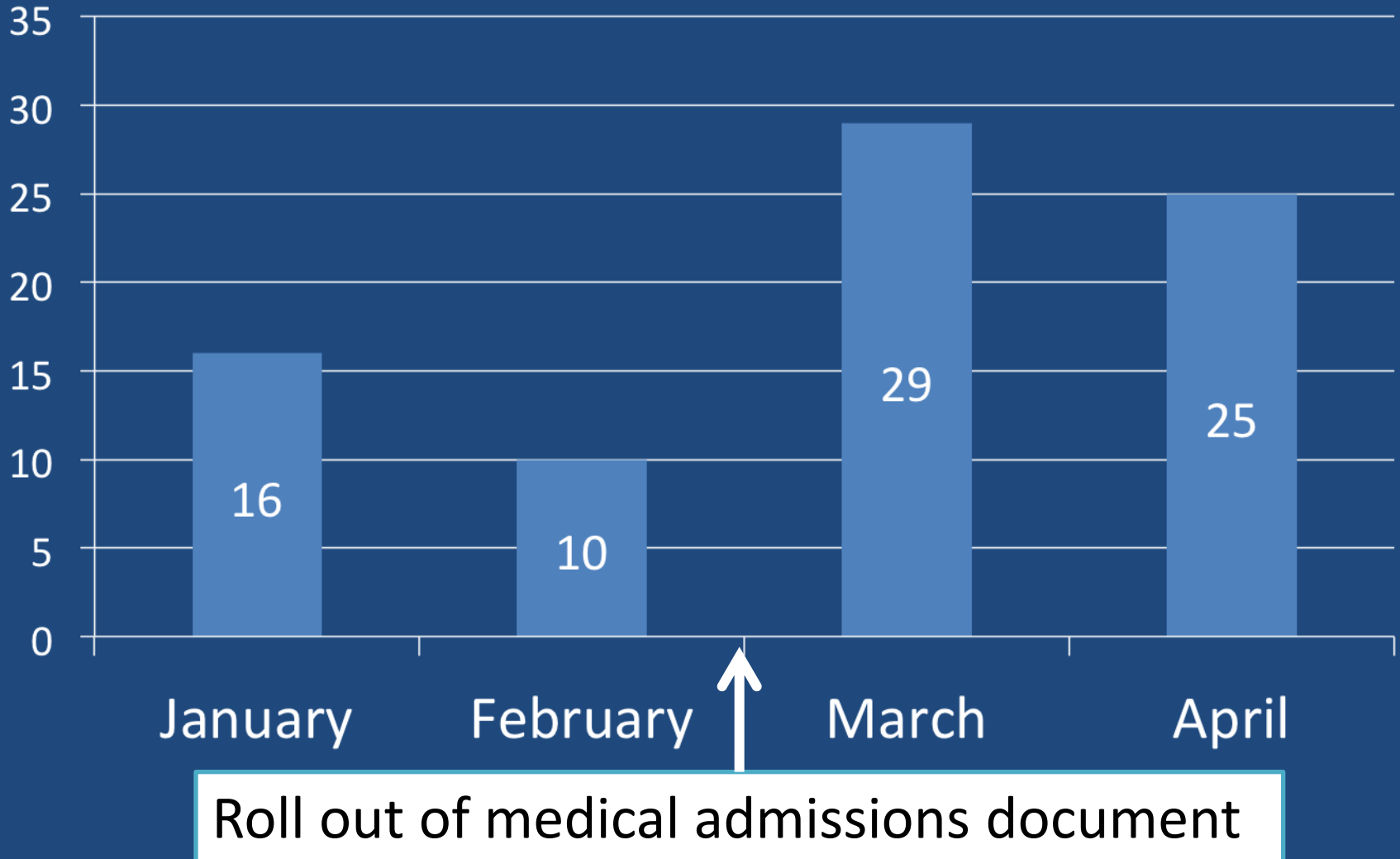
Score ≥ 4 women – offer brief advice
 Score ≥ 5 men – offer brief advice
 Score ≥ 8 - on-line referral to alcohol liaison nurse (<http://belk2dev01.belfasttrust.local/alnurse/SitePages/Home.aspx>)

Brief advice offered Yes No Referred to ALN Yes No

Are you using any drug which is not prescribed by your doctor? Yes Specify drugs
 No

Roll out Jan/Feb 2015

ALN referrals from RVH medical specialties



SUMMARY

- Significant progress has been made so far
 - Introduction of formal standardised alcohol screening- medical admissions/ED (MIH)
 - Increased awareness of the role of ALN
 - Well established electronic ALN referral pathway
 - Data collection and audit on-going
 - Active Alcohol Care Team
 - AWS guidelines and GMAWS implemented-linked to AUDIT-C
 - Links to formal addictions services established

Potential pitfalls.....

- Alcohol screening remains low priority for many staff
- Awareness of alcohol misuse disorders and their contribution to ED presentations in particular, remains poor
- Under resourced ALN service despite evidence base
 - Only 2 ALNs for a Trust serving 500,000 with tertiary referrals services to 1.8 million
 - No 7 day or twilight cover

FUTURE DIRECTIONS

Future Directions

- Expand alcohol screening with mandatory screening for all ED attenders
- Expand ALN service, delivering to **all** hospitals within Belfast Trust with 7-day twilight service
- ‘Ward Champions’ to lead on screening, brief advice and awareness
- Alcohol Assertive Outreach Team
- Alcohol Recovery Centre (ARC)
- Collaboration with Addictions Research Centre, QUB

Any questions or comments?

Acknowledgements

- Dr Helen Toal, Consultant Psychiatrist
- Dr Roger McCorry, Consultant Hepatologist
- Jenny Reynolds, Addictions Services Manager
- Susan Glenn, ALN
- Geraldine Wilson, ALN
- John Cosgrove, ALN