

## Sandwell and West Birmingham Hospitals NHS Trust

Sandwell and West Birmingham Hospitals (SWBH) Alcohol Care Team (ACT)

August 2019



### Summary

Sandwell and West Birmingham have higher than average levels of deprivation and unemployment, and as in many low-income areas, alcohol is a major cause of preventable harm.

Alcohol Care Teams in acute hospitals provide specialist alcohol care for patients with alcohol dependence. The aims of the ACT are to:

- prevent unnecessary admission to hospital
- reduce length of stay
- improve the management of acute alcohol withdrawal
- develop pathways into community services
- provide psychosocial interventions and education to reduce the reoccurrence of alcohol-related harm and readmission to hospital
- provide an elective detox option for patients for whom community-based detox is not an option, and
- provide education and support for staff.

The service was initially commissioned using charitable funds. By demonstrating admission avoidance, reduced length of stay and increased trust-wide expertise and training, the service has demonstrated a positive return on investment and has been funded recurrently by the trust.

### Objectives and aims

Alcohol is a leading cause of morbidity and early mortality. It is a significant causal factor in over 60 health conditions, including cardiovascular disease (CVD), cancer and liver disease, and is a major contributor to health inequalities. The increase in health risk from alcohol is dose-dependent and drinking very heavily is extremely detrimental to health.

A business case was made, led by a consultant clinical toxicologist, to provide specialist input to the care of drinkers whose alcohol dependency caused frequent emergency department (ED) attendance, avoidable admissions and readmission to hospital.

The proposed team aimed to provide immediate, meaningful education and support for those attending ED with rapid assessment, to avoid hospital admission where possible and/or to offer outpatient based or community intervention where indicated. Inpatients with alcohol use disorder would be offered daily nurse-led review to identify those suitable for outpatient management, together with earlier recognition and improved care of those in alcohol withdrawal, and increased referrals to community partner.

## Implementation

In 2018, SWBH Trust introduced an ACT, covering two sites that serve a population of 500,000 patients. Its development was led by a consultant clinical toxicologist and alcohol specialist nurse and included a process for scoping how best to work with community providers to develop robust cross-organisational pathways.

The service runs 5 days per week from 8am to 4pm (soon to be extended to 7 days). There are well-defined pathways to support any ED attendance or admission (including a 1-hour response time for assessment during working hours and clear out-of-hours pathways) and supportive guidance for symptom-triggered withdrawal management (sometimes known as “detox”).

The ACT was established with the following staff:

| WTE | Staff member   |
|-----|--|
| 0   | Consultant Lead (toxicology) (* not formally in job plan)  |
| 1   | Band 7 Alcohol Specialist Nurse (Nurse Prescriber - NP)  |
| 2   | Band 6 Alcohol Specialist Nurses (both in training for NP, 1 mental health nurse by background) Leads on Learning & Development for alcohol trust-wide |
| 1   | Band 5 Alcohol Nurse (responsible for elective detox???)   |
| 2   | Band 4 Speciality Alcohol practitioners (non-clinical, providing psychosocial support to all patients)   |
| 1   | Band 4 Administrative Assistant  |

Patients attending ED with alcohol dependence are referred to the ACT for assessment. Those with acute medical concerns are admitted and supported by the ACT to identify those at risk of alcohol withdrawal syndrome and advice on optimal management. Those attending ED in acute withdrawal only are discharged (if possible) with advice to continue to drink in order to control withdrawal symptoms and offered assessment by the team the following working day.

Following initial comprehensive assessment, the ACT propose a management plan best suited to the client’s individual needs. This might involve referral to community services, continuing to work with the ACT (with medic, nurse and / or alcohol practitioner) or a combination of both services.

The ACT may provide guidance on safe reduction of drinking to a point of abstinence, prepare the patient for elective admission for medically assisted withdrawal (MAW) and offer relapse prevention advice together with psychosocial support for both patients and carers. MAW is conducted on an open ward, and patients also have access to nicotine replacement therapy (NRT) if required.

Patients who are discharged to community alcohol services may also have access to the ACT outpatient service for as long as they need the support. This can be via outpatient appointment or over the phone. Discharge bundles can also include onward referral for support with housing, benefits, social services and other medical services.

The team have an on-going programme of staff education on both a formal and informal basis. This improves staff understanding of addiction, optimises their management of acute alcohol withdrawal and raises awareness of the services provided by the ACT.

## Outcomes

### Patient outcomes in the first year:

- The ACT's original target was to see 1,800 new referrals per year. In its first year, the service saw 2,156 new patients.
- The average length of stay for alcohol-related admissions has reduced from baseline 3.2 days to 2.5 days.
- 700 bed days have been prevented.
- Readmission rate is still being calculated.

SWBH's own evaluation of the first year of the service showed an ROI of 1:1.27, based on bed days saved alone (not including longer-term benefits resulting from continuing community treatment for dependence).

Data collected on 531 patients who were engaged by the service in the ED showed improved social outcomes with a notional social impact value of £12.2m, using the [HACT methodology](#).

### Workforce

Staff at the hospital feel that they have benefited from the service and that it has enhanced patient care.

### Patient experience:

- 100% of patients surveyed were happy with their care
- 100% of patients would recommend the service
- 89% service users rated the service excellent, and the remaining 11% – very good.

## Top tips

The use of band 4 posts to provide outpatient support is particularly cost-effective and has proved very successful in preventing unnecessary admissions. Additionally:

- Having members of the team with a background in mental health and substance misuse is helpful.
- Nurse prescribers are cost-effective.
- Good relationships with ED and Gastroenterology are vital.
- Close links with the complex discharge team and mental health are important.
- A named liaison in the community alcohol service is crucial in facilitating an efficient pathway into community alcohol treatment for continuing support.
- A strong clinical lead championing the team throughout the hospital is key.



“The team were amazing. They got me in a positive state of mind! Since being discharged from detox, I’m in a much better place and really appreciate the help I have been given” - **Service user**

“The help and support I have received has been second to none. I don’t think I would have managed to get to where I am now without the team and everything they have done for me. I would highly recommend this service to anyone with similar issues. Everyone without exception was amazing and went above and beyond the call of duty” - **Service user**



## For further information

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