



Public Health
England



Optimal Alcohol Care Teams (ACTs) as part of an effective alcohol treatment system

This resource has been jointly developed by NHS England & NHS Improvement and Public Health England, based on the evidence for effectiveness of alcohol care teams in acute hospital settings.

Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

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The case for optimising alcohol care teams as part of an effective alcohol treatment system

1. This briefing is intended to support those in the NHS and local authorities involved in planning and commissioning hospital alcohol services and associated community services to secure optimal outcomes from existing services. It will also serve to support the design of new alcohol care teams where these are being introduced. It describes the case for optimising alcohol care teams (ACTs) as recommended for non-specialist acute hospitals in the NHS Long Term Plan.

Alcohol care teams: function and interventions

2. Alcohol care teams (ACTs) primarily provide specialist expertise and interventions [for alcohol dependent patients](#) and those presenting with acute intoxication or other [alcohol-related complications](#), attending A&E or admitted as inpatients across most departments of the acute hospital.
3. In order to optimise scope to deliver improvements in patient care and reductions in demand on services, alcohol care teams should provide services 7 days per week, to facilitate identification of alcohol misusers in hospitals and contribute to packages of care provided by multi-disciplinary teams. The consensus of a clinical expert group convened by Public Health England (PHE)ⁱ was that they should:
 - be led by a senior clinician with dedicated time for the team
 - facilitate widespread case identification/identification and brief advice (IBA)
 - provide comprehensive alcohol assessment
 - contribute to nursing and medical care planning
 - provide psychosocial interventions
 - manage medically-assisted alcohol withdrawal
 - plan safe discharge, including referral to community services.

Full details can be found in the example core service descriptor.



The issue

4. Alcohol causes a wide range of conditions including cardiovascular disease, cancers and liver disease, as well as contributing to harm from accidents, violence and self-harm. Over 1.1 million hospital admissions each year have alcohol as a causal factor in the patient's diagnosis. Of these, around 100,000 admissions per year are for conditions that directly indicate alcohol dependenceⁱⁱ.
5. Dependent drinkers are at the highest risk of alcohol-related conditions. Baseline data for the preventing ill health CQUIN indicate that around 5% of inpatients are alcohol dependent versus 1.4% in the general population.
6. In a study in South London hospitals, the average length of stay for alcohol-related admissions is 5.69 days compared to 2.25 days for non-alcohol admissions.ⁱⁱⁱ
7. Alcohol-related attendances comprise 12% -15% of A&E visits^{iv}, and there were 12,600 emergency admissions for alcoholic liver disease alone in 2016-17. 12% of patients admitted with an alcohol-specific disease are readmitted to hospital within 30 days of discharge.

The opportunity

8. Admission to hospital is often the first time alcohol dependence is identified and diagnosed as an underlying or primary condition, so hospital admission provides an ideal opportunity for early intervention and access to more comprehensive alcohol treatment.
9. There is good evidence for fully optimised ACTs providing specialist interventions to alcohol dependent inpatients. A [NICE evidence-based case study](#) describes how ACTs have been shown to significantly reduce avoidable bed days and readmissions. The 7 days per week service in Royal Bolton Hospital saved 2,000 bed days in its first year, and modelling suggests that an ACT in every non-specialist acute hospital will save 254,000 bed days and 78,000 admissions per year by year three.



10. PHE/NICE research on the model used at Royal Bolton Hospital Foundation Trust found a return on investment of £3.85 for each £1 invested^v.
11. “PHE survey data indicates that the vast majority (75-80%) of relevant non-specialist acute hospitals have some level of alcohol specialist provision. Whilst this is positive, 60% of these teams were staffed at levels unlikely to deliver the maximum benefit in improved health outcomes.
12. The NHS Long Term Plan recommends that hospitals that would most benefit from an optimally effective ACT should use the CCG health inequalities funding supplement to provide a service that can deliver the maximum benefits to patients and return on investment.

System-wide action

13. Action in secondary care will in itself reduce demand^{vi}, and it will have the added benefit of stimulating a broader system response and more integrated care to support those who are alcohol dependent to achieve recovery.
14. This means coordinated action between local planners to ensure: widespread alcohol screening of inpatients (incentivised by the Alcohol and Tobacco Brief Advice CQUIN); adequately resourced ACTs to commence treatment for dependent patients while in hospital; and effective care pathways to local authority alcohol services to complete treatment for dependence (see guidance on [developing pathways for referring patients from secondary care to specialist alcohol treatment](#)).

ⁱ [Alcohol care in England's hospitals. An opportunity not to be wasted](#). Public Health England (2014)

ⁱⁱ [PHE Fingertips, local alcohol profiles](#)

ⁱⁱⁱ Drummond, C., Wolstenholme, A., Blackwood, R. (2016) Social deprivation and alcohol related hospital admissions: study of routine hospital admissions data. Poster presented at 39th Annual Scientific Meeting of the Research Society on Alcoholism, 2016 June 25-29. *Alcoholism: Clinical and Experimental Research*, 40, S1, 49A. DOI: 10.1111/acer.13084.



^{iv} Parkinson, K., Newbury-Birch, D., Phillipson, A., Hindmarch, P., Kaner, E., Stamp, E., . . . Connolly, J. (2015). Prevalence of alcohol related attendance at an inner city emergency department and its impact: A dual prospective and retrospective cohort study. *Emergency Medicine Journal*, 33(3), 187-193. doi:10.1136/emmermed-2015-205295

^v [Local Health and Care Planning: Menu of preventative interventions](#). Public Health England 2016

^{vi} [Local Health and Care Planning: Menu of preventative interventions](#). Public Health England 2016

