Royal Cornwall Hospital Alcohol Liaison Team

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Frequent Attenders at RCH: Partnership Working

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Live Well
Health & Wellbeing Board, Public Health and NHS

5 behaviours - lead to
- Smoking
- Physical inactivity
- Unhealthy diet
- Excess alcohol
- Lack of social connections

5 diseases - which cause
- Cancer
- Heart disease and stroke
- Bone and joint conditions
- Mental health conditions
- Lung disease

75% of deaths and preventable disability in Cornwall
Alcohol Statistics

• More than 9 million people drink more than recommended weekly limits

• In 2012-13, there were 1,008,850 hospital admissions related to alcohol consumption – 3rd biggest lifestyle risk factor

• 21,513 deaths alcohol related or alcohol contributed deaths – 65% male

• Cost of alcohol misuse in England ~ £21 billion (healthcare, crime and lost productivity)

• Cost to NHS is £3.5 billion - £120 for every tax payer

Alcohol Concern (2016)
Alcohol Statistics

- 19% of Cornwall drinking at harmful levels
- 96,765 hospital attendances related to alcohol – 10,983 inpatient admissions
- 252 alcohol related deaths in 2012
- At RCHT 2014/15 alcohol related costs for primary and secondary admissions – £3.3 million
- Forecast for 2016/17 £3.5 million

Alcohol Concern Harm Map (2016)
Role of Alcohol Liaison

- Provide a 7 day service
- Routine screening
- Brief and extended intervention
- Supporting unplanned inpatient detoxification
- Fibroscanning
- Rapid discharge from ED
- Facilitating onward referrals to community services
- Reducing overall length of stay
- Rapid access to residential detoxification and rehabilitation
- Daily rapid round on Gastroenterology ward
- Monthly complex MDT and collaborative working with other teams
- Training and education for all staff and students within the trust
Aims of Alcohol Liaison

• Promote the health of the community by encouraging safe alcohol consumption and reduce alcohol related harm
• Encouraging and supporting engagement with community services
• Ensuring everyone is the appropriate treatment in relation to their alcohol consumption
• Provide holistic care by liaising with other hospital services (Hepatology, nutrition, mental health, safeguarding)
• Reduce cost by reducing alcohol related admissions, re-admissions, length of stay and deaths
What We Do

A screening score of >7 requires referral to the Alcohol Liaison Team
Identification and Brief Advice:

What is IBA? …

It is simple, structured advice which raises awareness around harmful drinking patterns and the associated effects, particularly among increasing and higher risk drinkers.

Is it proven to be effective? …

YES! - Research has found that brief interventions produce clinically significant effects on drinking behaviour and related problems in non-alcohol dependent individuals who consume alcohol at increasing or higher risk levels. One in eight of those identified in primary care as regularly drinking above the lower risk limits, respond to this advice and cut back their alcohol consumption to within the lower risk limits.

Department of Health (2015)
Extended Intervention

This is motivationally-based and can take the form of motivational-enhancement therapy or motivational interviewing. The aim is to motivate people to change their behaviour by exploring with them why they behave the way they do and identifying positive reasons for making change. (NICE, 2010)

A holistic approach to assess an individual’s mental capacity, presentation of alcohol withdrawal, nutrition, mobility, physical and mental health, housing and family support
What We Do

Average of 170 patients per month receive intervention

Over the last 6 months:

260 patients reviewed in ED

190 discharged directly from ED

70 admitted onto a ward with on-going follow-up
Partnership Working

addaction

Drug & Alcohol Treatment
Partnership Working - Addaction

From August 2016:

- 117 referrals made to SPOC
- Average 10 referrals per month

Daily interaction with keyworkers

Addaction hospital In-reach workers

Liver Health study day for residents at Cosgarne Hall
Partnership Working - Boswyns

From September 2016:

- 12 rapid access transfers
- 10 have been within 48 hours after referral
- 73% remained abstinent or in treatment
- High risk of mortality, homeless, poor mental health, chaotic behaviour
Frequent Attenders

• 20 Identified Frequent Attenders to hospital

• Shared with Addaction In-reach workers and MDT

• Hospital Care Plans created for all patients to ensure appropriate management by staff

• Plan to support all patients through treatment to reduce risk of deterioration of health, mortality and number of hospital attendances

• Joint working with Psychiatric Liaison to meet CQUIN targets
Current Achievements

£139,000 first year savings

Reduction of admissions by 375 patients

Indications of reduction in length of stay
Case study

Patient A is a young woman that has been alcohol dependent for many years and has now developed end-stage alcoholic liver disease. She frequently attends the hospital due to a combination of abdominal pain and deterioration in her mental health. She is very isolated and struggles to cope with maintaining her home.

Since the start of the year she has presented to hospital 8 times and spent over 3 months as an inpatient in total. Partnership working with In-reach team ensured that she was supported on each admission by the team and she was given medications for alcohol detoxification when required. She was provided with extra care support hours by Independent Futures (DCH) to aid isolation, had home visits from Addaction to encourage engagement and had a relapse plan in place.

She is now awaiting a fast track transfer to Boswyns and possible referral for 12 week rehabilitation.