



briefing

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Too much of the hard stuff: what alcohol costs the NHS

Key points

- Over a quarter of the population in England is drinking at hazardous levels.
- Treating alcohol-related conditions cost the NHS approximately £2.7 billion in 2006/07.
- The pressure to react to drinkers' urgent and increasing health needs makes it difficult for preventative measures to keep pace.
- Hospital care alone cannot solve the problem and the escalating burden on the NHS is unsustainable.
- Out-of-hospital services could provide more appropriate care and be more cost effective.
- Changing the way we deliver alcohol-related services can save PCTs up to £650,000 a year.

Consumption of alcohol in the UK has increased by 19 per cent over the last three decades¹. Recent reports indicate that 10.5 million adults in England drink above sensible limits² and around 1.1 million have a level of alcohol addiction. Alcohol is the third leading cause of disease burden in developed countries and, as a result, the cost of providing alcohol-related services is escalating. The burden on the NHS will be unsustainable if this continues.

This *Briefing*, produced with the Royal College of Physicians, outlines the extent of the problem and gives examples of where the NHS is managing problem drinkers effectively and efficiently. The NHS Confederation visited hospitals between August and November 2009 and gathered evidence from members to gain an understanding of the extent of the burden and the ways in which hospitals can improve their services.

The extent of the problem

The increase in alcohol consumption in the UK has resulted in an increased demand for NHS services. In 2006/07 alone, alcohol was estimated to have accounted for £2.7 billion of NHS expenditure³. This is almost double the figure in 2001, when the total cost was £1.47 billion (in cash terms; the real terms increase was 35 per cent). Because of the difficulties in recording alcohol-related harm, the cost is likely to be higher.

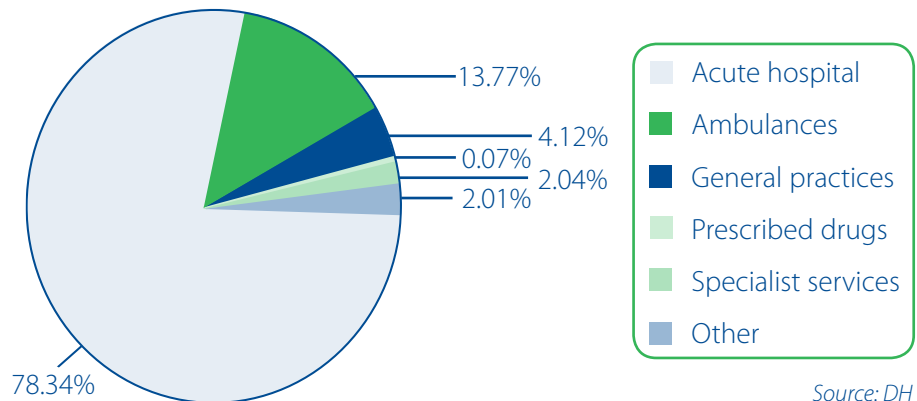
However, the increase in demand for services has not always been matched by an increase in the availability of appropriate services. Recent estimates suggest that only 1 in 18 people who are dependent on alcohol receive treatment, and the availability of specialist services differs widely across England⁴. A study for NHS North West shows that:

- 50 per cent of all violent assaults are related to alcohol



- 58 per cent of rapists drink alcohol prior to rape
- 22 per cent of accidental deaths are alcohol related
- 30 per cent of suicides are alcohol related
- alcohol is a key factor in child/elder abuse
- the use of alcohol is a key reason for claiming incapacity benefit.

Cost of alcohol harm to the NHS⁸



Pressure on the NHS

The pressure on NHS services is mounting. The cost of alcohol-related problems to the NHS continues to grow and the NHS finds itself dealing with an increasing number of alcohol-related admissions (see graph below).

With the pressure to react to a growing number of urgent needs, preventative and specialist services have struggled to keep pace with demand and hospitals have been bearing the brunt of the burden. In 2008, over 70 per cent of the cost of alcohol harm was spent on hospital treatment (see diagram above). Inpatient costs alone were almost 45

per cent of the total NHS expenditure in alcohol-related services compared to around 12 per cent in 2001⁷.

The data raises two main questions. Firstly, are hospitals best placed to deal with alcohol harm in a cost-effective way? Other preventative measures could reduce demand and improve the health of the population.

Secondly, do hospitals have any option other than simply to cope with demand? Anecdotal evidence suggests that even if people stop drinking at hazardous levels now, hospital demand could remain

relatively high for another ten years. In the meantime, this *Briefing* provides ideas about how service leaders may be able to manage the service more cost effectively.

Since alcohol-related harm is especially costly to hospitals, it is timely for hospital services to look at best practice around the country and consider developing an alcohol strategy to improve services. This could include identification at secondary care level, introducing alcohol specialist teams or clinicians, and improving links with community services.

Rate of admissions per 100,000 population⁶



Policy context

The Government acknowledges that alcohol is an increasing burden on NHS services and is worried about the repercussions it has for public health.

- The Health Select Committee is about to report on its findings from an inquiry into alcohol.
- The Department of Health (DH) reviewed the alcohol strategy and introduced a new Vital Signs indicator to encourage commissioners to commission services that improve early identification, the provision of brief advice and referral to specialist treatment, where necessary for patients with alcohol-related health issues.
- The focus of the 2004 national alcohol reduction strategy, updated by the Government in 2007, has continued to be strengthened in recent years with the introduction of an NHS Vital Signs indicator to reduce the rate of increased alcohol-related hospital admissions.

'An audit carried out by St James's University Hospital for this Briefing found that 21.8 per cent of its A&E admissions are alcohol related.'

- *Signs for Improvement: commissioning interventions to reduce alcohol-related harm (DH) was published earlier in 2009.*

Despite this concern, new policies and strategies have not yet translated into a coordinated improvement of services across England. Some organisations have started developing their own plans and this *Briefing* sets out examples of coordinated regional efforts, but provision is still patchy.

Improving hospital services

Most of the cost of treating alcohol-related acute and chronic conditions is spent in hospitals. This section looks at ways of identifying alcohol-related health problems, intervening when problems have been identified, and improving links between services.

Identifying problems

The first step to be able to provide an appropriate hospital service for those with alcohol and non alcohol-related conditions is to identify their abnormal drinking behaviour.

Data from alcohol workers and A&E staff suggest that drinkers may present to hospital having had relatively low contact with primary care services. Therefore, even where GPs are using identification tools, it is probable that they would not be able to identify some of the hazardous and dependent drinkers in the local area. Some of the identification tools in use by acute trusts are screening questionnaires such as the Paddington test (PAT)⁹ (see PAT box below).

St James's University Hospital¹⁰ in Leeds carried out an audit of alcohol-related admissions via A&E for a period in 2009 to inform this *Briefing* and found that 21.8 per cent of A&E admissions were alcohol-related over a four-month period. (For more details on their findings, please visit our website.)

PAT

The Paddington Alcohol Test (PAT) was developed at Imperial College Healthcare Trust, St Mary's Hospital¹¹. It is used by A&E staff to identify patients who may be drinking at hazardous or dependent levels.

- PAT is applied selectively for the ten presenting conditions with the highest prevalence of alcohol misuse as a contributory factor.
- Emergency department staff will deal first with the patient's reason for attending. Then, they will explain that they routinely carry out this test and ask patients if they are willing to take it.
- The test is very brief – it takes about one minute.
- If staff identify abnormal drinking behaviour, they are trained to provide brief advice about the consequences of drinking. This includes an invitation to see an alcohol nurse specialist for brief advice. For every two patients accepting such an appointment, there is one less re-attendance over the next year¹².
- Research in St Mary's has shown that 46 per cent of patients identified using the PAT and then referred for advice have taken on further help to reduce their alcohol intake¹³.

Hospital-based interventions

Interventions by an alcohol health worker (usually a senior member of nursing staff who knows about available local support) focus on people whose level of alcohol consumption places them at risk of experiencing problems associated with their drinking. A dedicated worker or team can provide a personalised journey for the patient, remove many of the barriers to undertaking treatment and reduce the patient's stay in hospital. An uncontrolled cohort study compared interventions by alcohol specialist nurse teams with non-specialist care in a hospital and the findings showed significant benefits for the patients six months later¹⁴.

Similarly, we know that nurse-led care in acute trusts prevents delays in referring patients to other support services. Patients get access to a complete and well-planned pathway from admission or attendance at the acute trust and this pathway continues seamlessly into primary care (see box below).

Improving links within the hospital

Identification and brief interventions are the key elements of good practice within general hospitals but good links within the hospital are also needed to pick up patients with alcohol-related conditions on any ward.

Developing links within the hospital – and with community services in many cases – is included as part of the role of most alcohol teams. This has allowed alcohol teams to develop integrated care pathways for patients with alcohol problems and helps increase knowledge about, and recognition of, alcohol issues among general staff.

Alcohol misuse often co-exists with common mental disorders so it is vital to maintain good working protocols with the local mental health team. Evidence suggests that these services can work well when provided within the hospital (see box on page 5).

The wider health system

To be effective, good interventions for patients with alcohol-related conditions in hospitals should be mirrored in the community and at primary care level. Through the Alcohol Improvement Programme and the Alcohol Learning Centre, the DH has put a number of initiatives in place to help PCTs work to reduce alcohol-related hospital admissions¹⁶.

Identifying alcohol problems at primary care and community level

About 98 per cent of the population are registered with a GP, which makes general practices well placed to make a difference in reducing alcohol-related harm: identifying patients early as well as managing their care.

GPs have been prompted through a Directed Enhance Service Incentive to increase the use of early identification tools, but these may not be implemented consistently.

Benefits of an alcohol team

The Royal Bolton Hospital has an alcohol team led by a consultant gastroenterologist in partnership with a consultant psychiatrist, and which also includes a gastroenterology-based liver nurse practitioner (LNP) and a psychiatry-based alcohol liaison nurse (PLN). They have significant input from other disciplines, including A&E, dieticians, physiotherapy, occupational therapy and social services. There is joint inpatient and outpatient care, with patients being seen in simultaneous one-stop clinics.

The LNP and the PLN:

- assess and treat patients with alcohol-related problems in all clinical areas
- attend to the Acute Medical Receiving Unit at 8:00am (Mon-Fri) and jointly triage all alcohol-related admissions
- provide brief advice and initiate care plans.

The team has:

- established patient support groups and a network of more than 50 alcohol link workers throughout the trust
- saved the trust over 1,000 beds a year by reducing the number of inpatient detoxifications by 50 per cent. Many of the patients who would previously have been admitted for detoxification are now given rapid outpatient appointments with the community alcohol team.

Liaison psychiatry alcohol services

Strategic health authority (SHA) funding has been provided to a north east trust to evaluate the development of a liaison psychiatry alcohol service for a general hospital. The aim is to improve detection and ensure appropriate management of patients with alcohol problems and implement an alcohol pathway to facilitate rapid (but appropriate) discharge. Below are the potential cost savings that were calculated during the development of the bid for this post.

- Over a six-month period, there were 113 admission associated with 343 bed days (primary code alcohol). The cost of the alcohol intoxication group was based on 78 patients. Using the S16 tariff, the total cost for these patients was £60,022.
- Reducing the length of stay of these patients by an average of one day would result in savings of £69,974 per annum. The cost of the liaison psychiatry service is £32,000. There is a potential to save £37,974 per year while improving the quality of care patients receive¹⁵.

Results from a series of randomised controlled trials have demonstrated that brief advice from a GP or practice nurse leads to one in eight people reducing their drinking to within sensible levels. This compares well with smoking cessation where only one in 20 change their behaviour¹⁷. Taking this evidence into account, practices and commissioners may wish to ensure they are making full use of their primary care trust service.

Treatment in the community

Professionals feel that waiting times for referral to specialist community services in some parts of the country are too long. The National Treatment Monitoring System shows that average waiting times for specialist treatment for dependent drinkers is now down to six weeks and 80 per cent of patients waited less than three weeks in 2008/09. However, there are regional variations and Alcohol Concern estimates that dependent drinkers in some areas can face waits of up to a year.

Professionals also raised concerns about the value of alcohol and drug treatment centres for patients who are only dependent on alcohol.

An important role for ambulance services

Alcohol-related incidents have a major impact on ambulance services. Their crews are at the front line of dealing with alcohol incidents and the consequences of excessive alcohol consumption every day.

- Over 6 per cent of calls to London ambulances are alcohol-related incidents. This is approximately 60,000 calls a year. And, since the crews only record the illness and not the cause of the illness, the figure is likely to be much higher.
- Changes in binge drinking behaviour and the increasing affordability of alcohol may be reflected in other ambulance service trends such as the increased number of calls to London Ambulance Service from 20-29-year-olds.
- The number of calls handled by ambulance services in England is increasing on average by 6.5 per cent each year.

Ambulance services are increasingly looking at alternatives to taking patients with alcohol-related conditions to A&E, which may not always be the most appropriate place.

Multidisciplinary links

Hazardous and dependent drinkers will, sometimes, be in contact with other services too. It is therefore vital that NHS organisations engage with partners such as social care, housing and the police. Local safeguarding boards, joint projects and strong protocols to share appropriate anonymised information, where this is gathered, all point to a well joined up and effective service.

Viewpoint

The cost of treating patients presenting with alcohol-related conditions continues to escalate and cost the NHS £2.7 billion in 2006/07. In tough financial times and to help improve the health of the nation both today and tomorrow, the NHS needs to rethink the way it delivers care for people who have an alcohol-related condition.

This *Briefing*, produced jointly with the Royal College of Physicians, contains examples of best practice from around the country and the Hub of Commissioned Alcohol Projects¹⁸ also provides a good database of other examples of commissioned projects.

Mobile treatment bus

South Western Ambulance Service NHS Trust runs a mobile treatment bus in Newquay which has one bed, an examination area and a crew rest area.

Newquay paramedics work closely with the police, who have a direct radio link with the majority of Newquay's clubs and pubs, to take referrals to the service.

From the weekend commencing 10 July 2009 to the end of August 2009, approximately 80 patients, around 15 per weekend, received help from the mobile treatment bus. The majority of these cases were for alcohol/drugs conditions.

Paramedics refer approximately 5 per cent of the mobile treatment bus patients to the local minor injuries unit in Newquay if they require more specialist treatment that falls into the emergency care practitioner's remit.

A local initiative between Cornwall and the Isle of Scilly PCT and South Western Ambulance Service NHS Trust has led to the secondment of an emergency care practitioner from Newquay ambulance station to the local minor injuries unit. The unit sees a number of alcohol-related incidents during the peak summer months on Friday and Saturday nights from July to September. This local initiative supports continuity in the work of the mobile treatment bus paramedics and the minor injuries unit, and also provides ambulance crews with other local care pathways for alcohol-related incidents.

Physical health hazards associated with alcohol abuse⁵

Nervous system	acute intoxication, blackouts, withdrawal symptoms, brain damage, stroke, head injury, nerve and muscle damage
Liver	fatty liver, liver failure, cirrhosis, hepatocellular carcinoma
Gastrointestinal system	oesophagitis, gastritis, impaired healing of peptic ulcers, diarrhoea and malabsorption, acute and chronic pancreatic problems
Cardiovascular system	arrhythmias, cardiomyopathy and hypertension
Respiratory system	fractured ribs and pneumonia
Endocrine system	pseudo-Cushing's syndrome and hypoglycaemia
Reproductive system	hypogonadism: associated with loss of libido, impotence, reduced/absent sperm formation and risk of breast cancer
Occupation	impaired work performance and decision making, increased risk of accidents
Children of problem drinkers	damage to the foetus, detrimental effect on physical development and behaviour
Drug interactions	increased risk of adverse drug reaction, reduced effectiveness of therapeutic drugs

Checklist for handling alcohol-related problems

The following prompts could help service leaders decide whether they could improve services for patients with alcohol-related illnesses or injuries.

- Have A&E staff been trained in using screening tools to identify alcohol-related harm?
- Does the hospital have a designated alcohol worker?
- If so, is this member of staff senior enough to be a champion for alcohol services within the hospital wards as well as at board level?
- What protocols does the hospital have in place to work with related professionals such as social workers and psychiatrists?
- Has the hospital analysed the number of alcohol-related admissions they have had in recent years?
- Has the number of alcohol-related admissions increased in recent years? If so, what will be the impact of capped payments for non-elective activity?
- Does the hospital have protocols to share information with other partners?
- Do you know if patients with alcohol-related conditions stay longer than average in the hospital?
- Does the hospital hold data on readmission of patients with alcohol-related conditions?
- Do members of staff receive alcohol-related training?

A comprehensive alcohol strategy would also include:

- an increased focus on early identification with routine use of tests such as AUDIT in general practices
- commissioners evaluating their alcohol strategy and thinking of integrated care pathways that address the relation of harmful and hazardous drinkers with the system as a whole. This may include the commissioning of more joined up approaches to reducing alcohol-related harm
- improved specialist services including reduced waiting times as well as an evaluation of the best ways to manage patients who accept a referral to a Drug and Alcohol Unit
- increasing training for nursing and medical staff, which would help to improve their understanding of the effect that alcohol has in the general health of the population
- a focus on prevention, making full use of community services to address the causes that lead to misuse.

We are confident that NHS services for people with alcohol-related problems could improve significantly over the coming years, through projects already underway in England and planned alcohol strategies. However, it is important for hospitals to collect data and audit the implementation of their alcohol strategies to help build evidence of best practice. Where alcohol is identified as a priority, they may also want to consider including

alcohol screening and interventions in their quality dashboard indicators, for review by the board.

The DH estimates that delivering alcohol high-impact changes – such as alcohol screening to provide higher-risk individuals with brief advice on alcohol consumption, additional counselling or an alcohol health worker to manage dependent drinkers within an acute setting –

can produce annual savings of up to an average of £650,000 for a PCT¹⁹. However, these savings may not all be cash-releasing.

Commissioners may want to consider incentives for providers to improve alcohol services, where these are identified as a priority. This could include evaluating whether in-hospital screening or alcohol teams could be included in the contract, or whether

'The DH estimates that delivering alcohol high-impact changes can produce annual savings of up to an average of £650,000 for a PCT.'

alcohol services could be included as part of the Commissioning for Quality and Innovation payment.

While this *Briefing* focuses primarily on how hospitals can improve the way they manage harmful and hazardous drinkers, we know that hospital care alone can not solve

the problem. Also, there are real questions that society needs to ask about the way in which we consume alcohol and the effect this is having on our health.

Unless other measures are taken in conjunction with improved hospital services, alcohol-related problems will continue to place a burden on the NHS. The RCP's evidence submission to the Health Select Committee's inquiry into alcohol looks at ways to reduce alcohol consumption.

Next steps

The NHS Confederation is committed to promoting improvements in services for people with alcohol-related conditions. This paper is also part of a series of public health briefings that the Confederation will be publishing.

For more details on that debate, or more information on the issues covered in this *Briefing*, please contact Patricia Suarez, senior policy and research officer, by emailing patricia.suarez@nhsconfed.org

References

For all references in this *Briefing*, please see the appendices: www.nhsconfed.org/publications

The NHS Confederation

The NHS Confederation is the only independent membership body for the full range of organisations that make up today's NHS. Our ambition is a health system that delivers first-class services and improved health for all. We work with our members to ensure that we are an independent driving force for positive change by:

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