RAISING THE BAR

Gary Ward takes a look at how one local authority tackled the problem of repeated alcohol-related hospital admissions.

Carl Roberts was an accountant for more than 20 years before a mixture of wine, port and vodka took its toll and he had to give up his job. The 45-year-old attended St Richard's Hospital in Chichester nine times in nine months to have his stomach drained because of his excessive drinking. After the last visit he was told that without change he had three to six months to live. "If I didn't do something about it, I was going to die," said Carl, who underwent a fifth detox after hospital treatment. Carl's story was not unusual in the life-cycle of those with serious alcohol problems who were discharged from hospital in Chichester only to return soon after. But what to do about it?

Chichester probably wouldn't be anyone's first choice as a hotbed of alcohol misuse, but things aren't always what they seem. For while the picturesque city centre, in the shadow of the 11th century cathedral, doesn't resemble the battleground of some towns on a Saturday night, alcohol problems still run deep.

Figures from the Public Health Observatory show that out of 326 local authorities in England, Chichester is in the top ten reporting alcohol use at the level of 'increased risk'. This is defined as consumption of between 22 and 50 units of alcohol per week for men and between 15 and 35 units of alcohol per week for women, or more than double the recommended levels at the higher end. The city is also pretty near the top of the chart for the number of employees working in bars as a percentage of the local workforce: no doubt good for the local economy, but suggesting that Chichester has more than its share of drinking venues.

Previously, patients were treated for the medical problems associated with their drinking, but with no link-up between the hospital and local treatment services, repeat admissions were common. Hospital staff thought a few patients might have tried AA, but nobody was addressing chronic drinking beyond primary care.

An idea was formulated to have an alcohol liaison nurse who would engage with patients about their drinking, work with other hospital staff and external providers and establish clear pathways for people to help them into community-based treatment services.

In 2011, NHS Sussex and the Western Sussex Hospitals Trust secured £15,000 from the government's alcohol innovation programme and ran a three month 'frequent flyers' pilot. The approach identifies and follows up patients whose alcohol problems tie up a huge amount of time and resources through repeat hospital admissions.

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Seconded from her post in gastroenterology, Staff Nurse Catrina Gooderham was redesignated as the Alcohol Liaison Nurse. Her brief was clear: begin with a blank slate, talk to people, make yourself known, and improve the quality of care and treatment for those making repeat visits to the hospital as a result of their heavy drinking. "I knew we could do more," she says.

But before she could make a difference, she had to overcome scepticism among other staff. "I found I couldn't just stride in and say 'ok, who have you got to refer to me,' because the answer was usually 'no-one'. It took time to build bridges and rapport so that other staff could see the benefits."

And the benefits of taking the issue seriously are enormous, according to consultant gastroenterologist and hepatologist Dr Mohammed Rashid. "The quality of care has vastly improved and we're saving beds. Considering how much we spend on the NHS, this is not an expensive service, but at the same time it's impacting on one of the most important problems we see in the region."

With support from Dr Rashid, Catrina developed an alcohol care pathway group, involving doctors, nurses, administrators and for the first time reached beyond the hospital to involve local GPs – visiting every surgery in the area – and the local Alcoholics Anonymous group and Clockwalk, an external alcohol treatment provider.

Once underway, identifying the most regular 'frequent flyers' proved difficult because the data was patchy. So the project was extended to support anyone presenting at the hospital with severe alcohol-related problems.

Gooderham's approach was to deliver a 'brief intervention'; talk to patients about their drinking, take a history and support them into a range of further treatment options that would focus on their misuse of alcohol. The approach soon began to yield results, with a number of quantifiable outcomes: patients reduced their drinking; took up less bed space and were moved on quicker; referrals to alcohol services from wards across the hospital shot up; co-ordination of treatment and care between acute and community services greatly improved and awareness of the impact of alcohol on admissions across the acute trust increased.

During the pilot, Catrina saw 116 patients, 56 whom were referred on to

further treatment; 40 of these engaged with community services. Such was its impact that the public health department is continuing to fund Catrina's post in Chichester, plus two other specialist nurses in Redhill and Worthing, adapting the model to suit local needs.

Catrina has now trained more than 60 nurses to deliver brief interventions across a number of wards and the whole project is supported by the Chief Executive, the Chief of Medicine and the Trust's Board.

All of the indications are positive so far. An independent evaluation found that, if successfully implemented across the four hospitals in the area, the project could save around £252,000 a year on A&E and admissions costs.

In Chichester, the project is now part of the West Sussex Quality, Innovation, Productivity and Prevention (QIPP) initiative which identifies those programmes giving most bang for buck in terms of cost saving and health improvement – a significant mark of the respect in which this programme is held.

Catrina says; "I'm incredibly proud of our achievements and that our patients now have a much greater opportunity to address their problem drinking. But I'm under no illusions. This is a serious problem and it needs ongoing work."

Dr Rashid added: "When we started this pilot, our medical treatment was good, but we had zero alcohol services to speak of. Now we've seen a massive transformation, and a comprehensive approach to alcohol problems across the whole hospital, which is being expanded across the county."

And Carl? "I can't say anything bad about my treatment at St Richards. Catrina was very forceful, and while I didn't want to listen at the time, afterwards I realised she was right. The fact is, you have to make a commitment, and no-one else can do that for you."

Dry since May 2011, Carl has immersed himself into a service user group and has the support of his long-term partner. He struggles with agoraphobia and a dependency on sedatives, but is positive about his recovery.

"I used to sleep all day and drink the rest of the time. I don't do that anymore. I'm involved in my group and feel confident enough to have a short holiday to visit friends. I listen to audio books and my attention span is much better. I have to go back to see Dr Rashid, but if the results from my liver are good, I can be discharged."

■ **Gary Ward** is a freelance writer

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Innovating to reduce alcohol-related harm

During 2010-11 the former Government Office for the South East funded 26 local projects to tackle alcohol misuse and measured their success. The five most successful approaches were then tested again the next year, with a further ten projects awarded a total of £118,750. The Chichester project received £15,000.

The programme was managed by the Centre for Public Innovation (CPI), a social enterprise that specialises in supporting innovation to tackle some of society's most intractable problems.

The five most successful models were:

1. 'Frequent flyers' – intensive work with a small group of patients with the highest levels of repeat alcohol-related hospital attendances and admissions. The model drew on learning from a drugs approach.
2. Pharmacy brief advice –helping community pharmacy staff to provide pro-active advice to low and increasing risk drinkers.
3. Hostel clinical nurse – targeting a group for whom inpatient detox has not worked, increasing the opportunity to address alcohol problems in hostel accommodation.
4. Supported housing self-help group – using workshops to address reluctance to attend specialist services and provide support and advice.
5. Hospital healthcare workers identification and brief advice – training support staff in A&E and other departments to screen patients for problematic alcohol use.

An independent evaluation by the pharmaceutical company, Lundbeck, found that five of the ten projects, including Chichester, had the potential to make significant cost savings.

Mark Napier, Managing Director of CPI, said: "This programme has shown that innovative, locally-based approaches to tackle the health and social harm caused by alcohol can succeed. If replicated nationwide, some of these projects could save a substantial amount of money and improve health and well being.

"With huge pressure on the NHS to save money, innovation may appear risky, but without a commitment to try something new, patient outcomes are unlikely to change for the better, costing more in the long run. The Chichester project is a great example of trying something for the first time and engaging with services across the community."

For more details, and to read the full evaluation of the alcohol innovation programme, see http://www.publicinnovation.org.uk/southeastalcoholinnovationevaluation.html or contact Mark Napier on 020 7922 7820