

<b>Report Title</b>	SWBH Alcohol Services: Building on a firm foundation		
<b>Sponsoring Executive</b>	Liam Kennedy, Chief Operating Officer		
<b>Report Author</b>	Arlene Copland, SWBH Lead Alcohol nurse, Sally Bradberry, Consultant Clinical Toxicologist & Alcohol Lead, SWBH		
<b>Meeting</b>	Trust Board (Public)	<b>Date</b>	2 <sup>nd</sup> July 2020

### 1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The paper outlines the service that was provided by the Alcohol Care team over the last two years and looks ahead for what additional benefits and requirement the team believe need to be put in place over the next few years.

The Board is asked to reflect on the service and benefits to patients offered and discuss the requirements that the team believe would enable an even more enhanced 7 day offering.

### 2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan	X	People Plan & Education Plan	
Quality Plan		Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other <i>[specify in the paper]</i>	

### 3. Previous consideration *[where has this paper been previously discussed?]*

None

### 4. Recommendation(s)

The Trust Board is asked to:

- a. **RECOGNISE** the need for delivery of a seven day service and team reconfiguration
- b. **UNDERSTAND** the requirement and benefits a fibroscan device
- c. **SUPPORT** the ACT team in developing a vision for a combined alcohol and drug service at MMUH including dedicated clinical beds and stepd own accommodation in the community

### 5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		n/a				
Board Assurance Framework		n/a				
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Report to the Public Trust Board: 2<sup>nd</sup> July 2020

### SWBH Alcohol Services: Building on a firm foundation

#### 1. Background

- 1.1 Since its inception in January 2018, SWBH Alcohol Care Team (ACT) has gained a national reputation for delivering a unique, holistic service that provides exemplary, innovative patient care while achieving overall cost savings to the Trust (estimated to be at least £570 K over two years). The services offered by the team have grown and their impact is recognised within the Trust, regionally and nationally.
- 1.2 The ACT won the 2020 vision prize for integrated care pioneer of the year at the 2019 SWBH star awards, has gained national recognition from Public Health England (PHE) and NHS England / Improvement (NHS E/I) and have presented at national conferences. The lead alcohol nurse has been invited to be a member various national bodies which influence national alcohol policy, and is the East and West Midlands expert advisor on ACTs.
- 1.3 In its first year, the ACT focused on establishing its presence within the Trust, improving the management of alcohol withdrawal and the care of patients with alcohol misuse issues. New alcohol withdrawal guidelines and pathways were written and links were established with community teams, public health and commissioners. A programme of training Trust staff was initiated to improve the understanding of addiction and the clinical management of alcohol misuse.
- 1.4 In its second year the ACT focused on establishing links with several teams across the Trust including midwifery, hepatology, palliative care, mental health services and domestic violence services. Student nurse placements with the team were introduced.
- 1.5 A friends and family support group was commenced for people struggling to cope with a loved one's drinking and a weekly alcoholics anonymous (AA) meeting started at City hospital, open to both in-patients and out-patients. The ACT welcomed volunteers who had been patients previously, to help support patients working through the elective detox process. Alcohol awareness events were held across the Trust throughout the year targeting patients, visitors and staff.
- 1.6 The ACT was recognised by PHE and NHS E/I as a unique service achieving excellent outcomes and was showcased by NHS England in 2019 as an example of how hospitals

can fulfil the recommendations of the NHS long term plan concerning alcohol service provision (Appendix 1).

## **2. Building on a firm foundation**

- 2.1 The ACT has been highly successful in delivering cost effective excellent patient care and enhancing the reputation of SWBH as an integrated, innovative care provider.
- 2.2 The team has reached the limits of its achievements with current resources. It is time to build on the firm foundation that has been established. The Board are asked to reflect on three areas of development and potential investment.

## **3. Delivery of a seven day service and team reconfiguration:**

- 3.1 Currently funded for weekday working only, there is an urgent need to expand to a 7-day service, as recommended by Public Health England as best practice for ACTs. This would enable patients who present to the Trust at the weekends to receive the same level of care as those currently seen during the present 5 day operation.
- 3.2 The urgent need for service expansion has been verified by the extremely high demand on the current team during a COVID-related trial of weekend working during May and June 2020. It is well recognised that non COVID-related hospital attendance reduced during this time, such that the demand for a weekend alcohol service is likely to be even greater under 'normal' circumstances.
- 3.3 Prior to the COVID crisis, the ACT had received a provisional agreement from the Better Care Fund (BCF) to fund a 1 year pilot providing a 7 day ACT at SWBH. This funding was to provide 1 x band 6 nurse working both Saturday and Sunday across both sites. Since the ACT has been working weekend during COVID it is clear that more staff are required, as detailed in our revised model below. Moreover, we have been informed that the BCF funding has deferred due to financial pressures encountered during COVID. The BCF have informed us that they will review our bid at some time in the future.
- 3.4 Trust funding in-line with the model outlined below would enable reconfiguration of the ACT with financial stability and providing a robust improved service to our community.
- 3.5 Reports summarising the achievements of the ACT during two years' 5 day working are detailed in Annex 2. Table 1 summarises some key parameters.

**Table 1. SWBH ACT data – year 1 and year 2 combined**

<b>Activity</b>	<b>Numbers</b>	<b>Income generated / cost savings</b>
Number of referrals received (ED and in-patients)	3773	N/A
Number of out-patient appointments	1432	£365,221
Estimated bed days saved	1295	£572,500

- 3.6 Based on these data we propose that a seven day service, with increased working hours to incorporate ‘long days’ (8am – 8.30pm) would provide the opportunity to prevent further unnecessary admissions and improve the management of patients experiencing symptoms of acute alcohol withdrawal.
- 3.7 The staffing requirements at the weekend are less than Monday to Friday since during the week the team undertakes a broader range of interventions including alcohol use assessments, alcohol withdrawal management, admission prevention, out-patient clinics, telephone clinics, education for Trust staff, MDTs, AA meetings and friend and family meetings.
- 3.8 In contrast, the focus at the weekend would be on admission prevention, withdrawal management, acute reviews and new referrals only. This would only require a small additional investment to offer this service.
- 3.9 ACT expansion needs to include restructuring to incorporate a senior nurse leadership role (Band 8) to represent the Trust regionally and nationally in demonstrating the unique role that hospital based alcohol care teams have both for patients and the wider community. In addition, while the existing ACT has been praised for its robust data collection, the team simply does not have the time to utilise these data to maximum effect. A band 8 post is essential to coordinate the formal publication of outcomes both to substantiate the reputation of the service and raise the Trust profile as a leader in evidenced based Research and Development.

#### **4. Portable liver ‘fibrosan’ device**

- 4.1 The National Institute of Clinical Excellence (NICE, NG50) recommends that all patients with alcohol dependency routinely undergo a specialist liver scan (fibrosan) that assesses the extent of liver damage and specifically detects early signs of cirrhosis. SWBH liver specialists currently perform fibrosans only on patients already diagnosed with liver disease but they do not have the equipment or staff to expand their service and are therefore not meeting NG50 guidance.
- 4.2 A CQUIN is attached to the compliance of these guidelines (this is currently on hold due to covid-19). SWBH ACT has prepared a business case outlining how the CQUIN could be easily achieved with modest investment, specifically 1 band 5 nurse and the lease or purchase of a portable fibrosan device.

- 4.3 A fibroscan nurse working within the ACT would be responsible for the routine scanning of alcohol dependent patients seen by the team and be able to offer immediate information and advice to empower patients to make lifestyle changes. Repeat scans at follow up appointments with ACT would offer patients the opportunity see results from their lifestyle changes. Combining ACT counselling and advice with scanning is particularly valuable for vulnerable patients who are more likely to miss scheduled investigations for a number of reasons (eg chaotic lifestyle, lack of funds for transport, caring responsibilities, co morbidities).
- 4.4 Alcohol related liver mortality rates in Sandwell and Birmingham are higher than national average. The fibroscan nurse could potentially utilise the portable device in the community to target populations where excessive drinking is normalised. The ACT is considering the lease of a clinical vehicle for use of the scanner at public venues – bringing diagnostics closer to home and promoting the Trust as an integrated healthcare provider.

## **5. Ensure adequate clinical space provision within Midland Metropolitan University hospital (MMUH)**

- 5.1 Part of the success of the ACT at SWBH has been its focus to ensure that patients identified as harmful drinkers are rapidly and thoroughly assessed and, crucially, encouraged to be the chief instigators of their own recovery. Out-patient based support is used wherever possible and the team works hard to avoid unplanned hospital ‘detox’ admissions. This is because every patient needs the opportunity to consider the lifestyle changes and support they want and require to achieve sustainable benefit from alcohol reduction. Healthcare professional must respect that complete sobriety is not always realistic or the patient’s goal.
- 5.2 For those whose goal is complete sobriety the ACT offers a bespoke elective alcohol detoxification service. For straightforward cases this can be outpatient based but patients with more complex physical, psychological or social needs may require admission to the West Midlands Poisons Unit (WMPU), based at the City site, for an ‘inpatient detox’. The WMPU is a regional centre of excellence and is well placed to provide this service as it has 24/7 Consultant led support by specialist clinical toxicologists.
- 5.3 In order to continue offering this unique elective detox service, we would encourage the board to support the need for dedicated toxicology beds in the MMUH. At this time, a further team expansion transforming the ACT into a service encompassing all substance of misuse could be considered.

- 5.4 The ACT and clinicians of the WMPU have for some time considered the potential benefits both to patients and in terms of cost efficiency, of a residential property near MMUH that could serve as a 'step-down' facility for those medically fit to leave hospital following drug/alcohol detoxification but who require a longer period of support and stability to improve their long term recovery potential.
- 5.5 ACT socio-economic data demonstrates that most of our patients are from areas of deprivation, experiencing mental health issues, housing problems and are frequently isolated and estranged from their families. These proposed stepdown properties could provide suitable accommodation for these vulnerable patients who require a prolonged period of rehabilitation following discharge from hospital. They could also be used for those who cannot safely undergo alcohol detoxification in their own home but who do not require a hospital bed.

## 6. Recommendations

6.1 The Trust Board is asked to:

- a) **RECOGNISE** the need for delivery of a seven day service and team reconfiguration
- b) **UNDERSTAND** the requirement and benefits a fibroscan device
- c) **SUPPORT** the ACT team in developing a vision for a combined alcohol and drug service at MMUH including dedicated clinical beds and stepd own accommodation in the community

### Paper authors:

Arlene Copland, SWBH Lead Alcohol nurse,

Sally Bradberry, Consultant Clinical Toxicologist and Alcohol Lead, SWBH

24<sup>rd</sup> June, 2020

### Reference:

Optimal Alcohol Care Teams (ACTs) as part of an effective alcohol treatment system. Public Health England, NHS longer term plan, 2019:

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/11/ACT-case-study-sandwell-011119.pdf>

**Annex 1:** Sandwell and West Birmingham Hospitals NHS Trust – Case Study

**Annex 2:** SWBH Alcohol Care Team, Year 1 financial report, 2019

**Annex 3:** SWBH Alcohol Care Team, Year 2 financial report, 2020

## Sandwell and West Birmingham Hospitals NHS Trust – Case Study

### 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 (ACTs) 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 re-admission to hospital
- Provide an elective detox option for patients whom community based detox is not an option
- Provide education and support for staff.

The service was initially commissioned using charitable funds but 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 been picked up by the trust with recurrent funding.

#### 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 re-admission 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 offer out-patient based, or community intervention where indicated. In-patients with alcohol use disorder would be offered daily nurse led review to identify those suitable for out-patient management, together with earlier recognition and improved care of those in alcohol withdrawal and increased referrals to community partner services.



## Implementation

In 2018 SWBH Trust introduced an Alcohol Care Team, covering 2 sites that serve a population of 500,000 patients. Its development was led by a consultant toxicologist and alcohol specialist nurse and included a process for scoping how best to work with community providers and develop robust pathways between service providers.

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 A&E 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)
2	Band 6 Alcohol Specialist Nurses (both in training for NP, 1 MH nurse by background) Leads on Learning & Development for alcohol trust-wide
1	Band 5 Alcohol Nurse (responsible for elective MAW)
2	Band 4 Speciality Alcohol practitioners (non-clinical, providing psychosocial support to all patients)
1	Band 4 Full time admin

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 AWS and advise on optimal management. Those attending ED in acute withdrawal only are discharged if possible, advised to continue to drink 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 MAW, offer relapse prevention advice together with psychosocial support for both patients and carers. MAW is conducted on an open ward and patients have access to nicotine replacement therapy (NRT).

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 a 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 A&E showed improved social outcomes with a notional social impact value of £12.2m, using the [HACT methodology](#).

### Workforce

Staff at the hospital feel 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 out-patient support is particularly cost-effective and has proved very successful in preventing unnecessary admissions, which more than pays for the cost of employing them:

- Having members of the team with a background in mental health and substance misuse is helpful
- Nurse prescribers are cost-effective
- Good relationships with A&E and Gastro 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

Arlene Copland

Lead Nurse

[arlene.copland@nhs.net](mailto:arlene.copland@nhs.net)

# **SWBH Alcohol Team**

## **Data Report**

### **April 2018 - March 2019**

#### **Financial Year 1**



**Clinical Lead: Dr Sally Bradberry**

**Lead Alcohol Nurse: Arlene Copland.**

**SWBH NHS Trust Alcohol Team Report, Financial Year 1**

**April 2018 – March 2019**

<b>Report By:</b>	Arlene Copland, Sally Bradberry
<b>Organisation:</b>	Sandwell & West Birmingham Hospitals NHS Trust

<b>April 2018 – March 2019</b>	<b>Accumulative data (April 2018 – March 2019)</b>	<b>Mean monthly results</b>	<b>Monthly Targets</b>
Total number of patients referred	1999	166.5	Aim to see 150 new patients per month
Number of outpatient follow-up appointments with an alcohol nurse or practitioner	735	61.25	At least 55 follow-up appointments will be offered per month to see an alcohol nurse/practitioner (in addition to patients seen by Consultant)
% of patients seen in ED within 1 hour (within working hours)	100%	100%	95% of patients referred from ED within alcohol team hours will be seen within 1hr
% of in-patients seen on the day of referral (within working hours)	99.5%	99.5%	95% of in-patient referrals will be seen within 1 working day

Total number of alcohol-related hospital bed days prevented  (Admission prevention from ED or outpatients, reduced length of in-patient stay)	750	62.5	To prevent 45 bed days per month
MECC Referrals	232	19	The number of MECC referrals per month will increase to 40 per month (target not revised)
Internal <i>new</i> referrals to SWBH services  (Alcohol outpatient clinic, Alcohol team caseload, homeless team, dementia team, RAID team)	419	35	At least 25 SWBH internal referrals will be made per month
Alcohol team <i>new</i> referrals to community based services  (non MECC fast track referrals to community alcohol services, alcohol rehabilitation, AA, Smart groups, social services, home from hospital, homeless health exchange)	332	28	At least 25 referrals to community based services will be made per month

Teaching sessions: The number of SWBH staff attending a teaching session on the management of alcohol withdrawal and/or MECC	573	48	At least 30 staff per month to receive face to face tuition from alcohol team on SWBH alcohol misuse pathways and / or MECC

<b>Financial report: April 2018 – March 2019</b>	<b>Number</b>	<b>Estimated Income</b>
Alcohol Consultant – new clinic appointments	85	£16,690.60
Alcohol Consultant – follow up clinic appointments	77	£8,617.07
Alcohol Clinical Nurse Specialist – new clinic appointment	35	£2461.20
Alcohol team follow up appointments	714	£34,950.30
Telephone support	62	£1,426
Elective detox clinic appointment	54	£9,100.08
Elective detox in-patient admissions	54	£118,800
<b>Total income from clinical work</b>		<b>£192,045.25</b>
Estimated bed days saved  This is a conservative estimate based on 1 bed day = £400		750
<b>Estimated financial saving due to admission prevention and reduced LOS</b>		<b>£300,000</b>

<b>SWBH alcohol team monthly cost to the Trust</b>	<b>£18,339.35</b>
<b>SWBH alcohol team 12 monthly cost to the Trust</b>	<b>£220,072.20</b>

**Impact of alcohol team on length of stay of patients with alcohol intoxication or alcohol withdrawal as primary reason for admission**

SWBH Average length of stay for alcohol specific admissions	
Jan-Dec 2017 (pre alcohol team)	3.2 days
Jan-Dec 2018	2.25 days

**Demographic Information: April 2018 – March 2019**

<b>Age:</b>	
<25	75
25-49	921
50-64	774
65+	223

<b>Ethnicity:</b>	
1. White British	1216
2. Other white	106
3. Mixed ethnic groups	23
4. Asian / Asian British	393
5. Black / African / Caribbean / Black British	82

<b>Housing:</b>	
1. Tenant in rented social housing accommodation?	759
2. Tenant in privately rented accommodation?	182
3. Homeless person staying with friends and family?	105
4. Homeless person in hostel accommodation?	117
5. Rough sleeper or No Fixed Abode (NFA)?	104
6. Owner occupier with a mortgage?	147
7. Owner occupier without a mortgage?	94
8. Other	76
9. Not known	350

<b>Employment Status:</b>	
1. Unemployed	1103
2. Employed full time	185
3. Employed part time	46
4. Self employed	30
5. Pensioner	240
6. Student	9
7. Other	21
8. Not known	329

<b>Exercise:</b>	
1. Physical sports	7

2. Keeping fit	18
3. Walking	237
4. Yoga	1
5. Dance	0
6. Mild exercise	5
7. Moderate exercise	31
8. Gardening	14
9. Other hobbies	3
10. No exercise	1245
11. Unknown	404

<b>Social support:</b>	
1. Community	18
2. Faith	44
3. Voluntary	1
4. Sports group	9
5. No social support	1513
5. Unknown	503



# **SWBH Alcohol Care Team Data Report**

**April 2019 - March 2020**  
**Financial Year 2**

**Clinical Lead: Dr Sally Bradberry**  
**Lead Alcohol Nurse: Arlene Copland.**

# Sandwell and West Birmingham Hospitals

NHS Trust

## **SWBH NHS Trust Alcohol Care Team Report, Financial Year 2** **April 2019 – March 2020**

<b>Report By:</b>	<b>Arlene Copland, Sally Bradberry</b>
<b>Organisation:</b>	<b>Sandwell &amp; West Birmingham Hospitals NHS Trust</b>

### **Introduction**

This is the second annual report from the alcohol care team (ACT) since becoming operational in January 2018. This report evidences the impact of the SWBH ACT and provides a financial summary on income generated by the team and estimated savings due to admission prevention.

The services offered by the ACT have grown within the last 12 months and the impact of the team is recognised not only within the Trust, but regionally and nationally. The team won the 2020 Vision prize for integrated care pioneer of the year at the 2019 SWBH star awards, gained national recognition from Public Health England (PHE) and NHS England / Improvement (NHS E/I) and have presented at national conferences. The lead alcohol nurse has been invited to be a member various national bodies which influence national alcohol policy, and is the East and West Midlands expert advisor on ACTs. This service was chosen as the gold standard ACT and a case study was published by NHS England (case study attached to the end of this report).

### **Summary of Year One: April 2018-March 2019**

In the first year, the team focused on establishing the ACT, improving the management of acute alcohol withdrawal and the care of patients with alcohol misuse issues and ensuring the Trust was aware of the team's presence and services. The existing alcohol withdrawal guidelines and pathways were revised and links were established with community teams, public health and commissioners. One of the team became the education lead to focus on training Trust staff to improve the understanding of addiction and the clinical management of alcohol misuse issues.

### **Summary of Year Two: April 2019-March 2020**

In the second year the ACT focused on establishing pathways for improved communication and collaborative working with relevant services within SWBH including midwifery, hepatology, palliative care, mental health services and the domestic violence team.

Two very successful new groups were initiated: *A friends and family support group* for people struggling to cope with a loved one's drinking and a weekly *Alcoholics anonymous (AA)* meeting at City hospital, open to both in-patients and out-patients.

The team welcomed volunteers who had been previously treated by the ACT to help support patients who were going through the elective detox process and arranged student nurse placements in the team.

Alcohol awareness events were held throughout the year, targeting patients, visitors and staff.

SWBH ACT was recognised by PHE and NHS E/I as a flagship, unique service, particularly noted for robust data collection.

### **Year Three Aims**

In the third financial year, the ACT aims is to secure funding to provide a 7 day service (as recommended by Public Health England as best practice for ACTs).

The team also plans to seek support for expansion and restructuring to include a Band 8 lead to coordinate the ACT national profile, raise its international profile, coordinate research and publish in the peer reviewed literature to best utilise the extensive data collected since the ACT was initiated.

The team has submitted a bid for a band 5 nurse to join the ACT to fibroscan patients in order to meet NICE guidance (NG50) which recommends that all patients with alcohol dependency are fibroscanned as a liver disease prevention strategy. The Trust is not currently achieving this due to the time restrictions in the hepatology team.

The ACT also hopes to establish a community fibroscan service to target populations where excessive drinking is normalised. This is a highly relevant health improvement intervention since alcohol related liver mortality is significantly higher than national average in the Sandwell area. Ideally the ACT would secure sponsorship to purchase or lease a mobile clinic vehicle to extend the reach into the community.

Thinking further ahead, the ACT will look to secure funding for a drug specialist nurse to join the team to improve the care and management of patients with drug misuse issues.

### **Socio-economic data**

The last section of this report summarises a selection of the socio-economic data collected by the team on our patient population. We have not yet had the time to analyse this information fully but it highlights the vulnerable nature of the population we work with. For example, some 60% were unemployed and less than 12% owned / had a mortgage on their own home.

### **Covid-19**

The SWBH ACT had to change working practice in March 2020 due to the restrictions imposed by the Covid-19 pandemic. Face to face appointments were cancelled and replaced with telephone consults which command a significantly lower tariff. Elective detoxes were also postponed. These aspects, plus staff shortages in November and December 2019, contributed to a 10% reduction in clinic income and 9% reduction in monies saved from reduced bed days compared to the previous year.

<b>April 2019 – March 2020</b>	<b>Accumulative data (April 2019 – March 2020)</b>	<b>Mean monthly results</b>	<b>Monthly Targets</b>
Total number of patients referred	1774	147.8	Aim to see 150 new patients per month
Number of outpatient follow-up appointments with an alcohol nurse or practitioner	697	63.8	At least 55 follow-up appointments will be offered per month to see an alcohol nurse/practitioner (in addition to patients seen by Consultant)
% of patients seen in ED within 1 hour (within working hours)	99.7%	99.7%	95% of patients referred from ED within alcohol team hours will be seen within 1hr
% of in-patients seen on the day of referral (within working hours)	99.5%	99.5%	95% of in-patient referrals will be seen within 1 working day
Total number of alcohol-related hospital bed days prevented  (Admission prevention from ED or outpatients, reduced length of in-patient stay)	545	45.4	To prevent 45 bed days per month
MECC Referrals	326	27.1	The number of MECC referrals per month will increase to 40 per month (target not revised)
Internal <i>new</i> referrals to SWBH services (Alcohol outpatient clinic, Alcohol team caseload, homeless team, dementia team, RAID team)	389	32.4	At least 25 SWBH internal referrals will be made per month
Alcohol team <i>new</i> referrals to community based services (non MECC fast track referrals to community alcohol services, alcohol	382	31.8	At least 25 referrals to community based services will be made per month

rehabilitation, AA, Smart groups, social services, home from hospital, homeless health exchange)			
Teaching sessions: The number of SWBH staff attending a teaching session on the management of alcohol withdrawal and/or MECC	563	46.9	At least 30 staff per month to receive face to face tuition from alcohol team on SWBH alcohol misuse pathways and / or MECC

<b>Financial report: April 2019 – March 2020</b>	<b>Number</b>	<b>Estimated Income</b>
Alcohol Consultant – new clinic appointments	88	£17,279.08
Alcohol Consultant – follow up clinic appointments	189	£21,750.99
Alcohol Clinical Nurse Specialist – new clinic appointment	38	£9,353.09
Alcohol team follow up appointments	697	£34,118.15
Telephone support	93	£2,232
Elective detox clinic appointment	45	£7,583.40
Elective detox in-patient admissions	37	£81,400
<b>Total income from clinical work</b>		<b>£173,176.71</b>
Estimated bed days saved  This is a conservative estimate based on 1 bed day = £400	545	£272,500
<b>Estimated financial saving due to admission prevention and reduced LOS</b>		<b>£272,500</b>

<b>SWBH alcohol team monthly cost to the Trust</b>	<b>£18,339.35</b>
<b>SWBH alcohol team 12 monthly cost to the Trust</b>	<b>£220,072.20</b>

**Demographic Information: April 2019 – March 2020**

<b>Age:</b>	<b>No.</b>	<b>%</b>
<25	31	1.94
25-49	764	47.8
50-64	584	36.5
65+	218	13.6

<b>Ethnicity:</b>	<b>No.</b>	<b>%</b>
1. White British	982	62.8
2. Other white	111	7.1
3. Mixed ethnic groups	29	1.85
4. Asian / Asian British	332	21.2
5. Black / African / Caribbean / Black British	108	6.91

<b>Housing:</b>	<b>No.</b>	<b>%</b>
1. Tenant in rented social housing accommodation?	513	33.0
2. Tenant in privately rented accommodation?	337	21.7
3. Homeless person staying with friends and family?	87	5.6
4. Homeless person in hostel accommodation?	112	7.2
5. Rough sleeper or No Fixed Abode (NFA)?	89	5.7
6. Owner occupier with a mortgage?	98	6.3
7. Owner occupier without a mortgage?	80	5.1
8. Other	67	4.3
9. Not known	169	10.8

<b>Employment Status:</b>	<b>No.</b>	<b>%</b>
1. Unemployed	960	60.8
2. Employed full time	190	12.0
3. Employed part time	42	2.6
4. Self employed	22	1.4
5. Pensioner	179	11.3
6. Student	8	0.5
7. Other	36	2.3
8. Not known	142	9.0

<b>Exercise:</b>	<b>No.</b>	<b>%</b>
1. Physical sports	13	0.8
2. Keeping fit	14	0.9
3. Walking	127	8.3
4. Yoga	6	0.4
5. Dance	0	0

6. Mild exercise	21	1.3
7. Moderate exercise	7	0.4
8. Gardening	24	1.5
9. Other hobbies	27	1.7
10. No exercise	876	57.6
11. Unknown	405	26.6

<b>Social support:</b>	<b>No.</b>	<b>%</b>
1. Community	35	2.2
2. Faith	55	3.5
3. Voluntary	4	0.25
4. Sports group	6	0.3
5. No social support	734	47.5
5. Unknown	711	46.0