

## UK admissions for alcohol related disease 2014/5

- 1.1 million admissions with alcohol as the primary reason (13-20% of total admissions )
- This represents a 3% increase over admissions in 2013/4
- Annual cost for alcohol related harm to NHSE £3.5 billion (2013)

Public Health England 2015

## Isle of Wight Integrated Alcohol Service

- Three clinical cases involving recent acute admissions at St Mary's
- Each case highlights a gap in the current provision of alcohol services on the Island

## Case 1- Keith

- 42 year old male
- Long history of alcohol abuse
- Had previous contact with IRIS but difficulty engaging
- Admitted November 2016 with abdominal pain and jaundice
- Multiple previous ED attendances

## Case 1 - Keith

02/09/2014: abdominal pain, chronic pancreatitis		
10/09/2014: abdominal pain, chronic pancreatitis. Admitted under surgeons		
15/09/2014: abdominal pain, chronic pancreatitis		
16/09/2014: abdominal pain, alcohol related seizures	•	08/04/2015: abdominal pain
17/09/2014: abdominal pain	•	18/04/2016: seizure
19/09/2014: abdominal pain	•	15/05/2015: abdominal pain
20/09/2014: abdominal pain. Admitted under surgeons	•	29/05/2015: abdominal pain
21/09/2014: abdominal pain, chronic pancreatitis	•	02/02/2015: chronic pancreatitis
01/10/2014: abdominal pain, chronic pancreatitis	•	09/02/2015: Haemorrhoids, PR bleeding
02/10/2014: PR bleed	•	12/02/2015: abdominal pain
09/10/2014: abdominal pain	•	16/02/2015: abdominal pain
11/10/2014: Deliberate self harm. Admitted under psychiatry. Referred to IRIS	•	17/02/2015: abdominal pain
02/11/2014: Leg pain	•	18/02/2015: abdominal pain, chronic pancreatitis
06/11/2014: dizziness	•	21/02/2015: chest and abdominal pain
07/11/2014: alleged overdose	•	03/03/2015: alcohol intoxication, wrist injury
08/11/2014: Anxiety. OP mental health referral	•	18/03/2015: alcohol intoxication, abdominal pain
24/11/2014: overdose, metacarpal fracture. Admitted under mental health. Discharged, no follow up.	•	22/03/2015: alcohol related seizure
11/12/2014: abdominal pain	•	08/04/2015: abdominal pain
12/12/2014: abdominal pain	•	18/04/2016: seizure
17/12/2014: abdominal pain	•	15/05/2015: abdominal pain
18/12/2014: Alcohol intoxication	•	29/05/2015: abdominal pain
19/12/2014: abdominal pain, alcohol intoxication	•	30/05/2015: SOB
19/12/2014: alcohol intoxication	•	01/06/2015: dental pain
20/12/2014: alcohol intoxication, head injury	•	10/06/2015: abdominal pain
20/12/2014: alcohol intoxication	•	08/07/2015: abdominal pain, seizure
01/02/2015: abdominal pain	•	13/07/2015: abdominal pain, chronic pancreatitis
02/02/2015: chronic pancreatitis	•	27/07/2015: alcohol intoxication, fall, rib injury
09/02/2015: Haemorrhoids, PR bleeding	•	30/07/2015: rib injury
12/02/2015: abdominal pain	•	04/08/2015: alcohol intoxication
16/02/2015: abdominal pain	•	22/08/2015: abdominal pain, chronic pancreatitis
17/02/2015: abdominal pain	•	02/09/2015: abdominal pain, chronic pancreatitis
18/02/2015: abdominal pain, chronic pancreatitis	•	05/09/2015: seizure
21/02/2015: chest and abdominal pain	•	06/09/2015: suicidal ideation. Admitted under psychiatry, advised to contact IRIS
03/03/2015: alcohol intoxication, wrist injury		
18/03/2015: alcohol intoxication, abdominal pain		
22/03/2015: alcohol related seizure		
		15/10/2015: abdominal pain, chronic pancreatitis
		18/11/2015: alcohol related seizure
		29/12/2015: seizure
		30/12/2015: seizure
		03/01/2016: abdominal pain, chronic pancreatitis
		04/01/2016: deliberate self harm
		06/01/2016: abdominal pain
		08/01/2016: abdominal pain
		09/01/2016: chest pain
		15/01/2016: abdominal pain
		16/01/2016: abdominal pain, suicidal ideation, OP mental health referral
		18/01/2016: threatening deliberate self harm
		19/01/2016: abdominal pain
		15/02/2016: requesting mental health services
		16/02/2016: suicidal ideation. IRIS appointment booked, inpatient detox at Sevenacres booked for May 2016.
		19/02/2016: chest pain
		28/02/2016: alcohol intoxication
		09/04/2016: alcohol intoxication
		23/04/2016: abdominal pain
		29/04/2016: abdominal pain
		03/05/2016: abdominal pain
		08/05/2016: abdominal pain
		28/05/2016: mental health issue. Out patient mental health referral made.
		29/05/2016: abdominal pain
		31/05/2016: abdominal pain
		20/06/2016: vomiting
		16/11/2016: abdominal pain, acute alcoholic hepatitis

## Keith

- 79 A&E attendances over 26 months before last admission
- Almost all were related to alcohol
- Alcohol services never directly involved in admissions
- Referral to IRIS or documented advice to self refer on only three occasions
- Blood results suggested the presence of alcoholic liver disease but never seen by gastroenterology

## Keith

- Developed multiorgan failure
- Raymond died during this admission as a result of severe acute alcoholic hepatitis

## Keith

‘Early detection leads to early treatment and has a major impact on prognosis and outcome. There should be a ... strategy to promote the early detection of patients with liver disease’

(BASL/ BSG 2009)

## Case 2 - Louise

- 44 year old female with alcohol addiction
- Two children from previous relationship who live with their father
- Lived with partner who also has alcohol problem
- Previous admissions related to alcohol and domestic abuse
- Discharge delayed in August 2016 by safeguarding following admission with injuries from domestic abuse

## Louise

- ▶ Admitted November 2016 with alcohol withdrawal seizures and Wernicke's encephalopathy
- ▶ Safeguarding concerns raised again regarding domestic violence
- ▶ Discharge delayed by more than a week while waiting assessment by social housing charity

## Louise

- Huge anxiety regarding discharge and future
- Butler Gardens unable to assess
- Has had to register as homeless

## Louise

- ▶ Almost half of violent assaults are alcohol related (PHE)
- ▶ Excessive alcohol use is a strong and consistent correlate of marital violence (WHO)
- ▶ Physical, psychological and behavioural problems for children of parents with alcohol problems
- ▶ 27% of serious case reviews mention alcohol misuse.

## Case 3 - David

- 47 year old chef
- Two children
- Multiple admissions related to alcohol

## David

- ▶ Admitted with alcoholic hepatitis
- ▶ Due to go to Sevenacres for inpatient detox at time of admission
- ▶ Sevenacres bed could not be kept
- ▶ Physical detox on ward
- ▶ Frustration at not being able to go to Sevenacres and lack of services in acute hospital

**“Nobody here  
can help me”**

## David

- No inpatient alcohol services
- No staff trained to provide brief interventions
- Pressure on time of acute ward staff
- Very limited exploration of reasons behind drinking
- Discharged to Butler Gardens

“If you send me home like this, I’m going to die”



## David

- Died December 2016
- Post mortem result awaited
- Toxicology report shows blood alcohol level >2x the drink driving limit

## Numbers of Liver Disease admissions in Wessex over time

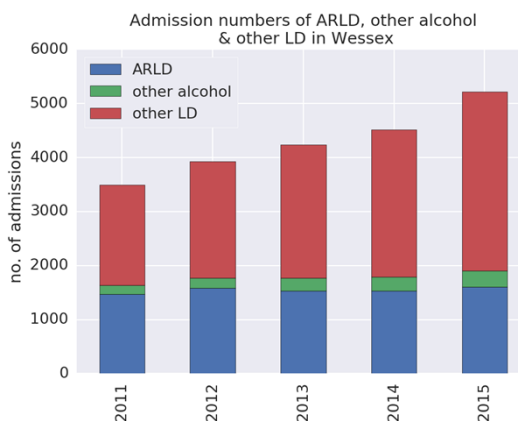
### Key Narrative

In Wessex there were over 5000 LD admissions in 2015 and the no. of LD admissions have increased over time (49% between 2011-15).

The number of ARLD admissions have remained similar over time. However the total no. of alcohol-specific admissions ('ARLD' and 'other alcohol') have increased by 16% between 2011-15.

42% of all LD admissions between 2011-2015 were alcohol-specific.

A HHFT audit suggests that up to an additional 13% of Liver Disease admissions have alcohol use disorders but are not coded as such.



No. of Liver Disease admissions are increasing each year

Alcohol-specific admissions (ARLD and 'other alcohol') have increased by 16% (2011-15)

## Headline numbers: Isle of Wight NHS Trust

- During Jan 2011 – Dec 2015:
  - There were **1,652 LD admissions**
  - There were **535 ARLD admissions** (from **272 ARLD patients**)
  - **36 %** of all **LD admissions** had an **alcohol-specific condition** recorded
  - **92 %** of all **LD admissions** were **emergency**
  - **47% ARLD group die in hospital (39% non ARLD)**

\* Cost may be under-reported by up to 10%, as some admissions could not be assigned to a HRG tariff

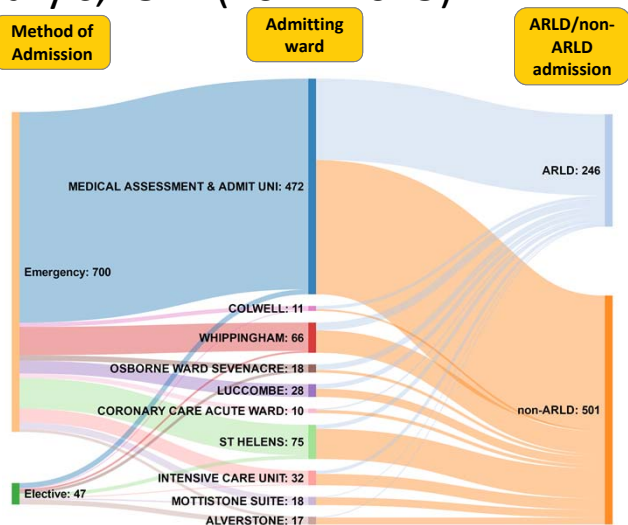
## Liver Disease/ARLD inpatient journey St Mary's, IOW (2014-2015)

### Key Narrative

This visualisation shows the routes of admission for Liver Disease and ARLD through wards at the Trust.

**204 patients were admitted to surgical wards**

In depth audit of admissions reveals an additional 27% of patients with non ARLD codes have evidence for ARLD



### Admissions/bed days/spend on LD & ARLD admissions to Trust, from CCGs across Wessex (2015)

CCG name	No. of Liver Disease admissions	Liver Disease HRG admission costs (£)	No. of ARLD admissions	No. of ARLD bed days	ARLD HRG admission costs (£)	Average (mean) length of stay of ARLD admission (days/adm)	Average (mean) cost of ARLD admission (£/adm)
Isle of Wight CCG	408	£1,356,680	144	1915	£443,020	13.3	£3,077
non-Wessex	15	£54,250	4	60	£8,120	15.0	£2,031
West Hampshire CCG	2	£10,060	0				
Dorset CCG	1	£560	0				
NE Hampshire & Farnham CCG	1	£2,090	0				

#### Key Narrative

This table gives Trust information specific to the CCG where the admitted patient is registered. For all Liver Disease admissions it presents: total number of admissions and total HRG spend for these. For ARLD admissions (a subset of the LD) it presents: numbers of admissions, bed days used & total HRG spend, as well as the average length of stay and average cost per admission.

*Note: not all admissions could have a PbR tariff attached. Therefore approximately 10% of admission costs are not included in these figures.*

### Estimating early intervention cost avoidance at Trust: cost avoided

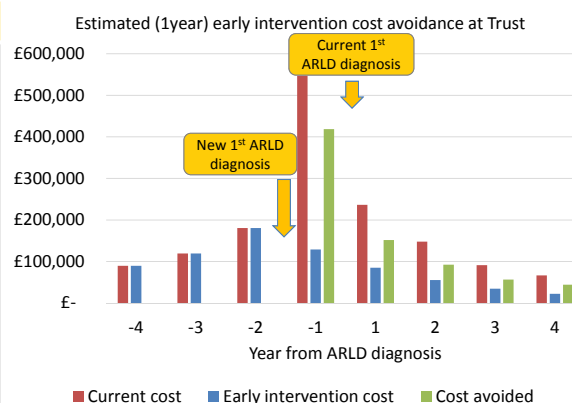
#### Key Narrative

If diagnosis of ARLD patients is brought forward (by either 1 or 2 years) the estimated cost avoidance at the Trust is between £0.8m-£1.0m per year respectively.

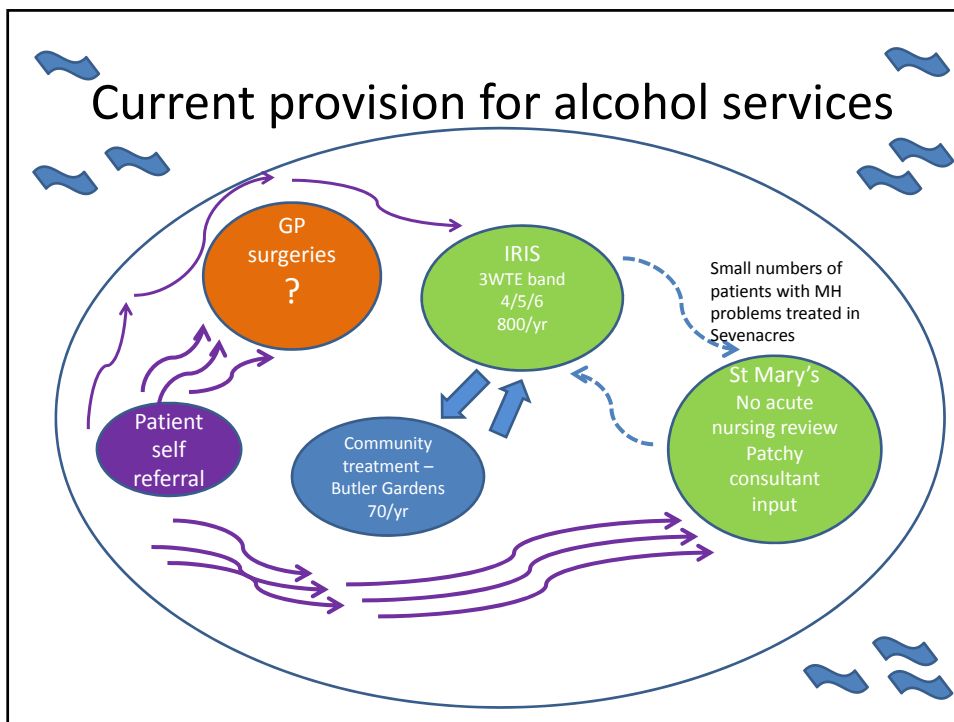
*Note: this is likely an under estimate as figures only include hospitalised costs; reduced costs in additional care settings could further increase the potential costs avoided.*

Early intervention requires mandatory alcohol screening and referrals to alcohol care team.

(Wessex AHSN figures 2016)



**By improving the management of patients in the Trust setting it is estimated that a cost avoidance of £0.8-1.0m per year is possible**



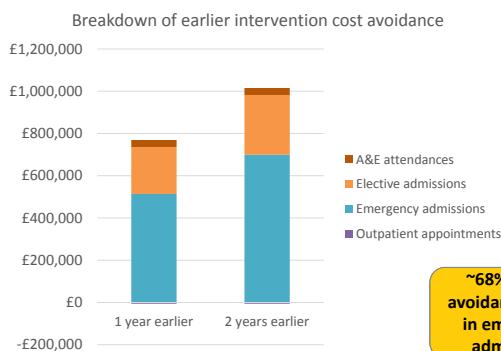
## Estimating early intervention cost avoidance in Trust: where are costs avoided?

### Key Narrative

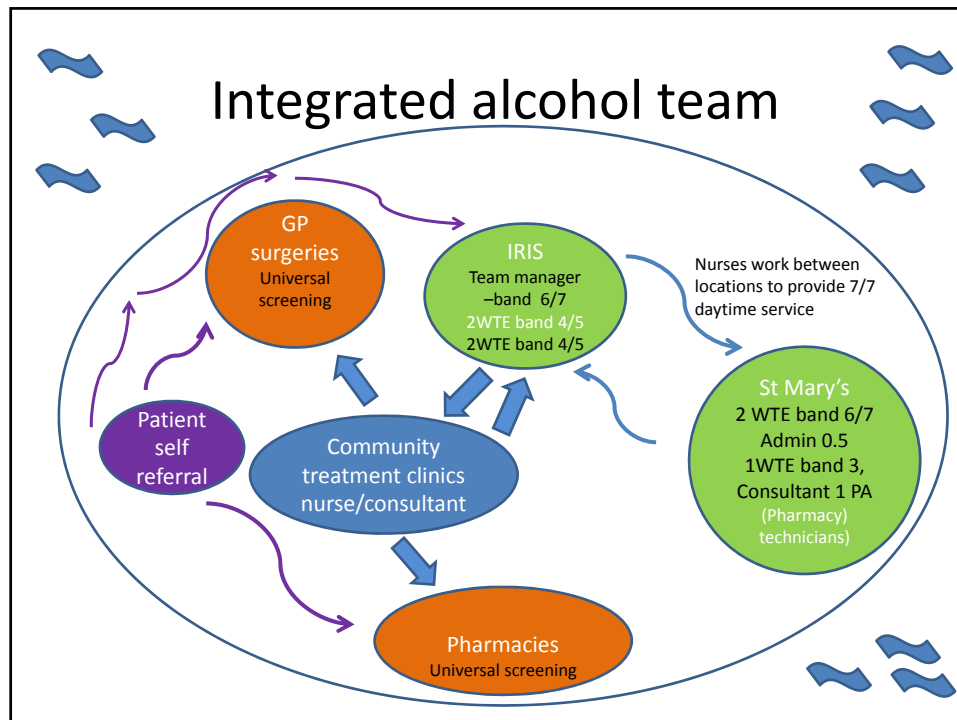
The estimated cost savings from intervening either 1 or 2 years earlier are broken down opposite.

The largest estimated cost avoidance is from emergency admissions (contributing ~68% of cost avoidance), followed by elective admissions (contributing ~28%).

An increase in cost is expected from outpatient appointments (due to the increased patient survival). This cost is relatively small in comparison and is included in the estimated cost avoidance quoted.



	1 year earlier	2 years earlier
Elective admissions	£221,800	£282,100
Emergency admissions	£513,500	£699,500
Outpatient appointments	£-5,700	£-5,700
A&E attendances	£33,700	£33,700
<b>Total</b>	<b>£760,000</b>	<b>£1,010,000</b>

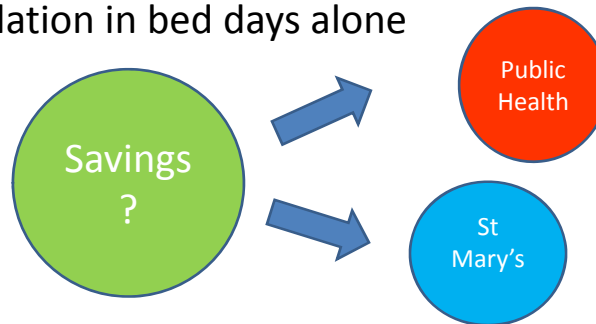


### Start up costs

- Hospital team £157 K
- Community team ? £100 K
- Pharmacy research project - NIHR grant

## NICE Quality and Productivity

- 7/7 nurse led alcohol service and assertive outreach
- Delivers £286 000 savings per 100 000 population in bed days alone



[www.nice.org.uk/localpractice/collection](http://www.nice.org.uk/localpractice/collection) 2016