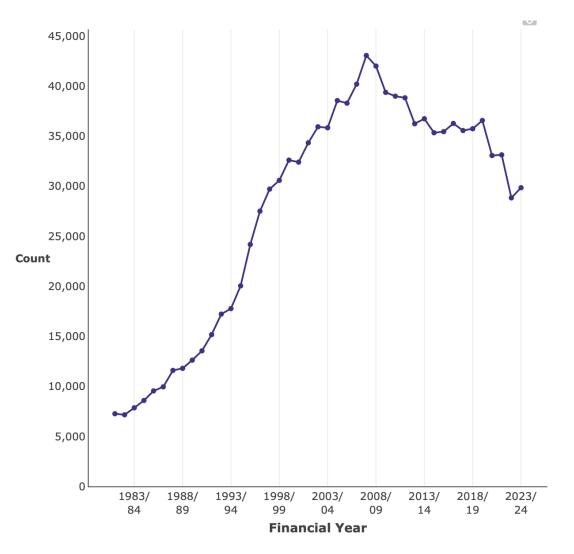
Alcohol Care Teams

North Lanarkshire ADP Alcohol Summit 2 April 2025 Alastair MacGilchrist



Alcohol in acute hospitals

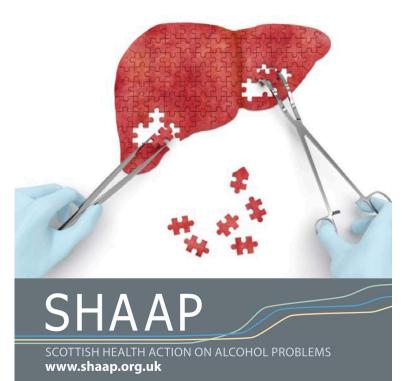
- 30,000 admissions per year in Scotland
- 6,000 alcohol-related liver disease
- 23,000 mental and behavioural disorders due to alcohol
- 4% of in-patients have alcohol dependence (v 1.4% in general population)
- Figures do not include the thousands of alcohol-related A&E attendances



PHS Alcohol Dashboard, 2025 NHS England & NHS Improvement, 2019

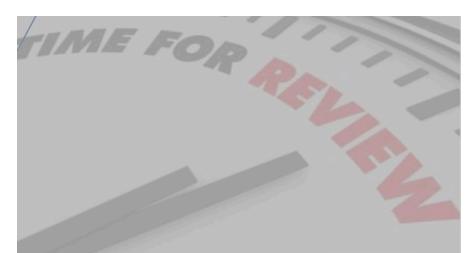


Alcohol-related Liver Disease: Guidance for Good Practice



Action 2

Patients admitted to hospital with alcoholrelated liver failure should be managed immediately, in accordance with national guidelines, be reviewed by a physician with expertise in liver disease and be engaged with an alcohol treatment service prior to discharge.



A REVIEW OF ALCOHOL SERVICES IN SCOTLAND'S ACUTE HOSPITALS

Summary report prepared for Scottish Health Action on Alcohol Problems





SHAAP, 2024

SHAAP, 2017

What is an Alcohol Care

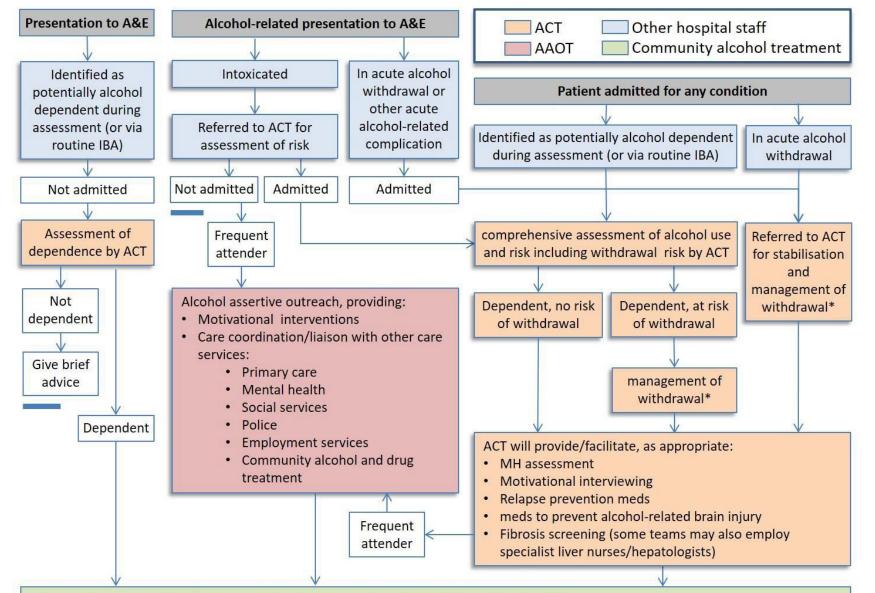
- Multi-disciplinary team, led Gamar Clinician
- Integrated alcohol treatment pathway across primary, secondary and community care
- Coordinated alcohol policies for emergency departments/acute medical units
- 7-day alcohol specialist nurse service
- Addiction and liaison psychiatry services
- Alcohol assertive outreach team
- Consultant hepatologists and gastroenterologists
- Quality metrics, indicators and audit
- Workforce planning, training, accreditation

Moriarty et al. Frontline Gastroenterology, 2019 Alcohol Care Teams: Core service Descriptor. NHS England & NHS Improvement 2019





Role of ACTs in the pathway for patients with AUD in acute hospitals



PHE, 2019

with thanks to Prof Colin Drummond

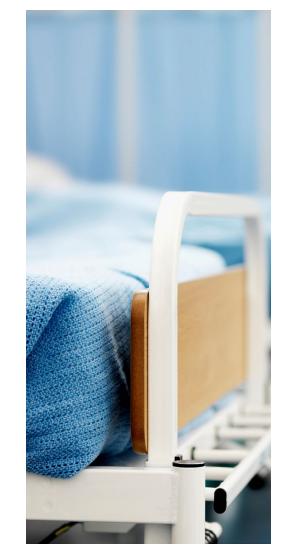


Transferred to community alcohol specialists for ongoing treatment and recovery support

*If patient is otherwise fit and safe for discharge before withdrawal management is complete - refer for completion in the community

What is the impact of ACTs?

- Reduce readmissions and length of stay
- High scores for savings, quality and evidence of change in NICE practical case study
- Return of £3.85 for every £1 spent
- In patients with ArLD, reduce reported consumption and improve GGT





NICE, 2016 Ryder et al Clin Med 2010

What's happening in Scotland?



A REVIEW OF ALCOHOL SERVICES IN SCOTLAND'S ACUTE HOSPITALS

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Part 1. Online survey Responses from 20 of Scotland's 32 acute hospitals

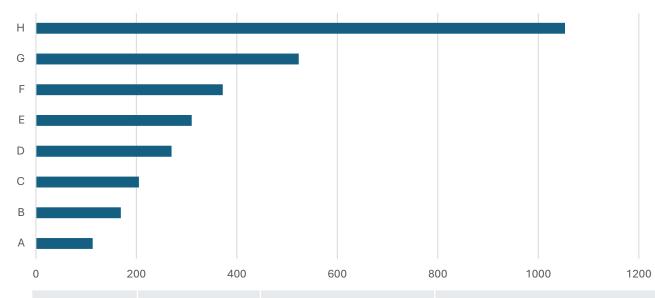
Part 2. Semi-structured interviews n = 22 from 12 of Scotland's14 Health Boards





In the 8 responding Scottish hospitals with over 100 beds:

number of beds per alcohol nurse



hospital	no. of beds	no. of alcohol nurses (WTE)	number of beds per alcohol nurse
А	227	2	113
В	678	4	169
С	904	4.4	205
D	647	2.4	270
E	434	1.4	310
F	929	2.5	372
G	785	1.5	523
н	313	0.3	1053

17/20 (85%) of Scottish hospitals have an alcohol nurse (comparable to England: 83% in 2016) but huge variation in actual capacity

Review of Alcohol Services in Scotland's Acute Hospitals. SHAAP/Figure8, January 2024



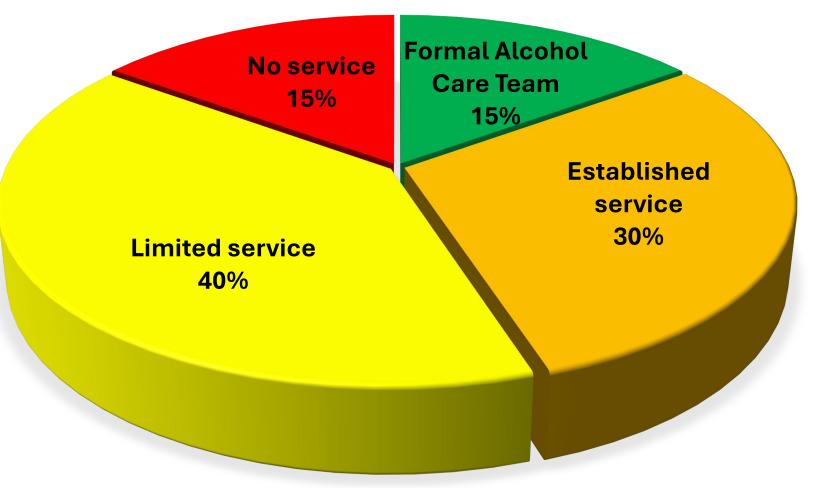
Tier category

We have a formally designated Alcohol Care Team [ACT].

We have an established service specifically targeting problem drinkers which has not been formally designated as an ACT.

We have a limited/occasional/ intermittent/ad hoc service for problem drinkers.

HOW HOSPITALS DESCRIBE THEIR OWN ALCOHOL SERVICE



We have no service specifically for problem drinkers.

Review of Alcohol Services in Scotland's Acute Hospitals. SHAAP/Figure8, January 2024



How does the service operate?

Are all admissions screened for AUD? Y=6, N=6, DK=7 How are patients referred? 'Automatically'? 1/20 'Actively'? 9/20 'Passively'? 14/20 Are patients with AUD screened for liver disease? Y=6, N=5, DK=8

How is the service structured?

Responsible department?

psych 10, acute medicine 2, gastro 1, gastro + psych 1 Designated alcohol lead? 4/17 (66/116 in England in 2016) Funding?

50% ADP, 50% variety of secondary care budgets



What's happening in Scotland?

- Disparity and lack of standardisation in screening and management of care for in-patients with AUD including people with ArLD
- Inconsistencies in post-discharge follow-up
- Staffing shortages and infrastructure challenges
- Gaps in policies and practices
- Fragmented nature of alcohol-related healthcare provisions



Review of Alcohol Services in Scotland's Acute Hospitals. SHAAP/Figure 8, January 2024



Scottish Health Action on Alcohol Problems

What about North Lanarkshire?

- 2421 alcohol hospital admissions in 2023-24: 30% above national average
- No ACT survey info for North Lanarkshire hospitals
- Hairmyres:
 - 1.4 WTE specialist alcohol nurses = 310 beds per nurse
 - Patients with AUD automatically referred to alcohol service
 - No routine screening for ArLD
 - Post-discharge follow-up phone call





What is SHAAP doing about ACTs?

- Drafting Consensus statement
- SHAAP + RCPsych + RCN



- ACTs should be detailed part of future National Service Specification
- > Standards for alcohol treatment in hospitals are required
- Patient pathways should be clear and formalised
- Education bodies for healthcare professionals should provide basic education on alcohol
- Every IJB and ADP should establish a strategic group to oversee needs assessment in relation to alcohol treatment services

Questions for you

- Would an ACT align with North Lanarkshire ADP's strategic priorities?
- Would an ACT make a difference in North Lanarkshire?
- Is there scope to develop one?
- What would help?



