Minutes of the 19th meeting of the APPG - drug and alcohol admissions with Dr Foster Intelligence, held on 15 January 2014 in the House of Lords

Lord Victor Adebowale, Chief Executive of Turning Point and Co-Chair of the APPG welcomed attendees and introduced the topic and speakers

Roger Taylor - Director of Research and Public Affairs at Dr Foster Intelligence
- Dr Foster study shows the immediate impact of drug and alcohol misuse, half a million people, the majority of whom are middle-aged are accounting for a lot of hospital admissions related to drug/alcohol issues
- Groups affected are those in their twenties and those in their forties, there are two different issues – binge drinking (people admitted once in a decade for alcohol) numbers are reducing, numbers of other group with more serious diagnoses and more admissions not changing - we hear lots about binge drinking but there are other problems
- Admissions more likely to come from more deprived areas but significant 10% come from affluent communities so issue cuts across social gradients
- Disproportionate number of admissions of people recorded as having no GP
- Looking at the data by local authority is also key due to public health funding models
- The conclusion is - get help for your 44 year old drink and drug issue
- There’s a need to work together, integrated care is required as hospitals do not have all the necessary tools

Lord Adebowale asked what the impact would be on crisis and A&E services if we do nothing, Roger Taylor said that pressures on hospital occupancy impacts on quality of care for everyone and will increase if we do nothing

Dr Nick Sheron - clinical hepatologist at the University of Southampton and Southampton General Hospital liver unit lead
- The impact of alcohol is higher than that of smoking for attributable years lost
- Looking at liver admissions by year of death in Southampton shows a significant increase in liver disease
- The overall mortality rate for liver disease admissions is 70%, worse than most cancers, we are doing no better despite 20 years of care advances
- Liver disease develops silently so often the first indication is admittance for end stage liver failure, with most patients never having had their disease previously identified
- We need to understand the causes and improve the situation, mortality rates for other diseases are decreasing but liver disease mortality is increasing
- Beer and whiskey consumption has gone down, patients with liver disease predominately drink spirits, cheap cider, wine and strong lagers – the affordability of these drinks has changed
- Stronger alcohol is now far cheaper as a result of government policies and lobbying by the drinks industry and we are now in the third alcohol epidemic
- In Southampton, patients with the highest level of consumption are drinking cheaper per unit alcohol. Minimum unit pricing would have a greater impact on patients with cirrhosis and is an effective policy which is why it is opposed by the industry

**Dr Graham Sanderson - Alcohol and Substance Misuse speciality lead at Bradford District CCG**
- Much physical health morbidity is associated with the top ten conditions related to alcohol consumption, including cardiac arrhythmias and hypertensive diseases
- There is a clinical case for investing in alcohol services with £5 saved for every £1 invested in Bradford
- Extrapolation of national data suggests alcohol abuse costs the NHS over £27 million and society over £200 million in Bradford alone.
- There has been a 24% increase in moderate to severely dependent drinkers between 2000 and 2007, there are 17,000 people drinking at harmful levels, with many not in contact with alcohol services
- A financial commitment has been made for a service to screen patients, GPs should stay actively involved but clinicians have pressure on their time so appropriate delegation of screening also needed
- £1.2 million committed by CCGs to get more patients screened, though this may generate more clinical work for them
- Patients are screened in primary and secondary care and those that need it referred to the alcohol hub and for further interventions
- Asking GPs to add on screening to their work is a cottage industry that will not work
- The clinical template includes e-referral allowing GPs to refer patients to alcohol services and a feedback facility
- Commissioning should involve all morbidity associated with alcohol misuse – causal and non-causal, dual diagnosis patients also need to be properly addressed

**Lorraine Hollis - Operations Manager, Turning Point, Sunderland Royal Hospital**
- The Sunderland Royal Hospital alcohol liaison team is a multi-disciplinary team working with other hospital staff
- Established in 2005 with one worker, the team has grown to five Turning Point workers and two alcohol nurse specialists and has been recommissioned as part of the area’s alcohol recovery pathway service
- Open 7 days a week, patients can be referred to Turning Point for drug or alcohol issues, there’s a 24 hour helpline for out of hours, where auto-referrals can be made and the team sees people on the ward for triage, assessment and brief intervention
- Once a patient has an identified alcohol problem or is admitted in relation to alcohol the team can talk to them while in hospital, there is a recovery navigation service outside the hospital if they want to be directed to treatment
- If referred to the recovery navigation service they get a single point of entry, assessment, care navigated from the start by one person and can get peer mentoring
- Improvements have been seen in mental and physical health and wellbeing, prevention of alcohol related illnesses and improved social circumstances
- Recovery navigators engage clients with assessments and monthly progress reports which go to their GP
Coordinated end to end care and a team with community intelligence helps stop people falling through the gaps and allows identification of potential risks in a person’s circumstances

There has been a decline in overall alcohol related attendances in Sunderland Royal Hospital - a 28% reduction in attendances between 2010-11 and 2011-12 with further reductions expected

Paul Bonallie – peer mentor, Turning Point, Sunderland Royal Hospital

- He faced a serious alcohol issue three years ago and went to Sunderland Royal Hospital where he met the Turning Point Team, attended detox for a week and has not looked back since
- Lots of positive work is happening in the area
- His nurse asked him if he wanted to get involved in peer mentoring and having trained, he now attends the hospital for one to one sessions, it is challenging work but something he wants to do

Discussion

Crossbench peer Baroness Masham of Ilton welcomed the speakers’ work and asked who funds them since the Health and Social Care Bill made changes regarding responsibility for drugs and alcohol

Dr Graham Sanderson said the decisions were made before he was in post, he has asked about the process and there was a health needs assessment and positive response from CCGs, it is about financial costs to the NHS as well

Lord Adebowale said that JSNAs are jointly agreed by Health and Wellbeing Boards and CCGs and asked if drugs and alcohol is a priority area in Bradford

Dr Sanderson said that his work is a two year pilot to demonstrate a reduction in hospital admissions

Brian Dudley, CEO of Broadway Lodge said many residential services are funded on a spot purchase basis, unlike community services

Dr Mark Holland from Manchester Mental Health & Social Care Trust said that there are many opportunities to target dual diagnosis clients across a range of services

Dr Cheryl Kipping from South London and Maudsley NHS Foundation Trust said that recent data shows no change to the impact being made in the area

Lord Adebowale asked if total costs could be calculated by looking at admissions across the country, as the £3.2 billion that the problem is supposed to cost the NHS could be an underestimation

Roger Taylor said the £3.2 billion equates to the time spent in hospital, but patients will also present at hospital for seemingly unrelated issues

Dr Nick Sheron said that the OECD suggest that alcohol costs OECD countries 2 to 3% of GDP, or £12 per week for every UK citizen, with taxpayers subsidising the drinks industry £9 per week each
Christina Barnett from Adfam asked if problem drinkers would still find the money to buy alcohol if minimum pricing was introduced

Dr Nick Sheron said there is a myth that heavy drinkers do not change their behaviour. Brief intervention is effective and impacts on 10% of the population changing their behaviour

Caroline Cole from Rehabilitation for Addicted Prisoners Trust said that usually dependent drinkers don’t commit crimes for their drink but in her experience 60-80% of clients with dependency have alcohol involved in the offence they are incarcerated for

Lord Adebowale asked about minimum pricing in Scotland

Dr Nick Sheron said that minimum unit pricing was part of the SNP’s election manifesto but the drinks industry has blocked the policy. It is being appealed but will take 4-5 years before this democratically elected piece of legislation becomes law and saves lives

Dr Cheryl Kipping said that she has examples of people presenting to hospital every week, they often cannot be assessed as they are intoxicated, then they leave hospital, police are called to do welfare checks and resources are wasted

Roger Taylor said that roughly a third of those with three or more admissions have a serious drug or alcohol issue

John Graham, Therapeutic Counsellor, said that he works with people with complex needs and dual diagnosis and repeat offending is an issue. Methadone is prescribed in prisons and the opportunity to impact on behaviour is lost

Magistrates’ guidelines call for a punitive as well as a therapeutic element to interventions and things are not changing. People are leaving prison and getting a drink and we cannot expect anything other than repeat behaviour. Public Health England is prioritising diseases, while abstinence based treatment services are not ring-fenced but people need the interventions

Liz Osbourne, commissioning officer for Kent Drug and Alcohol Team welcomed the services the speakers talked about. In Margate a pilot involving GPs and a community team run by Turning Point has been set up and has two years of ring-fenced money but how can we convince politicians to use the money for drug and alcohol clients more widely

APPG Co-Chair David Burrowes MP talked about the new local structures and that alcohol is a Cinderella service competing with others. We should recognise the opportunities in different regimes for funding alcohol services across the country. Reconfiguration is happening in his area of Enfield and Barnet and without a clear lead alcohol and drugs can get lost in the mix

On minimum pricing David Burrowes MP said that the previous public health minister was committed but powers beyond her led to the change in policy, hospital admissions is a key current issue so putting minimum pricing in the same context will make it resonate politically

There would have been legal challenges if it was introduced here, as in Scotland. Consensus and commitment is needed across the main parties and putting the issue in the context of health harm and admissions makes it hard to ignore
Lorraine Hollis said her team has seen an increase in self-referral for hazardous drinking. Many people are worried about their health and we have to meet them in the middle and ensure there’s ongoing funding.

Jo Hemmingfield from the British Psychological Society said it is important to hear the voices of the people who are affected as 30 years with no change is a serious issue.

Lois Dugmore from Leicestershire Partnership NHS Trust said clients can end up in and out of A&E, there may be a need for different systems but they need to talk to each other. If clients cannot engage at the first point they give up and stigma is an issue.

Graham Munn from the Hertfordshire Joint Commissioning Team asked about any mandate from NHS England to get CCGs to pool budgets and enforce a rational approach.

David Burrowes MP said that these issues are being discussed on the Ministerial Group on drugs that he is a member of and there should be localised decision-making without unduly mandating.

Lord Adebowale said the NHS mandate around parity of esteem applies and integrated budgets falls within one of the domains by which CCGs are authorised.

**Summing up**

Lorraine Hollis said the peer mentoring model and single point of contact are central to what her team does.

Paul Bonallie agreed, saying he sees huge benefits for the whole community.

Dr Graham Sanderson said there’s a lot of talk about systems and structures, with this chaotic client group services need to be well organised, standardisation of data and IT should also be a focus.

Roger Taylor said that hospitals can struggle to run their A&E departments due to the issue but there is hope around political support and younger people are behaving differently.

Dr Nick Sheron said people with alcohol problems face prejudice and get treated as scapegoats for wider problems.

David Burrowes MP said the meeting topic was chosen due to the stark reality of what we are facing. The issue is not marginal, though the individuals affected are marginalised and stigmatised.

1 in 10 hospital admissions and 22% of people with no GP contact at all is a big issue. There must be scope to have an impact on admissions but not convinced from the decisions being made by CCGs about how high it is on the agenda.

It is a challenge to him as an MP, to local politicians, and those accountable in CCGs and local authorities, we need to get the message out, it is not only a complex needs issue but one that resonates across areas and a huge priority.

Lord Adebowale said he wanted to return to the subject and a joint letter from the Co-Chairs about the meeting will be sent to the Health Secretary.
Penny Snowball from Addicts4Addicts said that there is a problem with a lack of funding in her area for community beds.

David Burrowes finished by saying the scale of the problem and opportunity for change is huge. It is not just a health issue and the Health Secretary is onside.