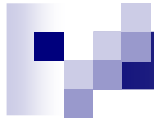


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# **The Journey from Commissioning to Implementing an Acute Addiction Liaison Service**



# CONTENT

- **Context**
- **Commissioning Process**
- **Results**
- **What we did next.....**
- **Where we are now.....**



# Scottish Context

- In Scotland over 40,000 people each year hospitalised with alcohol related illness
- Alcohol-related deaths have more than doubled in last fifteen years
- Scotland's rates of mortality due to cirrhosis of the liver are among the highest in Western Europe



# Scottish Context

- 50% men and 30% women are drinking over recommended weekly guidance
- 990 casualties (including 30 fatalities) on Scottish roads in 2005 as a result of accidents involving illegal alcohol levels
- Audit of A&E units suggested that at least 70% of assaults may be alcohol-related



# Scottish Context

- In 2007 there were 455 drug-related deaths in Scotland – 157 (35%) in Greater Glasgow & Clyde
- Estimate between 10,719 – 11,830 problematic drug users and 13,500 problem alcohol users' resident in Glasgow City
- Link between prevalence of drug misuse and alcohol admissions and deprivation.



# Acute Context

- 11,275 alcohol and/or drug related discharges from hospital city wide
- 41,396 Bed days
- 84% Emergency admissions
- 7% Elective admissions
- 9% Day patients
- 92% Alcohol related
- 8 % Drug related



# Commissioning Process

In 2003 commissioned a study to look at the management of patients with alcohol & drug problems in acute hospital settings.

Study carried out by Paisley University.



# Study

## Objectives:

- Review current practice across six Glasgow hospitals
- Review protocols/procedures/guidelines
- Identify training priorities/gaps
- Benchmark current liaison/through care practices between acute & primary care



# Study

- Set out recommendations on managing & improving the treatment & care of people with alcohol and drug problems
- Gain further information on staff views and experiences of working with patients with alcohol and drug problems
- Identify areas of good practice



# Additional Study

- A study of patients' views and experiences of alcohol & drug screening and advice/treatment of substance use problems in acute wards at two Glasgow Hospitals



# Study Method

- Literature review
- Visits to acute hospitals out with Glasgow area
- Individual interviews with acute staff using semi-structured questionnaire
- Focus groups
- Individual interviews with a range of staff in Glasgow substance misuse services



# Study Results

- No standardised system of screening
- Poor communication between members of the multi disciplinary team
- Majority of staff suggested that all patients should be screened for alcohol use on initial presentation or at pre-admission clinics.
- Different methods of managing withdrawals in different departments



# Study Results

- Lack of experience and information about drug use made staff fearful to ask patients questions
- Questions about drug use were asked only if 'suspicions' were raised
- Clinical judgement common method of screening for drugs with limited use of biological markers



# Study Results

- Staff voiced a range of health & safety concerns in relation to working with people with alcohol & drug problems
- Brief intervention by nursing & medical staff occurred in many wards but not consistently delivered



# Study Results

- Lack of knowledge of what services exist for substance misuse
- Training should be linked to practice
- Specialist help required to train & advise acute staff and support liaison with community.



# Study of Patient Views

- Majority of patients reported that they were 'not bothered' at being asked about alcohol and/or drug use
- Of patients interviewed who had alcohol/drug related problem only 10% offered help
- On admission 75% asked about alcohol use, 28% illegal drug use and 86% prescribed drug use



# What We Did Next.....

- Turned the findings/recommendations into an over arching strategy
- Developed an Acute Action Plan-  
'Management of Patients with Alcohol & Drug Problems in Acute Hospital Settings in Greater Glasgow'



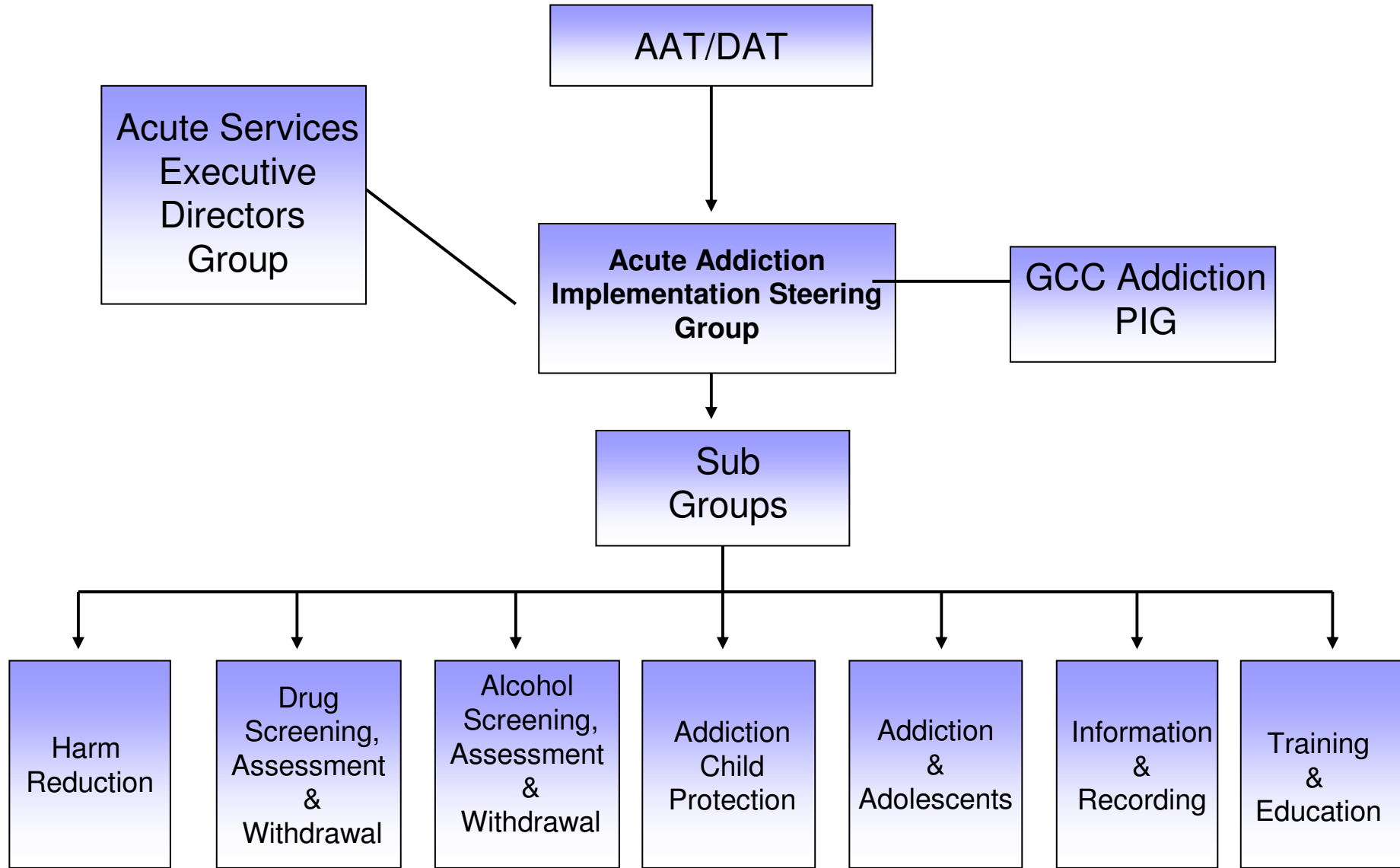
# What We Did Next.....

- Secured funding for ten Acute Addiction Liaison Nurse posts – phased implementation 2005/06
- Created an Addiction Coordinator post to drive the delivery of the plan
- Established a Steering group to oversee the delivery of the Acute Action Plan



# Coordinator Role

- Building networks and securing **'buy in'** by acute staff
- Develop structure to ensure ambitions of the Acute Plan are delivered
- Develop performance framework
- Review and update the Acute Addiction Action Plan





# Acute Liaison Service

- Key role as a vehicle to deliver the Acute Action Plan
- Provide assessment, opportunistic intervention and establish robust through-care pathways.
- Maximise the role of acute staff
- Promote good practice, and provide support, advice to acute staff
- Provide range of training linked to practice



# Acute Liaison Service

- Support staff to deliver Brief Intervention techniques with people who drink in a harmful/hazardous manner
- Promote & implement harm reduction approaches
- Prevention of ARBD
- Promote and embed health promotion approaches



# Acute Liaison

- 2007/08 – 3,456 referrals
- Age range, 18 & under (0.5%) 19-34 (16.7%) 35-54 (52.8%) 55 & above (30%)
- Alcohol – 85.2%
- Drugs/Drugs & Alcohol – 14.8%



# Current Issues

- Gap identified in appropriate through care provision for people over 65 with alcohol problems
- Proposal looking at early discharge care pathway for mild withdrawals – in conjunction with Community Addiction Teams



# Current Issues

- Proposal looking at weekend service
- Development of post that will lead on data analysis, data quality and highlight IM system improvements and developments
- Seconded a Acute Addiction Liaison Nurse to drive forward implementation of alcohol screening & withdrawal management standards across the six hospitals



# Current Issues

- Work is ongoing to address alcohol and drug misuse in the under 18s presenting at hospital A&E units across Glasgow
- Acute Liaison nurses linking into specialist liver clinics
- Developing liaison services appropriate to A&E