



Good Health

An Alcohol Strategy for King's Health Partners

August 2013

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FOREWORD

On New Year's Eve I drank a toast to King's Health Partners. As the bubbly went down a treat I reflected on the progress, and the lack of progress, of King's Health Partners. This year is the year that we need to collect and submit all the wonderful things that we have done as an Academic Health Sciences Centre. The pressure on us is therefore considerable. The organisation consists of its partners and therefore the partners should be feeling that pressure with the same intensity as those within the leadership team.

The purpose of King's Health Partners is to improve the health and wellbeing of our population and patients. We would go a long way towards realising that goal if we made a major contribution to reducing the problems of alcohol, smoking and obesity.

As you know, alcohol is a priority for Lambeth, Southwark and Lewisham, of the South London Academic Health Science Network and the Academic Health Sciences Centre. I have been to numerous meetings about alcohol, locally, London-wide and nationally. It turns out that we know what should be done but we have little ability, apparently, to do it. Alcohol is where smoking was 30 years ago.

The evidence base is strong. I recently attended a wonderful meeting that celebrated the life of Griffith Edwards who started all of the addictions work at the Institute of Psychiatry. He was a truly remarkable man and we saw evidence of this from reviews of his numerous papers about alcohol. I have also had a long discussion recently with Colin Drummond whose SIPS study has been very recently published in the British Medical Journal and demonstrates that brief intervention (the completion of a questionnaire, clinical feedback on the results, and giving the patients a booklet), reduces subsequent alcohol consumption by 15-20%. So, to repeat myself, we know what to do and we simply have to do it.

This alcohol strategy provides for the first time a comprehensive blueprint of what we need to do to impact upon alcohol related harm amongst our patients across acute and mental health care, both inpatients and community services. But it also presents several challenges. We need to change attitudes so that we make every contact count towards preventing alcohol harm. We need to raise standards across all Clinical Academic Groups to improve the care of alcohol misusing patients and the patient experience. This will require resources as well as renewed energy to tackle this problem. Although this is a deliberately inward looking strategy for King's Health Partners, we will also need to work with our many local stakeholders including patients and the public, to ensure we are all working in concert. But we have in alcohol a real opportunity to demonstrate the added value of our unique partnerships across King's Health Partners.

Professor John Moxham
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1. EXECUTIVE SUMMARY

1.1 The primary aim of the strategy:

To reduce alcohol related harm in the population served by King's Health Partners.

1.2 Top ten recommendations of the alcohol strategy:

Recommendation 1:

King's Health Partners will put in place appropriate systems to ensure that all King's Health Partners patients are offered alcohol screening and brief intervention (SBI) as recommended by NICE guidelines.

Recommendation 2:

All clinical staff and healthcare students in King's Health Partners will be trained to identify and provide simple brief interventions (SBI) to alcohol misusing patients, and where appropriate, to provide NICE compliant alcohol interventions, and to refer dependent drinkers for more specialized care.

Recommendation 3:

King's Health Partners will provide appropriate and accessible resources for clinicians within the organisation to support alcohol intervention activity.

Recommendation 4:

Each acute and mental health hospital within King's Health Partners will have an appropriately resourced multidisciplinary Alcohol Care Team to be the focus of alcohol care and support care pathways within and beyond the organisation in line with NICE guidelines.

Recommendation 5:

King's Health Partners should take advantage of its unique partnership to harness and link clinical information systems to monitor alcohol related attendances and SBI activity, inform clinical decision-making, and provide feedback to primary care.

Recommendation 6:

King's Health Partners will give particular attention to meeting the needs of currently poorly served groups of alcohol misusing patients, particularly the homeless, those who are socially excluded, those with mental health comorbidity, alcohol-related brain damage, and those with severe and chronic relapsing alcohol dependence, by putting in place clinical initiatives and care pathways to appropriately meet their often complex range of needs.

Recommendation 7:

King's Health Partners will have a clear written alcohol occupational health policy for all staff and students working or training within the organisation to promote health and wellbeing of the workforce.

Recommendation 8:

King's Health Partners will develop a communications strategy on alcohol for staff and patients within the organisation and wider stakeholders in the community including patients and the public.

Recommendation 9:

King's Health Partners will promote sharing, implementation and evaluation of best practice across the South London Academic Health Science Network (AHSN).

Recommendation 10:

Information systems across King's Health Partners will be used to monitor the impact of the alcohol strategy, including prevalence of alcohol related hospital admissions, implementation of SBI, and access to specialist treatment for patients who are alcohol dependent.

1.3 Rationale for the strategy

- Alcohol is now the third leading cause of disability in Europe, and the UK has seen a rapid increase in alcohol related liver deaths and hospital admissions in the last decade.
- Alcohol is a truly cross-cutting health issue, contributing to over 60 different physical and mental disorders, as well as an array of social harms. In addition to well-documented harms such as alcoholic liver disease, accidents and injuries, depression and suicide, the carcinogenic effects of alcohol have recently become better understood, including a significant contribution to breast, liver, oral and pancreatic cancer.
- In common with tobacco smoking, there is no universally "safe" level of alcohol consumption. However there is clear evidence that the risk of many diseases increases steeply with increasing alcohol consumption, both acutely and chronically.
- In South London up to 30% of acute medical admissions and 50% of mental health admissions are alcohol related. In emergency departments 40% of attendances are alcohol related, rising to 70% at weekends. This leads to considerable costs to the NHS and wider society.
- These problems are not restricted to the adult population, with increasing numbers of teenagers being admitted due to the consequences of alcohol consumption.
- These patients are often under-identified by clinical staff which represents a missed opportunity to offer evidence-based alcohol interventions to reduce alcohol related harm and readmissions.
- A relatively small group of patients with severe alcohol problems and complex needs places a disproportionate burden on King's Health Partners services through frequent, preventable readmissions.
- Recent NICE alcohol guidelines, two of which were chaired by King's Health Partners staff, document best practice and cost effective alcohol interventions which could significantly reduce the burden of alcohol related disease. However there has been limited progress so far in implementation of the guidelines within King's Health Partners.
- While this strategy is purposely an inward looking one for King's Health Partners, with the intention of optimising implementation of what we know works within our services, it is also designed to complement local strategies in each borough served by King's Health Partners. We intend to build on our current work with local boroughs, the third sector, and across the South London Academic Health Science Network, to support wider implementation of alcohol interventions.
- Given the many contacts that King's Health Partners has with patients drinking in a hazardous or harmful way (also known as Increasing Risk and Higher Risk drinkers), we are ideally placed to make an impact on reducing alcohol related harm in wider the population we serve.

- We have a critical mass of expertise and skills in alcohol research, practice, policy and advocacy, which can be brought to bear on reducing alcohol misuse across South London.
- The integration and joint working between mental and physical care and academia afforded by King's Health Partners provides an ideal opportunity to make an impact with a comprehensive organisation-wide alcohol strategy.

1.4 Process of developing the strategy

- A King's Health Partners Alcohol Strategy Group was established in September 2012 with a remit to develop an alcohol strategy for King's Health Partners.
- The group comprised a wide range of clinical and managerial stakeholders from within King's Health Partners Clinical Academic Groups (CAGs), clinical academics, public health specialists, and representatives from local boroughs.
- The Strategy Group reports to the King's Health Partners Performance Council and the King's Health Partners Public Health Strategy Group.
- The strategy was developed over a six-month scoping period to produce a draft strategy report in April 2013.
- The draft strategy was subject to a consultation exercise with King's Health Partners staff and local stakeholders. Comments were incorporated into this final strategy document.

1.5 Aims of the strategy

- The primary aim of the strategy is to reduce alcohol related harm in the population served by King's Health Partners.
- To scope current strategies, protocols, care pathways and practice in relation to alcohol misuse across King's Health Partners to develop appropriate resources for clinical staff and patients.
- To scope current research and training on alcohol across King's Health Partners and develop an alcohol research and training strategy.
- To consider and disseminate current evidence and guidance on best practice in prevention and management of alcohol misuse.
- To implement and regularly update an alcohol strategy for King's Health Partners which complements local borough alcohol strategies.
- To establish King's Health Partners as an international centre of excellence for integrated research, training and practice in the management and prevention of alcohol misuse.
- To consider methods of attracting funding to King's Health Partners for future clinical, training and research initiatives through the development of a business case to support implementation of the strategy.
- To ensure the strategy is widely disseminated.

- To monitor the impact of the alcohol strategy on indicators of alcohol related harm.

1.6 Next steps for the strategy

- Short term project funding has been secured for two projects funded by the Guy's and St Thomas's Charity: one led by Drs Finch and Christian to enhance alcohol training for staff and alcohol care pathways within King's Health Partners, and the other led by Professor Littlejohns on implementation of NICE alcohol guidelines through co-production.
- A business case for longer term funding to support implementation of the strategy is under development and will be submitted in Autumn 2013. The centerpiece of this business case will be demonstration of the potential cost savings and health improvements through implementation of comprehensive alcohol care teams and assertive outreach services, integrated with specialist alcohol services, in both acute and mental health care.
- Alcohol has been adopted by South London AHSN as a key priority theme for implementation and evaluation. The alcohol programme is currently being developed which will have synergies with the King's Health Partners alcohol strategy.
- Alcohol is one of the workstreams within the South London Collaboration for Leadership in Applied Health Research (CLAHRC) bid to the National Institute for Health Research (NIHR), which has now been awarded funding. This has been designed to allow synergy with other planned and ongoing research and implementation projects within King's Health Partners and the wider health system in South London.
- The alcohol strategy and the AHSN and CLAHRC initiatives include significant patient and public involvement. People with problems with alcohol are a marginalised group in society and their active involvement in shaping and improving services will be crucial.

2. THE SCALE OF THE ALCOHOL PROBLEM WITHIN KING'S HEALTH PARTNERS

Alcohol is now the third leading cause of disability in Europe (after tobacco and hypertension) (Rehm et al., 2009) and 8.5% of premature deaths in men and 6% in women in the UK were due to alcohol (Shield et al., 2012). The UK has seen a rapid rise in alcohol related harm over the last 20 years, which is related to greater affordability and availability of alcohol. Deaths from alcoholic liver disease have doubled in the UK in the last 20 years (Leon & McCambridge, 2006) and alcohol related hospital admissions have doubled in the last eight years, accounting for 7% of all hospital admissions (North West Public Health Observatory, 2010). The recent Global Burden of Disease study showed that a wide range of alcohol related conditions are increasing in prevalence in the UK, including liver cancer, pancreatitis, alcoholic liver disease, and alcohol use disorders, with between 40% and 100% increases in the past 20 years (Murray et al., 2013).

In South London 15-20% of medical admissions are alcohol related (Kouimtsidis et al., 2003; Canning et al., 1999). This is particularly concentrated in acute medical admissions units. For example, in King's College Hospital a recent audit found 31% of patients admitted to the Medical Assessment Unit had an alcohol use disorder (Bell et al., 2011). In mental health inpatients the prevalence of alcohol misuse is 50%, with 23% experiencing alcohol dependence (Barnaby et al., 2003). In emergency departments 40% of attendances are alcohol related, rising to 70% at weekends (Drummond et al., 2005a). London has the second highest prevalence rate of alcohol dependence amongst regions in England (Drummond et al., 2005b). The prevalence of alcohol use disorders has increased by 56% over the past 20 years in England (Murray et al., 2013).

However, these patients are often under-identified by staff in acute, primary and mental health care. A recent audit in King's College Hospital found that only 17% of medical admissions had a documented alcohol history in the records, compared to 35% who had a documented smoking history (Bell et al., 2011). In mental health inpatients in South West London, 27% had a partial alcohol history and 0.5% a full history (Barnaby et al., 2003). In primary care only a small minority of those who could benefit from alcohol intervention are identified by primary care staff (Cheeta et al., 2008). Early identification provides an ideal opportunity to provide evidence based preventive interventions to reduce alcohol related harm and readmissions (NICE, 2010a).

NICE has recently produced a trilogy of alcohol guidelines (PH24; CG100; CG115) spanning early preventive interventions, clinical management in acute care, and specialist treatment for alcohol misusers (NICE, 2010a; b; 2011). The guidelines clearly document best practice and cost effective interventions that could significantly reduce the burden of alcohol related disease. There is therefore an urgent need to implement these guidelines across the NHS, and King's Health Partners is well placed to make an impact.

3. HOW THIS STRATEGY CAME ABOUT

There has been increasing recognition of the need for an alcohol strategy for King's Health Partners over the last 18 months. A conference on alcohol held in Guy's Hospital in March 2012 identified the gaps in alcohol care across King's Health Partners and several initiatives being developed to address these. Further, several King's Health Partners staff were involved in developing the NICE alcohol guidelines including chairing two of three Guideline Development Groups (Rudd, Drummond). All three guidelines placed an emphasis on training front line clinical staff across the NHS to deliver alcohol screening and brief intervention (SBI), improved clinical management, and appropriate referral to specialist treatment.

The Alcohol Research Group at the Institute of Psychiatry and the Addictions Clinical Academic Group (CAG) have been active in alcohol clinical research with several large programme grants on alcohol interventions. These include the recently completed SIPS alcohol screening and brief interventions programme funded by Department of Health (Drummond et al., 2010; Kaner et al., 2013). This provided findings on SBI, which need to be translated into practice. A recently funded National Institute for Health Research (NIHR) programme grant on alcohol interventions in adolescents is now taking place in King's Health Partners and will produce clinically relevant findings for front line staff working with this patient group. Also the Medical Research Council (MRC) funded alcohol assertive outreach study will report findings in 2013. The public health programme at King's Health Partners has chosen alcohol as one of the key health targets for its strategy, and the King's Health Partners mental/physical health interface group 'Integrating Mental and Physical Healthcare: Research, training and services' (IMPARTS) and the Care Pathways project have identified gaps in translation of evidence into practice for alcohol within King's Health Partners.

Thus King's Health Partners is well positioned to lead nationally on translating alcohol clinical research into practice. However there is also a need for coordination of research and clinical activities to maximise the potential synergy offered by King's Health Partners and complement the alcohol strategies of the local boroughs served by the organisation.

4. TERMS OF REFERENCE OF THE KING'S HEALTH PARTNERS ALCOHOL STRATEGY GROUP

4.1 Purpose

To scope current activity in relation to alcohol misuse across King's Health Partners, including clinical activity, training and research. To identify gaps and opportunities in current activity and develop an alcohol strategy for King's Health Partners.

4.3 Reporting

The Chair will be responsible for reporting progress to the Public Health Strategy Group and the King's Health Partners Performance Council.

4.4 Frequency of meetings

The Strategy Group will meet monthly for six months (September 2012-March 2013).

5. AIMS OF THE STRATEGY GROUP

- 5.1 The primary aim of the strategy is to reduce alcohol related harm in the population served by King's Health Partners.
- 5.2 To scope current strategies, protocols, care pathways and practice in relation to alcohol misuse across King's Health Partners.
- 5.3 To scope current research and training on alcohol across King's Health Partners.
- 5.4 To consider current evidence and guidance on best practice in prevention and management of alcohol misuse.
- 5.5 To implement and regularly update an alcohol strategy for King's Health Partners that complements local borough alcohol strategies.
- 5.6 To establish King's Health Partners as an international centre of excellence for integrated research, training and practice in the management and prevention of alcohol misuse.
- 5.7 To consider methods of attracting funding to King's Health Partners for future clinical, training and research initiatives.
- 5.8 To identify effective methods of implementing the strategy.
- 5.9 To ensure the strategy is widely disseminated.
- 5.10 To monitor the impact of the alcohol strategy on indicators of alcohol related harm.

6. CURRENT ALCOHOL ACTIVITIES WITHIN KING'S HEALTH PARTNERS

6.1 Public health strategy alcohol elements

The King's Health Partners Public Health Programme board is developing an integrated approach to public health across South East London. This includes development of the academic capacity to contribute to delivery of the King's Health Partners Public Health Strategy and engagement of key stakeholders within and outside King's Health Partners in a Public Health Collaborative to identify priorities and maximise improvement. Alcohol has been adopted as one of the key priorities for the Strategy.

6.2 Alcohol services across King's Health Partners

Initial scoping of alcohol services across King's Health Partners was carried out as part of the alcohol strategy development. The main concentration of activities lies within the Addictions CAG in its borough based specialist drug and alcohol services and the Acute Assessment Unit based at the Maudsley. These services receive alcohol referrals from many different CAGs, but not in the numbers that would be anticipated from the prevalence data. A recently established care pathway for acute alcohol admissions to King's College Hospital (KCH) emergency department has been established and several referrals per week are transferred to the Maudsley Acute Assessment Unit. Alcohol services within the acute trusts are currently less well developed. Both KCH and St Thomas's Hospital have a small number of alcohol liaison staff, but this is under-resourced for the scale of alcohol related need in these hospitals, and the care pathways between hospital based and community based alcohol services could be improved with better resourcing. Similar pathways need to be strengthened in mental health care services within King's Health Partners working closely with dual diagnosis clinical staff.

6.3 Alcohol Commissioning for Quality and Innovation (CQUINs)

Four alcohol CQUINs were identified within King's Health Partners, one in KCH Medical Assessment Unit (MAU) and one in St Thomas's emergency department and two in community services. The KCH CQUIN aims to screen patients admitted to the MAU using the FAST questionnaire and to provide a brief intervention. This is currently achieving screening in around 85% of admissions. St Thomas's has also recently implemented an alcohol CQUIN to enhance SBI. Lambeth and Southwark Health Visitors and Community Reproductive and Sexual Health Services had alcohol CQUINs in 2012-13 and one is continuing in 2013-14.

6.4 Integrating Mental and Physical Healthcare: Research, Training & Services (IMPARTS)

IMPARTS is an initiative funded by King's Health Partners, led by Professor Hotopf, to integrate mental and physical healthcare in research, training and clinical services within acute care. Part of the project has been to introduce routine alcohol screening into some outpatient clinics at KCH using computerised screening methods, which will provide a model for other clinical services.

6.5 Alcohol Care Pathways Project (ACPP)

Some initial work has been carried out to map alcohol care pathways as part of the King's Health Partners new models of care project. This included mapping of current pathways and identification of gaps in service provision. This work will be developed further under a new initiative in King's Health Partners, funded by Guy's and St Thomas' Charity.

6.6 Alcohol research

There is significant existing alcohol research activity within King's Health Partners. The alcohol research group at the Institute of Psychiatry, led by Professor Drummond, recently completed the SIPS alcohol screening and brief intervention research programme, funded by the Department of Health (DH), and is the largest research programme in this field internationally (Drummond et al., 2010; Kaner et al., 2013). This work has been extended to adolescents presenting with alcohol related attendances at emergency departments supported by a National Institute for Health Research (NIHR) programme grant. This includes a collaboration across acute hospitals in South London. A Medical Research Council (MRC) funded clinical trial of assertive outreach for people with alcohol dependence and a history of disengagement from services is near completion (Gilbert et al., 2012). The research group also leads several clinical and epidemiological studies of alcohol treatment funded by MRC, NIHR, and European Community, and conducted the first national alcohol needs assessments in Scotland and England (Drummond et al., 2005; 2009). The pharmacy research group at KCH led by Dr Whittlesea has been studying SBI and implementing medically assisted alcohol withdrawal in community pharmacies. There is a need to translate the evidence from this research into practice within King's Health Partners.

6.7 Alcohol in the South London Academic Health Science Network (AHSN)

Alcohol has been identified as a key priority area within the AHSN. The alcohol component of the AHSN work plan is currently being developed and will include work on preventive initiatives, including alcohol screening and brief interventions, and work targeted at people with more severe alcohol dependence and complex needs. The aim will be to evaluate and disseminate implementation of evidence based alcohol interventions across South London.

7. THE KING'S HEALTH PARTNERS ALCOHOL STRATEGY

7.1 Primary aim: to reduce alcohol related harm in the population served by King's Health Partners

Alcohol is responsible for a significant proportion of morbidity and mortality in the population served by King's Health Partners and this places a significant burden on our services. Several evidence-based approaches are available to reduce this burden and improve health outcomes, including methods developed and evaluated within the organisation. However our gap analysis shows that there are considerable missed opportunities to deliver effective interventions for patients across the age range, from adolescents to older adults, who misuse alcohol. There is therefore a need for King's Health Partners to implement a comprehensive strategy to reduce the harm caused by alcohol and so improve the health of our population.

7.2 Making every contact count

There is a strong evidence base that demonstrates the effectiveness and cost effectiveness of SBI (also known as Identification and Brief Advice [IBA]) in a range of health settings. Our gap analysis revealed limited implementation of SBI across King's Health Partners with the exception of some service areas supported by CQUINs and in the context of well-resourced research programmes (e.g. SIPS). However if SBI were extensively implemented across all services within King's Health Partners, it would have a significant impact on reducing alcohol related harm and alcohol related admissions within the population. Effective implementation will depend crucially on Recommendations 1 and 3 below, and on-going support for front line clinical staff.

Recommendation 1: King's Health Partners will put in place appropriate systems to ensure that all King's Health Partners patients in both acute and mental health care are offered alcohol screening and brief intervention (SBI) as recommended by NICE guidelines.

7.3 Training

Recently published NICE guidelines (2010a,b; 2011) identified an important role for training and the provision of resources for front line health and social care professionals to enable them to provide evidence-based alcohol interventions to alcohol misusers. Our gap analysis revealed limited training for staff within King's Health Partners on alcohol issues. In order to realise the main aim of the strategy this gap will need to be addressed. Training and implementation resources should be rolled out and embedded into routine undergraduate and continuing professional development programmes for all healthcare staff and students within King's Health Partners. This should build on existing good practice including the dual diagnosis development pathway within South London and Maudsley and the work of Safe Sociable London, the London IBA network, and the Alcohol Learning Centre. The training should address the core alcohol competencies identified by the recent Academy of Medical Royal Colleges' report (2012). The aim of this is to raise the skills and confidence of staff that come into contact with alcohol misusers across all Clinical Academic Groups.

Recommendation 2: All clinical staff and healthcare students in King's Health Partners will be trained to identify and provide simple brief interventions (SBI) to alcohol misusing patients, and where appropriate, to provide NICE compliant alcohol interventions, and to refer dependent drinkers for more specialised care.

7.4 Resources for clinicians

One of the barriers to implementation of effective alcohol interventions identified by research is the lack of accessible resources for front line clinicians. Our gap analysis showed that, with a few exceptions, there is currently a lack of clear guidelines and resources for implementation of SBI across King's Health Partners. A range of accessible resources is needed within all CAGs including straightforward guidance on suitable screening and brief intervention tools and care pathways to employ, appropriate to the clinical setting and the patients' presenting needs. This should be informed by the research evidence and NICE guidelines and made widely available through the Trust's intranets, smartphone apps and other media as applicable. This should be supported by appropriate training for clinical staff. A series of 'best buy' alcohol implementation tools for clinicians should be rolled out across King's Health Partners with appropriate training packages.

Recommendation 3: King's Health Partners will provide appropriate and accessible resources for clinicians within the organisation to support alcohol intervention activity.

7.5 Alcohol Care Teams

Our gap analysis revealed that while some alcohol liaison services currently exist within King's Health Partners, they are under resourced, relative to the level of patient need. The services employ different models of care and tend to rely on lone clinical staff and could be better integrated into the wider care pathways for alcohol misusing patients. These services have been poorly resourced, and as currently configured they are barely able to scratch the surface of alcohol related harm within King's Health Partners.

Clear models of best practice have been developed by NICE (2011) and the British Society for Gastroenterology (Moriarty et al., 2010) for hospital based Alcohol Care Teams. They should be consultant led, multidisciplinary teams, appropriately staffed to meet the presenting needs of alcohol misusing patients. Alcohol Care Teams should act as the main focus for alcohol training, resources and interventions for each acute and mental health hospital, and should be responsible for the development and implementation of evidence based alcohol care pathways. These teams should work closely with the existing comprehensive range of specialist alcohol services both within King's Health Partners, the third sector and mutual aid organisations including Alcoholics Anonymous. There is evidence to support the cost effectiveness of alcohol care teams through improved care for this patient group resulting in reduced readmissions and improved access to effective alcohol interventions to reduce alcohol related harm. Each Alcohol Care Team should have close links with local community based NHS and non-statutory specialist alcohol agencies and primary care. Implementation will require additional resources, but will be likely to generate significant health benefits and cost savings to the local health economy. A writing group will be formed to develop a business case to establish Alcohol Care Teams across King's Health Partners, in both acute and mental health care.

Recommendation 4: Each acute and mental health hospital within King's Health Partners will have an appropriately resourced multidisciplinary Alcohol Care Team to be the focus of alcohol care and support care pathways within and beyond the organisation in line with NICE guidelines.

7.6 Information systems

Our analysis identified a gap in the availability of information systems to monitor the level of alcohol related harm across King's Health Partners and to evaluate the impact of the alcohol strategy. King's Health Partners has extensive expertise in making use of electronic patient

records for research purposes. However some barriers exist in making best use of the various systems in place across King's Health Partners organisations, and of the linkages with primary care information systems.

King's Health Partners provides particular opportunities to link information systems in order to monitor alcohol related attendances and SBI activity, inform clinical decision making, and provide feedback to primary care. Such linkages would enable monitoring of the impact of the alcohol strategy, monitoring the performance of implementation of alcohol interventions across CAGs, and conducting research on alcohol misuse across King's Health Partners. We know that alcohol misusers – particularly those with more severe and complex needs – make more extensive use of multiple health services from organisations within and outside King's Health Partners. Therefore such information would create a better understanding of optimal methods of identifying and helping those in need of alcohol interventions, and the impact of interventions on subsequent health care use.

Recommendation 5: King's Health Partners will take advantage of its unique partnership to harness and link clinical information systems to monitor alcohol related attendances and SBI activity, inform clinical decision-making, and provide feedback to primary care.

7.7 Special groups

Our gap analysis revealed recognition across several CAGs that the needs of alcohol misusers with complex health and social care needs are currently not well met. These groups include the homeless, socially excluded, those with mental health comorbidity, alcohol-related brain damage, those with severe and chronic relapsing alcohol dependence, non-English speakers, and adolescents. These groups are often hard to engage in standard care pathways and require more holistic models of care to meet their complex health and social care needs.

Models of care have been developed to cater for the needs of these groups based on intensive case management, assertive outreach and integration of care across multiple NHS and non-statutory providers. While these approaches are more costly to deliver than standard care, the potential for longer term cost savings and improved patient experience are considerable, particularly when considering the often high level of unplanned and repeated healthcare use over time. We recommend that new models of care are developed and piloted by the Alcohol Care Teams in association with local NHS and non-statutory providers. Researchers within the Institute of Psychiatry are experienced in evaluation of complex alcohol interventions and appropriate research funding for such evaluation should be sought. The most effective approaches should then be rolled out across King's Health Partners in conjunction with other initiatives including the Pathway project for the homeless, led by Hewett.

Recommendation 6: King's Health Partners will give particular attention to meeting the needs of currently poorly served groups of alcohol misusing patients, particularly the homeless and those who are socially excluded, those with mental health comorbidity, alcohol-related brain damage, and those with severe and chronic relapsing alcohol dependence, by putting in place clinical initiatives and care pathways to appropriately meet their often complex range of needs.

7.8 Occupational health

Our gap analysis identified a lack of clear unified alcohol occupational health policies across King's Health Partners. As King's Health Partners is a large employer and health care professionals are at higher risk of alcohol misuse than the general population there is a need for a clear policy to promote healthy lifestyles amongst staff, including alcohol consumption. There are also potential risks to patients and colleagues from staff who are experiencing problems related to their drinking, in addition to risks to their own health. Further, a better

understanding of the health risks of alcohol amongst King's Health Partners staff is likely to improve the care and management of alcohol misusing patients.

There is good evidence that access to early identification and appropriate alcohol interventions and support delivered to health professionals in the context of a clear occupational health alcohol policy, can deliver significant benefits to both the staff and the organisation. This should include access to confidential alcohol help and advice, which is appropriately resourced. This should be provided outside the staff member's employing NHS trust. The Addictions CAG within South London and Maudsley has extensive experience in alcohol occupational health both through the Practitioner Health Programme and the Civil Aviation Authority. We recommend that an alcohol occupational health policy is developed for King's Health Partners and this should be supported by appropriate resourcing of alcohol help and advice for staff.

Recommendation 7: King's Health Partners will have a clear, written alcohol occupational health policy for all staff and students working or training within King's Health Partners to promote health and wellbeing of the workforce.

7.9 Communications

There is a need for a clear communications strategy to underpin the alcohol strategy within King's Health Partners. This should take the form of alcohol web based resources and information, email communications to disseminate and signpost these resources, and training and academic events to raise the profile and awareness of alcohol within the organisation. Some health care staff can have ambivalent or negative attitudes towards alcohol misusing patients. So there is a need to develop innovative ways of engaging staff in rethinking their approach to this patient group and to improve the experience of care.

Also, as a large proportion of the local population makes use of services within King's Health Partners, this contact presents an opportunity to raise awareness about the health and social risks of alcohol, and encourage behaviour change and appropriate help seeking. The provision of appropriate alcohol information to patients in a range of health settings has been demonstrated to have a significant and cost effective impact on alcohol misuse. The development and implementation of the alcohol strategy will include significant patient and public involvement.

Recommendation 8: King's Health Partners will develop a communications strategy on alcohol for staff and patients within King's Health Partners and wider stakeholders in the community.

7.10 Academic Health Sciences Network (AHSN)

Alcohol has been adopted as one of the key priorities for the AHSN, as well as being a shared priority with all of the local authorities' Health and Wellbeing Boards across South London, the London Mayor's Office and Public Health England. This will provide a unique opportunity of sharing of best practice in relation to alcohol across the AHSN as well as the piloting and evaluation of innovative implementation approaches. King's Health Partners is ideally placed to lead this activity by example through the implementation of this alcohol strategy and the AHSN.

Recommendation 9: King's Health Partners will promote sharing, implementation and evaluation of best practice across the South London AHSN.

7.11 Evaluation

Linking with recommendation 5, there is a need for evaluation of the impact of the alcohol strategy. This should include evaluation of the extent of implementation of best practice, as well as its impact on overall levels of alcohol-related harm in King's Health Partners patients and in the wider population served by the organisation. There is also a need for the development and implementation of innovative intervention approaches as described throughout the strategy. King's Health Partners is well placed to be an international centre of excellence in translational research in the alcohol field across clinical disciplines.

Recommendation 10: Information systems across King's Health Partners will be used to monitor the impact of the alcohol strategy, including prevalence of alcohol related hospital admissions, implementation of SBI, and access to specialist treatment for patients who are alcohol dependent.

8. NEXT STEPS

- Short term project funding has been secured for two projects funded by the Guy's and St Thomas's Charity: one led by Drs Finch and Christian to enhance alcohol training for staff and alcohol care pathways within King's Health Partners, and the other led by Professor Littlejohns on implementation of NICE alcohol guidelines through co-production.
- A business case for longer term funding to support implementation of the strategy is under development and will be submitted in Autumn 2013. The centerpiece of this business case will be demonstration of the potential cost savings and health improvements through implementation of comprehensive Alcohol Care Teams and assertive outreach services, integrated with specialist alcohol services, in acute and mental health care.
- Alcohol has been adopted by South London AHSN as a key priority theme for implementation and evaluation. The alcohol programme is currently being developed, and will have synergies with the King's Health Partners alcohol strategy.
- Alcohol is one of the workstreams within the South London Collaboration for Leadership in Applied Health Research (CLAHRC) bid to the National Institute for Health Research (NIHR), which has been awarded funding. This has been designed to allow synergy with other planned and ongoing research and implementation projects within King's Health Partners and the wider health system in South London.
- The alcohol strategy and the AHSN and CLAHRC initiatives include significant patient and public involvement. People with problems with alcohol are a marginalized group in society and their active involvement in shaping and improving services will be crucial.

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10.ANNEX

Membership of the King's Health Partners Alcohol Strategy Group

- Colin Drummond, Addictions Clinical Academic Group (Chair)
- Mark Ashworth, Department of Primary Care and Public Health Sciences, King's College London, and the Hurley Group
- Sue Bowler, Medicine Clinical Academic Group
- Dionne Cameron, Southwark
- Beth Christian, Emergency Medicine, Guys and St Thomas' Trust
- Dominic Dougall, Central and North West London NHS Foundation Trust
- Emily Finch, Addictions Clinical Academic Group
- Gunvanti Goding, Public Health Research Strategy Group
- Melvin Hartley, Southwark
- Adrian Hopper, Medicine Clinical Academic Group
- Zoë Lelliott, King's Health Partners
- Peter Littlejohns, Public Health, King's College London
- James Morris, Lambeth
- John O'Grady, Medicine Clinical Academic Group
- Danny Ruta, Public Health, Lewisham
- Chris Streater, South London Academic Health Science Network
- Charles Wolfe, Public Health Research Strategy Group
- Amy Wolstenholme, Addictions Clinical Academic Group