



Example of innovative and best practice in the management of liver disease

Name of project:	Alcohol Care Teams: reducing acute hospital admissions and improving quality of care for patients with alcohol-related liver disease Improving the identification of alcohol misuse problems in primary care and signposting to early interventions.	
Project start and end dates:	Start date: 1990	Project end date: On-going
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Aims of the project:

- To pioneer sustained and constantly evolving collaborative care for those with problem alcohol use, involving liver and psychiatry, multidisciplinary working, and integration between primary and secondary care.
- To identify alcohol misuse problems in primary care and to provide early interventions.
- To reduce acute hospital admissions and length of stay and to improve the quality of care and mortality for this patient group.

Introduction:

- Bolton is, along with several other parts of the North West of England, well above the national average for the prevalence of problem drinking. Alcohol harm is amongst the top five causes of the life expectancy gap for both males and females in the town (Bolton Council, 2013).

- 1990- KJM was appointed as the first Consultant Gastroenterologist at Royal Bolton Hospital (RBH). He quickly realised the major impact of alcohol misuse on hospital admissions and the absence of collaborative care, involving liver and psychiatry, multidisciplinary working, and integration between primary and secondary care. KJM put this in place, in collaboration with Dr Stephen Liversedge, subsequently Clinical Director of Primary Care Development and Health Improvement-NHS Bolton CCG.
- Alcohol Specialist Nurses were employed as part of a consultant-led hospital Alcohol Care Team, as part of a team that grew to be able to provide a seven day service.
- An initiative was put in place in GP surgeries aims to identify harmful drinking early. AUDIT C screening is offered to every patient over the age of 16 years, every 2 years. All staff members in surgeries, including receptionists, have been trained to promote and support patients to complete the AUDIT test. All patients who score ≥ 5 on AUDIT C are then offered the full audit test (AUDIT 10). From the AUDIT 10 score GPs are able to identify low risk, hazardous, harmful and dependent drinkers, and signpost them to appropriate local interventions.
- 2009- KJM was appointed Alcohol Lead for the British Society of Gastroenterology. He commenced publishing the evidence-base for consultant-led Alcohol Care Teams, with a 7-day Alcohol Specialist Nurse (ASN) Service. Details of papers describing the project are attached.
- Through the Alcohol Care Team, work has been done locally to address the high mortality and poor clinical care of patients admitted with alcohol-related liver disease (ARLD).

Outcomes in Bolton

- The project led to the establishment of the first UK Hospital-based 7-Day ASN Service in 2012. The outcomes have included savings of £636,000 (2000 bed days) per annum.
- Up to March 2017 144,053 AUDIT C tests have been undertaken in Primary Care in Bolton. This equates to coverage of 59.2 % of adults aged 16 years and over who are registered with a GP.
- Subsequently, 4,726 patients in Bolton have been identified as hazardous drinkers. Patients in this group have been offered a lifestyle intervention with a Health Improvement Practitioner, based in their GP surgery, to support them to modify their drinking habits.
- The project has pioneered partnerships between hospital, CCG, Public Health, Council, Local Authority, Mental Health, Social Services, Charities, primary care Patients and 40 local and national stakeholders to implement alcohol and liver treatment strategies.

Details of published work about this project are given below.

UK Outcomes

- As the BSG Alcohol Lead (2009-current), KJM has lead responsibility for evaluating and publishing the evidence-base for alcohol service delivery and development and for shaping policy in the UK.

- Publication of 4 NHS evidence and NICE Quality, Innovation, Productivity & Prevention (QIPPs) on Alcohol Care Team (ACTs) has been associated with the number of trusts with Alcohol Specialist Nurses (ASNs) rising from 42% in 2009 to 79% in 2013 and 83% in 2016 and trusts with a consultant lead have shown similar rises - 10% (2009), 23% (2013), 65% (2016).

Details of publications are given below.

Summary of the impact of this practice, project or intervention:

The project has helped to remove the stigma of alcohol as a self-inflicted disease

Patients with problem alcohol use are identified early in primary care through use of the AUDIT-C screening test and are signposted to interventions

We have facilitated escalation of patients with ARLD to critical care.

We have improved the quality of End of Life Care for those with alcohol-related liver disease

We have facilitated integration of primary, secondary and community alcohol and liver care

We have significantly reduced hospital admissions and length of stay through the work of the ASNs and the Alcohol Care Team

References

SINGH S., LIPSCOMB G., PADMAKUMAR K., RAMAMOORTHY R., RYAN S., BATES V., CROMPTON S., DERMODY E., MORIARTY K.J. Daily Consultant Gastroenterologist ward rounds: reduced length of stay and improved inpatient mortality. *Frontline Gastroenterology* 2012; 3: 29–33. Our Bolton ACT is the UK Benchmark & Reduced Inpatient Mortality from 11 to 6% (2012), Length of Stay 11.5 to 8.9 days, Discharges increased 37%.

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MORIARTY K.J. Alcohol Care Teams: reducing acute hospital admissions and improving quality of care. NICE Quality and Productivity: Proven Case Study. 2016. Provided by the British Society of Gastroenterology and Bolton NHS Foundation Trust. <http://www.nice.org.uk/localPractice/collection>

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