Reducing Harm from Alcohol Programme

Programme Report May 2018
Executive Summary

Background

Reducing Harm from Alcohol Programme

Project Overview

Theme 1: Development of approaches and materials to improve awareness and training about increased-risk drinking in health professionals, to promote early identification and treatment of patients drinking at increased-risk and dependent levels

a. Know Your Numbers: Improving the alcohol specific health literacy of NHS staff

b. Drink Informed project

c. Brief Treatment Pathway: Understanding the barriers to positive outcomes for patients with alcohol use disorders presenting to acute trusts

d. Understanding Soberistas: A new social network for people with problematic alcohol use

Theme 2: Alcohol Related Liver Disease (ARLD) projects

e. Wessex Alcohol Dashboard

f. Wessex-wide analysis and benchmarking of hospital (HES) data

g. Audit of screening and referral pathways within individual acute trusts

Discussion

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Acknowledgements
Executive summary

- **58,600** inpatients screened in Wessex by trusts using the materials developed by the programme.

- **2531** individuals trained in 2016/7 to screen for alcohol in hospital inpatients using national validated methods and materials developed by the programme.

- **5,400** inpatients screened to date for alcohol use using novel pharmacy technician model in Southampton General Hospital.

- **634** admission episodes containing an alcohol code in Wessex for alcohol screening and adherence to a patient referral pathway to access alcohol services.

- **26,945** admission episodes for liver disease across Wessex (2011 – 2015) collated and examined.

- **634** admission episodes for liver disease across Wessex (2011 – 2015) collated and examined.

- **Empowerment of 20** local alcohol champions and peer group (clinicians and commissioners) via regular meetings and an annual programme conference.

- **Educational materials distributed and used locally and nationally, to 18 acute trusts and 19 independent alcohol services**.

- **Soberistas research presented nationally and internationally, and published in high quality international journals. Soberistas now commissioned as part of addiction services run by non-statutory provider ‘Change Grow, Live’ (CGL).**
300,000 potential years of life lost due to alcohol in 2016
Alcohol is a major health problem in the UK with over 300,000 potential years of life lost due to alcohol in 2016. (1) Alcohol-related harm places a significant and growing burden on NHS services and is the leading cause of death among 15 to 49 year olds. (2)UK society has a complex relationship with alcohol, which has a major impact on policy, including within the NHS. Public Health England data from 2014/5 shows that the rate of alcohol related hospital admissions continues to rise steadily to 2138.7 per 100,000 (139,251 individuals). Since 2008/9 the rate has risen by 29%.

Wessex AHSN included as one of its priorities a quality improvement programme, ‘Reducing Harm from Alcohol’, to highlight and address the deficits in awareness, research and policy in this important and under championed area of healthcare. Concentrating on approaches to reduce the morbidity and mortality caused by increased-risk drinking, a specific focus on Alcohol Related Liver Disease (ARLD) has been used (as an example disease state caused by increased-risk drinking) to highlight current services and processes, and pilot innovations to improve outcomes for patients.

The programme ran from October 2013 – March 2018. It has made significant advances in the development of approaches and materials to improve knowledge about, and identification of, patients drinking at increased-risk levels. This includes: support of local champions to engage with commissioners with the aim of developing local services; production of high quality benchmarking data of ARLD (Alcohol Related Liver Disease); and piloting innovative alcohol treatment pathways to achieve improved health outcomes.
Reducing Harm from Alcohol Programme

The Reducing Harm from Alcohol Programme has developed over the four years of the programme under two main themes:

**Theme 1: Development of approaches and materials to improve awareness and training about increased-risk drinking in health professionals, to promote early identification and treatment of patients drinking at increased-risk levels, specifically:**

a. Know Your Numbers: Improving the alcohol specific health literacy of NHS staff
b. Innovative screening project by Medicines Management (Pharmacy) Technicians for inpatients in acute NHS trusts
c. Drink Informed project
d. Brief Treatment Pathway: Understanding the barriers to positive outcomes for patients with alcohol use disorders presenting to acute trusts,
e. Understanding Soberistas: A new social network for people with problematic alcohol use.

**Theme 2: Alcohol Related Liver Disease (ARLD) Projects**

f. Wessex Alcohol Dashboard
g. Wessex-wide analysis and benchmarking of hospital (HES) data
h. Audit of screening and referral pathways within individual acute trusts
i. Increased-risk Drinking Identification and Treatment Toolkit

The timeline and development of the elements of these themes can be seen in the diagram below:
This report will review the projects that have formed the Reducing Harm from Alcohol Programme, providing for each:

- a brief outline of the project
- a description of the development and spread of the project
- the outputs produced by the project.
Alcohol consumption is responsible for 3-5% of absences from work.
Project Overview

Theme 1: Development of approaches and materials to improve awareness and training about increased-risk drinking in health professionals, to promote early identification and treatment of patients drinking at increased-risk and dependent levels

The first quality standard in the NICE clinical guideline for alcohol-use disorders (CG115) is ‘Health and social care staff receive alcohol awareness training that promotes respectful, non-judgemental care for people who misuse alcohol’.

Whilst the reduction of harms from smoking is now well integrated into healthcare, NHS professionals remain less comfortable asking patients about their alcohol consumption, with the consequence that opportunities for interventions are missed (‘Making Every Contact Count’), and patient outcomes are not optimised. One major contributing factor is that there are low levels of ‘alcohol-specific health literacy’ in those working within the NHS. Consequently, the opportunities for staff to optimise their own health are also missed. As alcohol consumption is responsible for 3 – 5% per cent of absences from work (HSE data), and as the NHS is Europe’s largest employer, this represents a significant problem.

Over the five years of the Reducing Harm from Alcohol programme, the initiative has developed and piloted a number of innovative ways of improving staff awareness of the need to take an accurate alcohol history and improve their competencies to do so.

a) Know Your Numbers: Improving the alcohol specific health literacy of NHS staff

The Know Your Numbers project has developed, piloted and spread a suite of awareness and training tools and approaches primarily aimed at healthcare professionals to improve the early identification and treatment of patients drinking at increased-risk levels.

These materials include:

- a range of leaflets, posters and presentations for individual NHS trusts to adapt to their local needs;
- a web-based alcohol application to assist health professionals in accurately estimating the amount of alcohol a patient drinks, to enable effectively tailored treatment to prevent complications of acute alcohol withdrawal or provide appropriate interventions;
- a Know Your Numbers bar, which has been exhibited at the New Forest Show in 2014 and 2015, annually at University Hospital Southampton open day and at the University of Southampton Science and Engineering Fair (SOTSEF).

The Know Your Numbers materials are being widely used across Wessex by health teams and commissioned alcohol services. Since the beginning of 2016, approximately 58,600 people have been screened in these trusts. Training has been provided by the programme through Train the Trainer events and support for training of trust staff by local specialist nurses.

Further spread of the materials has been made to:

- National groups: Public Health England; Her Majesty’s Prisons; British Liver Trust; Medical Council for Alcohol; Liver for Life
- NHS Trusts: Hillingdon Hospital; Aberdeen Royal Infirmary; Gartnavel Royal Hospital Glasgow; Royal Surrey County Hospital; Primary Health Care UCL; Bracknell and Ascot CCG; University Hospital Bristol; East Kent Hospital University NHS FT; Hertfordshire CCG; Chertsey Hospital
- AHSNs: Oxford; South West; Kent Surrey Sussex; West of England; Eastern
- Pharmaceutical Companies: Kyowa Kirin; Norgine.
Outputs

Further details and links to outputs can be found at http://wessexahsn.org.uk/projects/32/know-your-numbers


Approaches to ensure that all admitted patients are screened for increased-risk drinking and managed appropriately have traditionally involved training all medical and nursing staff involved with the review of patients on admission, particularly in the non-elective setting. This has involved the provision of frequent training due to the regular turnaround of staff in these groups, which has not always been possible to achieve due to other training priorities and low numbers of alcohol specialists employed who are able to provide this training.

In response, an approach has been developed at University Hospital Southampton (UHS) to train pharmacy Medicines Management Technicians (MMTs) to screen patients as part of the medicines reconciliation process that all patients undergo with 48 hours of their hospital admission. Such screening improves compliance with CQUIN 9 and, as the MMTs are a small and more stable workforce, only a small number of staff need to be trained to effectively reach all inpatients. Those patients who are found to be drinking at increased-risk levels can then be referred on to the specialist alcohol liaison team for further assessment and management. All staff should receive basic alcohol awareness training.

The development of this work has been supported by the Know Your Numbers training material, and the project presented as part of two annual AHSN conferences.

https://www.slideshare.net/WessexAHSN/07-uhs-pharmacy-js-ls

Following the initial pilot, the MMT project has been developed further and used to produce a business case for its sustainability within UHS such that an additional fulltime MMT has been employed to enable this work to be carried out by all MMTs within one division, with 5,400 inpatients having received screening to date. Employment of two additional MMTs has been approved for one year to evaluate the benefits of extending this to other divisions as part of CQUIN 9. Learning from the project has spread within Wessex (e.g. to Salisbury NHS FT, Hampshire Hospitals NHS FT and Isle of Wight NHS Trust) and beyond (e.g. to Public Health England East of England).

Details of the MMT project now form one of only two case studies published by NHS England as part of their implementation of the 2018 National Risky Behaviours CQUIN requiring acute trusts to screen patients for their alcohol use and refer where necessary.


The Know Your Numbers training resources and web application for staff is also part of this case study.

The project has also been presented at academic conferences and is still the subject of further evaluation.


Project Overview

b) Drink Informed project

The aim of this project was to empower and support clinical staff in a variety of settings, enabling them to educate and engage those individuals whose drinking habits may cause them harm, by motivating them towards healthier lifestyle choices. This project was undertaken in collaboration with the Helen Hamlyn Centre for Design, NHS Innovation South East, Portsmouth City Council, and Portsmouth Hospitals NHS Trust. The Reducing Harm from Alcohol programme then provided additional support by working with partners to produce a prototype for use in the clinical setting.

The Drink Informed kit consists of:

- Replica livers which are realistic in size, approximate weight, and texture, representing a healthy liver, a fatty liver, and a cirrhotic liver
- 2D materials: liver image cards, Post Office metaphors, body signs laminate and alcohol fact image cards
- Health and body questionnaire
- Alcohol Spectrum booklet
- Drink Informed app.

The Drink Informed toolkit is now being managed by Insides Out Ltd to produce and bring the kit to market. The toolkit been spread across Wessex to NHS hospital trusts and some community addiction services. The Drink Informed kit has also been purchased by organisations outside Wessex (e.g. Aberdeen Royal Infirmary x4; Liver for Life; Addaction Youth).

Feedback on the Drink Informed kit includes:

“The 3D livers are visually very powerful and will help us to illustrate the progression of the disease to patients presenting with hazardous alcohol consumption or in the early stages of the condition where changing behaviours can halt the development to advanced liver disease.”

Michelle Gallagher, Clinical Director for Medicine, and Clinical Lead for Hepatology Gastroenterology at the Royal Surrey County Hospital:

“The livers have already proved to be very useful and we have found them to be a real talking point when we have public information stands. We will use them to show patients the effects alcohol can have on their liver, educate staff and improve awareness to the wider community.”

Rebecca Osborn, lead alcohol nurse at Hampshire Hospitals NHS Foundation Trust:

Outputs

Further details and links to outputs can be found at http://wessexahsn.org.uk/projects/37/drink-informed
Project Overview

c) Brief Treatment Pathway: Understanding the barriers to positive outcomes for patients with alcohol use disorders presenting to acute trusts

Ninety percent of people with severe alcohol use disorder (AUD) never access specialist services, and yet the evidence base for what works in patients with AUD is almost exclusively based on evidence-based research undertaken in the 10% of patients who do. Audits of patient pathways, in Wessex and nationally, have shown that only a tiny proportion of patients referred into community services from acute trusts ever access these services, but we know little about why this is or the impact this may have on outcomes.

In partnership with Lundbeck A/S, Wessex AHSN funded a PhD student to undertake a programme of research to better understand the nature of the clinical group that present to acute trusts due to alcohol related harm, to track their treatment pathways and outcomes.

The programme originally intended to investigate the impact of a new medication Nalmefene that received a positive NICE Technology Appraisal in 2015. However, due to the non-engagement at that time by CCGs in the region around the appropriate funding of alcohol pathways in primary care, we were unable to continue with this project and adapted the resource to focus on patients admitted to acute trusts and their onward trajectory.

This work was carried out as a PhD and has resulted in significant findings which are new to the field. In addition to growing research capacity in the area, and supporting the development of an excellent student, the results of this project have already been presented at the British Association of Psychopharmacology annual meeting (2016), the 2nd European conference on Addictions in 2017, and the international Congress of the Royal College of Psychiatrists in June 2018. The PhD is on track for submission in June 2018.

Outputs


Project Overview

d) Understanding Soberistas: A new social network for people with problematic alcohol use

Soberistas is a new entity within the addiction field; a peer-led internet social networking site. It was founded in 2011 by Lucy Rocca, the year after she finally became alcohol free, as a way of offering the kind of support that she would have found helpful (and was not available) when she stopped drinking alcohol. Within its first year Soberistas had over 21,000 members and 48,699 members by April 2018. Lucy Rocca presented at the first Wessex AHSN Alcohol conference in 2014, and then asked to collaborate with the AHSN when she was awarded an enterprise grant to help understand and develop Soberistas. This study was undertaken as the part of the PhD study (see above).

It is the first study to define the demographics of people using Soberistas (primarily women, over 50% with children at home, and the majority with higher degrees and in work), and an exploration of the mechanisms by which it may be effective.

Outputs

Further details and links to outputs can be found at http://wessexahsn.org.uk/projects/38/our-work-with-soberistas

To date this work has resulted in two peer-reviewed publications in well-respected international journals in the field, as well as several presentations at national and international conferences:


Within its first year Soberistas had over 21,000 members and 48,000 members by April 2018.
A third of patients with alcohol related liver disease have severe alcohol dependence and roughly 20-30% of lifelong heavy drinkers develop cirrhosis
Project Overview

**Theme 2: Alcohol Related Liver Disease (ARLD) projects**

Alcohol is associated with damage to multiple organs including the heart, brain and pancreas; however, monitoring trends of alcohol related admissions for all these conditions simultaneously was beyond the scope of this programme. We therefore chose an index organ – the liver - to study in depth within the Reducing Harm from Alcohol programme, because reducing the morbidity and mortality of patients with alcohol related liver disease (ARLD) was identified as a key priority. There is a substantial body of research showing that the majority of mortality associated with liver disease is alcohol related (NCEPOD, 2012). A third of patients with alcohol related liver disease have severe alcohol dependence and roughly 20–30% of lifelong heavy drinkers develop cirrhosis (3). There is also preliminary evidence that more active management of patients’ alcohol consumption results in improved outcomes (mortality and morbidity) and reduces the burden on health services. We therefore sought to obtain local Hospital Episode Statistics (HES) data to investigate the numbers of patients admitted to each acute trust in Wessex with a diagnosis of ARLD. A number of parameters within each patient journey were examined and an in-depth audit of screening and referral pathways within each NHS trust was also undertaken to build up a picture of service use and the costs incurred in managing these acutely unwell patients.

e) Wessex Alcohol Dashboard

In 2014 as a preliminary exercise the programme worked with Public Health England to pull together a baseline showing the impact that alcohol is having on the local Wessex communities. This data was developed to highlight evolving trends that needed to be addressed and to inform a baseline to measure the impact of the work of the programme.

This baseline set out the initial aims and scope of the alcohol programme. This data resource has now been superseded by the PHE Fingertips (public health profiles) website, which was not available at the time in any format that enabled easy use and infographics: https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/0

f) Wessex-wide analysis and benchmarking of hospital (HES) data

Wessex AHSN’s Centre for Implementation Science has produced a data pack based on acute admission data of patients with liver disease for nine acute NHS trusts across Wessex. The aim of sharing the data intelligence was to catalyse action in this area to drive evidence-based decision making, enabling development of services, to reduce service use and improve outcomes for patients.

The collated data has been analysed to produce a Wessex-wide database, containing information on all liver disease admissions between January 2011 and December 2015. The information comprises 26,945 admission episodes with over 350 data fields for each admission, and from this we have also compiled specific data packs for individual trusts.

Data from the nine acute NHS trusts in Wessex shows:

- The number of liver disease admissions are increasing each year
- Across Wessex an average of 38% of liver disease admissions were for alcohol-specific conditions; this increased to 46% at one acute trust
- Alcohol Related Liver Disease (ARLD) patients are on average 10 years younger than patients with non-ARLD and more likely to be male
- The probability of death for an ARLD diagnosed patient 3 years after diagnosis is 47%, compared with 28% for a non-ARLD patient*
- ARLD patients have a greater number of admissions and longer lengths of stay than other liver disease patients
- An audit from Hampshire Hospitals NHS Foundation Trust suggests that at least an additional 13% of liver disease admissions have alcohol use disorders but are not coded as such, so the figures presented are conservative
- Improved identification and management of patients with ARLD in acute trusts is estimated to save at least £12.9m-£17.2m per year** across the nine Wessex acute NHS trusts.

* Figures based on trust-recorded data only, hence probability of death may be under-reported here
** Range determined by ARLD diagnosis either 1 or 2 years earlier
Project Overview

This data has since been further analysed and presented at the Wessex AHSN Reducing Harm from Alcohol 2018 conference.


ARLD comprises a significant proportion of liver disease admissions and unscheduled hospital activity. Although the number of admissions for ARLD has remained relatively stable, this is likely to be an underestimate due to the lack of comprehensive alcohol screening in acute trusts. Patients admitted with ARLD have higher service use and poorer outcomes than other patients with liver disease. In addition, poor coding of clinical episodes is likely to underestimate the prevalence of ARLD by lack of clarity in patient notes preventing adequate coding. Improved identification and management of patients with ARLD in acute trusts was estimated to result in savings of (at least) £12.9m-£17.2m per year across the nine Wessex acute NHS trusts.

It is planned to repeat this work using data for 2016 – 2020 to be able to demonstrate the impact achieved by increasing the local alcohol liaison teams and the services provided, including raised awareness and training, increased screening of patients for harmful drinking, appropriate treatment intervention, and hence improved coding.

Outputs

Further details and links to outputs can be found at http://wessexahsn.org.uk/projects/140/integrated-treatment-for-arld-making-it-happen-2017

Work has also been presented at the Wessex AHSN Reducing Harm from Alcohol conference (Feb 2018) and the Wessex Public Health conference (March 2018).

The probability of death for an ARLD diagnosed patient 3 years after diagnosis is 47% compared with 28% for a non-ARLD patient.*
Audit of screening and referral pathways within individual acute trusts

This study used retrospective audit data collected from patients with a liver disease diagnosis and a hospital admission of >24 hours during 1st January to 31st March 2015 at seven acute trusts in Wessex. Data was collected from 643 individuals (ARLD code n=247, other alcohol codes n= 116 and other liver disease codes n= 280).

The audit questions asked were:

- What was the documented evidence for alcohol screening and brief intervention in this population?
- How closely did the care for these patients follow a best practice pathway?
- Were there differences in management which had an impact on outcomes for patients?

The audit demonstrated that each trust has a varied uptake across the patient pathway.
Project Overview

Local analysis at trust level will be necessary to identify what further developments of infrastructure or training may be required to support local improvements. Age and gender may impact adversely on how alcohol use is documented, with those over the age of 50 and women being less likely to be screened for alcohol use. Patients were more likely to be prescribed treatment for alcohol detoxification if they had been seen by a hospital alcohol team.

This data has been analysed and presented at the Wessex AHSN Reducing Harm from Alcohol conference (Feb 2018).


It is hoped that Trusts will repeat this audit in early 2019 using data for January – March 2019. The repeat audit will highlight the impact that the increased training and specialist alcohol liaison services has had on the identification of harmful drinkers, and their treatment.

Outputs

Further details and links to outputs can be found at http://wessexahsn.org.uk/projects/140/integrated-treatment-for-arld-making-it-happen-2017

Work has also been presented at the Wessex Public Health conference, March 2018.


26,945 patient episodes have been analyzed for acute admissions of alcohol-related liver disease.
Discussion

Over the past five years there have been many challenges to progress for this project but also considerable successes. One continuing theme is the difficulty to enact change in a climate of financial constraint, even in the face of evidence to support alterations in the way we deliver clinical care to patients drinking at increased-risk and dependent levels. One of the reasons for this is the normalisation of drinking patterns within our culture such that it is still difficult for those working within the NHS, and commissioning services, to associate alcohol use with disease. Continuing education and a cultural shift in the way we view drinking is therefore required to be more effective in changing practice.

The development of the Know Your Numbers app, leaflets and educational sessions has augmented the way we disseminate education about lower risk drinking levels to staff as well as patients. Combining the calorie content together with the units contained in alcoholic drinks is particularly important as obesity accelerates alcohol related liver harm as well as the risks of cardiac disease, type 2 diabetes and cancer. Extending hospital education programmes by e-learning modules to help staff to retain this information is an important aspect of the current CQUIN.

Our work with the team at Soberistas has helped us understand that high (dependent) levels of alcohol consumption can often be found in individuals who prefer not to interact with their peers or healthcare providers on a face to face basis. We have learnt that we need to be imaginative when developing new strategies to engage those who do not follow traditional health care pathways. It has been rewarding to hear of the successes of the website and the rapidly increasing numbers of subscribers, indicating that online health orientated platforms are firmly here to stay and require inclusion in future iterations of our educational materials.

For acute NHS hospital trusts, the introduction of the alcohol related liver disease (ARLD) programme in 2015 to expand the identification of people drinking at increased-risk levels has provided a structured tool for use across the region. The success of being able to benchmark practice and give hospital level feedback against NICE quality standards led to further engagement with more acute trusts across the region through 2016, allowing the collection of retrospective data surrounding acute admissions for alcohol related liver disease between 2011-15. 26,945 patient episodes have been analysed, and the individualized data for nine NHS trusts has enabled alcohol leads in each setting to engage with their CCG and Trust Executive about the structure of inpatient teams in each location. For those trusts with no inpatient teams this data analysis has led to review of current provision and provides the hope for increased investment; however, it is apparent that until the financial position of the NHS improves, under-investment in inpatient alcohol services is likely to continue.
Discussion

A summary of the improved local position at the conclusion of the programme is shown in the table below:

<table>
<thead>
<tr>
<th>Trust</th>
<th>Acute Admission Liver Disease Data</th>
<th>ARLD Audit (initial)</th>
<th>Staff Training</th>
<th>Local Treatment Pathway</th>
<th>Re-audit</th>
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<tr>
<td>Hampshire Hospitals FT</td>
<td>Yes</td>
<td>Yes - pilot</td>
<td>Yes</td>
<td>Y - Pilot</td>
<td>2017</td>
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<td>UHS NHS FT</td>
<td>Yes</td>
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<td>Yes</td>
<td>Pharmacy Training</td>
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<td>Yes</td>
<td>Own process</td>
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<td>Poole Hospital NHS Foundation Trust</td>
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<td>In discussions</td>
<td>Own process</td>
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<td>Royal Bournemouth and Christchurch Hospitals NHS Trust</td>
<td>Yes</td>
<td>Yes</td>
<td>Limited</td>
<td>Business Case submitted to expand service</td>
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<td>Dorset County NHS FT</td>
<td>Yes</td>
<td>Yes</td>
<td>Not yet</td>
<td>Developing Business Case. Specialist nurses started October 2018</td>
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<td>Isle of Wight NHS</td>
<td>Yes</td>
<td>Yes</td>
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<td>Business Case submitted to fund service. 2 alcohol specialist nurses funded for 3 months, January - March 2018</td>
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<td>Salisbury District Hospital</td>
<td>Yes</td>
<td>Yes</td>
<td>Own process</td>
<td>Use link nurses to support service</td>
<td>2018</td>
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<tr>
<td>NHS Frimley Health FT</td>
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<td>No</td>
<td>Yes</td>
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</tbody>
</table>

In-depth audits at each acute trust of alcohol screening and referral of patients to specialist services (2015) demonstrated that although robust screening tools now exist to collect data about patients’ alcohol use, there is still much that can be improved. Follow up audits have shown some improvement is possible through staff education, and it is hoped that the national adoption of alcohol screening in acute trusts through CQUIN 9 will improve the position further.

It is planned that the in-depth audit looking at the screening of patients for harmful drinking and subsequent referral to the specialist teams is repeated in early 2019 using January – March 2019 data to demonstrate the impact of the investment on the alcohol liaison teams and the services provided. This work will be backed up by repeating the Wessex-wide analysis and benchmarking of hospital (HES) data using 2016 – 2020 data.

In summary, the Wessex AHSN Reducing Harm from Alcohol programme has led to the development of a network of committed clinicians and other stakeholders from CCGs and Public Health across the region. This network remains committed to improving patient outcomes from alcohol related harm in local areas through research, audit and close collaboration and adoption of common pathways. Although the programme comes to a close, from April 2018 the group will continue to grow and flourish under a new name, the Wessex Alcohol Group, and new umbrella organisation the Wessex Cancer Alliance. Plans for 2018/19 are to focus on the Risky Behaviours national CQUIN 9, Breast Cancer Screening project and links with Macmillan nurses for training and alcohol screening.

We would like to thank Wessex AHSN for the support and assistance over the past five years.
References


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