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Late Information for 16th February 2010 Scrutiny Board (Health)

Agenda Item 7 Scrutiny Inquiry – Further Information

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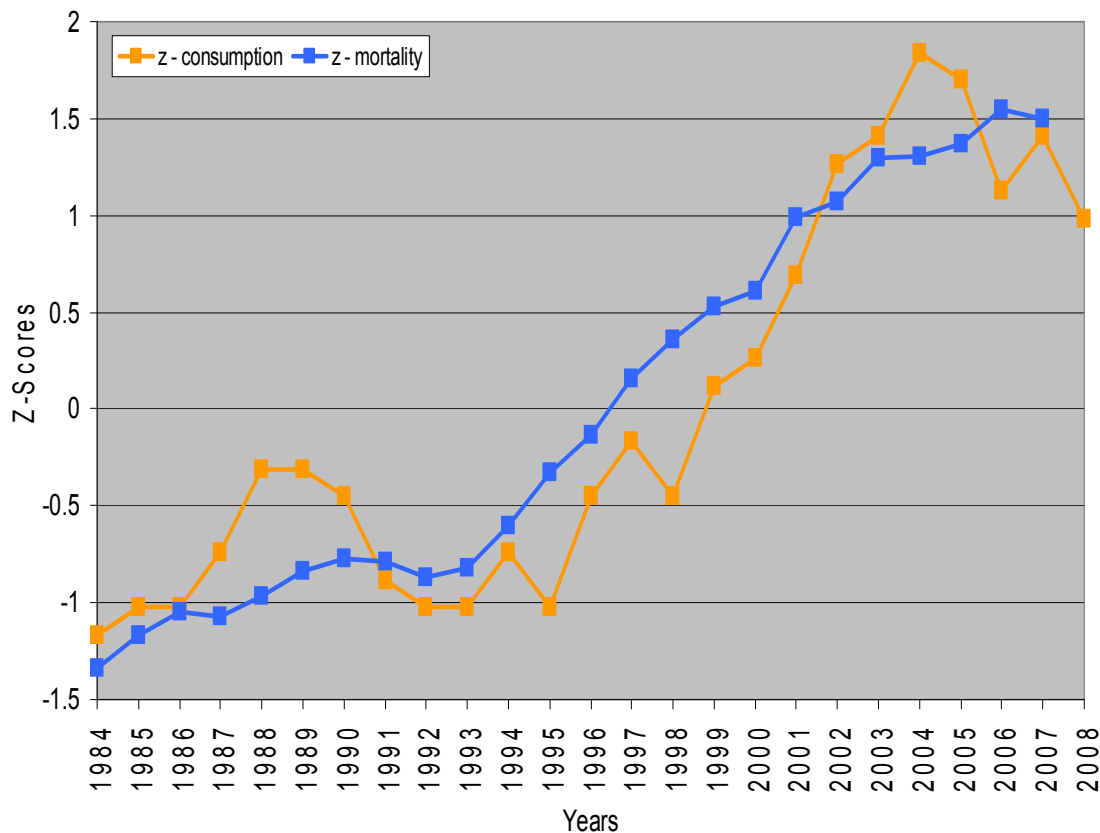
Scrutiny Board (Health)

NHS Leeds briefing – Alcohol

16 February 2010

Alcohol in Leeds

Alcohol consumption in the UK has been rising significantly over the last 30 years. The graph below shows the rising alcohol consumption and alcohol related deaths in the UK since 1984.



Sources

Mortality: UK Office of National statistics, the Scottish Government and the Northern Ireland Department of Health.

Consumption: The British Beer and Pub Association 2008.

Impact of Alcohol

Alcohol has impacts beyond harm to health and can be directly attributed to far reaching social impacts that include:

- Drunk or rowdy behaviour as a problem
- Anti-social behaviour
- Assault with injury crime rate
- Domestic Violence
- Safety of children
- Hospital admissions
- Increase in inequalities and health inequalities

The following indicators are all significantly worse in Leeds than the national average:

- Deaths from alcoholic liver disease
- Alcohol related hospital admissions in men
- Alcohol related recorded crimes
- Hazardous, harmful and binge drinking
- Claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason is alcoholism¹
- Leeds also has highest rates of alcohol specific emergency re-admissions in the Yorkshire and Humber region

Costs

Alcohol production and sales make a contribution to the economy of Leeds every year. Meanwhile, tackling the harm caused by alcohol misuse is also likely to cost the criminal justice system, the NHS, ambulance, fire and rescue services, Leeds City Council and private industry thousands or even millions of pounds. There is also a human cost of early deaths, workplace accidents, unemployment and the consequences of crime and disorder.

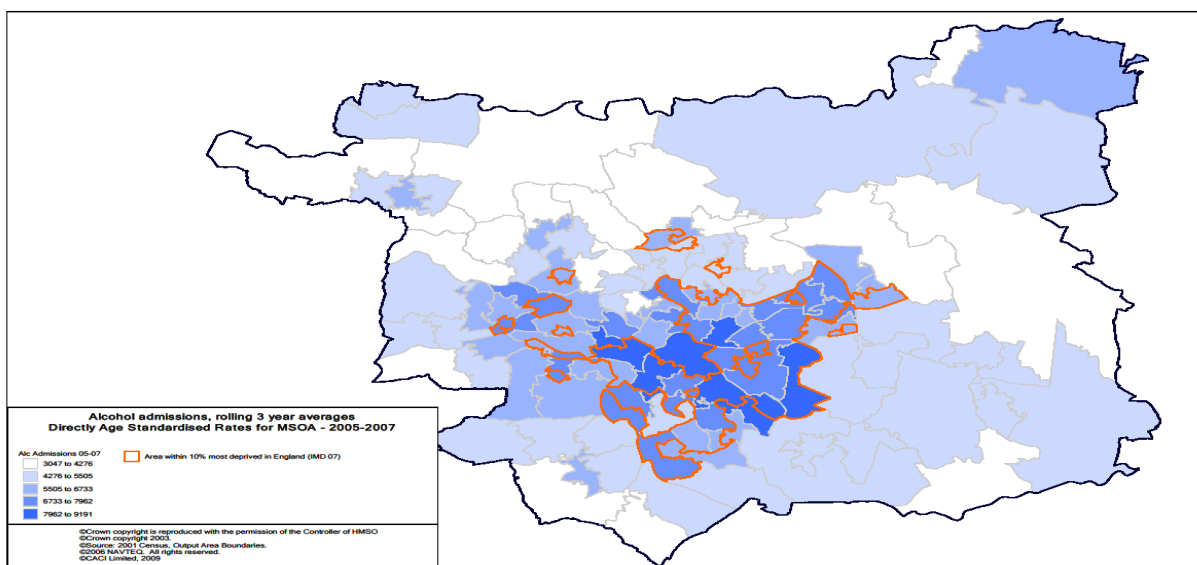
The Leeds Alcohol Strategy 2007-10 estimated the cost of alcohol in Leeds to the NHS alone as £23.13 million per year. This figure was extrapolated from national data and does not include economic impacts on:

- Social care
- Crime
- Fire and rescue
- Productive capacity of the Leeds economy
- Wider social costs

It is estimated that evidence-based alcohol treatment in the UK could result in net savings to the NHS in the ratio of £5 saved for every £1 spent²

Harm to Health

Alcohol related hospital admissions (ARHA) in Leeds rose by 15% between 2007/8 and 2008/9³. This compares to a rise of 6% nationally and 8% in Yorkshire and the Humber.



¹ North West Public Health Observatory: <http://www.nwpho.org.uk/alcohol/>

² Department of Health. Alcohol Misuse Interventions Guidance on developing a local programme of improvement (2005)

³ North West Public Health Observatory: <http://www.nwpho.org.uk/alcohol/>

The rate of ARHAs is twice as high in deprived areas compared to non-deprived areas

National Direction and Approach

In June 2007, the Department of Health, Department of Children, Schools and Families and the Home Office jointly launched an updated government alcohol strategy, setting out clear goals and actions to promote sensible drinking and reduce the harm that alcohol can cause.

The strategy sets out to: minimise the health harms, violence and antisocial behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly.

It specifically focuses drinkers who cause the most harm to themselves, their communities and their families. They are:

- young people under 18 who drink alcohol, many of whom are drinking more than young people did a decade ago
- 18–24-year-old binge drinkers, a minority of whom are responsible for the majority of alcohol-related crime and disorder
- harmful drinkers, many of whom don't realise their pattern of drinking is causing harm to their health

The DH has described 7 high impact changes which are calculated to be the most effective actions for those local areas that have prioritised the reduction in alcohol-related harm:

1. Work in partnership
2. Develop activities to control the impact of alcohol misuse in the community
3. Influence change through advocacy
4. Improve the effectiveness and capacity of specialist treatment
5. Appoint an Alcohol Health Worker
6. Identification and Brief Advice (IBA) – Provide more help to encourage people to drink less
7. Amplify national social marketing priorities

The first three High Impact Changes are enabling actions deemed necessary to set the scene for success. The latter four changes are services and activities that can be commissioned that are calculated to impact most effectively on alcohol-related harm and reduce the rate of rise in alcohol-related admissions.

Contribution of NHS Leeds

Work in Partnership

A LCC/NHS Leeds joint Alcohol Management Board has been formed to steer the development of three strands of work:

- Joint commissioning of alcohol treatment services
- Social marketing
- Reducing alcohol related violent crime and disorder

A research partnership between Leeds Teaching Hospital Trust, Leeds Partnership Foundation Trust, York University and NHS Leeds (CLAHRC) is taking forward a research programme to explore effective interventions and influence commissioning decisions.

Develop activities to control the impact of alcohol misuse in the community

Plans are being taken forward to develop alcohol harm reduction demonstrations sites in Middleton and Armley. These will build collaboration between professionals and community members to achieve positive changes in working practice, outcomes for drinkers and for those closest to them. The sites have been identified as areas within the 10% most deprived communities in England and having high levels of alcohol harm.

Influence Change through Advocacy

NHS Leeds and Leeds City Council are in the process of commissioning a report that will describe the financial impact, including the costs and benefits of alcohol to Leeds. It is anticipated that this report will be published in Summer 2010. The aim is to achieve senior level stakeholder engagement to prioritise alcohol harm reduction across a wide range of key agencies. It will also provide information to stimulate high profile media interest.

NHS Leeds Board has agreed to support the Core Cities campaign for national policy change to introduce a minimum unit price of 50p. This has been promoted in the local media following a press release. This supports actions by Sir Liam Donaldson, the Chief Medical Officer who made minimum unit pricing the key issue in his 2009 annual report.

Improve the effectiveness and capacity of specialist treatment

The focus of investment in Leeds is to treat dependant drinkers. The numbers of people entering alcohol treatment in the City has been steadily growing in Leeds.

However demand is also growing and is likely to increase as more people are identified as harmful drinkers through expansion of the NHS Health Check in GP practices across the City, and by the Hospital Alcohol Health worker. In addition the numbers of people referred to treatment services from the Leeds City Council Alcohol Arrest Referral scheme is expected to rise in 2010 as more offenders are referred into treatment. This was confirmed on a recent visit to Leeds by the Home Office lead for Drugs and Alcohol.

The DH recommends that commissioners “ensure the provision and uptake of evidence-based specialist treatment for at least 15% of estimated dependent drinkers in the PCT area”⁴. Currently in Leeds only an estimated 8% of dependent drinkers are in treatment.

⁴ Department of Health. Signs for Improvement: Commissioning interventions to reduce alcohol-related harm. 2010

This figure puts Leeds in the worst 41% of PCT areas with less than 10% of its dependent drinkers in treatment⁴.

To address this NHS Leeds and Leeds City Council have initiated a joint commissioning partnership to explore how the treatment capacity for dependent drinkers can be increased. The residential alcohol detoxification and rehabilitation service will be re-tendered in 2011/12 and there are likely to be efficiency savings in the detoxification part of the service.

Appoint an Alcohol Health Worker

The Leeds Teaching Hospital Trust Alcohol Scheme will be expanded in 2010/11. Currently the scheme has 2 staff run by Leeds Addiction Unit who work mainly in Medical Admissions Unit. An additional 3 staff will commence working during 2010-11. The main aim of the scheme is to reduce the number of alcohol specific re-admissions by working with hospital clinicians to identify patients in hospital who could benefit from community treatment programmes. It is anticipated that this will have a positive impact on the rate of ARHAs whilst recognising the increasing number of admissions and a background of the limited available community treatment places.

Identification and Brief Advice (IBA) – Provide more help to encourage people to drink less

IBA is available in Accident & Emergency and will be increased throughout the hospital as staff are trained as part of hospital health worker scheme and CLARHC research programme.

Healthy Living Services are planned to commence during 2010/11 subject to financial approval. This will ensure that populations attending their GP practice are offered assessment and brief advice on lifestyle behaviour that is impacting on their health. This includes alcohol. It is hoped that this will expand to include IBA training for workers in other tier 1 services (e.g. housing workers)

Amplify national social marketing priorities

NHS Leeds have commissioned a social marketing company 'Journey' to assess local intelligence and produce a report on the approach to changing public attitudes and behaviour and to designing services. This will be presented in March 2010.

A joint LCC and NHS social marketing group has been formed to take this work forward and to produce a communication plan, including a media calendar.

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SCRUTINY BOARD BRIEFING - IMPACT OF ALCOHOL ON THE NHS

National context & impact of alcohol on Health in Leeds

Official Government estimates of the cost of alcohol misuse for England and Wales are around approximately £20bn a year, which equates to over £450 for every adult in the country, and therefore about £275 million for Leeds. This is made up of alcohol-related health disorders, crime and anti-social behaviour, coupled with a loss of productivity in the workplace. The cost in providing health care and treatments throughout primary and secondary care is estimated at £23m

Cost to the NHS

The table below shows a breakdown of costs to the NHS in Leeds if the city is in line with national statistics.¹

Alcohol Costs to the NHS in Leeds	£ Millions
Hospital inpatient visits:	
Directly attributable to alcohol misuse	1.73
Partly attributable to alcohol misuse	5.50
Hospital outpatient visits	6.13
Accident and emergency visits	4.20
Ambulance services	2.82
Practice nurse consultations	0.27
NHS GP consultations	0.67
Other health care costs	0.51
Specialist treatment services	1.32
Total Health Care Costs	23.13 million

A&E attendance

A&E departments in Leeds see approximately 200,000 patients per year. There are two recorded categories of attendance which have a direct bearing on the Scrutiny Board's inquiry:

- presenting complaint of **Apparently Drunk**;
- diagnosis of **Toxic Effect of Ethyl Alcohol**

In 2008 our records show that 2000 patients presented to A&E within either of the two categories; 557 of these patient required admission.

In 2009, the number of alcohol related attendances increased slightly (2042) with slightly fewer admissions (548).

¹ Data from Leeds Alcohol Strategy 2007 - 2010, Leeds Initiative

As a minimum, each basic attendance costs the NHS approximately £52, so over the course of the two years in question the base cost of these attendances only would be £0.2m. Where patients require tests or investigations, or if they need a hospital bed to recover, the cost rises very substantially.

There is a much higher number of attendees who have had some interaction with alcohol but whose primary reason for attendance is masked by an over-riding condition, such as an assault.

National estimates are that in the out of hours period, more than 50% of patients attending A&E have consumed alcohol. Clearly it is not easy to estimate the significance of having consumed alcohol in relation to the presenting condition, but there are obvious cases where it is not unreasonable to make an assumption that there is a significant relationship.

Patients who present with injuries following an alcohol-related incident may require a follow-up review in our clinic and this will double the cost to the NHS of providing treatment.

Trends and patterns in the city

The LGI has a much higher proportion of patients attending with alcohol related problems than St James's because of its city centre location. In both main LTHT sites, the pattern of attendances is very much weighted to the weekends. At LGI this is more marked.

Preventative strategy

We have completed some work with NHS Leeds and the student medical practice to alert students to the effects of alcohol and to commence some health promotion work related to this, as it is clear that attendances for under 25's increases during term time.

We have participated in local radio campaigns, in-house health promotion and advice to patients on both sides of the city.

Security

One of the unidentified costs to the NHS is the cost of staff absence caused by injury following violence in a hospital setting. We have systems in place with security staff and PCSOs to support the departments and to prevent violent and aggressive behaviours towards staff and this has largely been successful. Clearly there is a capital cost to LTHT for this initiative as there is permanent dedicated accommodation for police officers at both main sites and there are operational costs for West Yorkshire Police.

LTHT February 2010