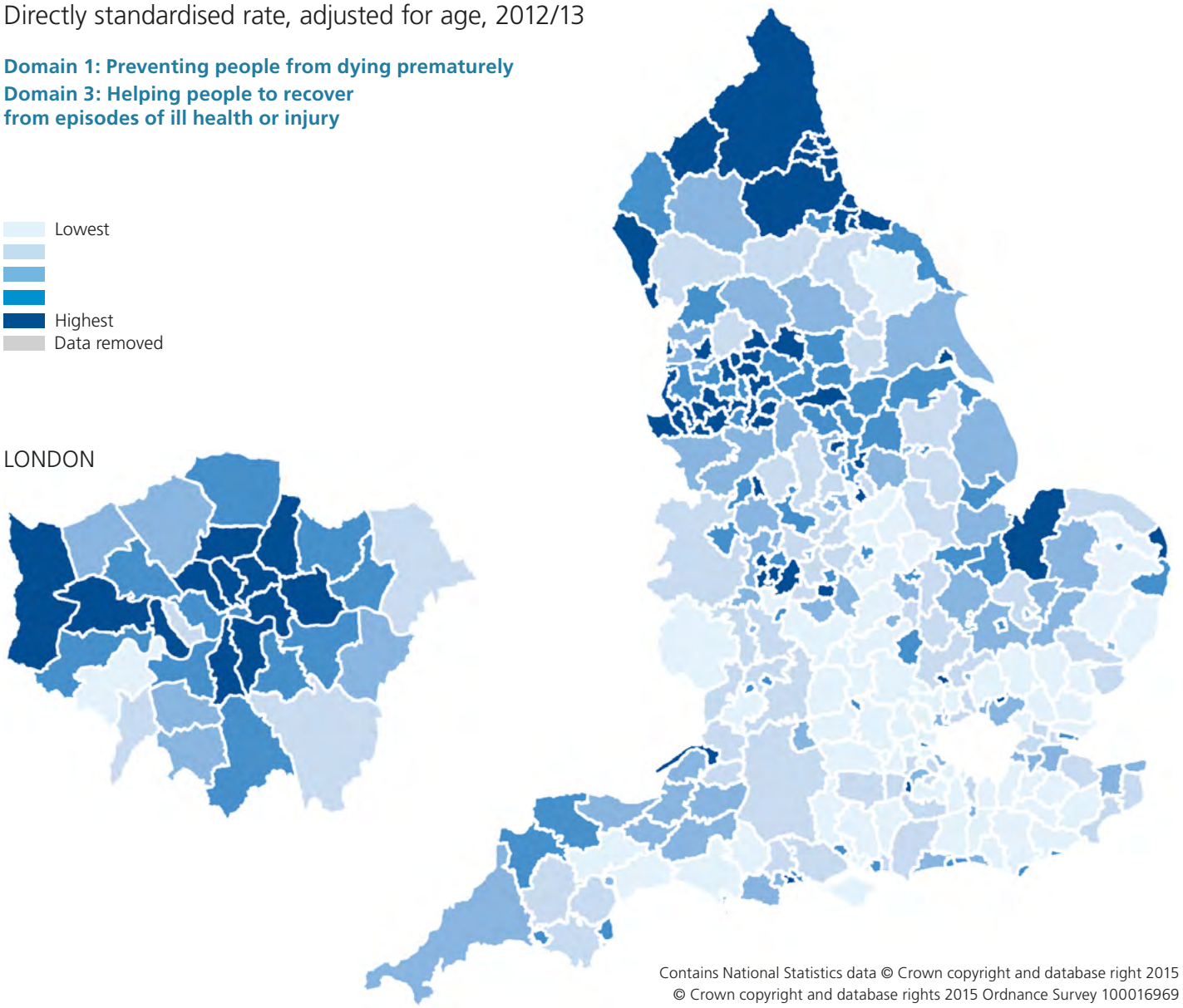
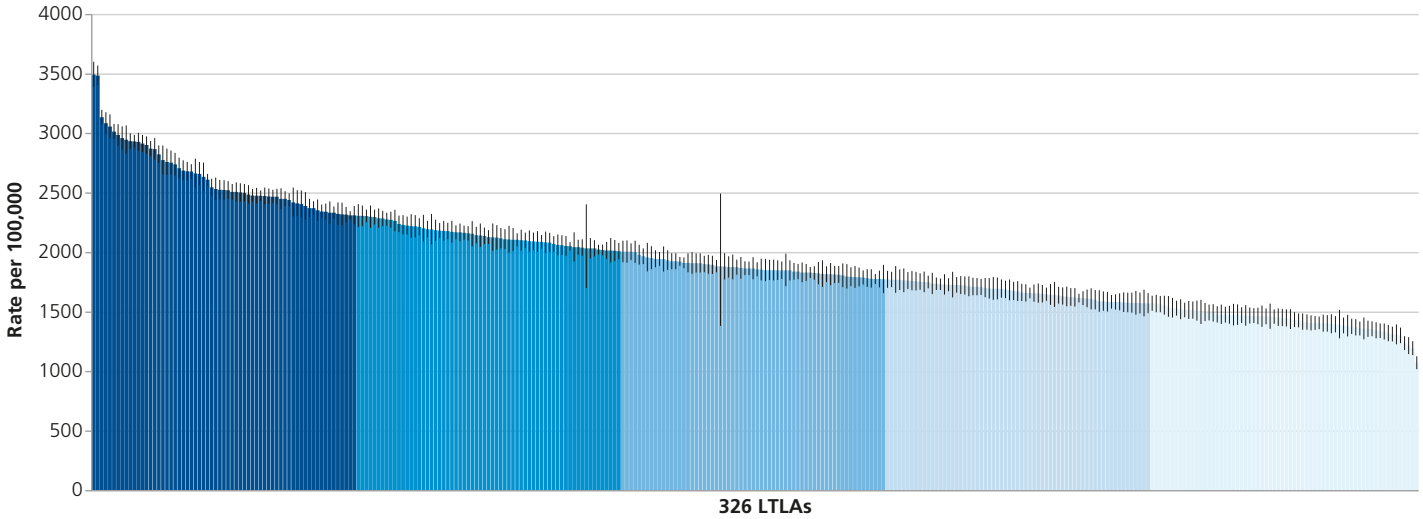
CARE OF ALCOHOL-RELATED CONDITIONS

Map 96: Rate of admission to hospital for alcohol-related causes (broad measure[1]) per population by lower-tier local authority

Directly standardised rate, adjusted for age, 2012/13

Domain 1: Preventing people from dying prematurely
Domain 3: Helping people to recover from episodes of ill health or injury





Context

In England, nine million people consume alcohol at levels that pose risks to health.[2] Alcohol misuse is thought to cost the country around £21 billion a year.[3] In 2011, the Department of Health estimated that the NHS costs of alcohol-related harm were £3.5 billion at 2009/10 prices[4] (see Table 96.1).

Table 96.1: NHS costs of alcohol-related harm, 2009/10[4]

Category of cost	Cost (£ million)
Hospital inpatient & day visits: • Directly attributable to alcohol misuse • Partly attributable to alcohol misuse	 385 1386
Hospital outpatient visits	246
Accident and emergency visits	696
Ambulance services	449
NHS GP consultations	112
Practice nurse consultations	16
Dependency prescribed drugs	8
Specialist treatment services	122
Other healthcare costs	60
Total	**3480**

People being admitted to hospital, where alcohol is the main reason for the admission, has increased by 5% in the last 6 years. The alcohol-related mortality rate decreased by 5% between 2008 and 2013 to 45.3 per 100,000 population.

The conditions associated with alcohol use include injuries and trauma (some associated with alcohol-related violence or road traffic incidents), gastro-intestinal disease including liver disease, cancers, stroke, heart diseases, respiratory diseases, and co-existing mental health problems.

Magnitude of variation

For lower-tier local authorities (LTLAs) in England, the rate of admission to hospital for alcohol-related causes ranged from 1074 to 3496 per 100,000 population (3.3-fold variation). When the ten LTLAs with the highest rates and the ten LTLAs with the lowest rates are excluded, the range is 1346–2935 per 100,000 population, and the variation is 2.2-fold.[5]

Some or much of the degree of variation observed is likely to be due to differences in the rates of alcohol use across England, although other factors such as differences in coding for association with alcohol could also explain some of the variation.

Options for action

NHS organisations need to work with local authorities and other partners through Health and Wellbeing Boards.

Commissioners need to specify that health service providers:

- work in partnership to implement the actions identified by Public Health England as those most effective for local areas to reduce alcohol-related harm (see Box 96.1);
- explore opportunities under Making Every Contact Count[6] for early detection of those drinking above lower-risk levels and encourage reductions in alcohol consumption;
- develop local alcohol treatment pathways (see "Resources");
- implement the recommendations in *Alcohol care in England's hospitals: An opportunity not to be wasted*[2];
- ensure acute providers have Alcohol Care Teams that provide a seven-day-a-week service (see "Case-study").

1 Persons admitted to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-attributable code; children age less than 16 years were only included for alcohol-specific conditions and for low birthweight. LAPE 2015 User Guide. http://fingertips.phe.org.uk/profile/local-alcohol-profiles

2 Public Health England. Alcohol care in England's hospitals. An opportunity not to be wasted. November 2014. http://www.alcohollearningcentre.org.uk/News/NewsItem/?cid=6859

3 Health Committee. Written evidence from the Department of Health (GAS 01). Annex B, paragraph 2. http://www.publications.parliament.uk/pa/cm201213/cmselect/cmhealth/132/132we02.htm

4 Department of Health updated previous published estimates at 2006/07 prices using the same methodology as in The cost of alcohol harm to the NHS in England. An update to the Cabinet Office (2003) study. July 2008. Health Improvement Analytical Team, Department of Health.

5 For 2009/10, 2010/11 and 2011/12 data by PCT, see Liver Disease Atlas, Map 9, pages 62–63.

6 http://www.makingeverycontactcount.co.uk/

Box 96.1: Effective interventions in local areas prioritising a reduction in alcohol-related harm

A. Create environments that support lower-risk drinking for those who choose to drink

- Local behaviour change campaigns that include alcohol
- Local Responsibility Deals that include alcohol
- Directors of Public Health to make effective use of their statutory powers under the Licensing Act 2003[7]
- Use powers to restrict the irresponsible sale of alcohol

B. Increase the identification of and reduce consumption in drinking above lower-risk levels

- Implement alcohol risk assessment within NHS Health Check and the GP Contract targeting newly registered patients
- Offer additional identification and brief advice (IBA) opportunities in a range of settings, particularly primary care

C. Intervene with those experiencing alcohol-related harm

- Effective use of hospital-based alcohol services

D. Reduce dependancy and improve recovery

- Accessible specialist treatment matched to local need
- Good-quality treatment services, in line with NICE guidance

CASE-STUDY

- Moriarty KJ. Alcohol Care Teams: reducing acute hospital admissions and improving quality of care. 2014. NICE Quality and Productivity: Proven Case Study. Provided by: The British Society of Gastroenterology and Bolton NHS Foundation Trust. http://arms.evidence.nhs.uk/resources/qipp/29420/attachment

RESOURCES

- NICE. Alcohol-use disorders: preventing harmful drinking. NICE guidelines [PH24]. June 2010. http://guidance.nice.org.uk/PH24
- NICE. Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE guidelines [CG115]. February 2011. http://guidance.nice.org.uk/CG115
- NICE. Alcohol-use disorders: Diagnosis and clinical management of alcohol-related physical complications. NICE guidelines [CG100]. June 2010. http://guidance.nice.org.uk/CG100
- NICE pathways. Alcohol-use disorders overview. http://pathways.nice.org.uk/pathways/alcohol-use-disorders
- Public Health England. PHE Alcohol Learning Resources. http://www.alcohollearningcentre.org.uk/
- Public Health England. Alcohol care in England's hospitals. An opportunity not to be wasted. November 2014. http://www.alcohollearningcentre.org.uk/News/NewsItem/?cid=6859
- Royal College of Emergency Medicine. Alcohol. A toolkit for improving care. June 2015. On College Guidelines webpage, scroll down to QEC Resource Toolkits. http://www.rcem.ac.uk/Shop-Floor/Clinical%20Guidelines/College%20Guidelines/
- Department of Health (2009) Local Routes: Guidance for developing alcohol treatment pathways. http://www.alcoholpolicy.net/2009/12/local-routes-guidance-for-developing-alcohol-treatment-pathways-published.html
- Public Health England. Local Alcohol Profiles for England (LAPE). http://fingertips.phe.org.uk/profile/local-alcohol-profiles

7 http://www.legislation.gov.uk/ukpga/2003/17/contents