Sunderland Royal Hospital
Alcohol Liaison Team

Brief Intervention, Assessment Referral & Recovery Navigation
The Team

NHS
Kate Lambert – A&E Consultant
James Crosbie – Gastro Consultant
Deb Smith – Alcohol Nurse Specialist
Deb Carr – Alcohol Nurse

Turning Point
Geoff Anderson – Senior Recovery Navigator
Tracy Stewart – Recovery Navigator
Ashleigh Scott – Recovery Navigator
Anne Musgrove – Recovery Navigator
Mark Hanratty – Recovery Coach
Sheila Merryweather Cope – Recovery Coach
The Alcohol Liaison Team was established with one worker in 2005. It developed to two in 2008 and shortly after to three full-time workers. Recovery Navigation was introduced in October 2011. We currently have five Turning Point workers and two Alcohol Specialist Nurses. In 2012 we won and were runners up in 2011. In 2013 Turning Point successfully Commissioned to deliver the Recovery Pathway Service to which the ALT is part of the Sunderland wide Service.

‘Hospital Standards Award for best Partnership Working’
Referring in to the ALT…

During office hours (8am-5pm 7 days a week)
- Patient presents at A&E
- Referred to Turning Point if there is an alcohol related issue
- Seen at the point of A&E if admission is not appropriate
- If intoxicated/declines intervention – an alternative appointment time/date is offered
  (Usually the following day)

Out of hours
- Given a diary appointment with Turning Point
- If the patient is admitted - referred to Turning Point by ward staff
- Seen on the ward for triage assessment / Enhanced Brief Intervention
Enhanced Brief Intervention

Brief Intervention with Alcohol clients looks at relapse prevention, drink/mood diaries, alcohol consumption (including alcohol units), safe drinking levels, cycle of change, education, healthy lifestyles, and desired treatment outcomes.

Complete/look at the ‘Decisional Balance’ – consider the pros and cons of behaviour change
Clients can be seamlessly transferred to the Sunderland Recovery Navigation Service for a comprehensive assessment of need if they require access to specialist community treatment.

Whether a client has received a Brief Intervention or transferred into the Recovery Navigation Service everyone can access the Recovery Support Services which include Smart Recovery, Warm Welcome Meetings, ETE, Peer Led Coffee Groups, Peer Mentoring Support and Training.

Some clients have gone on to become peer mentors following their intervention at the hospital.

Turning Point in Sunderland currently has an award winning peer mentoring service ‘Learning Group of the Year’.
Recovery Navigation

The role is to identify, assess, engage, and track the top Heavy Service Users with alcohol related presentations at Sunderland Royal Hospital.

In order to achieve this, A&E data is monitored throughout the day.

The main aim of the service is to minimise risk to individuals accessing the treatment system by ensuring they are engaged with the appropriate service(s) at the right time for them.
Desired Outcomes

- Improvement in mental and physical health wellbeing
- Prevention of alcohol related deaths and illness
- Reduce alcohol related admissions
- Increased use of alternative primary care and community services
- Support individuals to enable them to maintain positive lifestyle changes
- Positive social outcomes – housing, education, relationships, employment
Tracking System

At the beginning of each month the top attendees are identified using a data analysis system.

A tracking system has been developed to identify the heavy service users for the named month, but also identifies their presentations over the last 12 months.

Some service users with high presentations may not attend every month, but are still tracked due to their annual presentation number.
GP involvement

The Recovery Navigator engages each client by assessment (if not already open to services)

Consent is obtained to share information and bi-monthly progress reports are sent to GPs

The Recovery Navigator endeavours to engage clients where appropriate. If the client is not engaging or declines support, GPs are asked to provide any feedback they may have on service engagement.
HSU Clinical Meetings

Each client who has consented to their information being shared is discussed in weekly Heavy Service User clinical meetings at Sunderland Royal.

This meeting is chaired by the Recovery Navigator and is attended by:

- A&E Consultant
- Alcohol Specialist Nurse
- Clinical Lead from the Self Harm Team
- Turning Point Project Worker 2

Minutes are shared with representatives from the Sunderland multi agency partnership.

The HSUs are tracked until they are fully engaging with a service and/or their repeat alcohol related presentations reduce.
The Recovery Navigator is a member of the multi agency and multi discipline ‘Cases of Concern’ weekly meeting which is chaired by Turning Point.

Clients identified in this forum are tracked daily.

Heavy Service Users may also be brought to this group. This forum provides an opportunity to formally share risk and obtain support and advice with multi agency working partnerships.
Violence Action Group

The Recovery Navigator has attended recent ‘Violence Action Group’ meetings. A pathway is being developed with the hospital security team.

This is to ensure that the agencies that are involved with the named individuals are aware of reported incidents at the hospital for risk assessment purposes.
Outcomes

- Since Recovery Navigation began in Oct 2011, there has been a decline in the overall alcohol related attendances at Sunderland Royal Hospital.

- 57% of the clients who engaged in a one-off brief intervention between January and July 2012 did not return to A&E within 6 months with an alcohol related issue.
“Overall year 2010-11 accounted for 382 attendances by the 30 top HSUs and year 2011-12 shows 274 attendances, a very good 28% reduction.”

Data Analyst - Stephen Potts
April 2011 – March 2012

“The accumulated total attendances in the first 6 months: April 11 to Sept 11 was: 366. The following 6 months: Oct 11 to Mar 12 totalled: 182.
This is a 6 month on 6 month very good reduction of 50% for this cohort of clients.”
April 2012 – March 2013

“The accumulated total attendances in the first 6 months:
Apr 12 to Sept 12 was: 385. The following 6 months: Oct 12 to Mar 13 totalled: 165.
This is an excellent 6 month on 6 month reduction of 57% for this cohort of clients.”
“Unusual activity is evident in both: June 12 and March 13, and appears to be due to a small number of challenging clients rather than the whole cohort. For example one particular client attended 14 times in June 2012 and 12 times in March 2013.”

Data Analyst Stephen Potts

“…just shows the type of challenge that this group can still pose and shows that it is an ongoing, active process to manage their attendances and provide continuing support”

Gastro Consultant James Crosbie
Thank you for your participation!

Contact

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