

# Alcohol care team evaluation: brief

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## Overview

This evaluation assesses the effectiveness of the East Sussex Alcohol Care Team (ACT) at Conquest Hospital - Hastings.

In January 2023, ESHT was awarded a two-year grant funding of £200,000 per year from NHS Sussex as part of their Health Inequalities funding to deliver a multidisciplinary alcohol care team. The team is strategically based at Hasting's Conquest Hospital, a location with a high incidence of alcohol-related harm.

In East Sussex, the ACT has implemented targeted interventions that demonstrate significant enhancements in patient care and recovery rates, including reducing hospital admissions and facilitating community support for individuals experiencing alcohol harm.

Impact analysis reveals that the ACT has led to considerable financial savings for the healthcare system through bed days saved and appropriate medical care. Training initiatives for healthcare professionals have been pivotal in enhancing skills and knowledge related to alcohol dependence treatment.

## Cost-effectiveness

### Return on investment

This ROI has been calculated on bed days saved using the ROI ACT tool<sup>1</sup>; This data did not include those who were retained with physical co-morbidity. The data below is for the period between January 1 and November 27, 2024.

#### Impact on bed days saved:

- Total bed days saved: 696.

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<sup>1</sup> FutureNHS Collaboration Platform. FutureNHS Collaboration Platform. Futurenhsuk [Internet]. 2024 [cited 2024 April 29]; Available from: [https://future.nhs.uk/SDEC\\_CommunityofPractice/view?objectId=164163749](https://future.nhs.uk/SDEC_CommunityofPractice/view?objectId=164163749)

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- Cost per bed day: £641- this is the average cost for patients that are admitted with alcohol misuse as a primary diagnosis, considering costs of overheads, lighting, diagnostics, and more.

**Total cost saving:**

- 696 bed days x £641 per day = £446,136

**Net savings:**

- After factoring in the service costs, the net savings (ROI) achieved are £281,256.

<b>Metric</b>	<b>Value</b>
Bed Days Saved	696
Number of Discharges at Conquest Hospital (2023/2024)	16,165
Number of Unique Discharges at Conquest Hospital (2023/2024)	12,471
Cost per Bed Day	£641
Total number of alcohol-dependent patients	272
Number of unique alcohol dependent patients seen by ACT	59
Annual Staffing Costs	£164,880
Total Savings	£446,136
Net Savings and ROI	£281,256

Table 1: Cost-Effectiveness of the East Sussex ACT

The ACT saved over 696 hospital bed days, resulting in a total savings of £446,136.

Please note that the total investment awarded to the East Sussex ACT was £200,000. Although we have stated the annual staff cost for the team being £164,880, this excludes the East Sussex ACT setup and training delivery costs of £35,120.

After accounting for the annual staff cost of £164,880, the net savings amount is £281,256, demonstrating the program's cost-effectiveness and providing a compelling case for its continuation and potential expansion. The benefit-cost ratio (BCR) of 2.71 confirms that for every £1 invested, £2.71 is generated in benefits.

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This BCR measures the relationship between the benefits and the ACT's investment. A BCR allows for an analysis of the ACT's investment efficiency in terms of how much benefit is gained per unit of cost.

<b>Metric</b>	<b>Value</b>
Return on Investment	£281,256
Annual Staffing Cost	£164,880
Benefit Cost Ratio	£2.71

Table 2: Benefit-Cost Ratio

A BCR of £2.71 signifies that for every £1 invested, the ACT generates £2.71 in direct NHS savings. This ratio indicates that the benefits significantly outweigh the costs of the ACT, demonstrating its cost-effectiveness and efficient use of resources. Additionally, the ROI of £281,256 highlights the project profitability, showcasing substantial net gains relative to the initial investment.

These positive financial metrics collectively suggest that the East Sussex ACT is economically advantageous. The strong BCR and ROI provide compelling evidence that the ACT delivers considerable value, making it a worthwhile investment for stakeholders.

## Patient outcomes

The data highlights the East Sussex ACT's focus on improving care pathways, patient journeys, and resource use to address service gaps effectively. Key outcomes between January 1 and November 27, 2024, include:

	<b>Number</b>
Detoxes completed in a hospital	37
Detoxes not completed due to being discharged or stopped	224
Detoxes not applicable	11

Despite operating within a smaller hospital setting with limited resources, the ACT demonstrates adaptability and effectiveness in patient-centred care.

**Number**

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Patients referred to CGL	105
Patients declined referral to CGL	79
Patients already with CGL	51
Patient inappropriate to refer to CGL (due to confusion or not drinking)	10
N/A (patient refused assessment)	17

The team's direct referral pathway to CGL ensures timely, appropriate interventions, reducing hospital pressures and improving outcomes.

## Staff training and quality of care improvement

Training has been a key focus in equipping staff with the skills to use assessment tools, identify alcohol harm, and make referrals to the ACT. The program emphasises reducing Alcohol Use Disorder (AUD) stigma, identifying withdrawal symptoms, and delivering symptom-led, personalised care. The shift to a patient-centred model represents a significant improvement in care quality.

- Staff trained: 101
- Medical students trained: 10
- Nursing students trained: 16
- Training sessions delivered: 21

## Key recommendations

### 1. Service continuation

National literature has shown that ACTs contribute to NHS savings. Despite being operational for less than a year, this evaluation has shown that this ACT in Hastings saves the NHS £2.71 for every £1 invested and provides significant health benefits to a highly vulnerable population. Evidence from this evaluation is highly supportive for continuation of funding for the ACT.

### 2. Expansion into Eastbourne

Although Hastings has historically been an outlier for high incidences of alcohol-related harm, recent data has shown Eastbourne also to have one of the highest rates in the Southeast. Expanding the ACT service into Eastbourne would improve access to alcohol-related care,

address the growing need for alcohol, enhance early identification and treatment, reduce hospital admissions, improve patient outcomes, and generate further savings for the NHS.

### 3. Patient feedback

The evaluation could only consider input gathered from a few service users. Expanding the feedback collection will ensure that the service continues to learn about its strengths and areas for development.

### 4. Data collection

Improving data sharing between community services and the ACT will ensure a more seamless transition of care and better support for patients across service boundaries. Increased data sharing will allow for improved patient treatment and outcomes tracking, providing further evidence of the impact of ACT services.

### 5. Further Research

This evaluation was conducted at pace due to the ongoing uncertainty around funding. At the time that this evaluation was completed, the service was only operational for 11 months. Therefore, another evaluation of the service should be conducted at a later date once the service has matured to understand its impact further and identify additional lessons.

The ACT has achieved notable outcomes with its current team size. Additional research is needed to evaluate whether expanding the team would provide measurable benefits regarding cost-effectiveness and service outcomes. This analysis would help determine the potential value of scaling up while ensuring the service operates efficiently and effectively.