East Sussex Alcohol Care Team Service Evaluation

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Executive Summary

This evaluation assesses the effectiveness of the East Sussex Alcohol Care Team (ACT). The literature review highlights the positive impact of ACTs in reducing alcohol-related harm, improving patient outcomes, and fostering interdisciplinary collaboration. 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 with alcohol dependence.

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. Local organisations have established effective partnerships, promoting a holistic approach to addressing alcohol-related challenges.

The evaluation of the ACT underscores its significant impact in reducing alcohol-related harm and delivering substantial financial benefits. The ACT saved over 696 hospital bed days, resulting in a total savings of £446,136. After accounting for staff costs 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 in the East Sussex ACT, £2.71 is generated in benefits. These findings underscore the ACT's value in alleviating pressures on healthcare resources while achieving substantial financial returns. The result of this evaluation strongly supports the continuation and potential expansion of the service to maximise its impact further.

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.

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Definitions

Abbreviations	Definition
ACT	Alcohol Care Team
AUD	Alcohol-Use Disorder
AUDIT-C	Alcohol Use Disorders Identification Test-Concise
BPS	British Psychological Society
CGL	Change Grow Live
CIWA	Clinical Institute Withdrawal Assessment for Alcohol Images
CIWA-Ar	Revised Clinical Institute Withdrawal Assessment for Alcohol scale
CMO	Chief Medical Officer
ESCC	East Sussex County Council
ESHT	East Sussex Healthcare NHS Trust
ICB	Integrated Care Board
IMD	Index of Multiple Deprivation
MDT	Multidisciplinary Team
MSOA	Middle Layer Super Output Area
NHS	National Health Service
PH	Public Health
ROI	Return on Investment
SAD-Q	Severity of Alcohol Dependence Questionnaire
SPFT	Sussex Partnership Foundation Trust
WTE	Whole Time Equivalent
LTP	Long-Term Plan
BCR	Benefit-Cost Ratio

Table 1: Definitions

Aims, Objectives, and Outcomes

The evaluation aims to assess the ACT's effectiveness in identifying and treating patients at risk of alcohol harm, understand the benefits of embedding the ACT within ESHT, and clarify the ACT's leadership role in reducing alcohol-related harm through collaboration with partner organisations.

The objectives of the evaluation are to:

1. Conduct a literature review to understand the operational landscape of ACTs in the United Kingdom.
2. Identify if the East Sussex ACT effectively identifies and treats patients at risk of alcohol harm.
3. Understand the benefits of having an ACT embedded in ESHT, including but not limited to analysing its impact on patient outcomes, hospital admissions, policy improvements, and culture change.
4. Understand the financial impact of having an ACT embedded in ESHT.
5. Understand the ACT's role and leadership in reducing alcohol harm in collaboration with key partner organisations.

The review will exclude services provided by community services.

The outcome of this evaluation should demonstrate an objective assessment of the ACT's impact and value, supporting informed decisions about its future continuation and funding.

Evaluation Methodology

As independent public health professionals, we are not commissioners or providers of this service but are vested in ensuring its effectiveness. Our broader responsibility includes monitoring alcohol-related issues' financial and health impacts on the population. Public Health has a unique perspective and authority in evaluating the service, making us well-positioned to author this assessment.

The assessment will include data on who is accessing the service, including the wards from which patients are identified and the number of AUDIT-C, CIWA, and SAD-Q assessments completed by the ACT.

Additionally, the review aims to analyse the impact of the ACT on patient outcomes and access to community treatment and recovery services, including demographics (sex, age,

ethnicity) and the number of patients identified and referred. It will also track the number of inappropriate detoxifications halted by the ACT, repeat admissions, and bed days saved due to alcohol during the ACT's implementation. Furthermore, the review will assess the impact of the ACT on hospital-wide knowledge of alcohol harm by measuring the number of staff completing the alcohol harm training delivered by the ACT team, staff completing appropriate assessments (CIWA, AUDIT-C, and SAD-Q), and the engagement of nursing and medical students. Collaboration within the broader health system will be evaluated.

A cost-efficiency analysis will be conducted to determine the costs associated with running the ACT, such as (but not limited to) staff costs, any financial savings from reduced bed days factoring in service overheads, and the prevented escalation of acute assessments.

We would like to emphasise that the East Sussex ACT delivery of care is still in its early stages compared to other ACT teams nationwide. At the time of evaluation, the East Sussex ACT had not yet completed a full year of operation with a fully staffed team. The available data reflects 11 months of operations with an understaffed team, which directly compares with well-established ACT teams operating for several years, which is potentially inequitable. However, we have included this comparison as part of our evaluation.

To address the evaluation objectives, the following process was employed:

Data Collection

- **Literature Review:** A brief literature review was conducted to understand the operational landscape of ACTs across the UK, providing context for benchmarking and evaluating the East Sussex ACT.
- **Team Shadowing:** The ACT was directly observed to gain qualitative insights into its daily operations, patient interaction, and collaborative efforts within the MDT.
- **Stakeholder Feedback**: A questionnaire and feedback form were distributed to organisation stakeholders, including MDT members, to capture their perspectives on the ACT's effectiveness, leadership, and collaborative practices.
- **Quantitative Data:** Anonymised hospital and patient outcome data were gathered to assess the ACT's impact on early identification and treatment of alcohol-related harm, hospital admissions, and cost efficiency.
- **Qualitative Data:** Anonymised feedback from patients was gathered to assess their satisfaction with the ACT in delivering their care.

Data Analysis

- **Literature Review Findings**: Thematic analysis was used to identify trends, challenges, and best practices from ACT models across the UK.
- **Thematic analysis**: Stakeholder responses and patient feedback were anonymised and analysed to highlight common themes, such as perceived benefits, areas for improvement, and collaborative outcomes.

Relation to objectives

- **Early identification and treatment**: data from patient outcomes and hospital metrics were used to evaluate the ACT's effectiveness in identifying and addressing alcohol-related risks early.
- **Benefits to ESHT:** Quantitative and qualitative findings highlighted the ACTs' impact on patient outcomes, hospital efficiency, and cultural changes in addressing alcohol harm.
- **Collaboration and leadership:** Stakeholder feedback and team shadowing were analysed to illuminate the ACT's leadership and collaborative role with partners and key organisations in reducing alcohol harm.

This methodology ensured a comprehensive and balanced assessment of the East Sussex ACT, providing an evidence base to address each evaluation objective.

Literature Review: Understanding the effectiveness of ACTs in the UK

The literature review considered ACTs in Manchester[1], Bolton[2], and Birmingham[3] to understand their organisational structures, approaches to patient care in hospital settings, collaboration levels with community services, and funding mechanisms. These ACTs were selected as they provide a focused snapshot of the ACT operational landscape. The findings will support the evaluation of the East Sussex ACT at Conquest Hospital in Hastings, offering insights into financing, service provision, and collaboration trends.

Purpose of Alcohol Care Teams

The NHS Long Term Plan (2019) recommended establishing ACTs in acute secondary care settings to alleviate the pressure on hospital services from alcohol-related cases. These teams aim to reduce avoidable hospital admissions, shorten patient stays, and enhance the continuity of care across hospital, primary, and community healthcare services[4]. They

provide direct access to specialists in gastroenterology, hepatology, addiction, psychiatry, and social care services and are supported by local alcohol policies tailored for emergency and acute services[5].

ACT Economic Benefits

Hospital admissions can serve as a point of identification for alcohol dependence, which may be an underlying or primary condition for some patients. ACT teams are positioned to offer early interventions that may help reduce alcohol-related harm and connect individuals to a range of treatment options, which improves overall treatment to patients, saves bed days for the hospital, and makes a return on investment.

Future NHS is an online collaboration platform to support healthcare professionals across the NHS and partner organisations. It facilitates knowledge sharing, networking, and access to resources, enabling teams to work together effectively on improving health and care outcomes. From this platform, we are using the nationally used ACT ROI tool[6].

The ROI tool uses evidence from published sources alongside key assumptions to illustrate the impact of ACTs (all ACT staff are assumed to be band six nurses). However, in larger teams with more than 3WTE, there is scope to skill mix roles with lower banded staff (which would reduce service delivery costs).

This model includes consultant grade input (0.2WTE) and admin support (0.8), which was not included in the ACT funding from the NHS LTP Alcohol Dependence budget in 2019, which focus solely on alcohol nurses and alcohol practitioner roles[7-9]:

Below is a table analysis of the different ACTs and their ROI; all figures are based on 2023/24[7-9].

The following information list relates to table 2 showing the total ACT staff and their roles for each location.

Portsmouth Queen Alexandra Hospital: **Total Number: 8.3 WTE**

- One Band 7 Alcohol Specialist Nurse
- Seven Band 6 Alcohol Specialist Nurses
- One Band 3 Healthcare Support Worker
- One Band 3 Administrative Officer
- One Band 6 Administrative Officer

Southampton General Hospital: **Total number: 8.5 WTE**

- One Band 7 Alcohol Specialist Nurse
- Four Band 6 Alcohol Specialist Nurses

- One Administrator Officer working 90%.
- One Consultant is working 50%.

Devon Torbay Hospital: **Total Number: 4.2 WTE**

(Formation not available)

***Manchester University NHS Foundation Trust:** **Total Number 4.2 WTE**

(Formation not available)

***University Hospitals Birmingham NHS Foundation Trust:** **Total Number: 6.4 WTE**

- Three staff per shift (8 am-6 pm) Monday to Friday.
- Four Alcohol Specialist Nurse
- One General Nurse
- Two Speciality Alcohol Practitioners (non-clinical, providing psychosocial support to all patients)
- One Administrative Assistant

Portsmouth Queen Alexandra Hospital	Southampton General Hospital	Devon Torbay Hospital	*Manchester University NHS Foundation Trust	*University Hospitals Birmingham NHS Foundation Trust	Royal Bolton Hospital	Activity
£526,255	£455,107	£324,669	£356,843	£366,172	£333,444	Annual Staff Costing
3,800	3,200	2,029	2,203	2,450	1,894	Bed Days Saved
1,749	1,779	868	943	1,428	810	Total Number of Alcohol Dependant Patients
1,626	1,370	868	943	625	810	Total Number of unique alcohol-dependent patients seen by the ACT
£1,054,545	£876,093	£519,286	£559,733	£653,028	£454,283	Net Income
3.00	2.93	2.60	2.54	2.75	2.36	BCR

Table 2: Comparative Analysis of ACT Outcomes Across the UK

***Average of three**

Effectiveness of ACTs in identifying and treating patients

ACTs have been used in healthcare settings to address alcohol harm, focusing on identification and screening, treatment access, hospital admissions, and patient outcomes. These interventions have contributed to a return on investment for healthcare systems.

ACTs play a crucial role in identifying patients at risk for alcohol misuse through proactive, systematic screening methods embedded in hospitals such as CIWA, AUDIT-C, and SAD-Q. ACTs often detect alcohol-related concerns in patients admitted for unrelated conditions, enabling timely intervention and reducing the likelihood of escalation into severe complications[10]. This initiative-taking approach increases early support and engagement with patients who might otherwise go unnoticed[11]. ACTs provide patients with a clearer understanding of treatment and recovery options. They often bridge hospital care and community support, guiding patients through transitions and helping them access necessary services[12]. This coordination reduces the uncertainty of follow-on support. It enhances the overall treatment experience through the improvement of quality of care, staff training, and implementation of evidence-based management of AUD, including alcohol withdrawal[13].

Reduced Hospital Admissions and Readmissions

ACTs have shown potential in addressing hospital admissions and readmissions related to alcohol dependence[14]. These programs typically offer early intervention, education, and ongoing support to assist individuals in managing their alcohol use, which may lead to a decrease in the frequency of hospital visits and readmissions. This trend could affect patients and healthcare systems by promoting resource efficiency and reducing the demand for hospital services[15]. Furthermore, by collaborating with community services for post-discharge care, ACTs ensure patients receive essential resources to prevent relapse[16].

Enhanced Access to Treatment

ACTs offer a range of services that address both the physical and mental health aspects of alcohol misuse, providing patients with medical assessments and social support. They also emphasise education and self-management strategies, empowering patients to understand better and manage their recovery. By offering respectful, compassionate care, ACTs create an environment where patients feel less judged and more willing to seek help. This stigma reduction facilitates patient engagement and openness to treatment, which is critical for adequate recovery.

Reduction in Mortality and Morbidity

ACTs contribute to reductions in alcohol-related morbidity and mortality by facilitating early interventions that address complex health issues[17]. ACTs prevent complications like liver disease and mental health deterioration, resulting in better health outcomes and reduced mortality rates among patients[18].

Challenges

An investigation into ACT services reveals several challenges that can impact their effectiveness and sustainability. Funding and resource constraints are a common concern, with some teams struggling to meet the growing demand for alcohol-related care. Workforce shortages, particularly in specialised roles for alcohol nurses and addiction specialists, can strain service delivery. A further challenge is integration with other healthcare services and care pathways, as fragmented systems may limit the ability of ACTs to provide seamless, coordinated support for patients with complex needs[19].

Additionally, the stigma surrounding alcohol dependence can deter individuals from engaging with services, while high-patient demand (including those with chronic conditions) places further pressure on ACTs. Measuring the impact of ACTs is complicated by a lack of standardised evaluation methods and challenges in data collection and integration. Regional variations in support and policy frameworks also contribute to inconsistencies in implementing and recognising ACTs across the healthcare system[20].

Summary

The literature review confirms that ACTs are effective in managing alcohol misuse within hospital settings. By providing comprehensive, compassionate care, ACTs

contribute significantly to both individual and systemic healthcare improvements, offering a valuable approach to alcohol dependence management. These findings suggest the need for a more cohesive approach to addressing barriers presented to ACTs.

This review has established a foundation of evidence demonstrating the benefits and efficacy of ACTs. It aimed to validate their role in addressing alcohol harm, identify best practices and emphasise their impact on health care.

As part of the evaluation, we will assess how the East Sussex ACT aligns with these findings, exploring its effectiveness, adherence to best practices, and contributions to improving health outcomes in the local context.

East Sussex Alcohol Harm Overview

The East Sussex alcohol harm reduction strategy 2021-2026 | East Sussex County Council has been developed in response to the elevated levels of alcohol-related harm and the considerable proportion of the population consuming alcohol at risky levels. With 29% of males and 15% of females in East Sussex drinking above the Chief Medical Officer's recommended guidelines and areas such as Hastings and Eastbourne experiencing disproportionately high rates of alcohol harm, the strategy aims to address these challenges through a comprehensive, multi-faceted approach.

The strategy covers many areas, including children, young people, and families, treatment and recovery, and enforcement and licensing. A key component of this strategy is the Alcohol Care Team (ACT), which plays an essential role in providing targeted interventions and support for individuals at risk of alcohol harm.

Districts and boroughs with higher levels of deprivation, such as Hastings and Eastbourne, experience disproportionately higher rates of alcohol harm. Since 2016, Hastings has consistently been amongst the highest local authorities for alcohol-related hospital admissions in the southeast, ranking in the top three and Eastbourne in the top five[21]. For further context to alcohol harm in East Sussex, PH has conducted an Alcohol Data Briefing 2024 focussing on non-publicly available data analysing the health-related effects of alcohol consumption.

East Sussex Alcohol Care Team Overview

Policy Impact

The ACT has developed guidelines in line with the UK clinical guidelines for alcohol treatment: specific settings and populations for the hospital to support the management of alcohol-related care[23]. These guidelines have been reviewed and formally ratified, ensuring that the hospital meets the required standards and provides a clear framework for staff to follow.

The ACT has committed to creating guidelines promoting equality, diversity, and inclusion. These guidelines have been developed with a focus on best practices, including the transition from a fixed-dose model of care to symptom-led treatment of AUD.

Furthermore, the guidelines embed assessment tools to support consistent screening and clearly outline the internal ACT referral process. They also include comprehensive prescription and detoxification guidance, ensuring appropriate emergency treatment.

Furthermore, in adherence with the ACT core service descriptor[24] the ACT has included in their guidelines as part of their core service components the following:

- Alcohol identification and brief advice
- A comprehensive alcohol assessment
- Specialist nursing and medical care planning
- Management of medically assisted alcohol withdrawal (MAW)
- Planning safe discharge, including referral to community services
- Clinical leadership by senior clinicians with dedicated time for the team
- Provision of trust-wide education and training about alcohol

Upon reviewing the ACT's guidelines for patients with co-existing alcohol dependence, cocaine use, and/or opioid use, it is noted that they differ on one point from the UK clinical guidelines.

The UK clinical guidelines provide more detailed guidance on managing co-existing alcohol dependence, cocaine use and/or opioid complexities. In contrast, the East Sussex ACT guidelines suggest referring patients to CGL (Change Grow Live) for further care. This approach reflects the current system and resources available and may be a practical solution within the existing framework.

However, should the system allow for more integrated care, aligning the guidelines with this could be considered. It is also important to note that the absence of a dedicated drugs team within the hospital is not within the ACT's control but is an

area that could be explored within the broader context of hospital service provision.

The ACT guidelines are a significant step towards improving patient care and outcomes at Conquest Hospital. For example, inappropriate detoxes have been stopped since November 7, 2024. As staff members become aware of the guidelines, the issue of inappropriate detoxes will begin to be addressed.

East Sussex ACT: Return on Investment

This ROI has been calculated on bed days saved using the ROI ACT tool[7]; Conquest Hospital would have retained these patients for detox without ACT intervention. 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 of bed days saved:

- Total bed days saved: 696.
- 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.

Metric	Value
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

Metric	Value
Number of unique alcohol dependant patients seen by ACT	59
Annual Staffing Costs[26]	£164,880
Total Savings	£446,136
Net Savings and ROI	£281,256

Table 3: Cost-Effectiveness of the East Sussex ACT

Benefit Cost Ratio (BCR):

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.

Please note that the total investment awarded to the East Sussex ACT was £200,000. To calculate the BCR of the ACT, we used the annual staff costs of the service in line with the ROI tool. The yearly staffing cost of the East Sussex ACT is £164,880, excluding the £35,120 East Sussex ACT setup and training delivery costs.

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

Table 4: Benefit-Cost Ratio

The East Sussex ACT's BCR reveals a strong financial performance, underscored by a BCR of £2.71. 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.

ACT Effectiveness Comparison

The following table was completed using information from the literature review. An average standard was calculated, and the lowest and highest standards were identified to determine where the East Sussex ACT stands in comparison.

We would like to emphasise that the East Sussex ACT's care delivery is still in its early stages compared to other ACT teams nationwide. At the time of evaluation, the East Sussex ACT had not yet completed a full year of operation with a fully staffed team. The available data reflects 11 months of operations with an understaffed team, which directly compares with well-established ACT teams that have been operating for several years and are potentially inequitable.

2023/24	Average Standard	Lowest Standard	Highest Standard	East Sussex ACT
Team Formation	6	3.6	8.5	3.2
Annual Staffing Cost	£425,462	£324,669	£526,255	£164,880
Bed Days Saved	2,847	1,894	3,800	696
Total Number of Alcohol Dependant Patients	1,279	810	1,749	272
Total Number of Unique Alcohol Dependant Patients	1,139	625	1,626	59
Net Income	£754,414	£454,283	£1,054,545	£281,256
BCR	2.68	2.36	3.00	2.71

Table 5: Comparison of ACT Effectiveness

The ACT demonstrates notable financial efficiency, with a BCR of £2.71, which is above the lowest benchmark of £2.36 and above the average of £2.68, despite being approximately half the annual staffing cost (£164,880 versus £324,669).

The 696 bed days saved (compared to an average of 2,847) and the total number of alcohol dependant patients (272 versus an average of 1,279) fall below the average standard. However, the lower investment partly explains this, including a smaller ACT team, data only representing 11 months of a partially completed team, a significantly smaller trust, and a reduced catchment population; for example, Conquest Hospital has 16,165 discharges across the hospital for one year compared to an average of 29,077 for all hospitals with an ACT as identified in the ROI tool.

Furthermore, this evaluation has been conducted with the service still in the early phase of mobilisation and has been compared to more established ACTs. Although the cost savings identified are significant, as the service becomes more settled and established, it would be reasonable to assume further gains in effectiveness may be realised.

The following information list relates to table 6 showing the total ACT staff and their roles for each location.

Hastings Conquest Hospital East Sussex: **Total Number: 3.2 WTE**

- One Alcohol Care Team Consultant Lead
- One Band 7 Alcohol Specialist Nurse
- One Band 6 Alcohol Specialist Nurse
- One Band 4 Administrator

Royal Bolton Hospital: **Total Number: 3.6 WTE**

Alcohol Care Team Consultant Lead

- Four Band 6 Alcohol Specialist Nurses (specialising in Liver and psychiatry)
- Aided by an MDT

Average of Three University Hospitals Birmingham: **Total Number: 6.4 WTE**

- Three staff per shift (8 am-6 pm) Monday to Friday.
- Four Alcohol Specialist Nurse
- One General Nurse
- Two Speciality Alcohol Practitioners (non-clinical, providing psychosocial support to all patients)
- One Administrative Assistant

Average of Three Manchester University Hospital: **Total Number 4.2 WTE**

(Formation not available)

Devon Torbay Hospital: **Total Number: 4.2 WTE**

(Formation not available)

Southampton General Hospital: **Total number: 8.5 WTE**

- One Band 7 Alcohol Specialist Nurse
- Four Band 6 Alcohol Specialist Nurses
- One Administrator Officer working 90%.
- One Consultant is working 50%.

Portsmouth Queen Alexandra Hospital: **Total Number: 8.3 WTE**

- One Band 7 Alcohol Specialist Nurse
- Seven Band 6 Alcohol Specialist Nurses
- One Band 3 Healthcare Support Worker
- One Band 3 Administrative Officer
- One Band 6 Administrative Officer

Activity	Hastings Conquest Hospital East Sussex	Royal Bolton Hospital	*University Hospitals Birmingham	*Manchester University Hospital	Devon Torbay Hospital	Southampton General Hospital	Portsmouth Queen Alexandra Hospital
Annual Staff Costing	£164,880	£333,444	£366,172	£356,843	£324,669	£455,107	£526,255
Bed Days Saved	696	1,894	2,450	2,203	2,029	3,200	3,800
Total Number of Alcohol Dependant Patients	272	810	1,428	943	868	1,779	1,749
Total Number of unique alcohol dependent patients seen by the ACT	59	810	625	943	868	1,370	1,626
Net Income	£281,256	£454,283	£653,028	£559,733	£519,286	£876,093	£1,054,545
BCR	2.71	2.36	2.75	2.54	2.60	2.93	3.00

Table 6 National ACT comparison table, including the East Sussex ACT.

***Average of three**

The comparative ACT table in the literature review is above; however, the East Sussex ACT has now been included

Staff Training and Quality Impact

Training for all staff has been a central focus to ensure they have the skills and knowledge necessary to use the assessment tools effectively and to generate referrals to the ACT, where appropriate. The ACT is committed to training staff to conduct alcohol screenings independently.

The training delivered focuses on addressing the stigmatisation of AUD, how to identify alcohol withdrawal and the East Sussex prevalence of alcohol harm. Symptom-led treatment and personalised care are also well-integrated into the curriculum. The shift from a fixed-dose approach to a more flexible patient-centred model reflects an essential advancement in the quality of care.

Training Demographic	Number
Staff trained	101
Medical students trained	10
Nursing students trained	16
Training sessions delivered	21

Table 7: Training at Conquest Hospital

Bespoke Training Opportunities

In addition to general staff training, bespoke sessions have been offered to qualified nurses, medical professionals, and medical students. These targeted training opportunities focus on key areas such as the effective use of assessment tools, appropriate prescribing practices, and symptom management for AUD.

As part of this, the ACT uses its hospital system, DATIX, a web-based system that ESHT uses to report incidents, manage risks, and comply with regulations.

Staff are encouraged to report incidents, risks, or near misses that could compromise patient safety. This plays a critical role in risk management, allowing the ACT to effectively identify, assess, and mitigate risks. This system also helps identify trends and potential areas for improvement in staff training, support, and resource allocation. By capturing this information, all staff members can better develop initiative-taking strategies addressing underlying risks, improving overall patient safety.

DATIX Entries: 59 have been completed since the 10th of June 2024 to January 2025.

This provides a rough estimate of increased awareness of alcohol guidelines within the hospital and improved patient care and safety. For example, some data raised by the ACT has identified and addressed concerns that, on occasion, some hospital staff have not conducted AUDIT-C, CIWA or SAD-Q but had prescribed patients Chlordiazepoxide. Adding to this example is the number of paper-fixed detoxes without clinical reasons. These are a few examples that the ACT has identified, intervened and corrected to reduce patient risk and improve patient safety and overall care.

Link Nurses – Building Capacity Within the System

The role of Link Nurses in the system has been identified as a key strategy for building capacity and ensuring the successful implementation of ACT protocols.

Link Nurses, who are already employed by ESHT, voluntarily take on the additional responsibility of becoming Link Nurses to support alcohol-related care. They are well-positioned to champion assessment tools and promote the shift toward symptom-led treatment approaches across the broader workforce. By taking on this role, Link Nurses help strengthen the implementation of alcohol harm reduction strategies and ensure that best practices are consistently followed within the hospital setting. Link Nurses are pivotal in monitoring and supporting their colleagues, reinforcing the application of best practices, and prescribing processes. This approach, although in the early days of implementation, fostered consistency in care delivery across the system and empowered staff at all levels to take ownership of their roles in improving patient outcomes.

The development and integration of link nurses/practitioners show promising progress, supported by strong collaboration and planning. The backing of trainers from ED, AAU, and the training department, alongside input from Safeguarding and the MHLT, reflects a well-coordinated approach to establishing two comprehensive training days in Spring 2025. Notably, link nurses have shown initiative-taking engagement by seeking updates and being more prescriptive, and efforts are underway to expand recruitment through internal communication channels and increased outreach. While four-link nurses are already based at EDGH, their activities must be systematically captured to evaluate their impact effectively. Additionally, ongoing supervision by the core ACT team will be essential to ensure alignment with objectives and sustained development.

Impact on Patient Outcomes

Understanding the number of patients the ACT sees based on the metrics below demonstrates its effectiveness and efficiency. The number of completed detoxes reflects the team's ability to support patients through successful detoxification.

The number of patients seen intoxicated or in withdrawal enables us to evaluate the ACT's responsiveness and ability to engage patients at varying stages of alcohol use and dependency. Patients not intoxicated or not in withdrawal provide insight into how the service addresses broader alcohol-related issues, including prevention and early intervention. Tracking inappropriate detoxes and detoxes stopped due to co-morbidities highlights areas where clinical judgment, patient suitability, or resource constraints may affect outcomes, enabling the identification of potential gaps in care pathways. Additionally, understanding cases where detoxes did not require prescriptions reflects the diversity of treatment approaches and resource use efficiency.

The data also allows for a deeper analysis of resource use, care pathways, and patient journeys, helping pinpoint areas for improvement and gaps in service delivery. Furthermore, by tracking these outcomes, the ACT can better demonstrate its impact on reducing alcohol-related harms and alleviating pressure on hospital services.

Detox information	Number
Detoxes completed in a hospital 01/01/2024 to 27/11/2024	37
Detoxes not completed due to being discharged or stopped 01/01/2024 to 27/11/2024	224
Detoxes not applicable 01/01/2024 to 27/11/2024	11
Inappropriate detoxes stopped 07/11/2024 – 27/11/2024	21
Detoxes stopped due to physical co-morbidity 07/11/2024 – 27/11/2024	5
Detoxes that did not require prescription 07/11/2024 – 27/11/2024	14

Table 8: Detox Data

Dates: 07/11/2024 to 27/11/2024	Number
Patients seen intoxicated since	5
Patients seen not intoxicated since	27
Patients seen in withdrawal since	5
Patients seen not in withdrawal since	27

Table 9: Number of Patients Experiencing Intoxication or Withdrawal

Since November 7, 2024, 32 patients have been seen, with 5 presenting as intoxicated, 27 not intoxicated, 5 in withdrawal, and 27 not in withdrawal. This breakdown demonstrates the diverse needs of the patients being managed, many of whom do not require active detoxification. Notably, 21 inappropriate detoxes were stopped during this period, highlighting the team's clinical vigilance in ensuring that interventions are appropriate and safe. Additionally, 14 cases did not require detox prescriptions, underscoring the team's commitment to a tailored approach to patient care, ensuring each patient's unique needs are met.

A total of 37 detoxes were completed in the hospital, compared to 224 that were not completed due to discharge, clinical decisions, or cessation and 11 that were not applicable. While this may appear lower in absolute terms, it reflects the realities of a smaller hospital setting with a different patient population and service demands compared to larger institutions.

Furthermore, the ACT has established a direct referral pathway to CGL, a specialist community alcohol treatment service. This pathway ensures that individuals who can be supported with alcohol detox in the community can be discharged from the hospital. By streamlining this referral process, the ACT enhances the timeliness and effectiveness of interventions, ensuring that individuals receive the appropriate care and support at the earliest opportunity.

Dates: 01/01/2024 to 27/11/2024	Number
Patients referred to CGL	105
Patients declined referral to CGL	79
Patients already with CGL	51

Dates: 01/01/2024 to 27/11/2024	Number
Patient inappropriate to refer to CGL (due to confusion or not drinking)	10
N/A (patient refused assessment)	17

Table 10: Referrals of Patients

Conquest operates within a constrained resource environment, such as a smaller hospital, compared to more extensive facilities. However, the East Sussex ACT's ability to deliver targeted and patient-centred care within these limitations demonstrates its adaptability and effectiveness. The team's performance should be viewed considering its context, illustrating its capability to contribute to improved outcomes and safer clinical practice despite the challenges of a smaller-scale operation.

Alcohol Dependant Patients and Repeat Admissions

Understanding the number of alcohol-dependent patients and repeat admissions is essential for assessing the ACT's effectiveness in managing, reducing, and preventing alcohol-related harm. The number of alcohol-dependent patients provides a clear indication of the demand for specialised interventions and the scope of the ACT reach within the hospital setting. Tracking repeat admissions offers valuable insight into the longer-term impact of the ACT’s interventions, highlighting the urgent need to ensure patients are receiving the support needed to break the cycle of alcohol-related hospitalisations. High repeat admissions may indicate gaps in follow-up care, inadequate support for sustained recovery, or the need for stronger community partnerships.

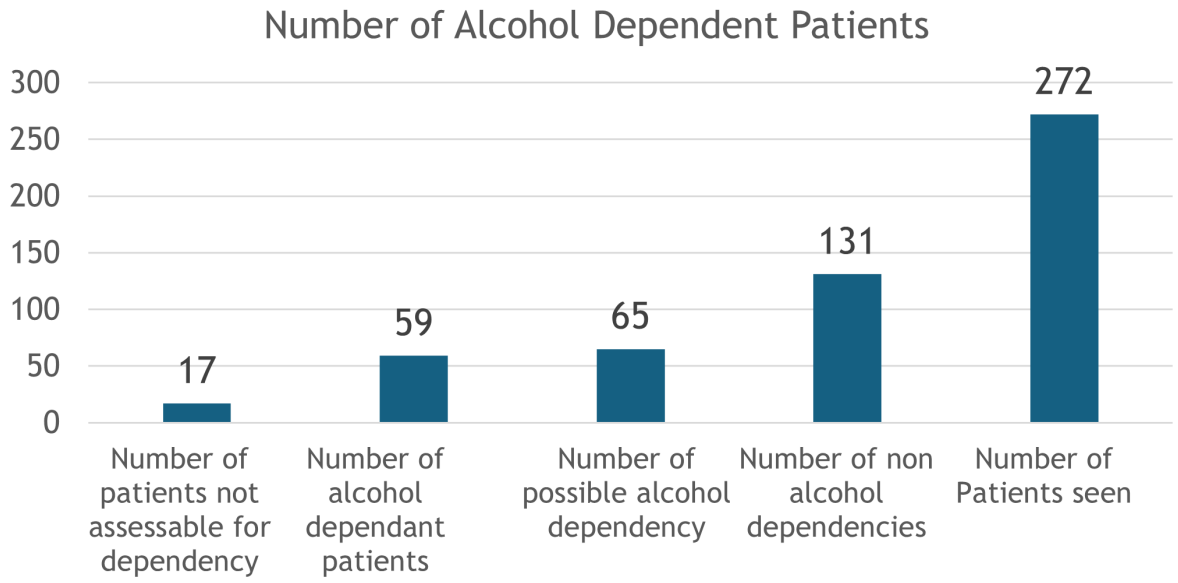

Figure 1: Number of Alcohol Dependant Patients

The data on patient activity for the ACT provides insight into its workload and the complexity of cases managed. Out of the 272 patients seen, 59 were identified as alcohol-dependent, with an additional 65 presenting possible alcohol dependency. This means that nearly 46% of the patients seen fall within categories requiring intervention for alcohol dependency or potential alcohol issues.

Furthermore, 131 patients (48%) were assessed as having no alcohol dependency, reflecting the team's ability to screen and appropriately identify patients not requiring alcohol-specific care. Seventeen patients (6%) were not assessable for dependency, which may highlight challenges such as incomplete assessments or other clinical factors impacting evaluation.

This breakdown demonstrates the ACT's vital role in addressing alcohol harm across a range of patient presentations. It also reflects the team's workload in a smaller hospital setting where identifying and supporting alcohol-dependent individuals is critical while still efficiently managing non-dependent cases. Despite operating in a resource-limited environment, the ACT effectively targets the appropriate patients and delivers tailored care within its capacity.

Number of repeat admissions	Number of patients	Percentage
2	5	25%
3	9	45%

4	3	20%
5	1	5%
51	1	5%
68	1	5%

Table 11 Number of Repeat Admissions

The total number of patients with readmissions is 20 between the period of 01/24 and 11/24. Two patients had 119 admissions which accounted for 119/173 = 69% of repeat admissions.

The admissions data reveals that patients J and M have had notably high rates of repeat admissions to the Emergency Department (ED), with patient J recording 51 admissions and patient M recording 68 admissions. However, despite this high level of repeat presentations, each has only been referred to the ACT team three times. This highlights a potential gap in the referral process for high-frequency patients, which could result in missed opportunities for intervention and support.

To expand on this point, currently, the standard practice involves placing patients on a 'paper detox' rather than referring them to the ACT, leading to varied outcomes. However, this practice is gradually evolving. It is anticipated that removing the 'paper detox' process, combined with the introduction of updated clinical guidelines, will increase referrals to the ACT. Additionally, initiatives such as doctor training, the Link Nurse program, and incorporating ACT awareness into new doctors' induction programs are expected to further enhance referral pathways and support better patient outcomes.

Analysing the number of referrals by ward can provide information into patterns of need and engagement across the hospital. It can help identify which wards encounter the highest alcohol-related cases, enabling targeted education and support staff in those areas. This data also highlights any disparities in referral rates, potentially revealing the under-recognition of alcohol-related issues in certain wards or opportunities to strengthen referral pathways.

Number of Referrals by Ward

Ward	Description	Referrals
ED	Emergency Department	99
AAU	Acute Assessment Unit	67
De Cham	Acute Medicine and Gastroenterology	34
Wellington	Gastroenterology	18
SAU	Surgical Assessment Unit	13
Baird	Acute Medical/Respiratory	12
Cookson Attenborough	Short Stay Unit	5
Tressell	Frailty	5
Benson	Orthopaedic Trauma Ward	4
MacDonald	Frailty 75+	4
Newington	Medical Assessment Unit for Frailty	4
HDU	High Dependency Unit	≤3
Gardner	Surgical Ward	≤3
Cookson Devas	Elective Orthopaedic Ward	≤3
Egerton	Orthopaedic Trauma Ward	≤3
ICU	Intensive Care Unit	≤3
James and Coronary Care Unit	Acute Cardiac Problems	≤3
Murray	Gynaecology Emergency Ward	≤3
Outpatient	Hospital Attendees	≤3
SDEC	Same-Day Emergency Care	≤3

Table 12: Hospital referrals by ward

The referral data provides valuable insight into the distribution of cases overseen by various wards, helping to assess the effectiveness and coverage of the ACT's intervention. The Emergency Department (ED) leads with the highest number of referrals (99), reflecting its leading role in the acute care pathway and highlighting the ACT's involvement in managing urgent cases. The Acute Assessment Unit (AAU), with 67 referrals, similarly suggests a high volume of patients requiring prompt

assessment, further underscoring the critical role of the ACT in providing timely and appropriate care.

Wards focusing on specialised care, such as Acute Medicine and Gastroenterology (De Cham) with 34 referrals and Gastroenterology (Wellington) with 18 referrals, demonstrate a continued demand for the ACT's expertise in managing specific conditions requiring immediate attention. Similarly, units like the Surgical Assessment Unit (SAU) and Acute Medical/Respiratory (Baird), which recorded 13 and 12 referrals, respectively, indicate a need for the ACT's support in surgical and respiratory cases, albeit to a lesser extent.

Frailty-related units, including Tressell and MacDonald, with 5 and 4 referrals, respectively, highlight the ACT's role in providing tailored care for vulnerable populations, particularly older people, who often present with complex health issues requiring multidisciplinary support. Specialised wards such as Orthopaedic Trauma (Benson, Egerton), Intensive Care Unit (ICU), and Gynaecology Emergency (Murray) show fewer referrals, suggesting that while the ACT's input is critical in these contexts, these areas serve more niche or acute cases.

The data indicates a concentrated demand for the ACT's services within high-referral units like the ED and AAU and a more targeted need in specialised care settings. This distribution is crucial for understanding the ACT’s impact on acute care pathways. It informs potential adjustments to service delivery, ensuring the team is appropriately resourced and positioned to meet varying demand levels across different patient groups. Furthermore, this also provides insight into how individuals with alcohol-related cases in East Sussex are presenting at the hospital; for example, 59 patients are attending as alcohol dependant patients.

ACT: Identification and Treatment

To identify and treat patients with alcohol harm, the ACT has embedded in the hospital the following tools to conduct patient assessments:

1. AUDIT-C - brief alcohol screening tool to identify individuals who may be drinking at risky or dependent levels. AUDIT-C aims to screen for risky or dependent drinking patterns quickly, guide early interventions, and help healthcare professionals decide if further assessment or support is needed.

2. CIWA - a tool used to assess the severity of alcohol withdrawal symptoms. It measures 10 key areas, including tremors, sweating, agitation, nausea, and anxiety, to generate a score that guides treatment decisions. A higher score indicates severe withdrawal. It is commonly used to monitor patients to ensure

safe and appropriate management of medications, such as benzodiazepines, to prevent complications like seizures or delirium tremens.

3. SAD-Q - a tool used to assess the severity of alcohol dependence. It consists of 20 questions across five areas: physical withdrawal symptoms, drinking patterns, affective withdrawal symptoms, alcohol consumption, and relief drinking. A higher score indicates severe dependence. The SAD-Q determines the level of support and treatment needed, including whether medically assisted detoxification is required.

These assessments offer a snapshot of individuals' conditions upon arrival, capturing their state at the point of hospital admission. The data does not demonstrate how the ACT prevents the escalation of alcohol-related harm in patients who may be dependent. To be able to see the latter, a concurrent assessment of patients' time during the hospital would need to be conducted.

The number of assessments conducted using these tools can offer insight into how effective an ACT is in the early identification and delivery of an evidence-based service. Data on the number of assessments regularly conducted before the introduction of the ACT at Conquest Hospital is unavailable.

Since the introduction of the ACT at Conquest Hospital, data on the number and outcomes of the three alcohol patient assessments have been collected and are shown below. This information provides valuable insights into the effectiveness of the ACT's alcohol harm interventions.

The data below is based on an alcohol dependency assessment on 272 patients seen by the service the East Sussex ACT at Conquest Hospital.

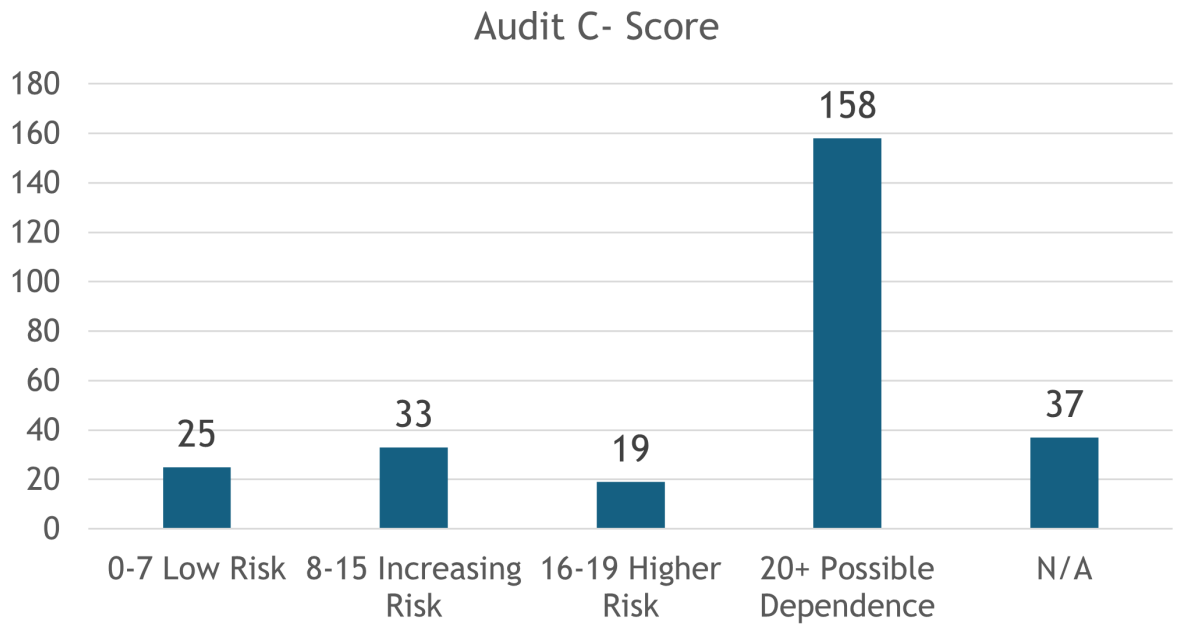

Figure 2: AUDIT-C Scores

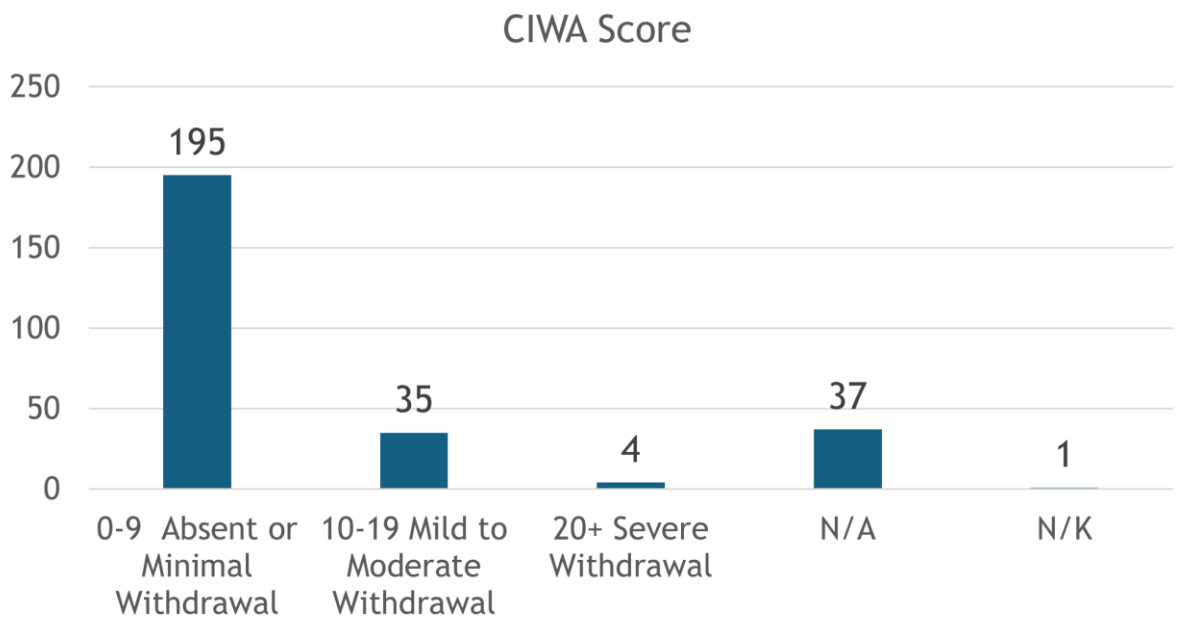

Figure 3: CIWA Scores

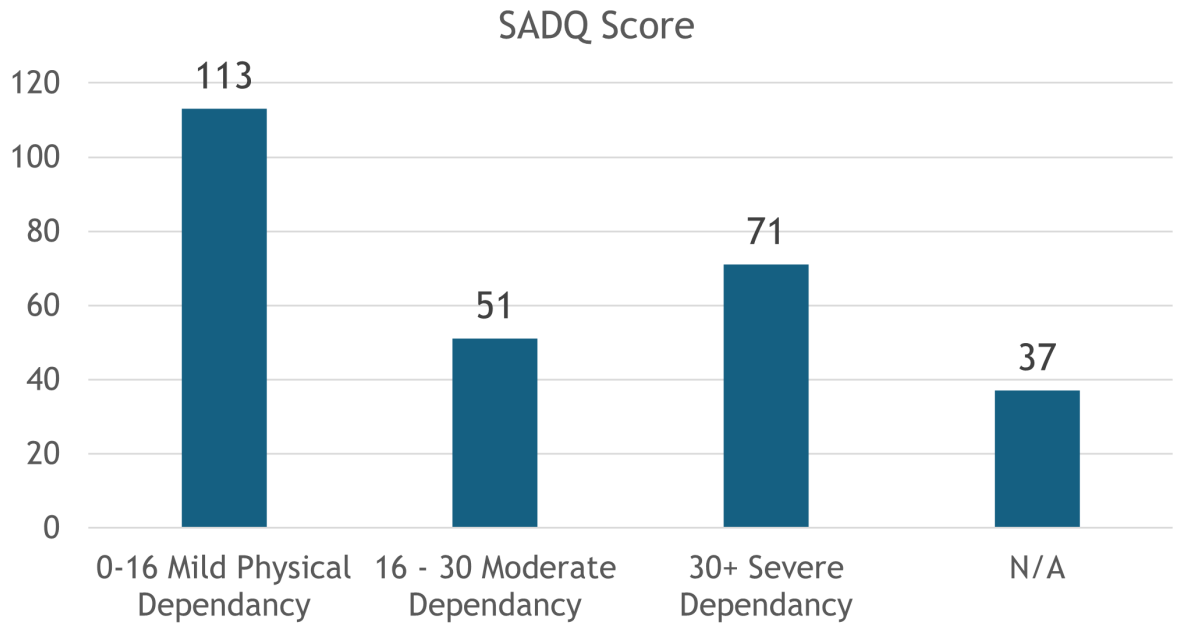

Figure 4: SAD-Q Scores

AUDIT-C: In terms of alcohol-related risk, a sizeable portion of the patients, 58% (158 out of 272 individuals), falls under the "Possible Dependence" category (score

of 20+), indicating a serious concern for alcohol dependency. Additionally, 7% (19 individuals) are classified as "Higher Risk" (16-19), and 12% (33 individuals) as "Increasing Risk" (8-15). These figures highlight the high prevalence of individuals at risk of alcohol-related harm, underscoring the importance of targeted and effective interventions at both the prevention and treatment levels. With only 9% (25 individuals) classified as "Low Risk" (0-7), the data suggests that the ACT is primarily working with a population at heightened risk, which may require more intensive support and tailored interventions to address their needs effectively. Furthermore, as the broader staff at Conquest Hospital is also conducting the AUDIT-C, this shows that of those identified as coming to the hospital under the influence or suspected of being dependent/drunk, the vast majority are possibly dependent.

CIWA: The data on withdrawal symptoms further underscores the challenges faced by the ACT. 72% of individuals (195 out of 272) exhibited "Absent or Minimal Withdrawal," suggesting that many individuals may not require immediate intensive medical intervention. However, 13% (35 individuals) showed "Mild to Moderate Withdrawal", and 1.5% (4 individuals) experienced "Severe Withdrawal", which indicates a need for specialised care and monitoring.

SADQ: Further, the data on physical dependency shows that 39% (113 out of 272 individuals) exhibit "Mild Physical Dependency," 18% (51 individuals) have "Moderate Dependency," and 24% (71 individuals) are classified as having "Severe Dependency." This distribution suggests that while many individuals are experiencing mild to moderate dependency, nearly a quarter of individuals are dealing with severe physical dependency, which presents a critical challenge for the ACT's alcohol harm interventions. Effective interventions for this group will likely require more comprehensive treatment strategies, including detoxification, ongoing monitoring, and long-term support.

Notably, the presence of 37 individuals whose data is marked as "N/A" and one individual marked as "N/K" may reflect assessment challenges or data collection gaps. These gaps should be considered in the ACT's service delivery to ensure that all individuals are adequately assessed and supported.

This data highlights the ACT's role in addressing alcohol harm in a population with varying levels of risk and dependency. Evaluating the ACT's effectiveness requires considering both the outcomes reflected in the data and the broader operational context, ensuring that interventions are appropriately tailored and responsive to individual needs.

Patient Feedback

As part of the evaluation, the ACT was recommended to collect patient feedback, and all feedback has been considered in the following analysis. The ACT has gathered data from five patients surveyed between November 28 and December 2, 2024. While this represents a small sample size and may not fully capture the experiences of the wider patient population because only five patients feedback was collected, the feedback provides initial insights into patient perceptions.

Key Themes Identified

1. High satisfaction with care provided.

All five respondents reported being “Very Satisfied” with the care provided by the ACT. This unanimous positive feedback highlights the team’s ability to deliver high-quality, patient-centred care.

2. Supportive and compassionate engagement.

Every patient felt “completely supported and listened to,” with some providing additional comments about “never feeling judged” and “always listened to.” This reflects a consistent perception of the ACT as a non-judgmental and supportive service.

3. Helpful information and advice.

Three patients described the information and advice about managing alcohol dependency as “very helpful,” while two found it “somewhat helpful.” This suggests that while most patients value the information provided, there may be an opportunity to enhance its consistency or delivery to ensure it resonates effectively with all individuals.

4. Clarity on follow-up and support services

All respondents agreed they were given clear guidance on accessing follow-up or community support services. This indicates effective communication and continuity of care.

5. Willingness to recommend.

All respondents stated they would recommend the ACT to others needing similar support, demonstrating high Trust and confidence in the service.

Summary

While the small sample size limits the generalisability of these findings, the feedback provides early indications of the ACT's strengths, particularly in providing supportive, clear, and compassionate care. Areas for potential refinement include ensuring that information and advice about alcohol dependency are consistently perceived as helpful. As feedback collection continues, more prominent and representative samples will enable more robust insights to inform service improvements.

Partnership Working

Through its leadership in collaborating with key partners such as the Alcohol Harm Reduction Alliance, treatment and recovery services, and regulatory bodies, the ACT ensures that interventions are holistic, coordinated, and responsive to individual and community needs.
Evaluating these partnerships allows for assessing how effectively the ACT leads in integrating services, facilitating data-sharing, and driving collaborative efforts toward shared objectives.
Referral pathways and multidisciplinary teams

The ACT's multidisciplinary Team (MDT) comprises professionals from CGL, SPFT, Homelessness, Safeguarding, Dual Diagnosis leads (experts in managing co-occurring mental health and substance use issues), Changing Futures, ED Consultants and Gastroenterology Consultants. This collaborative model ensures that the diverse needs of individuals, spanning medical, psychological, and social factors, are addressed through coordinated, person-centred care.

The diverse composition of the MDT allows for a comprehensive assessment of individuals, ensuring that all aspects of a person's health and social circumstances are considered. For example, the local authorities, such as the Homelessness and Safeguarding teams, ensure that individuals facing housing instability or safeguarding concerns can receive the necessary support alongside their alcohol treatment. This approach addresses the wider social determinants of health that can contribute to alcohol misuse, ensuring that interventions are not just clinical but also supportive of broader life circumstances.

Dual Diagnosis highlights the MDT's capacity to provide integrated care for individuals with complex needs. Mental health challenges often accompany alcohol misuse, and the inclusion of SPFT professionals ensures that these dual diagnoses

are recognised and treated concurrently, avoiding fragmented care that could lead to poorer outcomes.

The involvement of ED and Gastroenterology Consultants further strengthens the MDT by ensuring that individuals with alcohol-related health complications, such as liver disease or acute withdrawal, receive timely and specialised medical care.

One of the key strengths of the MDT is the collaborative decision-making process. Regular meetings involving representatives from diverse sectors allow for shared insights and a unified approach to care planning. This ensures that treatment plans are medically sound and tailored to meet an individual's unique social and psychological needs. MDT collaboration also fosters a culture of shared responsibility, which is essential for improving outcomes for individuals with alcohol dependency. The MDT structure also enables swift escalation of cases requiring more intensive medical input, facilitating better coordination between medical and social services.

However, challenges remain in optimising this MDT approach. Effective coordination and communication between a large and varied team are essential to prevent delays in care delivery. Resource constraints, particularly regarding specialist availability, can create bottlenecks that may impact the timely care provision. Additionally, each partner organisation's differing operational priorities and resource availability can complicate the seamless delivery of interventions.

In conclusion, while the MDT model employed by the ACT presents clear benefits in delivering holistic alcohol harm interventions, addressing coordination challenges and ensuring adequate resources will be key to maximising the service's effectiveness. The collaborative approach remains a critical strength, contributing to better outcomes for individuals with complex needs.

Analysis of ACT’s Role and Impact with Partners

We conducted a brief survey of 14 key partners from community drug and alcohol services, mental health services, hospital safeguarding teams, and homelessness services to gain their views and experience working with the ACT. From these results, a thematic analysis of the responses has been conducted. Through this process, we highlighted recurring patterns and key areas where the ACT has had a significant impact, such as improving patient care, enhancing collaboration across services, addressing alcohol-related harm, and ensuring better discharge planning and patient outcomes. The analysis also helped identify opportunities for service improvements, such as expanding the ACT's presence and streamlining referral pathways into community services.

Improved patient care and coordination

A recurring theme in the responses was the significant improvement in patient care since the ACT's introduction and the MDT's establishment. ACT's role in facilitating better coordination between hospital departments and community services has improved patient outcomes. For instance, patients now receive appropriate detox medications promptly, reducing the risks of self-discharge or poor treatment, as observed in several cases.

Collaboration and multi-agency working.

Collaboration with numerous services, including safeguarding teams, CGL, and mental health professionals, is highlighted as a key strength of the ACT/MDT. Regular MDT meetings have fostered more decisive information-sharing and collective decision-making, which has led to more holistic care and the identification of vulnerable patients. The ACT’s involvement in these discussions has been pivotal in resolving complex issues, such as facilitating rehabilitation placements and supporting patients with dual diagnoses or neurodiversity.

Reduction in alcohol-related harm

The introduction of the ACT has been perceived as significantly reducing alcohol-related harm, particularly in the hospital setting. Key changes include faster recognition of alcohol dependency, improved withdrawal management protocols, and timely interventions. For instance, patients who would otherwise be at risk of medical complications due to alcohol withdrawal are now better supported through ACT’s interventions, which have led to fewer readmissions and more sustainable recovery pathways.

Addressing stigmatisation and improving engagement

Responses suggest that the ACT has been instrumental in addressing the stigmatisation of alcohol users within the hospital setting. By advocating for the needs of patients with alcohol dependency, the team has improved patient pathways and ensured that alcohol-related issues are treated with the same urgency and professionalism as other health conditions. This has led to better engagement with patients and more tailored interventions that recognise the complex nature of alcohol misuse.

Impact on long-term recovery and discharge planning

Respondents frequently highlighted the ACT's contribution to improving discharge planning, ensuring that patients are supported with aftercare and referrals to community services. Notably, the ACT has helped prevent unsafe or premature discharges, ensuring patients receive follow-up care to support their recovery post-hospitalisation. Examples shared included assisting patients with supported housing and rehabilitation, with some cases seeing improved long-term outcomes.

Suggestions for service improvement

Several respondents suggested areas for improvement. Notably, there is a call for an expanded ACT presence to address gaps in service delivery, particularly in Eastbourne.

Furthermore, easier referral pathways into community services would significantly enhance patient engagement and ensure continuity of care. However, discussions with the ACT and stakeholders highlighted a lack of systematic reporting on the outcomes of referrals made by the ACT into community services. Addressing this gap in outcome tracking would provide valuable insights into the effectiveness of the ACT intervention and its referral pathways to community services.

Working with broader system partners

The ACT works closely with a range of system partners to ensure a comprehensive and multi-faceted approach to alcohol harm reduction. Collaboration with organisations such as Alcoholics Anonymous (AA) and the Alcohol Harm Reduction Alliance plays a pivotal role in extending the reach and impact of alcohol treatment and recovery services. The ACT has secured premises within the hospital for an AA meeting, facilitating access to peer-led support for individuals in recovery. This initiative is expected to strengthen the recovery journey for many, with the ACT recruiting AA volunteers in 2025 to support this vital service further.

The Public Health-led Alcohol Harm Reduction Alliance, encompassing partners across treatment, recovery, children, young people and families, licensing, and enforcement, provides a broader framework for tackling alcohol-related harm. Through joint efforts, the ACT engages in a holistic approach that not only addresses adult alcohol dependence but also considers the broader social implications, such as the impact of alcohol harm on children, young people, and families. This ensures that alcohol harm reduction strategies are inclusive, addressing both the individual and the wider community.

Additionally, through the collection and analysis of data, the ACT contributes to building a more comprehensive understanding of alcohol harm within the local area. Data sharing across these partnerships allows for a clearer picture of the scope of alcohol-related issues, informing targeted interventions and shaping future strategies. Combining insights from treatment, recovery, public health, enforcement, and social services, the ACT and its partners ensure a coordinated and evidence-based response to alcohol harm, improving individual and community outcomes.

Discussion

This discussion considers the evaluation's limitations, the validity and reliability of the findings, and areas where the project may differ from anticipated aims.

Evaluation

The ACT has demonstrated effectiveness in identifying patients at risk of alcohol harm, supported by clear clinical guidelines and consistent patient screening. The team’s initiative-taking approach and direct referral pathways facilitated early intervention, improving patient care.

Embedding the ACT within ESHT has demonstrated significant net savings to the NHS. Between January 1 and November 27, 2024, the ACT saved 696 bed days, with a cost per bed day £641. This led to total savings of £446,136, resulting in net savings of £281,256 after factoring in staffing costs.

The ACT's leadership role is evident in its collaboration with partner organisations, including the Alcohol Harm Reduction Alliance, CGL, and AA. This collaboration ensured a comprehensive approach to alcohol harm reduction, integrating services and facilitating data-sharing for more effective strategies.

The ACT’s contributions to policy and culture change were also significant. Its work in staff training, reducing stigma, and improving care for individuals with alcohol dependency fostered a more supportive and knowledgeable hospital environment.

ACT benchmarking

The outcomes of the East Sussex ACT, when compared to other ACTs, reveal strengths and areas for improvement, primarily shaped by the team's unique operating context. The East Sussex ACT’s delivery of care remains in its early stages compared to other more established ACTs nationwide. At the time of evaluation, the team had not yet completed a full year of operation with a fully staffed team. The available data reflects just 11 months of operations with an understaffed team. Therefore, direct comparisons with well-established ACTs that

have been operating for several years may not provide an entirely equitable assessment.

Regarding annual staff costing, the East Sussex ACT had a significantly lower budget of £164,880 per annum compared to the average of £425,362 per annum across other ACTs. This limited funding naturally impacted some key metrics, such as the number of bed days saved and the number of discharges, with the East Sussex ACT recording 696 bed days saved and 272 alcohol dependant patients for Conquest Hospital, compared to averages of 2,857 and 1,279.

However, the East Sussex ACT demonstrated impressive efficiency in financial outcomes. Its BCR is £2.71, which is above the lowest benchmark of £2.36 and above the average of £2.68, despite having approximately half the annual staffing cost (£164,880 versus £324,669). This highlights the East Sussex ACT's ability to achieve positive financial outcomes despite having fewer resources.

While the East Sussex ACT operates with fewer resources, its ability to generate positive financial outcomes and deliver meaningful care to a smaller population shows that it compares favourably with other ACTs regarding financial efficiency and adaptability within a constrained environment.

Evaluation limitations and areas for improvement

Several limitations apply to the evaluation of the East Sussex ACT. The timeframe for the review was constrained, limiting the scope for in-depth analysis and longitudinal assessment of the ACT's impact. The quantitative data collection, while helpful, could have been more detailed and better explained to provide a clearer understanding of key metrics and trends. Additionally, the evaluation could have benefited from more qualitative data, particularly from patients and professional stakeholders, to offer a richer perspective on the ACT's effectiveness and areas for improvement. Although a literature review was conducted, it could have been more comprehensive, exploring a wider range of sources and providing deeper insights into the operational landscape of ACTs across the UK.

It is important to acknowledge that the East Sussex ACT’s delivery of care is still in its early stages compared to other ACTs nationwide. At the time of evaluation, the team had not yet completed a full year of operation with a fully staffed team. The data available reflects 11 months of operations with an understaffed team, which may render direct comparisons with well-established ACTs operating for several years potentially inequitable. Nonetheless, such comparisons have been included in this evaluation to provide context and insight.

Data sources and reliability

The data obtained from Future NHS is as dependable and valid as we can expect, given that it represents the best available secondary source for this evaluation. Although secondary data can introduce some limitations due to potential biases in how it was initially collected, it remains a valuable and trustworthy resource for our analysis. This data is widely used and provides essential insights for assessing the performance of the ACT in East Sussex.

The data collected directly from Conquest Hospital is considered highly valid and dependable, as it is sourced directly from the hospital's records and clinical systems. This primary data provides a solid foundation for understanding the ACT's impact on patient care. However, there is a caveat to consider—hospital systems for inputting patient data may sometimes have limitations, such as inconsistencies or errors in data entry, which could affect the reliability of some information. Nonetheless, this data remains one of the most accurate sources for evaluating hospital performance.

All patient data had to be anonymised to protect privacy and ensure ethical and legal standards compliance. Additionally, patient feedback was collected via paper, providing a direct, first-hand account of their experiences with the ACT. Similarly, professional stakeholders provided their input through an online form, allowing their perspectives to be included in the evaluation. Both methods ensured that the data was directly gathered from the relevant sources, adding credibility to the findings.

Opportunities for improvement

Several enhancements could improve the evaluation of the East Sussex ACT. Firstly, the quantitative data collection could be more detailed. Expanding the data on patient demographics, additional information on the wards from which patients are identified, and the number of AUDIT-C and CIWA assessments completed would provide a clearer understanding of the service's reach and the consistency of screening and assessment practices across the hospital.

Secondly, expanding qualitative data collection would provide deeper insights. While patient feedback through paper forms and stakeholder responses via online surveys were collected, in-depth interviews with patients and stakeholders would capture richer narratives about the ACT’s impact, patient satisfaction, and perceived effectiveness. This would also help identify specific areas for improvement and the overall experience of those involved with the service.

Additionally, longitudinal tracking of repeat admissions and patient outcomes would improve the ability to assess the long-term impact of the ACT. This data could provide a clearer picture of the sustainability of improvements, helping to measure any delayed effects of the interventions provided by the ACT on patient health and hospital readmission rates. This could be assessed by identifying those patients referred to community services, completing their treatment, and not being re-admitted.

While useful, the cost-efficiency analysis could be strengthened by considering a broader range of factors, such as indirect costs, staff time, and the monetary impact of staff training. A more detailed breakdown of the expenses across various service areas would clarify the ACT's value beyond just bed days saved.

Improving collaboration metrics is another area for improvement. While collaboration within the MDT has been examined, further exploring how the ACT interacts with other departments and external organisations could provide valuable insights. Specifically, tracking referral pathways and outcomes for patients referred to community treatment services would help measure the ACT's role in system integration.

Lastly, the literature review could be expanded. A more in-depth review of ACT models across the UK and internationally would offer a broader evidence base, identifying best practices and innovations that could inform the development of the East Sussex ACT.

Recommendations

This section outlines key recommendations for enhancing the ACT's effectiveness and sustainability, emphasising the need for continued funding. Ensuring ongoing financial support is essential for maintaining the team's capacity to deliver high-quality care, expand services, and reduce alcohol-related harm within the hospital and community. These recommendations also address service gaps and opportunities for improvement to optimise the ACT's overall impact.

6. 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.

7. 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.

8. 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.

9. 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.

10. 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.

Conclusion

In conclusion, the evaluation of the East Sussex ACT reveals its significant ROI and BCR, efficacy in addressing alcohol-related harm, and significant success in training, patient outcomes, and collaboration with key stakeholders. The team's ROI of £281,256 and BCR of £2.71 highlight its financial efficiency and the substantial impact of its work in reducing hospital bed days, improving resource utilisation, and improving patient outcomes.

The ACT has demonstrated high efficacy in the early identification and treatment of alcohol dependence, successfully embedding alcohol harm reduction practices within the hospital. Training efforts have been particularly successful, with over 100 staff members and students receiving targeted alcohol harm education, enhancing the hospital's overall capacity to manage alcohol-related cases. These efforts have improved patient outcomes, with high satisfaction levels and positive feedback from those receiving care.

Based on the extensive evidence gathered from qualitative and quantitative data, the ACT has proven to be an asset to the hospital, improving patient care and contributing to financial savings and resource optimisation. Given its success in meeting its objectives, the continuation of the ACT is essential. To build on its achievements, continued funding, team expansion, and enhanced data collection are crucial to further strengthen the team's impact and ensure its ongoing contribution to reducing alcohol harm in the region.

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Appendix One: Ethical Considerations

According to the NHS Health Research Authority guidelines, this evaluation does not constitute research as it is a service audit. Service audits are designed to evaluate and improve the quality of care provided rather than generate new generalisable knowledge. As such, this project does not require formal ethical approval from the NHS Research Ethics Committee.

However, this evaluation has adhered to ethical guidelines set by the British Psychological Society. Care has been taken to uphold respect, integrity, responsibility, and competence. All stakeholder feedback was obtained with informed consent, ensuring confidentiality and anonymity where appropriate. The evaluation process has been designed to avoid any bias or harm, and findings have been presented honestly and transparently to reflect the true impact and progression of the ACT service[25].

Appendix Two: Patient Demographics

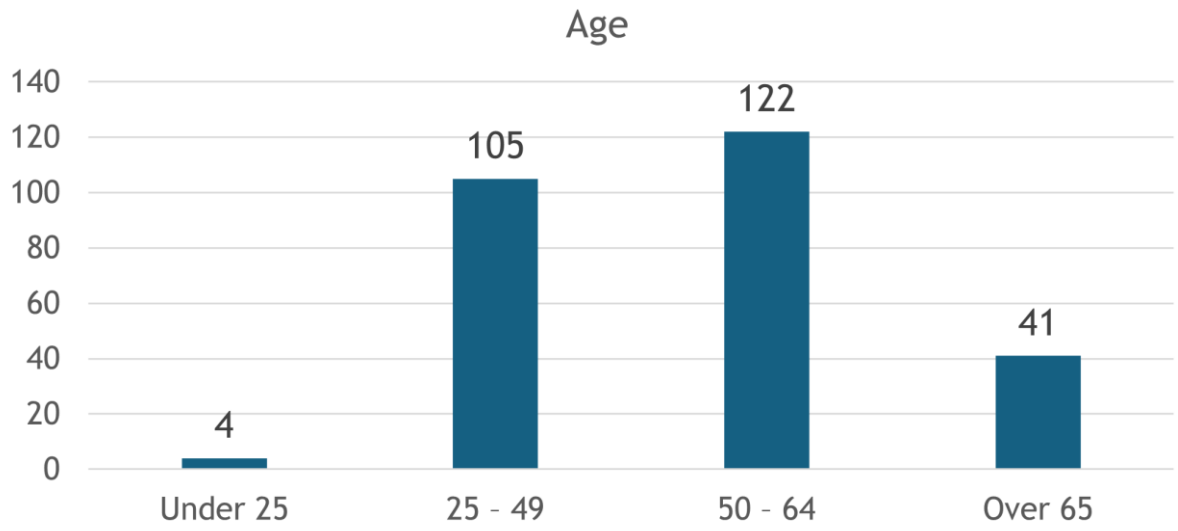

Figure 5: Patient Age Groups

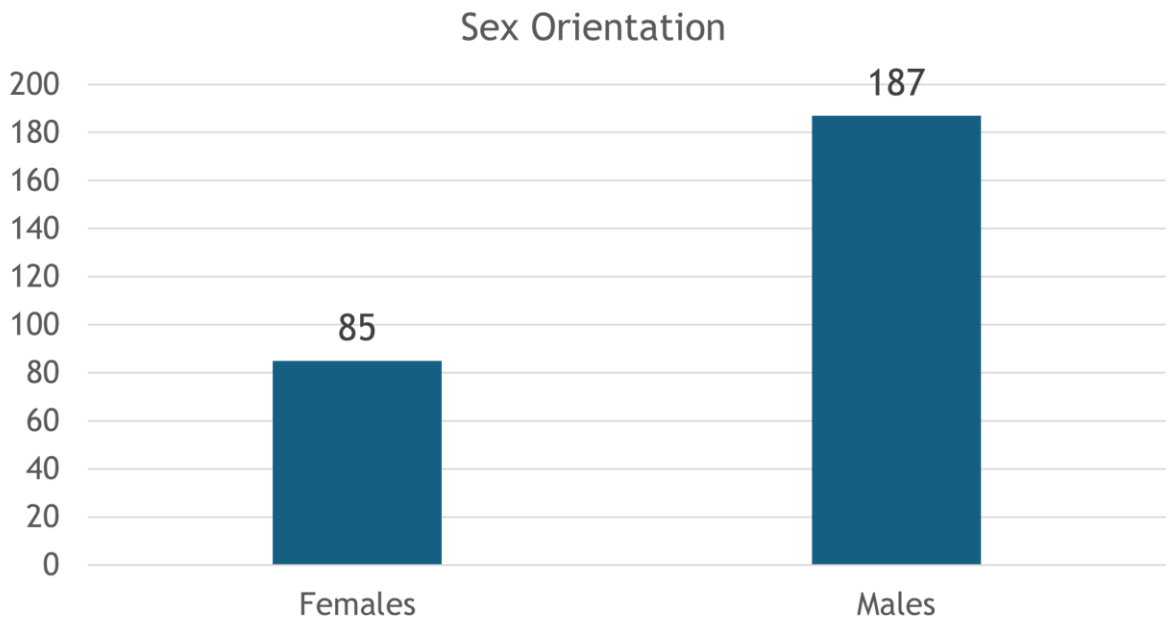

Figure 6: Patient Sex Orientation

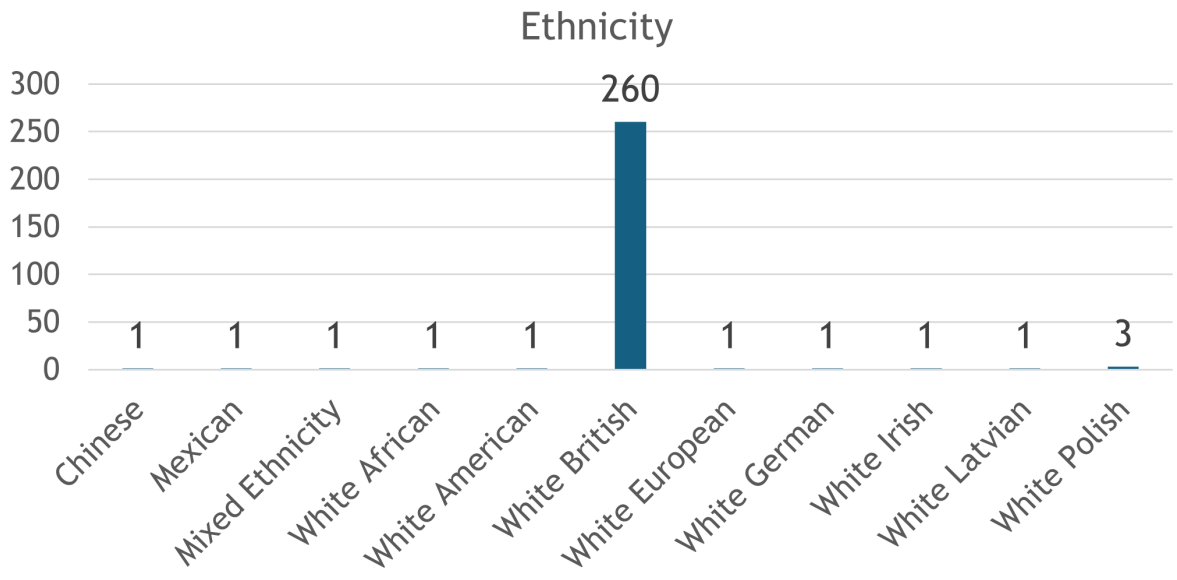

Figure 7: Patient Ethnicity