



A community focus on reducing A&E attendances

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Statistics

- 13-20% of all hospital admissions are alcohol-related
- Alcohol accounts for 35% of all A&E attendances (NHS Evidence, 2011)
- Alcohol related healthcare costs are estimated to be £3.5 billion a year, approximately 78% of which is spent on hospital based care

Local Definition of a “frequent attender”

- ‘Somebody who attends or is admitted to hospital frequently as a result of their alcohol use’.
- Frequent Attender’s often fail to maintain contact with services once discharged from hospital.
- Focus for this post is on Frequent Attender’s who live locally in independent accommodation, however some clients are homeless and are still being worked with.

Commonalities/Complexities

- Majority are middle aged males.
- Isolation, little support from family or friends and generally no other service involvement.
- Ambivalence, don't like groups, but agreeable to one to one work.
- Physical and mental health issues i.e. Dual diagnosis, social anxiety, Korsakoffs syndrome, peripheral neuropathy, poor diet, self neglect etc.
- Often present pseudo seizures or symptoms which it is easy to believe are false

What we do: in the hospital

- Humanistic / client centred approach, employing motivational interviewing techniques to challenge each hospital admission.
- Ensuring that when necessary that they are linked into mental health / homeless teams with the hospital.
- Working with medical staff to ensure we have up to date knowledge about the clients current medical conditions that may affect them.

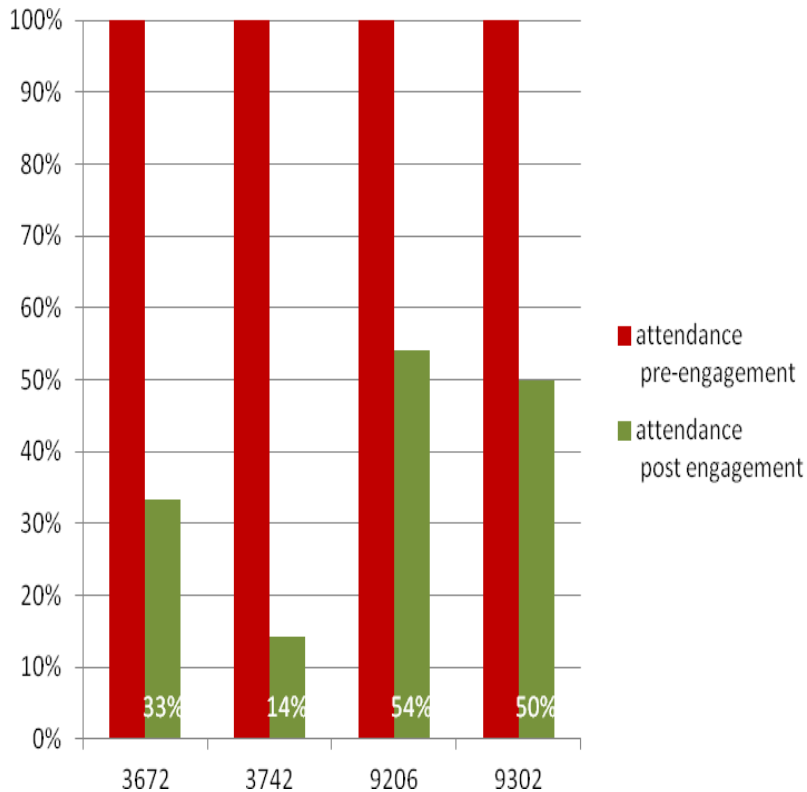
What we do: in the community

- Assertive outreach model is employed to try and break the cycle of 'admission/attendance– discharge – admission/attendance'.
- Humanistic – client centred approach, employing motivational interviewing and cognitive behavioural techniques.
- Working with Frequent Attenders involves support around many issues i.e. housing, benefits etc, while embedding in the clients mind that your are with them because of their alcohol use.
- In a nutshell the service hopes to become an alternative to emergency services while constantly promoting recovery

December 2011 – December 2012 Pilot study results

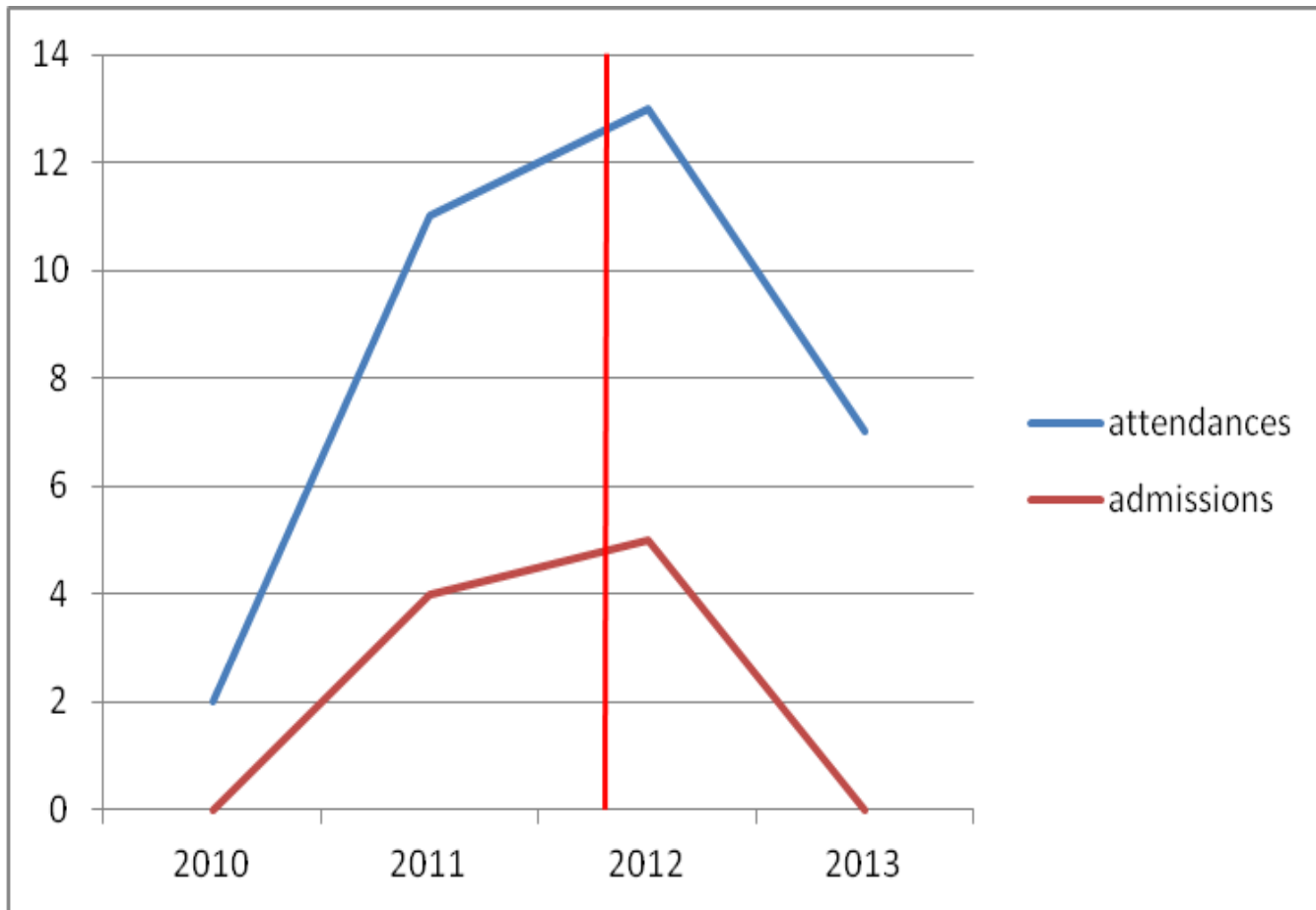
Looking at both the saving generated from the support provided to the existing caseload and those already discharged from treatment, the service is currently saving an estimated **£203,438** per annum based on medium Emergency Call outs costs (**lower £133,275 higher £343,764**). This reduction does not include other unquantified savings, such as fewer incidents of anti-social behaviour and long term health improvement .

Statistics for the most recent four referrals October – December 2013



Client Ref	No . of attendances pre-engagement	No . of attendances post-engagement
3672	3	1
3742	7	1
9206	24	13
9302	4	2

This client was referred to service in June 2012



Case Study of a frequent attender

Identified issues:

Alcohol binges

Suspected learning difficulties

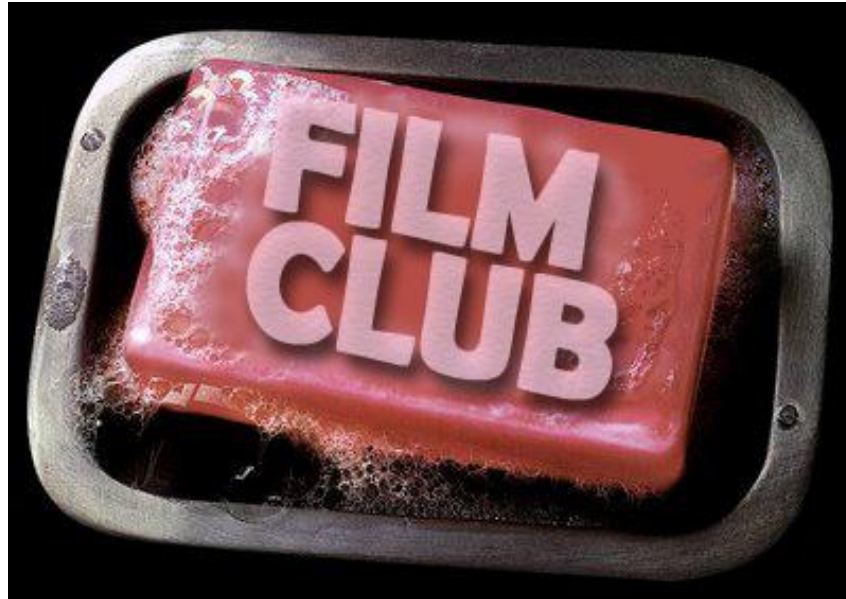
Recent admission for Pulmonary Embolisms.

Relapses due to stress as a result of worries over health concerns / bills / finances

Plan:

- Tom – work in an outreach capacity around alcohol use / accompany him to Money advice Service for help with bills
- Attends appointments with myself and Tom where I can explain his recent medical condition, help him manage it in terms of medication and diet

Breakfast Club / Film Club – Recovery through creativity



Come along and enjoy a full length film or a series of short films / animations. We provide an informal atmosphere and popcorn and aim to explore the magic of film making including its messages, music, dialogue and characters. Each month we also start the afternoon by looking at a relevant health promotion topic and learn about ways to improve our health and lives.

Films

