

The National Health Promotion in Hospitals Audit (NHPHA) is a web-based audit designed to measure the delivery of health promotion to hospitalised patients within all English hospitals. The development of this audit was funded by the National Clinical Audit Programme, Department of Health¹.

The purpose of the audit is to provide participating hospital with details of the proportion of their adult hospitalised patients who were assessed for a risk factor (smoking, alcohol, obesity and physical inactivity), had a risk factor, and were delivered health promotion (form: verbal advice, written advice, referral to a specialist or service).

Alcohol	95% of patients	50% of hazardous/harmful drinkers
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Each Trust collected data from a random sample of 100 hospitalised adult patients discharged alive between January 5th and January 30th 2009 inclusive.

Portsmouth did not participate.

Alcohol

4 Trusts met the standard that 95% of patients should be assessed for alcohol use. Overall 69% of patients in the NHPHA were assessed for alcohol use.

On average only 11% of those assessed for alcohol use were found to be hazardous/harmful/dependent drinkers. This is far lower than the expected prevalence of 20%, which was evident in 4 Trusts on the basis of percentage of assessed patients identified as misusing alcohol, and in a further 23 Trusts on the basis of 95% upper confidence interval (CI) values. One reason for a low identification of alcohol misuse may be the lack of validated alcohol tools readily available for healthcare professionals to use – only half of the respondents to the organisational survey reported that their hospitals assessed patients for alcohol use with a validated alcohol tool. Of these 12 hospitals, 7 had the expected prevalence of alcohol misuse.

On average 45% of patients misusing alcohol received health promotion and 24 Trusts met the standard that 50% were delivered health promotion. The finding that 85% of patients who were clearly dependent drinkers (i.e. prescribed chlordiazepoxide) received at least one form of health promotion for alcohol was reassuring as one would hope that all such patients were provided with assistance to enable them to stop drinking. As with smoking, verbal advice was the most common form of health promotion delivered to all patients misusing alcohol.

Specialist alcohol service: One of the best means of ensuring an optimal alcohol service is delivered is through the employment of alcohol liaison nurses/workers. Alcohol liaison nurses/workers were employed at 14 Trusts (61%). While the majority of Trusts - 21 (91%) - had a local community alcohol team (CAT), only 11 had a standardised system for referring hospital patients to their local CAT. Of concern is

¹ http://www.dh.gov.uk/ab/NCAAG/DH_099788

the finding that at least 4 Trusts had neither alcohol liaison nurses nor referral processes in place to CATs.

Recommendations.

Those Trusts not already using a validated **alcohol** tool look into incorporating either AUDIT or CAGE into ICPs for in-patient care.

All Trusts ensure that some basic training is available to ensure healthcare professionals feel confident in using alcohol assessment tools.

Alcohol - Alcohol liaison nurses

Given the large increases in alcohol consumption within England over the past thirty years, the concomitant increases in hospital attendance and admission rates for alcohol-related health problems, and the finding that “most of the cost of treating alcohol-related acute and chronic conditions is spent in hospitals²” it is vital that hospitals have appropriate services to address the treatment and health promotion needs of those who misuse alcohol and are dependent drinkers. **One of the best means of ensuring an optimal alcohol service is delivered is through the employment of alcohol liaison nurses/workers** - The Royal college of Physicians¹² have highlighted the need for each trust to have “one or more dedicated alcohol health workers employed by and answerable to the acute trust. The roles will include:

- implementation of screening strategies
- detoxification of dependent drinkers
- brief interventions in hazardous drinkers
- referral of patients for on-going support and with access/knowledge about locally available non-statutory and voluntary agencies
- provision of links with liaison/specialist alcohol psychiatry
- an educational resource and support focus for other health care workers in the Trust.” (Recommendation 7 of 12)

The Department of Health and National Treatment Agency for Substance Misuse have also stated that Alcohol liaison posts would help promote alcohol interventions and treatment within hospital settings³.

Community alcohol teams

Nearly all Trusts - Twenty one (91%) - **reported that there was a community alcohol team** (CAT) in the geographical area that their patient population is from; **but only eleven** of these **Trusts had a standardised system for referring patients to their local CAT** (and one additional Trust reported that a “new simplified referral form has been developed to enable effective referral”). Of concern is the

² The NHS confederation. January 2010. Too much of the hard stuff: what alcohol costs the NHS. http://www.nhsconfed.org/Publications/Documents/Briefing_193_Alcohol_costs_the_NHS.pdf

³ DH/National Treatment Agency for Substance Misuse. June 2006. Models of care for alcohol misusers (MoCAM). http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4_136809.pdf

finding that **at least four Trusts** (H3, H5, H11, H27, H30, H42, H46) **have neither alcohol liaison nurses nor referral processes in place to CATs** (see Table 7).

Trusts were also asked what community and hospital based alcohol services were available to their adult hospitalised patients. Twenty one Trusts reported that services were available to their patients – with eighteen providing details of community services and ten Trusts having hospital based services available to patients (eight Trusts had both community and hospital alcohol services). Space was provided for details of up to eight hospital and/or community alcohol services; an average of 3 community services and 1 hospital service was identified.

While there may be many more community alcohol services available to patients, of importance is whether acute Trusts are aware of these services and can signpost or refer patients to them. Of the five Trusts that potentially do not have community alcohol services their patients can access, one - H31 - also reports having no alcohol liaison nurses, does not use a validated alcohol tool and only has leaflets available with information on tips for reducing alcohol intake. This Trust was one of six Trusts that provided 0% of patients with health promotion for alcohol.