

Drug & Alcohol HIT

Jon Shorrock

Service Manager for BSDAS [part of AWP]

Did you hear the one about the psychiatrist who helped fix the bed crisis?



Why target Alcohol?

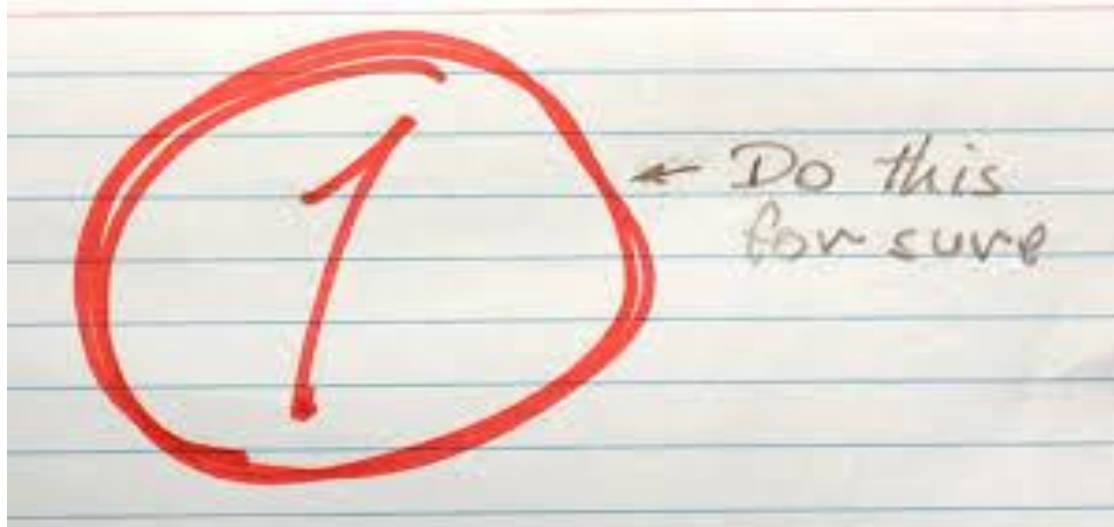


Why target Alcohol?



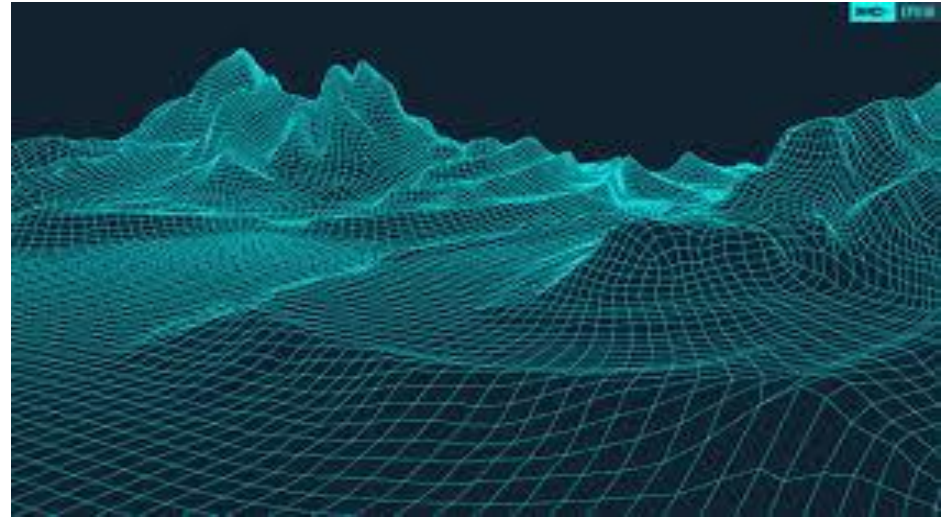
- 35% of A&E attendances are alcohol related
- figure rises to 70% between 12am and 5am
- 1 in 8 hospital admissions are alcohol related
- Alcohol use 5th biggest disease burden in industrialised countries

If we could do just one thing...



RADAR for Bristol/South Glos

What is RADAR?



- rapid access to detox from acute hospitals
- to bespoke 7 day alcohol detoxification ward
- engagement and aftercare planning
- mental health treatment
- as necessary with 24 hour cover

Why RADAR?



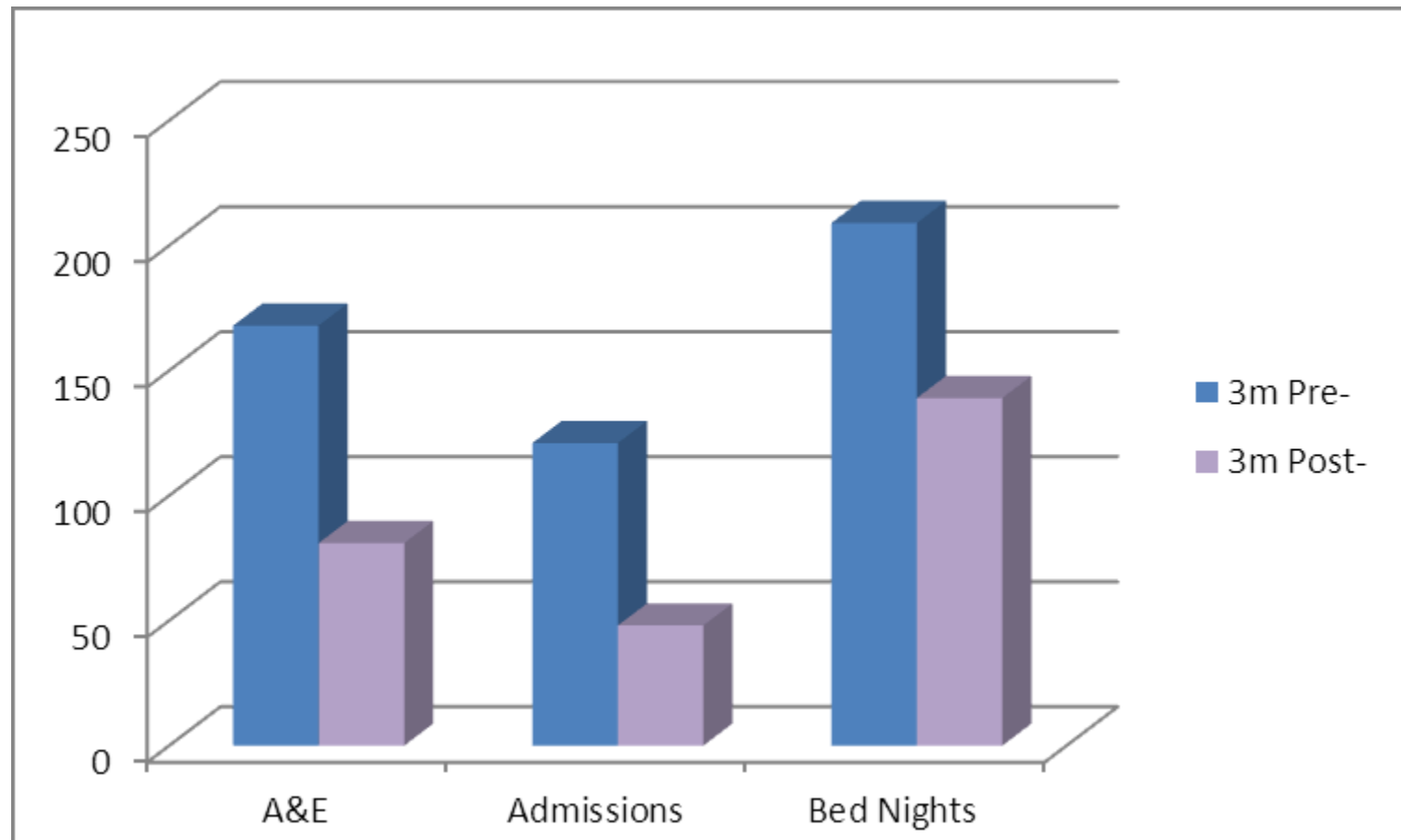
- It works
- Evidenced based
- Clear beneficial outcomes

Who benefits?

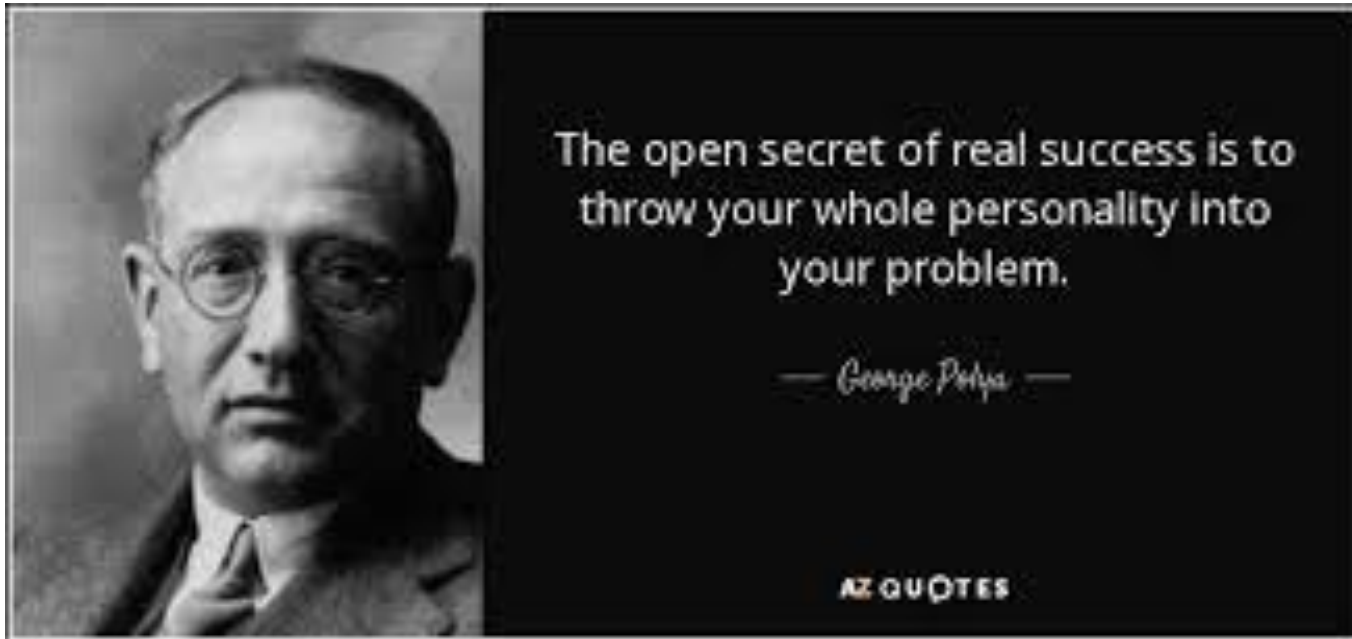
- Demographics (n=339 in 12 months)
 - 69% male
 - 73% unemployed
 - 16% NFA
 - 50% Frequent flyers
- 2 types:
 - Frequent flyers (3+ admissions in 6 mths)
 - Acute presentation in withdrawal
 - 23% A&E, 56% MAU, 22% in-patient
- Mean weekly consumption =221 units [16 pints of 5% lager per day]



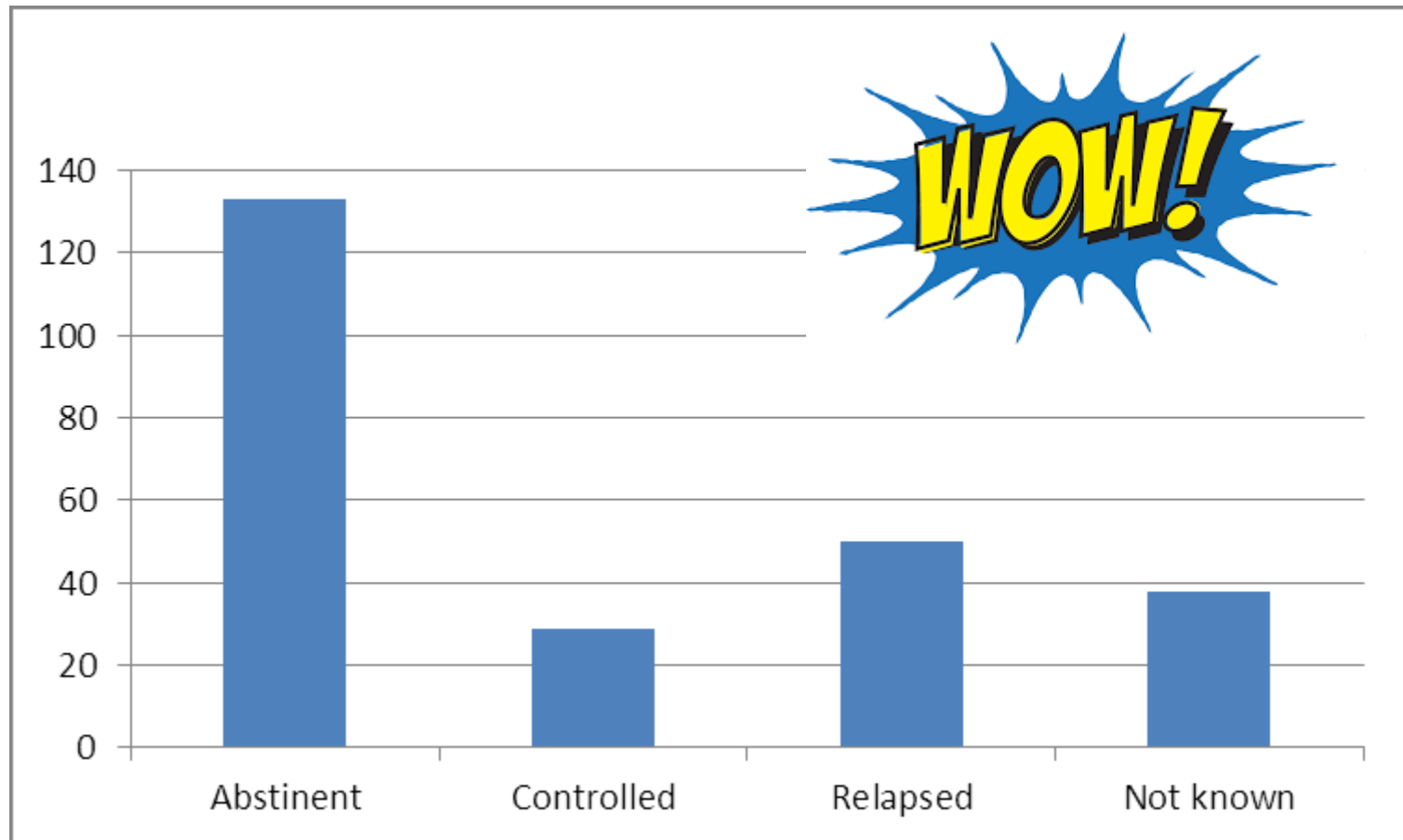
50% reduction in hospital use over 3 months



What's the secret?



More than 50% abstinent at 4 weeks.



Could it be done in Bristol area?



- We have a scarce resource, Acer Ward
- 11 bed unit
- 24 hour nursing and doctor cover
- Specialist addiction ward

From challenge to solution . . .

- commissioning barriers
- benefits across system rather than within system
- scale / capacity
- governance
- Drug & Alcohol HIT brings people together



It's no joke: Who better to 'shrink' the 4hr wait?!



How do we make this happen?

SOME PEOPLE WANT
IT TO HAPPEN, SOME
WISH IT WOULD HAPPEN,
OTHERS MAKE IT HAPPEN

- Drug & Alcohol HIT is your resource
- To promote STP system change
- Cross boundary commissioning