

10 June 2014**Agenda Item: 6****REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH
SCRUTINY COMMITTEE****INTOXICATED PATIENTS REVIEW – FINAL REPORT****Purpose of the Report**

1. To allow Members the opportunity to consider evidence gathered by the study group examining the impact of intoxicated patients on the Emergency Department of Nottingham University Hospitals (NUH), as well as ratifying the study group's recommendations.

Information and Advice

2. The Joint Health Committee previously initiated a review due to long-standing concerns about the impact on patient and staff safety of alcohol intoxicated patients attending the Emergency Department at NUH.
3. The study group engaged in two evidence gathering sessions with representatives from NUH, the first with Mr Alan Davis, the High Volume Service User (HVSU) nurse responsible for reducing prolific attendance at the Emergency Department, and the second with Demas Esberger, the Clinical Director for Acute Medicine.
4. The study group heard that High Volume Service Users have always been present and have wide and varied complex needs. While they may be seen as the 'likable rogue' or the ever present constant, they do represent a significant financial burden in the current economic climate. The top 50 most prolific regular attendees presented 1628 times – which represents 1% of all presentations and in response to this the HVSU nurse specialist role was set up in 2013. The purpose of the role is to reduce inappropriate attendances at the Emergency Department and inappropriate admissions to NUH; as well as improving the social health and wellbeing of the named patients concerned - while ensuring consistency in the management of named patients and acting as a point of contact for all services.
5. The objectives are prompt identification of HVSU patients, multi-agency approach to patient care, development of patient centred care plans and the dissemination of information to all involved agencies. The cohort of top 50 attenders in 2012 was 60% male and 40% female – with the median age as 40. The largest number of presenting complaints within this cohort was 'alcohol' at 44% with 'cardiac' second at 14%. Only 8% of presenting complaints were factitious.
6. The methodology that has been followed with a view to reducing attendance and admission is primarily the addition of an HSVU alert to the patients and the development and

dissemination of a care plan; as well as, the use of speciality consultants when needed. Further to the creation of the HVSU post the number of presentations reduced from 940 to 614 in 2013 (down by 326 or 35%) with admissions down from 274 to 174 (100 or 36%). The reductions were achieved via robust care plans that all staff have access to as well as the active involvement of external agencies. Strict criteria have been put in place to guide admissions and senior clinicians have been involved with the development of care plans and the HSVU nurse has been involved in liaison with all parties.

7. The study group heard that patients in active withdrawal are admitted to NUH, which is particularly necessary since quitting alcohol 'cold turkey' can kill you – which is not the case with other drugs e.g. heroin. Patients who are dependent drinkers receive medication if they are inpatients to manage their withdrawal. Members were particularly interested to hear Mr Davis' view that people who attend the Emergency Department instead of going to the GP were equally as problematic as those who abuse alcohol.
8. The Emergency Department can become a social crutch and staff are trained not to divulge personal details to high volume service users. Only the problematic alcohol user can refer themselves for treatment – the options are controlled drinking or abstinence. Alcoholics Anonymous is not for everyone due to the religious content of its anti-drinking programme.
9. The funding for the High Volume Service User nurse role came to an end on 28th April 2014. The post was funded by commissioners and no additional pot of money to fund this post had been identified. However, the post has been a win for commissioners and the hospital; patients are getting a pathway to care, and there is a financial benefit to the commissioners. The tariff per patient is £50-140 depending on complexity. Admission into a medical bed cost up to £1000, and so the Trust would rather not admit people unless absolutely necessary.
UPDATE – 22 May 2014: During the final drafting of this report, Members were informed that the HVSU nurse post had received funding for an additional year.
10. Patients with a primary diagnosis of alcohol misuse arrive 24 hours a day, seven days a week (i.e. it is not something that occurs just on a Friday and Saturday night. While the vast majority are not violent, it is possible that the Trust underestimates the effect on other patients. While abusive people are dealt with by security, problems can arise when people suddenly become verbally abusive. At one time, a police officer was based at the hospital at potentially likely times e.g. overnight or at New Year's Eve.
11. Sometimes, people who are intoxicated are transported to hospital by ambulance. This usually only happens if they have collapsed in the street. NUH does admit to a short stay unit next to the Emergency Department, and as soon as it is safe to discharge, let them go. Intoxicated patients cannot be excluded from the four hour target in the Emergency Department.
12. Some very intoxicated patients are effectively comatose and this means that Emergency Department staff have to go through their belongings in an attempt to make an identification. Staff undergo specific mandatory training on adult safeguarding, as well as looking after themselves and defusing issues. Staff do get physically injured, although this is unusual – about two assaults per month. This means that there are a greater number of incidents caused by patients who are only ill. The delirious can be very violent. Also people who have just had a fit. Those with a meningitis infection can also be very aggressive.

13. Alcohol is a huge problem for healthcare but NUH does not have a robust means of counting alcohol intoxicated patients in terms of category. A button could be added to the system that allowed recording of the information that someone is intoxicated. This is already done with elderly patients who have fallen more than once. The problem lies in getting people to press the button. At present, NUH's figures on intoxicated patients were insufficiently robust to be useful.
14. The study group commended the valuable work undertaken by Mr Davis in his role as High Volume Service User Nurse, and rejected his suggestion that the reduction of HVSU presentations could be said to be down to good luck. Members judged that the results were more likely to be due to Mr Davis' personal effectiveness and passion for the role.

RECOMMENDATIONS

That the Joint City and County Health Scrutiny Committee recommends the following to Nottingham University Hospitals:-

- 1) Funds should be identified to allow the High Volume Service User Nurse role to be continued permanently within NUH
- 2) Robust Information on alcohol abuse and intoxication as a contributing factor in Emergency Department attendance should be captured
- 3) The views of patients on how the behaviour of intoxicated patients has impacted upon them should be captured and used to inform the development of Emergency Department Services

Councillor Parry Tsimbirdis
Chairman of Joint City and County Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

