Response to

‘Making Life Better – Preventing Harm and Empowering Recovery: A Strategic Framework to tackle the harm from substance use’

February 2021

1.0 INTRODUCTION

UNISON is the leading trade union in Northern Ireland (NI), representing over 45,000 members, and is the largest trade union in the UK with over 1.3 million members. Our membership includes public service workers in health and social care; the education and higher education services; local government; youth justice; private companies providing public services; and the community and voluntary sector. 84% of our membership in Northern Ireland are women.

UNISON represents a clear majority of healthcare workers, clinical and non-clinical, in the Health and Social Care (HSC) framework. We have a duty to protect and promote their rights as workers and to act as advocates for their health, the health of their families, and public health in all dimensions of the population. All of our members are HSC users. Consequently we respond in our capacity as representatives of both service users and the health workforce. This submission is made on their behalf.

UNISON currently chairs the Health Committee of the Northern Ireland Committee of the Irish Congress of Trade Unions. We represent the Committee on the Transformation Advisory Board established to act in an advisory capacity to the Minister, and oversee the direction of reform during the programme of transformation underway in relation to health and social care.

UNISON notes that the current consultation relates to a potential new strategy to replace the previous substance misuse strategy "New Strategy Direction for Alcohol on Drugs, Phase 2" (NSD Phase 2) which has been in place since 2012. The proposals contained within this consultation document will directly affect not only service users, but also the workforce that deliver care and support for those who suffer harm from substance use. This submission has been made in consultation with our members that work in substance misuse services.

2.0 MERGER OF SUBSTANCE USE LIAISON WITH MENTAL HEALTH SERVICES - WORKFORCE CONSIDERATIONS

UNISON notes that Section A7 of the consultation document proposes that the HSCB and the PHA will ensure that the Substance Use Liaison role will be included as part of the new Mental Health Service model operating across general hospitals / Emergency Departments.

UNISON members are particularly concerned by this proposal. Our members working in the South Eastern HSC Trust in particular are very concerned that this has the potential to disproportionately impact here on the Substance Misuse Liaison Team (SMLT) as outlined in further detail below. We have particularly focused on the South Eastern HSC Trust for this reason, though we wish to see the role of SMLT being strengthened and safeguarded across all HSC Trusts.

Our members are concerned that if the Substance Misuse Liaison Team (SMLT) role within the Trust is absorbed into Mental Health Integrated Liaison Services (MHILS), they would no longer be specialised and practitioners would be working more as generic mental health liaison workers. This will disproportionately impact on the South Eastern HSC Trust as the SMLT is larger and much more developed than it had been in other trusts prior to the introduction of MHILS.

It is the view of UNISON members working within Substance Misuse Liaison services that the evidence base supports that this role should be separate to mental health liaison. SMLT help improve overall clinical care of people with addictions during their inpatient stay, reduce the number of bed days they require in acute hospitals and improve engagement with community-based addiction supports. They can also deliver brief interventions to people who do not engage/ present to other services. **In their view, action A7 should be that the substance misuse liaison role should be enhanced and expanded to have a substance misuse liaison service for every acute hospital in Northern Ireland.**

UNISON understands that currently two HSC Trusts operate the Mental Health Integrated Liaison Model (MHIL) but that the intention is that MHIL would be rolled out across all acute hospitals in Northern Ireland. Substance Misuse practitioners are very concerned that this will result in practitioners seeing and assessing all presenting patients, regardless of what their area of expertise is, within a mental health crisis response model. Many patients who the SMLT currently engage with would not fit into this model, on the basis that they have physical co-morbidities, rather than mental health issues. They are very concerned that the needs of those patients could be overlooked within such a model and that the high degree of specialism and expertise that has been built up within SMLT services will be lost.

Our members within the South Eastern HSC Trust have highlighted that in other trusts adult nurses within existing SMLTs were not included in MHILS, despite their high level of expertise in physical co-morbidities and the treatment of patients presenting with such at an Acute hospital. They have been informed that this will also be the case in the South Eastern HSC Trust, with the reason being given that this was due to them not being Registered Mental Nurses and therefore being unable to carry out mental health assessments. In their view, this serves to highlight the lack of understanding of the SMLT role within MHILS as the majority of patients referred to SMLT do not require a mental health assessment.

Our members advise us that from April 2019 to March 2020 there were 1341 referrals to SMLT in the SE HSC Trust. Based on EDAMS referral data of these only 9% (n=121) would meet the threshold for referral to MHILS.

UNISON members would raise the following issues of concern in particular:

- Alcohol Care Team – SMLT play a key role in the team in South Eastern HSC Trust. There is concern that if assimilated into the MHILS there will be a loss of strategic direction in respect of alcohol and drugs in the acute setting. SMLT have

specialist knowledge in the implementation of Alcohol Withdrawal Guidelines and NI Alcohol Use Disorders Care Pathway.

- SMLT have developed bespoke training packages for Acute Hospital staff based on NICE and local guidelines on Management of Alcohol Withdrawal and have had a very positive response to these.
- In excess of 90% of referrals to SMLT are medical admissions due to physical health complications where substance misuse has been identified as a contributory or causative – e.g., alcohol withdrawal, benzodiazepine withdrawal, opioid withdrawal, Wernicke's encephalopathy, Alcoholic liver disease and management of Opioid Substitution patients. The team currently provide extensive interventions to patients and support to staff managing them and have a sound knowledge about these conditions – this is a large part of their role and is valued by acute hospital colleagues. Poorly managed detoxes lead to an increase in bed days and poorer outcomes due to increased risk.
- UNISON is aware that clinicians within the South Eastern HSC Trust have raised concerns about SMLT being subsumed or reduced in this way. They have highlighted that the team are a group of highly specialised addiction staff with years of experience in the alcohol and drug field and have developed close working relationships with other colleagues. Whilst basic training can be offered to a new MHILS team, they would require much time to gain experience in assessing complex addictions cases, expertise which already exists within the current team structure.
- Clinicians have strongly advocated that the current SML team is kept as a virtual team within MHIL, thus availing of the resource but keeping a strong SMLT as the safest and best option.
- Within medicine, there are significant concerns about the impact a MHIL model will potentially have on medical patients and in particular, concerns from Gastroenterologists around the service that patients with decompensated alcoholic liver disease will receive. They highlight that in Belfast HSC Trust, acute

services created two posts to cover ED and Hepatology due to concerns from clinicians at the plan for the SMLT to be subsumed into MHILS with the loss of specialist role and expertise. Clinicians have highlighted that the SMLT in the South Eastern HSC Trust is invaluable in the service they provide due to their expert and in-depth knowledge of how to manage potentially life-threatening withdrawals in patients with advanced liver disease (See Appendix 2)

- Clinicians within head and neck services have particularly highlighted the importance of the level of SMLT input within the service. They have raised concern at the risk of increased morbidity if the service is not maintained at current levels. SMLT within the Ulster Hospital provide essential assistance to allow for the safe delivery of patient's major head and neck surgery. This is because patients with head and neck cancer often have very significant alcohol and other substance abuse issues. The surgery often lasts 10+ hours and patients very often require temporary tracheostomies to allow for safe recovery following the excision of their head & neck cancer. A concern thereafter is the prospect of a post-op patient with a tracheostomy becoming acutely confused and pulling out their tracheostomy. If this were to happen the likely result is death of the patient. The SMLT support and guide an important and successful detox program in the immediate pre-operative period before their surgery to prevent this occurring. Clinicians within the Ulster Hospital have been very clear on the importance of the SMLT's assistance in ensuring the safe recovery of these patients. Not having SMLT assistance for the head and neck service could have significant negative consequences for patients. (See Appendix 2)
- The current Substance Misuse Liaison Operational Policy highlights that it is not appropriate for all patients to be put onto a mental health system i.e. MAXIMS. This will change with MHILS. Current SMLT ethos is that any assessment / intervention should be presentation specific rather than a 'one size fits all' approach- ie all patients having a mental health assessment even when no indication that this is required.

- UNISON members have questioned how extensively MHILS will provide a service to patients in the wider acute hospital. They highlight that in the past year in excess of 90% of SMLT referrals were from areas other than ED. As stated above many of the patients referred to SMLT have complex physical health needs and require repeated interventions. MHILS early implementation sites in other areas of the UK have identified an impact on Substance Misuse Patients such that some areas have now developed separate Substance Misuse Liaison Services to sit alongside MHILS.
- SMLT has developed close links with GI, outpatient pre-assessment, Cardiology, Diabetic Specialist Nurse, Acute Pain Service, Anaesthetics and McMillan Head and Neck service and referrals from these services are increasing. These are outpatients who are not currently accommodated within MHILS model in other trusts. For example, Head & Neck is a regional service and SMLT have been incorporated in their Care Pathway providing input to patients from trust sites across NI. SMLT are also part of the Cancer Prehabilitation Programme. The SMLT have further been instrumental in developing an Alcohol and Substance Misuse in Pregnancy and the Early Postnatal Period: Guidance and Co-ordinated Care Pathway.
- SMLT have expertise in extended brief interventions, assessing motivation to change and referring to appropriate services. SMLT sits within the wider Addiction Service in the Trust and has representation at team and operational meetings. Strong links have been developed with numerous Community based services – including those in Belfast Trust as a significant number of referrals are received from this area. The services offer a wide range of support and treatment, both from the statutory and voluntary sectors.

Further information on the importance and achievements of the SMLT are set out with Appendices 1 & 2 of this submission.

UNISON is seeking urgent engagement with the DoH, HSCB and PHA on the implications of Proposal A7. In our view, the role of SMLTs must be recognised and safeguarded. Assurances are required in relation to the implications of these proposals for the workforce around fundamental issues including the quantum of jobs; redeployment; training; and the effect on terms and conditions of employment.

UNISON will not accept proposals for service reconfiguration which result in a loss of the quantum of jobs; or which negatively affect the terms and conditions of employment of our members.

3.0 SECTION 75 OF THE NORTHERN IRELAND ACT 1998

UNISON notes that an equality screening exercise for these proposals has been carried out by the DoH, but has resulted in the policy proposals being screened out as not requiring a full Equality Impact Assessment (EQIA) at this stage.

We note that it is stated within the equality screening document that any potential impacts of associated individual policies, projects or service developments undertaken to meet the outcomes in the consultation document will be dealt with, as appropriate, at the individual policy, project or service development level and with each associated action being screened appropriately before being completed.

UNISON expects that the detailed information provided within this submission in relation to proposal A7 will be used in conducting an equality screening exercise in relation to the proposal without delay. UNISON would then request confirmation from the Department that a full Equality Impact Assessment will be carried out in relation to proposal A7. For the detailed reasons outlined above, it

is clear that this proposal has the potential to differentially adversely impact across the section 75 groups for both service users and the workforce.

CONCLUSION

Given the issues highlighted within this submission UNISON would welcome a clear commitment on the part of the DoH, HSCB and PHA to further engage with us and other relevant stakeholders and to commence formal negotiations on all matters affecting the terms and conditions of our members in respect of these proposals. We anticipate a detailed response to our comments which demonstrates that they have been given proper consideration. We believe that direct engagement is the most valuable form of engagement in relation to these proposals.

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APPENDIX 1

Impact of The Loss of A Dedicated Specialist Substance Misuse Liaison Service in SET

Alcohol misuse is "the greatest healthcare problem facing NI. We have an enormous problem with alcohol use, misuse and abuse in NI."

Coroner Joe McCrisken August 2018

The number of alcohol related deaths in NI is the highest on record. Between 2001 & 2016 more than 3,500 deaths in NI were attributed to alcohol. In SET in 2016 there were 6693 admissions to across the four hospitals where alcohol was the Primary or Secondary Diagnosis as per ICD 10 coding – this does not include patients attending ED who were not admitted - see attached document.

NCEPOD reported in 2013 reported that 71% of patients who died from alcohol related liver disease attended hospital at least once in the two years before their final admission. The report concluded that not enough was done about the patients harmful drinking at the time, there was a failure to screen adequately for harmful use of alcohol and those identified as having alcohol misuse disorders were not referred for support.

Liver disease is rising in the UK; it is currently the fifth highest cause of death with alcohol accounting for 60% of cases. Alcohol related conditions account for 35% of all ED attendances with 70% of these at weekends. UK data shows that for a standard alcohol related admission, the average length of stay is 5.2 days and the cost of an admission is approximately £1800 per patient.

There is sound evidence that initiatives focussed on early identification of hazardous/harmful alcohol consumption lead to substantial savings due to reduced hospital admissions. For example, it is estimated that for every £1 million invested in substance misuse liaison services, up to 1,200 alcohol-related hospital admissions could be averted. This involves early detection and provision of preventative support to people and their families in need. Intervention at this step is provided to those people who are experiencing substance misuse difficulties with or without mental health/emotional difficulties, which are impacting the person's and/or the family's psychological/social/educational functioning. At this step structured self-help approaches, behavioural, and/or family support are provided to reduce the impact of such issues and prevent their escalation to greater/more significant difficulties.

SMLT are involved in an intensive promotion of screening and training programme of ED nurses in delivering brief advice. We are further raising the profile of screening

with a plan for pop up stands in ED waiting rooms highlighting the Brief Advice Alcohol Toolkit

The majority of SMLT referrals have a primary issue of physical health complications from Substance misuse – e.g., complex detoxes, Wernicke's encephalopathy, Hepatic Encephalopathy, liver cirrhosis, management of OST patients. The team currently provide extensive support to these patients and staff managing them and have a sound knowledge about these conditions – this is a large part of our role and our experience and expertise is valued by our acute hospital colleagues. Poorly managed detoxes lead to an increase in bed days and poorer outcomes for patients.

Significant variation exists across the UK in terms of the management of advanced liver disease and much focus is being targeted at transforming these services in anticipation of the increase in liver disease both from alcohol and fatty liver.

The treatment rates for alcohol related disease in Northern Ireland have been recognised as one of the lowest in Europe with an average age of death of 59. These patients have complex needs which span general nursing needs; specialist alcohol and substance misuse nursing needs, patient and staff safety issues, medical issues with chronic disease, psychiatric needs and often are very complex and prolonged discharges.

Substance misuse liaison nurses play an important role in Alcohol Care teams planning service provision for these patients with complex needs. Dedicated Alcohol Care teams with very specific expertise have proven beneficial in the UK-The Royal Bolton experience (DGH SERVING 250,000) showed that a dedicated alcohol care team reduced inpatient detoxification by 50% and 1000 bed days saved annually. Nottingham reduced hospital admission by 2/3 and saved 36.4 bed days per month and Royal Liverpool saved >£175,000 in one year through earlier discharges, clearly demonstrating the benefit of a dedicated multi-disciplinary team in terms of improved care for the patients and cost savings for the Trusts.

Alcohol Related Brain Damage (ARBD) remains a problem in Northern Ireland. The Bamford Review of Mental Health and Learning Disability services recognised that there is a lack of information on the prevalence of ARBD and that often this population remain underdiagnosed. Due to a deficiency in trained personnel to deal with these patients. ARBD can often be mistaken for dementia and these conditions must be distinguished by a specialised team with experience and expertise. When recognised 75% can improve with abstinence and treatment, 25% can make a full recovery. These patients need to have specific treatment aimed at recovery and reablement, rather than just care provision.

The South Eastern Trust Experience

In SEHSCT there has been an increasing problem with patients suffering from ARBD on the medical wards with frequent admissions and prolonged stays due to a lack of options for onward referral and placement.

Retrospective data from SE trust showed 2013/2014 1850 alcohol related admissions. Alcohol screening was deemed to be 'a service behind schedule'. Snapshots of screening audits on medical and surgical wards showed that in some cases only 15% of patients on the wards were being appropriately screened. In 2016, the Gastroenterology service carried out a retrospective review of ARBD cases encountered by their service over 5 years. A random sample of 19 was selected; the average age was 66 years. The number of hospital admissions over 5 years ranged from 1-37, with an average of 14.7 admissions per patient and an average length of stay of 21.2 days, compared to the average length of stay of a non ARBD alcohol related admission of 5.6 days. The cost when calculated to hospital services was £105,334 per person over a 5 year period. Subsequent Staff surveys concluded that while each responder had regular contact with ARBD patients, half described difficulty with detection and diagnosis of ARBD. One third felt there was a delay in diagnosing these patients, as at that time, there was no dedicated Alcohol care team in place. Taking these findings and all of the supporting evidence into account, the decision was made within the Trust to follow this guidance and move forward in a proactive way to develop a multi-disciplinary alcohol care team

Aims of the South Eastern Trust Alcohol Care Team

-Set up multidisciplinary team in keeping with UK guidelines to provide safe efficient care for patients with alcohol related disease

- Develop hepatology services within the trust, plan for the impact of increasing fatty liver disease and alcohol

- Comprehensive inpatient and outpatient care including ambulatory/rapid access work

-Update NI Regional and local Guidelines on Alcohol withdrawal management

-Prevent admissions, shorten length of stay and optimise discharge planning

-Substance Misuse liaison team expansion

-Education programme roll out throughout hospital, aimed at improving screening and inpatient management of alcohol withdrawal

-Education regarding ARBD and roll out of pilot ARBD Unit in Shimna House

-Development of fibro scanning service

Achievements to date

Following a trip to Salford to learn from other established units, a multidisciplinary Alcohol care team has now been set up in SET with representation from the three SET acute hospitals - SMLT has extended the service to LVH and Downe hospitals and referrals from these areas are increasing, the majority of referrals are medical patients with complex physical health issues. The team is comprised of Substance misuse liaison nursing staff, Consultant Psychiatrist, Consultant Gastroenterologist, ED Physician, Acute medical nursing team and Addiction managers, Pharmacist, and health development practitioner. The team meets regularly to discuss progress, and set targets for onward development.

The Gastroenterology team have opened a rapid access Gastroenterology Hub, and uniquely, have incorporated the substance misuse Liason team into this template to provide rapid access clinics for patients with alcohol related disorders. This will provide rapid specialised care, with the aim to avoid hospital admission and feed directly into gastroenterology clinics when medical input is needed.

The SMLT also play a fundamental role in addressing the medical needs of patients, identifying those with underlying chronic liver disease, risk stratifying, advising re investigations and onward referral to Gastroenterology service, many of whom would go undetected were it not for the degree of specialty training the nurses within this team have acquired.

The Alcohol Care team has proven to be hugely successful to date and has further plans for developing its services to continue to address this highly challenging patient group.

A new online referral process to SMLT was developed via the EDAMS system. The referral includes the screening tool AUDIT C. The Alcohol Care team has been closely involved in discussions around ensuring that the AUDIT C becomes part of the electronic medical and nursing admissions documentation.

SMLT expansion with provision of a seven day service has increased the number of referrals to the service significantly by providing a visible presence and prompt response across all three acute hospitals in SET. Referrals are up by 27% than in the same period last year and SMLT continue to expand their specialist expertise into other areas of the acute hospital such as Head & Neck service – providing support and management of detox advice at outpatient and pre assessment clinics as well as support to patients during their stay in hospital, we also work closely with the acute pain team, providing input with patients who have issues with opioids and require analgesia.

SMLT have developed bespoke training packages for Acute Hospital staff in an number of areas for example three monthly training for junior and middle grade medical staff in ED on management of alcohol detox and have had a very positive

response to these – We provide both formal and informal training which is a large part of our role and essential in ensuring that patients are appropriately managed.

SMLT were the main authors of the current SET Alcohol withdrawal Guidelines ,OST policy and pending Alcohol & Substance Misuse in Pregnancy Care pathway and have specialist knowledge in these areas.

Alcohol related disease, Meeting the challenges of improved quality care and better use of resources. Moriarty M BritishSociety of Gastroenterology Joint Statement

NCEPOD_Alcohol Related Liver Disease:Measuring the Units 2013

Every Contact counts 2014, Moriarty , Frontline Gastroenerology 2011

Royal college of psychiatrist college report- alcohol related brain damage in Northern ireland, treatment, not just care.2017

https://www.ncbi.nlm.nih.gov/pubmed/30089057

APPENDIX 2

To whom it concerns,

We write on behalf of the clinical teams of Gastroenterology, Head and Neck surgery, Anaesthetics and Maternity services to endorse the Substance Misuse Liason Team in the South Eastern Trust

DOH Consultation Document Making Life Better – Preventing Harm & Empowering Recovery: Strategic Framework to tackle the harm from Substance Use Strategy states on page 47 Action 7; "The HSCB & PHA will ensure that the Substance Use Liaison role will be included as part of the new mental health service model operating across general hospitals / emergency departments." If A7 is implemented SMLT in SET will be absorbed into Mental Health Integrated Liason Service (MHILS) with practitioners working as general mental health liaison workers resulting in a significant loss of this specialty service to our Trust. If fidelity maintained with services already in place in other trusts, only 6% of referrals to SMLT would fit criteria for MHILS.

These proposed changes will have a significant impact in SET compared to other Trusts in the region. SET was the only trust to implement the proposal in the New Strategic Direction for Alcohol & Drugs Phase 2 2018 for expansion of SMLT to facilitate a 7 day service and to fill all the required posts. The result being SET has a SMLT that is significantly more developed in terms of team composition and level of service provision than those in other Trusts and the service plays a key role in SET Alcohol care team.

<u>Background to SET Alcohol Care Team</u>

Alcohol related conditions account for 35% of all ED attendances in the UK with 70% of these at weekends-a standard alcohol related Admission has a length of stay of 5.2 days with the cost of an being approximately £1800 per patient. Early identification of hazardous and harmful alcohol use leads to substantial savings due to reduced hospital admissions and shorter hospital stays.

Dedicated alcohol care teams have proven beneficial across the UK-the Royal Bolton experience (DGH serving 250,000) showed that a dedicated alcohol care team reduced inpatient detoxification by 50% and saved 1000 bed days annually.

The alcohol care team in SET is a bespoke service, which is not replicated in any of the other trusts due to the overall holistic approach taken – the aim of this service is to provide a multidisciplinary approach with a seven day service to provide safe and effective care for patients with alcohol related disease including comprehensive inpatient and outpatient care with additional rapid access ambulatory services. This prevents admissions, shortens length of stay, optimises discharge planning and improves safety in the management of these patients.

The ACT is comprised of substance misuse liaison nursing staff, Consult Psychiatrist, Consultant Gastroenterologist, ED Physician, Acute medical nursing team , Addictions manager, Pharmacy and health development Practitioner. The SMLT are a highly specialised group of staff, with years of experience and training in the alcohol and drug field and a significant clinical knowledge base which is essential for the safe assessment of these medically complex patients as 90% of the SMLT referrals are medical admissions due to physical health complications where substance misuse has been identified as contributory or causative. The expertise of SMLT in SET is reflective of the skill mix of Adult and Mental health nurses. Should these proposals go ahead, there will be no role in MHILS for Adult nurses which would be a huge loss to SET.

1. Inpatient Referrals

The majority of patients being referred to SMLT from all directorates (Medical, Surgical, ED, Outpatients, Women's health) have a range of complications attributable to their substance misuse- including complex detoxes, Wernicke's encephalopathy, alcohol related brain damage, identification and management of liver disease and liver cirrhosis with associated decompensation.

Liver disease is rising in the UK and as such, the associated complications continue to put significant demands on the health service. Early identification of these complications is essential both in terms of enrolling patients in screening for hepatocellular carcinoma and also, selecting those appropriate for transplant. The SET SMLT has the opportunity to review many of these patients before they develop significant complications and enrol them with the appropriate services.

GI Bleeds are common in this patient cohort, they require specific management of alcohol withdrawal as many are nil orally during the time of their presentation yet need safe detox regimes and often become encephalopathic following a bleed - this in itself requires very careful management of withdrawals, balancing safe prescribing with recognition of encephalopathy and the subsequent risk of aspiration, coma and death if mismanaged.

GI services in SET align with a care standard that is recommended by the BSG, RCP and Alcohol Alliance.

2. Emergency department referrals

SMLT provide a comprehensive service to ED which includes assessing and providing brief interventions to patients who are not requiring medical admission. The team also provides detox management advice for patients who are to be admitted and these patients are provided with input throughout their inpatient journey.

There is a large amount of expertise within the team in treating patients who misuse drugs. There has been a sharp rise in drug related deaths in NI; in 2018 there were 189 drug related deaths, the highest number on record. All SMLT staff are trained in

the training and provision of Take Home Naloxone and Harm reduction interventions. Patients presenting with drug misuse are less likely to require medical admission however those misusing benzodiazepines and opioids require careful management due to associated risks.

3. Rapid access gastro services

The gastroenterology team run a rapid access service, again, a bespoke service in South Eastern Trust. This allows unwell patients to be seen promptly, avoiding hospital admission or expediting earlier discharge. This service incorporates the SMLT, providing rapid access clinics - the patient groups seen include new diagnoses of cirrhosis and decompensated liver disease, many of whom may be heading towards liver transplant , and if they do not have careful measured detoxes, they may not be eligible for liver transplant and will die. This service has won commendations from the British Society of Gastroenterology and recipients of the Northern Ireland Healthcare Awards in 2020.

4. Northern Ireland Regional Head and Neck Service

SET hosts the Regional Head and Neck Cancer service.

Patients with head and neck cancer, often have very significant alcohol and other substance abuse, and under go very significant surgery when curative attempts are made. These operations can last up to ten hours with patients often needing tracheostomies in the post-operative period. These patients are at very high risk of alcohol withdrawal, which leads to agitation and confusion, the risk in this setting is that patients can pull out a tracheostomy if their withdrawal is not managed appropriately. If this happens, it will result in death.

Consultants within H&N service have confirmed that SMLT input is hugely important in caring for these complex patients, and have highlighted that many similar units within the UK do not have this bespoke level of service .The team provide support and guidance in managing detoxes in the immediate pre-operative and post-operative period. In the last two years, the number of SMLT referrals from H&N service has seen a marked increase. There is a real risk of increased morbidity within this vulnerable patient group if SMLT service is not maintained at current level.

Furthermore, patients will benefit from reduced length of hospital stay, a reduction in the side effects of treatments, benefit from a speedier recovery, and reduce morbidity and mortality rates.

5. Cancer Prehabilitation programme

The Health Development Department has developed a Cancer Prehabilitation Programme which is due to be piloted in SET.

The aim of the Cancer Prehab service is to implement a standardised, equitable, evidence based service referral pathway for cancer patients who live in SEHSCT. Patients who avail of the service will benefit from being more resilient physically and mentally for their planned treatment. The focus will be to improve cardiovascular and skeletal fitness, enhance nutritional status and improve quality of life. This will include taking the opportunity to provide holistic support by signposting to support such as smoking and alcohol cessation, to optimise medical, psychological, physical activity, nutritional and lifestyle behaviours prior to treatment

SMLT has been asked for specialist input for patients with alcohol / substance misuse issues as some of these patients will have complex detox needs which would need to be addressed as well as patients who require a less comprehensive input but would benefit from education, brief intervention and sign posting to support services. The role will also be crucial in identifying those with previously unrecognised liver disease, which in turn may have an impact on chemotherapeutic and surgical decisions.

6.Perinatal care pathway

Maternal substance misuse can cause serious harm to children in terms of their emotional, social and educational development. The number of women misusing substances has increased over the last thirty years with the majority being in their chid bearing years. Women who misuse substances and their infants have better outcomes with early identification and intervention. SMLT can provide input at Ante natal clinics and early access to these patient groups by SMLT is essential.

In SET, the SMLT have developed guidelines and a coordinated care pathway for alcohol and substance misuse in pregnancy and the early post-natal period in conjunction with women and Child Health services. This provides best practice guidance for staff from a range of services that care for women who misuse substances during pregnancy and in the early post-natal period with a view to improving health and wellbeing outcomes for the mothers and children by supporting early identification and intervention. This includes developing a pregnancy and early post-natal care plan which is filed in the maternity care record. This is a highly vulnerable group who require an in-depth knowledge of the clinical as well as psychological basis of substance misuse.

7. Education

Education plays a significant part of the role for SMLT. The ability to deliver this is due to the depth of knowledge, training and clinical skill this team has acquired. Training is provided to nursing teams across the trust, ED staff and junior doctors in all directorates. The team have also been invited to speak at dedicated training events such as those hosted by the Royal College of Nursing. This ongoing education is essential for the continued professional development of our staff in the trust and allows us to optimise the safe and effective care we provide to our patients.

The education programme covers the safe management of alcohol withdrawal, early recognition of liver disease, the safe management of withdrawal in complex patient groups and teaches about alcohol related brain damage.

Alcohol related brain damage is a significant problem in Northern Ireland and there is a deficiency of personnel trained to deal with these patients. These cases can often be misdiagnosed as having dementia. They need specific treatment aimed at recovery and rehabilitation as 75% can improve with abstinence and treatment and 25% can make a full recovery. It is essential that these patients have access to a dedicated alcohol care team for the complex diagnostic processes and significant recovery pathway to give them the best opportunity of optimising cognitive function.

In summary, the Substance Misuse Liason team in the South Eastern Trust, making up the Alcohol Care Team provide a vast range of complex and highly essential services as detailed above, many of these specific to our Trust.

The level of in-depth knowledge in this specialised service has taken years to develop. Basic training can be offered within the new proposed model however it will never be possible to replicate the service currently provided and these complex, vulnerable patients will lose out. Admission will increase in the patient group, length of stay will increase, and there is a fear that we will see an increase in morbidity and mortality as a consequence.

As a group of medical professionals, we ask that special consideration be given to the team in the South Eastern trust; due to the much bespoke nature of the service provided here and that the opportunity is offered for them to be preserved in their role, outside of the proposed model.

Yours Sincerely,

Signed

Dr Jennifer Addley Consultant Gastroenterologist

Dr Tony Tham Consultant Gastroenterologist

Dr Patrick Allen Consultant Gastroenterologist

Dr Grant Caddy Consultant Gastroenterologist

Dr Mike Gibbons Consultant Gastroenterologist

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Mr Peter Gordon Consultant Surgeon Maxillo Facial

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