News Release

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Hospitals missing opportunities to intervene early in care of people with alcohol-related illness causes unnecessary deaths

Hospitals are missing opportunities to save the lives of people with alcohol-related liver disease by failing to provide early intervention and specialist consultant input, the latest National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report Measuring the Units reveals.

Report co-author Dr Mark Juniper, NCEPOD Clinical Co-ordinator (Medicine) and Consultant Physician at the Great Western Hospitals NHS Foundation Trust, Swindon said: “Many people with alcohol-related liver disease have multiple admissions with this condition. This gives clinicians an ideal opportunity to offer appropriate treatment and advice to patients to help them stop drinking and improve their future health. Unfortunately, this isn’t happening, and in over a third (47/138) of patients reviewed in this study, referral for support to stop drinking was not made, despite most hospitals reporting to have alcohol liaison services. This is partly because the services are not available at all times that they are needed. Similarly, patients were not always seen by a specialist in liver disease, and when they did this was often not for several days after admission.”

Overall, NCEPOD Advisors judged that the care of less than half (47%) of the patients included in this report was good and identified 32 deaths (32/385) that may have been avoided.

“We know that abstinence works, and that when simple advice is offered to patients, one-in-eight will reduce their harmful drinking levels – that’s better than the results from ‘stop smoking’ support services,” Dr Juniper said.

Dr Juniper admitted he was also concerned by the rising numbers of young people who have alcohol-related liver disease: “The average age of death is now 59 years and falling,” he said, adding: “That’s why it’s essential to get the support services right so that we can help people to stop drinking and stop this worrying trend.”
Annually nearly 9,000 people die from alcohol-related liver disease, with the number of admissions to hospital rising to 198,900 in 2010/11, a 40% increase since 2002/3 when it was first measured, revealing how the incidence of the illness in the UK has been increasing for decades.

Key findings
- 25% (117/467) of patients were never seen by a gastroenterologist or hepatologist during their admission.
- Consultant hepatologists were only present in 28% (53/191) hospitals.
- Only 23% (47/203) of hospitals had a multidisciplinary alcohol care team.
- Care for patients with known alcohol-related liver disease was not escalated in 33% of cases (41/126). For patients who presented for the first time that figure was 30% (16/54).
- In 135 cases there were missed opportunities to influence the patients’ health outcome.
- Three-quarters (76%) of patients had been admitted to hospitals on previous occasions.
- 32 deaths in this sample may have been avoidable.
- Treatment limitation or withdrawal was found to be inappropriate in 17% of cases (52/308).

Key recommendations
- All patients presenting to hospital services should be screened for alcohol misuse, and a detailed alcohol history clearly documented.
- All patients with harmful drinking being treated by acute services should be referred to alcohol support services for a full assessment.
- Each hospital should have a 7-day Alcohol Specialist Nurse Service, with a skill mix of liver specialist and psychiatry liaison nurses to provide access to services within 24 hours of admission.
- A multidisciplinary Alcohol Care Team, led by a consultant with dedicated sessions, should be established in each acute hospital.
- Trusts should put in place systems to ensure that all patients with acute alcohol-related liver disease receive specialist input from a gastroenterologist/hepatologist within 24 hours, and no more than 72 hours, after admission.
- Escalation of care should be actively pursued for patients with alcohol-related liver disease, who deteriorate acutely and whose background functional status is good.

NCEPOD Chairman, Bertie Leigh, said that this latest report into alcohol-related illness was troubling: “One of the sad things about this study is that the patients were much younger than we usually see. This group of people are difficult to help, but they are still entitled to be treated on their clinical merits.”
He said that it was an important study because we are experiencing a national epidemic of alcoholism, but admitted he was surprised to find that “such extremely ill people were admitted under doctors who claimed no specialist knowledge of their disease, and not transferred to doctors who did.

“There cannot be any other area of medicine where our hospitals would make such a candid admission. It is hard to avoid a feeling that these people are failed all the way through their care pathway, and that there were too many missed opportunities where the NHS could have intervened.”

Ends

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Report author is available for interview

Notes to editors

- NCEPOD is an independent charitable organisation that reviews medical and surgical clinical practice and makes recommendations to improve the quality of the delivery of care. We do this by undertaking confidential surveys covering many different aspects of care and making recommendations for clinicians and management to implement.
- The Clinical Outcome Review Programme is commissioned and managed by the Healthcare Quality Improvement Partnership (HQIP) on behalf of England, Wales, Northern Ireland, the Channel Islands and the Isle of Man. HQIP was established in 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. It is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. HQIP commissions, manages and provides support, guidance and advice for the National Clinical Audit and Patient Outcomes Programme (NCAPOP), including the four National Clinical Outcome Review Programmes/Confidential Enquiries. More details can be found at: www.hqip.org.uk/clinical-outcome-review-programmes-2/
- NCEPOD Advisors reviewed the case notes and care of 385 patients, who had been admitted to hospital with alcohol-related liver disease. The survey covers England, Wales and Northern Ireland.
- Gastroenterology is a specialist interest in the gastrointestinal tract and hepatology is a sub-speciality of this, with a specific interest in the liver.
- For further information about NCEPOD visit our website on www.ncepod.org.uk
- Copies of Measuring the Units can be downloaded from the website as a PDF from 14 June 2013, or ring NCEPOD on 020 7251 9060.
- Alcohol-related disease: Meeting the challenge of improved quality of care and better use of resources by Kieran Moriarty, British Society of Gastroenterology 2010.