

SCHEDULE 2 – THE SERVICES

A. Service Specifications

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|----------------------------------|------------------------------------|
| Service Specification No. | 05/MHLD/0044 |
| Service | Assertive Alcohol Outreach Service |
| Commissioner Lead | Dorset CCG |
| Provider Lead | Poole Hospital Trust |
| Period | 1 September 2015 to 31 August 2016 |
| Date of Review | March 2016 |

1. Population Needs

1.1 National/local context and evidence base

Alcohol related admissions are increasing. A significant number of these admissions are attributable to a small number of complex patients with other comorbidities who do not engage well with mainstream services.

Assertive Outreach teams have been established in some areas of the UK to engage patients who are poorly compliant. In these areas there has been improved engagement in alcohol services and improved rates of patients entering recovery. Salford Royal NHS Foundation Trust introduced an Assertive Outreach Alcohol Service and during the pilot showed a 66% reduction in A&E attendances and a 63% reduction in hospital admissions in the three months post intervention compared with three months pre intervention with the same cohort of patients.

A key document to support this proposal is [Alcohol care in England's hospitals PHE Nov 2014](#)

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

| | | |
|-----------------|---|----------|
| Domain 1 | Preventing people from dying prematurely | X |
| Domain 2 | Enhancing quality of life for people with long-term conditions | X |
| Domain 3 | Helping people to recover from episodes of ill-health or following injury | X |
| Domain 4 | Ensuring people have a positive experience of care | X |
| Domain 5 | Treating and caring for people in safe environment and protecting them from avoidable harm | X |

2.2 Local defined outcomes

Key Outcomes include:

- Decreased alcohol related ED attendances
- Decreased alcohol related hospital admissions
- Decreased inappropriate visits to GP
- Increased attendance at specialist services eg community addiction clinic
- Increased attendance at training, housing and other supporting services
- Decreased number of ambulance call outs

3. Scope

3.1 Aims and objectives of service

The aim of the project is to target a core group of alcohol dependent patients who are responsible for a proportionately high number of hospital admissions. The number of patients accessing the service is designed to be small. This enables the worker to work intensively with a small population of individuals. This service is an addition to the current alcohol pathway as it targets the most vulnerable patients who usually disengage from statutory services. This is in addition to the Assertive Outreach Mental Health Team who exclude patients with alcohol issues as a primary diagnosis.

3.2 Service description/care pathway

The AOAAs are based at Poole Hospital Trust as part of the Hospital Addictions Team.

Pathway:

- GP referral
- Frequent attenders identified via Poole Hospital A & E
- Care Plan alerts – patients admitted who are known to the team
- Data warehouse Information team ICD codes

The AOAAs will contribute to the ongoing development of a robust referral pathway

The AOAAs will hold an agreed caseload and support individuals with their recovery plan (eg accompanying to appointments/groups, supporting daily living skills, signposting, supporting carers).

They will also develop a wide knowledge base of community resources relevant to recovery from alcohol addiction, including offering social, educational, employment and voluntary opportunities.

3.3 Population Covered

Poole Bay, Central and North, East Dorset and Purbeck over 18 population 239,016

3.4 Any acceptance and exclusion criteria.

Exclusion criteria

- patients in a current acute phase of mental health
- patients with a history of violence towards professionals

3.5 Interdependence with other services/providers

- Hospital based Mental Health Liaison Team
- Community Crisis Team
- CMHT
- Community based alcohol treatment services
- Primary care
- Voluntary Sector
- Housing
- Employment
- Benefit Support Services
- Social Prescribing

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

There are currently no NICE Standards in direct relation to this initiative. However NICE Standard 115 “Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence” and NICE public health guidance 24 (2010) are reference

documents.

“Calling time on missed opportunities: Commissioning Alcohol services to reduce avoidable harm”.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

4.3 Applicable local standards

5 Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6 Location of Provider Premises

The Provider's Premises are located at:

Poole Hospital NHS FT with Alcohol Outreach Workers working in the community.

7 Individual Service User Placement

This section may be used to include details of any individual service user placements (eg for care homes). This is likely to be relevant where the service provides tailored specialist placements. It may also be used to record any specialist equipment that is provided as part of an individual care pathway.