

The effects of the closure of inpatient addictions units in Northern Ireland (NI) on presentations to acute services during the Covid-19 pandemic



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AIM

To explore the difference between how patients awaiting admission to the addictions units in NI presented to acute services compared with patients who were admitted during the same time period in 2019.

BACKGROUND

- There are 30 addictions beds regionally in NI, across 3 inpatient units for a population of 1.8 million with each unit run by a Health & social Care Trust on a sub regional basis. In March 2020, due to the Covid-19 pandemic, all 3 addictions units closed to redeploy staff to other areas during the first wave of the pandemic. They remained closed for a period of 5 months when they reopened with reduced capacity. Throughout this period of closure, statutory community based services and third sector support were reduced to telephone contact. Pharmacy supervision of medication was stopped, harm reduction services were reduced, mutual aid and recovery groups moved online. General Practitioners moved to telephone or video appointments. There were no formal arrangements made to monitor the impact of these changes on access to treatment.
- Addictions services are underdeveloped in Northern Ireland compared to other parts of the UK and due to a lack of community resources are more reliant on acute hospitals or inpatient units for treatment. A recent Northern Ireland Audit Office Report¹ highlighted the annual estimated cost of alcohol related Emergency Department presentations as £33 million and the annual cost to the Health & Social care sector as £250 million. In 2018-19 there were 822,847 new and unplanned attendances at A&E departments in Northern Ireland².
- With UK studies showing an increase in the proportion of risky drinkers in April 2020 compared with April 2019³, increased alcohol consumption amongst daily drinkers⁴ and reduced access to community supports, we hypothesised that patients on the waiting list for inpatient Addiction treatment would be more likely than before to attend ED for unplanned care.

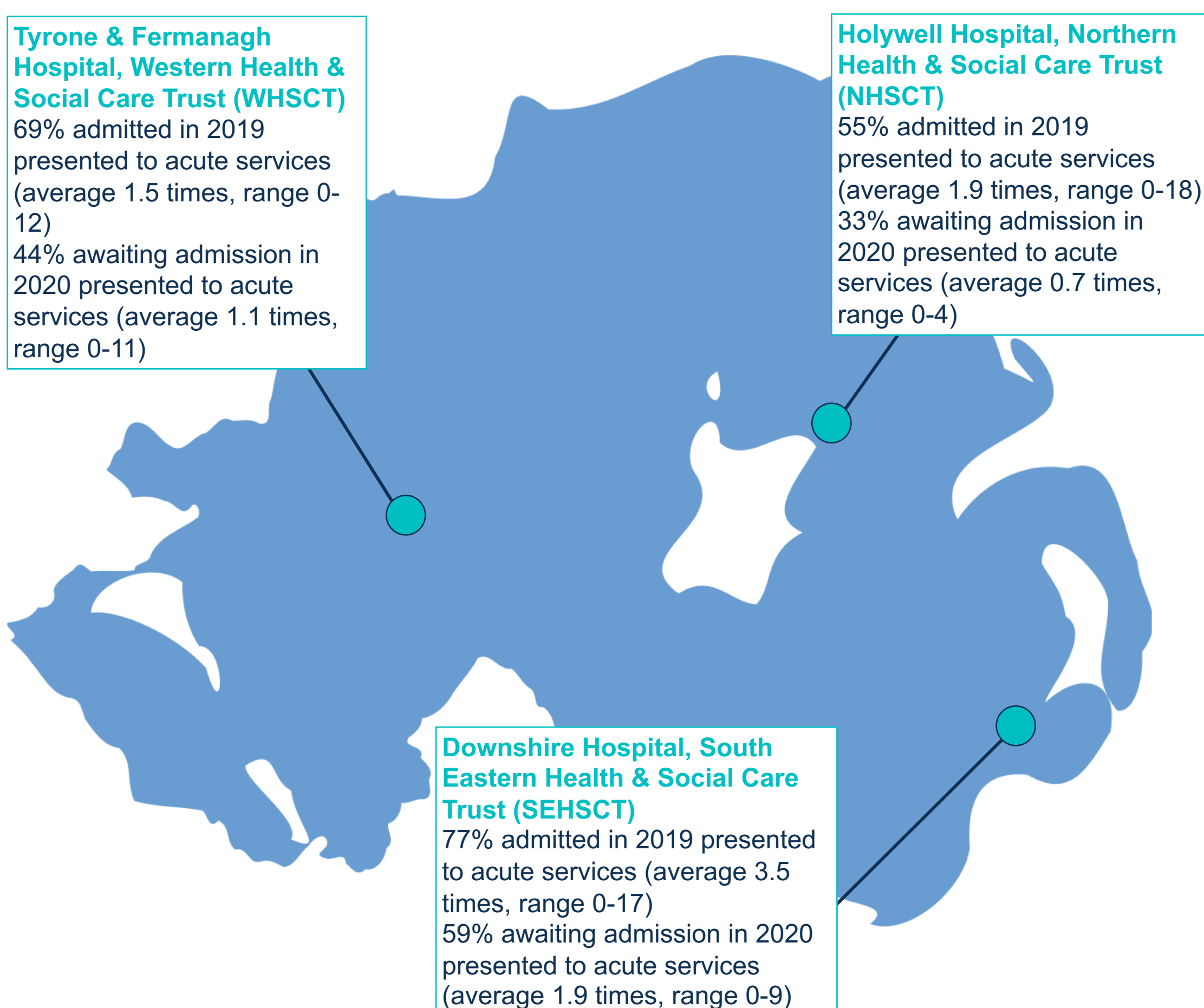
METHOD

- Patients were identified from a waiting list for each of the addictions units at the time of their closure.
- A comparable cohort of patients was identified for each unit using records of those admitted during the equivalent time period in the previous year prior
- Electronic care records were reviewed to identify each patient's presentations to acute services, defined as the Emergency Department, the General Practice Out of Hours service and acute hospital admissions

RESULTS

- **59 patients** were on the combined waiting lists at the time of ward closures, of which 1 patient was excluded due to insufficient patient information
- **181 patients** were admitted during the equivalent time period in 2019
- **The pre-Covid cohort were more likely to present to acute services** than those awaiting admission during the pandemic
 - 67% of those admitted in 2019 presented to acute services compared with 50% of those awaiting admission in 2020, this varied by trust (Figure 1)
 - The 2019 cohort presented an average of 2.5 times (range 0-18) to services compared with 1.6 times (range 0-11) for the 2020 cohort
 - **The pre-Covid cohort were more likely to be acutely admitted to hospital** than those awaiting admission, with 37% admitted compared to 21%
- **The pre-Covid cohort were more likely to undergo detoxification** through acute services than those awaiting admission, with 16% receiving a detoxification compared to 12%

Figure 1: Patient presentations to acute services by unit



CONCLUSIONS

- Presentations to acute services differed before and during the Covid-19 pandemic, with patients from all areas more likely to use acute services before the pandemic than during the pandemic and more likely to receive an acute detox pre-Covid. There were 59 people on 2020 the waiting lists and 181 admissions over same time period the previous year. There was reduction in availability of any form of detox, planned or unplanned during this stage of the pandemic. From this study the total number of planned and unplanned treatment for patient requiring inpatient care during the 5 month period in 2019 was 210 (181+29). The total number of unplanned treatment during the 5 month period of ward closure in 2020 is unknown but could be estimated at 22 (12% of 181).
- Patients therefore may have had difficulty accessing any admissions for Addictions while the Inpatient Units were closed.
- Presentations to acute services differed between units. This could be due to established variations in normal practice, differences in local infection rates, perceived danger of attending ED or hospital bed pressures.
- There is currently no data available on alcohol or substance-related ED presentations in NI during Covid-19 or data available on alcohol or drug related deaths during the pandemic. We believe the reduced availability of admissions for alcohol or substance dependence and reduced availability of community based treatment and support will be reflected in this data when it is available.
- As all 3 inpatient units are still operating at reduced capacity one year on from the initial closure, further research is required to monitor the impact this reduction in service is having, ideally prospectively rather than retrospectively.

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