

RITSON OUTREACH SERVICE EVALUATION OF A NEW ALCOHOL DRUG LIAISON SERVICE

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Introduction

In 2018/2019 there were 2,685 alcohol-related psychiatric hospital admissions in Scotland and in 2017/2018 there were 1,989 drug-related psychiatric hospital admissions. The number of alcohol-specific deaths in Scotland has increased to 1,190 in 2020, with drug deaths reaching 1,339.

NICE Guidelines state that patients admitted to inpatient mental health services should be assessed for drug/alcohol misuse. Alcohol and Drug hospital liaison teams have provided a service in some general hospitals for many years, less so in psychiatric hospitals.

The **Ritson Clinic** is an 8-bedded specialist drug and alcohol assessment and detoxification ward in the Royal Edinburgh Hospital (REH), that already provided informal drug and alcohol advice to other REH wards.

During the Covid-19 pandemic the number of inpatient beds was reduced, creating a resource to pilot a **formal service** which would also provide training opportunities for junior doctors and nurses through joint care.

Method

A Standard Operating Procedure (SOP) was created. The main **objectives** were:

- to provide accessible specialist advice or assessment to inpatient wards in the REH for patients with alcohol/drug dependence or problem use
- to ensure rapid and safe prescribing
- to liaise with community teams to provide appropriate follow-up.

The **standards** were:

- to offer same-day advice during working hours between Monday and Friday
- to review patients on the ward if needed within 48 hours during working hours

The **team**:

- Consultant Addictions Psychiatrists
- Junior Doctors
- Charge Nurses
- Specialist Clinical Pharmacist
- Secretarial Staff

The proposal and SOP were approved by management in September 2020, and all hospital doctors and senior nurses in REH were informed of the new service. A **poster** was created and shared widely.

Referrals were received by phone or email, accepted from any inpatient speciality within the REH. Referrals were recorded in a secure database and were managed by immediate telephone/email advice or face to face review undertaken by medical/nursing staff with consultant supervision.

The service has been promoted by presentation at the Mental Health Quality Improvement and Clinical Innovation Forum and the Lothian Trainee Case Conference meeting. The service is presented at each Junior Doctor Induction.

A **survey** was sent out to evaluate clinician satisfaction.

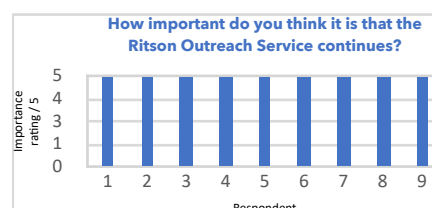
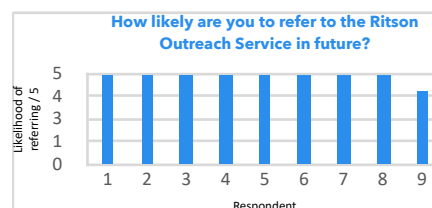
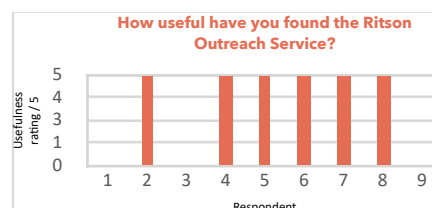
Results

There were 79 referrals to the Ritson Outreach Service from 28th September 2020 to 26th June 2021.

Referrals came from a variety of specialties and for a variety of reasons, including advice regarding **alcohol detox and relapse prevention; opioid and benzodiazepine prescribing**; provision of **Take-Home Naloxone**; management of **chronic pain**; and **follow up** by community drug and alcohol services.

Male	Female	Other		
50	29	0		
GAP	Old Age	Forensics	Rehab	Brain Injury Unit
65	3	1	9	1
Drugs	Alcohol	Drugs & Alcohol		
52	22	5		

The survey was sent to all inpatient doctors in the REH with 10 responses. 9/10 had heard of the Ritson Outreach Team, and 6 had already referred to the team (80%).



*This is a hugely important service!
Please continue providing this service.*

This is a vital service and helps to provide an accessible link-in to specialist advice.

A great service!

Excellent service and a great example of necessary liaison for complex patients.

Strengths and Limitations

The service has been established and evaluated within a year. It has demonstrated a need within the hospital and has been well received by colleagues.

The main limitation is resource, as the Ritson Clinic is expected to increase its bed numbers in coming months, which will reduce junior doctor time available to the service.

From the start we have tried to limit barriers to referrals. We have chosen **not** to use a referral form, which does mean that occasionally referrers provide limited information. Given our resource constraints, we would usually aim to provide advice rather than review, other than for complex cases. We are also aware that alcohol and drug use may not always be identified in a busy general adult psychiatry ward. One way of addressing this would be to have a specialist liaison nurse, based within the Ritson Clinic, who could visit the wards to seek out and discuss referrals. We are pursuing a resource for this, which would be analogous to the drug and alcohol liaison services provided in many acute hospitals.

Conclusions

This service has been one of the positives to emerge from the pandemic. **Patients benefit**, both by better in-hospital management of their drug/alcohol problems (including consideration of new developments such as injectable Buprenorphine) and better links to community follow up. This is particularly important given the increase in drug deaths and implementation of the MAT standards.

For junior doctors and nursing staff working in addictions, this service is a **valuable training experience** in managing drug and alcohol problems in psychiatrically unwell patients. It is also likely to enhance the addictions skills and knowledge of staff in other specialties.

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