

# Standards for Alcohol Care Teams

## Second Edition

*Editors: Amy Colwill & Leyla Golparvar*

# Contents

Foreword.....	4
Introduction.....	6
Provision of Patient Centred Care .....	8
Supporting Families and Friends.....	8
Workforce.....	9
Systematic Structures for Referral, Case Identification & Brief Advice.....	10
Assessment of Alcohol Withdrawal .....	11
Management of Medically Assisted Alcohol Withdrawal (MAAW) .....	12
Specialist Care Planning .....	13
Management of Alcohol-Related Harm.....	14
Planning Safe Discharge and Working with Community Services.....	15
Trust-wide Education and Training in Relation to Alcohol .....	16
Leadership of a Multi-agency Steering Group.....	16
Lived Experience Input .....	17
Strategic Medical Leadership .....	17
Glossary of Terms.....	18
References .....	20
Acknowledgements .....	21

# Alcohol Care Team Innovation & Optimisation Network (ACTION)

Royal College of Psychiatrists  
Centre for Quality Improvement  
21 Prescott Street  
London  
E1 8BB

[Alcohol Care Team Innovation and Optimisation Network  
\(ACTION\) \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/action)

[ACTION@rcpsych.ac.uk](mailto:ACTION@rcpsych.ac.uk)

Publication number: CCQI 469

Revision date: August 2026

© 2024 Royal college of Psychiatrists

# Foreword

The physical and mental health harms from alcohol are present in all areas of the health system, and in acute hospitals over the last 20 years small specialist alcohol teams have evolved sporadically to try and deal with them. Most have been initiated by a single clinician concerned about the inadequate care that patients with co-morbid alcohol dependence received in their own clinical specialty and wanting to improve it.

Often against the odds, these clinicians (both doctors and nurses) have made the case for the need to develop an 'alcohol care team' to improve patient care, provide training to other teams on the appropriate management of alcohol withdrawal, and link patients in with community teams on discharge.

The clinical specialty where they worked (gastroenterology, hepatology, emergency medicine, toxicology or psychiatry), and how the funding was achieved and justified, resulted in the development of a wide range of operational models serving different clinical groups.

In 2019, Public Health England successfully made the case that 'optimal' alcohol care teams were an essential part of an effective alcohol treatment system, and the NHS Long Term Plan committed to 'optimise' alcohol care teams in 25% of acute hospitals with greatest clinical need. This was implemented by extending teams that were already in place but required further resource and developing new teams in areas that had not previously had them. As part of the programme, I was privileged to be appointed to serve as the first National Specialty Advisor for Alcohol Dependence between 2020-2024.

In that role, together with my colleague Arlene Copland, we made the case that a new Alcohol Care Team Innovation and Optimisation Network (ACTION) would be the most appropriate way to develop a community of practice. This would enable teams with a wide range of backgrounds and experience to evolve a model of care for optimising outcomes for patients with alcohol use disorders admitted to acute hospitals for any cause.

Since the Health and Social Care Act (2012) removed the commissioning of addiction services from the NHS to the local authority, there has been a significant decrease in the provision of specialist services for people with alcohol dependence. There is clear evidence that this has been associated with an increase in presentations to acute hospitals for alcohol related harm. Alcohol specific mortality has also continued to rise, escalating by a further 32.8% between 2019-2022.

Yet most research into the treatment of alcohol dependence was conducted in the last century and so much of the evidence for the management of people admitted to acute hospitals, comes from clinical consensus and extrapolation from other clinical settings.

These ACTION standards are a vital next step in helping to improve outcomes for patients with alcohol dependence and alcohol related harm. They are a highly

marginalised patient group often with significant health inequalities. NHS England committed to improving the access, experience and outcomes for the most vulnerable in our society, and this patient group desperately needs all those things.

At a time when patients in need of our care are becoming more complex, and the services available to them are often limited, my hope is that these standards will help to ensure a more concerted approach to the development of sustainable services and standards of care.

The ACTION standards set a benchmark of how to improve access, experience and outcomes for patients with, or at risk of developing, alcohol dependence.

I am very grateful to the ACTION steering group, ACTION members, and the lived experience representatives, who gave their time to go through the challenging process of agreeing these standards where there is so little robust evidence. I would also especially like to thank the ACTION project team who got this over the line.

I hope these standards will be used by ACTION members as well as commissioners to help improve quality of care in all acute hospitals. The evidence base for alcohol care teams is growing and will help develop these standards in years to come.

*Julia Sinclair*

*Professor of Addiction Psychiatry, University of Southampton,  
Honorary Consultant in Alcohol Liaison at University Hospital Southampton,  
and Chair of ACTION Steering Group.*

# Introduction

The Alcohol Care Team Innovation & Optimisation Network (ACTION) was established in 2021 to support in the development and quality improvement of alcohol care teams (ACT). It is one of nearly 30 networks within Royal College of Psychiatrists' College Centre for Quality Improvement (CCQI).

These standards have been drawn from key documents and expert consensus and have been subject to extensive consultation with professional groups involved in the provision of alcohol care teams, and with people with lived experience.

The standards have been developed for the purpose of review as part of the Alcohol Care Team Innovation & Optimisation Network (ACTION). They can also be used as a guide for new or developing services.

The standards cover the follow topics:

- Provision of Patient Centred Care
- Supporting Families and Friends
- Workforce
- Systematic Structure for Referral, Case Identification & Brief Advice
- Assessment of Alcohol Withdrawal
- Management of Medically Assisted Alcohol Withdrawal
- Specialist Care Planning
- Management of Alcohol-Related Harm
- Planning Safe Discharge and Working with Community Services
- Trust-wide Education and Training in Relation to Alcohol
- Leadership of a Multi-Agency Steering Group
- Lived Experience Input
- Strategic Medical Leadership

## Categorisation of standards

Each standard has been categorised as follows:

**Type 1:** Essential standards. Failure to meet these would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence-based care and treatment.

**Type 2:** Expected standards that most services should meet.

**Type 3:** Desirable standards.

The full set of standards is aspirational, and it is unlikely that any service would meet them all.

### **Who are these standards for?**

These standards are designed to be applicable to a range of alcohol care teams across the United Kingdom and can be used by professionals to assess the quality of the team. The standards may also be of interest to commissioners, patients, carers, researchers and policy makers.

### **Terms used in this document**

In this document, the alcohol care team is referred to as 'the team'. People who are cared for alcohol care team are referred to as 'patients' and their loved ones are referred to as 'family/friends'. A full glossary on the terms used throughout this document can be found at the end of this document.

## Provision of Patient Centred Care

No.	Type	Standard	Ref.
1	1	Staff members treat patients, and their family and friends with compassion, dignity, and respect.	[4]
2	1	Patients feel listened to and understood by staff members.	[4]
3	1	Treatment options are discussed with the patient to determine the appropriate treatment plan.  <i>Guidance: This includes effects, side effects, potential interactions, lifestyle and risk factors.</i>	[2]
4	1	Patients are offered a range of evidence-based resources to support their care.  <i>Guidance: This includes websites, digital and/or paper resources and includes information on community support.</i>	[5]
5	2	The team offers patients information on the harms that can be associated with other forms of addiction (such as gambling, and other substance use) and signpost or refer to treatment and support.	[1]
6	1	The team are knowledgeable about, and sensitive to, the needs of patients from minority groups and are aware of community-based services which can meet their needs.  <i>Guidance: This may include people from Black, Asian and minority ethnic groups &amp; the LGBTQ+ community.</i>	[1]

## Supporting Families and Friends

No.	Type	Standard	Ref.
7	1	Families and friends (with patient consent) are involved in discussions and decisions about the patient's care, treatment, and discharge planning, wherever possible.	[4]
8	1	Families and friends (with patient consent) are offered written and verbal information about the patient's care and treatment.  <i>Guidance: This may include leaflets or online resources.</i>	[4]



9	2	Families and friends are offered information and referral into community-based services who provide support for their own needs.	[3]
10	1	The team knows how to respond to and support families and friends when the patient does not consent to their involvement.  <i>Guidance: The team may receive information from the family and friends in confidence.</i>	[4]

## Workforce

No.	Type	Standard	Ref.
11	2	The team has the appropriate numbers of specialist staff for the size and profile of the hospital site it covers.  <i>Guidance: Evidence from hospital sites providing an optimal service would suggest that one staff member is needed for every 500 inpatient discharges per month.</i>	[3]
12	1	The team is made up of at least one Band 7 alcohol specialist nurse.  <i>Guidance: Their role includes supporting with complex cases, managing the team and writing guidelines.</i>	[2]
13	2	There is a medical or non-medical prescriber in the team.	[1]
14	2	The team has administrative assistance to meet the needs of the service.	[1]
15	1	New staff members receive an induction based on an agreed list of core competencies.  <i>Guidance: This should include arrangements for shadowing colleagues on the team, jointly working with a more experienced colleague, and being observed and receiving enhanced supervision until core competencies have been assessed as met.</i>	[4]
16	1	The team are trained in models of alcohol dependence that underpin the pharmacological and psychosocial interventions used by the team.  <i>Guidance: This includes models of addictions, trauma informed approaches, specific psychopharmacology &amp; motivational interventions.</i>	[3]

17	1	The service actively supports staff health and wellbeing.  <i>Guidance: This could include providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.</i>	[4]
18	1	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body.  <i>Guidance: Supervision should be profession specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.</i>	[4]
19	1	Staff members, patients and families/carers who are affected by a serious incident are offered post-incident support.  <i>Guidance: This includes attention to physical and emotional wellbeing of the people involved and post-incident reflection and learning review.</i>	[4]

## Systematic Structures for Referral, Case Identification & Brief Advice

No.	Type	Standard	Ref.
20	2	The team provide a seven-day service.	[3]
21	1	If the team does not provide a seven-day service, robust referral pathways and guidelines are in place to support clinical staff outside of the team working hours.	[3]
22	2	The team supports the hospital to ensure that there is electronic universal routine screening using a validated tool in place to identify patients admitted to hospital who may have alcohol use disorder.  <i>Guidance: Patients identified by screening with possible alcohol use disorder are referred to the team to undertake an alcohol assessment.</i>	[1] [3]
23	1	The team has established protocols for triaging and prioritising referrals according to level of necessity and urgency.  <i>Guidance: These are accessible to the wider hospital site.</i>	[1]

24	1	<p>The team prioritises referrals and undertakes assessment to determine level of response and intervention. This includes:</p> <ul style="list-style-type: none"> <li>• the pattern and severity of the alcohol use;</li> <li>• the need for urgent treatment including assisted alcohol withdrawal.</li> </ul>	[2]
----	---	--	-----

## Assessment of Alcohol Withdrawal

No.	Type	Standard	Ref.
25	1	<p>The team provides an alcohol assessment for patients referred to the alcohol care team, where appropriate.</p> <p><i>Guidance: This structured clinical interview uses relevant and validated clinical tools, and covers the following:</i></p> <ul style="list-style-type: none"> <li>• alcohol use consumption, level of problems and dependence;</li> <li>• other substance use, including over the counter and prescribed medication;</li> <li>• alcohol-related physical health problems supported by the use of biochemical and other measures (e.g. fibroscan);</li> <li>• screening for common mental health problems (see relevant NICE guidelines);</li> <li>• social circumstances and problems;</li> <li>• cognitive function;</li> <li>• risk assessment and areas of safeguarding;</li> <li>• strengths, assets and readiness to change.</li> </ul>	[2]
26	1	<p>The team utilises and advises on the appropriate validated tools for assessment and monitoring of patients with alcohol use disorder throughout their care.</p> <p><i>Guidance: These are included in clinical guidelines and includes the use of AUDIT-C, AUDIT, SADQ, GMAWS, CIWA-Ar.</i></p>	[2]
27	1	<p>The team assesses and acts on risks and safeguarding concerns related to the patient or others identified in the assessment.</p>	[2]
28	2	<p>The team uses, interprets and records breath alcohol measurement as part of the assessment process, where appropriate.</p>	[1]

# Management of Medically Assisted Alcohol Withdrawal (MAAW)

No.	Type	Standard	Ref.
29	1	<p>The team identify, support and care for patients experiencing signs and symptoms of alcohol withdrawal.</p> <p><i>Guidance: There are hospital guidelines and protocols in place on the management of medically assisted alcohol withdrawal which are easily accessible.</i></p>	[2]
30	1	<p>The team understands the indications, contraindications and mechanisms of action of pharmacological agents used to treat alcohol withdrawal. They are able to weigh up competing clinical risks and understands alternative prescribing options when benzodiazepines are contraindicated.</p> <p><i>Guidance: This is done in line with clinical guidelines and the use of formal measurement of withdrawal symptoms using validated tools.</i></p>	[2]
31	1	<p>The team can identify when alcohol withdrawal is complicated by signs and symptoms of other substance use.</p> <p><i>Guidance: The management of this done by the alcohol care team or with support from wider hospital colleagues.</i></p>	[2]
32	1	<p>When assessing the severity of alcohol use disorder and determining need for assisted withdrawal, the management of medically assisted alcohol withdrawal will be adjusted based on the needs of different individuals or groups.</p> <p><i>Guidance: This includes adjusting criteria for women, older patients, children and young patients, pregnant patients, patients with acute head injuries, patients with reduced kidney function and patients with established liver disease who may have problems with the metabolism of alcohol, and medications.</i></p>	[2]
33	1	<p>The team differentiates the symptoms and signs of alcohol withdrawal from withdrawal from other drugs including prescription and over the counter (OTC) medications.</p>	[2]
34	1	<p>The team has guidelines which identify patients most likely to meet the criteria for inpatient medically assisted withdrawal.</p> <p><i>Guidance: Decisions around inpatient care and made in line with NICE guidelines.</i></p>	[2]

35	1	In the absence of established locally agreed pathways for continuation of alcohol withdrawal by community services, and no access to ambulatory withdrawal programme; the team will devise a clear discharge plan for the patient, including guidance on recommended alcohol consumption post-discharge.	[1] [3]
36	2	There is a pathway in place for the prescribing and monitoring of relapse prevention medication after successful withdrawal for patients with moderate/severe alcohol use disorder.  <i>Guidance: The pathway includes continuation of prescribing in the community and relapse prevention medication is prescribed alongside psychosocial support.</i>	[2]
37	2	The team provides advice and guidance to ensure that patients with severe alcohol withdrawal are managed in an environment and with an approach that is most conducive to their recovery.  <i>Guidance: This will typically include a calm approach, with strategies to de-escalate situations when required.</i>	[1]

## Specialist Care Planning

No.	Type	Standard	Ref.
38	1	Every patient has a clearly documented plan, reflecting their individual needs.  <i>Guidance: The care plan includes (as appropriate):</i> <ul style="list-style-type: none"> <li>• a medication regimen to support medically assisted alcohol withdrawal;</li> <li>• parenteral thiamine to reduce risk of alcohol-related brain damage;</li> <li>• medication to support sustained abstinence or consumption reduction;</li> <li>• screening for liver disease, where pathways exist;</li> <li>• specialist mental health assessment in liaison with a psychiatric liaison team;</li> <li>• psychosocial interventions to support engagement with community alcohol treatment.</li> </ul>	[3]
39	1	Staff consider the patient's ability to make informed decisions when agreeing on goals and planning care.  <i>Guidance: The team liaises with the hospital safeguarding team for advice when required.</i>	[2]

40	1	The team are trained in delivering appropriate psychosocial interventions to help patients reduce their alcohol consumption, minimise harm, or maintain abstinence.  <i>Guidance: This could be in the form of motivational interviewing, goal setting, simple behaviour change techniques.</i>	[2]
41	1	The team follows and promotes a trauma informed approach in assessment and treatment of all patients, and their families/friends (where appropriate) to enhance acceptance and engagement with the team.	[2]

## Management of Alcohol-Related Harm

No.	Type	Standard	Ref.
42	1	The team advises on risks/harms of sudden reduction of alcohol consumption and facilitates a suitable onward referral to local services for patients who do not require admission.	[2]
43	1	The team understands the potential interactions between alcohol, other drugs, and medications when providing care or advice to patients with alcohol use disorder.	[2]
44	1	Following assessment, the team implements a clear plan of care for patients with complicated withdrawal.  <i>Guidance: This could include alcohol-related brain damage, including Wernicke's encephalopathy, seizures &amp; delirium tremens, and other related conditions.</i>	[2]
45	1	The team supports the appropriate management of alcohol-related conditions for patients with the most severe and complex needs including specific populations.  <i>Guidance: This could include frail elderly, young people, patients with learning disabilities, pregnant women, patients who require palliative care and/or have comorbid conditions.</i>	[2]
46	1	The team advises on the use of parenteral thiamine therapy to patients with suspected alcohol-related brain damage or those who could be at risk of the Wernicke-Korsakoff Syndrome, in line with Trust protocol/policy.	[2]

47	3	The team supports the timely assessment and referral to specialist services for those with cognitive impairment, having excluded features of acute intoxication or withdrawal.  <i>Guidance: This could include a psychiatric liaison or local specialist service referral.</i>	[2]
48	1	The team supports the management of acute alcohol withdrawal to patients with decompensated alcohol-related liver disease and alcohol-related pancreatitis.	[2]
49	2	The team advises on the needs of patients at the end of life in collaboration with the appropriate clinical teams.	[2]
50	2	The team has established protocols in place with maternity services to offer guidance on appropriate pathways during pregnancy for women with alcohol use disorder.	[1]
51	2	The team works with the other hospital teams to support and address the needs of frequent attenders to the team.	[1]

## Planning Safe Discharge and Working with Community Services

No.	Type	Standard	Ref.
52	1	Patients are offered a referral to specialist alcohol support in the community for continuation of alcohol treatment on discharge, and/or other community services if available pathways are in place.	[3]
53	1	The team contributes to discharge planning which includes the relevant hospital teams, and community-based services, where appropriate.  <i>Guidance: When discharging patients with a higher level of need and vulnerability, and those with co-morbidities, the team liaise with other agencies and departments within the hospital.</i>	[3]
54	3	Where available, community alcohol services in-reach into the hospital to prepare patients for transfer.	[3]
55	3	On discharge, the team ensure that there is communication with the patient's GP, detailing alcohol consumption and risk level.	[2]

# Trust-wide Education and Training in Relation to Alcohol

No.	Type	Standard	Ref
56	1	<p>The team develops a training package and delivers trust-wide education and training on the following areas:</p> <ul style="list-style-type: none"> <li>• identification, screening and brief advice (IBA);</li> <li>• management of withdrawal and delirium tremens;</li> <li>• theories of addiction;</li> <li>• why addiction occurs;</li> <li>• judgement and stigma.</li> </ul> <p><i>Guidance: This could include structured face-to-face sessions, bitesize training, and e-learning modules.</i></p>	[1] [3]
57	2	<p>The team develops educational materials on alcohol use to support prevention, treatment and recovery.</p> <p><i>Guidance: This information is available to patients, families/friends, and hospital staff.</i></p>	[3]

## Leadership of a Multi-agency Steering Group

No.	Type	Standard	Ref.
58	1	<p>The team has an active multi-agency steering group involving stakeholders from across the local alcohol pathway.</p> <p>The group addresses issues relating to the team, alcohol-related harms, commissioning arrangements, care pathways, prevention and treatment strategies.</p> <p><i>Guidance: External stakeholders may include representation from the local authority, public health, integrated care boards (ICB), and input from people with lived experience. Internal colleagues may include representation from the emergency department, mental health and, operational or business managers.</i></p>	[3]



## Lived Experience Input

No.	Type	Standard	Ref.
59	2	The team routinely ask patients for their feedback about their experiences of using the service, and this is used to inform the delivery and development of the service.	[4]
60	2	The team's written information is coproduced with experts by experience to ensure the appropriate use of language and terminology.  <i>Guidance: This includes information such as leaflets and appropriate guidelines.</i>	[1]
61	3	Experts by experience are involved in decisions about the design, delivery and review of the service.	[3]

## Strategic Medical Leadership

No.	Type	Standard	Ref.
62	1	The team has strategic medical leadership by a senior clinician/s with dedicated time (0.2 WTE) for the team.	[3]
63	2	The strategic medical lead facilitates strategic direction, governance structures, research and audit activity.	[3]
64	3	The team develops, implements, monitors, and evaluates pathways both within the acute trust as well as across mental health and community services.	[3]
65	2	The team have robust internal data collection processes in place to collect data on the work of the alcohol care team.  <i>Guidance: The team utilises Trust informatics &amp; business intelligence teams to help measure the impact of the alcohol care team on the wider hospital site.</i>	[1]
66	1	Lessons learned from untoward incidents and complaints are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.	[4]

# Glossary of Terms

Term	Definition
Alcohol Care Team	Dedicated teams based within hospital settings whose primary aim is supporting patients who are drinking to harmful levels.
Alcohol Identification & Brief Advice (IBA)	The early identification and delivery of brief advice to encourage patients to reflect on their alcohol consumption.
Alcohol Related Brain Damage (ARBD)	The term used to describe the brain disorder caused by excessive use of alcohol over a long period of time.
Alcohol Use Disorders Identification Test (AUDIT-C)	A method of screening for at risk drinking and identifying at risk drinking as the cause of presenting illness.
Benzodiazepines	A common medication used to reduce recurrent alcohol withdrawal symptoms.
Clinical Institute Withdrawal Assessment Tool-Revised (CIWA-Ar)	An assessment tool for clinical monitoring of alcohol withdrawal symptoms.
Delirium Tremens (DTs)	A severe form of alcohol withdrawal, involving sudden mental or nervous system changes.
Fibroscan	A type of ultrasound used to measure and determine inflammation of the liver.
Glasgow Modified Alcohol Withdrawal Scale (GMAWS)	An assessment tool for managing alcohol withdrawal symptoms in acute hospitals.
Integrated Care Board (ICB)	NHS organisations responsible for planning health services for their local population.

Medically Assisted Alcohol Withdrawal (MAW)	The term for detoxification from alcohol in an acute hospital setting.
Motivational Interviewing	An evidence-based approach to behaviour change, often used in a psychosocial context to reduce levels of drinking.
Parenteral Thiamine	A vitamin B1 administered to patients in the acute treatment of alcohol-related brain damage.
Severity of Alcohol Dependence Questionnaire (SADQ)	A clinical screening tool designed to measure the presence and level of alcohol dependence.
Trauma-informed	An approach to healthcare practices which are grounded and understanding, aimed to improve physical and mental health.
Wernicke-Korsakoff Syndrome	A form of alcohol-related brain damage caused by a deficiency in Vitamin B.

# References

- [1] Royal College of Psychiatrists. (2023/4). Expert consensus: Alcohol Care Team Innovation & Optimisation Network (ACTION) Standards Development Group.
- [2] NHS England. (2019). Alcohol Care Teams Core Service Descriptor. Available at: [ACT-core-service-descriptor-051119.pdf \(longtermplan.nhs.uk\)](#)
- [3] T Phillips, A Porter & J Sinclair. (2020). Clinical Competencies for the Care of Hospitalized Patients with Alcohol Use Disorders. Available at: [Clinical Competencies for the Care of Hospitalized Patients with Alcohol Use Disorders - PMC \(nih.gov\)](#)
- [4] Royal College of Psychiatrists. (2022). Standards for Inpatient & Community Mental Health Services, Fourth Edition.
- [5] National Institute for Health & Care Excellence (NICE). (2023). Alcohol-use disorders: diagnosis & Management [QS11]. Available here: [Overview | Alcohol-use disorders: diagnosis and management | Quality standards | NICE](#)

# Acknowledgements

The Alcohol Care Team Innovation & Optimisation Network (ACTION) is extremely grateful to the following people for their time and expert advice in the development of these standards:

- The current & previous Chair of the ACTION Steering Group, Julia Sinclair & Arlene Copland.
- Members of the ACTION Steering Group & Standards Development Group.
- ACTION Patient and Carer Representatives.
- ACTION members who contributed to the e-consultation process and provided feedback.
- CCQI Director, Peter Thompson & CCQI Clinical & Strategic Director, Mary Docherty.



**ACTION**  
ALCOHOL CARE TEAM  
INNOVATION AND  
OPTIMISATION NETWORK

# ACTION

The Royal College of Psychiatrists  
21 Prescot Street  
London  
E1 8BB