



Alcohol Care Team – Return on Investment 2024

NENC Alcohol Steering Group

Part of:

**North East North Cumbria
Health & Care Partnership**



Purpose

This report has been produced on behalf of the North East North Cumbria Integrated Care Board (NENC ICB) Alcohol Steering group. The aim of the report is to understand the demand and potential impact of the nationally and locally commissioned Alcohol Care Teams within the ICB footprint.

The analysis included within this report used locally available commissioning datasets and accesses Alcohol Care Team patients (individuals identified as receiving contact) at a pseudonymised individual level. Using data linkage the healthcare activity for these patients has been analysed prior to contact and one year following their first recorded contact with the teams.

In doing so, the aim was determine any aggregated changes in healthcare utilisation and secondary healthcare costs experienced by patients accessing Alcohol Care Teams in order to build a local evidence base of benefit.

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Summary of Findings

- Contact with the Alcohol Care Teams (ACTs) has an association with the reduction of frequency of admissions and attendances to hospital for those referred for support. This results in demand and capacity benefits to the Trusts.
- Hospital bed days used by the individuals first seen by ACTs in 2022/23 reduced by 39% (-8,770) in the year after individuals were seen by ACTs.
- Unplanned hospital admission reduced by 42% (-1,985), a reduction of 1 admission per person per year in the year after individuals were seen by ACTs.
- A&E attendances reduced by 30% (-2,847) in the year after individuals were seen by ACTs
- Since the introduction of ACTs in 2021 referrals to community alcohol services have seen a steadily increasing trend. Referral rates from hospitals are now the highest they have been since 2013 and over 2 years 1,755 individuals previously unknown to services have been referred.
- The crude cost of delivering ACT provision per person seen is approximately £426 per year (based upon 2,500 individuals accessing services across 5 Providers), equating to £1,041,000 in total for the services across 5 Providers.
- This analysis demonstrates the benefits in reductions of A&E and unplanned hospital admissions following ACT intervention amount to £2,105 per person.
- The expected benefit minus cost of implementation based upon 2022/23 analysis is £1,679 per person treated. This equates to a Return on Investment of £5.06 per £1 invested.
- The analysis demonstrates a £4.5million avoided secondary healthcare cost associated with the NENC ACTs in 2023/2024.

Alcohol Care Team cost benefit analysis: Summary

Cost to treat = £426

Potential avoided secondary healthcare costs from admissions and A&E per person = £2,105

Overall cost efficiency = £1,679 per person treated

Bed capacity = 4 free bed days per person treated

ROI = £5.06 per £1 invested

Alcohol Care Team Demographics

Overall Alcohol Care Teams

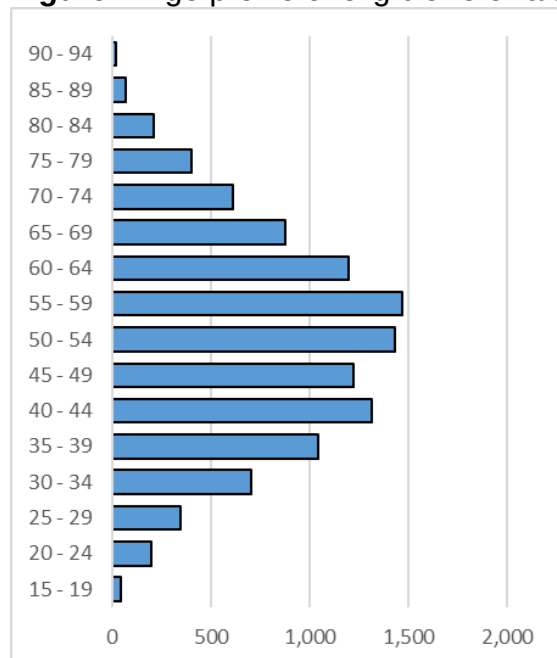
Between October 2021 and June 2024, the ACTs within NENC¹ received 11,054 referrals which were assessed as eligible for support².

The main route of referral was via inpatient settings, accounting for 73% of the eligible referrals compared with 27% via accident and emergency. Numbers received via outpatient settings were negligible.

The majority of referrals were male (68%), with 32% female, with the most prevalent age group identified as 40 to 64 years (see Figure 1).

58% of eligible referrals received were documented as residing within the 20% most deprived communities (IMD 1 and 2).

Figure 1 Age profile of eligible referrals



Data Source: National Alcohol dependency Dataset

The 11,054 referrals received were for 7,386 distinct individuals, demonstrating some individuals were referred to the team more than once within the reporting period.

791 (11%) of those who have been in contact with ACT since 2021/22 are now deceased.

¹ The ACTs within each provider became operational at different points throughout the reporting period. Therefore, the information included in the analysis is only provided at ICB level and not provider level.

² The Alcohol Care Team (ACT) data submission received includes referrals who have been assessed as possible or probable alcohol dependant (defined as 'eligible for support'). It is not inclusive of all referrals received and assessed by the team.

Alcohol Care Team Performance

The ACT dataset now includes two complete years of data as shown in Figure 2 and Figure 3. The two years are not comparable as each year includes different operational providers³. 2023/24 is the first year all NHSE funded ACTs submitted a full year of data⁴.

Figure 2 Referrals eligible received by ACTs 2021/22 to Q1 2024/25

	2021/22 (QTR 3+4)	2022/23	2023/24	2024/25 (1ST QTR)	Total
Number of eligible referrals received	208	3441	6565	840	11,054

Data Source: National Alcohol Dependency Dataset

Figure 3 ACT referrals and activity 2022/23 and 2023/24

	2022/23		2023/24	
Number of operational Providers	5		6	
Number of referrals	3,441		6,565	
Number of individuals	2,730		4,633	
Proportion who were assessed as positive for alcohol dependency	52%		71%	
Proportion who were assessed as 'probably' being alcohol dependent.	48%		29%	
Average number of contacts per referral	1.5		1.9	
Medically assisted withdrawals supported	601	17% of referrals	3,263	50% of referrals
Referrals to community alcohol service	969	28% of referrals	2,142	32% of referrals
Referrals to community alcohol service where patient was not previously known to services	631	65% of patients referred	1,124	52% of patients referred

Data Source: National Alcohol Dependency Dataset

During these 2 years, a total of 3,111 individuals have been identified and referred to a Community Alcohol Service by the ACTs. 1,755 of these individuals were documented as 'previously unknown to services'.

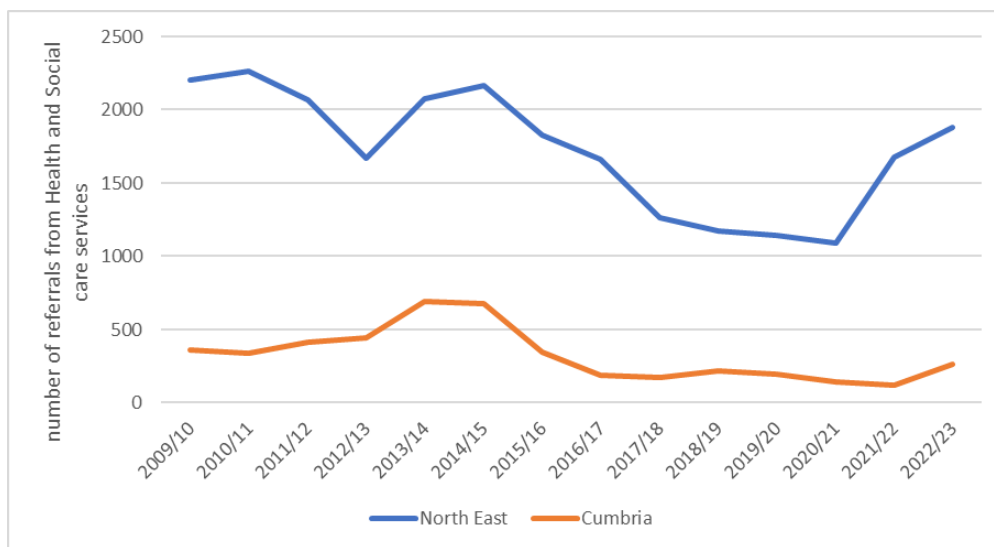
This correlates with data collected by Community Alcohol Services, which demonstrates a reduction in referrals from health care settings from 2014/15 until 2021/22, since when there has been a significant increase year on year (see Figure 4).⁵

³ In 2022/23, the Providers included were Gateshead Health NHS Foundation Trust, South Tyneside And Sunderland NHS Foundation Trust, North Tees And Hartlepool NHS Foundation Trust, South Tees Hospitals NHS Foundation Trust Hospitals NHS Foundation and The Newcastle Upon Tyne NHS Foundation Trust. Not all were operational for a full year during 2022/23

⁴ 2023/24 also includes part year data for County Durham and Darlington NHS Foundation Trust

⁵ The available data is inclusive only of referrals who have commenced structured treatment; the total number of referrals received is greater

Figure 4 Referrals from Health and Social Care services commencing treatment with Community Alcohol Services



Data Source: NDTMS

Alcohol Care Team ROI cohort Demographics

The cohort used in the analysis for calculating associated impact of the ACTs consists of 2,241 individuals who were assessed by staff for the first time during 2022/23 and **were not** recorded as deceased as of the August 2024.

64% of the individuals included within the cohort were male and 36% female.

The average (median) age at point of referral was 52 years, with no variation by gender identified within the data. Ages ranged from 18 to 91 years.

Within the individuals excluded from the analysis due to death record, the median age did vary by gender, with females reporting an average age of 55 and males 60.

At the point of extraction, Index of Multiple deprivation (IMD) score for those within the cohort was not included in the data. This will be included in the 2025/26 refresh.

Alcohol Care Team Impact analysis

Further analysis has been undertaken to understand the associated impact of the ACTs on secondary care activity, by examining healthcare activity of the cohort of patients seen by ACTs for the first time in 2022/23.

Figure 5 shows the actual secondary care activity between April 2020 and June 2024 for all patients who were seen by ACTs for the first time in 2022/23. The data shows the activity two years prior to their first interaction with the service and the activity and associated costs the following year. The individuals who have since died have been removed from the dataset so this is inclusive of alive patients only.

Figure 5 Secondary Care activity of patients seen in by Alcohol Care Team for the first time in 2022/23

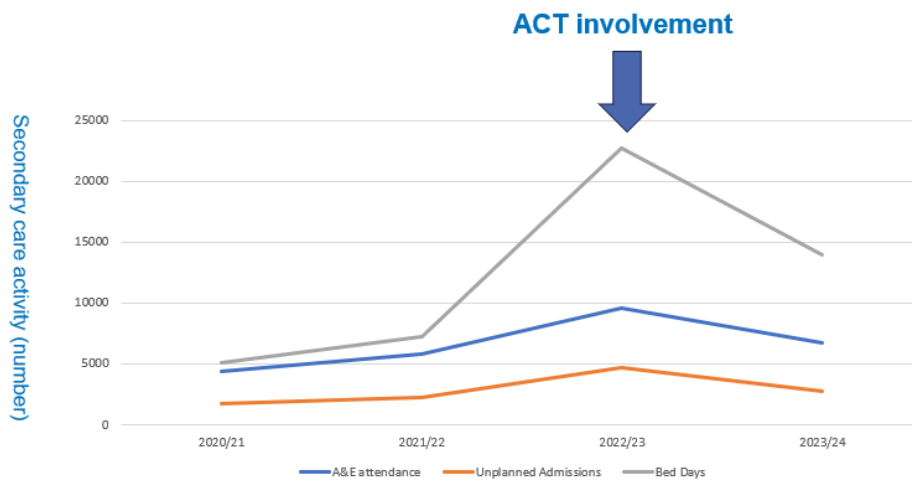
	Year of Secondary Care activity					% change from 1st contact (year 1)	Average change per patient year after 1st contact
	2020/21	2021/22	2022/23	2023/24	2024/25 (Q1*)		
A&E attendances	4433	5849	9620	6773	1493	30%	-1.3
A&E attendances - costs	£ 607,884	£ 963,089	£ 1,992,780	£1,408,591	£ 298,884	29%	-£ 260.68
Unplanned admissions	1770	2234	4747	2762	598	42%	-0.9
Unplanned admissions - costs	£ 3,055,939	£ 4,206,603	£ 11,652,241	£7,517,311	£1,365,922	35%	-£ 1,845.13
Bed days	5130	7286	22715	13945	3715	39%	-3.9

* 2024/2025 includes data from April-June 2024 (quarter 1) only

As demonstrated in Figure 5 & 6, in the year following the involvement of the ACTs there is considerable reduction in activity in A&E attendances, unplanned admissions, and length of stay, with significant associated healthcare costs avoided for this cohort in the one year following their first interaction with ACTs:

- 30% reduction in A&E attendances (-2,847)
- 29% reduction in A&E costs (-£584,189)
- 42% reduction in Unplanned admissions (-1,985)
- 35% reduction in unplanned admission costs (£4,134,929)
- 39% reduction in length of stay/bed days used. (-8,770)

Figure 6: Secondary care activity of cohort of ACT patient seen for first time in 2022/23



Appendix 1: Alcohol Care Team Impact Analysis Methodology

- A list of pseudonymised patient numbers for all those with at least one eligible referral to Alcohol Care teams between April 2021 and June 2024 was produced.
- Using the pseudonymised list, a SQL query linked the A&E activity, unplanned admissions and bed days, plus cost for each patient. The time period for inclusion was April 2020 to June 2024. There were two separate outputs, secondary care activity and cost matrix and ACT dataset.
- Duplicate patients were removed from the secondary care activity and cost data to ensure inclusion of distinct individuals and to remove the possibility of double counting.
- Descriptive statistics were produced on demographics, ACT performance, using the ACT dataset.
- Using the secondary care activity and cost dataset, analysis of overall activity and costs by financial year for the whole cohort was undertaken and additional analysis to break the cohort into two subsections; those who are still alive and those who are now reported as deceased.
- The number of referrals received by ACT each financial year was added to the secondary care activity and cost dataset from the ACT dataset at patient level.
- A sub cohort of individuals who had their first ACT contact in 2022/23 was identified within the secondary care activity and cost dataset and variation analysis undertaken on A&E attendance, A&E cost, unplanned admissions, unplanned admission costs and bed days. Comparing the cohort activity in 2022/23 (their first year of intervention) with the following full year, 2023/24.

Definitions

- A&E attendances include ANY accident and emergency attendance within the reporting period.
- Unplanned admissions include any unplanned (non-elective) admissions which were ALCOHOL SPECIFIC (see LAPE Profiles for list of appropriate diagnosis codes) within the reporting period.
- Bed days are the total number of days an individual was in hospital for across all admissions within the reporting period.
- Costs included within the analysis are based upon the allocated HRG tariff applied to each of the individual admissions or A&E attendance within each reporting period. As the HRG tariffs are specific to the financial year of admission, inflation and variation across reporting periods are already adjusted for.

Limitations

- The ACT submitted data may not be complete, some individuals may be missing from the data this adds an element of uncertainty to the findings. It is possible the impact reported within this paper could be an over or an underestimate of the healthcare utilization and cost impact.
- Not all Providers are using the same definitions for data fields within the Alcohol Dependency dataset, with local insight suggesting variation in the way onward referrals to Community Alcohol Services are captured, and other fields. This will potentially impact on the descriptive statistics included within the report but will not affect the impact analysis which is based upon documented hospital admissions.

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