

EDARA: Evaluating the Diversion of Alcohol-Related Attendances



An evaluation of Alcohol Intoxication Management Services (AIMS)

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- The views expressed are those of the authors and not necessarily those of the NIHR HS&DR Programme

Alcohol-related incidents

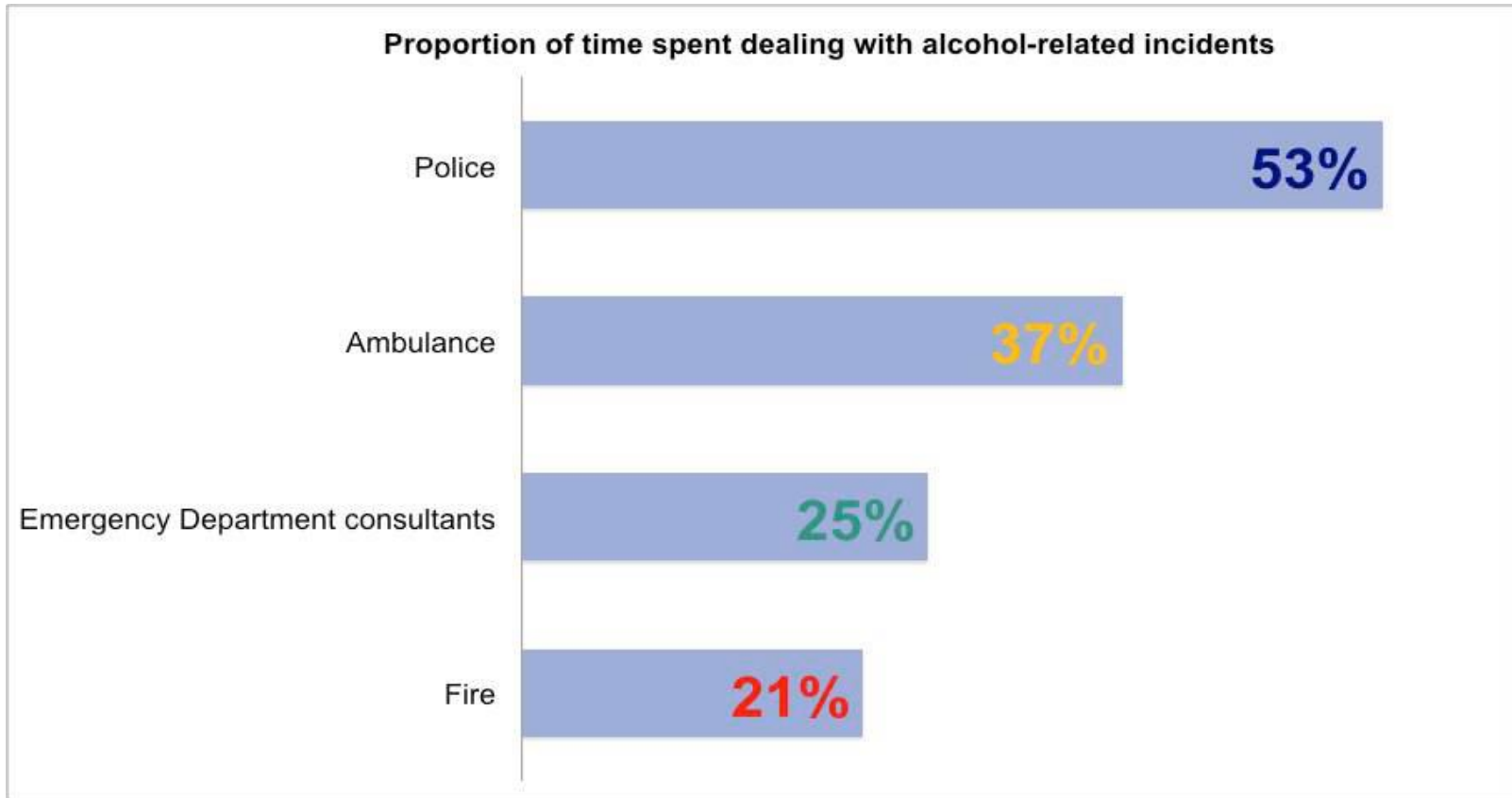


- 1.4 million ambulance journeys (35%)
- Up to 70% of ED attendances at peak times

- £696m in Accident & Emergency costs
- £449m in ambulance services

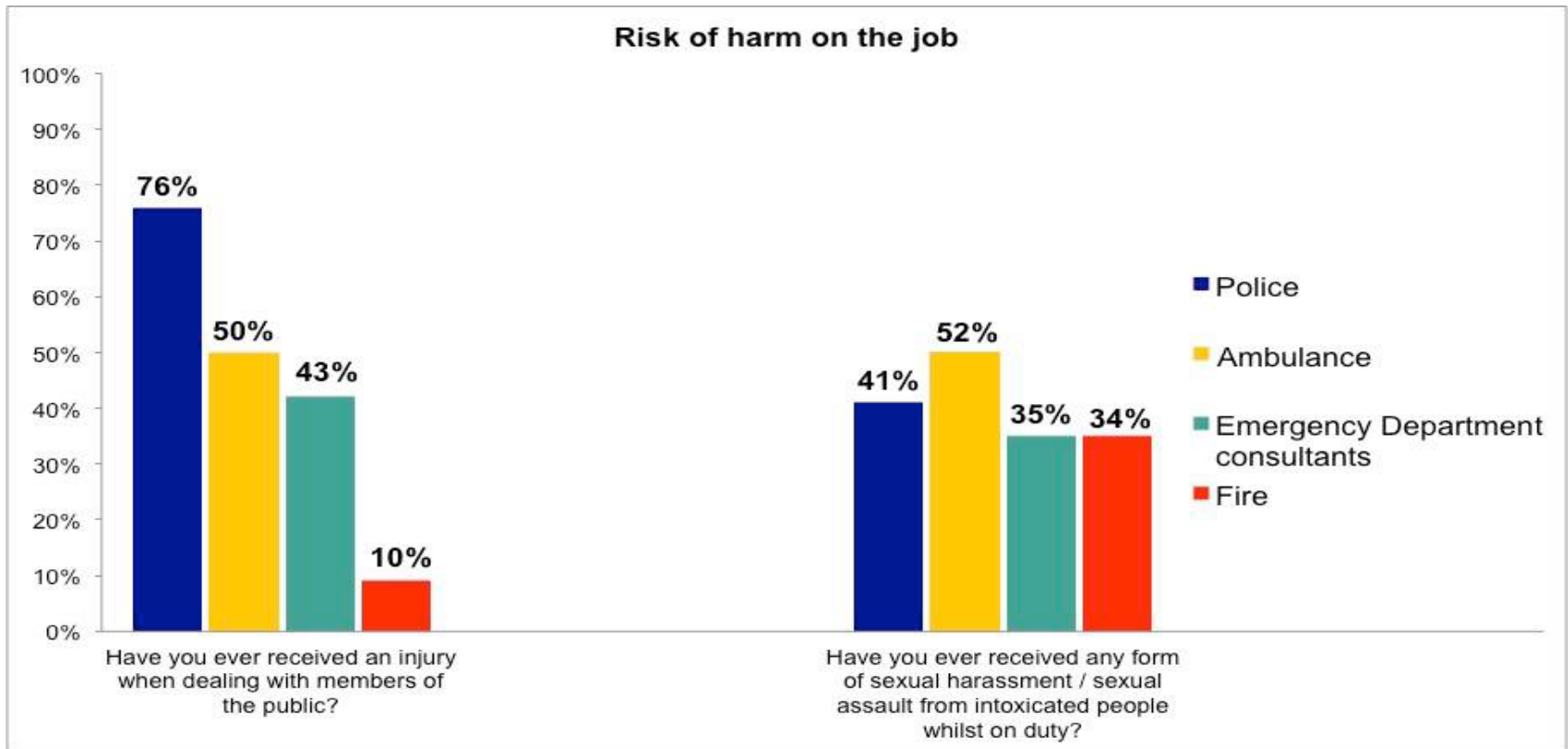


Alcohol-related incidents



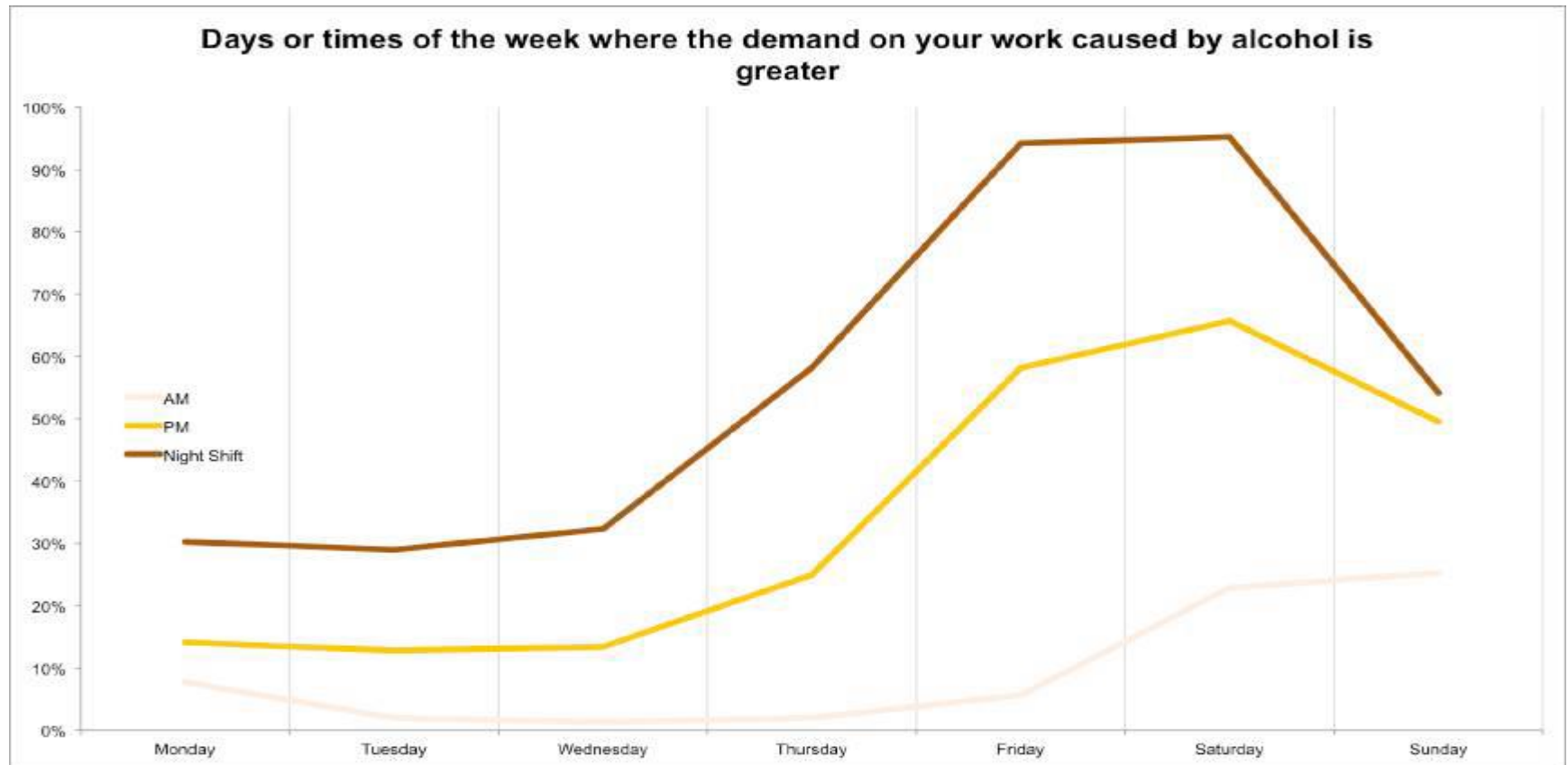
Alcohol's impact on emergency services. Institute of Alcohol Studies, 2016.

Risk of harm to staff



Alcohol's impact on emergency services. Institute of Alcohol Studies, 2016.

Demand on ambulance services



Alcohol's impact on emergency services. Institute of Alcohol Studies, 2016.

Alcohol Intoxication Management Services (AIMS)

- Alcohol Recovery Centres, Alcohol Welfare Centres, Alcohol Treatment Centres, Booze Bus, Safe Havens, Drunk Tanks.
- Alternative to ED attendance for alcohol intoxication
- Safe place to sober up, supervision, elements of clinical care e.g. airway management and fluid infusion (a drip) to reverse dehydration
- Staffed by nurses, paramedics, police, volunteers

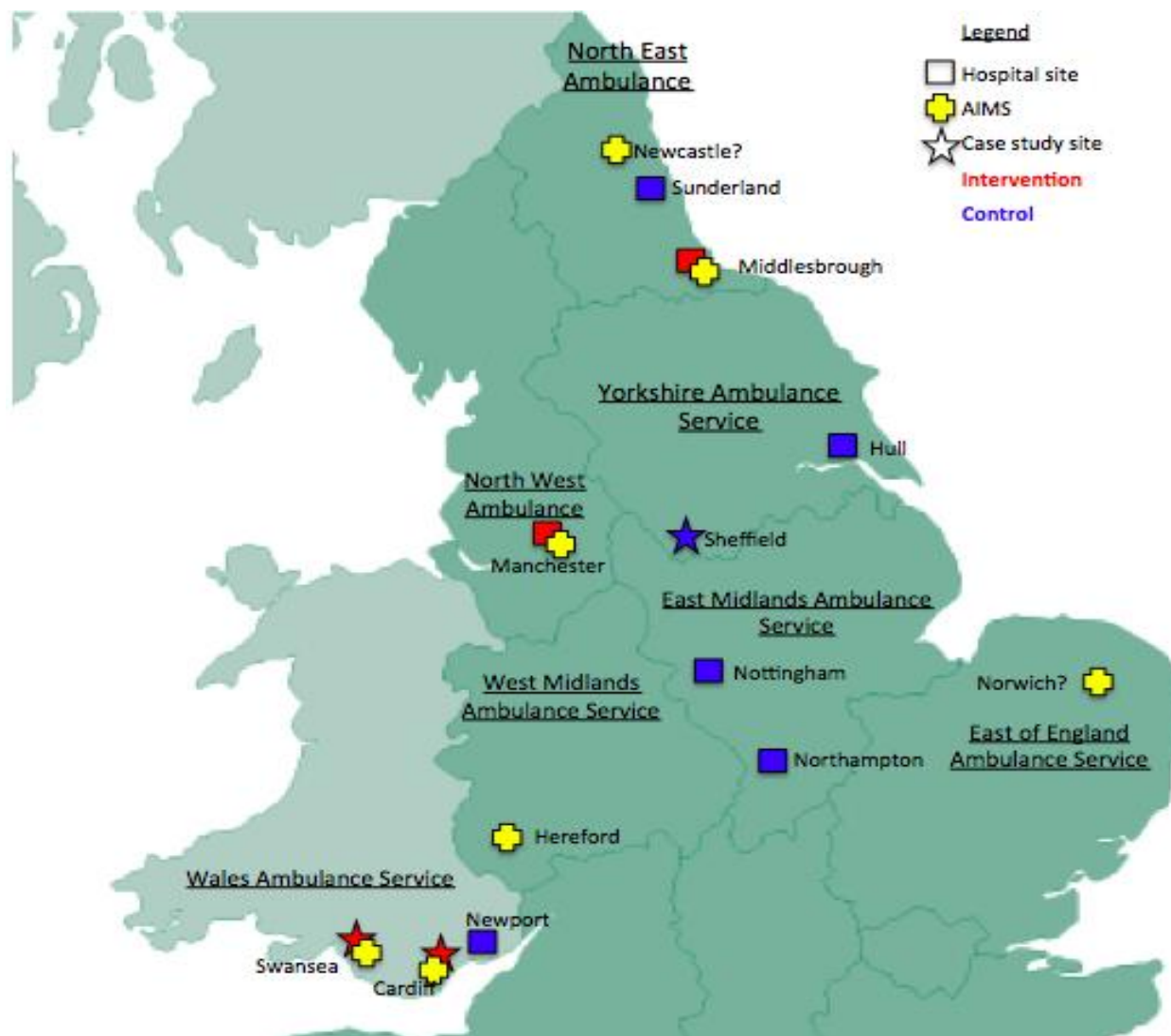
AIMS: Defining features

- Separate from existing emergency facilities (ED, MIU, WiC etc.)
- Alternative to existing emergency facilities
- Specifically for people with acute alcohol intoxication
- Location and opening times coincide with incidence of alcohol intoxication
- Regular service available to general public

EDARA

- Evaluate the impact of AIMS on patients, staff (NHS & non-NHS), the night-time economy and health services.
- Cardiff: Staff and NTE (WS1 i & ii)
- University of Sheffield: Patients and the health service (WS1 iii, iv, WS2 and WS3)
- Non-randomised comparison of 6 towns/cities with AIMS to 6 similar towns/cities without

EDARA site map



EDARA study sites

AIMS

1. Newcastle?
2. **Cardiff**
3. **Manchester (Norwich?)**
4. Middlesbrough
5. Hereford
6. **Swansea**

No AIMS

1. Sheffield
2. Northampton
3. Nottingham
4. Sunderland
5. Hull
6. Newport

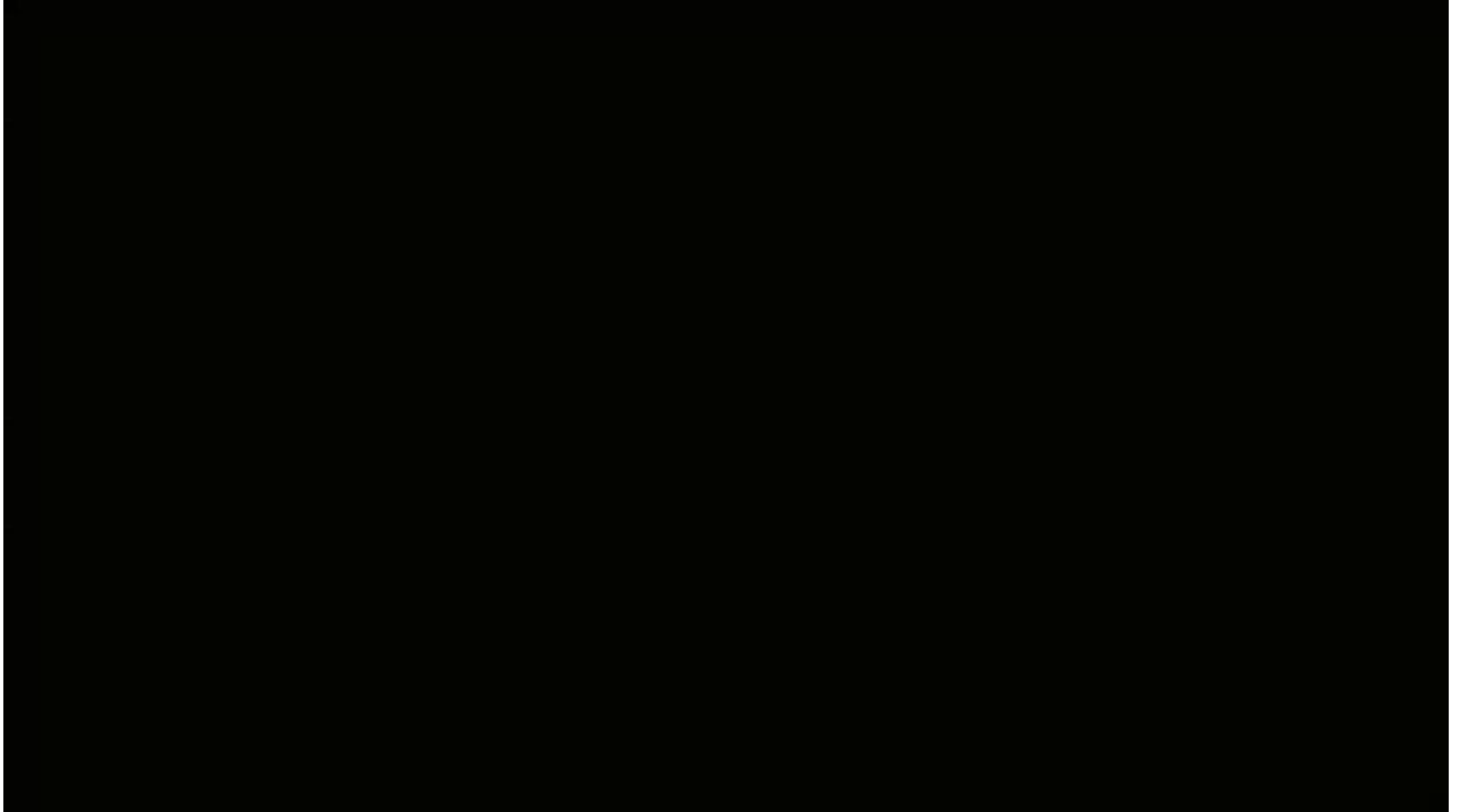


Cardiff Alcohol Treatment Centre (ATC)

- Opened: 2012 (initially a pilot)
- Run by: Cardiff and Vale Area Planning Board
- Funded by: Cardiff and Vale University Health Board, Police, Welsh Ambulance Service and the Substance Misuse Action Fund
- Open: Friday and Saturday, 8pm until 8am, plus additional high-activity nights
- Staffed by: One senior nurse practitioner, one nurse, one health care support worker and one police officer
- Taith – substance misuse service



Manchester Safe Haven



Manchester Safe Haven

- Nexus Art Café
- Opened: Late May 2015 (pilots). Fully open since September 2015
- Run and funded by Greater Manchester Police (GMP)
- Open: Saturdays 11pm to 6am
- Staffed by: Café staff, GMP volunteers

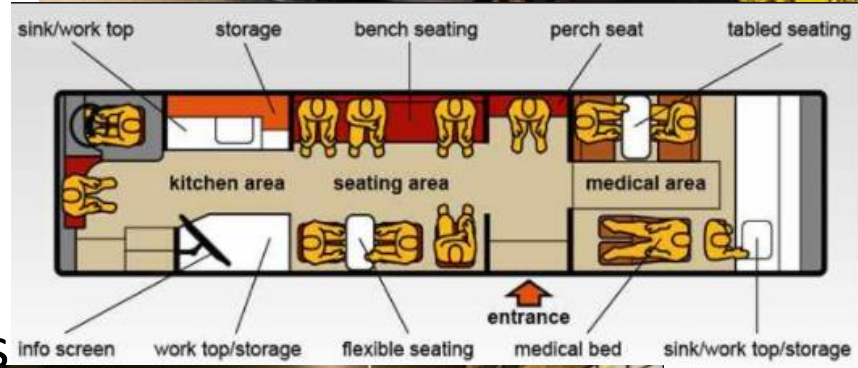


Norwich SOS bus



Norwich SOS bus

- Opened: 2001
- Run by: Open Norwich Charity
- Funded by: Local CCGs, donations.
- Open: Fridays and Saturdays, 9:30pm to 3:30am and other key times such as bank holidays
- Staffed by: St Johns, E of E Paramedic, Volunteers & Security guard.



Swansea Help Point



Swansea Help Point



- Opened: December 2011, permanent since September 2014
- Run by: Police and Crime Commissioner's office
- Funded by: Police and Crime Commissioner for South Wales, the Home Office Police Innovation Fund and Abertawe Bro Morgannwg University Health Board
- Open: Wednesday and Saturday 10pm to 6am and high activity nights
- Staffed by: Police, St. John's paramedics and student volunteers

Patient and Public Involvement in EDARA

- Novel three PPI group structure

1. Wales Involving People network

2. Sheffield Emergency Care Forum (SECF)

3. **Sheffield Addiction Recovery Research Panel (ShARRP)**

- Steering Group – independent
- PPI Advisory Group – day to day consultation collaboration

Cynnwys Pob Involving People
Steering Committee PPI representative

PPI Advisory Group



**Sheffield
Addiction
Recovery
Research
Panel**

Work stream 1 (i)

What is the impact of AIMS on the work practices and professional identities of frontline staff in managing the intoxicated and other related work activities?

- Undertake longitudinal non-participant observation of practice to examine the impact of AIMS on the local work ecology
- Explore the division of labour, roles and responsibilities in managing the intoxicated and impact on practitioners' working lives

Work stream 1 (ii)

What factors contribute to AIMS development and implementation, what are the key ingredients required for successful implementation and what barriers to implementation exist across partnerships?

- Semi-structured interviews with local and national stakeholders and practitioners.
- Identify and describe variation in the management of the intoxicated
- To lead on the co-production of guidance on AIMS development and implementation

Work stream 1 (iii)

To what extent is treatment in AIMS acceptable to users?

- Face-to-face semi-structured interviews with 16-20 AIMS users on AIMS acceptability
- Using interview data, construct an exit questionnaire and survey 50 AIMS users in each location

Public and Patient Involvement – an insider’s perspective

The EDARA PPI advisory group consists of three people who support EDARA in the development of research into AIMS across England and Wales. Member Madge Wilson writes about her experiences on the panel so far

“Being involved in the EDARA project has been positive experience. I have felt at all times our comments have been valued and acted on. For example, the PPI group debated the suitability of including a ‘financial charge’ question to service users in the AIMS Survey. ‘would they be prepared to pay for future services.’ The group thought this was inappropriate. This resulted in it being removed from the questionnaire”



Evaluating the Diversion of Alcohol-Related Attendances

Work stream 1 (iv)

To what extent does implementation of an AIMS affect users' views on treatment in EDs?

- Postal questionnaires to all relevant users (attended Fri or Sat 8pm-4am) for one month
- Compare AIMS to non AIMS sites
- Picker CQC data

Work stream 2

To what extent does AIMS implementation affect key performance indicators in ambulance and health services?

- Access and analyse routine data from health, and ambulance services across six AIMS and six control locations
- Explore data relating to practitioner well-being (e.g. assaults on staff)

Work stream 3

What are the costs of setting up and running an AIMS and what cost savings may be realised elsewhere?

- Identify set-up and running costs for AIMS using a standardised costing exercise and by examining commissioning documents and contracts
- Resolve costs by sector (health, ambulance and police), before, during, and after AIMS setup
- Quantify short-term AIMS health benefits due to changes in patient care (e.g. improved ED waiting times, ambulance response times)

Timetable

- Commenced 1/1/2016
- Complete 30/6/2018
- REC, HRA approval secured
- Feb 2017 Survey of ED patients
- Oct 2016-April 2017 Interviews and survey of AIMS users
- Early 2017 Ambulance service and AIMS data collection
- Early 2017 additional site selection.

Findings

- Small scale evaluations suggest reallocating clinical and other resources can yield a substantial improvement in the provision of unscheduled care.
- Findings are intended to determine whether AIMS should be rolled out as a standard means of managing patients with alcohol intoxication presenting to the emergency services at times of peak incidence.
- Results are anticipated in 2018.



Contacts and information

Join our Facebook group:

Alcohol Intoxication Management Services:

<https://www.facebook.com/groups/learningaims/>

Receive EDARA's newsletters:

Email Yu-Chiao Wang wangy73@cardiff.ac.uk



Visit the EDARA webpage:

<http://www.cardiff.ac.uk/violence-research-group/research-projects/an-evaluation-of-alcohol-treatment-centres>



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