

Learning through Listening

Gary Wallace Plymouth City Council/Plymouth Alliance

Alcohol Assertive Outreach Traditional Experiment

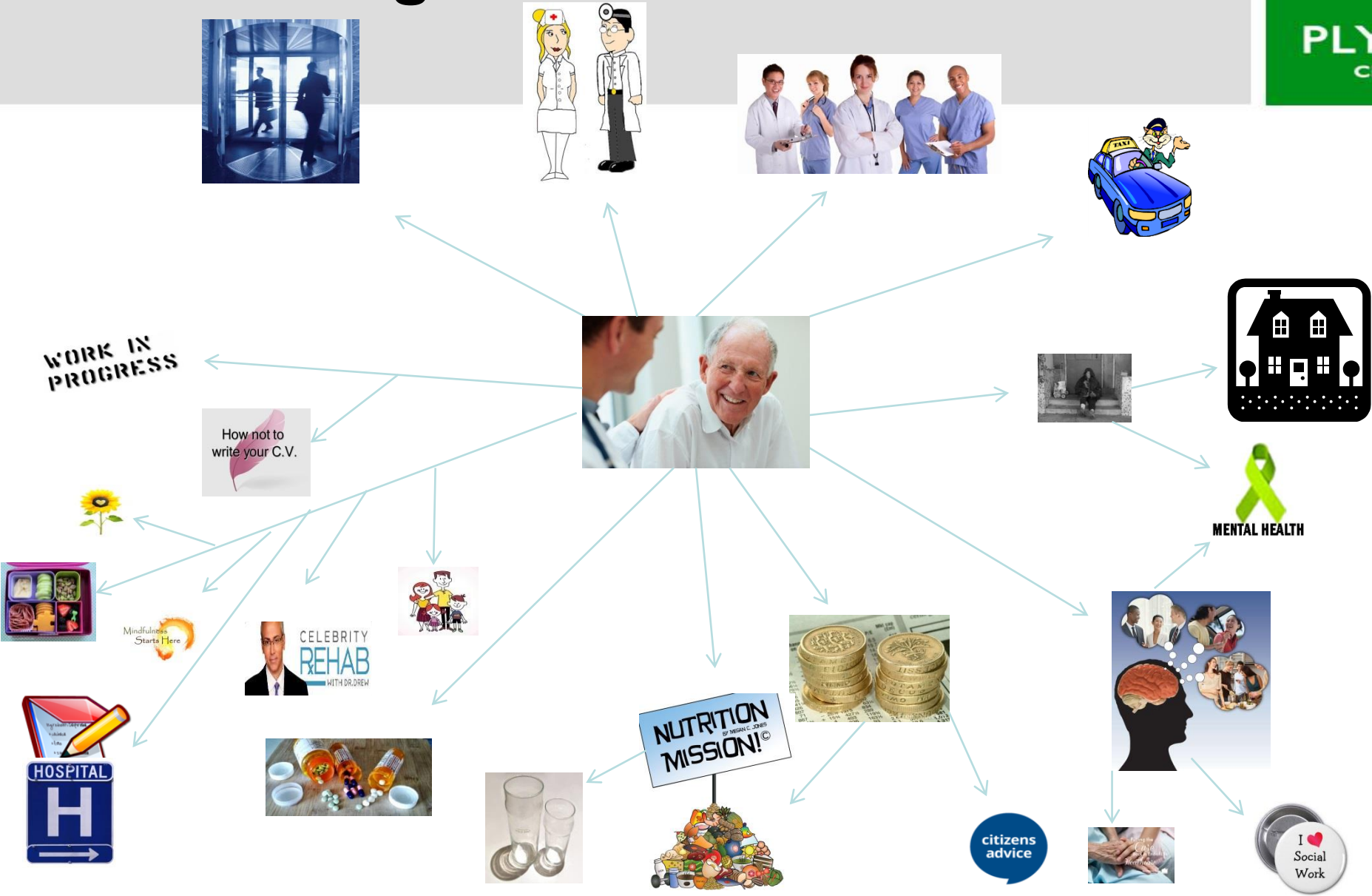
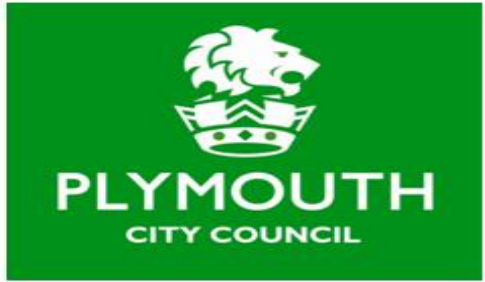
First 6 months of prototype

Pre-prototype



- Looked at evidence, notably Drummond et al Assertive Community Treatment
- Visited places that were running AAOT – Salford, Maudsley
- Undertook qualitative research with frequent attenders
- Did thematic analysis
- Noticed the frequency of ‘loneliness’ ‘no connections’ anxiety, depression, social isolation in people’s stories
- Saw that most had little ‘productive’ activity in their lives
- Re-designed the team to increase support and decrease clinical time

Service diagram



Cost Savings



Using data from the existing Alcohol Liaison Service at Derriford Hospital a cohort of frequent attenders was identified (56 individuals). Analysis of data shows that in the 3 months prior to establishing the AAOT this cohort were responsible for

- 89 hospital admissions
- 369 unplanned bed days
- Costing approximately £147,600 (bed days alone)

3 month results



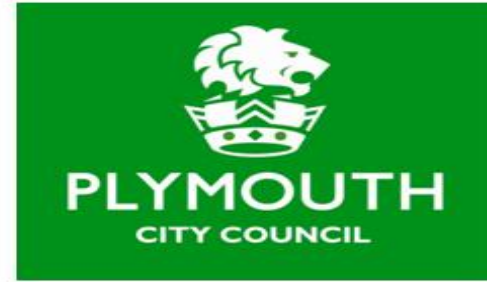
- During the first 3 months of the AAOT operating data shows
- Admissions for this identified cohort had fallen by 39 (44%)
- Number of day bed days had decreased by 120 (33%).
- Identified savings of £48,000 (bed days)

6 month results



- During the first 6 months of AAOT operating data shows
- 56 patients with complexities had been supported
- 194 bed days saved
- Identified savings of £77,600 (bed days)
- The savings shown do not reflect those achieved in the wider system such as the Emergency Department, Ambulance Service, General Practice, Mental Health Services and community services.

Challenges



- Staff working in a very different way

First 6 months

- X2 hospital nurses
- X1 community nurse
- X2 support worker full time
- X1 support worker part time

Very little of the work was clinical, focus was support, build relationship, connect with community resources and get services to flex around delivery

Life after project.



- Team provides step down clinic after 6/12 for ongoing health checks.
- Telephone access / consultations by Hospital Nurses
- Telephone access / consultation by Community Nurses.
- People linked to other community services

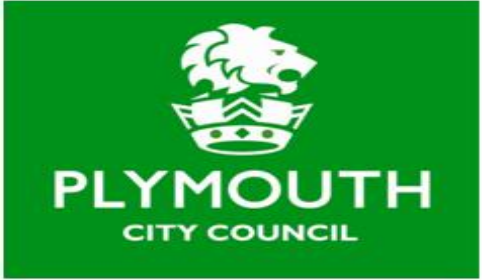
Feedback



Hi Jayne

I just wanted to drop you a few lines to tell you how much your service has been of help to me. Previously to being discharged from hospital at the end of January I was offered no on going further support. Which inevitably led to me to relapse back to alcohol. After being involved with your service since my discharge from hospital in January, I have not relapsed. Your service has also introduced me to other organisations that have helped with my self confidence & recovery. I have had the self confidence to enrol on two short courses and have also been asked by the Sunflower Centre to enrol on a peer mentor course. The one to one sessions that we have have boosted my self confidence and it's nice to know that there is someone apart from family that understands what I'm going through and is always there to talk

Feedback



Alcohol Assertive Outreach Service



Dear MAISON

The alcohol assertive outreach team (AAOT) would really value you opinion and be grateful if you could take the time to complete this questionnaire to allow us to help improve this service.

What did you like best about this service?

DIANE KELLY
A PERSON I COULD TALK TO,
SOMETHING I FIND NOT VERY EASY TO DO.

What did you like least about this service?

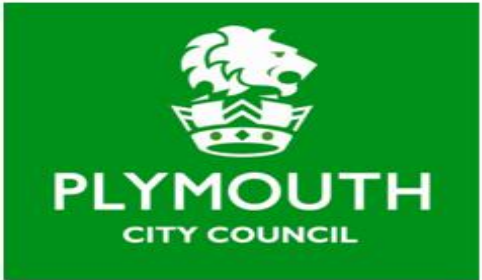
NOTHING I CAN THINK OF.

How do you think the service could be improved?

MORE MONEY FOR MORE OUTREACH
WORKERS

Any other comments?

ON A PERSONAL LEVEL I HOPE NEVER TO NEED
THIS QUALITY SERVICE AGAIN, BUT ITS A
COMFORT TO KNOW ITS THERE.



Alcohol Assertive Outreach Service



On a scale of 1-5 (1 being the lowest and 5 the highest). How would you rate the following?

Understanding of how the AAOT works?

1 2 3 4 5

Frequency of communication between you and your support worker?

1 2 3 4 5

Frequency of visits between you and your support worker?

1 2 3 4 5

Your outlook on the future before AAOT?

1 2 3 4 5

Your outlook on the future now completing AAOT?

1 2 3 4 5

Once completed, could you please could you place it in the envelope provided, and post.

The alcohol assertive outreach team thank you, for taking the time to provide feedback.

Vaping Experiment



- Smoking cessation services largely ineffective amongst the poorest and most needy
- Disproportionate take-up increases inequality
- Vaping popular and effective
- Gave 3 months free vapes to 20 rough sleepers/people in hostels (100% take up) and followed-up with AE (cost £600)
- In lockdown gave 300 free vapes to vulnerable poor smokers, 100% took offer up 20% stopped, all reduced smoking
- Now giving vapes to chest ward and Hepatology unit and 1500 to vulnerable poor
- Use a shopkeeper to prep the participants

I think it (vaping) works. Everyone who smokes knows smoking's bad for you – you don't need to tell a smoker about the harm that smoking causes, but you do need to tell people that they have choices like this. Everyone needs choices.



And well, I can just walk in to the shop now and they know me in there, I walk in and they say, '2 Blueberry and a Strawberry?' cause they know I like it 50/50. They're brilliant in there, so friendly and nice.

Electronic cigarettes help create autonomy



When asked “What more can we (services) do to support you to cut down on your smoking” – M Considered and said forcefully “It’s not about you it’s in here” pointing to his head. In 3 months-time, you never know that morning cigarette I enjoy so much – it might be this instead (holds up his e cg) or it might not!

And when I believe in something I like to test it out myself and I have.

I used to walk past this shop and look in the window, but I never thought about coming in. Now I can walk in and point to exactly what I want from behind the counter.

Developing a supply chain



Specification

- 1 x Orca Solo Kit
- 1x Orca coil pack
- 15 x tobacco e-liquid 18mg
- 1x charger
- 1x Royal Mail delivery per user

Assess demand

Procurement

Liaison

Trouble shoot

Summary

- Conceptually: relationships, dispersed leadership and autonomy
- Extending the marketing of vaping extends the reach and impact of stop smoking support
- Operationally: procurement, invoice specification, instruction sheet

Summary

- Vaping is a popular, safer and cheaper alternative to smoking

and

- A popular, cheaper and more effective alternative to prescribed pharmacotherapy
- To do the most good for the most people with limited resource we need to fund whole populations to try vaping

Yearly Pharmacotherapy costs to Plymouth

- £326,000
- LWSW Stop Smoking Service Advisors
- GP based Community Advisors
- Pharmacies

Relative costs of nicotine

Typical 12 week NRT programme

Combination NRT based on:

21mg patch @ £ 9.97 per week
Nicorette mouthspray at £13.80 per week

=

£285.24

Vs

12 week Electronic Cigarette supply

Vaping start up kit and nicotine based on:

Innokin IO starter kit @ £6.64
charging plug @ £2

Replacement pod x3 @ £0.93
18 mg e-liquid x 36 @ £0.66

=

£42

What this could save Plymouth

12 week NRT	£285
12 week EC	£42
EC % of NRT	15%
Current (CCG +PH) NRT Bill	£326,000
Pharma bill if convert everyone on NRT to EC	£48,002
Saving	£277,998

What this could mean

- EC can reach people who traditional stop smoking services do not tend to reach
- Marginalised, heavily addicted smokers
- Smoking by default (not on their radar), want no strings attached, easy access, free, practical hardware, risk (cost) free
- People who do not want behavioural support and are not responding to concerns about their health – (not on their radar.)