

Evidence from the Centre for Perioperative Care to The Commission on Alcohol Harm

About the Centre for Perioperative Care (CPOC)

CPOC is a new cross-organisational, multidisciplinary initiative to facilitate cross-organisational working on perioperative care for patient benefit. It is a partnership between patients and the public, other professional stakeholders including Medical Royal Colleges, NHS England and the equivalent bodies responsible for healthcare in the other UK devolved nations.

What is perioperative care?

Perioperative care is the integrated multidisciplinary care of patients from the moment surgery is contemplated, through to full recovery. Good perioperative care should improve patient experience of care, including quality of care and satisfaction with care, improve health of populations, including returning to home/work and quality of life, and reduce the per capita cost of health care through improving value.

Why is it important?

Around 10 million patients undergo surgery annually in the UK. For most patients surgery is a success, in terms of the procedure itself and the care before and afterwards. However, the population is changing and so must our services. There are 250,000 patients at higher risk from surgery and this is set to rise, due to the increasing number of patients with multiple long term conditions. We believe that collaborative and efficient perioperative care is the route to effective, sustainable, surgery.

1. Introduction

The Centre for Perioperative Care (CPOC) welcomes this opportunity to submit evidence to The Commission on Alcohol Harm. CPOC has previously responded to the Government's consultation document, Advancing Our Health: Prevention in the 2020s^{1,2} and we emphasise that the evidence we provide in this document in relation to alcohol harm aligns with our broader commitment to prevention in the NHS.

2. Evidence

CPOC recognises the negative economic impact caused by alcohol-related health harms and the avoidable pressures this places on secondary care services and staff. This includes avoidable emergency admissions which can be coupled with anti-social behaviour – placing a further strain on hospital staff.

For hazardous drinkers - consuming five or more alcoholic drinks per day - the post-operative complication rate increases to 200–400%, compared to those consuming only up to two drinks³. Research suggests that a period of abstinence from alcohol for one month in advance of surgery significantly decreases morbidity and mortality.⁴

Alcohol crosses the placenta and causes irreversible brain damage. Fetal Alcohol Spectrum Disorder (FASD) causes learning disabilities and behavioural issues through childhood and adult life.⁵ This is a massive financial and emotional burden on the NHS and on care, education and judicial services. 'Epidemiological studies and estimates of FASD consistently report minimum prevalence rates of 1.1%–5%, the contribution from alcohol exposure during pregnancy to the global economic and health burden is frequently overlooked and is deemed grossly underestimated.'⁶

¹ <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s>

² <https://cpoc.org.uk/sites/cpoc/files/documents/2019-11/CPOC-delivering-prevention-through-periop-care.pdf>

³ H. Tønnesen, P. R. Nielsen, J. B. Lauritzen, A. M. Møller, Smoking and alcohol intervention before surgery: evidence for best practice. *Br J Anaesth* 2009; 102 (3): 297-306. doi: 10.1093/bja/aen401

⁴ C Adams (2010) Anaesthetic implications of acute and chronic alcohol abuse. *Southern African Journal of Anaesthesia and Analgesia*, 16:3, 42-49. DOI:10.1080/22201173.2010.10872680

⁵ BMA (2016) Alcohol and pregnancy: Preventing and managing fetal alcohol spectrum disorders <https://www.bma.org.uk/-/media/files/pdfs/working%20for%20change/improving%20health/fetal-alcohol-spectrum-disorders-report-feb2016.pdf>

⁶ Landgren V, Svensson L, Gyllencreutz E, et al. Fetal alcohol spectrum disorders. *BMJ Open*

The recently published NHS Digital Statistics for Alcohol (England)⁷ show a 3% cent increase in alcohol-related hospital admissions in the last year – representing over 7% of all hospital admissions – and the number of alcohol-specific deaths increasing by 6% since 2016.

Given the increased risk of harm to the population from alcohol consumption, we support the AHA's comprehensive submission to the Alcohol Strategy, which includes recommendations to tackle the issue at various levels, from population wide measures to resourcing the alcohol workforce to deliver specialist treatment services.

3. The role of perioperative care in prevention and behaviour change

The time available to patients to prepare for surgery is a powerful 'teachable moment', where a patient can be encouraged by their GP, surgeon and perioperative team to make positive and lasting changes to their lifestyle. Perioperative clinics may allow signposting to 'alternative help' for alcohol reduction however this might be time dependent. The 'Making Every Contact Count' (MECC) approach recognises that 'the opportunistic delivery of consistent and concise healthy lifestyle information enables individuals to engage in

CASE STUDY:

Preoperative Behavioural Intervention to Reduce Drinking before elective orthopaedic Surgery

(PRE-OP BIRDS)

Anaesthetists believe that preparing patients for surgery, or 'prehabilitation', not only reduces complications and improves outcomes, but can also be used as a 'teachable moment' to encourage life style changes that could last beyond leaving hospital and recovering from the procedure.

Previous research has shown that even brief interventions can be effective in achieving reductions in alcohol consumption across a variety of healthcare settings.

Researchers from Newcastle upon Tyne Hospitals NHS foundation Trust and Newcastle University are now assessing the potential for a brief behavioural intervention to reduce both preoperative drinking and associated postoperative complications in a study funded by the Human Technology Assessment Programme of the National Institute for Health Research. Following screening, eligible randomised patients are provided with five minutes of simple structured advice regarding alcohol consumption and engaged in 15-20 minutes of discussion about alcohol consumption including goal setting, problem solving and assessment of motivation to

conversations about their health at scale across organisations and populations⁸.

There are huge inequalities in health and people in the most deprived groups have the least access to strategies to change the behaviours that impact on health. The real cost of alcohol to society needs to be understood in order to release sufficient attention and funding to allow a large-scale change. Alcohol is a key factor amongst others including smoking, nutrition, physical inactivity⁹ where change is possible.

The development of perioperative care can empower millions of patients undertaking a surgical procedure each year to adopt healthier lifestyles and change behaviour ahead of their operation so that the NHS can improve patient care and population health, while reducing costs.

4. Conclusion and Recommendations

2019;9:e032407. <https://bmjopen.bmj.com/content/9/10/e032407>

⁷ NHS Digital. *Statistics on Alcohol, England 2019 [PAS]*

⁸ Health Education England. Making Every Contact Count. *Factsheet*, on 24 August 2018

⁹ APPG Longevity (2020) Health of the Nation <https://appg-longevity.org/events-publications>

- Have a clear information, media and support programme, especially to increase knowledge about Fetal Alcohol Spectrum Disorder (FASD) and its large contribution to learning disability for children and adults. This has a huge economic impact on the NHS and people's lives.
- Focus on reducing alcohol use – this should be a key intervention, as part of four targeted interventions to improve health in older age (alongside smoking, nutrition and physical inactivity). There are financial implications, in reducing the cost of social care. Similarly, interventions to help these behaviours benefit from interventions targeted at individuals, communities/families and institutions.
- Better support and investment in support services and media that focus on 'teachable moments' including pregnancy and going through an operation. This involves education, involving giving clear knowledge skills and understanding, and working with people and their families. All NHS staff need training in the basics of motivational interviewing and shared decision making, so that messages are clear.