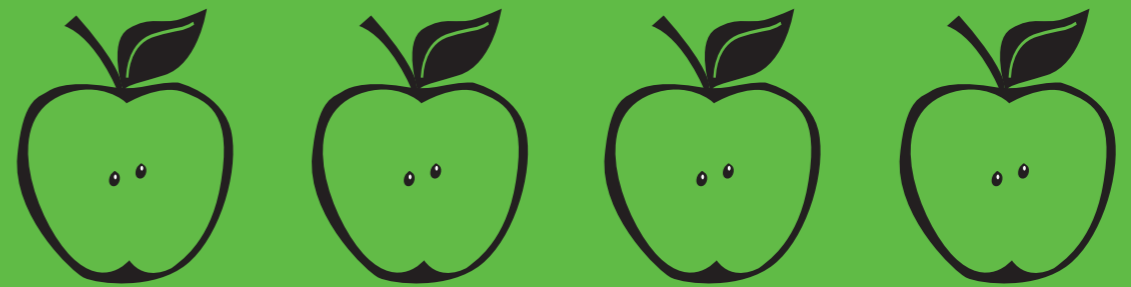


STAYING HEALTHY

Clinical Pathway Group



INTRODUCTION

In 2010, the stark reality is that many people in the North West live in poor health.

- People in the North West have some of the poorest health in the country.
- A child born today in Manchester can expect to die 10 years sooner than a child born in Chelsea, London.

The Staying Healthy CPG recognises that health inequality is unacceptable. To make a real difference to the public's health during times of funding cuts requires engagement and collaboration of all regional and local agencies to reduce duplication and wastage whilst improving the health of the region.

One action from each of the three Staying Healthy recommendations in Healthier Horizons (NHS Northwest 2008) was selected to form a work stream aligned with the government's Quality, Innovation, Productivity and Prevention (QIPP) agenda. The chosen actions were those that showed potential to meet all of the QIPP criteria and would if implemented provide return on investment. (Table1)

Original Recommendation	Action taken from the recommendation	2009-2010 workstream for the Staying Healthy CPG
A commitment by NHS and partner organisations to focus on achieving a healthy quality of life for all by 2020.	Advancing Quality for: - patient centred information to facilitate treatment and self care.	Self Care and prevention.
A commitment by the NHS in the North West to reduce the overall gap in life expectancy by 11% for men and 16% for women by 2010.	Reduce the rate of hospital admissions for alcohol related harm by 1% per annum by leading the North West Big Drink Debate and ensuring universal coverage of brief interventions and appropriate support services for alcohol.	Alcohol services within Emergency Departments.
Set a five - 10 year challenge to continuously improve health and wellbeing.	The NHS will be an exemplar employer with regard to the health and wellbeing of its staff and will have incorporated routine prevention in all its employed services.	The Health and Wellbeing of NHS staff.

The Staying Healthy CPG acknowledged the importance of embedding its principles within other pathways and associated its work with the Urgent Care pathway. The CPG was represented at the Self Care and Prevention arm of the Clinical Reference Group feeding into the Greater Manchester Urgent Care Programme Board.

The Clinical Reference Group has since focussed its work on four priority areas – alcohol, access to primary services, access to secondary services and

acute oncology services. The CPG is ensuring that self care is embedded in all of these areas particularly around health literacy and educating patients on accessing services appropriately. The Clinical Reference Group is now formulating a set of standards for these four areas including the CPG's alcohol service recommendations with the possibility of introducing a kite mark for NHS Trusts meeting these standards for urgent care.

1: SELF CARE

Ten themes emerged from the North West Clinical Pathway Groups that led to the production of Healthier Horizons. The first of these was:

'Wellbeing, prevention and self care is increasingly important, both on a population and an individual basis.'

The Staying Healthy CPG agreed to raise awareness of self care amongst NHS staff – to understand what self care is - to enable them to care for themselves and to recognise the importance of empowering patients to take responsibility for their own health.

Self care is the care taken by individuals towards their own health and wellbeing and to their families, friends and communities. It is part of daily living. It extends from the actions people take to stay healthy

and prevent illness and accidents through to caring for long term conditions and maintaining health and wellbeing following acute illness or surgery.

Research has shown that supporting self care can deploy the biggest combined resource available to the NHS and social care – patients and the public. Helping people to self care allows them to take more control over their lives.

Examples of care range across a continuum (fig.1) from 100% self care, for example hand washing (daily choices), to 100% assisted care, surgery or major trauma. In between the two extremes is shared care or assisted self care where individuals receive help. The professions most likely to support self care are nurses, pharmacists and allied health professionals.

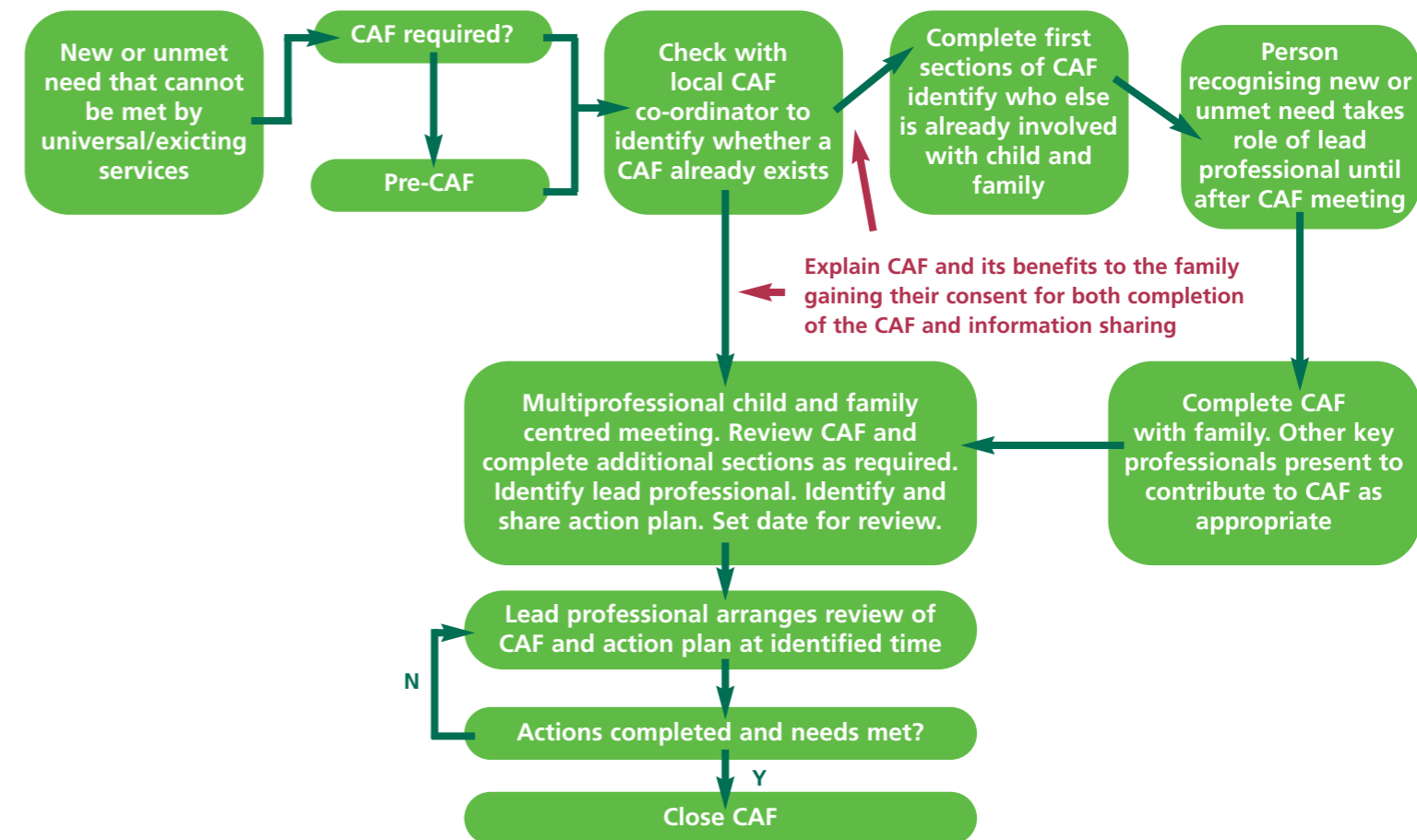


FIG.1 The Self Care Continuum

The Choose Well campaign is a national campaign that has recently highlighted many of the facets of self care. These include keeping a well stocked medicines cabinet at home, treating injuries and illnesses in the home with self care, or getting advice from pharmacists about minor ailments. <http://www.northwest.nhs.uk/whatwedo/choosewel/thiswinter/>

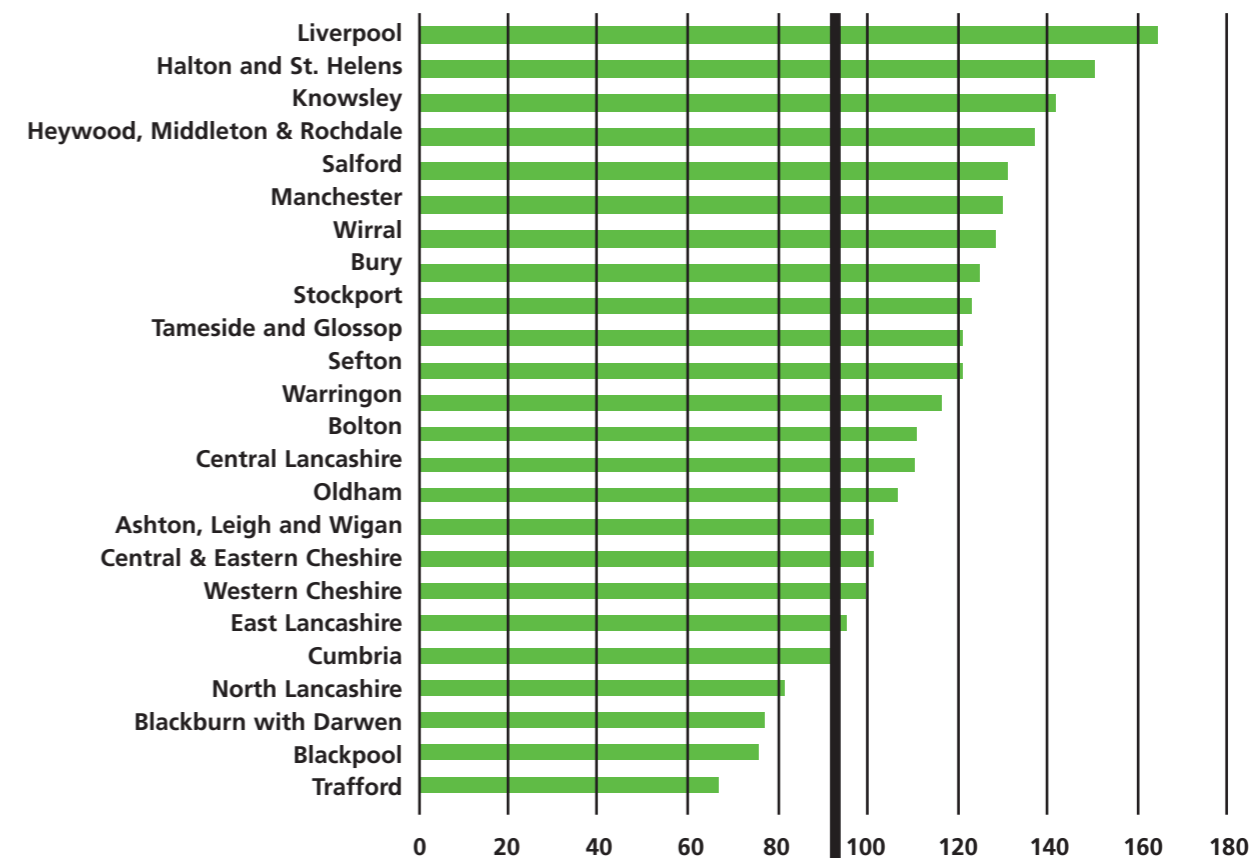
With increased support for self care many consultations for minor ailments in General Practice as well as admissions and attendances to Emergency Departments (ED) could be reduced. It is estimated that around 40% of GP consultations are for minor ailments with a cost to the NHS of £2 billion.

Ambulatory Care Sensitive Conditions (ACSCs) are defined as conditions for which timely and effective community care can help to reduce the risks of hospitalisation. Good self care is integral to good community care and it is this upstream activity which can avoid the need for hospitalisation. The Ambulatory Care Sensitive Conditions (ACSCs) are:

- Influenza and pneumonia
- Other vaccine preventable
- Cellulitis
- Diabetes complications
- Dental conditions
- Asthma
- Perforated/bleeding ulcer
- Pyelonephritis
- Convulsions and epilepsy
- Gangrene
- Nutritional deficiencies
- Ear, nose and throat infections
- Dehydration and gastroenteritis
- Chronic obstructive pulmonary disease
- Pelvic inflammatory disease
- Iron deficiency anaemia
- Congestive heart failure
- Angina
- Hypertension

The CPG studied the admission rates by PCT for the 19 ACSCs using the NHS Better Care Better Value Indicators accessible from the NHS Institute for Innovation and Improvement www.productivity.nhs.uk. The indicator is derived from the number of non-elective admissions by people registered with each PCT (according to GP Practice recorded in SUS) with any one of these conditions during the period. Rates of admission are calculated for each combination of procedure, age and sex for the base period. These rates are applied to the registered population of each PCT to calculate the expected number of procedures. The following graph (opposite) illustrates how well PCT's are performing across the NW region based on data from Q3 2006 – Q2 2010. A figure of 100 means that the levels of admissions are as expected and a figure of 110 indicates a 10% higher level than expected.

It is estimated that around 40% of GP consultations are for minor ailments with a cost to the NHS of £2 billion.



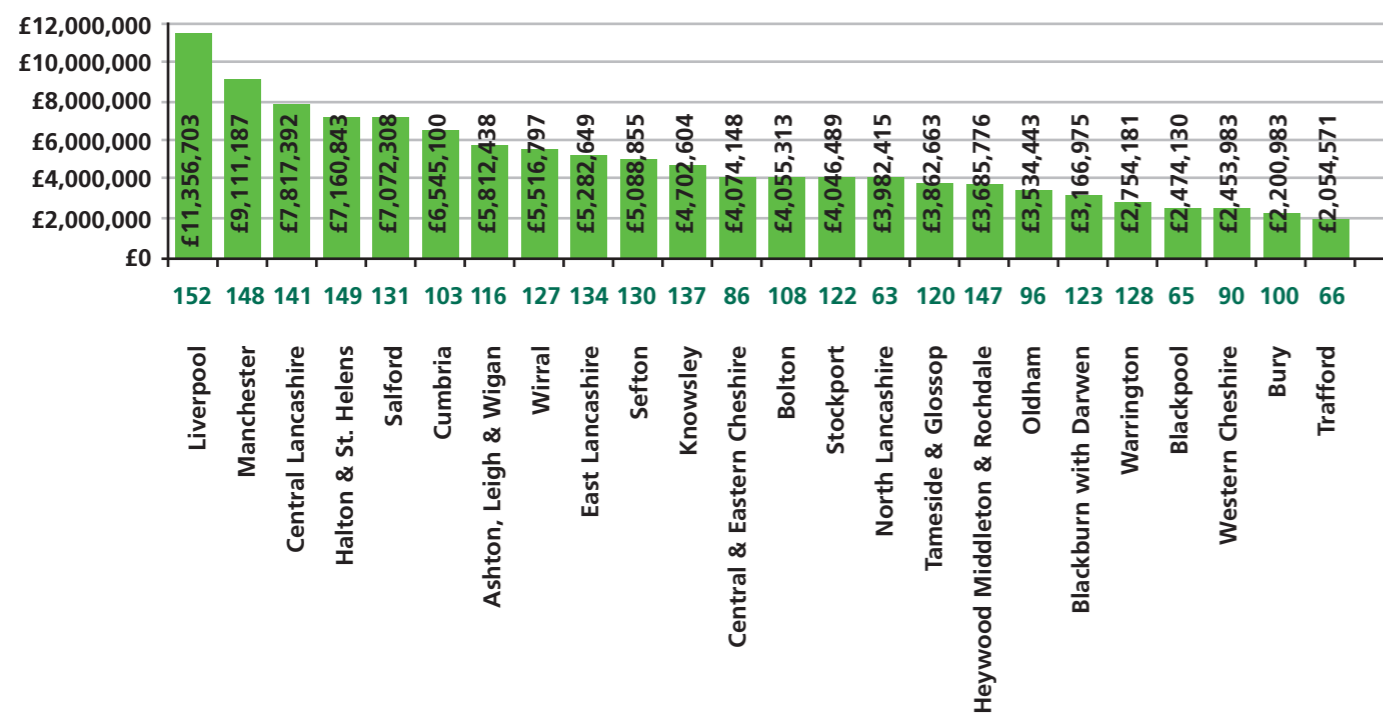
This graph shows the rates of admissions for the combined 19 ACSC's. It can be seen that 75% of PCTs in the northwest have more ACSC admissions than the national average – indicated by the black bar. Further data was analysed so that a breakdown for the admission rates for each of the 19 conditions and by PCT could be produced. This gave a better indication of which conditions have the highest admission rates locally. The data also illustrates the productivity opportunity.

This is based on the number of admissions that would be avoided if all trusts achieved a population standardised rate of admission in line with the top quartile performance. This is calculated for each

condition separately, so a trust that is top quartile overall but less than top quartile in one condition will still show a productivity opportunity. The opportunity is calculated by summing the Healthcare Resource Groups (HRGs) cost of each admission that would have been avoided if admission rates had been lower. This is the total figure, not a figure per unit of population, larger PCTs will tend to show a larger opportunity.

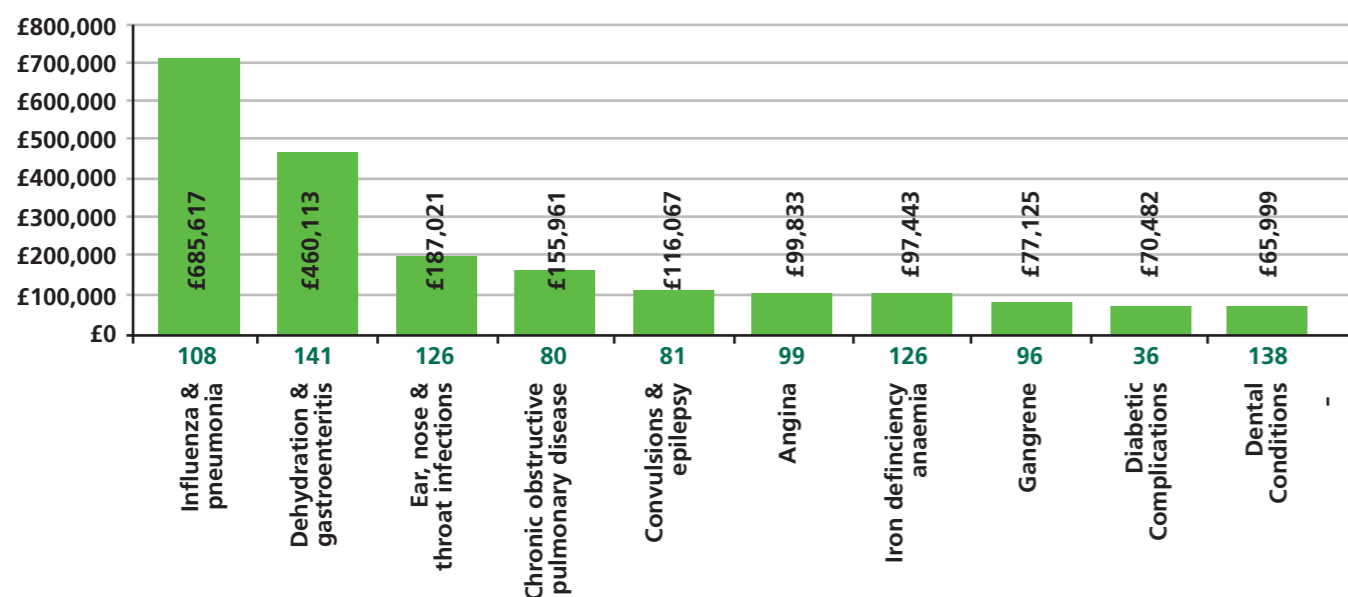
Most recent data taken from Q3 2009/2010 (Oct – Dec) indicates that the North West region as

a whole could release £117,812,946 divided up as follows:



A following breakdown for one PCT in the North West shows that the productivity opportunity is highest for preventing admissions due to influenza and pneumonia and gastroenteritis.

This goes against the regional trend and highlights particular areas for action for that PCT (national rank for that indicator at base of graph).



Which aspects of self care can harness this productivity opportunity? Which self care interventions for these conditions would produce the best return in investment? Take influenza and pneumonia – the self care continuum ranges from the promotion of pandemic and seasonal flu vaccination through the

vaccination process itself with measures to prevent the spread of infection through to pharmaceutical advice and care planning for those with long term conditions or that are immunocompromised. Regrettably, those who are admitted may require total care.

Consider Chronic Obstructive Pulmonary Disease (COPD). Interventions may be 100% self care – smoking cessation, weight management, physical activity. Alternatively, assisted lifestyle interventions may be necessary such as physiotherapy or the empowerment of patients and carers to question and seek advice on prescribed and non prescribed drugs. Effective care planning with realistic stipulated expectations of available services and of the reciprocal expectation of service users is another example of self caring.

The Staying Healthy CPG has written to each PCT giving individualised reports on the breakdown of admission rates for the 19 ACSC's and the financial saving possible if the trust were to operate within the top quartile nationally.

RECOMMENDATION

It is for individual PCT's to decide which intervention to address within the conditions with the most productivity opportunity, whilst at the same time delivering better care to their population. Examples of best practice employed to tackle these unnecessary admissions can be learned from and hopefully replicated in some way upstream of Emergency Departments.

All stages along the continuum need to be considered and the appropriate interventions in place at that point to help reduce admissions. It may be that one or more stages have been overlooked or that attention has only been paid to one stage.

FINANCIAL GAIN

Good self care can save the North West £117.8 million per year

Self care must be at the heart of a financially sustainable, patient centred NHS. Self care can focus on prevention and empower people to deliver their own better health. The staying healthy CPG firmly believes that self care should be the foundation on which 21st century healthcare is based.

Good self care can save the North West £117.8 million per year



2: ALCOHOL

To raise life expectancy in the North West, we need to take action on our biggest lifestyle issues of tobacco and alcohol. Problems related to tobacco are well documented. When we consider alcohol, eight of the 10 local authority areas recording the highest levels of harmful drinking in England are in the North West region. The North West has an alcohol-related hospital admission rate that is 34% higher than the England average. Someone is admitted to hospital every four minutes because of alcohol in the region. Around 43,000 men and 28,000 women are admitted every year for an alcohol-related condition. Alcohol related harm is estimated to cost society between £17.7 billion and £25.1 billion per year. It costs the NHS £3.1 billion a year to treat the chronic and acute effects of drinking.

One of the key recommendations made in Healthier Horizons was to reduce the rate of hospital admissions for alcohol related harm by 1% per annum by leading the North West Big Drink Debate and ensuring universal coverage of brief interventions and appropriate support services for alcohol.

The results from the Big Drink Debate were published in September 2009. Over 30,000 people were surveyed by MORI in the North West. A key finding was that nearly three in ten of the respondents drank at hazardous or harmful levels. Extrapolated, this suggests an estimated 1.33 million adults in the North West drink at such levels. Alcohol intake was high across all population segments, although the type of alcohol consumed showed strong socioeconomic gradients. It has been shown that minimum price per unit of alcohol may disproportionately benefit lower socioeconomic groups (Brennan et al 2008). A systemic literature review of 112 studies examining the relationship between prices of alcohol and alcohol sales/self-reported drinking concludes there is a large body of evidence indicating an inverse relationship between alcohol prices and taxes, and drinking. Additionally when compared with other prevention policies and programmes, raising the price of alcohol does reduce consumption. (Wagenaar et al 2008). The Staying Healthy CPG believes that in order to tackle alcohol misuse a whole raft of measures is required and that minimum unit pricing should be one of the key steps.

The Department of Health has identified a number of High Impact Changes (Department of Health, 2010). One of these is Identification and Brief Advice (IBA) which provides more help to encourage people to drink less. IBA is opportunistic case finding followed by the delivery of simple alcohol advice.

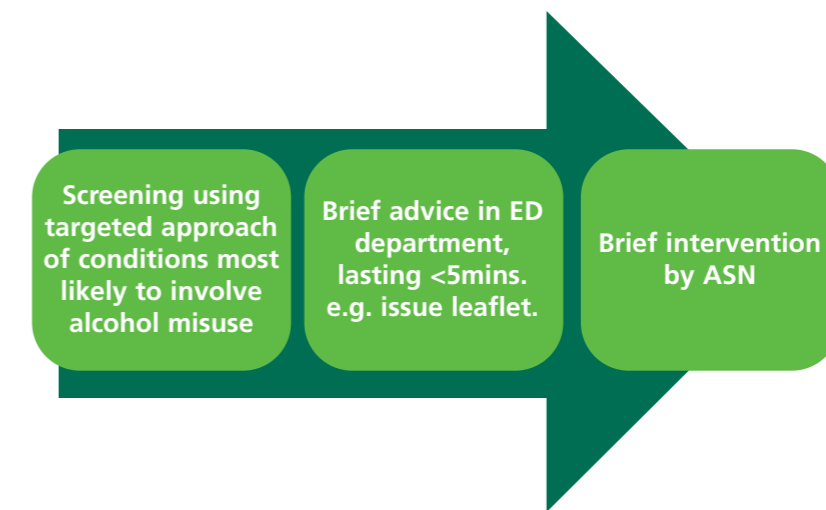
These are effective interventions directed at patients that are not typically complaining about or seeking help for an alcohol problem. A further action is to employ an adequate number of Alcohol Liaison Nurses to work across acute hospitals.

The Staying Healthy group has incorporated these High Impact Changes with the recommendations set out in Healthier Horizons and begun enacting them in Emergency Departments within the North West. The urgent care network redesign within Greater Manchester enabled the CPG to provide a preventative alcohol strategy that would reduce alcohol consumption whilst simultaneously reducing attendance at Emergency Departments. These recommendations will become a standard for acute trusts in Greater Manchester through the GM Urgent Care Board.

Early detection is an essential part of identifying problem drinkers before they seek help and the use of alcohol screening tools in a healthcare setting is an efficient and cost effective method of detecting alcohol misuse (Heather N et al 2006). There is evidence to suggest that targeted screening, restricted to higher risk individuals, is more acceptable to practitioners. The Paddington Alcohol Test (PAT) has been designed to be used among patients with one of 10 common alcohol related conditions presenting to ED and so functions as a targeted early identification tool. The original version of this test has been found to have high sensitivity and specificity for identifying alcohol use disorder in a targeted population. PAT is applied selectively to 10 conditions that may have alcohol misuse as a contributory factor. Brief advice (BA) (e.g. a leaflet) is then given; BA includes the offer of an appointment with an Alcohol Specialist Nurse (ASN) for an individualised, motivational approached session: brief intervention (BI).

Early detection of alcohol use within an urgent care setting and brief intervention by an alcohol specialist nurse (ASN) has been shown (Crawford et al 2004) to:

- a) Reduce alcohol consumption
- b) Reduce re-attendance at Emergency Departments
- c) Save money



Brief interventions are effective in reducing alcohol-related hospital admissions and hospital length of stay as well as reducing alcohol consumption and dependence.

Brief intervention by a specialist nurse has been found to reduce ED attendances by 0.5 visits per person, i.e. nine people need to be screened and two people referred to an alcohol health worker in order to avoid one visit to the ED over the next 12 months.

Across the North West there were approximately 3.4 million ED attendances last year. A relatively conservative targeted screening rate of 20% could thus lead to 75,000 fewer attendances at ED departments across the North West. If we were to assume each ED attendance costs the PCT £100 then this would lead to a saving of £7.5 million. As targeted screening becomes more embedded in standard practice it is likely that the screening rate will increase and consequently the projected savings will also increase. The Staying Healthy CPG has led on the implementation of targeted screening for alcohol misuse in the Greater Manchester footprint through the Urgent Care Reference Group and it is recommended that the remaining footprints in the North West adopt this practice. By addressing one of the key lifestyle factors affecting people's health the Staying Healthy CPG will have met one of its key challenges.

Recently published NICE guidance on alcohol has supported the viewpoint of the Staying Healthy Clinical Pathway Group (NICE 2010). NICE recommends that a screening tool such as PAT (Touquet & Brown 2009), or FAST (Fast Alcohol Screening Tool) should be used in Emergency Departments. Brief advice should then be offered to people who screen positive. Evidence shows that brief advice is effective where time is tight – even when only 5 minutes are available. The evidence is mixed on the additional benefit of providing extended brief interventions in healthcare settings. Thus brief advice is recommended as a

first step for adults (aged 18 and over) who have been identified as drinking at hazardous or harmful levels. If brief advice does not lead to a reduction in hazardous or harmful drinking (or if an individual wishes further input) then an extended brief intervention, including motivational interviewing, has been recommended by NICE.

Extended brief intervention helps people address their alcohol use. This could take the form of motivational interviewing or motivational-enhancement therapy. Sessions should last from 20 to 30 minutes. They should aim to help people to reduce the amount they drink to low risk levels, reduce risk-taking behaviour as a result of drinking alcohol or to consider abstinence.

RECOMMENDATION

The Staying Healthy CPG recommends the use of an evidence based screening tool in Emergency Departments of the North West, coupled with brief advice followed by extended brief intervention if necessary. However we support NICE's view that this would need to be extended to include health and social care, criminal justice and community and voluntary sector professionals in both NHS and non NHS settings who regularly come into contact with people who may be at risk of harm from the amount of alcohol they drink.

FINANCIAL GAIN

Targeted screening accompanied by brief intervention would save £7.5 million per year across the North West by reducing ED attendances in the first year. Greater savings would come by subsequent reduction in alcohol related disease and harm. Even more savings would be realised by society as a whole.

3: THE HEALTH AND WELLBEING OF THE NHS WORKFORCE

One of the outcomes suggested in Healthier Horizons was that the NHS will be an exemplar employer with regard to the health and wellbeing of its staff and will have incorporated routine prevention in all its employed services. This would enable employees to better serve as ambassadors for health and in so doing help the NHS use every patient contact as a health promoting opportunity.

The NHS Health and Wellbeing Report (The Boorman report) was published in November 2009 (Department of Health, 2009). Boorman shows that the NHS loses over 10 million working days each year due to sickness absence alone. NHS staff sickness absence, at 10.7 days, is higher than that for the public sector as a whole (9.7 days) and well above that for the private sector (6.4 days). It also highlights that many NHS workers are working when they feel unwell (described as 'presenteeism'). Musculoskeletal injuries were the lead cause of sickness in NHS workers (45%), followed by stress, depression and anxiety (25%). The report presents irrefutable evidence on the clear links between workforce wellbeing and key measures such as patient satisfaction and work performance.

In terms of financial gains, if absence were to be reduced by a third, it would bring major benefits: a gain of 3.4 million working days a year which would be equivalent to 14,900 extra WTEs and an estimated annual direct cost saving of £555 million. In addition, there would be indirect savings (e.g. less agency staff). This would mean a saving for NHS North West of over £100 million.

Implementation of the report's recommendations would lead to the following benefits:

- **Quality** - quality care delivered by healthy staff in quality workplaces, with key links to safety, efficiency and patient experience
- **Innovation** - innovative leadership and management practices and models of staff healthcare
- **Productivity** – increasing capacity and productivity by addressing staff ill-health and absenteeism
- **Prevention** - innovative staff care models and pathways aimed at prevention.

RECOMMENDATION

The Staying Healthy Clinical Pathway Group advocates the need for exemplar Health and Wellbeing services for NHS staff, in order to decrease sickness absence and increase productivity. The NHS should lead by example, giving high quality care to its staff as well as its patients. All staff should have access to Prevention and Wellness Services tailored to optimise their own health, thus enabling them to champion these lifestyle improvements with others. Such services should be designed in full consultation with staff.

FINANCIAL GAIN

Implementation of QIPP recommendations found within the Boorman report would save NHS Northwest £100 million per year.

The Boorman review is specifically referred to in section 6.0 of The Operating Framework for the NHS in England. As such all trusts must put in place Health and Wellbeing Strategies for staff, agree a target for a reduction in sickness absence, and strengthen Board accountability for sickness absence.

Improving health and wellbeing of the NHS workforce not only offers the potential to reduce the direct costs of sickness absence but also offers resultant savings in agency spend. Further to this, improved morale can increase productivity and improve patient care, notably improved staff satisfaction has been linked with decreased MRSA rates and improved patient satisfaction. Therefore there is an inextricable link between staff health and wellbeing and the QIPP agenda.



the NHS loses over 10 million working days each year due to sickness absence alone.

In conjunction with the SHA, the Staying Healthy CPG has sent out to all trusts in the North West:

1. A short provocation paper

This paper sets the findings of the Boorman review in context and outlines the challenges facing SHAs, Trusts and PCTs. The purpose of this paper is to provide NHS organisations with material to encourage local implementation.

2. Local trust analysis reports

A short report for each Trust in the region identifying their performance against work related stress, work related injury, staff satisfaction and staff intention to leave job compared to the average of their Trust type. From June 2010, data sets will be made available through e-WIN, the North West's electronic Workforce Information Network. The report also details a step by step approach of how to identify local health and wellbeing issues and develop and implement a robust Health and Wellbeing strategy.

The work set out above has spurred some trusts into early improvement of their health and wellbeing services. Salford Primary Care Trust, for example, has implemented a system of easy access to musculoskeletal services for the PCT staff.

The best health and well being services will be designed in collaboration with their staff population. To ensure staff are aware of the Boorman report and its recommendations the CPG has produced a brief guide to the report. This contains the key findings and will be distributed to all NHS employees in the North West.

Case studies

BLACKPOOL, FYLDE AND WYRE HOSPITALS NHS FOUNDATION TRUST identified a doubling of work-related stress in 2006/07, which was contributing to a high sickness absence rate of 5.34%. The Trust recognised that a management-led, not a medically-led, approach was needed. It appointed a project manager and set targets for the organisation; including reducing reported cases of stress as measured by occupational health by 30% and reducing the overall Trust sickness absence rate to 4.3%. By taking a comprehensive approach that engaged the board, senior management and line managers, phase 1 of the project has made significant progress, with sickness absence down to 4.69% and a 40% reduction in cases of work-related stress reporting to occupational health. Other

benefits have included better responses to staff surveys, increased completion of staff appraisals and active management of long working hours. Reduced sickness absence has benefited patient care through increasing permanent staff presence and improving staffing ratios.

TRAFFORD HEALTHCARE NHS TRUST has established a comprehensive health and well-being programme that has targeted health promotion and improved staff satisfaction and morale. This has led to further commitments to improve staff health as the management is able to demonstrate the return on investment. Trafford Healthcare NHS Trust calculated that staff who had participated in their weight management programme lost over a combined tonne of fat in 6 months

Conclusion

The health inequalities that still pervade the North West in the 21st century are unacceptable and require concerted action. Residents not only live shorter lives, but they also suffer significantly more ill health during this reduced lifespan. In this report we have set out three areas that would improve the health of those that live in the North West. Firstly by energising individuals with self care we would truly be moving towards an NHS that delivers health. Secondly we addressed one of the great lifestyle health burdens of our time: excess alcohol consumption. A short alcohol questionnaire, delivered in Emergency Departments, empowers individuals to assess and action their health behaviours, and has been shown to reduce alcohol consumption and lessen the burden of alcohol problems. Thirdly there has never been a more important time to ensure that the health and wellbeing of the NHS staff is maintained. The next 10 years will have considerable challenges and having a healthy, productive workforce will enable the continuing delivery of world class healthcare.

All recommendations contained within this report have associated financial savings. All recommendations should provide a more equitable NHS. More importantly however, all these recommendations have the potential to improve the health and well being of those living in the North West.

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STAYING HEALTHY CPG MEMBERSHIP

NAME	POSITION	ORGANISATION
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Frank Atherton	Director of Public Health	North Lancs PCT
Charlie Barker	Director of Social Services	Sefton BC
Will Blandamer	Director	Greater Manchester Public Health network
Sara Braidwood	Voluntary sector rep	NHS Northwest
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Lorraine Harnett	NW Health Trainer Partnership Manager	
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