

My Name is Mark - My job title is Senior Access and Liaison Case Manager and I'm based at Doncaster DRI.

I began working for ADS in February 2020 – it's been a strange old time to say the least, floods for the first month, followed up by a pandemic. A more reflective person would consider it a sign.

The team consists of three hospital liaison case managers – Nicola, Hannah and Kay. We work closely with Sarah the DANS nurse.

The remit of the team is - To engage with Patients/Service users experiencing problematic alcohol & substance use, to liaise with community service, to ensure a safer discharge, reduce readmission to acute settings, and to increase health and wellbeing.

The methodology of that delivery has changed several times – in response to need and in response to policy, and, because we are a new service and evolution is a given.

We have managed to maintain a team in the acute hospital throughout the epidemic – despite losing our office in A&E as part of the early changes to the hospital's structure.

I am based on Ward 24 with Sarah and the worker on duty. Our office is about the size of four telephone boxes so it's snug but fortunately the team all get along. The adversity of the situation has been met with humour, understanding and a unifying sense of purpose. At its peak several of the team only saw each other as they were isolated from family and friends – so it's fortunate we could get on with each other.

One worker is based at home for the time being - but can be called on to do home visits with the mental health team, come in to A&E when needed and to monitor SPA waiting list for people we can support via telephone calls. We rotate the Liaison case managers based at home and on the ward – which has reduced their risk of catching Covid and hopefully reduced the pressure – a bit.

We offer a six day service presently – this will increase to seven when we have sufficient staff.

But I have to say ADS, RDASH and DBTH have been great and I/we couldn't have been better supported throughout.

The Covid 19 issue went from a whisper to chant over a few weeks – in the week running up to lockdown the hospital was inundated with fast food and benevolent donations, the parking charges suspended. The travel time to work time halved as the roads emptied.

Then it went quiet – too quiet.

At the start of lockdown the hospital became surreal place – silent empty corridors. – Apparently there is a word for it – Kenopsia!

Beds were emptied in anticipation of Covid admissions. Outpatient appointments cancelled, wards divided in to red, yellow and blue zones – but then the admissions began to arrive.

Paramedics in Hazmat suits. Staff in full PPE on the wards. Temporary walls built to segregate the hospital's zones. It did get pretty intense at times. Changing from one set of

PPE to another to see people with suspected and confirmed COVID diagnosis. People with Alcohol and drug misuse issues represented a good percentage of admissions even during lockdown.

But now things are easing we are seeing ten to fifteen people a day. Many of them older people that have drank to ease their isolation and worry. Often admitted with a fall or an indirectly related medical condition. Unfortunately they oft as not don't see it as a problem so don't readily tell ward staff – we are often called to see someone who was lucid on admission but has become confused or aggressive.

Hepatic Encephalopathy is a great way to find the person you're looking for on a busy ward – just look for the security guards and pound to a penny that's them.

We have around a quarter of referrals related to OST. But currently alcohol use is the largest part of the work we do.

The range and diversity of people continues to surprise me – 17 to 98 years old, male and female in equal measure. Veterans of the world war 2, the cold war, the cod War, the miners' strike, Soldiers, police personnel, nurses and GP's, Jockeys and DJ'S

We refer on to Aspire, Age UK, Sober Social and a range of other providers to offer the best chance of ongoing positive changes. We are working with Age UK and the Alcohol Alliance to develop pathways specific to older drinkers.

As I said at the outset of this piece – it's been a strange old time – and I'm sure it will continue to be so for a time to come. But in the process of transition to what the service will become we will continue to do our best to support whoever comes through the hospital doors.

