

# Practice Improvement Snapshot



ADPH  
South West

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The aim of the Snapshot is to provide a monthly Practice Improvement (PI) update to DsPH and their public health teams. The Snapshot is produced and managed by Jodie Demmery (SW PI co-ordinator) and Kate Blackburn (SW PI lead). If you have something that you would like included for the next issue, or any questions on what is featured in this issue, please get in touch (Jodie.Demmery@southglos.gov.uk).

## Substance Use Practice Improvement- South West Regional Review of Inpatient Alcohol and Substance Detoxification Need

Following the **South West Substance Use Seminar – Inpatient Detox: What Does Good Look Like?** held in November 2025, we are pleased to share that the final report, **South West Regional Review of Inpatient Alcohol and Substance Detoxification Need**, has now been completed.

The report forms the key output for Objective 1 of the Substance Use priority, led by Christina Gray – Bristol Director for Communities and Public Health (DPH) within the South West Practice Improvement Programme and was authored by:

- **Dr Kenzie Nicks**, Public Health Registrar, Bristol City Council
- **Russ Moody**, Health & Wellbeing Programme Lead, Office for Health Improvement and Disparities (OHID)
- **Jodie Demmery**, Practice Improvement Project Officer and Co-ordinator, SW ADPH Network

This report presents the findings of a rapid South West regional review of inpatient alcohol and substance detoxification need, undertaken in response to the planned closure of the Acer Unit, the South West's only NHS medically managed inpatient detoxification unit. The work was conducted over a constrained timeframe prior to the unit's closure, with the primary aim of assessing current provision, patterns of use, and unmet need, and to provide an evidence base to inform regional discussion and decision making.

The Acer Unit, based on the Southmead Hospital site in Bristol and operated by Avon and Wiltshire Mental Health Partnership NHS Trust, closed in late June 2025 following a period of consultation. In advance of this closure, the rapid needs assessment sought to understand the likely impact on detoxification pathways, particularly for individuals with multiple and complex needs who are least able to be supported through community or residential provision.

Following the closure, people requiring inpatient detoxification have been diverted to alternative services, including residential providers within the region and NHS inpatient detox units elsewhere in England. To reflect on the findings of the rapid needs assessment, and to explore the emerging impacts of the closure in practice, a South West Association of Directors of Public Health (SW ADPH) Sector-Led Improvement seminar was held in November 2025. This seminar provided space to share the findings of the review, capture commissioner and provider perspectives on the immediate consequences of the Acer Unit's closure, and collectively explore "what good looks like" for future detox provision in the South West.

This report provides a summary of the work undertaken across this period, drawing together quantitative data, commissioner intelligence, stakeholder insight, and learning from the SW ADPH seminar. While the rapid nature of the assessment means that precise modelling of need has not

been possible, the findings provide a strong and consistent picture of unmet demand and system fragility. Crucially, the report sets out how the evidence gathered can be used to inform recommendations for next steps, supporting more strategic, equitable and sustainable detoxification pathways across the South West.

The report found unmet need for alcohol and substance detoxification across the South West, driven by rising levels of harm and limited access to appropriate services. Underfunding has reduced capacity and weakened specialist provision, while structural bias and stigma mean that those with the most complex needs often face the greatest barriers to care.

To begin addressing the identified gaps and strengthening detox provision across the South West, the following recommendations are proposed:

- Local authorities should consider completing a full needs assessment of substance use services, to better understand and quantify the need for different levels of detoxification – community, residential, and inpatient – alongside a detailed mapping of current provision and capacity across the region.
- Following the closure of the Acer Unit, local consortia and local authorities will need to risk assess and determine the most appropriate options for their populations
- A regional detoxification modelling exercise should be commissioned through OHID to determine the future capacity required for inpatient detoxification (IPD), residential, and community detox across the South West, to guide strategic investment and use of Public Health Grant funding.
- Consideration should be given to commissioning Medically Managed, complex detoxification through specialised commissioning, maintaining a network of provision across the country.

### **Next steps**

The report has been shared with the SW ADPH network for onward sharing with local drug and alcohol lead commissioners or equivalent colleagues. Due to the inclusion of restricted NDTMS statistics, it should only be viewed and shared with colleagues who already have access to ndtms.net.

As part of the actions emerging from the review, Russ Moody (OHID) will be tabling the findings at an upcoming regional forum, supporting strategic discussion on regional modelling, future capacity planning and options for strengthening detox pathways across the South West.

### **Acknowledgements**

We gratefully acknowledge the significant contributions of local authority public health teams and public health specialty registrars, whose dedication, analytical expertise, and practical insights were essential to delivering the evidence base for this project. Their commitment to improving service quality and patient outcomes is reflected throughout this report. We also thank colleagues from the Office for Health Improvement and Disparities (OHID) for their valued support, technical guidance, and shared commitment to improving detox pathways and wider substance misuse services across the region. This project demonstrates the strength of a connected and collaborative public health system. The collective effort, shared purpose, and generous contribution of time and expertise from all partners were vital to completing this work

