Implementing Alcohol Brief Interventions in Scotland

Catriona Loots

NHS Health Scotland

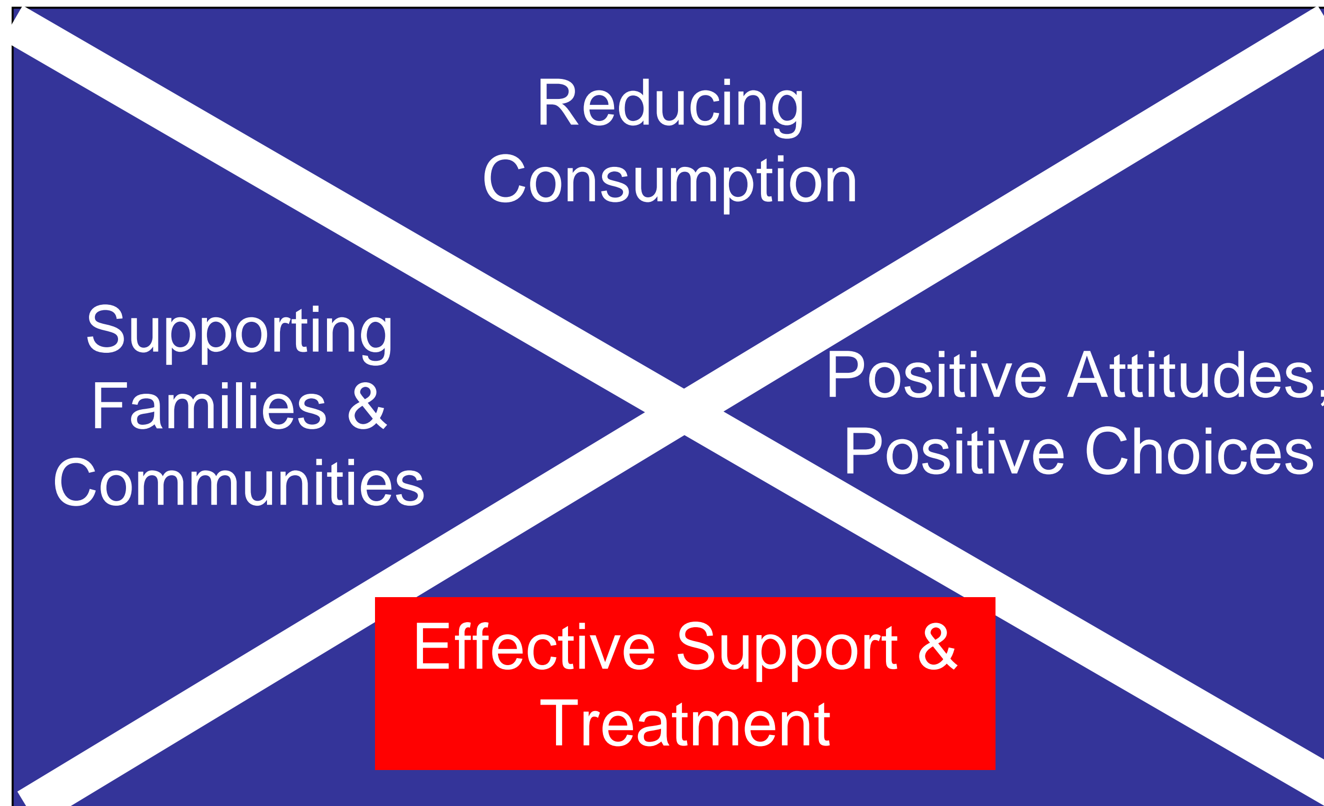
NHS Health Scotland

Small country Big problem

- 30% men and 20% women exceed weekly drinking guidelines and 27% men and 18% women exceed **double** daily benchmarks (‘binge’ drinking) [SHeS, 2008]
- Enough alcohol sold in Scotland for every man and woman over 16 to exceed the adult male guidelines every single week [Robinson et al, 2010]
- Estimated to cost 3.5 billion a year (SG, 2010)

© NHS Health Scotland

‘Changing Scotland’s Relationship with Alcohol’ (2009)



© NHS Health Scotland

Effective support and treatment

- Additional funds to develop prevention services, alcohol treatment services and support other services that come into contact with alcohol problems (social work, police &housing)
- **HEAT target** set to deliver of **149,449** alcohol brief interventions between 2008 -2010 in
  - Primary Care settings (including Keep Well)
  - Antenatal Care settings
  - Accident and emergency (& follow on)

© NHS Health Scotland

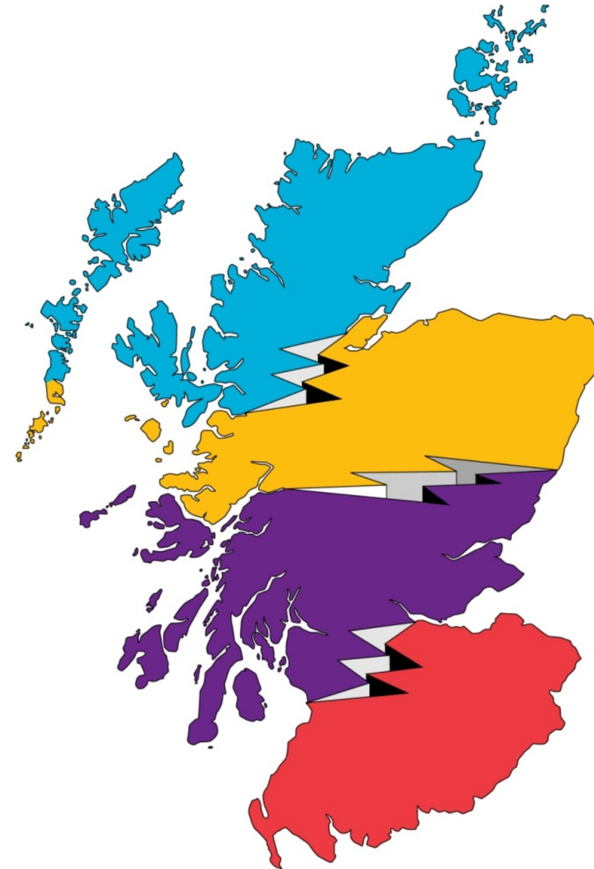
Local support

- NHS HS funded to support Health Boards and to develop the workforce - HS funded boards to employ co-ordinators, pay or backfill trainers to deliver training, backfill costs for front line staff
- Local enhance services for GP's – include payment for alcohol services and delivering ABI (£5 - £30)
- Need for local IT solutions to record ABI's

© NHS Health Scotland

Workforce development & support

- Training for Trainers – 141 staff trained as trainers across Scotland based in local health board areas
- RCGP commissioned to deliver 6 courses over 2 years direct to GP's and nurses in primary care (200)
- Approximately 4,450 practitioners trained by June 2010



© NHS Health Scotland

Resources to support implementation

- Training manual - units
- Practitioner resources for each setting with screening tools, calculators and patient booklets
- DVD's showing delivery in 3 settings
- On line modules to support learning before

© NHS Health Scotland

Virtual learning environment

eBook - Mozilla Firefox

http://elearning.healthscotland.com/file.php/199/FINAL/04eBook/index.html

FOR A & E PRACTITIONERS
Brief intervention observation

Personal responsibility

It is essential that the practitioner does not try to push the patient/service user in a particular direction, as this is likely to meet with resistance. Practitioners should adopt a neutral stance and emphasise the freedom of the patient/service user to make their own choices. Confrontation should be avoided.

To emphasise personal responsibility, practitioners should:

- focus on helping the patient/service user to weigh up all aspects of the situation from their own perspective
- encourage the patient/service user to take ownership of any decision to change their behaviour by challenging statements made by the patient which imply that they do not have a choice (e.g. 'I have to do this because my wife says so...' etc.)
- encourage patients/service users to think about what they want for themselves.

6

Examples of empathic questions and statements about alcohol consumption

Please click and drag each of the words and statements below to the corresponding Empathy is / is not category.

Rescuing	Accepting the person
Challenging the behaviour	About strengthening relationships
Constant questioning	Curing/telling
Sympathy	Active, uninterrupted listening

Empathy is: 2 5 6 8

Empathy is not: 1 3 4 7

7

Practitioner information
Learning outcomes
Introduction

Learning activity
Rapport and responsibility
Rapport and empathy
Personal responsibility
Listener activity
Readiness to change
Brief interventions

End of learning activity
Key messages

CONTENTS

p. 6 - 7 / 20 HELP ZOOM PREV NEXT

http://elearning.healthscotland.com

Read elearning.healthscotland.com

© NHS Health Scotland

Evaluation of the impact of training

Evaluation model

REAIM

- Reach – did the course reach the right staff?
- Effectiveness - was it effective in developing skills & are ABI’s delivered?
- Adoption – was it adopted in different settings by appropriate staff?
- Implementation – how was it used?
- Maintenance – will it continue to be used?

© NHS Health Scotland

Methodology

Trainers/Coordinators

- Trainers - pre and post course questionnaires, focus groups and telephone interviews
- Training coordinators - telephone interviews

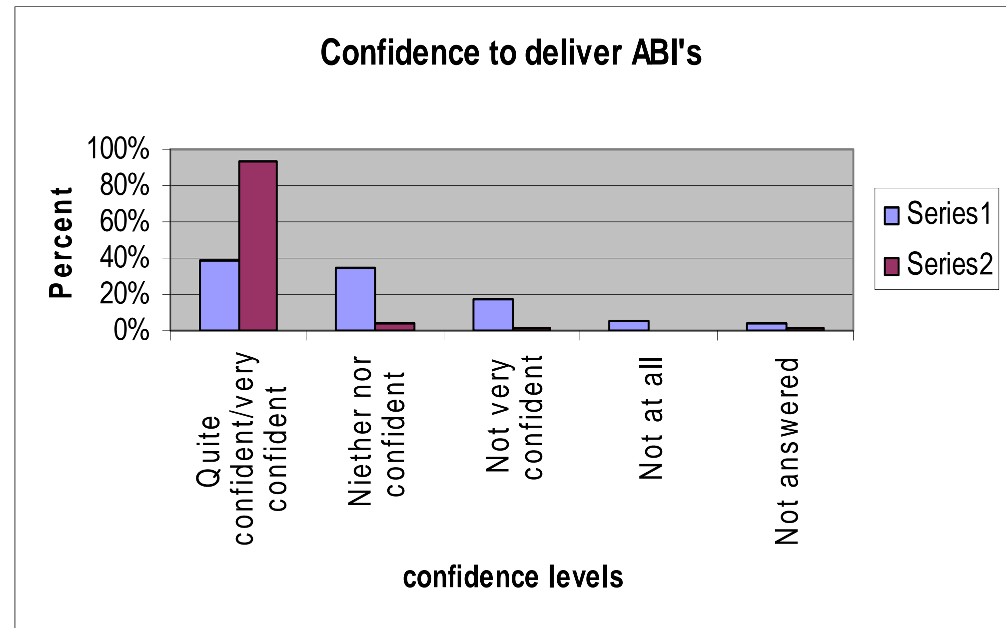
Practitioners

- Pre and Post practitioner questionnaires (2,300+)
- Telephone interviews (N=140) and small group face to face interviews and online survey (N=400) 6 – 9 months after training

© NHS Health Scotland

Impact of training

- Improved understanding of role in addressing alcohol problems. Some shift in attitude.
- Effective in conveying knowledge and skills especially on units of alcohol, screening effectively and motivational interviewing approaches to deliver ABI
- Boosts practitioner confidence 39% - 93%



© NHS Health Scotland

GP's view

"Training has given me the confidence to approach the subject of alcohol abuse with patients, knowledge of the availability of services and outside agencies which can help and knowledge to give relevant information and draw out the real and underlying reasons for alcohol misuse"

" The new tools and skills are good, you can adapt them to different situations and they give you new ways and sources of approaching things. It has made me more sensitive in the way I approach things"

© NHS Health Scotland

Follow up surveys

- Confidence to deliver ABI's remain relatively high 89% still saying they were confident or very confident 6 - 9 months after training
- However - only 12% were using knowledge and skills daily, 25% at least once a week and 24% a few times a month
- 39% were using skills less than monthly

© NHS Health Scotland

Why?

- They do not have many patients with alcohol issues
- There patients have complex issues and therefore it is not appropriate
- That treating the presenting condition was more important

© NHS Health Scotland

Barriers to implementing ABI's

- Lack of time due to short consultations (40%+)
- Limited opportunities to practice skills – lack of appropriate patients or patients they see have complex issues
- Lack of referral pathways
- Lack of IT recording systems or too cumbersome in some boards
- 30% + said no barriers

© NHS Health Scotland

Money is not everything!

- Treatment versus prevention and early intervention – training and the system!
- Stereotypical patient or easy target
- Recognising the potential link between presentation and alcohol?
- Prioritising alcohol as an issue

© NHS Health Scotland

Lessons learnt

- Strategic and operational support
  - Training coordinators played important role in marketing courses, negotiating access to staff for training and supporting trainers
  - Recording systems need to be in place
- Practitioners – change takes time
  - Financial incentives
  - On going support and refresher training
  - Build into KSF or appraisal and initial training

© NHS Health Scotland

Conclusion

- **Reach** – 1,300 GPs in Dec 09 (4,942 GPs in Scotland)
- **Effectiveness** – they are delivering abi's – 82,564 recorded by June 2010 i.e. 55% of target
- **Adoption** – all health boards have trainers and have trained practitioners in all 3 settings
- **Implementation** – training altered to practitioner need and time constraint. ABIs adapted to settings.
- **Maintenance** - with incentives and support

© NHS Health Scotland

THANK YOU

Email: Catriona.Loots@nhs.net

http:///www.healthscotland.com
(go to Topics and alcohol)

http://elearning.healthscotland.com
(VLE)

© NHS Health Scotland