

'CRACKING THE NUT' OF PRIMARY CARE IBA.

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Team Leader/Specialist Alcohol Nurse

Locala CIC (former KCHS)



Treatment : Recovery : Alcohol : Kirklees

LifelineProject

CLINICAL TEAM

- One Clinical Lead 0.6 WTE
- Two band 7 nurses
- Two band 6 nurses (soon to be 3!)
- Three A&E alcohol liaison nurses, covering DDH and HRI (limited 2 year funding)

TOOLS REQUIRED. COMPETENT NUT CRACKERS!



k4811188 www.fotosearch.com

WHAT IS IBA?

- Identification is a method of identifying alcohol consumption at a level sufficiently high to cause concern
- Brief Advice/intervention - can be a short conversation to a number of sessions to help patients understand:
 - . What consequences likely to be
 - . What they can do about it
 - . What help is available



AUDIT

- WHO project
- Validated in 22 countries
- 10 questions
- Takes about 10 mins
- Over 90% sensitivity and specificity
- NNT 1:8

Box 4	
The Alcohol Use Disorders Identification Test: Interview Version	
<p>Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.</p>	
<p>1. How often do you have a drink containing alcohol? (0) Never [Skip to Qs 9-10] (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week</p>	<input type="checkbox"/>
<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking? (0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more</p>	<input type="checkbox"/>
<p>3. How often do you have six or more drinks on one occasion? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily <i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i></p>	<input type="checkbox"/>
<p>4. How often during the last year have you found that you were not able to stop drinking once you had started? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p>	<input type="checkbox"/>
<p>5. How often during the last year have you failed to do what was normally expected from you because of drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p>	<input type="checkbox"/>
<p>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p>	<input type="checkbox"/>
<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p>	<input type="checkbox"/>
<p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p>	<input type="checkbox"/>
<p>9. Have you or someone else been injured as a result of your drinking? (0) No (2) Yes, but not in the last year (4) Yes, during the last year</p>	<input type="checkbox"/>
<p>10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down? (0) No (2) Yes, but not in the last year (4) Yes, during the last year</p>	<input type="checkbox"/>
<p>Record total of specific items here <input type="checkbox"/></p> <p><i>If total is greater than recommended cut-off, consult User's Manual.</i></p>	

‘A SURVEY OF GENERAL PRACTITIONERS’ KNOWLEDGE, ATTITUDES AND PRACTICES ON ALCOHOL INTERVENTIONS.

- ‘ A survey of general practitioners’ knowledge, attitudes and practices regarding the prevention and management of alcohol- related problems: an update of a World Health Organisation survey ten years on’ released by AERC 2010.

BARRIERS & INCENTIVES.

- Too busy (63%)
- Not trained in counseling for reducing alcohol consumption (57%)
- Current GMS contract did not encourage the work.

- Support services readily available (87%)
- Evidence base(81%)
- Patients requested alcohol advice (



EVIDENCE OF SOFTER SHELL?

Findings suggested:

- ⦿ GPs were 'prepared' to counsel patients(94%) and felt 'effective' (60%) in doing so - rising to 82% if given adequate training and information.

PRACTICE IMPLICATIONS

- ◉ Initial consultation with GPs & excellent marketing of the approach and evidence base.
- ◉ ‘Protected learning time’ events workshops and stalls.
- ◉ A payment schedule ?
- ◉ Care pathway development
- ◉ Access to localised brief intervention literature and tools for the job.



PRACTICE IMPLICATIONS

- ◉ Not just GP focused, involve the whole practice
- ◉ Access 'Protected learning time' events
- ◉ Bespoke in house training.
- ◉ Specific 'behaviour change' training.
- ◉ Promotion of RCGP cert in alcohol.(locally)
- ◉ Rolling programmes of training and support.
- ◉ 1:1 sessions.
- ◉ Dedicated practice alcohol nurses/workers
- ◉ Feedback -real time/real patients.





CHAMPION THE WONDER HORSE

Need a few of these!

www.rcgp.org.uk

www.alcohollearningcentre.org.uk

www.pcc.nhs.uk

www.lape.org.uk

CHAMPIONS WITHIN PRIMARY CARE

- ◉ Clinical lead.
- ◉ Practice nurses are key and often already providing motivational interventions. (every contact counts)
- ◉ Receptionists (self completion of AUDIT?)
- ◉ Representation within commissioning bodies who understand the evidence base.
- ◉ Systemone leads - development of templates

POLICY IMPLICATIONS : LOCAL

- ◉ Involvement of Health and Well Being Boards & CCG's, key agencies & stakeholders.
- ◉ An understanding of the current local situation (NWPHO)
- ◉ An alcohol strategy
- ◉ Servicer user/carer involvement & Feedback
- ◉ LES rather than a DES?
- ◉ Treatment pathways post IBA, for eligible patients
- ◉ Workforce development issues.
- ◉ SIPS evidence



POLICY IMPLICATIONS NATIONAL.

- ◉ New focus for Public Health within Health & Social Care Bill (2011).
- ◉ Public Health England.
- ◉ New NHS Care Objectives consultation - impact on preventing premature deaths, long term chronic conditions, recovery. Focus on Generic Health Policy
- ◉ Alcohol Strategy (2012) NHS health check, brief interventions.

WHAT, NO QOF ??????????



PRIMARY CARE SERVICE FRAMEWORK.

- ◉ Useful basis for developing a LES contract.
- ◉ Useful for outcome monitoring.

CRACKED NUT?

Really cracked

- ◉ Quick wins with current ‘High Intensity Users’
- ◉ Reduction in the number of future ‘high intensity users?’
- ◉ Downward trend alcohol related hospital admissions.
- ◉ Reduction in premature deaths.
- ◉ Service user/carerer feedback
- ◉ Increased referrals into tier 2/3 services.
- ◉ Just knowing it’s really been done!