

LEARNING FROM THE SCOTTISH ABI PROGRAMME

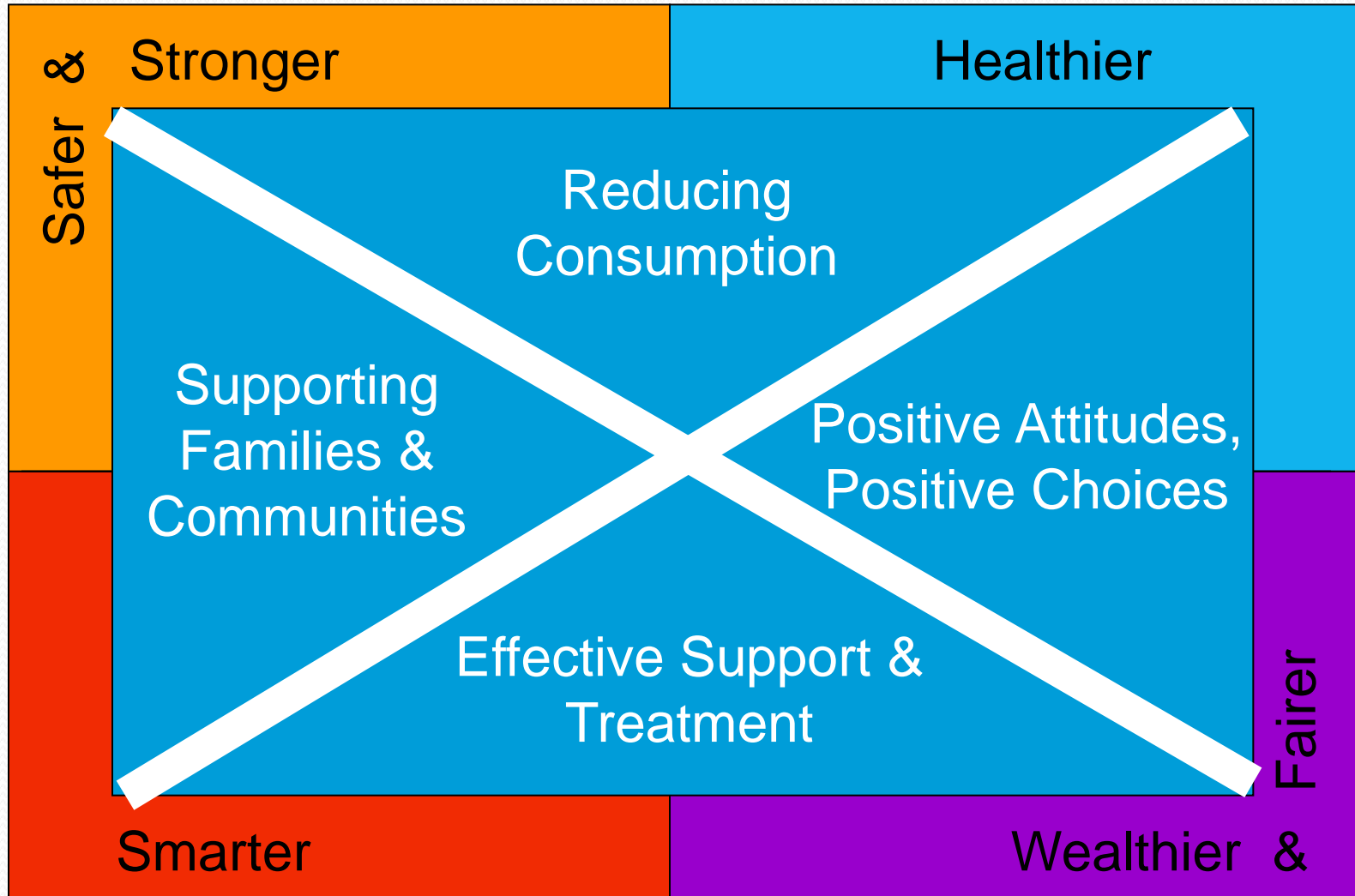
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The Scottish Government
Riaghaltas na h-Alba

Changing Scotland's Relationship with Alcohol



The ABI Programme

- Overall aim: To embed ABI delivery into routine NHS practice
- Evidence based ABI programme began in 2008
- 3 priority settings for delivery:
 - Primary Care
 - A&E
 - Antenatal

Initial Challenges

1. Need for Local Leadership and Accountability
2. Developing and maintaining good data systems
3. Development of a skilled Workforce
4. Investment – funding via Alcohol & Drug Partnerships (ADPs), negotiation of local GP agreements

Achievements

- ABI HEAT Target 2008 – 2012 – **exceeded**
- ABI HEAT Standard – 2012/13; 2013/14 – **exceeded**
- 2013/14: 104,356 ABIs delivered, exceeding target of 61,081 by **71%**.
- From 2008 – 2014: 470,540 ABIs delivered, exceeding cumulative target by **41%**.
- Now beginning 8th year of ABI programme: the Local Delivery Plan (LDP) ABI standard.

ABI Local Delivery Plan (LDP)

Standard 2015-16

- ABI LDP Standard:

“NHS Boards and their Alcohol and Drug Partnership (ADP) partners will sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.”

National Evaluation - Facilitators

- **Substantial government funding and support**
- **Flexibility**
- **Champions and leaders at all levels**
- **Pilots**
- **Wide ownership of the programme**
- **Administrative support**
- **Quality and in-depth training**
- **Active and motivated practice managers**
- **Positive attitudes**
- **Tailored professional resources for each setting**
- **Opportunities to share learning**

National Evaluation - Barriers

- **Lack of lead in time**
- **Initial lack of skilled workforce**
- **Delays getting key staff in place and staff turn-over**
- **Problems accessing training and releasing staff**
- **Time constraints for delivery – competing priorities at service delivery level**
- **Service cultures and problems with buy-in**
- **Data reporting and monitoring challenges**
- **Under reporting**

Data

- Collection of data by NHS NSS Information Services Division (ISD)
- 2012/13 – First year of publication by setting, which enabled deeper analysis of the data.
- Delivery is highest in Primary Care – variable across NHS Boards in antenatal and A&E settings.
- Prompted renewed focus on delivery in priority settings.

Primary Care & GP Liaison

- Area of strongest evidence of effectiveness, acceptability and potential for impact. Bulk of national capacity and delivery.
- Heavily reliant on payment through local agreements – locally negotiated, so variable.
- Differing delivery models
- GP Contracting – difficult to embed in a national agreement.

Antenatal and A&E

- **Antenatal** - Considerable variation in delivery
- Use of different screening tools in Antenatal
- Challenges include training and patient disclosure

- **A&E** – Strategic and operational challenges
- Strategic – Leadership, culture towards alcohol, evidence of effectiveness
- Operational – Competing pressures, staff training, data recording

Key Learning

- **Networks:** Local leadership and regional / peer support, foster less reliance on national solutions. Maintain integrity of local champions.
- **Data/Evidence:** Build in data reporting requirements early in process, include screening and follow up data and evaluation.
- **Workforce:** ensure skilled workforce is maintained.

The Future of ABIs in Scotland

- Continue focus to ensure ABIs are embedded; support NHS Boards and ADPs to resolve outstanding issues.
- Current considerations:
- What does 'embedding' look like?
- How to sustain ABI long-term delivery, in the face of competing NHS priorities?
- How to ensure the fidelity of ABIs?

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