LEARNING FROM THE
SCOTTISH ABI PROGRAMME

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Changing Scotland’s Relationship with Alcohol

Safer & Stronger

Reducing Consumption

Effective Support & Treatment

Supporting Families & Communities

Positive Attitudes, Positive Choices

Healthier

Fairer & Wealthier
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 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 turnover
- 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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