

Results from the survey '*Brief interventions (IBA): commissioning and delivery issues*'

Survey results exploring the challenges and recommendations to improve the delivery of brief interventions

The [AERC Alcohol Academy](http://www.alcoholacademy.net) conducted an online survey targeting those involved in the commissioning or delivery of brief interventions in the UK. The survey ran from December 12th 2009 to February 6th 2010 during which 102 responses were collected.

The survey was intended to gather the views and experiences of those either responsible for implementing or delivering brief interventions to help identify key issues and challenges. It referred to 'brief interventions' as the practice of screening and delivering short structured advice to those identified as drinking at hazardous or harmful levels. This is also known as Identification and Brief Advice (IBA), as per the Department of Health terminology.

The survey was conducted to inform discussion at the Academy symposium '*Brief interventions: commissioning and delivery issues*' which took place in London on the 8th February 2010. A summary briefing paper '*Clarifying brief interventions*' and further outcomes of the event is available at www.alcoholacademy.net.

Results were collected via email distribution of the link and was advertised on websites including www.alcoholpolicy.net and www.alcohollearningcentre.org.uk.

Key findings

- The majority of respondents (c.60%) were practitioners delivering some form of brief interventions
- Primary care, A&E and specialist services were the most common settings
- Practitioners reported delivering 'extended brief interventions' more than commissioners/strategic leads identified commissioning them
- The main IBA issues and challenges identified were:
 - Funding commitment or resources
 - Affecting culture change (e.g. getting staff to screen for alcohol use)
 - Data and monitoring issues
 - Availability of specialist services to refer to
- A range of practical and strategic recommendations were made; many felt that better resourcing and systematic integration of brief interventions was needed

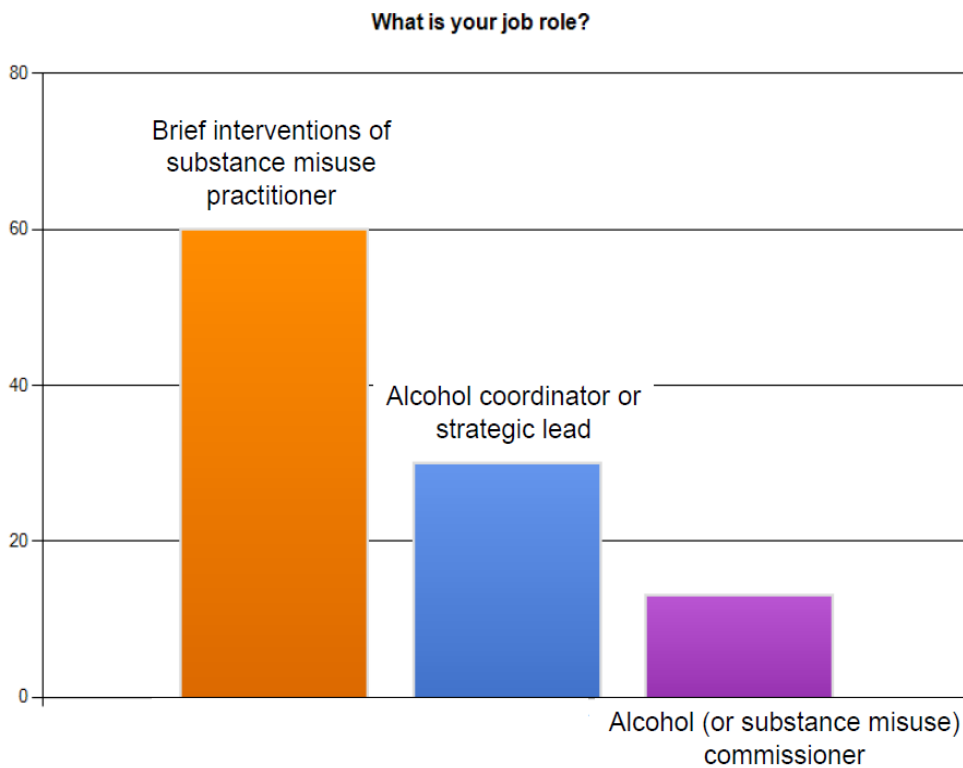


Results from the survey

The following results were produced from the 102 responses (some spelling changes have been made to written responses). 8 questions were asked as detailed below.

Q1: Job role of respondents

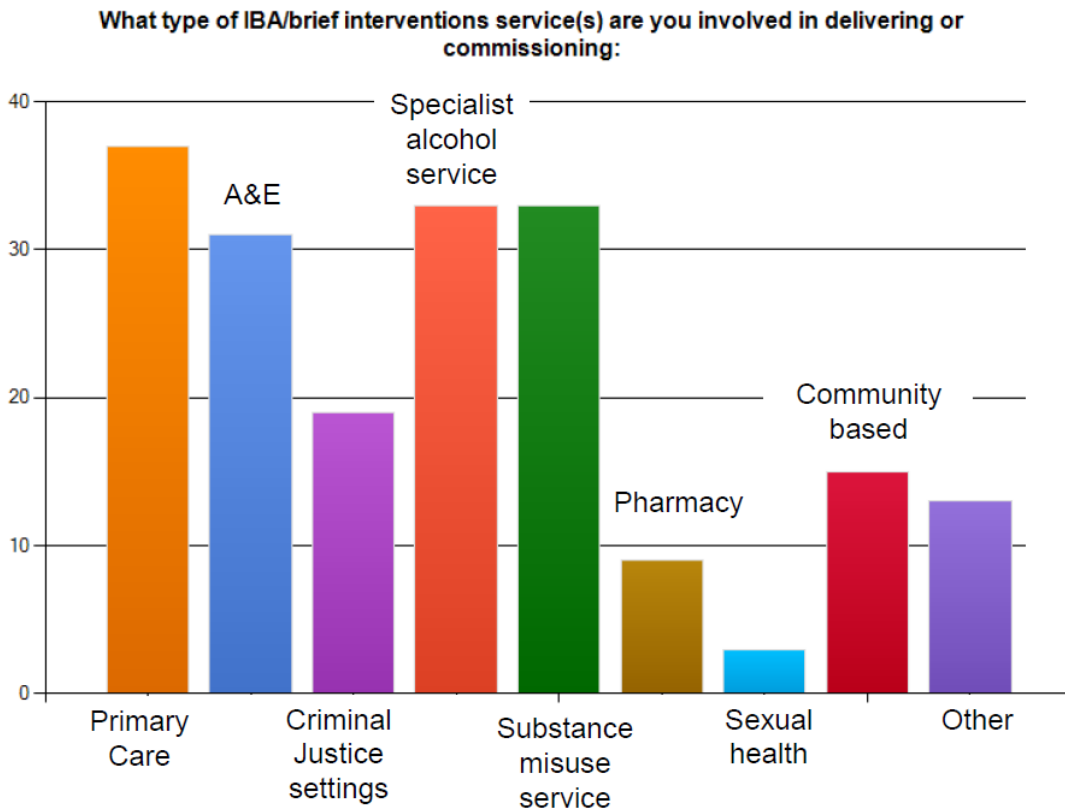
What is your job role?		
Answer Options	Response Percent	Response Count
Brief interventions or substance misuse practitioner	58.8%	60
Alcohol coordinator or strategic alcohol lead	31.4%	32
Alcohol (or substance misuse) commissioner	12.7%	13
answered question		102
skipped question		0





Q2: Type of Brief Intervention/IBA service(s) delivered

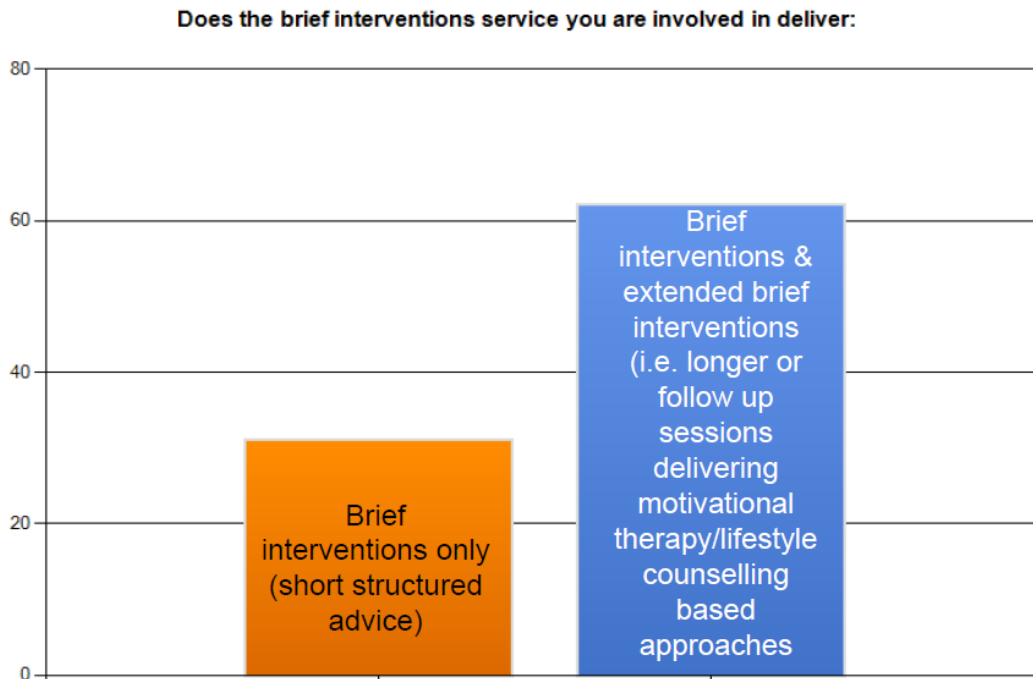
What type of IBA/brief interventions service(s) are you involved in delivering or commissioning:		
Answer Options	Response Percent	Response Count
Primary Care (general practice)	38.9%	37
Accident & Emergency Departments	33.7%	32
Criminal Justice settings (e.g. custody or probation)	20.0%	19
Specialist alcohol service	34.7%	33
Substance misuse service	34.7%	33
Pharmacy	10.5%	10
Sexual Health	3.2%	3
Other community based service (e.g. outreach)	15.8%	15
Other	13.7%	13
answered question		95
skipped question		7





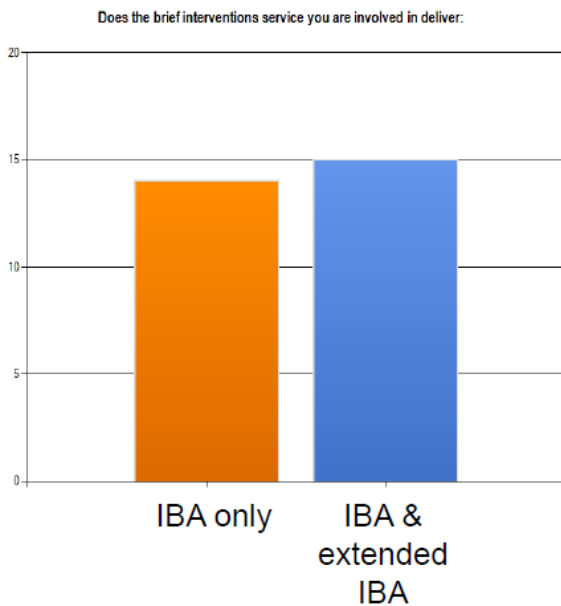
Q3: Type of Brief Intervention delivered: simple brief advice (IBA) or extended brief interventions

Does the brief interventions service you are involved in deliver:		
Answer Options	Response Percent	Response Count
Brief interventions only (i.e. screening and short structured advice)	38.8%	31
Brief interventions and extended brief interventions (i.e. longer or follow up sessions delivering motivational therapy/lifestyle counselling based approaches)	78.8%	63
Other (please specify)		14
answered question		80
skipped question		22



Q3: Filtered results

- Alcohol leads/commissioners



- Practitioners

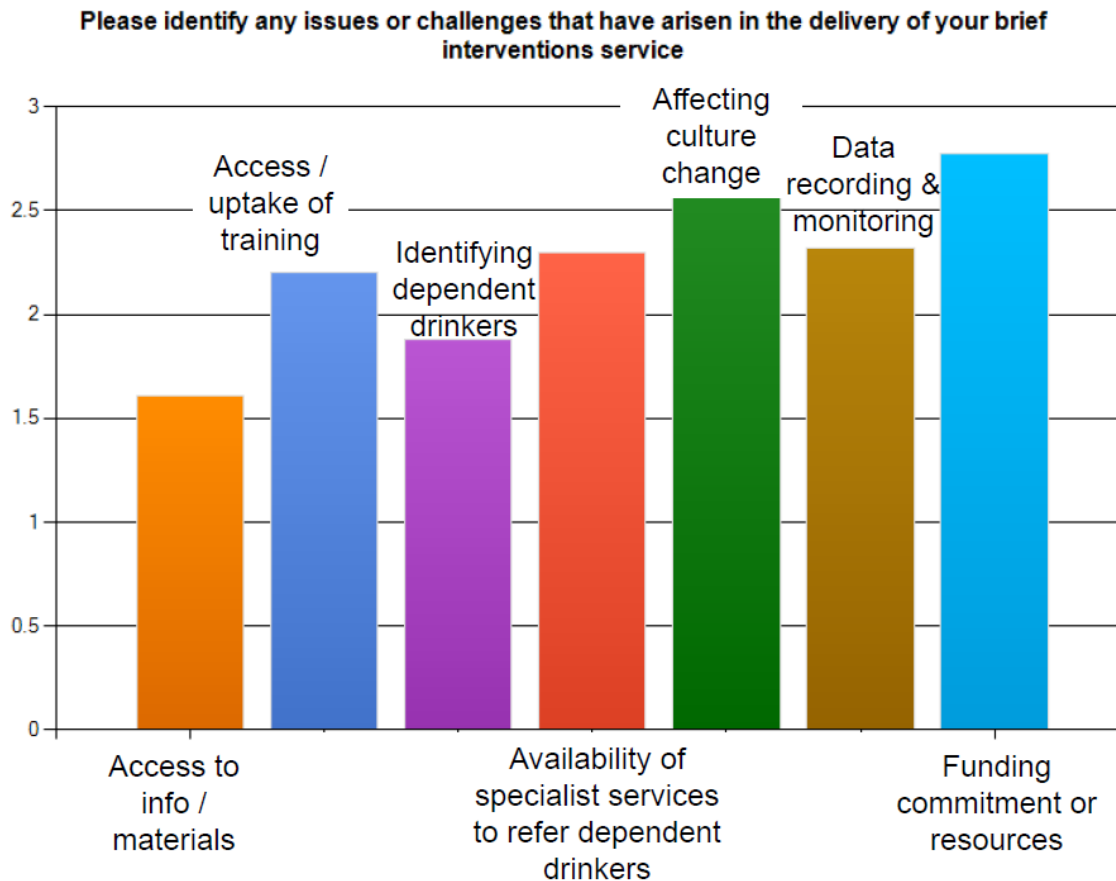


Does this suggest extended brief interventions are being delivered more than they are commissioned?

- Maybe – but 69% of practitioners completing the survey were from a drug/alcohol service, therefore probably already delivering ‘extended brief interventions’ rather than only simple brief advice (IBA).

Note: Findings outlined in the briefing paper ‘*Clarifying brief interventions*’ suggest that extended brief interventions are such when delivered by non-specialists in general settings. However ‘extended brief interventions’ are essentially brief motivational interviewing which requires a specific level of training beyond delivering simple brief advice.

Q4: Identified issues or challenges that have arisen in the delivery brief interventions services



Q4: Other significant issues or challenges reported:

1. GPs misusing the DES (i.e. self complete screening ticks the box).
2. Engagement with specific professional groups - General practitioners, psychiatrists and A&E consultants is ongoing and represents a significant challenge.
3. Agreeing/acceptance of responsibility for delivery
4. lack of integration with other council services e.g. housing - rough sleepers (single male), effect of IBA very short term if client stays homeless.
5. Staff = teachers in my role. Some tier 1 training but the council is charging teachers to go on it
6. We are commissioned to deliver service within GP's however there has been

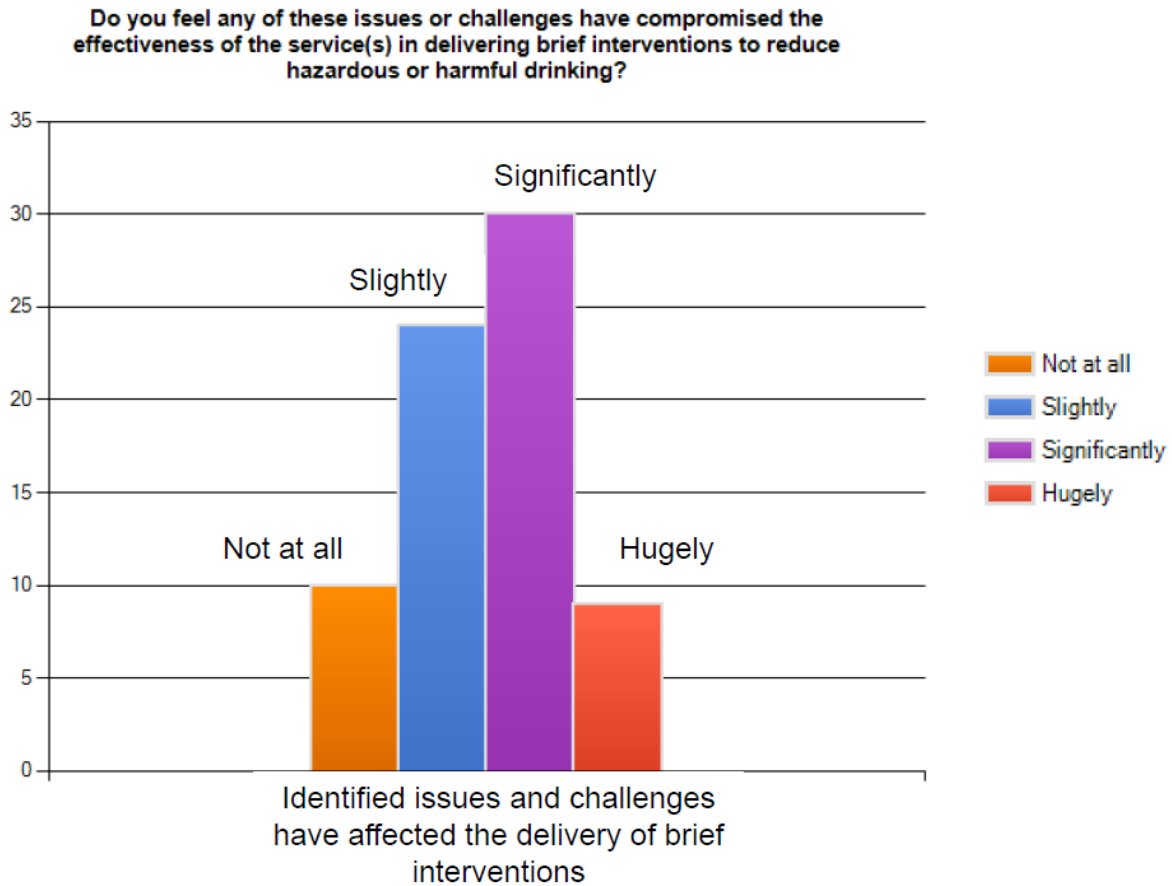
significant problems with accessing GP surgeries.

7. lack of residential detox facilities
8. As a dual diagnosis worker generally working with mental health clients the need to get other mental health workers to accept it is part of their role and the benefits of such work is paramount.
9. Availability of detox and rehabilitation huge issue, extremely long waiting list
10. no funding for detox and rehabilitation
11. It is difficult to obtain places in rehabs or refer clients for detox - the waiting lists are very long.
12. Screening & BI for young people under 16 years
13. lack of support for carers - or funding to provide it - desperate lack of detox facilities
14. The project is about to commence, no issues identified as yet. But anticipate staff may find it a challenge to recruit patients.
15. Lack of referrals from some GP practices.
16. ATR as a legal requirement can be delivered better in some areas where treatment provision is better equipped and partnership agencies open to work with criminal justice.
17. lack of funding in general



Q5: Have these issues or challenges have compromised the effectiveness of the service(s) in delivering brief interventions to reduce hazardous or harmful drinking?

Do you feel any of these issues or challenges have compromised the effectiveness of the service(s) in delivering brief interventions to reduce hazardous or harmful drinking?						
Answer Options	Not at all	Slightly	Significantly	Hugely	Rating Average	Response Count
Identified issues and challenges have affected the delivery of brief interventions	10	24	30	9	2.52	73
Any comments						13
<i>answered question</i>						73
<i>skipped question</i>						29



Q5: Other comments:

1. GPs willingness varies
2. Initial interest is not maintained as its not seen as supported by the organisation i.e. Hospital, Police. Also no funding means no extra resource and its difficult to convince staff to take on, what they see as, additional duties
3. services are fighting a forest fire with a garden hose
4. Difficult to engage with A&E staff who already feel they have to screen for many things
5. Much of our work is opportunistic-targeting the general public in public areas which makes it difficult to engage in depth due to confidentiality. Similarly we are delivering service to students via stands in colleges which presents similar issues.
6. Not so much the service itself as the morale of staff to deliver a better service. The lack of funding commitment makes staff and service users alike feel threatened and with limited other specialist services available would represent a significant gap if the service was to be decommissioned.
7. Acute staff in particular may not see the relevance or perceive time commitment too great
8. Referrals are haphazard.
9. Availability of staff who are skilled to deliver the training, without taking them away from the day job of delivering services
10. Temporary central (Home Office) funding not continued locally - huge issue.
11. The project is about to commence, no issues identified as yet
12. In probation we need a skills audit to see how many OMs would feel confident in delivering BIs - am sure we are only targetting BIs at those whose alcohol is implicated in their offending
13. lack of money, resources and other services to refer to

Q6: Identified actions/recommendations to address issues

1. GPs not delivering PHC based on payments only
2. Quicker responses and more availability from alcohol services for dependant drinkers and more services which offer structured day programmes for clients in abstinence.
3. Industrial -scale IBA training to all front line staff and follow up services for dependent drinkers - following a social support model; wet and dry hostels - step up and step down facilities.
4. Better funding and training for primary care staff Proper resources to refer patients onto - available in the community near to home
5. Targets for A&E and other settings for number screened and provided with BI long term planning clear national guidance that is consistent and not contradictory on what needs doing
6. Funding would clearly help as specialist staff could support the introduction in a variety of locations. Clearer directions in health to local commissioners - they are unclear of their role.
7. Increase in PCT funding
8. Alcohol needs to be mainstreamed as a priority for PCTs
9. funding plays a huge part to this and often individuals often have alcohol/opiates use dependence- most services only cater for one or the other
10. Clearer and better provision of Tier 2 and 3 services. Gp's lack of awareness of alcohol referral pathways.
11. Funding for teachers to recieve level 1 intervention training so some consistency.
12. an understanding by central & local government of addiction, recovery & relapse within an overall social context
13. Another member of staff or agency to take on the training and monitoring for A&E staff (this may be forthcoming)
14. Endorsement of IBA by senior hospital management and systemisation of IBA (pathways, protocols, databases), rather than promotion being based on the influence of individual workers.
15. Portable private space to interview people!
16. Structured training programme
17. Funding for a Locally Enhanced Service. National directives and targets as used in Scotland.
18. More co-ordinated commissioning of services for alcohol and drug users - pooled

budgets to commission services in recognition of the shared outcomes and priorities - to include Health, local DAAT Teams and Crime & Disorder Partnerships. Better partnerships working between homelessness and housing related support providers in the provision of initiatives for alcohol users. More consistency in access into Tier 3 and 4 treatment/intervention services but also recognition and increased support for Tier1&2 services who facilitate engagement and ongoing advice and support in first instance.

19. Training for managers
20. Demand funding from Alcohol Manufacturing Businesses and distributors within the UK to pay for better levels of alcohol reduction support and rehab units. The amount of profit boasted by companies should determine the amount of funding they must pay.
21. more resources, the obvious one, more local based interventions, put workers in healthcare centre settings, more liaison between Hospitals and community workers better links and pathways for people who want help
22. more funding
23. Standardised assessment, paperwork and procedures so staff know what they should be doing and feel secure in doing it.
24. Strategic buy in needed in Acute Care
25. Funding for detox and 12 weeks or more rehabilitation
26. funding for detox and rehabilitation
27. Commitment to proper funding streams to support and sustain service development
28. Dedicated funding. Recognition by professionals of the need to target hazardous and harmful drinkers not just those identified as dependent.
29. Improve referral / screening from A & E staff
30. A&E staff need to ask patients about their alcohol use when they are admitted to A&E and record it.
31. More free training about alcohol.
32. more support from social care and health and professionals dealing with issues outside housing related support
33. Funding & resources Make the training mandatory in health care settings Increase funding for specialist services & independent alcohol services More research for appropriate screening and Bi for young people
34. As they say, 'There is no such thing as bad publicity'. EDUCATION and not indoctrination and demonisation is the solution.
35. Ring fencing to come off pooled treatment budget for drug misuse. More specifically

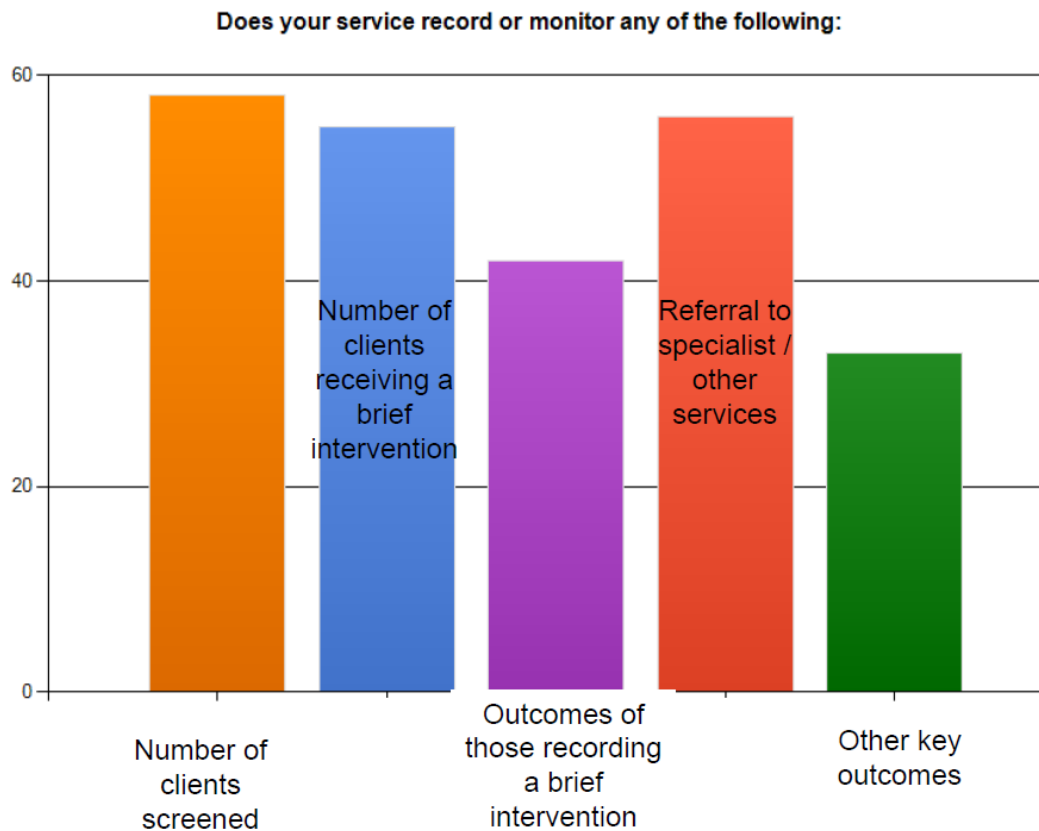
alcohol targetted criteria from central government relating to area base grant funding, supporting people funding and NHS funding. With financial penalties for underachievement.

36. Identifying funding from anywhere!
37. Better Teir 3 provision for detox Ability to refer imeadiately any high risk clients for emergency detox Funding and support for carers Simplification of data collecting for service (too much time spent on data not enough on clients and developing service) Longer term funding allowing us to build a service - presently 1 year funding
38. N/A
39. Training and education for GP's and staff at surgeries
40. In primary care - have a LES for Alcohol instead of a DES. Alcohol as part of QOF
41. Increased commitment of PCTs to ensure alcohol treatment is prioritised and commissioned according to MOCAM.
42. Off-the-shelf IBA & screening training packages targeted at various key Tier 1 services which alcohol practitioners could use to train Tier 1 staff. A top-down government commitment to the principle that all Tier 1 services should take alcohol treatment seriously and hence screen and, where advisable, offer IBA.
43. increased funding is the obvious one but not easy to secure in the current economic climate
44. more money



Q7: Recording of outputs/outcomes

Does your service record or monitor any of the following:		
Answer Options	Response Percent	Response Count
Number of clients screened	92.1%	58
Number of clients receiving a brief intervention (brief advice)	87.3%	55
Outcomes of those receiving brief interventions	66.7%	42
Referral to specialist/other services	88.9%	56
Other key outcomes	52.4%	33
answered question		63
skipped question		39



Q8: Other comments or suggestions for improving the delivery or commissioning of brief interventions services

1. Locally as part of the NHS Health Check, it has been agreed to screen for alcohol. This is a local agreement however, so I feel that alcohol should have been included in the national guidelines around what a health check should consist of.
2. MOre funding and availibility of services
3. An understanding of the whole care pthway has been useful for us, to identify gaps in services, to meet to discuss regularly and facilitate conversations between providers at different points of the pathway. And the group provides evidence for commissioning!
4. ensure screening and brief interventions is a compulsory subject in health professional undergraduate curricula nurses doctors and AHP
5. offer this to all sevice not a stand alone alcohol service and do more training with the non alcohol services- example general /mental health services
6. see previous comments
7. Funding for training
8. as previous
9. As an open access substance information service primarily for adults, we are soon to receive a 35% cut in our funding and the NTA wants a more increased service. This will not include any funding of any kind for alcohol only interventions. More external sources of funding need to be secured. As mentioned previously, all alcohol companies, distributors, promoters MUST acknowledge their responsibilities regarding the harm caused by alcohol and MUST provide funding to assist substance misuse services in helping vulnerable groups.
10. talk to the teams already delivering services, they are more able to tell you what is needed in their own locale! ensure that any new services that are set up are given good publicity, often a new service is set up but nobody finds out about it
11. Raise awareness of short medium and long terms risks for physical and mental health , Awareness of interaction with medication. Easily explicable information e.g. natural frequencies if 100 people like you were drinking this way for xx years then ?? would develop such problems, xx would have a significant accident xx would die by 60 etc
12. more funding for alcohol
13. Joined up working with general hospital commissioners so that referral where appropriate is encouraged



14. more funding direct from government.
15. information sharing across all UK practitioners
16. Data base for monitoring & evaluating the alcohol consumption use & effectiveness of training outcomes
17. Roll out IBA training to all medical staff, primary and secondary, all housing workers, all support workers, etc.
18. None
19. Current SBI must focus on validated research methods/tools to evaluate the service. Otherwise we will never know how to deliver SBI effectively to patients and best practice methods.
20. Service needs promoting and the staff from reception all the way to the GP's need to advertise the service and know what Brief Interventions offer.
21. Research on the efficacy of BI delivery - one to V in a group (by demographics)
22. we need more!

With thanks to those who completed the survey!