Implementing and recording brief interventions in Primary Care

Amy O'Donnell

FUSE ESRC PhD Student

Email: a.j.o'donnell@newcastle.ac.uk
Tel: 0191 222 7400

Workshop aims and objectives

> Focus: *"What are the key barriers to effective implementation and recording of alcohol interventions in primary care?"*

> Overview of research project

> Brainstorming session

> Developing solutions

> Summary and suggested ways forward

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Tackling alcohol misuse: role of SBI in primary care

> Ideal context for early detection and secondary prevention of alcohol-related problems.

> SBI in primary care: relevant; cost-effective; efficacious.

> Recent developments:

- Policy endorsement: National, regional and local; and

- Delivery incentives: Directed Enhanced Service (DES).

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'Measuring' and monitoring alcohol interventions

> Rate of alcohol admissions: NI 39

> Alcohol DES for alcohol, supported by Primary Care Service Framework

> Alcohol Read Codes
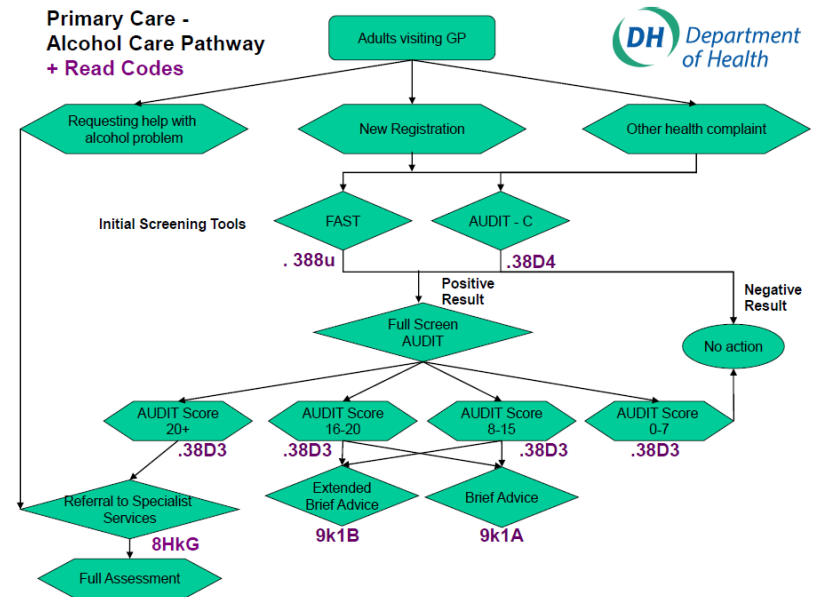
Using routine alcohol data: opportunities & challenges
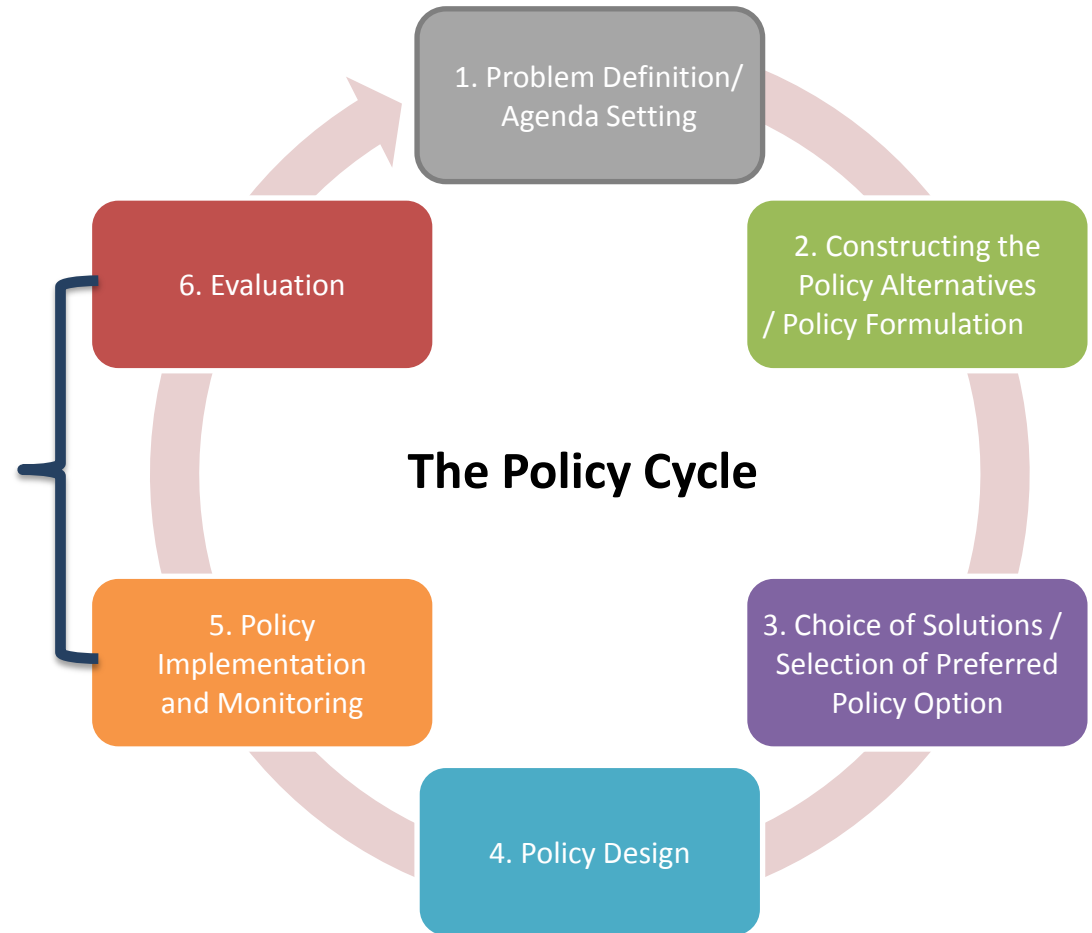
Advantages:

> Cost-effective and non-intrusive data source

> Little used in research

> Available in multiple-settings; and for many patients

> Well-suited to audit and evaluation studies

Disadvantages:

> Suitability of Electronic Medical Record (EMR) data for research

> Limitations of Hospital Episode Statistics

> Routine data as proxy measure of delivery?

Research question

Can we use routinely collected data to monitor and evaluate alcohol screening and brief interventions?

The Policy Cycle

1. Problem Definition/ Agenda Setting
2. Constructing the Policy Alternatives / Policy Formulation
3. Choice of Solutions / Selection of Preferred Policy Option
4. Policy Design
5. Policy Implementation and Monitoring
6. Evaluation

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Methods

Phase 1: Literature review

> Policy critique of national and regional policy framework

> Systematic review of which factors influence the recording of routine practice data by primary care physicians in the UK.

Phase 2: Secondary data analysis

> Understanding alcohol misuse patterns in the practice population

> Compare and contrast recording practices

> Explore recording practices in other primary care settings

Phase 3: Qualitative interviews with GPs

> Explore barriers and facilitators influencing monitoring and recording behaviours
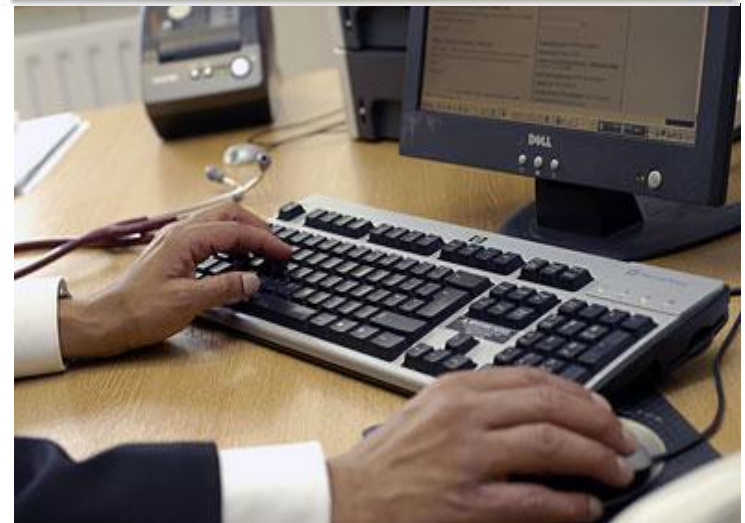
Phase 2: Secondary data analysis

> Conducted pilot phase with 1 GP practice and developed Read Code query set

> Recruited 10 practices and started collecting data

> Emerging message ➔ delivery and recording of alcohol SBI influenced by range of intrinsic / extrinsic factors

> Other potential data sources: HES and NDTMS

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Q: What are the key barriers to effective implementation and recording of alcohol interventions in primary care?