FINDINGS FROM THE TYNE & WEAR HEALTH ACTION ZONE SBI PILOT IMPLEMENTATION PROJECT

Nick Heather, Paul Cassidy, Mark Girvan & Eileen Kaner

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BACKGROUND TO THE PROJECT

- As in other countries, evidence that primary health care in England has been slow to incorporate effective SBI in routine practice.
- Strand 1 of WHO Phase IV (focus groups, Delphi survey, marketing strategy) completed in Newcastle but no funding obtained for Demonstration Project in Strand 2.
- Tyne & Wear Health Action Zone (HAZ) invited tenders for a pilot implementation of alcohol SBI in the HAZ and our application for a 1-year project successful.
- Intention was to build on previous work in WHO Phases III and IV.
- By the time the project commenced, PHEPA had begun and the HAZ project also took account of this.
- At the same time (2004), the government published an Alcohol Harm Reduction Strategy for England in which SBI was referred to.
- Also roughly at the same time, a revised contract for GPs was introduced (new General Medical Services contract [nGMS])
OVERALL AIMS

1) To pilot the routine implementation of alcohol SBI in at least one general medical practice in each of the five areas of the Tyne & Wear HAZ (Sunderland, Newcastle, South Tyneside, Gateshead, North Tyneside).

2) On that basis, to develop Clinical Guidelines to assist primary health care professionals to deliver SBI in their everyday practices.

3) At the same time, to develop a Training Programme for the routine delivery of SBI in primary health care.

4) To roll out tried and tested Clinical Guidelines and a Training Programme to general practices across the HAZ and beyond.
RECRUITMENT OF PRACTICES

- Introductory letter sent to all practices in the HAZ with 3 or more partners (N=118).
- 16 expressions of interest received, spread through all 5 HAZ areas.
- A 2nd letter sent to these 16 together with the contract practices were expected to agree to and a questionnaire for completion.
- Final 5 practices selected bearing in mind the need to find a representative spread of practices while being confident that chosen practices could complete the project.
POSSIBLE REASONS FOR GOOD RESPONSE FROM PRACTICES

• Opportunity to develop quality and breadth of service and increase skills of practice staff.
• Possibility that alcohol SBI would be included as a Local (or National) Enhanced Service in the nGMS.
• Payment of £1,000 to practice in each of the 6 months of the active pilot phase of the project (i.e., £6,000 in total to each participating practice).
MEETINGS

• Three plenary meetings attended by representatives from all participating practices at beginning, middle and end of 6-month implementation phase.
• Attendance by project staff (mainly MG) at monthly in-practice meetings to monitor progress and respond to queries.
• Continuous contact with practices via telephone, email and informal practice visits – key to sustaining involvement and ensuring that the project remained a priority in busy work schedules.
OTHER METHODS AND DATA

• Adaptation of PDSA cycle (Plan/ Do/ Study/ Act)
• Completion of AAPPQ before and after implementation phase
• Audit of SBI activity from practice computer records before and after implementation phase
Initial screening decisions

- **Screening tool(s):**
  - AUDIT (1 practice)
  - AUDIT PC (2 practices)
  - AUDIT C (3 practices)
  - FAST (2 practices)

- **Screening delivery:**
  - All practices indicated joint delivery by both practice GP's and practice nurses.

- **Consultations:**
  - New patient registrations
  - CHD clinics
  - Emergency contraception
  - Smear clinics
  - IHD, IGT clinics
  - Near blanket screening (1 practice)
Intervention levels and training

• Split 2 level approach
  – Level 1: Simple Structured advice
    • 2-3 minutes
    • Two 30 minute training sessions
    • Alcohol related harm
    • Evidence for SBI
    • Introduction to screening
    • Bridging techniques
    • Introductory guide to BI’s
  – Practice feedback:
    ‘Excellent, well received’
    ‘Screening and delivery of the brief intervention MUST be delivered together’
Intervention levels and training cont.

– Level 2: Behaviour Change Counselling
  • 10-15 minutes and follow up
  • Half day training
  • Introduction to Motivational Interviewing techniques
  • Practical exercises in motivational techniques
  • Cycle of Change

– Practice feedback:
  ‘Difficult to deliver to a diverse audience (nurse, GP, etc)’
  ‘All those present gained something from the session’
IT issues

• Restrictive terminology of existing read codes
  – Term: ‘Hazardous alcohol use’
    Authors Comments: New term added 136S
  – Term: ‘Harmful alcohol use’
    Authors Comments: New term added 136T

• Storing electronic versions of screening tools within the clinical systems
What is everyone else like?

What benefits will YOU get from cutting down on your drinking?

**Physical:**
- Sleep better
- More energy
- Lose weight
- No hangovers
- Memory will be better
- Better physical shape
- Reduced risk of injury
- Reduced risk of high blood pressure
- Reduced risk of cancer

**Psychological, Social, Financial:**
- Improved mood
- Less hassle from family
- Reduced risk of drink driving
- Save money

Most people are sensible drinkers

### ‘How to do it’ plan

**What should YOU aim for?**

<table>
<thead>
<tr>
<th>Who?</th>
<th>How many drinks?</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Men</td>
<td>• No more than 4 standard drinks</td>
<td>• Daily</td>
</tr>
<tr>
<td>* Women</td>
<td>• No more than 21 standard drinks</td>
<td>• Weekly</td>
</tr>
<tr>
<td>* Dependent drinkers</td>
<td>• No more than 3 standard drinks</td>
<td>• Daily</td>
</tr>
<tr>
<td></td>
<td>• No more than 14 standard drinks</td>
<td>• Weekly</td>
</tr>
<tr>
<td></td>
<td>• No drinks are safe</td>
<td></td>
</tr>
</tbody>
</table>

### Determine Action

- Have your first alcoholic drink after first starting to eat
- Quench thirst with non-alcoholic drinks before having an alcoholic one
- Have a non-alcoholic drink before every drink
- Switch to low alcoholic beer
- Take smaller sips
- Plan activities and tasks at those times you usually drink
- When bored or stressed have a physical workout instead of drinking
- Explore interests - cinema, social club, exercise
- Avoid going to the pub after work
- Avoid or limit where possible time spent with your ‘heavy’ drinking friends
- Any ideas?
- Things you’ve tried?

This intervention package is based on a programme originally developed in the Department of ... University of Sydney as part of a project funded by the WHO.
Best practice SBI implementation model

Case identification routinely within GP and practice nurse consultations:
- Opportunistic screening
- Population led data exercise
- Targeted screening
  - AUDIT C
  - FAST
  - AUDIT PC

AUDIT

Negative screen:
- Positive reinforcement
- Unit awareness

Possible dependence:
- Referral for diagnostic evaluation

Positive screen
- Tier 1 simple structured advice following How Much is Too Much? materials
  - "Your score indicates the possibility of future harm. What do you think...?"
- Assessment of motivation to change
- Offer of follow up appointment

Patient’s consumption level decreases

Tier 2 Health Behaviour Change counselling
- 10-15 minutes of motivational enhancement

Referral to specialist agency
DOH Implementation project and QOF

• Continued implementation research at the policy level
• 1 a DoH research bid
• 2 the GP contract QoF indicators
• A prescreen with sasq..then screen with audit pc or fast....then a brief intervention