

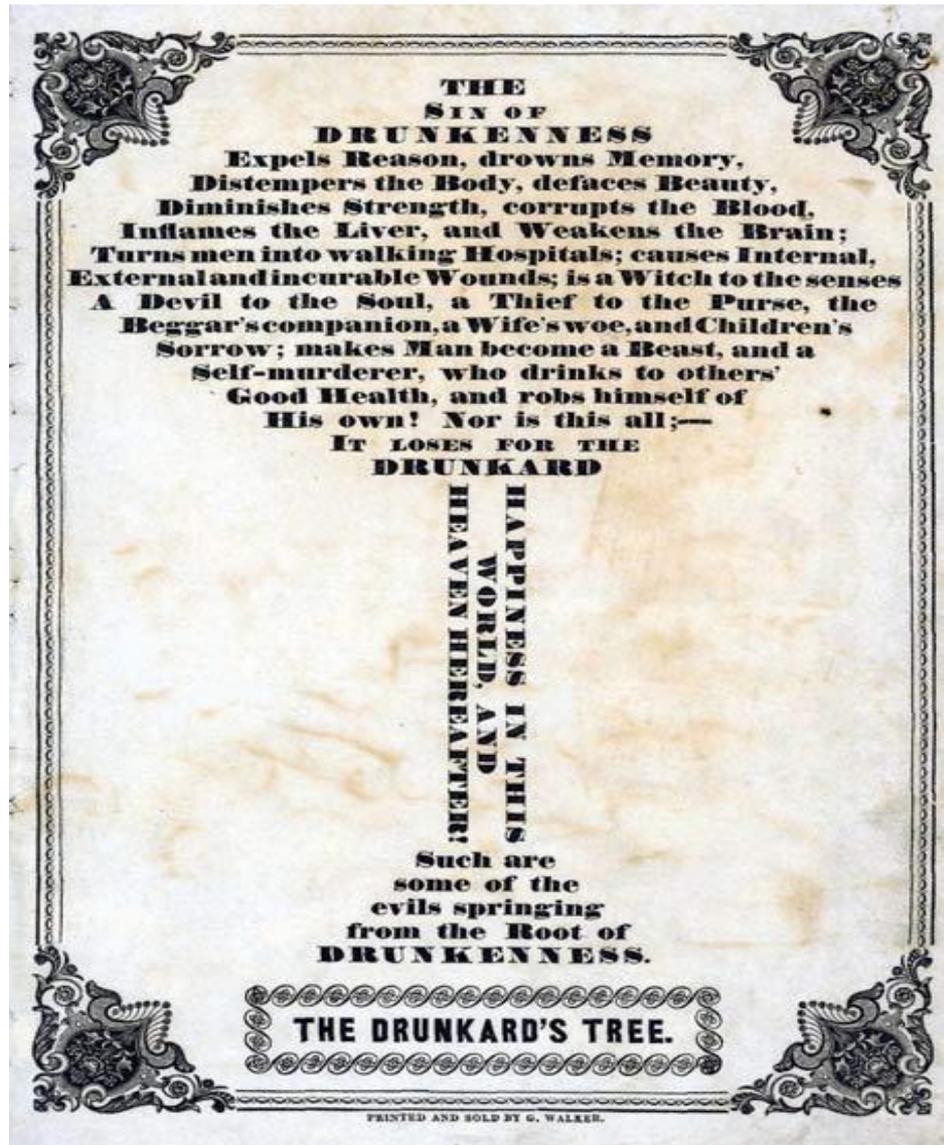
Developing an Alcohol pathway in primary care – a pilot project

Identification & Brief Advice - Alcohol Interventions in Primary Care & Beyond Conference - 29 April, Leeds

Dr Dawn Scott Consultant in Public Health, Newcastle City Council

Dr Guy Pilkington GP and Chair West CCG

Acknowledgements to Gill O'Neil – PH Spec Registrar Trainee and Caron Walker – Locum Consultant in Public Health



Picture courtesy from the Tyne and Wear archive

Alcohol facts in Newcastle

In 2012/13 Newcastle had **711 adults** (18 and over) in specialist alcohol treatment, of those in treatment:

- **45%** report consuming over 600 units in the 28 days prior to treatment, compared to 36% nationally.
- The mean age of those accessing specialist alcohol treatment in Newcastle was **40.2** years, compared to 42.3 years nationally.
- **24%** of the drug treatment population in Newcastle also cite '*additional problematic alcohol use*', compared to 22% nationally

Source: NDTMS, Alcohol JSNA support Pack 2012/13, Newcastle Upon Tyne, Public Health England, 2013

Of those accessing specialist alcohol treatment services

- **22%** report using another drug (not opiates/crack), compared to 14% nationally
- **36%** report receiving care from mental health services for reasons other than substance misuse, compared to 21% nationally
- **79%** report being unemployed at start of treatment, compared to 59% nationally

Source: NDTMS, Alcohol JSNA support Pack 2012/13, Newcastle Upon Tyne, Public Health England, 2013

Newcastle Statistics

Trend in alcohol-related hospital admission rates per 100,000 population, 2002-03 to 2012-13(Provisional) (All ages, Directly Standardised Rate)

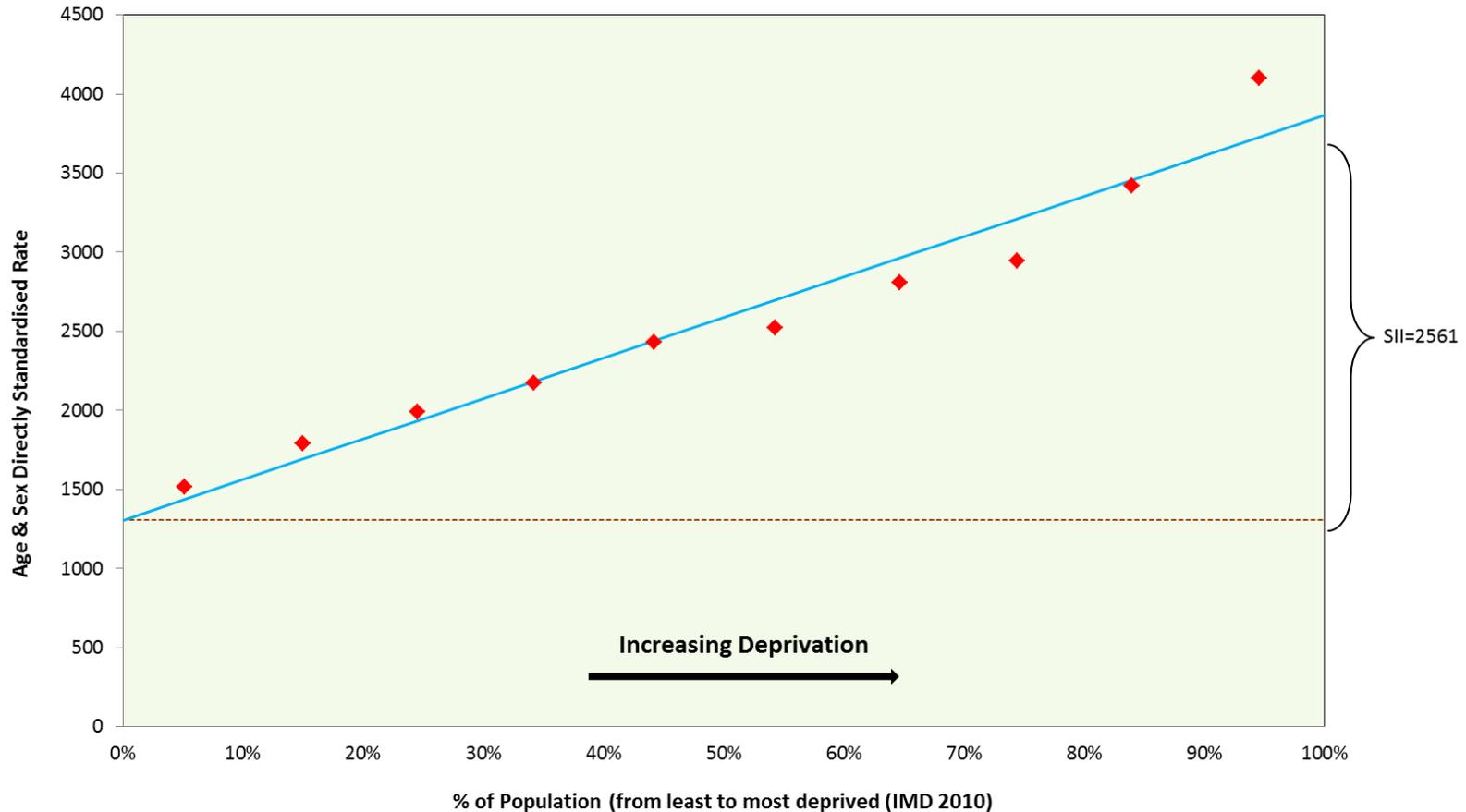
Source: Local Alcohol Profiles For England (LAPE)



Newcastle Statistics

Figure 11: Alcohol-Related Hospital Admission Rate by Deprivation Decile, showing the Slope Index of Inequality, Newcastle 2010-11

Slope Index of Inequality = 2561 (95% confidence interval: 2076 to 3045)



The origins of the work – our journey

- Alcohol is a public health priority (PHE and locally for Newcastle city council)
- West Newcastle Clinical Commissioning Group (CCG) identified ‘improving community alcohol services’ as one of their top priorities within their prioritisation plan

“Alcohol: In recognition of a growing culture of alcohol misuse across the city our intention is to work with local authority public health colleagues to improve access to community alcohol services.”

- Investment in substance misuse had traditionally been high but low in relation to alcohol services

....as such we gained multi agency sign up to a Rapid Process Improvement Workshop

Rapid Process Improvement Workshop

– the starting point

- No clear pathway
- No robust data on the numbers and demographic profile of the population utilising alcohol services across Newcastle
- We had Hospital Episode Statistics (HES) available to inform commissioners about hospital admissions which are wholly or partially attributable to alcohol **but this is only part of the health profile for Newcastle**
- Impending changes to the NDTMS: National Drug Treatment Monitoring System and the NATMS: National Alcohol Treatment Monitoring System

Rapid Process Improvement Workshop

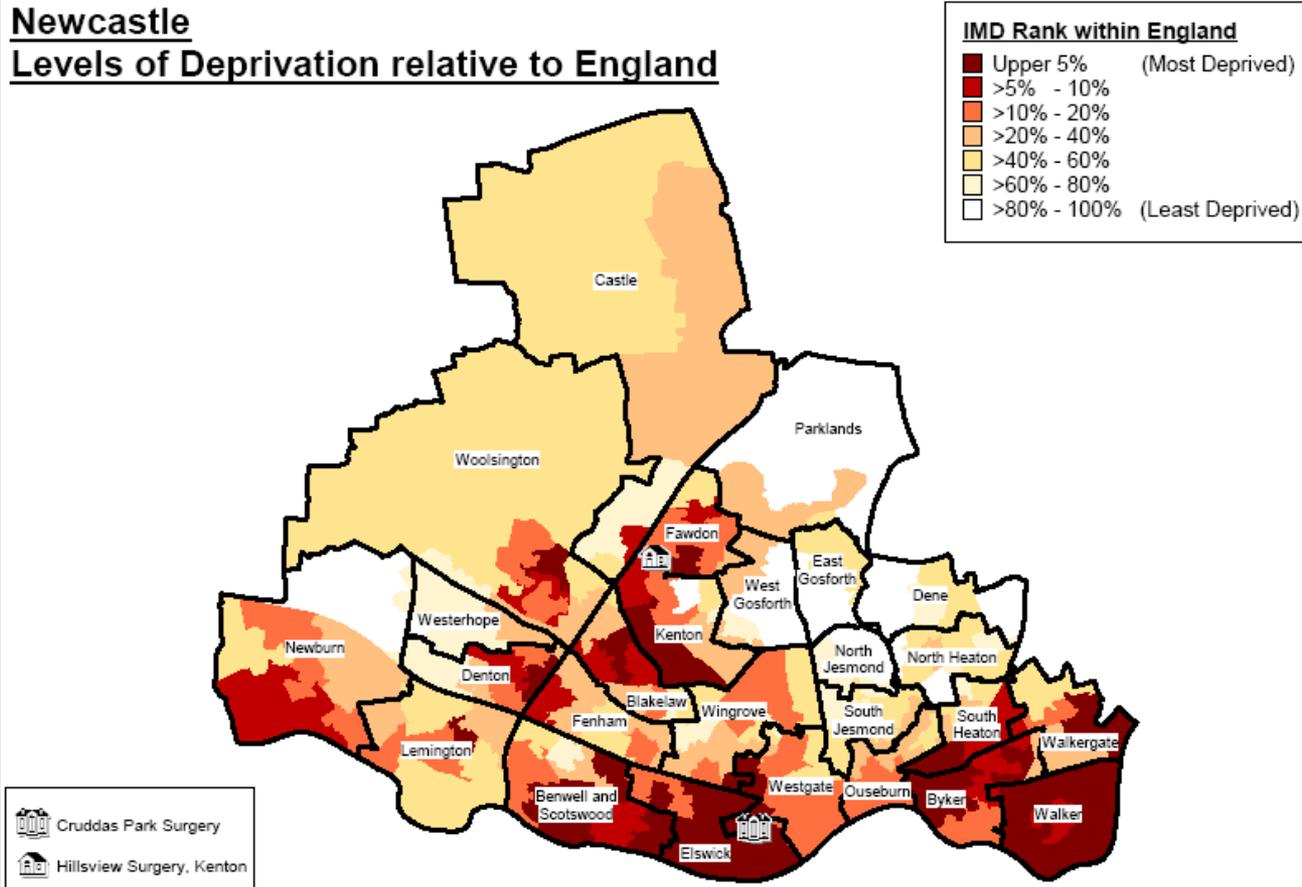
– the starting point

- Poor performance measure in contracts to insist local alcohol services populated our databases
- Universal services (e.g. police, probation, youth offending team, school health) had been trained to undertake alcohol screening and brief advice with the populations they serve.
- There has been no data capture built into this universal level screening service (tier 1) and so it unclear who has completed alcohol screening
- Lack of clarity amongst service providers regarding who is currently operating across the pathway (from universal screening through to structured treatment).
- Differing thresholds for referral being applied by different organisations

Outcome of RPIW

- Development of a clear pathway from primary care
- Ensure primary care practitioners are trained appropriately (IBA training)
- The need to integrate the Alcohol Use Disorders Identification Test (AUDIT) tool into the system to **identify people with hazardous and harmful patterns of alcohol consumption**
- To embed the whole pathway into the identified pilot practice operating system for ease of access for practitioners – to include referral points along the pathway depending on need (defined by audit score) and embed key documents of interest to practitioners and patients into the system
- Focus on one practice first

Why Cruddas Park?



Source: The English Indices of Deprivation 2007. Deputy for Communities and Local Government

Produced by RS 09/12/2008

Why Cruddas Park?

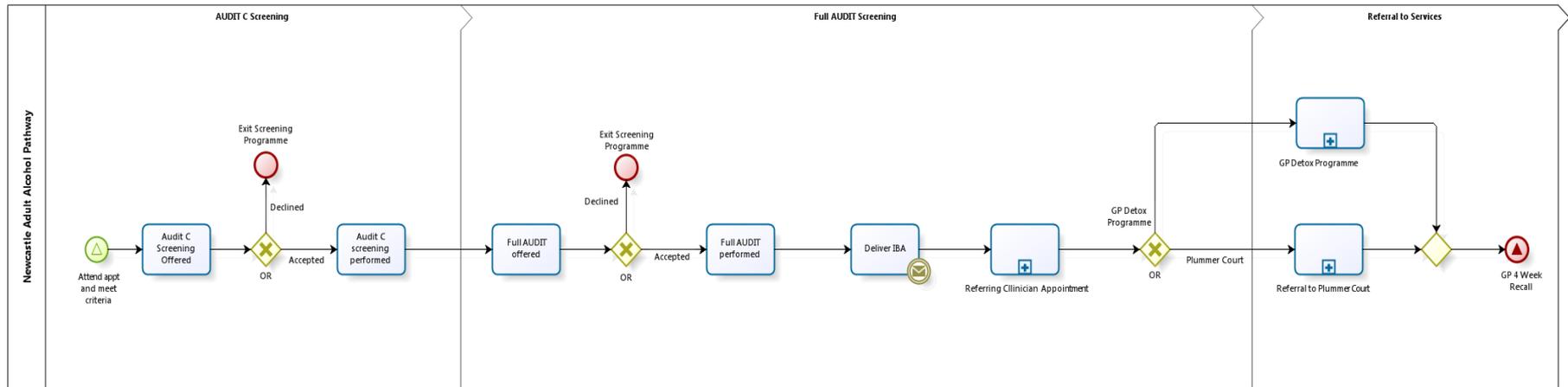
- Is based in an area of high deprivation
- 46% of the patients registered with the practice lived in areas that rank amongst the 5% most deprived in the whole of England
- 80.5% of the patients are resident in areas that are amongst the most deprived 20% in the country
- 69.1% of patients were found to have a long-standing health condition compared with 57.4% for the CCG average and 53.5% for the England average.*

Life expectancy at birth

	Cruddas Park	Newcastle	England
Women	78.9	81.2	82.9
Men	73.8	77.2	78.9

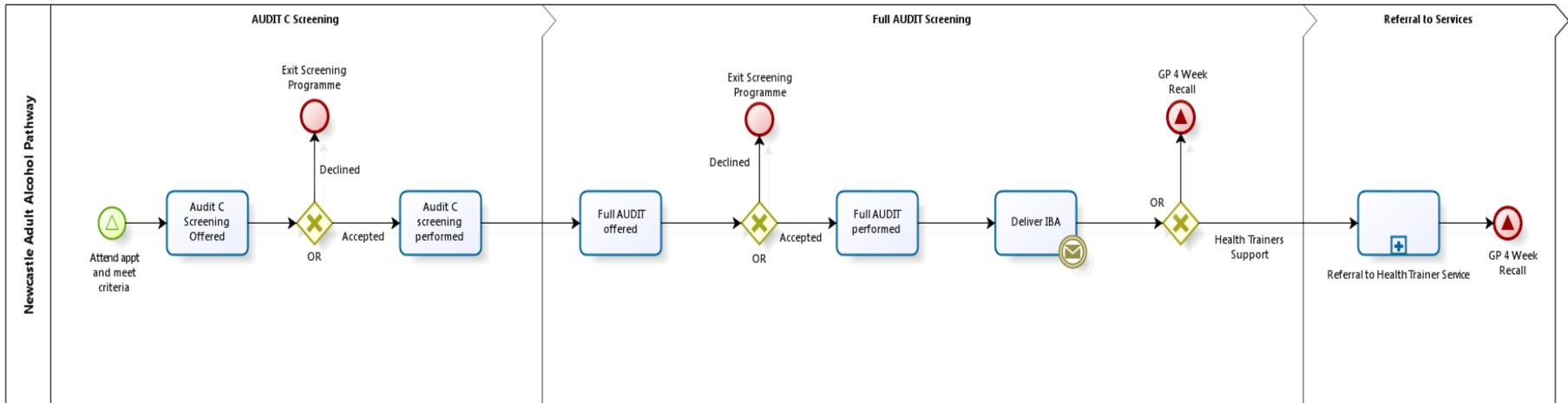
Source: Newcastle Health Profile 2013

Example of pathway - Audit C Score 20+



Development of a clear pathway from primary care

Example of pathway - Audit C Score 8-15



Development of a clear pathway from primary care

Aims of brief intervention

- reduce the burden of alcohol related injuries and disease on the NHS and society
- inform service users of the health risks associated with drinking
- determine which person / service users health could be improved by reducing drinking
- encourage people / service users to think more carefully about how their drinking might adversely affect their client journey

Cruddas Park Pilot

Aim

- To undertake a three month pilot to assess the effectiveness of the adult alcohol care pathway prior to roll out across West CCG practices

Objectives

- To collect baseline data from Cruddas Park on patients with current AUDIT scores and onward referrals made
- To establish an electronic data template to capture patient outputs and outcomes for pilot and future roll out
- To train all Cruddas Park staff in alcohol awareness and brief advice prior to pilot
- To complete three month pilot
- To analyse the patient outputs and outcomes from the pilot to assess effectiveness of pathway
- To analyse staff pre and post questionnaires to assess staff attitudes, confidence and competence to delivering across the alcohol care pathway

Cruddas Park pilot

- **Baseline data collection**
- Provide a current assessment of practice operating in Cruddas Park
- **Pre questionnaires** will assess staff's
- **Current practice** delivering messages about alcohol
- **Confidence** in completing alcohol screening and brief advice with patients
- Perceived level of **importance** regarding alcohol as a priority topic
- **Knowledge** of alcohol
- **Confidence** to refer patients to appropriate services

Pre pilot Training

- Alcohol awareness
- Using the AUDIT tool
- Holding a structured brief conversation with a patient about alcohol
- Future state pathway shared
- Safeguarding issues
- Data template
- Use of standard health promotion literature

Output measures of pilot

- Baseline: Number of current patients with an AUDIT score
- Baseline: Number of current patients scoring 8+ on AUDIT receiving an appropriate intervention
- Proportion of practice staff completing training
- An agreed electronic data template
- AUDIT scores of patients from 7 priority groups
- Proportion of patients scoring 8 – 15 on AUDIT receiving brief advice
- Proportion of patients scoring 16 – 19 on AUDIT being signposted/referred to tier two service
- Proportion of patients scoring 20+ being referred to tier three service
- Proportion of patients returning for 4 week review appointment
- Proportion of patients with second AUDIT score
- A finalised adult alcohol care pathway for primary care to be promoted across West CCG

- **Primary outcome of pilot**
- Number of patients with a reduced AUDIT score following intervention
- Number of patients referred and attending structured treatment for alcohol

Post pilot

- **Post questionnaires** will assess staff's
- **Current practice** delivering messages about alcohol
- **Confidence** in completing alcohol screening and brief advice with patients
- Perceived level of **importance** regarding alcohol as a priority topic
- **Knowledge** of alcohol
- **Confidence** to refer patients to appropriate services
- Feedback on electronic data capture template
- Feedback on integrating alcohol screening and brief advice into practice
- Feedback on target audience for pilot

Methods

For the duration of the pilot, **all new patients** and patients from priority groups (see below), were asked about their current alcohol consumption. The priority groups identified were people from the following categories:

- **NHS Health Checks**
- **Long Term Conditions (LTC)**
- **Sexual health/Family planning**
- **Mental health presentation**
- **Pregnant women**
- **Opportunistic screen**

Alcohol Use Disorders Identification Test (AUDIT)

Offer AUDIT-C to all new patients or patients in a priority group

– If AUDIT-C taken,

- score of 0-4: no further action
- score of 5 or above: offer a **full** AUDIT

– If **full AUDIT** taken,

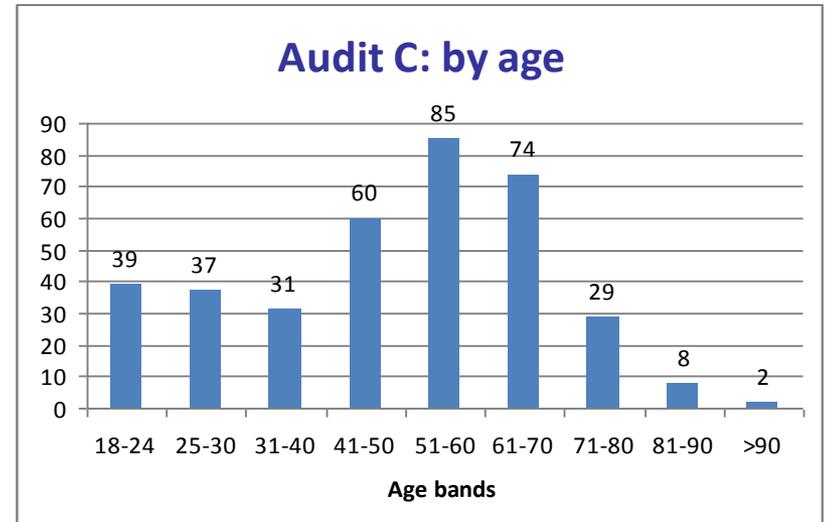
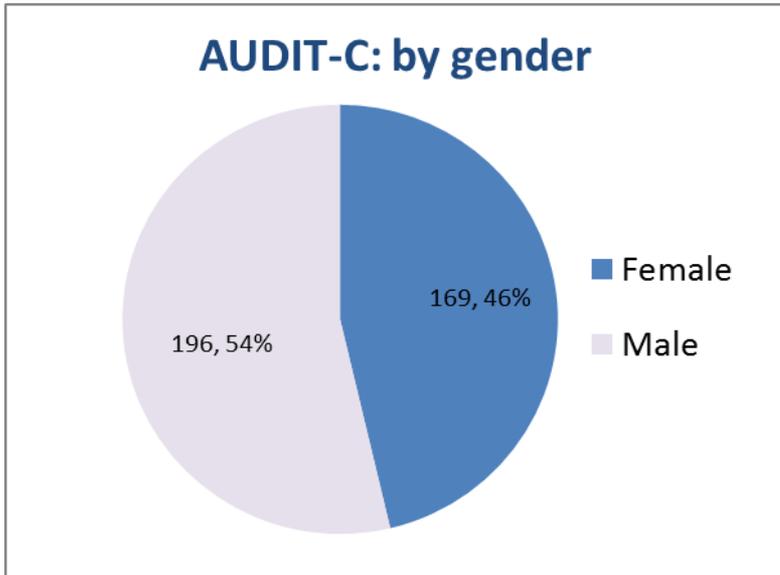
- scores of 8-15: brief advice given in the practice by a trained health professional
- scores of 16-19: patients signposted to other services and/or referred to tier 2 services (e.g. open access facilities and outreach that provide alcohol-specific advice, information and support; extended brief interventions to help alcohol misusers reduce alcohol-related harm)
- scores of 20: clearly warrant further diagnostic evaluation, e.g. referral to specialist services for alcohol dependence

Findings

In the 13 week period between 1 November 2012 and 31 January 2013

- **Key points**
- **365** AUDIT-Cs undertaken (3.8% of the practice population)
- **248** (68%) were identified as low with a score of less than 5
- **126** full AUDITs undertaken (35% of AUDIT-Cs)
- Of **126** full AUDITs, **64** were positive with a score of more than 8
- Scores ranged from 8-24 (median score 10)
- **60** of those (94%) has a score between 8-15 (benefit from brief advice)
- **5** patients were referred to specialist services
- Most IBA was undertaken by HCAs (61%) and practice nurses (36%)
- All staff felt the training was important and beneficial
- Time to do IBAs was an issue for some staff
- All practice staff surveyed considered it feasible to roll-out IBA into other practices

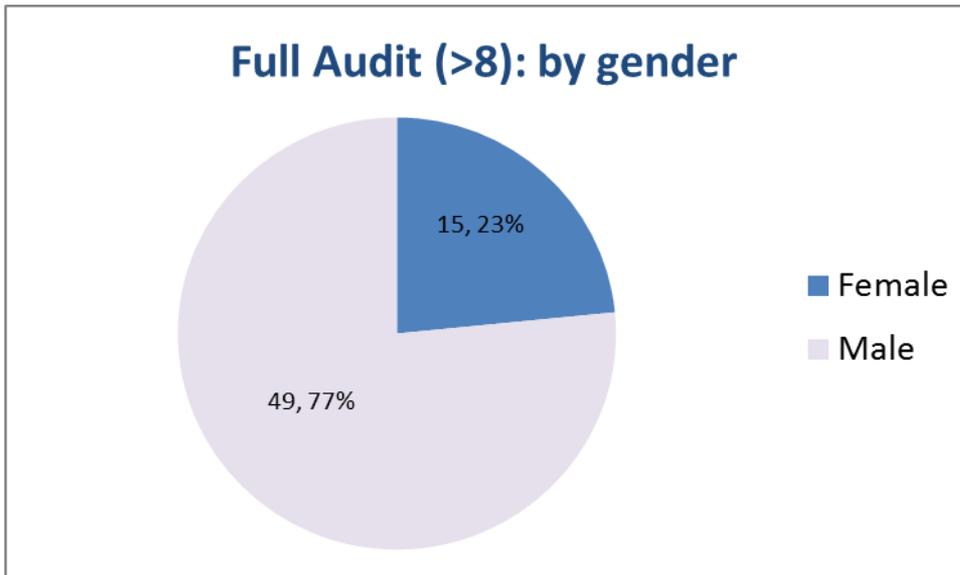
Audit C Gender & Age



Low Risk = (68% n= 248)

Higher risk (32% n= 117)

Full Audit by gender

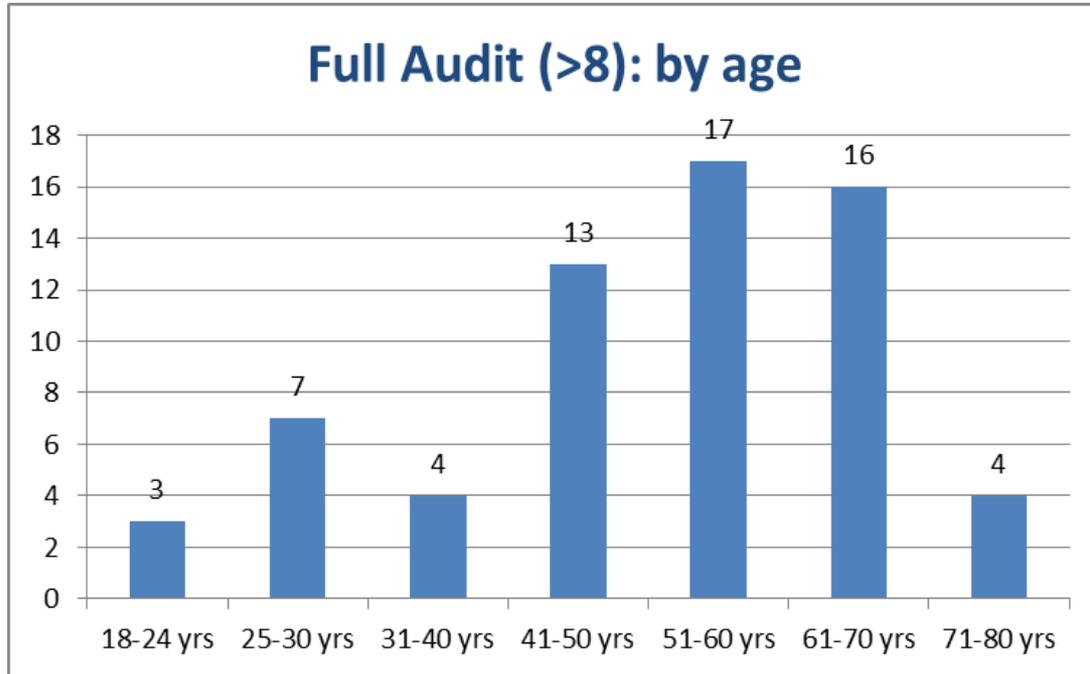


Recommendation

Consideration should be made about what intervention, if any, is offered to patients who score 5+ on AUDIT-C but who have a score of <8 in the Full Audit.

Although the gender split for patients being assessed by AUDIT-C were generally balanced (46% female to 54% male), less than a quarter (23%) of those patients receiving a full audit was female.

Full Audit by age



scores of 8-15: brief advice given in the practice by a trained health professional

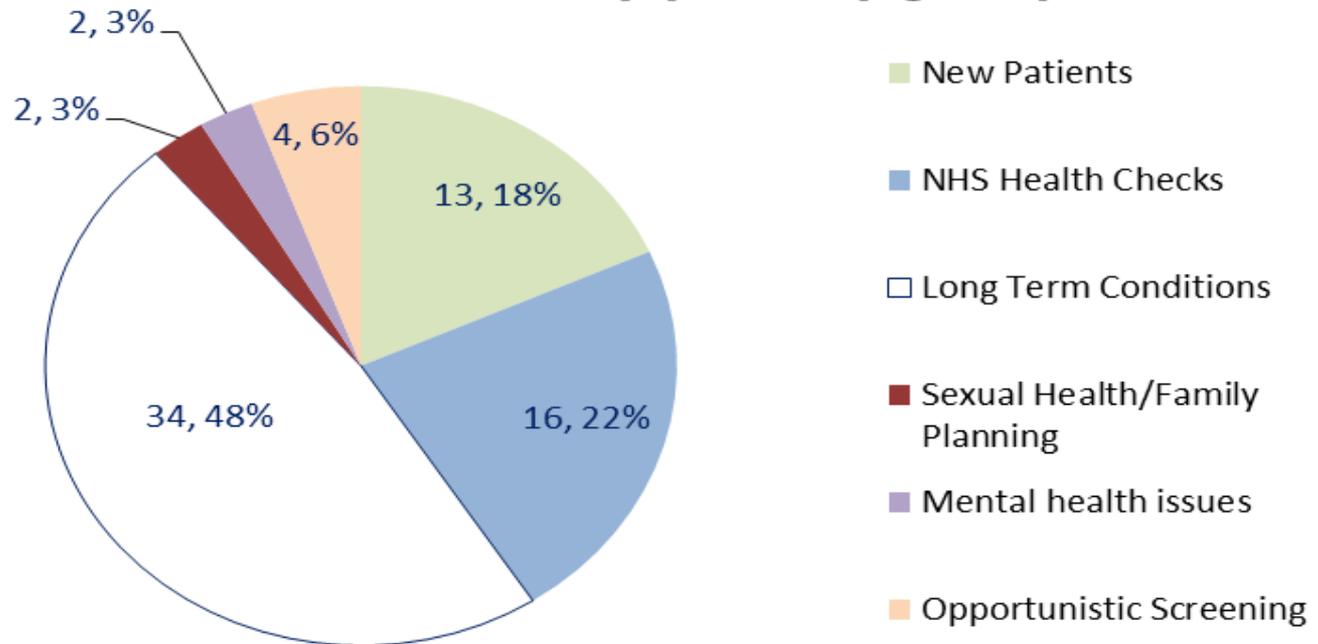
scores of 16-19: patients signposted to other services and/or referred to tier 2 services (e.g. open access facilities and outreach that provide alcohol-specific advice, information and support; extended brief interventions to help alcohol misusers reduce alcohol-related harm)

scores of 20: clearly warrant further diagnostic evaluation, e.g. referral to specialist services for alcohol dependence

Alcohol consumption in the sample

- Of the **365**
- In terms of the weekly alcohol consumption of this group of patients, it varied enormously from 0 to 224 units a week and included 4 patients who stated they drank 100 or more units a week.
- Excluding the two outliers of 0 and 224, the mean weekly consumption was 33 units a week.

Full Audit >8: by priority group



Recommendation

All new patient reviews, long term condition reviews and NHS Health Checks should incorporate IBA.

Professional views

During the period of the pilot, nine members of staff in the practice undertook IBA to patients from the following professions:

- 2 health care assistants
- 2 practice nurses
- 5 GPs
- 5 individuals were interviewed to ascertain their views of the pilot

Within the pilot timeframe the majority of Identification and Brief Advice (IBA) encounters were through HCA's and Practice Nurses. Only 3 full audits were undertaken by GPs – **with 'time' being a factor.**

All 5 professionals felt IBA **should be part of a lifestyle review**

Undertaking the IBA; 2 staff identified HCAs as best placed to do them while 2 people felt that everyone should do them.

All though it was feasible to **incorporate brief interventions into routine clinical practice** and that the practice should continue doing brief interventions.

Raising the issue

- Prior to the pilot it was raised that the only time alcohol was discussed was as a new registrant
- Most felt confident in raising the issue of higher than recommended levels of drinking (although one acknowledged how patients often hide the truth)
- The training was highly valued and the use of 'tools' e.g. the audit tools helped assist the potentially difficult conversation
- Audit tools are easy to use

Time and planning

- *“Sometimes the timing is an issue, for people who screen mid way it’s not too bad, but if people score high you need to spend more time with them. It takes a double appointment – about 20 minutes. Or I add it into an annual check, it takes an extra five minutes. It’s hard to judge how long it will take until you ask the questions. You definitely need longer – especially if they need to discuss the issues more, you don’t want to hurry people if they are listening.”*

Professional voices

5 professionals were interviewed and were in support of using IBA

- *“Some patients aren't aware that they are hazardous drinkers until it is brought to their attention. These are a particular target of mine as usually it shocks them into cutting down on unit intake.”*
- *“a major public health, personal health, family & community health issue”*
- *“One guy had a health check and his cholesterol was up, he was drinking most days, now he has cut out drinking through the week. I told him his attitude was great. He had never thought about it until he came to the GP, he is sleeping better, he feels better. He thanked me and it made me feel good.”*

Recommendation

Consideration should be made about what intervention, if any, is offered to patients who score 5+ on AUDIT-C but who have a score of <8 in the Full Audit.

Recommendation

All new patient reviews, long term condition reviews and NHS Health Checks should incorporate IBA.

Recommendation

A proforma for referral to specialist services should be available for staff in primary care.

Recommendation

IBA should continue in the practice and be incorporated into routine clinical practice.

Recommendation

Consideration should be made about the extra time required to incorporate IBA into routine clinical practice.

Recommendation

Consideration should be made about whether all staff, or key staff, should receive full IBA training.

Recommendations

Develop a consistent approach between the new patients' consultation questions and the IBA consultation questions, e.g. using units as the agreed measure and not 'drinks'.

Recommendations

IBA should be added to all chronic disease management templates.