

Review of Identification and Brief Advice (IBA) Interventions across London - June 2012

Summary

1. Introduction

The London Health Improvement Board (LHIB) commissioned The Centre for Public Innovation and Gecko Social Health Outcomes to undertake a comprehensive review of IBA provision across London in health, social care and workplace settings. The review identifies the barriers and facilitators to IBA delivery in these settings and provides a set of recommendations for improving implementation. This review was commissioned to support one of the key areas for action, which is to ensure that early interventions are in place to support those most at risk and help inform programme development and delivery of IBA across different settings in London.

2. Methodology

The review of IBA adopted both qualitative and quantitative approaches in order to develop a detailed picture of the issues. These included:

- An online survey that facilitated the involvement of 24 boroughs.
- In depth interviews with stakeholders in a representative sample of boroughs.
- A comprehensive review of all Joint Strategic Needs Assessments (JSNA) in London, highlighting if alcohol and or IBA were identified as a priority. This was supported by an academic and grey literature review relating to the effectiveness of a range of interventions that fall under the generic term of 'IBA'.

3. Literature review

The efficacy of IBA has been proven over the last 30 years in 56 clinical trials, with an estimate that one in eight interviewees moderate their alcohol consumption as a result. The effectiveness of IBA should therefore be taken as a given. Further conclusions from the literature review showed that:

- There were variables in the success rate of brief interventions, which included duration, content, personnel responsible for delivery, goals and therapeutic philosophy.
- Staff were willing to deliver IBA but faced workload pressures, issues relating to staff turnover. They also questioned the importance of alcohol in Emergency Department (ED) settings (SIPS 2012).
- EDs, Primary Health Care Services (PHCs), and Criminal Justice settings present windows of opportunity for reducing alcohol harm (Charalambous, 2002).

4. Online survey and interviews

The online survey and interviews undertaken across London revealed a number of recurring barriers to implementation, including:

- A lack of strategic and organisational commitment, reflecting an inability to see the potential benefits of IBA to their own organisational agenda.

- A drop-off in the delivery of IBA by staff after training, partly explained by issues around lack of support and ongoing quality assurance.
- Lack of time, resources or incentive, which is most notably a feature in non-specialist services where staff have other operational commitments and competing priorities.

The online survey and interviews also revealed a number of examples of good practice, which can be seen as key facilitators for embedding IBA in non-specialist settings IBA. Examples include:

- Contextualising the evidence base with a concise summary of evidence, highlighting the benefits of IBA for all stakeholders.
- Individual champions, who can motivate colleagues in front-line IBA delivery.
- Strategic and organisational commitment, which is reflected in documents prepared at borough level (such as Joint Strategic Needs Assessment); inclusion of IBA delivery within Job Descriptions was suggested.
- Incentivisation through the potential use of existing incentives in IBA delivery, such as Commissioning for Quality and Excellence (CQUIN) and Direct Enhanced Service (DES).
- Common performance monitoring, which tracks a key dataset for each non-specialist provider on a quarterly basis.

Recommendations

The LHIB will need to consider both the barriers to embedding IBA in non-specialist services and the facilitators for enhancing delivery. In taking account of the above barriers and facilitators, the review specified ten recommendations for driving IBA implementation forward. Recommendations include:

- Contextualising the evidence-base and providing a concise summary of evidence that highlights the benefits of IBA for all partners involved.
- Commitment made in strategic documents.
- Identification of individuals at senior level to act as standard-bearers, as well as front-line champions.
- Standardised Quality Assurance systems should be put in place to ensure that staff are consistent in their delivery of IBA after training.
- The use of existing IBA packs to support delivery.
- The potential use of existing incentives in IBA delivery such as CQUIN and DES.
- The use of 'mystery shopping' to identify where front-line staff are not offering IBA.