

HubCAPP: IBA and the commissioning perspective

The Hub of Commissioned Alcohol
Projects and Policies

www.hubcapp.org.uk

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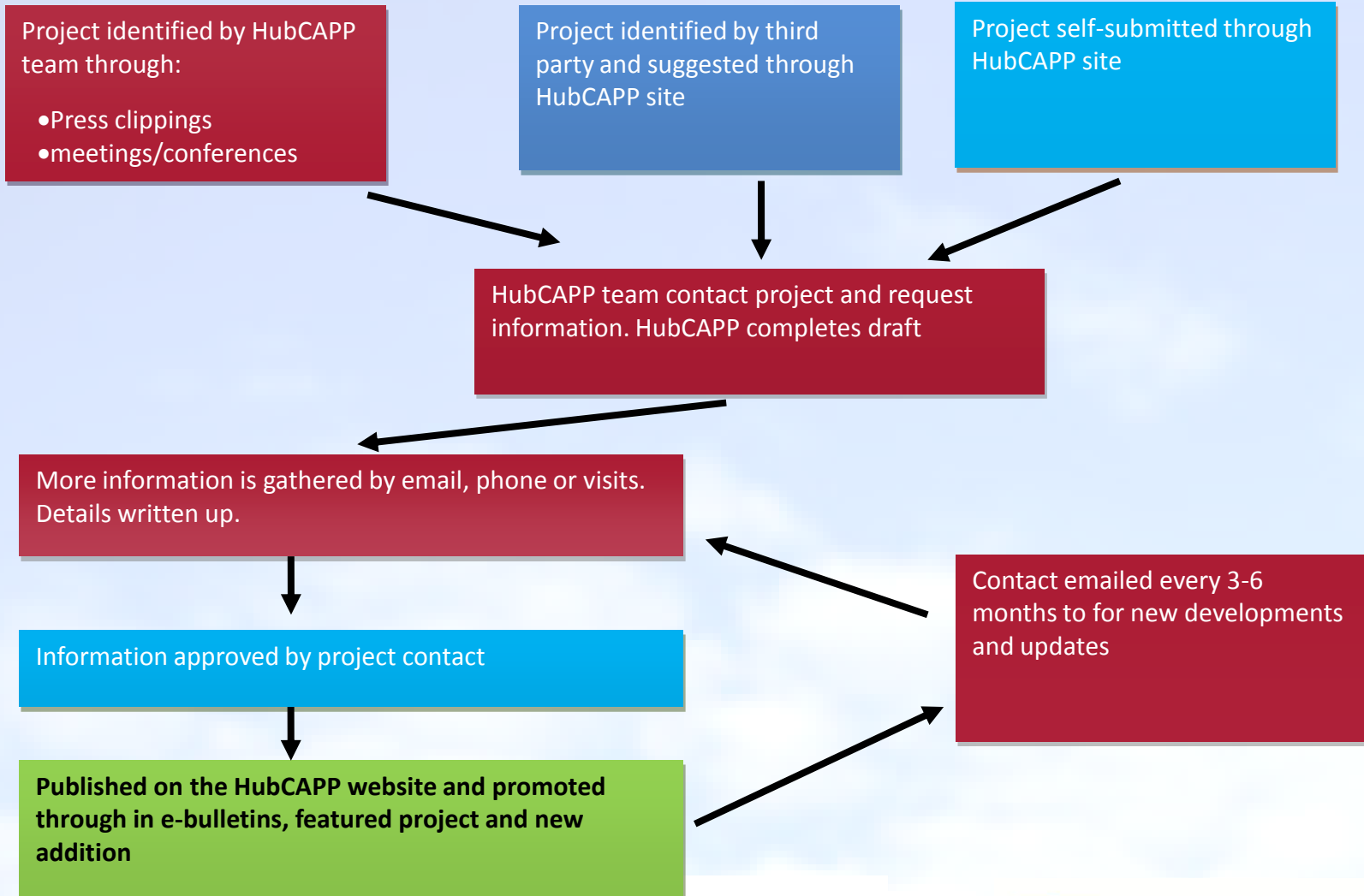


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Making Sense of Alcohol



ALCOHOL
LEARNING CENTRE

How do we collect projects



IBA on HubCAPP

- 46 examples across the nine GO regions
 - 23 in hospitals settings
 - 11 in GPs
 - 3 in pharmacies
 - 4 in probation settings



Manchester Royal Infirmary IBA

- IBA in A&E started in 2006 and Alcohol Liaison Nurse was employed
- Wanted to screen 100% of all A&E attendees (overly ambitious), data collection at the start was 12.5% screened, improved to 64.4% by Sept 07
- Being rolled out to other hospitals and GPs in Manchester
- **Problems:**
 - Initial implementation: lack of warning or preparation
 - Staff saw the position advertised before they had been told about the project
 - Memo was sent round, staff felt a formal briefing was needed as it was too informal
 - Work commenced just before Christmas - very busy time



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Manchester Royal Infirmary IBA

- **Problems (cont)**

- Staff felt the work was imposed on them and questioned it's value
- Staff felt the questions were too personal and could be seen as an accusation for the patient
- It was unclear who the project was targeted at – binge or dependent drinkers
- Lack to time to attend the training
- Visibility of the ALN - knowing who the Alcohol Liaison Nurse was



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Manchester – overcoming problems

Problems

- Imposed upon & questioning value
- Questions too personal
- Who the project is targeted at
- Knowing who the nurse was

- Time to attend training

Solution

- = senior member enthusiastically promoted it
- = building rapport and not asking as first topic
- = training clarified and addressed this
- = visible presence to motivate staff, an office for the nurse to make it an integral part of the A&E
- = flexible approached including an online quiz worked and managers could track who had completed it

- Lack of warning – preparation** : the importance of initial implementation & the potential long term impact on staff engagement.
- A&E culture is rapid response rather than planned interventions = time to embed the work into practice.



Learning from HubCAPP

- An Alcohol Health Worker (in hospital) can lead to:
 - Early discharge of patients
 - Savings in bed days per year
 - Reduced re-attendance by patients to hospitals and GPs
- Staffing changes occur often
 - will take longer to embed into practice
 - training is continuous
 - Funding should be committed for at least two or three years before commissioning
- Perceptions and attitudes may need challenging
 - Own knowledge about alcohol and comfort in asking patients about alcohol consumption



Learning from HubCAPP

- Demand from referrers will be high
 - appropriate levels of staffing and support are needed
- It is essential to allow staff to attend the training and allocate time to the doing the work
- Data reporting needs to be made clear and simple from the start
- Learning from others already successfully running IBA should be encouraged (HubCAPP)



Recurrent issues

- Will uncovered dependent drinkers
 - Referral routes
 - develop case management/coordination protocols
 - people with complex problems
 - IBA is not treatment



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Recurrent issues

- Data
 - Collection
 - Gaining access
 - Use of



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Recurrent issues

- Training
 - access to training
 - getting people to attend training
 - training the right people

- Once trained getting people to do the work



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Recurrent issues

- Sustainable funding...



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HubCAPP Awards

- Voting is now open for
 - HubCAPP Project of the Year
 - HubCAPP Most Useful Project of the Year

Until 26 Feb to vote

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