

# Lessons learnt from alcohol harm reduction initiatives across England



HubCAPP: Hub of Commissioned Alcohol Projects & Policies



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**Alcohol Concern**  
Making Sense of Alcohol



## Introduction

The Hub of Commissioned Alcohol Projects and Policies (HubCAPP) is an online resource of local alcohol initiatives. HubCAPP highlights the different ways that local areas are implementing alcohol interventions across England and has examples from a variety of settings and across different population groups.

In particular HubCAPP is focused on health initiatives and tries to capture how challenges and obstacles have been overcome<sup>1</sup>. HubCAPP, launched March 2008, had over 130 local projects listed and over 14,000 unique visitors in 2009 with 113,870 page views<sup>2</sup>.

HubCAPP is part of the Department of Health's Alcohol Learning Centre and is managed by Alcohol Concern.

HubCAPP was established to help people working in the alcohol and health field to:

- promote and highlight their projects and local strategies
- share practice examples and details about initiatives in their area
- learn from others to reduce duplication

This briefing presents information from a wide range of initiatives listed on HubCAPP and the learning from these.

## Methods

HubCAPP has a small team who collate and research projects. Information on each project is collected, including:

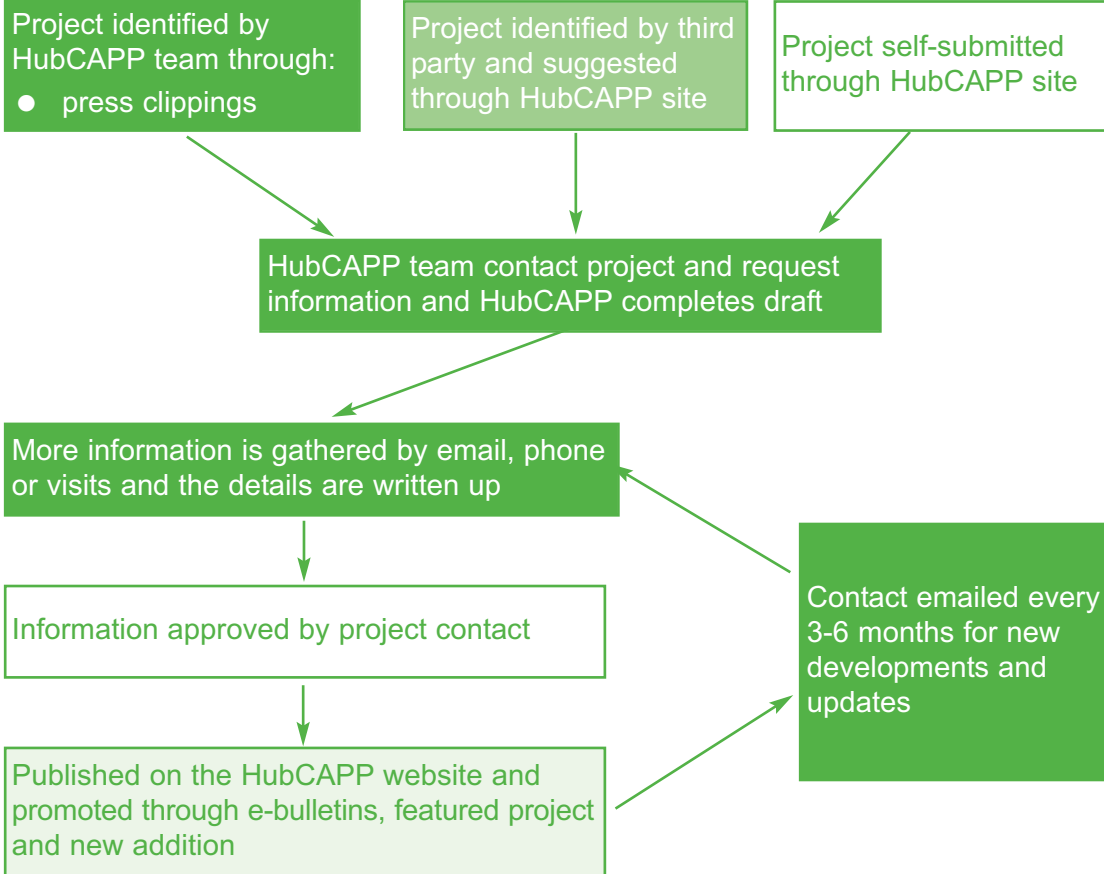
- project aims and objectives
- background to the project: what was the reason for undertaking the work?
- planning processes: what happened? the timeline of events? who administered it? who received it? what did it cost?
- links to local and national strategies
- evaluation, monitoring and learning
- project costs and staffing
- any documentation - job descriptions, reports that people want to include.

Information is then disseminated via the HubCAPP website and also by the team through presentations, attending conferences and e-bulletins (including HubCAPP e-bulletin, Alcohol Learning Centre e-newsletter, Alcohol Concern News and Alcohol Policy net).

The website contains a searchable database of initiatives that can be filtered by a variety of methods including: by regions, type of project (includes high impact change), funding stream or relevant group.

<sup>1</sup>Project is a loose term used by HubCAPP to describe a tranche of work. <sup>2</sup>Website statistics describe a 'Unique visitor' as a unit of traffic to a website each visitor is counted only once, even if they return to the site multiple times. 'Page views' is the total number of pages viewed on a site.

## How Projects are identified



## Commissioning approaches

### Stoke-on-Trent Commissioning Increased Capacity in Alcohol Treatment Services

Stoke-on-Trent used analysis from the Rush Model (a systems model approach developed by Brian Rush to estimate the required capacity of alcohol treatment services) and drew on local and national statistics to identify gaps in their current alcohol treatment provision. The capacity analysis

showed treatment provision stood at 8.7% set against a guidance target of 15%. Consequently Stoke-on-Trent developed an Alcohol Delivery Plan to expand treatment across the whole continuum of alcohol dependency. This investment was combined with an increased focus on early identification and prevention to help reduce long term need.



*Lesson learnt:* The current treatment provision was inadequate for the needs of the population; use of statistics and Rush model analysis helped to present the case for investment in the system. [www.hubcapp.org.uk/3DJJ](http://www.hubcapp.org.uk/3DJJ)

### **NHS Blackpool System Dynamics Modelling for Alcohol Treatment**

NHS Blackpool developed a dynamic 'whole system' model to enable commissioners to test and demonstrate which strategies were most effective for reducing alcohol-related hospital admissions. The team wanted to understand the relationship between commissioning, costs, data and how actions on one part of the treatment system can impact on other parts. The model tested different hypotheses (including changing nothing). The most effective strategy for the PCT was to increase multiple interventions, including Identification and Brief Advice, Brief Interventions, Extended Brief Interventions and the Alcohol

Nurse Service interventions.

*Lesson learnt:* That strong commitment is needed from all participants in order to develop a robust model. [www.hubcapp.org.uk/QJ2Q](http://www.hubcapp.org.uk/QJ2Q)

### **Bexley Treatment Alcohol Care Pathway Guidance**

The Pathway Guidance was developed during 2008 by the Alcohol Strategy Group in consultation with all service providers in the borough. It sets out the services available locally that address the four tiers of alcohol interventions as described in the Models of Care for Alcohol Misuse (MoCAM).

*Lesson learnt:* To develop a unified treatment pathway is challenging, it is difficult to get consensus from all partners and compromises may need to be found. Clear pathways are essential for service users in understanding and navigating the system. [www.hubcapp.org.uk/O2TG](http://www.hubcapp.org.uk/O2TG)

## **Interventions in Hospitals**

### **Royal Bolton Hospital Gastroenterology Multidisciplinary Collaborative Care Team**

The multidisciplinary team consists of a Consultant Gastroenterologist; Liaison Psychiatrist nurse; Psychiatric Alcohol Liaison Nurse and Liver Nurse Practitioner. The nurses, on a daily basis, jointly assess all alcohol-related admissions, provide brief advice to

patients and initiate care plans. Patients are offered rapid outpatient appointments to the community alcohol team, and/or detoxification starting in the hospital. A dedicated social worker influences the length of stay for the patient and facilitates discharge of the person into a suitable environment. The nurses run their own liver disease course to staff and a network of 50 alcohol link workers throughout

the trust has been established. Inpatient detoxifications have been reduced by 50%, saving the Trust more than 1,000 bed days annually.

*Lesson learnt:* It is important to have close liaison between all healthcare professionals. Link workers play a crucial role in overcoming stigma and barriers to accessing alcohol treatment and care.

<http://www.hubcapp.org.uk/6QTM>

### **Warrington Accident and Emergency (A&E) Brief Interventions and Hospital Volunteer Project**

In conjunction with brief interventions work in North Cheshire Hospital Trust, NHS Warrington introduced a volunteer project into the hospital in 2006. Hospital admission slips are analysed daily and a volunteer, trained in IBA, visits the patient to be a buddy/mentor throughout their stay. They can also assist with referral to specialist services.

An Alcohol Nurse Specialist (ANS) delivers training to hospital staff and the A&E uses an adapted version of Alcohol Use Disorders Test (AUDIT) to screen people. The project has helped to reduce repeat attendees: before the project 26 people were responsible for 226 admissions. A year later the 26 people only had 62 admissions between them and eight were undergoing specialist treatment. *Lesson learnt:* Evaluation has shown

that contact with a mentor/buddy in an acute setting has resulted in people being more likely to attend an appointment with the alcohol service.

[www.hubcapp.org.uk/08OR](http://www.hubcapp.org.uk/08OR) and [www.hubcapp.org.uk/8OX6](http://www.hubcapp.org.uk/8OX6)

### **Liverpool Alcohol Services Lifestyle Team**

In 2004, in response to high rates of alcohol-related attendance at A&E, NHS Liverpool developed a 'Lifestyles Team' – which is a nurse-led initiative providing alcohol-related interventions in acute and primary care settings.

The team provides screening, assessment, clinical investigations, diagnosis, planned treatment pathways and referral to alcohol services in the Liverpool area. The service has a dual focus of supporting patients in general practice and offering a specialist service in the acute environment. The service also operates across Liverpool; including two PCTs and two acute hospital trusts.

*Lesson learnt:* Through minimal nurse-led interventions attendance in primary care and A&E have been significantly reduced. Convincing General Practitioners (GPs) about the effectiveness of the model took some work. If alcohol interventions are to be provided to large numbers of patients they must be part of generic health care services and not just specialist teams. [www.hubcapp.org.uk/TUL3](http://www.hubcapp.org.uk/TUL3)



### **Paddington Alcohol Health Work in St Mary's Hospital**

Alcohol Health Work at Imperial College Healthcare Trust, St. Mary's Hospital, has been extensively researched since 1988. St Mary's developed the Paddington Alcohol Test (PAT), which is a quick clinical tool to screen patients presenting with the top 10 reasons associated with alcohol misuse, and asks about their levels of alcohol consumption. Doctors and nurses can then use the PAT to highlight to the patient the relationship between drinking and attendance at A&E; known as the 'teachable moment' and/or refer people onto an appointment with the ANS. The ANS sees patients from across the wards as well as A&E and has developed alcohol withdrawal management protocols for the hospital. For every two patients accepting such an appointment, there is one less re-attendance over the next year.

*Lesson learnt:* A challenge is addressing doctors' perceptions and attitudes about alcohol. This can centre on their knowledge and their comfort in asking patients about their alcohol consumption. Also key is getting hospitals to understand that in order to reduce re-attendance time needs to be taken (in a frenetic workplace) to ask questions and make the best use of the 'teachable moment'.

[www.hubcapp.org.uk/GWAQ](http://www.hubcapp.org.uk/GWAQ)

### **Bristol Hospital Based Alcohol Nurse Specialist**

In 2006 the United Bristol Healthcare Trust (UBHT) appointed a full-time ANS. A part-time pilot in the hepatology unit proved cost-effective through a reduction in readmission rates and had led to positive health outcomes for the patients.

The ANS has been implementing AUDIT into six targeted wards: hepatology, medical gastroenterology, surgical gastroenterology, surgical and trauma/orthopaedics. The ANS also organised the first UBHT Alcohol Awareness Day in 2006 and further consolidated links with alcohol services throughout Bristol. The ANS works closely with an Alcoholics Anonymous (AA) link worker in the hospital, with AA meetings being held every Monday.

*Lesson learnt:* The length of stay for alcohol withdrawal trust-wide has reduced from 9.6 days (2004 data) to 7.75 days since ANS appointment. The savings in bed days amount to 159 days per year (or £63,600 using a £400 daily bed cost).

[www.hubcapp.org.uk/QAM2](http://www.hubcapp.org.uk/QAM2)

## Working with General Practitioners

### Greenwich Brief Interventions in General Practice

In 2006, Greenwich Drug and Alcohol Action Team introduced IBA into General Practice surgeries and a local toolkit was developed. Frontline staff use AUDIT and refer people to a Brief Interventions Worker who can provide extended brief interventions or further referral where appropriate. Training for GPs was held in the evenings, with dinner provided, to enable them to attend. The training focused on the potential positives for the patient in undertaking this work.

*Lesson learnt:* Flexible approaches and training arrangements can result in successful engagement with GPs, even with their heavy workloads and time pressures.

[www.hubcapp.org.uk/NQCR](http://www.hubcapp.org.uk/NQCR)

### North Tyneside Screening and Brief Intervention in General Practitioner Surgeries

NHS North Tyneside has, since April 2007, screened over 4,000 people about their alcohol consumption and delivered over 500 IBA sessions via local GPs. The staff at 15 GP surgeries were trained and a treatment care pathway developed with clear links to services.

*Lesson learnt:* Successfully engaging,

training and supporting frontline staff has been critical.

[www.hubcapp.org.uk/2CZT](http://www.hubcapp.org.uk/2CZT)

### Kingston Down Your Drink (DYD)

DownYourDrink (DYD) Kingston is a web based 'low intensity treatment' to help high risk drinkers reduce their alcohol consumption, along with a full assessment by an Alcohol Project Worker. The project involves opportunistic screening undertaken by GPs, appointment with an Alcohol Project Worker and access to the DYD Kingston website. The website uses components effective in alcohol treatment such as motivational interviewing techniques; cognitive behaviour therapy and relapse prevention.

*Lesson learnt:* Web-based interventions need to be well supported by the technology they are delivered through.

[www.hubcapp.org.uk/O3XQ](http://www.hubcapp.org.uk/O3XQ)



## Pharmacies

### Hampshire Pharmacy Alcohol Brief Intervention Pilot Project

Two pilot projects took place in pharmacies in Hampshire in 2009 as part of an Innovation Fund. One was situated in general pharmacies (10 took part) and the other targeted people coming in for Emergency Health Care (50 pharmacies participated). The project focused on those drinking at low and medium risk levels with interventions being done both opportunistically and pro-actively.

Many young girls are accessing emergency contraceptives, often as a result of excessive use of alcohol the previous day. Proactively providing IBA in this Emergency Health Care setting was a good opportunity to discuss alcohol awareness, levels of consumption and unit knowledge.

*Lesson learnt:* Pharmacies have the ability to reach and deliver Brief Interventions to low risk and medium risk drinkers. Getting data back from the pharmacies was difficult.

[www.hubcapp.org.uk/S1G3](http://www.hubcapp.org.uk/S1G3)

### Wirral Identification and Brief Advice within Pharmacies

NHS Wirral contracts pharmacies to deliver co-ordinated alcohol IBA and provide a follow-up service where appropriate. Pharmacies encourage customers to complete the AUDIT questionnaire and offer appropriate advice. They also provide a follow-up service by telephoning at eight and 52 weeks to see if the intervention has been effective. Whilst the service is offered free to all, staff also target customers presenting with alcohol misuse symptoms and during a Medication Use Review or smoking cessation consultation.

*Lesson learnt:* Learning by example (from those pharmacies successfully running the service) helped others get started. Those pharmacies that allocated time for staff to do the work are more successful in screening people and meeting targets.

[www.hubcapp.org.uk/W11M](http://www.hubcapp.org.uk/W11M)

## Working with offenders

### Portsmouth Alcohol Arrest Referral Scheme

Alcohol Arrest Referral is provided in the custody suite in Portsmouth. The workers access the cells and screen

the offender using AUDIT. Their score along with client preference, will suggest which intervention is appropriate. The majority of those seen under the scheme were males

under 25. These younger clients tended to display binge-drinking patterns and associated being arrested as being down to 'bad luck'. Older clients tended to engage more with the service as they were motivated by the realisation that their drinking had begun to affect their lives and their health.

*Lesson learnt:* A strong communicative relationship needs to be built between the alcohol workers and custody staff. Clients who realised that their drinking had begun to affect their lives and their health were more likely to engage with the service.

[www.hubcapp.org.uk/TJQL](http://www.hubcapp.org.uk/TJQL)

### **East of England Prison and Hampshire Probation Peer Identification and Brief Advice in Offender Settings**

This pilot ran in prisons and used Offender Health Trainers to deliver IBA to prisoners. The Health Trainers worked on a one-to-one basis to facilitate behaviour change and provide practical support to individuals. The trainers provided advice to all participants and additional brief advice to those prisoners scoring eight or more on AUDIT.

*Lesson learnt:* To never underestimate the complexity of delivering any projects within prison establishments. As prisons are a necessarily restrictive environment, there will be many operational constraints to deal with.

[www.hubcapp.org.uk/DP3E](http://www.hubcapp.org.uk/DP3E)

## **Conclusion**

HubCAPP is a unique and valuable vehicle to share practice across England; it enables comparisons to be made and learning to be shared. From the range of work taking place it is clear that similar things have been learnt across the country including:

- The treatment provision available should meet the needs of the population. The use of statistics and modelling can help in understanding the population and where investment should be made
- Commitment is needed from all partners to develop robust local models and unified treatment pathways, compromises may need to be found. However, clear pathways are essential for service users in understanding and navigating the system
- An Alcohol Nurse Specialist can lead to: early discharge of patients, resulting in savings of significant bed days per year and reduced re-attendance by patients to hospital and to General Practitioners
- The perceptions and attitudes of



staff (medical included) may need to be challenged and this can take some time. This can centre on a person's own knowledge and comfort in asking patients about their alcohol consumption. However, undertaking IBA is of benefit for both patient and practitioner

- Focus on the potential positives for patients/clients when introducing IBA into clinical practice. The successful engagement, training and support of frontline staff has been critical
- Learning by example will help other areas or services to get started, such as in General Practice, hospital teams or pharmacies.
- Time needs to be allocated for staff to do the work
- There needs to be good communication between alcohol workers and other workers. Link workers in hospitals and other

settings can play a crucial role in overcoming people's stigma and barriers to accessing alcohol treatment and care

- Never underestimate the complexity of delivering projects, operational constraints and issues particular to certain settings, such as prisons, need to be considered
- If alcohol interventions are to be provided to large numbers of people they must be part of generic health care services and not just done by specialist teams
- There is a critical national need to establish steering groups of key clinical, managerial and commissioning personnel to address the growing problem of alcohol misuse. The appointment of dedicated alcohol workers is an important component in tackling these harms

## Reference

Department of Health (2006) *Models of Care for Alcohol Misusers*, London, Department of Health

## **Alcohol Concern**

Alcohol Concern is the national agency on alcohol misuse campaigning for effective alcohol policy and improved services for people whose lives are affected by alcohol-related problems.

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