

# *Brief intervention in England: Is it happening?*



*Challenges facing the delivery of  
brief interventions in English  
health and social care settings*

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# The Alcohol Academy



A social enterprise that:

- Aims to foster effective alcohol harm reduction and evidence-based practice
- Workshops, networking, practice sharing for alcohol leads & commissioners
- Training and consultancy
- More info at [www.alcoholacademy.net](http://www.alcoholacademy.net)
- News & analysis via [www.alcoholpolicy.net](http://www.alcoholpolicy.net)
- Brief intervention blog [www.alcoholiba.com](http://www.alcoholiba.com)



# Aims



- SBI clarification, policy and drivers
- To what extent is SBI known or thought to be happening in England?
  - Local data on national incentive activity
  - SBI training activity and experiences
  - Unpublished reports and discussions
- When it does happen, is it 'right'?
- What are the challenges facing further delivery?
- What can we do to improve delivery?

# 'IBA' – SBI language in England ...another Three Letter Acronym (TLA)

- In England, SBI is commonly described as ***'Identification & Brief Advice'*** i.e IBA
- IBA may be best recognised as 'simple brief advice' i.e. screening plus not more than 10 minutes of brief advice
- 'Brief intervention' is the umbrella term for IBA and extended brief interventions/ brief motivational interviewing/ lifestyle counselling

# SBI in England – is it happening?\*

\*Where researchers aren't involved!

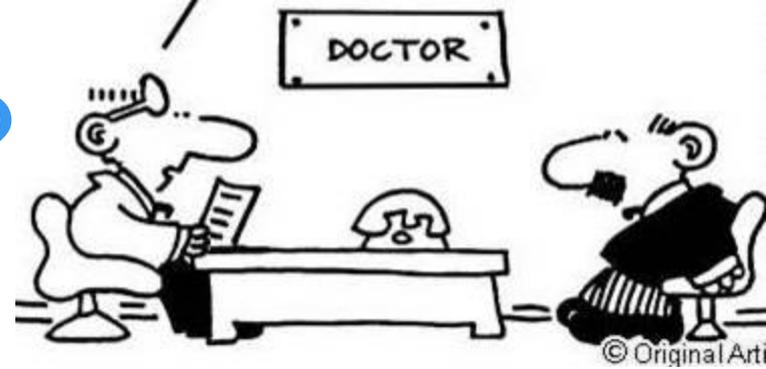
## SBI drivers

- National policy:
  - Department of Health (DH)
  - NICE guidance
- Payment incentives in Primary Care
- Payment incentives in other settings e.g. hospital wards
- SIPS/research programmes
- Alcohol /SBI as a local and regional priority

## Evidence of delivery?

- No national reporting of SBI activity -so hard to say!
- Local data collection of DES - but is more evidence of it NOT happening?!
- Significant investment in SBI training across England
- Uptake of SBI e-learning and behaviour change modules
- Blogging and other dialogue around SBI identifying challenges

# Primary Care SBI?



- A national incentive scheme called the ‘Direct Enhanced Service’ (DES) pays practices £2.38 for every new registration screened for their alcohol use...

*But...*



- DES guidance states those scoring positive “should” be given brief advice or referral...

# DES SBI activity?

- Very little data available other than from local area insights...
- London borough of Haringey:
  - During 2009-2010, twenty-nine Haringey practices provided the alcohol DES
  - The percentage of new registrations screened varied considerably from 24% to 100%
  - Of those new registrations screened, **only 2% screened positive** (n=347)
  - Over half of participating practices failed to identify any patients as AUDIT positive, whilst others identified 100% of their patients as AUDIT positive
  - **75% of practices were using incorrect screening questions**, and that only 50% of practices were offering face-to-face Brief Advice

# DES SBI activity cont...?

- Anonymous local area DES data set:
  - New registrations = 42,654
  - Valid screening tool used = 23,683
  - Full AUDIT score taken = 2,168
  - Full AUDIT + BA = 101
  - Not FULL AUDIT but BA = 158
  - Dependent drinkers referred = 101
- However – multiple codes/options to record which probably doesn't reflect all activity

# SBI experiences in PHC: 'Mystery shopping' real example 1

- Not too bad!
- Self complete AUDIT as 'increasing risk'
- Competent SBI from practice nurse, discussed units and risk
- But in area where a lot has been done to support PHC SBI



# 'Mystery shopping' real example 2

- Self completed FAST/AUDIT as higher risk on new registration
- Practice Nurse - no mention – patient prompts – says GP will raise if necessary
- GP - no mention – prompt - says 'doesn't know what scores mean' and calls nurse in
- £2.38 per screen collected either way



# Mystery shopping real example 3



- Registration form question of drinks per week – 20 pints/week indicated (harmful drinking)
- Health Care Assistant delivers initial check up, asks about smoking, then alcohol:
  - *HCA: “So you have 20 pints [in average week]?”*
  - ‘Mystery shopper’: “Yes, might do”
  - *“OK, that’s 20 units, give or take... that’s fine. The government recommendation for men is 21”...*

**[SPOT THE MISTAKE?]**

- *We’re also doing an alcohol audit. Would you be prepared to answer 3 questions?”*

# Mystery shopping example 3 cont



After completing AUDIT:

- *“So that’s 14... yea 14, so you’re coming in to hazardous drinking [pause]... so you think you are drinking more stronger beers then?”*
- *“If I give you one of these leaflets, have a look at that, it just gives you some good ideas to start cutting back”*
- Some appropriate advice/information given BUT
  - No open questions
  - No listening skills to allow client’s thoughts/ideas

# Primary Care thoughts



**MIXED  
BAG**

Some way to go:

- A mixed picture in terms of both process & SBI skills
- Responsibilities for improvement:
  - DES/national systems
  - Local commissioners - monitoring and support (training and resources)
  - Individual practices – engaging on the issue and uptake of support from commissioners

# SBI: other settings?

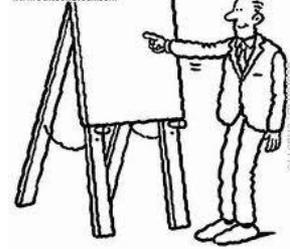
- No other settings have a consistent national approach/strategy to SBI implementation
- Evidence of activity:
  - A&E and hospitals through Alcohol Health Workers (AHW) /alcohol nurses
  - Hospital or community activity through CQUIN schemes (PCT commissioned)
  - Probation staff delivering SBI/EBI with offenders
  - Growing numbers of Pharmacy, Sexual Health etc pilots/studies
  - NHS Health checks – national approach announced – to be confirmed

# Is training enough to make SBI happen?

- Extensive but varied 'SBI' training has been carried out by a variety of organisations
- Little evaluation of whether SBI training has resulted in delivery in England
- If SBI implementation is low, is training alone a good use of money?
- Are secondary benefits likely – e.g. reduced drinking amongst participants, 'SBI lite' or disseminating alcohol information?



# A small follow up survey

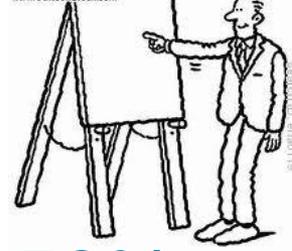


- 38 participants of SBI training sessions completed a post training survey 4-8 weeks after
- Participants were from a range of health and social care roles/settings

## **Following the training:**

- 87% reported 'giving colleagues or clients any verbal alcohol-related advice or information'
- 66% (n21) gave verbal alcohol advice or information sometimes or occasionally, but 32% (n11) gave it either weekly or more
- 97% felt either confident or very confident when delivering verbal alcohol advice

# SBI training follow up cont...



- Alcohol unit information was given out by 58%
- 36% had since made referrals to services
- 83% agreed or strongly agreed with the statement that 'I feel that by delivering SBI I can help people make healthier choices'
- **BUT** only 27% of those who gave advice used a validated screening tool such as AUDIT
- 33% of participants had given out a screening tool such as AUDIT to self-complete
- But 17% didn't, despite emphasis on evidence!

# SBI training:



Lessons  
Learned

- In the absence of organisational buy-in/monitoring, post-training SBI implementation is low
- SBI implementation without monitoring appears to result in varied and 'creative' delivery approaches, if at all
- Optional SBI training appears to attract greater interest from those likely to be working with or wanting to help dependent drinkers
- A small cohort of individuals seem resistant to accepting SBI as effective or as a valid part of their role - whatever the evidence presented to them

# Monitoring activity?



- Monitoring SBI activity is important to see if attempts at SBI implementation are overcoming the challenges
- However monitoring activity does **not** mean evaluating effectiveness as some think!
- Monitoring activity means assessing:
  - Output (screening/SBI numbers)
  - Quality (is SBI being delivered well enough)
- **BUT monitoring may create a major additional barrier in practice!?**

# Summary of challenges



- National level incentives are clearly limited, but incentivisation (alone) is not the answer
- Local level action to monitor and assess SBI implementation is poor, but also a disincentive
- Real cultural issues are still significant:
  - Fear of asking about alcohol
  - Problematic attitudes i.e. denial of the evidence base or responsibility to deliver
  - Still a significant misunderstanding of SBI and who should do it
- Not the right mix of push and pull factors yet!

# Essential ingredients for increasing SBI activity?

- **SBI training to build skills & confidence**
- **Resources to support delivery and Patient Info Leaflet (PIL)**

**Training & resources**

**Organisational buy-in**

**Monitoring of activity?**

- **Assessing implementation**
- **BUT – monitoring acts as a disincentive?**

- **Organisational buy in necessary**
- **Staff are encouraged and supported to embed SBI within their roles**
- **Champions needed**

**Routine SBI?**

# Thank you!

[www.alcoholpolicy.net](http://www.alcoholpolicy.net) - news and analysis

[www.alcoholiba.com](http://www.alcoholiba.com) - SBI news and links

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