PRODUCTS FROM THE TYNE & WEAR HEALTH ACTION ZONE SBI PILOT IMPLEMENTATION PROJECT

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Presentation at INEBRIA Annual Conference,
Lisbon, Portugal, 27 October, 2006

BACKGROUND TO THE PROJECT

- **As in other countries, evidence that primary health care in England has been slow to incorporate effective SBI in routine practice.**
- **Strand 1 of WHO Phase IV (focus groups, Delphi survey, marketing strategy) completed in Newcastle but no funding obtained for Demonstration Project in Strand 2.**
- **Tyne & Wear Health Action Zone (HAZ) invited tenders for a pilot implementation of alcohol SBI in the HAZ and our application for a 1-year project successful.**
- **Intention was to build on previous work in WHO Phases III and IV.**
- **By the time the project commenced, PHEPA had begun and the HAZ project also took account of this.**
- **At the same time (2004), the government published an Alcohol Harm Reduction Strategy for England in which SBI was referred to.**
- **Also roughly at the same time, a revised contract for GPs was introduced (new General Medical Services contract [nGMS])**

OVERALL AIMS

1) To pilot the routine implementation of alcohol SBI in at least one general medical practice in each of the five areas of the Tyne & Wear HAZ (Sunderland, Newcastle, South Tyneside, Gateshead, North Tyneside).
2) On that basis, to develop an updated SBI package to assist primary health care professionals to deliver SBI in their everyday practices.
3) At the same time, to develop a Training Programme for the routine delivery of SBI in primary health care.
4) To roll out tried and tested Clinical Guidelines, the SBI package and a Training Programme to general practices across the HAZ and beyond.

RECRUITMENT OF PRACTICES

- **Introductory letter sent to all practices in the HAZ with 3 or more partners (N=118).**
- **16 expressions of interest received, spread through all 5 HAZ areas.**
- **A 2nd letter sent to these 16 together with the contract practices were expected to agree to and a questionnaire for completion.**
- **Final 5 practices selected bearing in mind the need to find a representative spread of practices while being confident that chosen practices could complete the project.**

POSSIBLE REASONS FOR GOOD RESPONSE FROM PRACTICES

- Opportunity to develop quality and breadth of service and increase skills of practice staff.
- Possibility that alcohol SBI would be included as a Local (or National) Enhanced Service in the nGMS.
- Payment of £1,000 to practice in each of the 6 months of the active pilot phase of the project (i.e., £6,000 in total to each participating practice).

MEETINGS

- **Three plenary meetings attended by representatives from all participating practices at beginning, middle and end of 6-month implementation phase.**
- **Attendance by project staff at monthly in-practice meetings to monitor progress and respond to queries.**
- **Continuous contact with practices via telephone, email and informal practice visits – key to sustaining involvement and ensuring that the project remained a priority in busy work schedules.**

1st PLENARY MEETING (5/10/04)

- Introduction to project
- Previous research by Newcastle group
- Options for SBI package, with emphasis on screening tools and delivery of screening
- Questions and general discussion

2ND PLENARY MEETING (1/2/05)

- Screening experiences – feedback from all practices and discussion
- Options for brief intervention
- General discussion and plans for intervention phase
- Plans for writing final report on research

3RD PLENARY MEETING (26/5/05)

- Experience of delivering brief interventions – feedback and discussion
- Project overview – screening conclusions, computer template, incentivising SBI
- Plans for final report and future work

Screening tools suitable for primary care

- Full AUDIT (10 items)
- AUDIT-PC (5 items)
- AUDIT-C (3 items)
- FAST (1 item plus 3 further items depending on response to 1st item)
- SASQ (1 item)

Two levels of brief intervention

- **Simple BI (simple, structured advice)**
  - **Brief intervention consisting of up to 5 minutes simple but structured advice is effective in reducing alcohol consumption and improving health status among hazardous and harmful drinkers encountered in health care settings**
- **Extended BI (brief counselling)**
  - **Up to 20-30 minutes of counselling based on principles of health behaviour change, with possibility of repeat visits**
  - **There is mixed evidence on whether brief counselling in health care settings adds anything to the effects of simple advice**
  - **The offer of brief counselling to some hazardous and harmful drinkers can be justified on pragmatic grounds**
  - **There is some evidence that brief counselling is effective among hazardous or harmful drinkers in the contemplation stage of change**

IMPLEMENTING SCREENING AND BRIEF ALCOHOL INTERVENTION IN PILOT GP PRACTICES IN THE TYNE AND WEAR HEALTH ACTION ZONE

Level 1 Training

Screening and simple, structured advice

1ST SESSION (Background)

Skeleton Level 1 Screening and Brief Alcohol Intervention Training

Session 2:

Delivering the Brief Intervention

Summary of main points

- **Screening and brief intervention (SBI) for hazardous and harmful drinkers in PHC is effective in reducing alcohol-related harm**
- **SBI is highly cost-effective in terms of reducing future burden on NHS**
- **Screening should be targeted rather than universal**
- **It is suggested that practices should offer simple structured advice to all patients screening positive …**
- **and, if resources permit, brief counselling to patients who would benefit from it and are willing to accept it**
- **Patients with significant alcohol dependence should be offered or referred to more intensive intervention**