

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

**Nick Heather, Paul Cassidy,  
& Eileen Kaner**

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# **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 2<sup>nd</sup> 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.**

# 1<sup>st</sup> 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

# 2<sup>ND</sup> 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



# 3<sup>RD</sup> PLENARY MEETING

## (26/5/05)

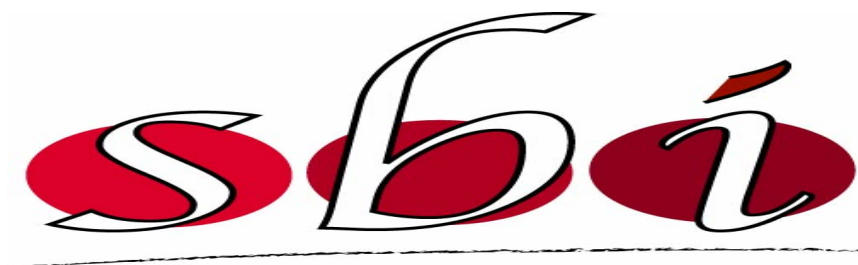
- Experience of delivering brief interventions – feedback and discussion
- Project overview – screening conclusions, computer template, incentivising SBI
- Plans for final report and future work

# **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 1<sup>st</sup> 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**

**1<sup>ST</sup> 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**