

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

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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 Clinical Guidelines 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 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 (mainly MG) 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.**



OTHER METHODS AND DATA

- Adaptation of PDSA cycle (Plan/ Do/ Study/ Act)
- Completion of AAPPQ before and after implementation phase
- Audit of SBI activity from practice computer records before and after implementation phase



Initial screening decisions

- Screening tool(s):
 - AUDIT (1 practice)
 - AUDIT PC (2 practices)
 - AUDIT C (3 practices)
 - FAST (2 practices)
- Screening delivery:
 - All practices indicated joint delivery by both practice GP's and practice nurses.
- Consultations:
 - New patient registrations
 - CHD clinics
 - Emergency contraception
 - Smear clinics
 - IHD, IGT clinics
 - Near blanket screening (1 practice)



Intervention levels and training

- Split 2 level approach
 - Level 1: Simple Structured advice
 - 2-3 minutes
 - Two 30 minute training sessions
 - Alcohol related harm
 - Evidence for SBI
 - Introduction to screening
 - Bridging techniques
 - Introductory guide to BI's
 - Practice feedback:
 - 'Excellent, well received'
 - 'Screening and delivery of the brief intervention MUST be delivered together'



Intervention levels and training cont.

- Level 2: Behaviour Change Counselling
 - 10-15 minutes and follow up
 - Half day training
 - Introduction to Motivational Interviewing techniques
 - Practical exercises in motivational techniques
 - Cycle of Change
- Practice feedback:
 - ‘Difficult to deliver to a diverse audience (nurse, GP, etc)’
 - ‘All those present gained something from the session’

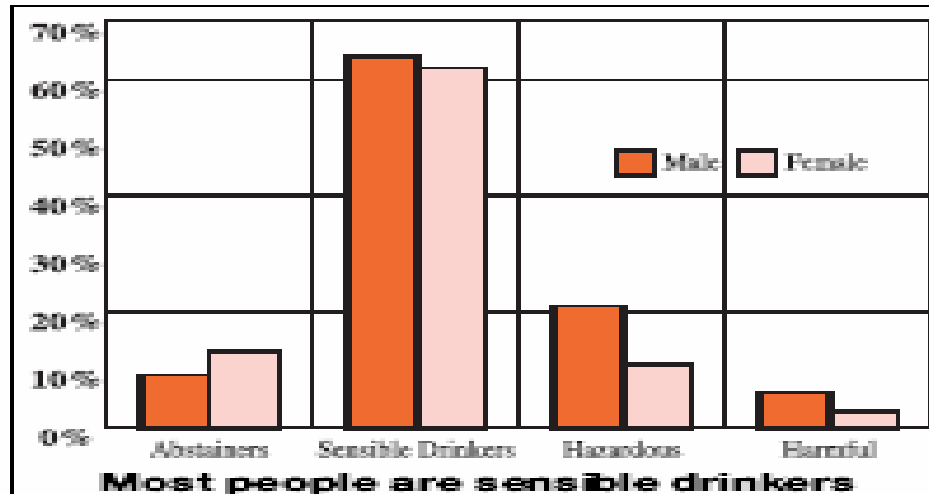


IT issues

- Restrictive terminology of existing read codes
 - Term : 'Hazardous alcohol use'
Authors Comments : **New term added 136S**
 - Term : 'Harmful alcohol use'
Authors Comments : **New term added 136T**
- Storing electronic versions of screening tools within the clinical systems



What is everyone else like?



What benefits will YOU get from cutting down on your drinking?

Physical:

- Sleep better
- More energy
- Lose weight
- No hangovers
- Memory will be better
- Better physical shape
- Reduced risk of injury
- Reduced risk of high blood pressure
- Reduced risk of cancer

Psychological, Social, Financial:

- Improved mood
- Less hassle from family
- Reduced risk of drink driving
- Save money

'How to do it' plan

What should YOU aim for?

Who?	How many drinks?	How often?
<ul style="list-style-type: none"> • Men • Women • Dependent drinkers 	<ul style="list-style-type: none"> • No more than 4 standard drinks • No more than 21 standard drinks • No more than 3 standard drinks • No more than 14 standard drinks • No drinks are safe 	<ul style="list-style-type: none"> • Daily • Weekly • Daily • Weekly

Determine Action

- Have your first alcoholic drink after first starting to eat
- Quench thirst with non-alcoholic drinks before having an alcoholic one
- Have a non alcoholic drink before every drink
- Switch to low alcoholic beer
- Take smaller sips
- Plan activities and tasks at those time you usually drink
- When bored or stressed have a physical workout instead of drinking
- Explore interests - cinema, social club, exercise
- Avoid going to the pub after work
- Avoid or limit where possible time spent with your 'heavy' drinking friends
- Any ideas?
- Things you've tried?

This intervention package is based on a programme originally developed in the Department of ... University of Sydney as part of a project funded by the WHO.

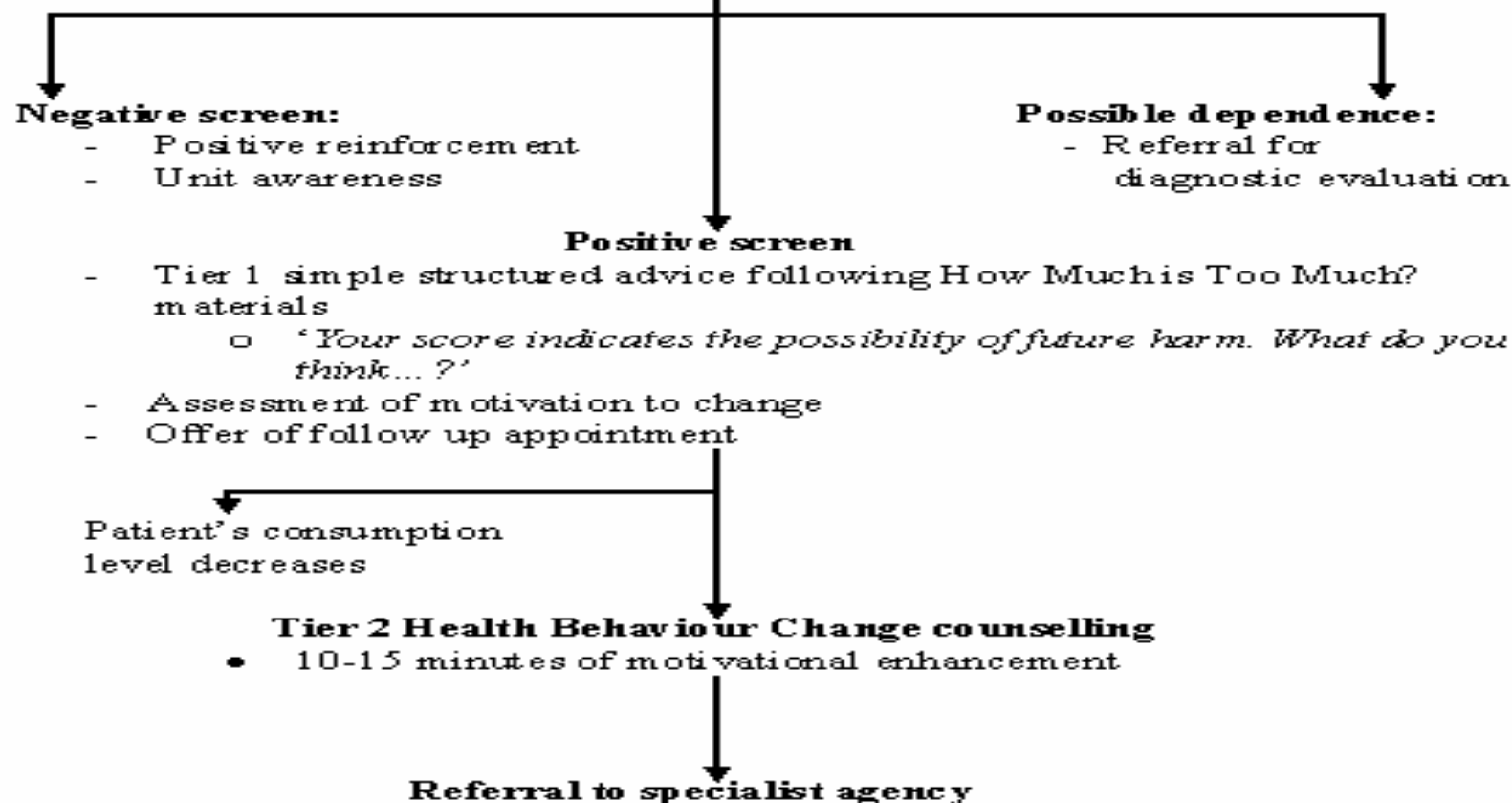
Best practice SBI implementation model

Case identification routinely within GP and practice nurse consultations:

Opportunistic screening
Population led data exercise
Targeted screening

- AUDIT C
- FAST
- AUDIT PC

AUDIT



DOH Implementation project and QOF

- Continued implementation research at the policy level
- 1 a DoH research bid
- 2 the GP contract QoF indicators
- A prescreen with sasq..then screen with audit pc or fast....then a brief intervention

