

Exploring patients' experiences of alcohol screening and brief intervention delivery in English primary care using Normalization Process Theory

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Introduction

- Background
- Aims and objectives
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Brief interventions for alcohol: the implementation challenge



Aim and objectives

To explore the views of patients on the implementation of screening and brief alcohol interventions in routine primary care.

Do patients think its acceptable for GPs and nurses to talk to them about alcohol?

What challenges do patients experience when talking to GPs and nurses about alcohol?

Have recent policy changes helped to more successfully embed alcohol work in primary care?

← ← ← Normalisation Process Theory → → →

Study design



- NPT-informed qualitative interviews with primary care patients
- *Any* experience of screening and brief alcohol intervention
- All Clinical Commissioning Group areas in North East England

Why Normalisation Process Theory?

Normalization Process Theory (NPT) is a robust theory of implementation that helps provide awareness of the work involved in embedding and sustaining practices associated with an intervention. NPT focusses on the social processes and work that people do, individually and collectively, to make an intervention work.

Four distinct types of practical work are included in NPT:

- 1.Coherence** - making sense of the intervention;
- 2.Cognitive participation** - investing in the intervention;
- 3.Collective action** - the practical work of implementation;
- 4.Reflexive monitoring** - modifying and embedding the intervention

Results: Participants

ID	Gender	Age	Relationship	Children	Profession	SES	Yrs Reg.
P1	Male	71	Married	2	Mechanical Engineer	5	40+
P2	Male	62	Married	1	Postman	6	40+
P3	Female	63	Divorced	2	Hospital domestic	7	0 (new)
P4	Female	52	Married	2	Support worker	6	30+
P5	Male	75	Married	2	University Tutor	1.2	0 (new)
P6	Female	48	Divorced	0	Counsellor	2	10
P7	Male	55	Married	2	Youth Worker	2	1.5
P8	Male	52	Single	0	Former Anglican Priest	1.2	0 (new)
P9	Male	52	Single	0	Former Carer	8	2
P10	Male	53	Single	0	Long term incapacity benefit	8	11
P11	Female	65	Partner	2	Retired (former carer)	6	30+
P12	Male	26	Single	2	Retail Manager	2	0 (new)
P13	Male	56	Married	3	Coach Driver	7	0 (new)
P14	Female	25	Partner	1	Restaurant Manager	4	0 (new)
P15	Female	55	Partner	2	Charity Support Manager	2	0 (new)
P16	Male	49	Partner	2	Electrician	5	0 (new)
P17	Female	62	Partner	1	Former Bank Executive	2	0 (new)
P18	Male	44	Married	3	Former Bouncer	5	18+
P19	Female	51	Married	0	Healthcare Professional	1.1	8+
P20	Female	49	Married	2	Teaching Assistant	3	12
P21	Male	51	Partner	2	Architect	1.2	0 (new)
P22	Female	68	Single	2	Secretary	3	0 (new)

Theme 1: Understanding of SBI (coherence)

“You know, if you’re drinking a lot to the point where it’s kind of affecting you, or you’re becoming dependent on it, then I think that you’ve got a problem. I’d probably be a little bit less concerned about the actual amount, if you see what I mean.”

P8, Male, 52 years old

“‘Risky drinking’ would be drinking too much so that you haven’t got control of yourself or the situation and are putting yourself at risk... Say you are out in Newcastle in a bar, you have too much or more than you should and you haven’t really got control over what’s happening to you or you have lost control and you are with other people in a public place.”

P19, Female, 51 years old

Theme 2: Legitimacy of primary care for SBI (cognitive participation)

"It's for your own benefit. Basically they're trying to keep you well."

P1, Male, 71 years

"I've had it at previous doctors as well, it's just like a questionnaire...they're just trying to find out about yourself and health generally, they just ask questions like do you drink, do you smoke, you know, along that sort of line."

P16, Male, 49 years

"I suppose if I did drink excessively, it might be something I'd be embarrassed about, talking about how much you drink, "I drink a lot every night." Yes, I suppose I could see why that would be something that would make you uncomfortable."

P14, Female, 25 years

Theme 3: Effectiveness of SBI in primary care (collective action, coherence)

“Unless there is some special event, and such a special event would almost certainly be having friends around for dinner... That’s a special event and I will usually drink more alcohol on that occasion. Otherwise, I do actually have a strict routine, and I very rarely go over it.”

P5, male, 75 years

“It wouldn’t be as effective because the doctor is basically just like telling you what to do, telling you which way to go but you’ve got no one there who is going with you, the support group.”

P12, male, 26 years

“The doctors have a lot of responsibility to try to solve this problem when it’s not just the doctors’ responsibility, it’s everybody’s responsibility.”

P2, male, 62 years

Conclusions



This study provides novel patient insights into alcohol prevention practice in England.



There is strong acceptance of the screening role played by primary care clinicians but patients have less confidence in the effectiveness of alcohol interventions themselves.



Alongside work to promote the benefits of structured alcohol lifestyle advice, there is a need to better communicate the advantages of drinking within lower risk limits.

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Questions?



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