

# Real life screening and brief intervention: examples from across England



[www.hubcapp.org.uk](http://www.hubcapp.org.uk)

The Hub of Commissioned Alcohol Projects and Policies (HubCAPP) is an online resource of local alcohol initiatives<sup>1</sup>. HubCAPP highlights the different ways that local areas are implementing Identification and Brief Advice (IBA), as well as other health initiatives across England. HubCAPP has examples from a variety of settings (pharmacies, GPs, A&E and probation) across various population groups.

Note: 'Identification and Brief Advice' (IBA) is the term used in England rather than 'Screening and Brief Intervention' (SBI). Department of Health, 2009 *Signs for Improvement – Commissioning interventions to reduce alcohol-related harm*. HubCAPP uses this terminology.

Since launching in March 2008 HubCAPP has over 86 projects (with 38 IBA examples) and over 6,500 unique visitors per year with over 80,000 page views. HubCAPP is part of the Department of Health's Alcohol Learning Centre and is managed by Alcohol Concern, the national agency on alcohol misuse<sup>2</sup>.

HubCAPP was established to help people working in the alcohol and health field to:

- Promote and highlight their projects and local strategies
- Share practice examples and details about initiatives in their area
- Learn from others

This poster presents information from examples listed on HubCAPP as well the key learning from these.

## **Methods**

HubCAPP has a small team who collate and research projects. Information on each project is collected, including:

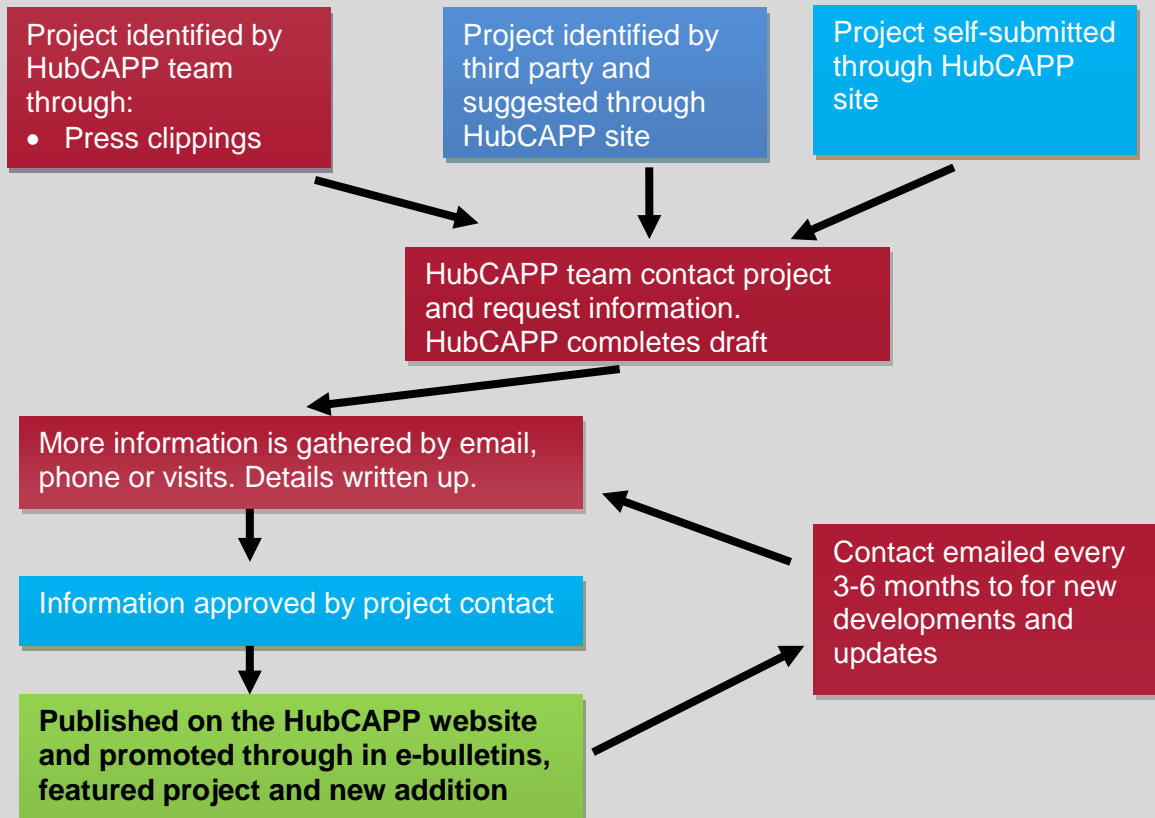
- Project aims and objectives
- Background to the project: what was the reason for undertaking the work?
- Planning processes: *what happened? the timeline of events? who administered it? who received it? what did it cost?*
- Links to local and national strategies
- Evaluation, monitoring and learning
- Project costs and staffing
- Any documentation - job descriptions, reports that people want to include

Information is disseminated via the HubCAPP website and team via presentations, conferences and e-bulletins.





## How Projects are identified



## North West

### Salford Hospital Based Alcohol Service

Patients presenting at Salford Hospital A&E with 'triggers' or an admission associated with alcohol misuse are identified and provided with brief advice. Link nurses within the hospital take a lead on alcohol in their area of work and refer to specialist services where appropriate. The hospital also has an Alcohol Nurse Specialist (ANS) who can see patients, deliver home/outpatient detoxification and relapse prevention interventions and train staff in IBA.

Learned: A predicted saving of 400 bed days each year can result from the early discharge of patients due to the ANS interventions.

[www.hubcapp.org.uk/ONS9](http://www.hubcapp.org.uk/ONS9)

### Wirral IBA within Pharmacies

Pharmacies in Wirral are being contracted to deliver IBA as part of the Wirral Alcohol Harm Reduction Strategy.

Customers to the Pharmacy complete the AUDIT questions and pharmacy staff offer appropriate advice and information based on the answers. They then follow-up at 8 and 52 weeks to see what effect the intervention has had. The service is free to all customers. Pharmacy staff also actively screen customers presenting with alcohol-misuse symptoms (e.g. gastric problems, falls and associated injuries and hangovers), during a Medication Use Review or smoking cessation consultation. Each pharmacy receives £10 plus VAT for each customer screened.

Learned: One or two Pharmacies who are successfully running this service should be used to help others get started and learn by example. Pharmacies that have allocated time for their staff to undertake IBA with customer have been more successful. [www.hubcapp.org.uk/W11M](http://www.hubcapp.org.uk/W11M)



### **Warrington A&E Brief Interventions and Hospital Volunteer Project**

In conjunction with brief interventions taking place at North Cheshire Hospital Trust, NHS Warrington introduced a volunteer project into the hospital in 2006. Every day hospital admission slips are analysed and a volunteer, who is trained in IBA, visits the patient and becomes a buddy/mentor to them throughout their stay and can assist with referral to specialist services.

An Alcohol Nurse Specialist (ANS) delivers training to the rest of the hospital staff and the A&E use an adapted version of AUDIT to screen people. The project has helped to reduce repeat attendees: before the project 26 people were responsible for 226 admissions. A year later the 26 people only had 62 admissions between them and eight were undergoing specialist treatment. The ANS has also developed alcohol pathways within North Cheshire Hospital.

Learnt: Evaluation has shown that contact with a mentor/buddy in an acute setting has resulted in the client being more likely to attend an appointment with the alcohol service.

[www.hubcapp.org.uk/08OR](http://www.hubcapp.org.uk/08OR) and [www.hubcapp.org.uk/8OX6](http://www.hubcapp.org.uk/8OX6)

### **Liverpool Alcohol Services Lifestyle Team**

In response to high rates of alcohol-related attendance at A&E in 2004 NHS Liverpool developed a 'Lifestyles Team' – which is a nurse-led initiative providing alcohol-related interventions in acute and primary care settings.

The team provides screening, assessment, clinical investigations, diagnosis, planned treatment pathways and referral to alcohol services in the Liverpool area. The service has a dual focus of supporting patients in primary care settings and offering a specialist service in the acute environment. The service also operates across Liverpool; including two PCTs and two acute hospital trusts.

Learnt: Through minimal nurse led interventions attendance at GPs and A&E have been significantly reduced. However convincing GPs about the effectiveness of the model took some work. If alcohol interventions are to be provided to large numbers of patients they must be part of generic health care services and not just specialist teams.

[www.hubcapp.org.uk/TUL3](http://www.hubcapp.org.uk/TUL3)

### **Liverpool Hospital Young Person Alcohol Related Attendance**

In May 2005 a standardised assessment, treatment and follow up for young people, aged up to 16, attending A&E with alcohol related problems was introduced. Young people are offered advice and referral to specialist services when appropriate. A pilot screening tool was developed by Liverpool Drug and Alcohol Action Team to identify young people at risk and information is collected on what, where and why young people are drinking. To support the initiative medical staff have been trained in alcohol awareness.

Learnt: That it is important to involve senior medical staff at a strategic level to ensure proposals are compatible with other initiatives and policies in the hospital.

[www.hubcapp.org.uk/QJDK](http://www.hubcapp.org.uk/QJDK)

## **London**

### **Croydon Training and Brief Interventions**

This project is delivering IBA training for primary health care practitioners at the Mayday Hospital, including the minor injuries unit. Training is also being offered to practice nurses and GPs in Croydon. A training needs analysis was conducted amongst healthcare staff in Croydon from February and May 2008.

[www.hubcapp.org.uk/4F40](http://www.hubcapp.org.uk/4F40)



### **Paddington Alcohol Health Work in St Mary's Hospital**

Alcohol Health Work at St. Mary's hospital has developed through extensive research and practice studies since 1988. The Paddington Alcohol Test (PAT) underpins this work and highlights the relationship between A&E attendance and alcohol misuse to the patient. The PAT makes best use of 'the Teachable moment'.

When admitted to A&E, medical and nursing staff use the PAT to ask patients presenting with the "top ten" reasons associated with alcohol misuse about their alcohol consumption. These patients can be given brief advice by the Doctor or referred to the Alcohol Nurse Specialist (ANS). One study at St Mary's showed that 65% of patients detected and subsequently counselled by the ANS had reduced their alcohol intake at 6-month follow up.

The ANS also provides alcohol withdrawal management service and protocols to the hospital; advice and support for staff; psychiatric liaison where dual diagnosis is an issue and referral to community alcohol services.

Learnt: A challenge is addressing doctors' perceptions and attitudes. This can centre on their knowledge and their comfort in asking patients about their alcohol consumption. Also key is getting hospitals to understand that the time taken (in a frenetic work pace) to ask questions and make the best use of the teachable moment will reduce re-attendance. This is a major benefit for both patient and practitioner.

[www.hubcapp.org.uk/GWAQ](http://www.hubcapp.org.uk/GWAQ)

### **Greenwich Queen Elizabeth Alcohol Project**

Set up in 2006 Greenwich's Substance Misuse Link Nurse Team delivers IBA in the Queen Elizabeth Hospital's A&E and Gastroenterology departments. The team also acts in support liaison role, linking patients into appropriate care and after care treatments if necessary. The team uses a local version of AUDIT and workbook.

Learnt: Due to high hospital staff turnover, IBA work will take longer to embed into generic practice and training is continuous. It is therefore necessary to have a funding commitment for at least two years before commissioning these services.

[www.hubcapp.org.uk/HQGW](http://www.hubcapp.org.uk/HQGW)

### **Greenwich Brief Interventions in GP Surgeries**

In 2006, Greenwich DAAT introduced IBA into GP surgeries and a local toolkit was developed. A dedicated Brief Interventions Worker was appointed in 2007 to carry out extensive training with GPs and Practice Nurses. Frontline staff across the borough use AUDIT and refer people to Brief Interventions worker who can provide extended interventions or further referral where appropriate.

Learnt: Time pressures and workloads of GPs can mean difficulty in engaging them. A dinner and training session was held. This focused on the potential positives for their patients by them undertaking IBA. Community Health Promoters can undertake IBA as well but this should be combined with a range of issues to give them sufficient quantity and variety of work (i.e. referrals for diet, exercise, smoking and alcohol).

[www.hubcapp.org.uk/NQCR](http://www.hubcapp.org.uk/NQCR)

### **Brent Screening and Brief Intervention Trials by GPs**

A trained Alcohol Nurse is employed to work in four GP surgeries to undertake IBA with patients. The Nurse will also train all practice staff and doctors in FAST, PAT and Single Alcohol Screening Question (SASQ). The initial service was established in 2008. Following evaluation it is likely to be extended into Probation, all GP surgeries and A&E departments in Brent. Funding for the work was obtained through the Social Inclusion Partnership.

[www.hubcapp.org.uk/MXZ2](http://www.hubcapp.org.uk/MXZ2)



### **Lewisham Screening and Brief Intervention Local Enhanced Service**

In 2006, Lewisham PCT and Drug and Alcohol Strategy Team setup a Local Enhanced Service. An audit of services in 2005 found that third of respondents (those in treatment) went to their GP first about their alcohol issues, but only 20% of those found out about what services were available through their GP. The LES aimed to change this.

An evaluation in 2007 showed that 56% of GPs referred to local alcohol treatment agencies and all GP's recorded some awareness of the services that are available. Participating GPs always (100%) gave advice, most commonly on unit information and ways to safely reduce consumption. By May 2008, 33 out of the 52 local GP practices were participating in the initiative.

Learnt: The quality of data at the start of the pilot was poor, with fields missing or inadequately completed. Systematic training and follow-up was undertaken and the recording process made more simplistic and clear. FAST rather than AUDIT was recommended due to speed.

[www.hubcapp.org.uk/LTMU](http://www.hubcapp.org.uk/LTMU)

## **East Midlands**

### **Nottingham Alcohol Nurse Liaison Team**

The team has been operational since March 2002. The team is principally based at the Queen's Medical Centre and is patient-centred project working closely with local statutory and non-statutory healthcare, alcohol and drugs services. Service user involvement is encouraged via the Patient Advocacy Liaison Service. Funding has been received from the Crime and Disorder Reduction Partnership to further expand the service to Nottingham City Hospital.

The project has seen over 4,000 referrals from the hospital inpatient setting and has seen significant outpatient activity through the Extended Brief Interventions and Alcohol Liver Disease clinics.

Learnt: The demand from referrers is high and the team is at maximum capacity. There is also a disproportionate amount of time is spent completing administration and this can result in communication difficulties.

[www.hubcapp.org.uk/JIR3](http://www.hubcapp.org.uk/JIR3)

### **Nottingham City Framework Housing Association's Brief Advice Service (Last Orders)**

Commencing in September 2008 the program delivers training to primary care staff (GPs, nurses, midwives and health educators) on AUDIT and provides ongoing support to ensure they feel confident undertaking IBA. The service also delivers extended brief advice and is working towards producing clear treatment pathways for people in Nottingham.

Learnt: The training identified that health care assistants may be more knowledgeable than qualified staff, especially around what local services are available. It was also found that training on IBA is best done in smaller groups.

[www.hubcapp.org.uk/SU6S](http://www.hubcapp.org.uk/SU6S)

### **Nottinghamshire Alcohol and Drug Liaison Team**

The Alcohol and Drug Liaison Team (ADLT) consists of three clinical nurse specialists working across all sites of Sherwood Forest Hospitals NHS Foundation Trust. The team role includes: guidance on medical management for inpatients and transition between hospital and community settings; screening (using an Early Identification Test: a combination of AUDIT and PAT), and interventions for specific health problems. The team also educate hospital staff around alcohol and develop guidelines and treatment pathways.

The team see 450 alcohol related cases per year and aim to see patients within 24 - 48 hours. They also train around 1,000 people each year on alcohol awareness. The local Citizen's Advice Bureau supports the work of the ADLT on issues such as accommodation, debts and benefits advice.



Clinical data is held on a bespoke database to record clinical data, and reported back to the PCT Trust, Mental Health Trust and General Hospital Trust. Data includes the numbers seen, demographics and interventions performed.

Learnt: Staff buy-in was initially difficult. This was due to the project only having one year funding and being part of a police initiative. This led to nervousness around the service and its continued existence.

[www.hubcapp.org.uk/U44O](http://www.hubcapp.org.uk/U44O)

## **Yorkshire and Humber**

### **NHS Sheffield Identification and Brief Advice Training Project**

This training programme targeted frontline staff to deliver opportunistic IBA in their communities and area of work, including Community Matrons; GPs; Practice nurses also Community Wardens and Youth Workers.

Learnt: Essential to the success of the project was the support of managers to allow staff to attend the training. To do this, named managers were targeted, explaining to them how the training would benefit their clients and how it would help them to reach disadvantaged groups across the city.

[www.hubcapp.org.uk/QXDT](http://www.hubcapp.org.uk/QXDT)

### **NHS Bradford and Airedale Brief Intervention Training**

NHS Bradford and Airedale's intention was to train up 900 staff by September 2008. Staff were trained in AUDIT and was offered to: youth offending teams; probation; housing; dentists; adult and children's care services; police, schools and voluntary sector agencies. Another 40 staff were given 'Train the trainer' training in order to continue to train more staff.

[www.hubcapp.org.uk/6P8F](http://www.hubcapp.org.uk/6P8F)

### **NHS Calderdale Alcohol Brief Interventions**

A three year IBA programme was commissioned under NHS Calderdale's commitment to 'investing to save' on lifestyle issues. Over 200 professionals were trained in IBA and staff commenced using AUDIT in 2007. A website allowing people to undertake an online questionnaire was launched and promoted over Christmas 2008 with a bus campaign entitled 'What's Your Score?' The programme also sent out basic information and advice about alcohol to Calderdale residents.

Learnt: Personal details requested of participants were minimised following concerns over the use of information and staff undertaking the IBA explain the importance of answering AUDIT truthfully to mitigate the underreporting of alcohol consumption and thereby gaining a real picture of its effects.

[www.hubcapp.org.uk/39ZY](http://www.hubcapp.org.uk/39ZY)

## **South West**

### **NHS Cornwall Brief Interventions Training**

In November 2007, NHS Cornwall & Isles of Scilly employed a Brief Intervention Officer to set-up and deliver IBA training. The role encompassed the coordination of training materials (website, leaflets and development of treatment pathways) and evaluation. Professionals working in housing, employment, health, mental health, learning disabilities and the voluntary and community sector were trained to use FAST.

[www.hubcapp.org.uk/TL73](http://www.hubcapp.org.uk/TL73)

### **Bristol Hospital Based Alcohol Nurse Specialist**

In 2006 the United Bristol Healthcare Trust (UBHT) appointed a full-time Alcohol Nurse Specialist (ANS). This role was developed after a part-time pilot in the Hepatology Unit had proved cost-effective through a reduction in readmission rates and had led to positive health outcomes for the patients.



The ANS has been implemented AUDIT into six targeted wards: hepatology, medical gastroenterology, surgical gastroenterology, surgical and trauma/orthopaedics. The ANS also organised the first UBHT Alcohol Awareness Day in 2006 and further consolidated linkages with alcohol services throughout Bristol. UBHT also have an Alcoholics Anonymous (AA) link worker with meetings held every Monday. The ANS works closely with this role.

Learnt: The length of stay for alcohol withdrawal trust-wide has reduced from 9.6 days (2004 data) to 7.75 days since ANS appointment. The savings in bed days amount to 159 days per year (or £63,600 using a £400 daily bed cost).

[www.hubcapp.org.uk/QAM2](http://www.hubcapp.org.uk/QAM2)

### **Torbay Primary Care Alcohol Service**

A primary care alcohol service was set up by Torbay Care Trust in October 2007 to reduce the numbers of at risk drinkers. Prior to the service starting a stakeholder event was held to develop care pathways in the region. This identified that all health and social care staff should be equipped to undertake IBA by using AUDIT.

The team now consists of three Primary Care Alcohol Workers, one Senior Alcohol Worker and one Referrals Co-ordinator. The project recently appointed a worker for a 12-month criminal justice work pilot.

Learnt: Much can be achieved on small budget (£180,000) if used wisely including a full training programme, open access service and a website.

[www.hubcapp.org.uk/U9VA](http://www.hubcapp.org.uk/U9VA)

## **North East**

### **North Tyneside Screening and Brief Intervention in GP Surgeries**

NHS North Tyneside has since April 2007 screened of over 4,000 people about their alcohol consumption and delivered of over 500 IBA sessions via local GP practices. The staff at 15 GP practices were trained and a treatment care pathway developed with clear links to services.

Learnt: Successfully engaging, training and supporting frontline staff has been critical.

[www.hubcapp.org.uk/2CZT](http://www.hubcapp.org.uk/2CZT)

## **South East**

### **Hampshire Brief Interventions Training**

Since March 2007, Hampshire Drug and Alcohol Action Team has provided alcohol brief intervention training to over 150 frontline staff, targeted primarily at Practice nurses; GPs; health visitors; social workers and others working in community settings. Training is provided free to people working the Hampshire area. Delegates are trained in AUDIT, FAST and how to use Drink Diaries.

Learnt: The training was targeted at those not working in alcohol services. However most attending were working in the substance misuse field as there was no other local training available.

[www.hubcapp.org.uk/GWQU](http://www.hubcapp.org.uk/GWQU)

### **Portsmouth Alcohol Interventions Team**

Introduced in July 2008, the Portsmouth Alcohol Intervention Team consists of four brief intervention workers, a team leader and administrative support.

The team use AUDIT to deliver IBA in Probation, as well as at GP practices, Genito-Urinary Medicine, a sexual health service and the Minor Injuries walk-in centre. GPs identify patients and book appointments to then see the interventions team. Both evening and weekend appointments are available.

Learnt: After initial difficulties engaging with GPs the team linked in with an existing regular training





sessions for doctors and practice nurses and promoted the project through this.

[www.hubcapp.org.uk/9JGK](http://www.hubcapp.org.uk/9JGK)

### **Portsmouth Alcohol Arrest Referral**

The service is provided in the custody suite in Portsmouth and delivered by Portsmouth Drug Interventions Programme's Arrest Referral workers (weekdays) and South Central Ambulance Service's Community Health Practitioners (weekends).

Offenders whilst in custody are seen and AUDIT is offered. Depending on their score, along with client preference, the worker will suggest which intervention is appropriate. In addition, the service provides a conditional cautioning clinic on Thursdays, where offenders are required to attend two sessions of alcohol brief interventions. Detainees were predominately male (88%) and had a score of 17 on AUDIT. The highest scores recorded (i.e. scores of between 30 and 40) were mostly from the 41 to 55 age group. This suggests that older adults arrested for drink-related offences are more likely to present with alcohol dependence whilst teenagers and young adults arrested for alcohol-related offences are most likely to be binge-drinkers.

Learnt: A strong communicative relationship needs to be built between the alcohol workers and Custody staff. Client more likely to engage with the service were those who realised that their drinking had begun to affect their lives and their health.

[www.hubcapp.org.uk/TJQL](http://www.hubcapp.org.uk/TJQL)

## ***East of England***

### **NHS Milton Keynes - Brief Interventions for Alcohol Misuse**

Milton Keynes is piloting IBA within GP practices. In time this may be expanded into A&E and pharmacies. In Jan 2009 training was provided to 50 practice staff and included information on how to refer to the alcohol service in the area. Results from the pilot will feed into the Milton Keynes Drug and Alcohol Action Group.

[www.hubcapp.org.uk/CCK7](http://www.hubcapp.org.uk/CCK7)

## **Conclusion**

HubCAPP is a unique and valuable vehicle to share practice across England, it enables comparisons to be made and learning to be shared. From the range of IBA work taking place it is clear that some areas are further progressed and have been doing it for longer than others. However similar things have been learnt across the country including:

- That an Alcohol Nurse Specialist can lead to: early discharge of patients, resulting in savings of significant bed days per year and reduced re-attendance by patients to hospital and GPs
- GP and medical staff perceptions and attitudes may need to be challenged and this can take some time. This can centre on their own knowledge and comfort in asking patients about their alcohol consumption. However undertaking IBA is of benefit for both patient and practitioner.
- There are often staffing changes, with new Doctor rotations. In this environment IBA work will take longer to embed into practice and training is continuous. It is therefore necessary to have a funding commitment for at least two or three years before commissioning these services.
- Demand from referrers will be high, appropriate levels of staffing and support are needed for the work to be successful.
- Allowing staff to attend the training and allocating staff time to do the work is essential
- Data reporting needs to be made clear and simple from the start, personal details should be kept to a minimum and the importance of answering the questions truthfully should be stressed.
- Learning from others already successfully running IBA should be encouraged
- There are significant impacts to the health and wellbeing of the people given these services.



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**Notes**

1. HubCAPP is part of the Department of Health's Alcohol Learning Centre and is managed by Alcohol Concern.

The Alcohol Learning Centre provides online resources and learning for commissioners, planners and practitioners working to reduce alcohol-related harm.

Alcohol Concern is the national agency on alcohol misuse campaigning for effective alcohol policy and improved services for people whose lives are affected by alcohol-related problems.

2. Project is a loose term used by HubCAPP to describe a tranche of work. Website statistics describe a 'Unique visitor' as a unit of traffic to a website each visitor is counted only once, even if they return to the site multiple times. 'Page views' is the total number of pages viewed on a site.

**Terminology used**

PCT: Primary Care Trust  
 AUDIT: Alcohol Use Disorders Identification Test  
 FAST: Fast Alcohol Screening Test  
 SASQ: Single Alcohol Screening Question

