Evaluation of Rollout of ABI in Health and Social Care Teams following Multidisciplinary Training

Carried out for East Renfrewshire Community Health and Care Partnership.

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Background

- The national Scottish Government set a target (HEAT 4) to roll out alcohol brief interventions (ABIs) by
  - Doctors & nurses in 1y care, A&E and antenatal settings.
- A local decision was made in some areas to also train CHCP staff.
- Bespoke 1 day training course developed and rolled out by Create.
- Monitoring system for numbers trained and ABI delivery.

Rationale for BI Delivery in Diverse Settings

- Scottish population (16+) is 4.3million (mid 2010)
- In 2008/2009, 50% of men and 39% of women exceeded either the daily or the weekly guidelines on alcohol consumption, or both.
- >1,000,000 males and >800,000 females may benefit from a brief intervention, to enable them to make an informed choice about their drinking.
- There is good evidence that BIs have an impact for up to a year. How often would it make sense to repeat? Annually?
- Current national target aims for approximately 60,000 per year.
- Need much higher levels of delivery – who will meet this need?

Training in East Ren CHCP

- By October 2010, 9 courses had been delivered.
- 89 practitioners attended the training from teams including:
  - Community mental health team
  - Comm older people's team
  - Health improvement
  - Primary care
  - Social work (~12 different teams)
  - Drug and alcohol services
  - Various other staff.

The Training

- **Aim: To build on practitioners' existing skills in competently, confidently and appropriately, raising and responding to alcohol issues with their clients/patients, including delivering brief interventions.**
- 1 day (6 hours approx): attitudes, drinking limits and units, 'ways in', elements of brief a brief intervention; challenges and opportunities in delivering BIs; ways to assess need/risk; BI delivery practice session.

The Evaluation

- Low level of recorded BIs; Unconfirmed anecdotal reports.
- Follow-up planned (Oct 2010): Telephone interviews with:
  - 9 trained practitioners
  - 6 managers of trained practitioners
  - 4 administrators
- Interviews with 11% of those trained.

What was the impact of the training?

- Increased knowledge for most.
- Increased confidence in discussing alcohol (for some).
- Increased confidence in delivering BIs (for some).
- Very variable impact on practice, but none were recording BI delivery and most did not feel they were delivering BIs.

Impact of Training

- *"The main thing that I learned was about the percentage alcohol, about the content and the units because I wasn't always very clear on that."*

- *"I think at the time I felt more confident in delivering BIs. Certainly I felt more confident in asking the questions about alcohol."*

Why were most practitioners not delivering BIs?

- They reported that their clients weren't right for BIs because:
  - They were drinking too much and were inappropriate/already receiving support.
  - They were not drinking enough to need one.
  - They were unable to engage in lucid discussion.
  - A one-off intervention was felt inappropriate.

Perceived lack of need

- *“Nobody on our whole team has delivered it – the consensus of the team as a whole is that it is not particularly applicable to our clients.”*

- *“I don’t feel I’ve come across anybody who is drinking more than 6 or 8 units per day.”*

- *“We know what to do if we go into (see) a client and they have got alcohol issues, then we will speak to someone about it.”*

Curiously...

- Though not delivering BIs, practitioners were discussing alcohol with clients.
  - Providing info about units
  - Discussing impact on mood
- Managers felt that their client groups probably would benefit from BIs.
- Questions about alcohol are already in standard assessments being used by practitioners.

Other reasons

- *'Perhaps it would be easier for X staff to deliver it, not us.'*
- *'Its hard to ask people about this.'*
- Staff (at least 3) were off sick long term after the course (Manager)
- Staff are already overwhelmed with paperwork/other initiatives (Manager)

Case study: Family social worker (early intervention)

- *“In the middle of everything else I’m doing somebody might say ‘Oh I slept in last week because I had a wee drink’…I was hoping to take an opportunity like that and be able to intervene appropriately…without saying ‘do you think you’ve got an alcohol problem?’”*
- Recording was a total no-no even for this enthusiast.

What does this tell us about BI Delivery in diverse settings?

- Do we need wider delivery?
  - Statistics would suggest yes.
- Is it an appropriate role?
  - Legitimate; Acceptable; Feasible?

  …yes, probably – they are already discussing alcohol.

  …but challenges in changing practice.
- Is it effective? Will BIs work when delivered by these staff, in these settings?
  - Why/why not?
  - Are there any ancillary benefits/risks?

  …we don't know - little/no evidence either way.

To test effectiveness, need to know how to get staff to deliver ABIs.

- Need setting specific approaches that:
  - Better understand the setting and specific evidence of need in that setting.
  - Adapt BI and screening to fit in with setting (unless evidence suggest otherwise)
  - Build strategic support and infrastructure prior to training.
  - Deliver training as part of a comprehensive package of support and follow-up.

Thank You

- The managers, practitioners and administrative staff who took part in interviews.
- Fiona MacDonald & Heather Molloy at ER CHCP.
- The Create team – Susie, Julie, Steven.

Questions/Queries?

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