number 3

Health Improvement Action in Hospital Settings:
Action 18.2: Alcohol

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CEL (1) 2012 Annual Report Summary Briefings – Year 1

This paper is part of a series of briefing papers summarising national health improvement action within the hospital and community hospital setting, reported to Scottish Government as part of the formal governance requirements for delivery of CEL (1) 2012. Information within these reports has been extracted from Year 1 Annual Reports submitted on 30 April 2013 and, therefore, reflects reported health improvement action from January 2012–April 2013.

NHS Boards received individual feedback on their annual report submissions and these can be read alongside the briefings series in order to support local-level discussion.

Briefing papers within this series include: 1 Context for Delivery (Core Actions 1–5); **2** Tobacco; **3** Alcohol (covering selected performance measures not reported through the ADP Governance Framework); **4** Breastfeeding; **5** Healthy Working Lives; **6** Sexual Health; **7** Physical Activity; and **8** Active Travel.

NHS Boards received feedback on Action 18.4 Food and Health within their individual feedback.

To view the entire briefing series, and for all other secondary care health improvement support, please visit our NES Knowledge Network Portal at:
www.knowledge.scot.nhs.uk/home/portals-and-topics/health-improvement/hphs.aspx

CEL (1) 2012 Action 18.2: Opportunistically screen patients attending A&E departments and wider acute settings. For patients identified with harmful or hazardous drinking (screening positive), offer and deliver a brief intervention in accordance with the SIGN 74 Guideline. For patients identified as dependent drinkers, and those with harmful or hazardous drinking patterns who request further help, direct to an appropriate support service (including health, social services, local authority and voluntary).

Performance measures:

1. Number of screenings for all services, including the number of A&E attendances screened as part of the total number of A&E attendances.
2. The number of Alcohol Brief Interventions (ABI) delivered in accordance with the HEAT standard guidance 2012/13.

3. Number of staff trained in both A&E and other acute settings in ABI.
4. Evidence of planning, delivery or evaluation of ABI across acute settings.

Outcome:

Improved, consistent and embedded screening (in line with the ABI HEAT standard for 2012/13 and the SIGN 74 Guideline) and appropriate referral, ensures that the most appropriate treatments, interventions, support and services are available at the right time to everyone who will benefit. This will help to deliver the long-term desired outcome of reducing alcohol consumption and, therefore, harm.

Background

Health improvement action on alcohol has been within the HPHS national policy requirements for hospital settings since CEL (14) 2008.

Challenges over delivering ABIs within A&E departments within the acute setting continue to be an area of contention, and this was raised during the Governance Framework consultation process. NHS Boards reported that ABIs are being more successfully delivered in settings where patients are less likely to be under the influence of alcohol at the time of the patient interface, for example, in fracture clinics or medical receiving wards.

The low value that A&E staff place on ABI delivery in their department has reportedly led to inaccurate reporting of number of screens and/or low percentages of all 'screen positive' cases. This also resulted in significantly high 'did not attend' rates at assessment clinics , and emphasis of efforts on dependent drinkers alone, rather than harmful and hazardous drinkers.

Summary of data provision

The Golden Jubilee Hospital Trust is exempt from the alcohol health improvement action. Annual reports submission were received from 14 delivery NHS Board areas, therefore, unless specified n=14.

NHS Boards were not required to submit data against performance measures 1 and 2, as it was agreed that this data would be collated through the revised governance and accountability arrangements for Alcohol and Drug Partnerships (ADPs) in order to prevent duplication of effort.

Overall, the evidence for performance measures 3 and 4 varied in detail and relevance for each NHS Board. The findings below summarise the evidence provided.

Summary of findings

Performance measure 1: Number of screenings for all services, including the number of A&E attendances screened as part of the total number of A&E attendances.

Performance measure 2: The number of ABI delivered in accordance with the HEAT standard guidance 2012/13.

The ISD report on ABI 2012/13 (published 25 June 2013) can be found using the link below. This publication provides evidence (by NHS Board) for performance measures 1 and 2: **www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2013-06-25/2013-06-25-ABI-Report.pdf**

Summary findings of this publication indicate that total number of ABIs carried out in Scotland during 2012/13 was 94,916. Settings for these approaches included: primary care (69%: 65,526), A&E (16%: 15,327), antenatal (4%: 3,589) and wider settings (11%: 10,472).

Figures from this report also indicated that the proportion of ABIs delivered within A&E settings varied greatly across Scotland, with the range between 3–43%. The majority (eight NHS Boards) reported ≤ 10% of ABIs were delivered in A&E, with two NHS Boards reporting between 11–20% within A&E and four NHS Boards reporting 21–43%.

Performance measure 3: Number of staff trained in both A&E and other acute settings in ABI.

Required evidence: The number of staff trained in both A&E and other acute settings (as part of wider settings) in ABI (extracted from required six-monthly report)

All but one local Health Board provided information around staff trained in delivering ABI.

Information extracted from the annual reports indicates that at least 1,852 staff received ABI training across 11 NHS Boards. From those, eight NHS Boards submitted numerical information and three NHS Boards provided narrative descriptions but did not provide specific numbers as requested. Approximately 83% of staff trained were from three NHS Boards. NHS Boards highlighted that staff who received ABI training represented a wide range of clinical professions including nurses, midwives and clinical support workers etc.

A total of three NHS Boards reported to have no staff trained in ABI within the previous financial year.

Furthermore, some NHS Boards highlighted which specific training was provided and in what format. Training was offered to staff either face-to-face or online (LearnPro). The training modules that were highlighted in the reports include: ABI training; Refresher ABI; ½ day Health Behaviour Change Awareness Session and ½ day generic Brief Intervention.

One NHS Board stated that ABI training is no longer available to staff. Instead, the Health Behaviour Change (Level 1) module is in place for ABI training.

Performance measure 4: Evidence of planning, delivery or evaluation of ABI across acute settings.

Required evidence: Evidence of planning, delivery or evaluation of ABI across acute settings.

In total, 13 NHS Boards submitted information with regards to performance measure 4. Interpretation from NHS Boards, with regards to what information was required for performance measure 4, was variable. The information that was submitted by NHS Boards was in relation to:

- training that was planned and offered to staff
- planned evaluation of the training provided to staff
- planning and delivery of ABI across acute and other settings
- planning the evaluation of the effectiveness of ABI across the acute setting
- planning/establishing ABI integrated care pathway.

The majority of NHS Boards have provided evidence of an established ABI delivery approach in acute settings. Some Boards indicated that they have plans in place to improve or expand current delivery in acute settings (e.g. ABI to all A&E patients, improving Paddington Alcohol Test due to patient feedback etc.).

Five NHS Boards highlighted that they had plans to evaluate ABIs in place. These Boards also indicated that they are working towards establishing robust recording systems that will aid these evaluations. The plans do not specify whether these evaluations are going to evaluate the outcomes of ABIs or the process of ABIs being delivered in acute settings. One NHS Board stated that they plan to explore ABIs in the context of addressing health inequalities.

One NHS Board highlighted that work around delivery of ABIs in acute settings will commence in 2013/14 as the focus in financial year 2012/13 was around implementing systems and practice for primary care.

Moreover, eight NHS Boards submitted information on the planned provision and evaluation of the delivery of ABI training. Some of the NHS Boards have planned to monitor training activity and conduct training needs assessments to ensure that staff receive the required support to deliver ABI.

To conclude, NHS five Boards highlighted that they are currently planning to integrate ABI in other settings in addition to acute (primary care, criminal justice, police custodial suites, orthopaedics etc.).

Summary of reported action

The annual reports give a broad overview of the priority activities that NHS Boards are focusing on with regard to alcohol health improvement activities in hospitals. All NHS Boards seem to be focusing on similar areas of work. The main themes emerging from the reports are in relation to integrating ABIs in other than acute settings and around staff training needs.

In summary, all but one NHS Board seem to have ABIs established in acute settings. The one outstanding NHS Board stated that work is currently being planned to ensure that ABIs are integrated in acute settings. A stronger focus on evaluating delivery of ABIs in acute settings should be encouraged within year 2.

Despite the low number of staff trained in ABIs, the majority of the annual reports provide evidence of NHS Boards investing in their frontline staff. Most NHS Boards are actively focusing on up-skilling and equipping staff with the required knowledge and skills to deliver ABIs. The vast majority of NHS Boards highlighted that monitoring and robust evaluation of their training activities is high up their agenda for this programme of work.

Furthermore, NHS Board submissions highlighted that the focus is shifting from the specific ABI training to the generic Health Behaviour Change course.

For all support on implementation of CEL (1) 2012, please contact the HPHS national support programme at NHS Health Scotland by emailing:
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