Implementation of the SIGN Alcohol Guideline

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Overview

• Background to SIGN implementation support
• Alcohol problem in Scotland
• Implementation of the SIGN Alcohol Guideline
• Conclusions
# Implementation Support Strategy

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<tr>
<th>Improved processes:</th>
<th>Awareness raising &amp; Education:</th>
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<td>Local clinical champions</td>
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<tr>
<td>More interactive website</td>
<td>Awareness raising activities</td>
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<td>Patients as champions for change</td>
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<td>Training modules linked to CPD</td>
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<tr>
<th>Networking:</th>
<th>Implementation support resources:</th>
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<td>Linking with existing networks and projects</td>
<td>Algorithms &amp; Care Pathways</td>
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<td>Implementation conference and meetings with NHS Boards</td>
<td>Resource implications calculator</td>
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<td>Data sets</td>
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<td>Electronic decision support tools</td>
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<td>Slide sets</td>
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Alcohol
Alcohol related deaths

15 of the 20 local areas in the UK with highest male alcohol-related death rate 1998-2004 are in Scotland:

1. Glasgow City
2. Inverclyde
3. West Dunbartonshire
4. Renfrewshire
5. Dundee City
Chronic liver disease and cirrhosis mortality rates per 100,000 population, 1950-2006

Alcohol and Crime

• 49% of prisoners were drunk at the time of their offence (76% of young offenders) [Scottish Prison Survey 2008]

• 70% of assaults presenting to A&E likely to be alcohol related [QIS audit 2008]

• Alcohol a contributory factor in two thirds of domestic violence [Home Office 2003]
Alcohol-related harm annual costs

• £12.6 billion for England (healthcare, crime & employee absenteeism)

NICE Public Health Guidance (2010)
Scottish Intercollegiate Guidelines Network

The management of harmful drinking and alcohol dependence in primary care
A national clinical guideline

1 Introduction 1
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September 2003
New Evidence?

- Literature searches conducted in 2007 & 2009
- Recommendations still relevant
- Guideline remains current
Key Recommendation

Healthcare staff should opportunistically identify hazardous drinkers and deliver alcohol brief intervention (ABI), particularly in Primary Care, Accident & Emergency and Antenatal setting.
Alcohol brief intervention (ABI)

A short, evidence-based, structured conversation about alcohol consumption with a patient/service user that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviours in order to reduce their consumption and/or their risk of harm.
Effectiveness of ABIs

The number needed to treat (NNT) = 8

For every 8 people drinking at harmful levels who receive a brief intervention, one would be expected to reduce their drinking to ‘low risk’ levels.
Implementation support resources

• Screening algorithm
ASSESS
elicit patient’s concerns
how does alcohol fit in?

ELICIT AND RECORD
- typical day’s drinking
- maximum in a day
- alcohol related physical, emotional and social problems

CONSIDER
- FAST or CAGE plus two consumption questions
- MCV, GGT

DELIVER BRIEF INTERVENTION
- discuss costs and benefits of drinking from patient’s perspective
- offer information about health risks
(patient may not be receptive on first consultation;
repeated interviews/reviews may be necessary)

IS THE PATIENT INTERESTED?

- Yes
- No

AGREE GOAL

REDUCTION

ABSTINENCE*

<table>
<thead>
<tr>
<th>Assisting goal of reduction</th>
<th>Assisting goal of abstinence</th>
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<tbody>
<tr>
<td>Elicit patient’s concerns</td>
<td>Enlist support of family and friends</td>
</tr>
<tr>
<td>Regular review to offer encouragement</td>
<td>Consider use of local alcohol services</td>
</tr>
<tr>
<td>Monitor (see or telephone patient; information from family/GGT)</td>
<td>Plan medically assisted withdrawal if indicated, at home or in hospital</td>
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<tr>
<td>Reassess with patient the costs and benefits of change</td>
<td>Recommend Alcoholics Anonymous, especially if other support for abstinence is lacking</td>
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<tr>
<td>Consider specific pharmacotherapy; acamprosate (reduces intensity of and response to cues and triggers to drinking) and/or disulfiram (deterrent)</td>
<td>Initiate active intervention if other psychiatric problems (depression/anxiety) persist &gt; 2 weeks</td>
</tr>
<tr>
<td></td>
<td>Monitor (see or telephone patient; information from family/GGT)</td>
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* Absolute indications for abstinence:
  - alcohol related organ damage
  - severe dependence (eg morning drinking to stop the shakes or previous failed attempts to control drinking)
  - significant psychiatric disorders

Relative indications for abstinence:
  - epilepsy
  - social factors (eg legal, employment, family)
Implementation support resources

- Screening algorithm
- Screening tools (FAST & PAT)
- Motivational interviewing techniques
- Audit points
- Advice to patients
Scotland Key Milestones

2003   SIGN 74 published

2005   Public health principle enshrined in new Licensing Act

2007   ABIs in Enhanced Service Programme

2008   HEAT target for Chief Executives

2009   SG Alcohol Framework launched
Integrated alcohol policy

Safer & Stronger

Reducing Consumption

Supporting Families & Communities

Effective Support & Treatment

Healthier

Positive Attitudes, Positive Choices

Fairer & Wealthier

Positive Attitudes,
Supporting Families & Communities

Effective Support & Treatment

Reducing Consumption
Scotland’s HEAT target: Alcohol brief interventions

- 150,000 ABIs by March 2011 (within Primary Care, A & E and Antenatal settings)
- £85 million additional funding
- Longer term vision is for alcohol brief interventions to become core business of NHS Scotland
Support offered

- Money (financial reward for screening, ABI delivery and follow-up)
- Education/training
- Monitoring and Evaluation
Progress on training

- 100+ pool of trainers trained to deliver ABI training in health board areas.
- Over 3200 practitioners trained across Scotland
- 130+ GP’s and Practice nurses trained
- Training manual, CD, flyers, posters, guidance sheets and Training DVD developed to support trainers and practitioners
- Virtual learning environment (VLE)
- ABI training standards and competency framework.

www.nes.scot.nhs.uk
<table>
<thead>
<tr>
<th>Scotland</th>
<th>2008/09</th>
<th>2009/10</th>
<th>Total Number of Interventions</th>
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<tbody>
<tr>
<td>Scotland</td>
<td>28579</td>
<td>53985</td>
<td>82564</td>
</tr>
<tr>
<td>NHS Ayrshire &amp; Arran</td>
<td>1515</td>
<td>3475</td>
<td>4990</td>
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<tr>
<td>NHS Borders</td>
<td>211</td>
<td>1000</td>
<td>1211</td>
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<tr>
<td>NHS Dumfries &amp; Galloway</td>
<td>462</td>
<td>507</td>
<td>969</td>
</tr>
<tr>
<td>NHS Fife</td>
<td>3110</td>
<td>2420</td>
<td>5530</td>
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<tr>
<td>NHS Forth Valley</td>
<td>2576</td>
<td>3668</td>
<td>6244</td>
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<tr>
<td>NHS Grampian</td>
<td>794</td>
<td>3292</td>
<td>4086</td>
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<tr>
<td>NHS Greater Glasgow &amp; Clyde</td>
<td>7603</td>
<td>13682</td>
<td>21285</td>
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<td>NHS Highland</td>
<td>2267</td>
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<td>4277</td>
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<td>NHS Shetland</td>
<td>35</td>
<td>157</td>
<td>192</td>
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<td>NHS Tayside</td>
<td>3586</td>
<td>1806</td>
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<tr>
<td>NHS Western Isles</td>
<td>322</td>
<td>786</td>
<td>1108</td>
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SIGN Alcohol Guideline

- Being implemented
- >3,200 practitioners trained to deliver ABIs
- >80,000 ABIs delivered so far
Outcome measures being tracked

- A&E attendances
- Alcohol related mortality
- Alcohol related crime
Co-ordinated approach

- Guideline developers
- Government
- Education
- Healthcare delivery organisations
- Primary Care
Conclusions

- Implementation support now integral to SIGN
- Fewer guidelines
- SIGN works with Government & NHS partners to support implementation
- Targeted implementation strategy for each guideline
- More reliance on electronic tools in future