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An evaluation to assess the implementation of NHS delivered Alcohol Brief Interventions in Scotland

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ISM Institute *for* Social Marketing

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Focus of presentation

- Aims of evaluation
- Data sets and methods
- Highlights of findings, focusing on effective strategies for achieving integration of ABIs in health services/public health
- Implications for mainstreaming of ABIs

Main aims of evaluation

- ***In what ways*** are ABIs being implemented at NHS Board level and at service delivery and practitioner levels?
- ***To what extent*** are ABIs being implemented?
- ***What can be learned from implementation*** of ABIs to ensure that ABIs are embedded into mainstream delivery as part of the core business of the NHS in Scotland?

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Data sets and methods

Data sets	Methods/ Approach
National level key informant / health board ABI lead interviews and key documents	Qualitative
NHS Board Progress Reports	Quantitative
Case study board monitoring data from three case study health boards	Quantitative & Financial modelling
Interviews in the three case study boards at board level for all priority settings and practitioners and patients in primary care	Qualitative

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Findings

Practitioner and patient views – primary care

- Practitioners **generally supportive** of an active role in addressing alcohol related harms
  - View that primary care was a **valid setting for ABIs** and preventive intervention
  - Less favourable comments related to **practicalities** such as time constraints, the nature of contracts and compulsory training
  - The majority of GPs stated they were **comfortable raising the issue of alcohol**
- Most patients appeared to accept that these conversations were **part of a health worker's role**

Effective strategies: Delivery

- **Specialist roles**
- Having a history of work in this area, with **lead roles and collaborative structures or relationships already in place**
- Need for **'light touch' approaches** to avoid heavy reliance on front line staff e.g. A&E screen and refer-on model
- Development of **localised and 'tailored'** models

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Effective strategies - Reach

- Population-wide approach seen as significant to **avoid stigma** - *'everyone is in the target group'*
- Concurrent health improvement initiatives, not focused on alcohol were viewed as excellent mechanism to 'import' ABIs into - to **extend reach and facilitative adoption**
- **Pragmatic and opportunistic** approach needed, innovation apparent in many areas

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Facilitators to integration of ABIs

Substantial government funding and support

Flexibility *Champions and leaders at all levels* *Pilots*

Wide ownership of the programme

Administrative support *Quality and in-depth training*

Active and motivated practice managers *Positive attitudes*

Tailored professional resources for each setting

Opportunities to share learning

Examples of barriers

Lack of lead in time

Guidance coming out after target

Concurrent service re-design and competing priorities

Initial lack of skilled workforce

Delays getting key staff in place and staff turn-over

Problems accessing training and releasing staff

Time constraints for delivery – competing priorities at service delivery level

Service cultures and problems with buy-in

Data reporting and monitoring challenges

Under reporting

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Mainstreaming ABIs

- All board leads wanted work to continue given extent of progress and efforts – **time to 'bed-in'**
- Many spoke of **'hard lessons**' learned
- **Specialist roles and good partnership working** were essential to success
- Many **other settings** viewed as having potential
- Potential to **integrate** health improvement programmes
- Investment in training responsible for **building support for ABIs at grassroots level**

In summary

- Aim was to embed ABIs into routine NHS practice
  - **Many successes** to celebrate and rich learning
  - **Substantial variation** within-setting and across NHS boards
  - **Cultural change takes time - ** especially. at whole pop level
  - **Key tensions** e.g. national/local priorities, delivery vs. data reporting/monitoring and evaluation follow-up
  - **Importance of training** for the cultural change and buy-in
  - Funding and infrastructure support needs to **continue to be adequately resourced** to 'bed-in' developing skills and confidence
  - On-going need for follow-up of patients who receive ABIs to better determine **reach, impact and outcomes**

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