

**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** Thursday 19<sup>th</sup> July 2018

**Title:** EVALUATION OF THE COMMUNITY ALCOHOL PATHWAY  
PILOT PROGRAMME

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**Ward:** Borough-wide

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1. Summary

- 1.1 The Community Alcohol Pathway aims to address the increasing prevalence of harmful alcohol consumption in LBB, and improve on the low treatment rates for alcohol users. The pathway covers brief advice in Primary Care through to community treatment and acute interface via liaison with local hospitals.
  - 1.2 Change Grow Live (CGL) (the current provider of substance misuse services for adults and young people) was awarded the contract to pilot the Community Alcohol Pathway in December 2017. The 5-month Pilot Programme commenced in January 2018 with evaluation being completed in June 2018.
  - 1.3 The Community Alcohol Pathway Pilot was delivered from 3 GP surgeries – Broomwood Surgery, Elm House Surgery and Cator Medical Centre.
  - 1.4 The findings from the evaluation will support the roll out of the Community Alcohol Pathway more widely throughout the borough. It has been included, to be mainstreamed, as part of the newly commissioned Adult Substance Misuse Service which will go live on 1/12/18.
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2. Reason for Report going to Health and Wellbeing Board

- 2.1 This report outlines the key findings of the pilot and the steps for mainstreaming the Community Alcohol Pathway.
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**3. SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS  
CONSTITUENT PARTNER ORGANISATIONS**

- 3.1 The Health and Wellbeing Board is asked to:
  - 1) Note the findings from the pilot evaluation; and,
  - 2) Support and promote the Community Alcohol Pathway amongst partners.

Health & Wellbeing Strategy

1. Related priority: Safer Bromley and Healthy Bromley

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Financial

1. Cost of proposal: Not Applicable
  2. Ongoing costs: Not Applicable
  3. Total savings: Not Applicable
  4. Budget host organisation: Not Applicable
  5. Source of funding: Not Applicable
  6. Beneficiary/beneficiaries of any savings: Not Applicable
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Supporting Public Health Outcome Indicator(s)

Public Health Outcomes Framework Indicator 2.15 iii: Successful completion of alcohol treatment

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## 4. COMMENTARY

### 4.1 INTRODUCTION

4.2 The Community Alcohol Pathway was designed to address the increasing prevalence of harmful alcohol consumption in Bromley and improve and increase access for those who require support to treatment services. The pilot was designed to provide in-reach and proactive interventions in partnership with GP practices, in order to reduce demands on practices and provide preventative measures for alcohol related health concerns.

4.3 The pilot project centred around the delivery of a community alcohol pathway, which includes Extended Brief Intervention (EBI)<sup>1</sup> sessions within GP surgeries. The 3 surgeries that took part in the pilot were Broomwood Road Surgery, Elm House Surgery and Cator Medical Centre.

4.4 The 5-month Pilot Programme commenced in January 2018 with evaluation taking place during May 2018 and was delivered by CGL, the existing substance misuse treatment service provider.

4.5 It was delivered as a partnership between the GP Practices and BDAS (Bromley Drug & Alcohol Service). Primary care staff were trained by BDAS to carry out the initial screening (Audit C) to determine levels of alcohol consumption in their patients who were then referred on to the BDAS worker on site for EBI sessions (3 – 6 sessions) plus referral on to other treatment interventions provided by BDAS and or signposting to other appropriate services in the community.

### 4.6 PREVALENCE DATA

4.7 The pilot was informed by the following data which demonstrated need for targeted interventions for those drinking at harmful and hazardous levels:

- **28%** of adults in Bromley drink at **no or low risk levels** (Audit Score 0-7).
- **56%** of adults in Bromley drink at **hazardous drinking levels** (Audit Score 8-15) i.e. drinking above safe levels with avoidance of alcohol related problems.
- **13%** of adults in Bromley drink at **harmful drinking levels** (Audit Score 16-19) i.e. drinking above safe levels with evidence of alcohol related problems.
- **4%** of adults in Bromley drink are **alcohol dependent** (Audit Score 20+).<sup>2</sup>

4.8 It was also informed by the acknowledgement that in terms of treatment at Bromley Drug & Alcohol Service (BDAS), attrition is highest among non-dependent alcohol users. During Quarters 1 and 2 of 2017/2018, there were 85 referrals from GPs to BDAS, of these 35 (41%) attended for an assessment and only 24 (28%) commenced treatment.

4.9 Feedback received from service users and GP's indicated that individuals were reluctant to attend treatment at the substance misuse service base because they perceive it as a 'drug' service and that outcomes for this group could be improved if interventions were delivered within general practices. Hence, the pilot was being conducted in GP surgeries.

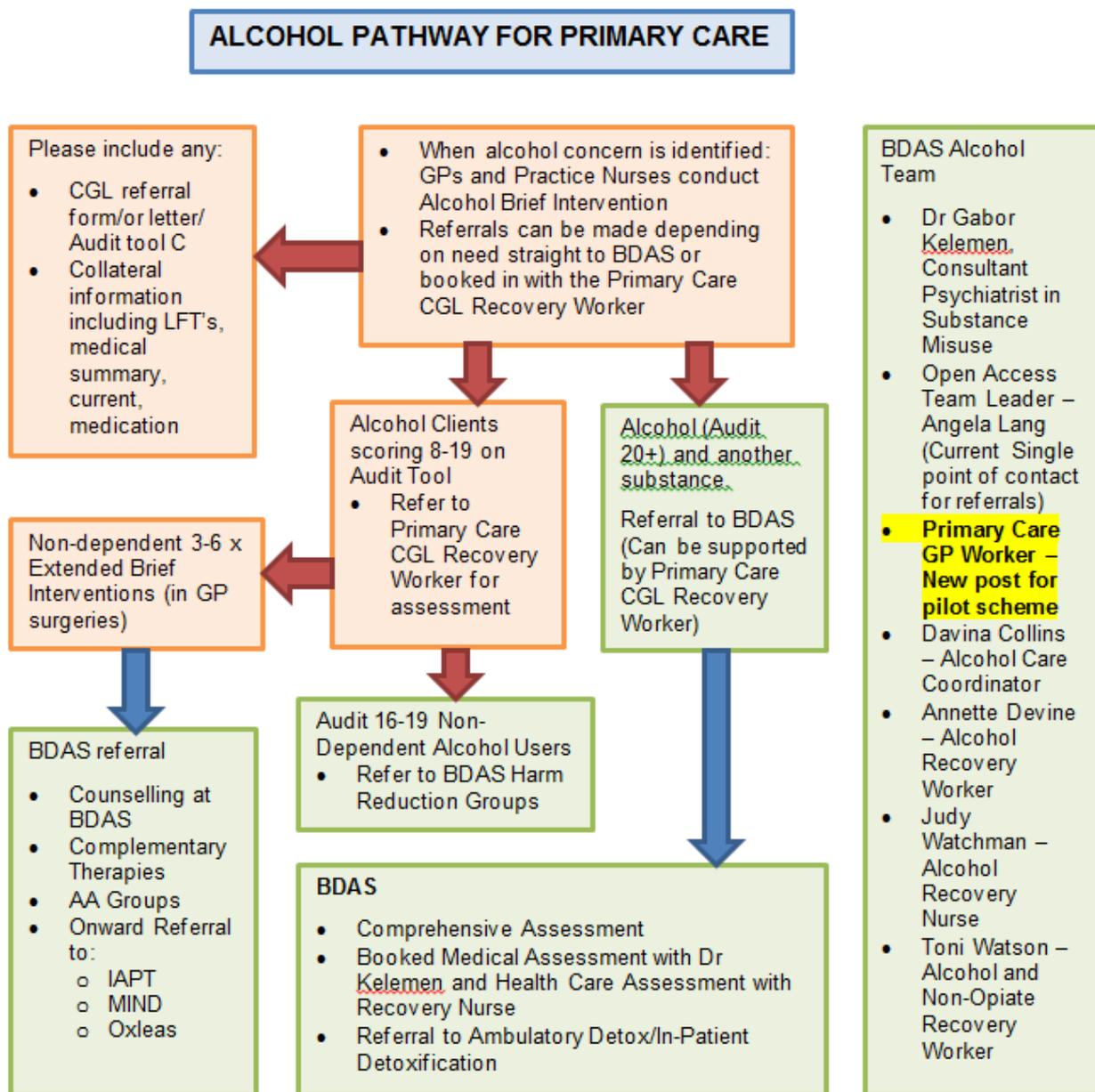
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<sup>1</sup> IBA stands for 'Identification and Brief Advice', an alcohol brief intervention which typically involves: **Identification**: using a validated screening tool to identify 'risky' drinking, such as the AUDIT Tool C, **Brief Advice**: the delivery of short, structured 'brief advice' aimed at encouraging a risky drinker to reduce their consumption to lower risk levels

**EBI**: This is motivationally-based and can take the form of motivational-enhancement therapy or motivational interviewing. The aim is to motivate people to change their behaviour by exploring with them why they behave the way they do and identifying positive reasons for making change. In this guidance, all motivationally-based interventions are referred to as 'extended brief interventions'.

<sup>2</sup> **Source**: Bromley GP data 2016 (NB. Only 42% have recorded value in last three years).

## 4.10 THE COMMUNITY ACOHOL PATHWAY



## 4.11 SUMMARY OF FINDINGS

- 36 clients were referred – 20 men and 16 women with 89% being White British and 56% aged between 40 yrs – 59 years.
- Of the 36 clients: 3 declined treatment, 3 did not attend for arranged assessment appointments, 2 clients were referred for Cocaine treatment and 1 client has an assessment appointment booked. This currently gives a 75% engagement rate (27 out of 36 clients).
- The attrition rates amongst GP referrals were significantly reduced when compared with pre-pilot levels:
  - from referral to assessment (59% to 25%)and
  - from assessment to commencement of treatment (32% to 18%)
- Patient feedback at the surgery confirmed the strong preference to be seen at GP surgeries rather than being seen at a substance misuse service.
- Of those assessed, 48% (13 of 27) drank at harmful and hazardous levels, 11 of whom engaged with treatment, 9 (82%) have successfully completed and reduced their alcohol

consumption to within safe drinking levels – from an average audit score of 15.9 before intervention to an average audit score of 2.1.

- Of those assessed, 51% (14 of 27) drank at dependent levels and were referred for structured treatment at the substance misuse service. 11 out of 14 clients are still engaged in treatment at BDAS, either in Harm Reduction Groups (HRG) or Pre-Detox Groups (PDG).
- BDAS delivered brief intervention training to 20 members of staff across the 3 GP surgeries.
- All staff agreed that the training met objectives, increased their knowledge of how and when to refer patients for EBI sessions and for treatment at BDAS.

#### **4.12 LIMITATIONS**

- The training on Alcohol Brief Intervention (ABI) and how to refer clients to BDAS was positive and increased staff members' knowledge of who and when to refer clients for EBI sessions. However, this is not always reflected in the full alcohol audit scores conducted by CGL staff as 14 out of 27 clients scored above 20 during assessment and were subsequently referred to either the pre-detox sessions or Alcohol Harm Reduction Groups. This may be due to ABI training not taking place until later in the pilot than originally intended.
- Training delivery and planning was delayed due to logistical factors for surgeries.
- Delays in the referral form being put on EMIS (GP IT system) impacted on analysing the completion of the Audit Tool C by surgery staff prior to referral to BDAS.
- There was limited opportunity to audit the referrals received, and identify the number of clients who self-referred.
- Systems and process around whether patients attended and treatment outcomes were not clearly defined. In one surgery the BDAS worker had access to EMIS and made entries and in the other 2 surgeries this was unclear.
- Due to the length of the pilot, it was not possible to identify the impact on the prevalence of harmful alcohol consumption in the borough – this would require examination over a longer timeframe and a larger sample.
- It was also not possible to assess whether the pilot reduced actual rather than perceived demands on primary care - again this would require more extensive evaluation.

#### **4.13 CONCLUSIONS**

- The Community Alcohol Pathway has been included in the specification for the new contract for Adult Substance Misuse Service.
- The findings of the pilot will be taken into account when mobilising the new contract and will be a useful reference for informing the wider development of the Alcohol Pathway in LBB.
- The Community Alcohol Pathway will support improved treatment outcomes for problematic alcohol users and reduce alcohol related harm for the local community.
- The Community Alcohol Pathway will improve partnership working between primary care and the specialist substance misuse treatment service.

### **5 IMPACT ON VULNERABLE PEOPLE AND CHILDREN**

- 5.1 The Community Alcohol Pathway enables early identification of vulnerable adults with alcohol problems and prompt access to treatment. Parents are also identified – this will impact on those children who may be living in families where parents/carers are using alcohol problematically and this is impacting on family life.

## 6 FINANCIAL IMPLICATIONS

- 6.1 The roll-out of the Community Alcohol Pathway has been included in the Adult Substance Misuse Contract which commences on 1/12/18.

## 7 LEGAL IMPLICATIONS

- 7.1 Statutory requirement to provide a substance misuse service.

## 8 COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

- 8.1 The HWB is asked to note the report and its findings.

<b>Non-Applicable Sections:</b>	Implications for other Governance Arrangements, Boards and Partnership Arrangements
Background Documents: (Access via Contact Officer)	2014 Annual Public Health Report on Alcohol 2015 Alcohol Needs Assessment