

Alcohol problems in very deprived areas May 2013

General Practitioners at the Deep End have produced three statements on this issue:

1. **Deep End Report 11**

Alcohol problems in adults under 40

Summary attached, full report available at www.gla.ac.uk/deepend.

Summarises a joint meeting with community alcohol workers, held in Glasgow on 26 August 2010. Few of the recommendations have been acted on.

2. **Letter to *The Herald* [13 September 2010]**

Alcohol in general practice

Following the Deep End meeting on alcohol problems in August 2010, over 40 General Practitioners at the Deep End wrote to *The Herald* newspaper, calling for policies to make it "more difficult for people to consume regular excessive amounts of alcohol".

3. **Deep End Report 20**

What can NHS Scotland do to prevent and reduce health inequalities?

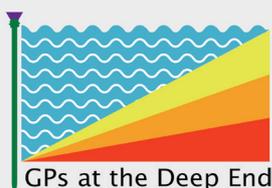
This recent Deep End Report includes a worked up proposal for the attachment of alcohol workers to general practices in areas of severe socio-economic deprivation. The proposal is based on the observation that the caseloads of Community Addiction Teams involve less than 50% of people with severe alcohol problems in local areas. General practices have contact with many other people with alcohol problems, but need flexible and local support to address the complex problems of people addicted to alcohol and their families.

DEEP END SUMMARY 11

Alcohol problems in adults under 40

Fourteen Deep End GPs and 16 alcohol professionals from Glasgow and Edinburgh met on Friday 26 August 2010 at the Teacher Building, St Enoch Square, Glasgow, for a discussion about policies and practices for adults under 40 with alcohol problems.

- Alcohol misuse in young adults is a huge problem which needs to be addressed at many levels. This meeting focused mainly on the contributions of general practice and community addiction services, with additional inputs from the acute and voluntary sectors and from public health practitioners.
- The NHS allocates fewer resources than might be expected to address alcohol problems, given their impact on individuals, families, the NHS and the economy.
- For people needing help there are many possible entry points to the system. There needs to be clarity about the paths they may then follow.
- Pathways are important for planning, integrating and evaluating services, but people with alcohol problems often lead chaotic lives, so there is also a need for continuity and flexibility based on ongoing relationships with professionals whom they know and trust.
- Effective links between services are the key to integrated care. General practices and community addiction services should actively review their links in terms of professional relationships, communications and record of joint working.
- Shared information concerning the progress of patients through systems is also essential, and can be helped by improvements in IT, although there are issues concerning confidentiality (whether people are content to have their personal information shared) and professional engagement (general practitioners vary in how they respond to information communicated from third parties).
- Community addiction teams also vary in what they do and how, but have developed a range of innovative services, some of which are not well known to GPs.
- The caseload of CATs in Glasgow is thought to cover about 40% of people with major alcohol problems, which leaves about 60% using other services, including general practice.
- The role of GPs is to assess risk, provide brief interventions, minimize harm, manage physical problems and co-morbidity and act as a signpost to other NHS, local authority and voluntary services.
- It is not clear whose role it is to provide practices with bespoke information on the range of services in their area.
- Current and future NHS staff need more education and training on alcohol and addiction issues at undergraduate, postgraduate and continuing professional levels.
- Professional experience of working on the front line is an important source of evidence to inform advocacy. Practitioners need to find their collective voice in this respect
- The meeting raised many unanswered questions including the effectiveness of brief interventions in young adults, and arrangements for detoxification, joint working, sharing information and practice-attached alcohol workers.
- The meeting demonstrated the value of the exchange of views and experience between professionals and between services, as the first step in developing a more integrated care system for young people with alcohol problems.



GPs at the Deep End

“General Practitioners at the Deep End” work in 100 general practices, serving the most socio-economically deprived populations in Scotland. The activities of the group are supported by the Royal College of General Practitioners (Scotland), the Scottish Government Health Department, and General Practice and Primary Care at the University of Glasgow.

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13 September 2010

The Editor | The Herald | Glasgow

ALCOHOL IN GENERAL PRACTICE

Dear Sir

We write as general practitioners working in the most deprived areas of Scotland, with special experience of the problems of alcohol. Our interest is not through choice, but because of the huge, recent and increasing importance of excessive alcohol consumption as a cause of premature death, physical illness and social harm affecting our young patients.

Research studies show the social patterning of alcohol problems, not only the higher levels of consumption in poor areas, but also the higher levels of harm for a given level of consumption. Death rates from alcohol liver disease are five times more common in poor areas compared with the most affluent areas.

Scotland's statistics are shocking, but 'statistics are people with the tears wiped off'. The current debate about alcohol pricing can lose sight of the misery and devastation that affects our patients and their families, especially the lasting effects on children. Drunken disorder is only the most obvious problem. Every one of us knows of tragic cases of young adults whose lives, and whose family lives, have been ruined by alcohol. Women are particularly vulnerable. No one should die young and yellow from chronic alcohol poisoning.

This is not an issue that can be left to personal responsibility or the massed efforts of health practitioners trying hard to stem the tide. Any measure, such as minimal alcohol pricing, which makes it more difficult for people to consume regular excessive amounts of alcohol should be seized, as a public health measure of the highest importance. Cross party support is the least we should expect from our politicians, especially those representing the most deprived constituencies, in confronting this very real and lethal epidemic.

Signed by the following NHS general practitioners

- Jim O'Neil *Lightburn Medical Centre*
- Margaret Craig *Allander Street Surgery*
- Stephen Macpherson, Elizabeth Day, Robert Jamieson *Bridgeton Health Centre*
- Peter Wiggins *Castlemilk Health Centre*
- Catriona Morton, Michael Norbury *Craigmillar Health Centre*
- Harjinder Bachu, Ian Aitken *Crail Medical Practice*
- Peter Cawston, John Nugent *Drumchapel Health Centre*
- John Goldie, Dhami Davinder, Emma Shepherd *Easterhouse Health Centre*
- Sally Al-Agilly *Edinburgh Road Surgery*
- Alison Macbeth, William Lam, Scott Wilson *Gilbertfield Medical Centre*
- Andrea Williamson, Ruth Spencer *Glasgow Homeless Health Service*
- Catherine Mills *Gorbals Health Centre*
- Euan Paterson, Stephanie Maguire, Anne Mullin *Govan Health Centre*
- Clare McCorkindale *Kelso St Surgery*
- Ronnie Burns *Parkhead Health Centre*
- Maria Duffy, Douglas McKnight, Nick Treadgold *Pollok Health Centre*
- Lindsey Pope *Port Glasgow Health Centre*
- Robert Mandeville, Louis Alguero, Petra Sambale, Douglas Rigg, Susan Langridge *Possilpark Health Centre*
- Gerry Spence *Shettleston Health Centre*
- Helga Rhein *Sighthill Health Centre*
- Georgina Brown, John Candy *Springburn Health Centre*
- Roger Black *Whitevale Medical Group*
- Professor Graham Watt *University of Glasgow*

Proposal for attached alcohol workers

There has been a persistent and consistent call for named practice-attached addiction workers throughout the life of the Deep End to date [1]. Concern has been particularly expressed with respect to support for those with predominantly alcohol problems due to the massive unmet need in the areas of greatest deprivation in Scotland. Alcohol related hospital discharges were 7.5 times greater in the most deprived areas compared to the least deprived areas in 2009/2010 [2]. Drug services have been better resourced than alcohol services even though referral rates are 1:3 respectively. [3] Those with alcohol problems have been relatively neglected. The current political determination to introduce a range of public health measures including minimum pricing for alcohol is welcomed but needs an associated improvement in service provision for those with alcohol problems. The caseload of community addiction teams (CATs) in Glasgow is thought to cover about 40% of people with alcohol problems, which leaves about 60% using other services including general practice [3].

Within addiction services the focus for an individual worker is either alcohol or drug misuse. Through GP methadone clinics, links are often already established with a drug worker and they are attached to a specific practice for a specific clinic. There is no such linkage for those with alcohol problems. The services available are not in the same building, stigma may be attached to attending the local community addiction team and significant motivation is required to enable patients to contact other community alcohol services. It is vital that help and support is made as accessible as possible when a patient presents with an alcohol problem.

GP workload may be eased if an appropriate worker is able to engage with the individual and enable progress. (Contact rates with the GP can also rise as sobriety brings other health problems to the fore but at least progress is being made.)

A practical proposal for a practice attached alcohol/ mental health worker would be as follows:

1. **Expertise/skill set** – worker with expertise in working with those with alcohol problems. Their role would be similar to that of the current drug workers attached to GP methadone clinics but dealing with alcohol problems and any other issues that arise as a result – they could become key worker for that individual. (GP is still the care manager). This role is currently being provided through the Community Alcohol Support Services (known as CASS within Glasgow Addiction Services e.g. Glasgow Council on Alcohol (GCA) and Addaction). There is not an equivalent role within the Community Addiction Teams (CATs). There the alcohol workers are generally CPNs who focus on detoxes and after care.
2. **Employed by the local addiction services** – either Community Addiction Team (CAT) or by Community Alcohol Support Services (CASS) but managed in conjunction with the local GPs.

Current model for this in primary care is the health visitor and the district nurse. Both are attached to specific GP practices and are responsible for the care of the patients of those practices as needed. They are employed by the Health Board (and line management is within the Health Board.)

Similarly the practice attached alcohol worker would be attached to specific practice(s) (depending on numbers) and employed and managed by the local addiction team (with GP involvement). This ensures that the worker is

part of the established team in the area and has access to the knowledge of local services and is thus able to link patients in to other services.

3. **Place of work** – see patients on practice premises or at home visits. Active follow up and engagement encouraged as detailed in the Deep End proposal on engagement for attached workers. (Only if space does not allow should it be accepted that patients would be seen elsewhere but the specific worker and practice need to work to develop and maintain strong links).
“Collocation” of services is vital when we are asking for practice attachment.
4. **Mode of working** – as per QATS [4] – “Tier 2 interventions” which specify open access and outreach - providing alcohol specific advice, information and support, extended brief interventions and assessment and referral of more severe and complex problem users to CAT/ CPN for detox. Other issues that will arise such as comorbid mental health problems and child protection – the worker would need the level of expertise to recognise, refer on appropriately and ensure engagement.
5. **Numbers required?** How to decide on worker/practice ratio? Would need to consider list size and prevalence figures. (Current service providers could help here.)
6. **Funding** would need to be targeted and clearly allocated for this role. Specific funding for mental health services. – *This works already within the CATs in drug misuse. The CATs provide drug workers for GP methadone clinics. These workers have often established good links with practices and their patients. Frustration arises when drug workers are moved elsewhere and established relationships, knowledge and experience are lost.*
7. **Accountability** – resource is managed by the local addiction service with local GP input. This needs to be funded in the form of locum cover for all recruitment/ management and ongoing engagement with the attached worker. This aims to ensure that the service is being provided and used as effectively as possible. Outcome measures – what level of engagement has been achieved with the most deprived population?
8. **Minimum three year pilot** – in Deep End practices initially, with a view to developing a model that would be transferable to other practices particularly those with “pocket” deprivation. Importance of continuity means that any pilot has to be a minimum of three years with presumed longer term commitment thereafter (also recommended by QATS [4]).
9. **The next step**, at a local level, would be to discuss this proposal with Glasgow Addiction Services and the relevant Alcohol and Drug Partnership. At a national level, funding for this service development must be sought.

References

1. *GPs at the Deep End manifesto 2011*
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2. *Alcohol Statistics Scotland 2011*
http://www.alcoholinformation.isdscotland.org/alcohol_misuse/files/alcohol_st_ats_bulletin_2011.pdf 12/12/12
3. *Deep End Meeting Report 11: alcohol problems in adults under 40.*
http://www.gla.ac.uk/media/media_179503_en.pdf 12/12/12
4. Scottish Ministerial Advisory Committee on Alcohol Problems – Essential Services Working Group, *Quality Alcohol Treatment and Support (QATS)*. 2011 <http://www.scotland.gov.uk/Publications/2011/03/21111515/0> 12/12/12.