

National Treatment Agency for Substance Misuse

Models of care for alcohol misuse

Responses to the stage one consultation document

3 March 2005

This briefing contains a summary of data from the first stage consultation on *Models of care for alcohol misuse*. The consultation took place in November and December 2004.

It is for general guidance only. Nothing in it shall be taken to be a contractual term, explicit or implied, of any employee, unless specifically stated otherwise.

In brief

The National Treatment Agency for Substance Misuse (NTA) surveyed a range of stakeholders, to elicit their feedback on *Models of care for alcohol misuse*. Respondents were invited to give their opinions on a range of issues including applying the 4 tier structure used in drug treatment to alcohol treatment, care planning, integrated care pathways and the role of mainstream health services in alcohol treatment.

Summary of findings

Respondent information

A total of 174 responses were received.

- 4% were from community services which provide advice and information only
- 39% were from community-based treatment services (some of these services also provided advice and information)
- 2% were from in-patient treatment services
- 2% were from residential rehabilitation services
- 46% were from other agencies. The majority of these responses were from Drug Action Team partnerships (including PCTs and various forms of Community Safety Partnerships). Also in the 'other' category were:
 - responses from large organisations or Trusts that provide more than one type of the services above (e.g. community services and inpatient detox)
 - Social services teams
 - Prison substance misuse teams (e.g. CARATs)
 - Housing and homelessness services
- 7% did not state their organisation

Scope of Models of care for alcohol misuse

96% of respondents thought that the NTA's intention to cover both brief interventions and alcohol treatment in *Models of care for alcohol misuse* (MoCAM) was correct.

The four tiered model

It was proposed that the MoCAM document will use the four tier system set out in Models of care for adult drug misusers (MoCDM). The proposed tiers were as follows:-

Tier 1	Non-substance misuse specific services providing minimal interventions for alcohol misuse
Tier 2	Open access alcohol treatment services
Tier 3	Structured community-based treatment services
Tier 4a	Residential alcohol misuse specific services
Tier 4b	Highly specialist non-substance misuse specific services

92% of respondents thought that the four tiered model should be applied to alcohol treatment although many respondents stressed that it should have greater flexibility and have particular considerations for alcohol treatment

Respondents were asked what types of alcohol treatment should fit into each of the proposed four tiers. For the sake of clarity, the suggested interventions are separated from the settings in which they take place.

Tier 1 interventions	Alcohol awareness and education, screening for alcohol problems, minimal interventions, brief interventions, need assessment, referral to specialist service, harm reduction
Tier 1 Settings	GP/primary care, health promotion, ambulance, A&E, social services, general housing and homelessness services, outreach services, maternity / antenatal services, general psychiatry, CAMHS, probation, police
Tier 2 interventions	Open access services, specialist advice and info, harm reduction, GP advice and info, screening, referral to more specialist services, brief interventions (in generalist and specialist settings), motivational interventions, telephone advice and info, need assessment, counselling and psychotherapy, psycho-educational interventions, group work, relapse prevention, liaison workers working with primary care, liver units, A&E, and psychiatric services, family/carer support services, crisis intervention, preparation for assisted withdrawal, mentoring, befriending, advocacy, diversionary activities
Tier 2 Settings	GP/Primary Care; Open access alcohol services / Drop-in services; specialist alcohol services / community alcohol team; AA/self-help groups; 'wet' and 'dry' houses/hostels, outreach services
Tier 3 interventions	Assisted withdrawal in the community / at home – both supervised and unsupervised, structured community treatment programmes/ day programmes, group therapy / group work programmes, relapse prevention, outreach, (comprehensive) assessment (including MH assessment), motivational interventions, specialist liaison services working with mainstream health services, structured counselling, CBT/psychosocial interventions, controlled drinking interventions, alcohol and offending programmes, family/carer support, structured key-worker support, alternative therapies, links to other services e.g. drug treatment, mental health/dual diagnosis services, alcohol 'shared care' services, community care assessments, structured care planning
Tier 3 Settings	Specialist community alcohol services, structured day programme services, hostels – 'dry' and 'wet'; hospitals, community mental health teams, range of linked services inc mainstream health services, drug treatment services, probation, social services
Tier 4 interventions	Inpatient detox, residential rehab services, specialist assessment and referral, psychiatric input for conditions (such as Korsakoff's), aftercare services – e.g. tenancy support, specialist medical care e.g. for liver problems etc, group therapy, relapse prevention, 12-step programmes
Tier 4 Settings	Hospital inpatient units; residential rehab units, general medical wards, liver units, wet and dry housing/hostels, gastroenterology, hepatology clinics

Care planning

There was clear support from most respondents for care planning which is focussed on client's treatment goals and that client's individual views and their full range of needs and their agreement should be reflected in their care plan.

48% of respondents agreed that the implementation date of the care plan should be regarded as the start of alcohol treatment and 44% disagreed.

Integrated care pathways

86% of respondents thought that integrated care pathways (ICPs) for alcohol treatment would be useful and cited many different reasons for this view including providing a framework for alcohol treatment enabling consistency of treatment and ensuring a minimum standard of treatment. However, it was stressed that the pathways must be flexible and be specific to the diverse individual needs of each client, and be kept distinct from ICPs for drug treatment.

The role of alcohol in mainstream health services

Respondents gave their views on the role of mainstream health services in the delivering of alcohol treatment and interventions.

GPs and Primary Health Care & Accident and Emergency	Screening, identification, assessment, referral, advice, harm reduction, counselling, community care, liaison
Liver Units	Screening, assessment, treatment, support, aftercare, advice, support, detox, referral, interventions, liaison, stabilisation
Other Hospital Settings	Identification, referral, recording, brief interventions, support

Respondents felt that there is a particular importance for mental health services to identify patients with alcohol problems and for close working links with specialist alcohol services.

Identification of alcohol related problems should also be possible in the following hospital settings

- General medical wards
- Psychiatric units
- Antenatal/maternity
- Gastroenterology
- Diabetes
- Neurology
- Cancer units
- Renal units
- GUM clinics
- Coronary heart units

Other mainstream services were thought to have a role in the delivery of alcohol treatment, all be it, to very varying degrees.

Social work

Police

Prisons

Older people's services

Probation

Housing

Workplace

Magistrates courts

Commissioning mechanisms

The majority of respondents believed that the ideal commissioning mechanism would be through DAATs/PCTs joint commissioning process. Other respondents believed that the best mechanism would be PCT-specific commissioning (i.e. not through the DAT), or joint PCT/Social services.

Targets

There was widespread support from respondents for setting targets for alcohol treatment and a number of suggestions were put forward, including numbers in treatment, retention and numbers successfully completing treatment. Some respondents stressed that being able to meet these targets will depend on adequate resources being made available and that workable targets must be agreed locally.

Terminology

68% of respondents thought that *Models of care for alcohol misusers* is the most appropriate title. 27% did not agree and a number of alternative titles were suggested.

Proposed Structure of MoCAM

Most respondents who answered this question thought that the structure was right in its draft stage.

On the whole there was little support for different versions of MoCAM for different providers but this did not mean that respondents were against making MoCAM relevant to different audiences. There was a general opinion that there should be only one clearly-written document with summaries which could be targeted at specific groups, particularly service users.

39% of respondents thought that *Models of care for adult drug misusers* and *Models of care for alcohol misusers* should be merged.

54% thought that the two documents should not be merged and that alcohol treatment needs to develop its own profile and if the two documents came together a specific focus on alcohol treatment would be lost.