Primary care support for problem alcohol use in areas of highest deprivation

Dr Andrea Williamson
@deependgp @aewilliamsonl

Overview

- Introductions
- GPs at the Deep End- background, themes, activities
- Theoretical perspectives
- Attached alcohol nurse pilot, Glasgow
- The future/discussion
Introductions

• 100 most deprived practices in Scotland
• Blanket deprivation
• 76 practices in Glasgow
• Complex co-morbidity and premature mortality

Background

• 100 most deprived practices in Scotland
• Blanket deprivation
• 76 practices in Glasgow
• Complex co-morbidity and premature mortality
Scottish GP resource v outcomes

(figure 1 McLean et al BJGP e799, Dec 2015)
Deep End Themes

• Addressing the Inverse Care Law
• Meeting complex social and health needs more effectively:
  – GP time
  – Improved team working - primary care
  – Improved team working - secondary care
  – Proper attention to patient engagement in care
  – Role of the wider social determinants of health

Deep End Activities

• Listening to what Deep End GPs have to say - 30 Deep End reports
• Volunteering local/national strategy and service delivery input
• Getting political (small p)
• Getting (a bit) media savvy
• Importance of independence and collectivism!
• Going global Ireland, NE England, Australia
Theoretical perspectives (1)

- Impact of adversity across the life course
  - Adverse Childhood Experiences
  - ‘Toxic’ stress
  - Attachment style
  - Complex (type 2) trauma
- Cross disciplinary learning

(Smith et al 2016, BMC Public Health 16;655)

Theoretical perspectives (2)

- Relevance of these perspectives for services
  - Health harming behaviours= low engagement?
  - Relationship function
  - Low trust
  - High impulsivity
- Escape coping - problem substance use
Theoretical perspectives (3)

- Adaptive coping to being unsafe and insecure
- Impact of poverty, housing, work, violence
- From resilience to a tipping point

Alcohol attached nurse pilot

- 6 Deep End GP practices NW Glasgow
- 2 FTE band 6 specialist alcohol nurses
- 1 session per month lead GP
- Quarterly team meetings
- Funded by Alcohol Drug Partnership
- One year (July 15-16)
- Usual care +
Pilot patients

- 95/132 referred patients received care from the pilot service
  - 58% daily dependant drinkers
  - 46% drinking at hazardous levels
  - 53% on antidepressants
  - 59% on thiamine
  - Average alcohol intake 125 units per week
  - 42% lived alone
  - 21% in employment

Overlap with recent Glasgow alcohol deaths profile report striking

Theory of change

- Addressing stigma
- Focus on engagement
  - ~70% patients previously known to addiction services
  - Responsiveness
  - ‘Stickability’ (16 patients referred >once)
  - Flexibility – 96% seen at home
- Liaison & 2 way communication, inc. clinical recording, with GP team
‘Stickability’

Missed Contacts before being Seen

The future

Learning from this pilot:

- Collaboration between specialist services and GP for targeted patient populations welcomed by GPs
- Engagement strategies core in Deep End settings
- Clinical recording and communication vital
Questions/Discussion?

Twitter: @deependgp @aewilliamsonl

Deep End webpages:
http://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/

Contact: andrea.williamson@glasgow.ac.uk