Minutes of the joint meeting of the All Party Parliamentary Group on Alcohol Misuse and the All Party Parliamentary Group on Primary Care and Public Health

28th February 2012

Who is responsible and what can be done to prioritise alcohol harm in the reformed NHS?

Attendees

Parliamentarians

Baroness Hayter of Kentish Town
Baroness Masham of Illton
Sarah Wollaston MP
Tracey Crouch MP
Baroness Finlay of Llandaff
Lord Walton of Detchant
Lord Avebury

Stakeholders

Neil Parkes, Sandwell DAAT
Ranjota Dhital, Kinds College London
Mike Walker, Interel consulting
Elizabeth Carey, Drinkaware
Kate Owen, Alcohol Concern
Emily Robinson, Alcohol Concern
Tom Moberly, GP magazine
Carolyn Scott, P3 Magazine
Deborah Oliver, RCGP
Kirstie Pace, Pharmacy magazine
Dominique Florin, Medical Council on Alcohol
Stuart Ramsey, Office of John Glen MP
Hazel ParsonsDrinkwise, North West
Marcus Roberts, Drugscope
Harry Walker, Turning Point
Ian Bruce, Lundbeck
Nisha Tailor, Munro and Forster
Katie Blower, Hanover
Andrew Gregan, Burson-Marstellar
Eileen Neilson, Willow Consulting
Helen Beck, UKDPC
Thom Ellinas, BMA
Alana Wolff, Department of Health
Clive Henn, Department of Health
Andrew Langford, British Liver Trust
Julia Manning, 2020Health
Gail Beer, 2020Health
Lauri Moyle, Office of Fiona Bruce MP
Diane Goslar, Royal College of Psychiatrists

1. Welcome and introduction

Apologies were received from:

Parliamentarians

Mr David Amess MP
Sir Paul Beresford MP
Mr Clive Efford MP
Sir Roger Gale MP
Rt. Hon Simon Hughes MP
Rt. Hon Alun Micheal MP
Rt. Hon John Randall MP
Mr Barry Sheerman MP
Dr Alan Whitehead MP
Mr Russell Brown MP
Lord Carlile of Berriew

Baroness Hayter welcomed attendees and outlined the format for the meeting on how reducing alcohol harm can be prioritised in the reformed NHS. She then introduced Eric Appleby, the new interim Chief Executive at Alcohol Concern.

2. Introduction from Eric Appleby, Interim Chief Executive, Alcohol Concern

Eric Appleby had recently become Interim Chief Executive of Alcohol Concern having previously held the position for 14 years. He discussed Alcohol Concern's role as secretariat for the Group, with which they were very happy to be involved, especially at this important time for alcohol policy. With the alcohol strategy expected shortly, they were hopeful that there will be measures on pricing, but that it was also vital that the strategy includes alcohol treatment services. With the NHS reforms set to give local authorities responsibility for alcohol services, reducing alcohol harm must be prioritised locally.

Alcohol Concern would be focusing on alcohol and young people in the coming year, having set up a Young People's Panel to gather youth views on alcohol. They are keen to make sure that there is a focus in alcohol policy on the experiences of young people.

3. View from the Department of Health

a. John Wilderspin, National Director of Health and Wellbeing Implementation

National Director for Health and Wellbeing Board (HWBB) implementation, John Wilderspin, gave an overview of the development of HWBBs and how they will be able to prioritise the reduction of alcohol harm.

He described that HWBBs will bring together the NHS, local government and any local individuals who can add value, including local politicians. The Director of Public Health will have a crucial role regarding alcohol services, as well as directors of adult and children's services. A core function of HWBBs is in planning and strategy, in assessing local needs through joint strategic needs assessments (JSNAs) and the development of joint health and wellbeing strategies. This will involve looking at the commissioning plans of all public services, including the clinical commissioning groups (CCGs), to check that they align with local strategies. If alcohol is a big issue in the JSNA then this will then read across into strategies.

He said that if one considers the huge challenge set by alcohol locally, including the hospital admissions from alcohol misuse, it is evident that HWBBs have a compelling reason to prioritise alcohol. However, to ensure that HWBBs are more than just talking shops, they will be governed by the outcomes frameworks, which have specific indicators relating to alcohol misuse, such as liver disease. Furthermore, they will be incentivised through the Health Premium. There are concerns that the local government funding for alcohol services might have to compete with other priorities, such as street lighting. He recognised that in the past public health budgets were raided by primary care trusts and seen as easy targets. However, in future the public health budget would be ring-fenced, which would protect funding for areas such as alcohol.

b. Chris Heffer, Deputy Director, Drugs and Alcohol, Department of Health

Deputy Director for Drugs and Alcohol at the Department of Health, Chris Heffer, discussed three main areas: the new NHS and alcohol services; new powers for reducing alcohol harm; and high impact changes and the role of Government to support these.

Responsibility for alcohol services would move from PCTs to local authorities with the local authority chief executives taking overall responsibilities. The NHS would still have a role

regarding liver disease, but local authorities would be in charge of the delivery of alcohol services, including screening and brief advice. The money has been found through the ring-fenced public health budget, and the outcomes frameworks will hold services to account. Local authorities will also want to work across services, including with community safety partnerships and health and wellbeing boards, and JSNAs would be at the heart of this.

Additional local powers have been given to tackle alcohol misuse. PCTs have become responsible authorities, the Government has lowered the evidential burden, health is now a factor in licensing decisions, and there is greater information sharing in Accident and Emergency, which gives a greater role for health services. The Government are also particularly interested in doing more for troubled families.

Mr Heffer outlined the high-impact changes which the Department of Health judges to be the most effective to reduce alcohol-related harm.

Firstly, identification and brief advice, which involves assessing people drinking at increasing or higher risk levels and giving them simple advice to help them reduce the amount they drink. Studies have shown that identification and brief advice leads to 1 in 8 people reducing their consumption.

There was a need for more evidence on the efficacy of identification and brief advice (IBA) and the Government is funding a SIP programme which comprises three cluster randomised controlled trials, and which will report on 5th March. The Government is prioritising IBA in A&E settings but this is harder to do.

Discussing how national prioritisation can support these interventions, Mr Heffer pointed out that NICE guidance had recommended opportunistic screening and the NHS Health Check and Quality and Outcomes Frameworks are potential levers to incentivise practice. There are no QOF points for screening and brief intervention and the Department of Health cannot influence NICE's decision making, but the QOF committee was looking at this again. The NHS Health Check was a potential opportunity to screen people for alcohol problems.

The second high-impact change was the provision of alcohol liaison nurses who were able to identify frequent returners to hospital from alcohol misuse. Liaison nurses were an effective way to help the NHS intervene and save money and it was necessary to look at where they should be located in the reformed NHS.

The final area was specialised treatment services for the 1.6 million people dependent on alcohol. Numbers in treatment in the NHS for alcohol dependency are low compared to those dependent on drugs. The JSNAs would be a useful tool to prioritise services.

Mr Heffer highlighted a key theme from the NHS Future Forum report, that 'every contact counts'. It was important to look at the role of all health care professionals in picking up drinking problems. He also asked how to balance the duty of healthcare professionals in public health with the role of local authorities.

Questions

Baroness Masham asked about young people, alcohol and crime and how people can be given treatment in prisons. Mr Heffer responded that Public Health England would have the responsibility for providing treatment in prisons and that local authorities would provide the

funding to PHE from the ring-fenced budget. There were good practice models in prisons that would need evaluation so that they can be expanded more widely.

Lord Walton of Detchant raised the 'horror stories' of alcohol misuse described by a hepatologist in Newcastle. There were lessons from smoking, where public attitudes have turned against the habit and the curve has been shifted. It was also important to concentrate on middle-class drinkers who are drinking more expensive alcohol at home. **Lord Avebury** echoed the point about people drinking high levels of alcohol in their homes and said that pricing and availability were key to tackling the problem.

Lord Avebury agreed with the importance of alcohol liaison workers and highlighted the work of Professor Robin Touquet in Paddington. However, such programmes were not being rolled out nationally and the localism agenda may make this even harder.

Sarah Wollaston MP stated that all measures to tackle alcohol misuse would be undermined without action on pricing and availability. She asked how hospital admissions for alcohol misuse would be recorded. Chris Heffer responded that the Department of Health has tightened the codes for this indicator of hospital admissions which in future would only include admissions where alcohol is the primary and not the secondary reason. This was because the use of coding had increased, leading to overestimates on alcohol related admissions. A consultation on hospital admissions is due to be held.

4. View from the frontline

Baroness Masham took the Chair for the second part of the meeting

a. Clare Gerada, Chair, Royal College of General Practitioners

Clare Gerada began by highlighting her background and interest in the area of alcohol misuse, having previously been a senior medical advisor on alcohol in the Department of Health.

She emphasised the key role of GPs in tackling alcohol misuse and raised concerns about responsibility and 'contact' being taken away from GPs. She said that GPs instinctively believe that screening for alcohol misuse was something that they should do. She said that alcohol was the only part of the NHS reforms that she welcomed, as they provided significant opportunities for local government in tackling the problem. However, integration between primary care and local authorities will need to be a priority.

She concluded by saying that the Royal College of GPs will be working with the Alcohol Health Alliance to continue to influence alcohol policy at a national level.

b. Alan Higgins, Director of Public Health, NHS Oldham

He began by outlining what is driving the problem of alcohol misuse, including alcohol being cheaper, more available and heavily marketed. This made it too easy to drink and too hard to drink less. He outlined some of the national campaigns on alcohol misuse such as Know your Limits, Change for Life and the Responsibility Deal, but said that while they were important they would not work without regulation on pricing. He discussed the Scottish Government's Bill on minimum pricing and the consideration being given to a local by-law on price in Manchester, but said that there needed to be national action from the Government in the Alcohol Strategy.

Mr Higgins discussed how HWBBs will need to identify appropriate priority status for alcohol harm through co-producing the health and wellbeing strategies with CCGs. HWBBs will also need to address availability through working with local pubs, clubs and off licenses. Concluding,

he summed up what could be done to tackle alcohol misuse: minimum unit price; regulating marketing and managing availability; and commissioning proportionate care services.

Baroness Masham thanked the speakers and highlighted the importance of ensuring that policies focus on children who have parents with alcohol problems.

Diane Goslar spoke about services and the need for continuity of care. She described concerns about her local alcohol service which is being merged with a drug centre, which is putting off some of the service users from attending.

Clare Gerada raised the issue of NHS drug and alcohol services being moved in to short term contacts to the third sector and the danger, in the movement towards Any Qualified Provider, of the body of knowledge that exists in the NHS being lost. She also spoke about a sick-doctors service that she runs which is the only one in the United Kingdom. The issue of alcohol misuse is a particular problem in the NHS, but their service has a 90% abstinence rate after three years, which is higher than the average because they deal with the issue rapidly, monitor and follow up.

Eileen Neilson and Ranjita Dhital raised the role of pharmacists in providing brief advice and mentioned the integrated services that are being developed, such as the pilot project involving Kings College and Lambeth NHS looking at the success of IBA delivered by community pharmacists. **Clare Gerada** agreed that pharmacists have an important role, but warned against some of the dangers of mass screening in terms of the impact on a patient's employment. She admitted that she avoids noting patients' alcohol misuse on medical records, as it discourages patients from seeking help

Neil Parkes said that the NHS has a good record of partnership working but that there is a danger that in this period of uncertainty people are starting to look inward and regrouping rather than working together.

Julia Manning mentioned the report that her think-tank had produced on risky drinkers, which brought home the serious challenge of alcohol misuse. One of the striking things was the power of alcohol advertising yet the Government would never be able to match the £800 million spent by the drinks industry on advertising, so it was important to think creatively. **Alan Higgins** noted that 'unseen marketing' was also a problem, such as drinks industry sponsorship of festivals.

Kate Owen pointed out that the biggest givers of alcohol to young people are parents and that this area should be addressed, in particular through education and guidance. **Alan Higgins** agreed and said that the adult culture could be changed this would have a knock-on effect on children's behaviour.

Mary Santos from the **Office of Baroness Finlay** raised the need to understand the psychological impact of alcohol dependency and questioned whether 'nudge' policies aimed at behaviour change are effective on their own.

5. Summary and close

Baroness Hayter thanked the speakers and summed up by saying that this is a crucial time for alcohol policy and the forthcoming strategy is an important opportunity. She also said this is was vital that organisations like Alcohol Concern are supported to ensure there is a strong voluntary sector voice in the alcohol community.