

# INNOVATION on a shoestring

The South East Alcohol Innovation Programme has demonstrated that, in these straitened times, effectiveness needn't cost the earth. **DDN** reports

Set up in late 2009 with the aim of devising new approaches to tackling alcohol-related harm and reducing drink-related hospital admissions, the South East Alcohol Innovation Programme has reached its final stages. Last month the Centre for Public Innovation (CPI) ran a second 'innovation showcase' to celebrate the programme's achievements and share the lessons learned.

When CPI was commissioned by the Department of Health to run the scheme it was 'never predicated on doing lots of fun activities that spring briefly to life and then disappear after three months,' CPI managing director Mark Napier told the event. Rather it was about trying to influence long-term change and thinking, and demonstrating the role of innovation in tackling alcohol-related ill health.

'In the first phase we gathered ideas, but from beyond the usual suspects,' he said (*DDN*, 13 September 2010, page 6). 'We made the bidding process as simple as possible in order to get bids from as wide a range of people as possible.'

Year one saw more than £145,000 worth of funding given out to test ideas, but in year two the programme changed tactic. 'Of the 25 or so projects we had, we decided to narrow it down to five "high impact" models that we thought really had potential,' he said – hospital 'frequent flyer' projects, clinical nurses in hostels, supported housing self-help groups and brief advice from hospital healthcare workers and in pharmacies. 'Anyone could still bid, but they had to bid against these models – we were trying to test whether it was the concept that worked or whether it was because the innovator was so driven and charismatic that they could make pretty much anything work.'

Year two saw roughly the same amount of money spent, but this time on just eleven successful bids based on the five models, a 'more meaningful investment in a smaller amount of projects,' he said. 'Delivering the programme during a time of what we could politely call "political flux" was a real challenge. The landscape was changing rapidly, with the disappearance of PCTs and the challenges around recruiting staff, and the time frame was also overly ambitious. We had to be pragmatic and provide people with flexibility, rather than pinning them down to a narrow service spec – it's the results we're interested in.'

And some of these results have been impressive. Cranstoun's 'frequent flyers' programme saw hospital admissions among the original project caseload reduced from 178 to 14 in the first quarter. The aim was to work closely and intensively with clients and their families, said Darren Carter, who for the first ten months ran the project on his own. The typical client was 40-plus, living in poor housing and

with a poor history of engagement with services, he told the showcase, with one patient alone costing the NHS more than £240,000 – with no change in behaviour. 'Most didn't want to change, or saw change as too big a barrier,' he said.

However, the scheme had now recruited two more workers based on its outcomes, and funding had been mainstreamed using resources allocated for brief interventions. 'The key thing is the intensity of the work – it's about really chipping away, painstakingly slowly at times,' he said. 'The main part of my role is to have a fresh outlook and perspective, to see what we can do differently this time, and we've found that other services then become motivated to give the patient another chance.'

CEO of Action for Change, John Reading, told the event how his organisation's frequent flyer scheme – which used four part-time workers – had led to a much-improved relationship with A&E managers and staff.

'Some people complain about A&E and say that when you approach them the shutters tend to come down,' he told delegates. 'A&E staff are very busy people, but when you walk in and say "we've got something that can help you," they want to engage. It's not just about the numbers coming into them, it's about the behaviour of the clients and the effect they have on the other patients waiting there. These clients are not very easy to find and engage with, and levels of need are very high, but so far none have returned to A&E.' Cost savings to the PCT had been estimated at £173,000, he said, based on funding of £12,500 from CPI.

A&E and the emergency services had constituted the primary healthcare of Brighton-based hostel manager Rob Robinson's client group, he told delegates. 'They certainly weren't engaged with GPs.' A hostel-based nurse provided clinical support to alcohol-dependent clients in the pilot scheme, working alongside CRI, the community alcohol team and others. The nurse attended weekly meetings with hostel staff, community alcohol teams and a steering group made up of representatives of each partner agency, and each hostel also appointed its own recovery champion.

Many clients had life-threatening health conditions that were not being addressed 'mainly because of fear', Robinson told delegates. 'They continued to drink to cope with the fear about the conditions that they knew they had.' There had been high levels of hospital attendance and ambulance call outs, on a daily basis for some residents – 'we're talking very, very heavy usage of emergency services'. However, all of the clients engaged with the nurse, who enabled 60 per cent to safely detox in the hostel, and there was not a single call out or A&E attendance in the client group during the 16-week pilot.

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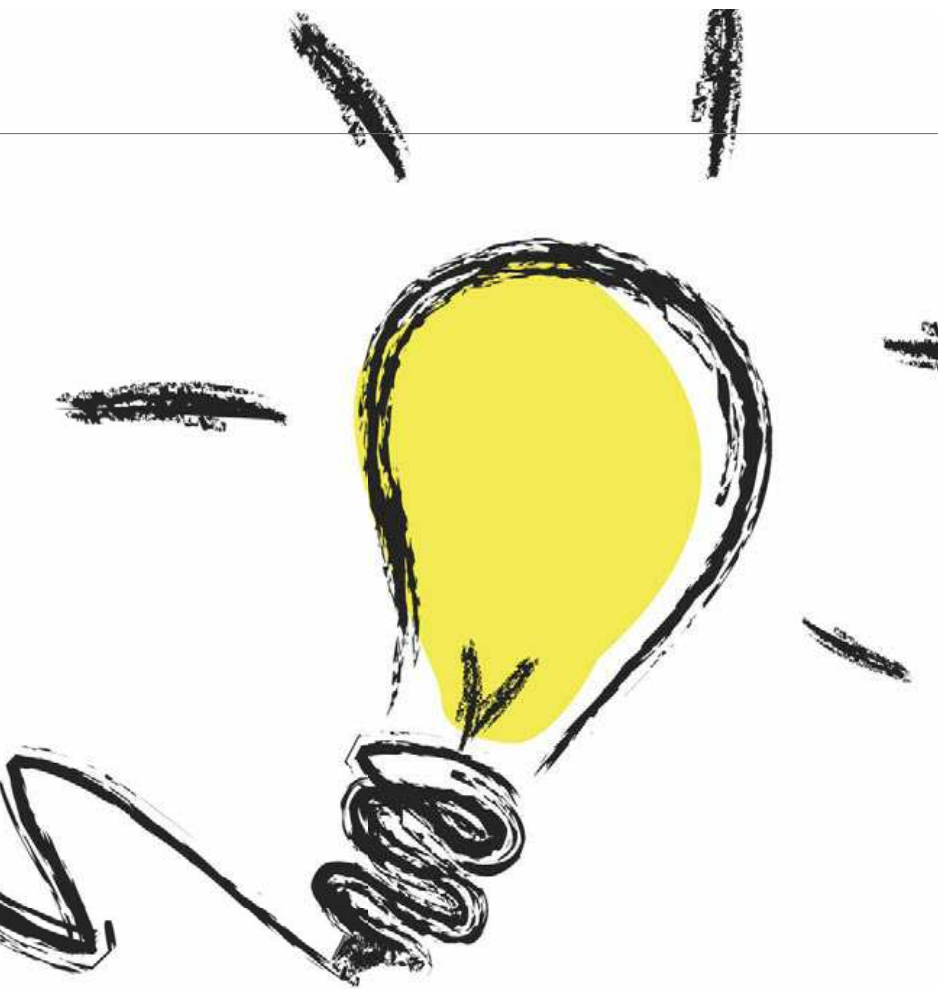
'These are highly personalised support packages tailored to individual client needs,' he said. 'For clients with chaotic lifestyles, there's a huge difference between having to get yourself across town for an appointment or just coming downstairs and seeing the nurse. It's a client group that's thought of as not wanting to change, but this has shown that they do want help and support – just help and support that's different to what's traditionally been available to them. A conservative estimate of cost savings in just ambulance call outs alone is £40,000, and there are indicative overall cost savings of more than £100,000.' The pilot had cost a tenth of that figure, he stressed.

Peer recovery facilitator for Portsmouth City Council, Wayne Liversedge, however, found that his scheme to work with alcohol-dependent people in supported housing hit an early stumbling block when taking the concept of recovery 'into supported housing settings where there were entrenched negative views' towards accessing help. 'These are clients who are going through a cycle of street homelessness, prison and hostel accommodation,' he said. 'The initial communication with some supported housing providers also wasn't as positive as we'd hoped for, but we hope to make some progress there.'

However, there was now one established SMART Recovery-based group in a hostel, attended by half of the residents, with a second group about to start in the same venue as well as a new one in a different hostel. 'Anecdotal feedback suggests that the culture of the hostel is changing, with people going on to complete detox and residential rehab,' he said. 'People who have had a very defeatist attitude towards engaging with treatment and had given up on themselves are now accessing services in the community.'

Identification and brief advice (IBA) in pharmacies, another of the five high impact models, was the subject of a trial by Berkshire East PCT, local pharmacist Lorette Sanders told delegates. 'Pharmacies are already set up to do lots of things, including medicine use reviews, so we thought we could tag on a brief intervention, as well as opportunistic brief interventions – for example with people requesting a hangover cure or emergency contraception. We really wanted to broaden the availability of advice – more than 90 per cent of our pharmacists have private consulting rooms, so you have a private setting with very easy access and late openings.'

Twenty-two local pharmacists were trained but, despite good publicity and incentives like gift vouchers, the number of IBAs was 'disappointing', she said. 'We had half a dozen who were fantastic and really stormed away, but some had already done their full quota of medicine use reviews and others had a reluctance to



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approach customers about alcohol. You can have all the training in the world, but the more you do it the easier it becomes. It's been a bit of a slow burner, but we're not giving up yet.'

'We trained pharmacists, but really we should have been training everyone in the pharmacy, and that's what we're going to get on and do,' said Diane Clemison of Berkshire East PCT. 'Getting pharmacists to change their way of working is the first challenge – rather than getting the patient to change, to a certain extent we've got to get health professionals to change.'

'The south east is one of the wealthiest and healthiest regions in the country, but there are huge differences in alcohol-related harm and an upward curve in cirrhosis,' South East alcohol lead for the Department of Health, David Sheehan, told the event. 'These are huge challenges, but we're in a much better position to tackle them than in the past, with more knowledge about where we need to be targeting our innovations, who we need to be looking at, and more knowledge about the type of interventions we have at our disposal and how much resources and effort they take.'

'It's shown the enthusiasm, creativity and bloody determination of a few people to make a difference, and the innovators have created new knowledge that can be taken forward. It's about getting at the creativity, energy, enthusiasm and knowhow of the people on the frontline, and it's a measure of what you can do with very little.' **DDN**

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