Topic proposal

I understand that this proposal will be retained by the SIGN Programme Lead and be made available on the SIGN website for time period that the proposal is being considered. **Only proposals with a completed Declaration of Interests for the principal proposer will be considered**	
1.	**What is the problem/need for a guideline/clinical scenario?**
	There is a need for revised SIGN Guidance for the management of harmful drinking and alcohol dependence to reflect current recommendations, policy and vulnerable groups. Currently within the Care Inspectorate there is joint work with Healthcare Improvement Scotland (HIS), NHSGGC and NHS Lothian to create an inspection methodology toolkit for drug and alcohol services. This toolkit is being designed to align inspection with current good practice and national policy for example the Scottish Government recovery agenda (Road to Recovery Drug Strategy (2008) and Alcohol Framework (2009)) and the integration of community health and social care services (Public Bodies (Joint Working) (Scotland) Act (2014)). This has arisen from joint inspection work in specialist alcohol treatment provision with particular issues raised regarding medicines management. Resources are being developed through this joint work to develop inspectors in the CI and HIS and staff in substance use services to regulate and improve the quality of substance use services in Scotland. In carrying out this work a gap was identified regarding screening, assessment and management for harmful, hazardous and dependent alcohol use since the recent SIGN 74 guideline for this area has expired. In looking at the old guideline, various policy issues have moved on, particularly around recovery and integration, and the population itself is changing as dependent alcohol users age and require different interventions. Key areas of concern are the following: (a)New meta-analysis leading to the UK CMOs' recommending reduced limits of alcohol consumption per week for men, now equal with women, at 14 units spread over the week due to the harmful effects of alcohol consumption to reduce the risk of diseases such as cancer and liver disease. This is a change for men from 21 units per week to 14 units. The FAST and AUDIT screening tools currently used may not detect sensitively enough for this reduced limit for males? (AUDIT identifies individual with 16+ units per week.) Therefore there may be a need for another mechanism, which could be to use the existing FAST and AUDIT tools using screening levels for women across both males and females. (b) Significant focus is given to screening and harmful/hazardous alcohol use but more guidance is required for health and social care staff treating and supporting people dependent on alcohol use in specialist and secondary care (tiers 3 and 4) to ensure recovery is effectively supported in the long term. This is particularly important with the Shifting the Balance of Care (2009) agenda where treatment is increasingly more common in the community, with residential and hospital places are less readily available. (c) The Scottish Government's Whole Population Approach has been in place since 2009 at the launch of Scotland's Alcohol Framework to challenge Scotland's relationship with alcohol across the population by raising consciousness of possible harmful and hazardous drinking. This was achieved through Alcohol screening and Brief Interventions (ABIs) in primary care settings, and more recently in accident & emergency, maternity and prison settings. This approach has been very successful in exceeding the HEAT target year on year and embedding this practice as a standard. What is unknown is the level of individual improvement. This proposal would seek to establish a process through which to follow-up on ABI activity appropriately to assess the level of individual outcomes and behaviour change at

	a trend level across health boards and Scotland as a whole. (d) There is varied practice across residential treatment and secondary care for alcohol treatment and it would be a goal of this proposal to establish a minimum level of evidence based treatment and care interventions for these settings to ensure safety and long term recovery beyond discharge from these services. (e) As the population of alcohol users' ages, earlier than the general population, this causes health conditions among drinkers aged over 40 years creating the need to be cared for in older peoples' care homes. This causes challenges for care home staff from health and social care creating a need for guidance. At times individuals may give up their tenancies or own homes to enter care homes, they may then go on to recover physically but present a challenge in this setting due to their alcohol dependence. Challenges include community living with other vulnerable residents, staff knowledge and competence in the screening and management of dependent alcohol use, and potential homelessness where individuals with alcohol dependence are discharged from the care home. This also causes a challenge for care at home staff working with older (+40 years) alcohol users in their own homes/tenancies. (f) Young people are also a vulnerable group and therefore guidance is required for services of young alcohol and drug users to ensure safe and effective interventions are delivered to this group.
2.	**Burden of the condition**
	Mortality Most recent figures 1152 alcohol related deaths in Scotland in 2014. From this total 11 individuals were aged under 30 years and 995 were aged 45 years and over (NRS, 2015).
	Incidence General acute hospital admissions and presentations with an alcohol related diagnosis: 670 per 100,000 population during 2014/15 (ISD, 2015). In addition of the total alcohol related hospital discharges of 35,926 in 2012-13, there were 1,189 young people under the age of 20 years and 26,373 aged 40 years and over, with specifically 10,231 aged over 60 years and over (ISD, 2014).
	Prevalence 1 in 4 adults have problem alcohol dependence in Scotland in 2012, based on AUDIT identification (16+ units per week). (MESAS, 2014).
3.	**Variations**
	There is variation in practice in Scotland with residential treatment and secondary care detoxification, with some not providing a detoxification to alcohol users, others providing a standard dose irrespective of the level of alcohol dependency, and others providing a more tailored service based on need. In addition these services may provide health and social care interventions beyond detoxification to for example a period of six months rehabilitation. Guidance on effective, evidenced-based interventions would be helpful for this stage of provision.
	In health outcomes in Scotland are unknown, with some services beginning to measure outcomes through various tools, including a mixture of validated on non-validated tools. A validated recovery outcomes web tool has been designed by Scottish Government for alcohol and drug services but this would not include for ABI activity which is carried out in wider primary care settings.
4.	**Areas of uncertainty to be covered**
	Key question 1 **Primary Care and Wider Settings ABIs -** ABI and screening tool, reduced drinking CMO guidance – test out the potential solution of using the female screening approach with males

	Key question 2 **Secondary Care and Specialist Treatment** - Screening and interventions for dependent alcohol use
	Key question 3 **ABI Outcomes (going forward)** - Who/How/When to follow-up on ABI interventions
	Key question 4 **Secondary Care and Residential Treatment** - Design minimum treatment and care interventions for these services
	Key question 5 **Care at Home and Care Homes** - Design/identify screening and interventions for elderly care settings, this would include older people under 65 years in these environments.
	Key question 6 **Interventions for young people** developing an alcohol problem through harmful, hazardous or dependent drinking, for use in young people's alcohol services.
5.	**Areas that will not be covered**
	Comparison with outcomes prior to reduction in recommended limits for males.
6.	**Aspects of the proposed clinical topic that are key areas of concern for patients, carers and/or the organisations that represent them**
	Effective screening of harmful/hazardous drinking, appropriate minimum level interventions. More recovery focused interventions and approaches as part of an integrated care plan.
7.	**Population**
	Included Adults in the general public and/or dependent on alcohol individuals, and young people aged under 25 years.
	Not included Children (0-12 years)
8.	**Healthcare setting**
	Included Primary and secondary care, prison establishments, alcohol (and drug) treatment and care services, older people's health and social care services.
	Not included
9.	**Potential**
	Potential to improve current practice Earlier identification of harmful drinking. Increased opportunity for recovery interventions and support and involvement of the service user and carer as part of co-production practice.
	Potential impact on important health outcomes (name measureable indicators) Reduced mental and physical health harms e.g. liver, brain, nerve damage, behaviour change. Safer detoxification avoiding sigificant withdrawal.
	Potential impact on resources (name measureable indicators) Not applicable at first stage. Second stage onward referral of screened individuals, possible

	higher numbers of service users due to greater population drinking 14 units per week compared to 16 plus units the previous safe drinking level (pre Jan 2016).
10.	**What evidence based guidance is currently available?**
	None
	Out-of-date (list) SIGN 74 – Management of harmful drinking and alcohol dependence in primary care (2004)
	Current (list)
11.	**Relevance to current Scottish Government policies**
	(See section 1) Alcohol Brief Interventions (ABI) - In 2014/15 there were 99,252 Alcohol Brief Interventions carried out in Scotland. This is 62% more than the 61,081 set out in the Scottish Government HEAT standard for 2014/15. Road to Recovery Drug Policy (2008), National Alcohol Framework (2009), Quality Principles: standard expectations of care and support for drug and alcohol services (2014), and Recovery Outcomes web tool. All of which set the scene for a recovery focus in treatment and care services and improved quality and measured outcomes for service users. Public Bodies (Joint Working) (Scotland) Act 2014 which introduces integrated health and social care services in Scotland for adults (and in some cases children) in the community.
12.	**Who is this guidance for?**
	Health and social care professionals in the following settings: primary and secondary care, prison establishments, alcohol (and drug) treatment and care services, and older peole's services.
13.	**Implementation**
	Links with existing audit programmes Current development led by the Care Inspectorate of a new inspection methodology for alcohol and drug health and social care services regulated by the Care Inspectorate and HIS. Current validation of self-assessment in Alcohol and Drug Partnerships based on the national Quality Principles, conducted by the Care Inspectorate on behalf of Scottish Government.
	Existing educational initiatives
	Strategies for monitoring implementation Monitoring Scotland's Alcohol Strategy (MESAS) currently gathers information on related activity and outputs, under previous SIGN 74.
14.	**Primary contact for topic proposal**
	Joyce O'Hare (Care Inspectorate, Health Improvement Manager)
15.	**Group(s) or institution(s) supporting the proposal**
	Care Inspectorate, supported by Healthcare Improvement Scotland. This development will also be of significant interest to Scottish Government, NHS Information and Statistic Division, Scottish Prison Service, and NHS Boards.

Declaration of Interests

Please complete all sections and if you have nothing to declare please put 'N/A

Having read the SIGN Policy on Declaration of Competing Interests I declare the following competing interests for the previous year, and the following year. I understand that this declaration will be retained by the SIGN Programme Lead and be made available on the SIGN website for time period that the proposal is being considered.	
Signature:	Joyce O'Hare
Name:	Joyce O'Hare
Relationship to SIGN:	Topic proposal primary contact
Date:	5th April 2016
Date received at SIGN:	

Personal Interests

Remuneration from employment

	Name of Employer and Post held	**Nature of Business**	**Self or partner/ relative**	**Specific?**
Details of employment held which may be significant to, or relevant to, or bear upon the work of SIGN	Care Inspectorate, Health Improvement Manager	Inspection of Scottish health and social care services.	Self	No specific personal interests

Remuneration from self employment

	Name of Business	**Nature of Business**	**Self or partner/ relative**	**Specific?**
Details of self employment held which may be significant to, or relevant to, or bear upon the work of SIGN	N/A			

Remuneration as holder of paid office

	Nature of Office held	**Organisation**	**Self or partner/ relative**	**Specific?**
Details of office held which may be significant to, or relevant to, or bear upon the work of SIGN	N/A			

Remuneration as a director of an undertaking

	Name of Undertaking	Nature of Business	Self or partner/ relative	Specific?
Details of directorship held which may be significant to, or relevant to, or bear upon the work of SIGN	N/A			

Remuneration as a partner in a firm

	Name of Partnership	Nature of Business	Self or partner/ relative	Specific?
Details of Partnership held which may be significant to, or relevant to, or bear upon the work of SIGN	N/A			

Shares and securities

	Description of organisation	Description of nature of holding (value need not be disclosed)	Self or partner/ relative	Specific?
Details of interests in shares and securities in commercial healthcare companies, organisations and undertakings	N/A			

Remuneration from consultancy or other fee paid work commissioned by, or gifts from, commercial healthcare companies, organisations and undertakings

	Nature of work	For whom undertaken and frequency	Self or partner/ relative	Specific?
Details of consultancy or other fee paid work which may be significant of to, or relevant to, or bear upon the work of SIGN	N/A			

Details of gifts which may be significant to, or relevant to, or bear upon the work of SIGN				

Non-financial interests

	Description of interest	Self or partner/ relative	Specific?
Details of non-financial interests which may be significant to, or relevant to, or bear upon the work of SIGN	N/A		

Non-personal interests

	Name of company, organisation or undertaking	Nature of interest
Details of non-personal support from commercial healthcare companies, organisations or undertakings	N/A	

*Signature: (*Health Improvement Manager) *Date: 5th April 2016*

Joyce O'Hare

Thank you for completing this form.

Please return to
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Data Protection

Your details will be stored on a database for the purposes of managing this guideline topic proposal. We may retain your details so that we can contact you about future Healthcare Improvement Scotland activities. We will not pass these details on to any third parties. Please indicate if you do not want your details to be stored after the proposal is published.

Initial screen

Purpose: initial screening by SIGN Senior Management Team to exclude proposals that are neither clinical, nor multi-professional, nor appropriate for the SIGN process.

1.	**Is this an appropriate clinical topic for a SIGN guideline?** Is it a clinical topic, what is the breadth of the topic and is there a need for the guideline as identified in the proposal?	
	Yes, as the previous guideline SIGN 74: The management of harmful drinking and alcohol dependence in primary care has been withdrawn as it was over 10 years old, there is a need for a guideline	
2.	**Is there a suitable alternative product which would address this topic?** Would another Healthcare Improvement Scotland product better address the topic?	
	No	
3.	**Has this topic been considered before and rejected?** What were the reasons for rejection and are they still applicable	
	A joint proposal from Scottish Government and NHS Health Scotland to update SIGN 74 in 2011 was rejected as there was considered to be insufficient evidence to change the recommendations..	
4.	**Outcome**	
	Go forward to the next stage of topic selection The key questions need revision before scoping so ensure they are in PICO format and to narrow the remit. It needs to be clear what the desired outcomes of screening are and care settings.	**YES**
	Reject	