Integrated care pathway for alcohol services
From guidance to local delivery

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Integrated care pathways as a concept

• Current guidance on best practice in the delivery of alcohol services emphasises a planned, comprehensive, integrated local treatment system (Department of Health, 2006). This should span the four tiers of intervention so that hazardous, harmful and dependent drinkers, their families and social network, as well as the wider community, can benefit. Thus, the integrated system should span, intensive specialist treatment (for example, detoxification in hospital) specialist treatment in a generalist settings (detoxification at home), extended medical advice in a mainstream health setting, brief advice in a mainstream health or generic setting and public health education programmes (National Audit Office [NAO], 2008).

• Most work on integrated care pathways appears to have been done in relation to community mental health teams (Imison, 2009).

• There is an extensive literature base on integrated care pathways, which identifies a range of benefits for patients, particularly in relation to improving the quality, co-ordination and timeliness of care and treatment:
  – the systematic assessment of a person’s needs;
  – the formulation of a care plan to address those needs;
  – the appointment of a key worker/care co-ordinator to monitor and review delivery of care;
  – the facilitation of access to a full range of professionals, skills and support;
  – better co-ordinated and more personalised care and treatment.

• Integration is frequently required across organisational boundaries, which in the case of alcohol services is complex, involving the public (NHS and non-NHS), voluntary and community, and private sectors. However, integration may be real or virtual; the key issue seems to be that there should be local knowledge of the ‘map’ of local services and established referral pathways.

• Whilst there is an extensive literature base on integrated care, there is much less empirical evidence of how integrated care is developed on the ground. In April 2009 the Department of Health announced funding for 16 integrated care pilot sites to test and evaluate a range of models of integrated care; further details of these pilot sites can be found at:
The pilot sites will run for two years and, although varied, none of the 16 are concerned with alcohol-related harm or alcohol services. There may however be some learning that can be gleaned from some of the pilot sites that look at integration across health, social care and third sector organisations.

### Moving from guidance on integration to an integrated system on the ground

- At a local level, it has been reported that there is difficulty in translating the guidance in *Models of Care for Alcohol Misuse* (MoCAM, 2006) into a coherent, integrated map of services.

- This challenge is magnified because of the multi-agency nature of local alcohol service delivery systems which makes identifying the different parts of the system and establishing feasible and effective referral mechanisms and standardised protocols difficult.

- The challenge is also magnified because of the wider drug and alcohol workforce that are involved in Tier 1 and Tier 2 services designed to identify and deliver education, screening and brief interventions (see the Workforce Development Plan, Home Office, Drug Strategy Directorate, National Treatment Agency, 2006).

- In addition, alcohol misusers often have multiple problems (other drug use, mental health issues, homelessness, and so on) that require treatment or support. Thus, a wide range of providers might be involved in the care of one person and any one time.

- Furthermore, a recent NAO report noted that approximately 25% of PCTs ‘had not accurately assessed the alcohol problems in their area … (and therefore) cannot know what services they should be providing, and cannot assess whether the services they commission are sufficient or cost-effective’ (NAO, 2008, p. 6).

- A recent All Party Parliamentary Group reported that 0.1% of Primary Care Trust expenditure is on alcohol services (Shenker, Sorensen, & Davis, 2009).
• Given these circumstances, it is likely that local alcohol delivery systems have developed over time, somewhat sporadically and in relation to a variety of factors. Consequently, the system is likely to be fragmented, with individual services operating in isolation, and with few people, if any, having local knowledge of the whole system.

• Drug and Alcohol Action Teams have largely been responsible for commissioning alcohol-related harm services, but are viewed as not being equipped to meet the needs of hazardous and harmful drinkers; neither are they seen as having the necessary links with primary and secondary care (NAO, 2008).

• The NAO report (2008) also identified two areas where there was scope for expansion of services, which could yield a high rate of return: alcohol screening and the delivery of simple, brief advice in a variety of mainstream health and other settings, and the provision of follow-on support (and its better integration with hospital services).

• Given the increased emphasis the Department of Health has placed on promoting public health, there is also an imperative to consider how this can be translated into practical, well-evidenced resourcing decisions (NAO, 2008).

Tools to support local health care systems develop an integrated care pathway

Map of Medicine
• Map of Medicine (www.mapofmedicine.com/) is a web-based resource of over 400 pathways covering many of the most common conditions. The pathways are described as evidence-based and have been developed from recognised international sources, expert guidance and a rigorous drafting process.

• Each pathway reflects the patient journey and is seen as providing a framework for creating local pathways using local knowledge of the specific healthcare community. It is also seen as a tool for mediating a multi-disciplinary dialogue about the care process.

• The specific local healthcare community is seen as comprising:
  – at least one primary care trust;
• Their provider organisations.

• Each pathway consists of a flow chart (the whole clinical process from symptoms to diagnosis and treatment) of sequential stages that relate to either primary care or secondary care, with links to additional information and specific primary research. The pathway is seen as providing a vehicle for ensuring a safer, smoother patient journey.

• There are two alcohol-related pathways on the Map of Medicine website:
  – alcoholic liver disease  
    http://healthguides.mapofmedieine.com/choices/map/alcohol_withd rawal1.html
  – alcohol withdrawal  
    http://healthguides.mapofmedicine.com/map/alcoholic_liver_diseas e_ald_1.html

• A formal process is outlined on the website for deploying each pathway.

• Whilst there is coherence within each pathway, for example, those for alcoholic liver disease and alcohol withdrawal, there are two points worth noting:
  – there are no pathways that relate to identification and treatment of hazardous and harmful drinking;
  – there is no attempt to develop a whole systems approach to the linking up of pathways that relate to different parts of the care system (and beyond) as it relates to alcohol-related problems.

**Primary care service framework for alcohol services**

• In addition to the detailed guidance on good practice in alcohol services in primary care, an Alcohol Care Pathway in Primary Care has been developed. This shows the pathway from an adult’s first contact with her/his GP (including a referral from another agency where there is concern), the identification of level of drinking and the interventions that should follow. The pathway covers screening and assessment, interventions, information flows and entry/exit points. More information on this pathway can be found at the following:  
Hub of Commissioned Alcohol Projects and Policies
The Department of Health commissioned this online resource to collate details of local alcohol-related initiatives in England (http://www.hubcapp.org.uk/). The material on the site is predominantly about individual projects rather than systems.

Alcohol Learning Centre
• The Alcohol Learning Centre (http://alcohollearningcentre.org.uk/) provides online resources for commissioners, planners and practitioners working to reduce alcohol-related harm. It contains a number of identification and brief advice tools, information on locally commissioned projects and policies, as well as a number of educational resources.

• The pathway is generic, but could be used as a template that could be populated with specific local services and agencies.

Examples of local integrated care pathways
A number of Partnerships have published care pathways for alcohol services:
• Southwark Alcohol Care Pathway (updated May 2006)
• Bexley Alcohol Services. A Guide to Care Pathways
  http://www.bexley.gov.uk/CHttpHandler.ashx?id=3713&p=0
• Bolton Redesigned Alcohol Treatment System
• Derby Alcohol Treatment Model
  www.saferderby.org.uk/pages/viewpubpdf.asp?id=60
• Treatment Pathways for Substance Misuse and Alcohol in Barking and Dagenham: http://www.lbbd.gov.uk/6-social-services/drug-alcohol/ss-drug-alc-main.html
• Kirklees has also developed a number of care pathways
  http://www.saferkirklees.co.uk/pages.asp?cat=1&page=30

The Scottish Government has published a series of integrated care pathway guides, four of which in particular are relevant:
• Integrated care pathways Guide 1: definitions and concepts:
• Developing and implementing Integrated Care Pathways Guide 2: Developing Integrated Care Pathways: 
  http://www.scotland.gov.uk/Publications/2003/07/17674/23138
• Integrated Care Pathways Guide 8: Drug Misuse in Pregnancy and Reproductive Health: 
  http://www.scotland.gov.uk/Publications/2005/03/20797/54081
• Integrated Care for Drug or Alcohol Users: Principles and Practice Update 2008: 

Developing a local integrated framework for delivery

• Given what has been said above, the aim at a local level is to develop a **planned, comprehensive, integrated local treatment system** across the four tiers, which, crucially, links up individual treatment pathways.

• One of the few documents reviewed that tries to do this is Bexley Community Safety Partnership’s guide to care pathways, an overview of which can be found on the following page.

• Best practice in the development of such a framework suggests that a process should be used that comprises a number of steps as outlined below.
Methodology for developing a local integrated framework for delivery of alcohol services

1. Analysis of local alcohol-related health needs
2. Review of best evidence of effectiveness
3. Audit and map current local service provision across all tiers
4. Identify gaps and limitations in current provision
5. Audit referral processes and protocols
6. Jointly agree standard protocols and referral routes
7. Draft an integrated framework for consultation
Appendix A – Bexley Alcohol Service Provision

**Tier 1 service**
Service User presents to any of the following and has an assessment or referral to Tier 2

| General Practice and other health setting | Hospital (A&E, Urgent Care Centre) | Mental Health Services | Self Referral | Voluntary Sector: (MIND, Bexley Carers) | Criminal Justice (Equinox and Custody Suite) |

**Tier 2 service**
*Open Access alcohol services and outreach*
- Bexley and Greenwich Resource for Alcohol (BAGRA)
- Welling Alcohol Service Provision (WASP)
- Drug & Alcohol (Care Management) Team
- Alcoholics Anonymous (AA)
- Hospital - QMS Gastroenterology clinic
- Community Support Service: housing related support
- Signpost

**Tier 3 service**
*Individual need and problems identified, Personal care package and plan*
- BAGRA
- Signpost

**Peer Support Group (BAADA)**

**Tier 4 service**
*Detoxification and Rehabilitation*
- Acute Assessment Unit, SiM
- Other providers commissioned as needed

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References


