



Alcohol Support Worker / Practitioner

Acute Hospital Alcohol Care Team

COMPETENCIES AND DEVELOPMENT PLAN

BAND4

CONTENTS

Foreword	3
Preface	4
Aim	5
Competencies	5
Behaviour and Observation	5
Assessment of Competence	6
Competency 1: The practitioner/patient relationship – communicating with families and multi-disciplinary teams	8
Competency 2: Equality and diversity	10
Competency 3: Alcohol screening and health promotion	12
Competency 4: Brief interventions	14
Competency 5: Identification and support of patients with Wernicke’s encephalopathy (WE) and alcohol related cognitive impairment (ARCI)	16
Competency 6: Early detection of liver disease	18
Competency 7: Professional values	19
Competency 8: Supporting screening for co-existing mental health diagnosis	21
Competency 9: Health promotion across organisational boundaries to develop champion roles within the community	22
References	23



FOREWORD

In Cheshire and Merseyside, 26.5% of the adult population consume alcohol at levels above the UK Chief Medical Officer's lower-risk guidelines, increasing their risk of alcohol-related ill health as well as social harms. Alcohol misuse contributes to 200 health conditions leading to hospital admission, due either to acute alcohol intoxication or to the toxic effect of alcohol misuse over time. Conditions include cancers, cardiovascular conditions, poor mental health and increasing rates of liver disease (PHE, 2019). Both Cheshire and Merseyside (C&M) have hospital alcohol admissions for children and adults that are significantly above the England average.

Alcohol misuse across Cheshire and Merseyside costs £994 million each year (£412 per head of population):

- £218 million are direct costs to the NHS (hospital admissions due to alcohol, A&E attendances, ambulance journeys, and GP and outpatient appointments)
- £81 million in social services cost (children's and adults social service provision)
- £276 million are related to crime and licensing (alcohol specific and alcohol related crimes, licensing)

This was the situation pre-COVID-19, with alcohol-related admissions in the sub-region being higher than the national average in 7 out of the 9 C&M local authorities. Importantly, evidence from sources such as Alcohol Change UK and the Institute for Alcohol Studies indicate that alcohol harms have been exacerbated during the pandemic and we may be about to experience increased pressures on all our services.

As such the reduction in harm from alcohol has been designated as a population health system priority by every one of the 9 Health and Wellbeing Boards in Cheshire and Merseyside and so this work is very much welcomed by leaders and colleagues at all levels across the sub-region.

The composition and provision of ACTs is subject to wide variability across Cheshire and Merseyside. It has long been established that a suitably qualified workforce is required to deliver the eight core components of effective ACTs. The clinical competencies identified and described within this framework present an opportunity to support and enhance the nursing contribution to improving and standardising care delivery to patients with Alcohol Use Disorders.

Joint Chairs of the Cheshire and Merseyside 'Reduction of Harm from Alcohol' Programme



Margaret Jones

Director of Public Health, Sefton Council



Dr Paul Richardson

Consultant Hepatologist
Honorary Associate Clinical Professor of Hepatology, Liverpool University
Hospitals NHS Foundation Trust

PREFACE

A NICE evidence-based case study showed that Alcohol Care Teams (ACTs) providing specialist interventions to alcohol-dependent inpatients reduces avoidable bed days and readmissions. This is important in the context of the burden of alcohol on general hospitals in the UK. A recent systematic review estimated prevalence for ‘harmful drinking’ of 19.8% and 10.3% for alcohol dependence in this setting (Roberts et al., 2019).

Within the NHS Long Term Plan (NHS England, 2019), the UK government has prioritised the development of ACTs within general hospitals in England. The stated aim is to utilise the skills within ACTs to improve care and reduce alcohol-related harms. The ACT core service descriptor identifies eight core clinical components essential to the effectiveness of ACTs (NHS England, 2019).

An ACT should be able to provide packages of care that include:

1. Case identification/alcohol identification and brief advice (IBA)
2. Comprehensive alcohol assessment
3. Specialist nursing and medical care planning
4. Management of medically assisted alcohol withdrawal (MAW)
5. Provision of psychosocial interventions
6. Planning safe discharge, including referral to community services
7. Clinical leadership by a senior clinician with dedicated time for the team
8. Provision of trust-wide education and training in relation to alcohol.

Why develop a competency framework for support staff?

To date there is no standardised approach to skills development within ACTs, or optimal configuration of the workforce, so we at Cheshire and Merseyside aim to provide a structure to achieve consistency and prevent variation across our network. To this end we developed a competency framework for registered nurses working with ACTs. Importantly, the implementation was supported by providing individual and clinical team supervision. It was during this process that nurses identified a need to provide structure and consistency in the development of support staff, and to better provide descriptors for their roles and responsibilities within the ACT.

Key roles for Band 4 support worker / practitioner

Support workers within ACTs in acute hospital settings are uniquely placed to provide interventions that will enhance the patient pathway, optimise outcomes and support recovery.

1. Case finding - screening and identification of patients attending hospital with an Alcohol Use Disorder
2. Provide support for screening to detect potential co-existing physical and mental health disorders
3. Enhance social prescribing
4. Provide additional psychosocial support and health promotion
5. Provide support for management of multidisciplinary teams (MDTs)
6. Enhance engagement of patients and families
7. Referral to wider health and social care providers (e.g. housing, benefits)



Dr Lynn Owens

Nurse Consultant - Strategic Lead Alcohol Care Team
Hepatology Liverpool University Hospitals NHS Foundation Trust
Honorary Research Fellow - The University of Liverpool



Mandy Smith

Lead Alcohol Specialist Nurse
Advanced Nurse Practitioner
Southport Hospital

AIM



This pack is intended for use by support workers / practitioners in acute hospital Alcohol Care Teams.

It will support you in identifying your learning needs and planning your development programme. It has been developed utilising the Knowledge and Skills Framework (KSF) and as such will support your ability to evidence learning and development for review at your Personal Development Reviews (PDRs). It is intended to act as a guide and support and as such there may be additional learning that is identified as part of the process.

This pack will need to be completed with the support of your mentor and clinical lead.

COMPETENCIES



The changing nature and dimensions of health care necessitates the practitioner to examine their skills and knowledge in order to determine their competency to practice. It is not a passive or one off event; instead competence must be defined as a continuous process of revaluation of skills and knowledge to improve practice. It is the continual re-examination of practice that will enable the practitioner to demonstrate the provision of quality care and effective clinical decision making.

The competencies have been developed utilising the NHS Knowledge and Skills Framework (KSF). The identified KSF dimension serves as a guide, many of the competencies have several references to KSF and other competency frameworks.

BEHAVIOUR AND OBSERVATION



There are a variety of ways to gather information and evidence to support the competencies as outlined within this document.

Each individual practitioner will develop an action plan that is specific to their own learning needs and style, with support from nurses and doctors within your team.

Some examples of tools, which can be useful within this process, are outlined below:

- Reflective diaries
- Attending clinical ward rounds
- CAIN model for assessment of health needs
- Critical incident analysis
- Profiling of populations
- Caseload/individual case analysis
- Shadowing of other disciplines
- Clinical supervision/group supervision
- Peer review, e.g. documentation
- Mandatory training requirements
- Critiquing research articles and dissemination of findings.

This list is not exhaustive and there is every opportunity to develop innovative alternatives.



ASSESSMENT OF COMPETENCE



Each individual will be expected to demonstrate their ability through a process of assessment. Alongside the expected competence descriptor are methods. The assessor will utilise these as a minimum but may choose to use additional methods.

Assessment is not in itself an endpoint. It should be part of a continuous process supporting your development needs, for example you may receive assessment by your clinical lead, Alcohol Specialist Nurses or your peers at another hospital. You should remain fully engaged in this process and provide your lead clinical assessor with suggestions.

This is a process designed to support your needs and ensure that patients are receiving safe, effective and optimal care.

The learning needs pro forma can be completed following assessment. It will require a separate pro forma for each learning need. It is your responsibility to provide accurate information on previous knowledge and to negotiate appropriate achievable time scale.



BAND 4 ALCOHOL SUPPORT WORKER / PRACTITIONER DEVELOPMENT PLAN



IDENTIFYING LEARNING NEED

Name of Alcohol Support Worker / Practitioner	
Lead Clinical Supervisor	
Date	

Learning Need	Current Knowledge Base	Learning Need	Anticipated Completion Date

A separate page is required for each identified learning need



COMPETENCY 1



THE PRACTITIONER/PATIENT RELATIONSHIP - COMMUNICATING WITH FAMILIES AND MULTI-DISCIPLINARY TEAMS

	NHS KSF DIMESION: Communication L1/2	Self Assessment	Supervisor Assessment
1	Demonstrates an ability to establish a therapeutic relationship with the patient, carers and families.		
2	Demonstrates an ability to work in partnership with the patient, establishing any barriers to treatment and empowering them to take personal responsibility for their health.		
3	Displays empathy and understanding throughout the consultation.		
4	Ability to work within the boundaries of their own competency with good awareness of when to escalate to Alcohol Specialist Nurse.		
5	Manage challenging and sometimes difficult consultations displaying a high level of emotional intelligence.		

	NHS KSF DIMESION: Communication L1/2	Self Assessment	Supervisor Assessment
6	Considers the patients needs when bringing closure to the practitioner-patient relationship, providing a safe and confident transition to another care provider or discharge.		
7	Communicates effectively across organisational boundaries to enhance patient care and promote inclusion.		
8	Takes an active role in strengthening relationships between community teams and the wider MDT.		
9	Be an active participant in multi-disciplinary meetings.		
10	Acts as a champion between hospital and community teams, keeping the ACT up to date with any new service developments.		



COMPETENCY 2



EQUALITY AND DIVERSITY

	NHS KSF DIMENSIONS: Quality L1/L2 Equality & Diversity L1/L2	Self Assessment	Supervisor Assessment
1	Demonstrates respect for the dignity of every patient and their families, whatever their age, gender, socio-economic class, sexual orientation, ethnic or cultural background.		
2	Support patients to express their need to deviate from normal clinical operational procedures due to ethnic, religious or other requirements.		
3	Ability to acknowledge own personal biases and actively seeks to address them whilst ensuring the delivery of quality care.		
4	Aware of policy and patient appropriate resources to deliver care to patients from diverse backgrounds.		
5	Incorporates cultural preferences, health beliefs and behaviours into care plan as appropriate.		

NHS KSF DIMESION: Quality L1/L2 Equality & Diversity L1/L2	Self Assessment	Supervisor Assessment
6	Provide appropriate educational materials that address the language and cultural beliefs of the patients.	
7	Support patients from marginalized groups to access quality care and mutual aid/3rd sector organisations.	
8	Awareness of 3rd sector organisations/charitable organisations that can provide ongoing mutual aid and support in local area.	
9	Ability to identify own boundaries of competency and good awareness of when to discuss/escalate to the Alcohol Specialist Nurse on duty.	



COMPETENCY 3



ALCOHOL SCREENING AND HEALTH PROMOTION

NHS KSF DIMENSION: Quality L1/L2 Health & Wellbeing L1/L2	Self Assessment	Supervisor Assessment
<p>1</p> <p>Develop an insight and awareness into the teaching programme within the organisation to teach all levels of staff, providing a supporting role to the Alcohol Specialist Nurses, delivering the teaching/training.</p> <ul style="list-style-type: none"> • the importance of screening for alcohol misuse. • how to use AUDIT C or other validated screening tools. • how to make onwards referral for alcohol support. • how to give brief advice. • how to access pathways of care for any patients identified as at risk of withdrawal under the supervision of registered nurse. 		
<p>2</p> <p>Develop champion roles for alcohol screening in each ward/department.</p>		
<p>3</p> <p>Be pro-active in screening for alcohol use disorders using validated tool such as AUDIT C, ensure you obtain any necessary consent from patients, providing rationale why you are screening. Ensuring patients who score 16 or more on the AUDIT are referred to Alcohol Specialist Nurse for further assessment on dependency.</p>		

NHS KSF DIMENSION: Quality L1/L2 Health & Wellbeing L1/L2	Self Assessment	Supervisor Assessment
4	Accurately identify those patients most likely to benefit for screening with an ability to differentiate between hazardous and harmful drinkers, ensuring risk is shared with the duty Alcohol Specialist Nurse.	
5	Under the guidance of the Alcohol Specialist Nurses promote health & wellbeing and address individual patient needs, updating plans of care and goals.	
6	Ensure all information is collected and recorded on information systems under the supervision of the Alcohol Specialist Nurse on duty.	
7	Act as an ambassador for the Alcohol Care Team at all times, raising awareness of screening, pathways and how to refer into the ACT.	
8	Discusses any safeguarding concerns with the duty Alcohol Specialist Nurse.	

COMPETENCY 4



BRIEF INTERVENTIONS

	NHS KSF Dimensions: Health & Wellbeing L1&2 Communication L1&2	Self Assessment	Supervisor Assessment
1	Identify patients who would benefit from brief interventions using the AUDIT screening tool.		
2	Create an environment suitable for frank and confidential discussion ensuring an accepting, non-judgemental communication style is adopted within the boundaries of own competency. Use a model such as FRAMES to structure the delivery of brief intervention.		
3	Initiate discussions about risky drinking using language that facilitates the patient to take responsibility and personal control for their behaviour in supportive surroundings. Make links with risks identified in the AUDIT tool and the patients drinking pattern.		
4	Use motivational interviewing techniques to illicit information on how the patient feels about their drinking and address ambivalence to changing their behaviour.		
5	Use readiness ruler to identify barriers and protective factors to change. Readiness ruler can be adapted to identify confidence and importance of addressing alcohol misuse.		
6	Use communication skills that promotes a shared interest in them addressing their alcohol misuse, promoting self-efficacy.		

	NHS KSF Dimensions: Health & Wellbeing L1&2 Communication L1&2	Self Assessment	Supervisor Assessment
7	Guide them to develop strategies for high risk situations and a reliable support network to encourage their behaviour change.		
8	Encourage realistic goal setting and rewards when they reach their goals. Use SMART (Specific, Measurable, Achievable, Relevant and Time bound) to set goals.		
9	Give advice about how to achieve a less harmful level of drinking.		
10	Use language that encourages the patient's confidence to address their alcohol misuse. For example reflect on previous episodes of abstinence.		
11	Validate that the patient may not be ready to change ensuring they are aware of how to engage with services once they are.		
12	Arrange for follow-on appointment if identified as requiring extended brief interventions or signpost to community services.		
13	Refer and liaise with Alcohol Specialist Nurse patients who score 16 or more on the AUDIT to assess for alcohol dependence or serious alcohol related problems, they may need medical or pharmacological interventions.		
14	Keep an accurate record of your intervention and the information and advice you have given.		

COMPETENCY 5



IDENTIFICATION AND SUPPORT OF PATIENTS WITH WERNICKES ENCEPHALOPATHY (WE) AND ALCOHOL RELATED COGNITIVE IMPAIRMENT (ARCI)

	NHS KSF Dimensions: Communication L1/2 Quality L1/L2 Health and Wellbeing L1/L2	Self Assessment	Supervisor Assessment
1	Ability to recognise patients at risk of ARCI.		
2	Delivers safe, compassionate care at all times, acting as an advocate for patients and families.		
3	Demonstrates an awareness of the clinical signs of WE and an awareness of clinical pathways to ensure patient receiving highest quality care.		
4	Ability to recognise the signs of malnourishment and discuss strategies to ensure patients receive adequate nutrition and hydration with the patients / families / wider MDT.		
5	Demonstrates an understanding of effective assessment of patients mental capacity and escalates to the Alcohol Specialist Nurse/Ward Staff as needed.		

NHS KSF Dimensions: Communication L1/2 Quality L1/L2 Health and Wellbeing L1/L2	Self Assessment	Supervisor Assessment
6	Demonstrates competence when carrying out cognitive assessments such as MOCA.	
7	Ability to identify own boundaries of competency and good awareness of when to discuss/escalate to the Alcohol Specialist Nurse on duty.	
8	Ensures that they receive regular de-briefing/supervision following difficult assessments with the opportunity to reflect on practice with the support from the Alcohol Specialist Nurse.	



COMPETENCY 6



EARLY DETECTION OF LIVER DISEASE

	NHS KSF DIMENSION: Quality L1/L2 Health & Wellbeing L1/L2	Self Assessment	Supervisor Assessment
1	Develop an understanding of the early clinical signs of liver disease and escalate any concerns to the Alcohol Specialist Nurse, with an awareness of clinical pathways to ensure patient receiving highest quality care.		
2	Develop an awareness of the importance of nutrition, medication compliance and promoting general wellbeing with patients with Alcohol Related Liver Disease.		
3	Develops an understanding of the signs and symptoms of the deteriorating patient with ARLD and escalates to the Alcohol Specialist Nurse.		
4	Perform fibroscan under the supervision of the Alcohol Specialist Nurse, to ensure the patient receives the results promptly and efficiently in a reassuring, professional manner.		
5	Provides emotional support for the patient and their families.		
6	Awareness of British Liver Trust Website and health promotion information available for patients and their families.		

COMPETENCY 7



PROFESSIONAL VALUES

	NHS KSF Dimension: Communication L1/2	Self Assessment	Supervisor Assessment
1	Demonstrates a professional behaviour at all times when interacting with others.		
2	Acts as a role model for the Alcohol care Team and the wider Trust at all times.		
3	Adheres to the Trust's uniform policy, presenting in a smart and professional appearance.		
4	Act in a manner that upholds the values of the Alcohol Care Team, the Trust and the wider NHS.		
5	Treat patients and colleagues with dignity and respect at all times without discrimination.		
6	Work within the boundaries of your own competency and seeks support and advice when required.		
7	Maintains confidentiality, records data, care plans and results in a professional manner that preserves the patients privacy and dignity.		



	NHS KSF Dimension: Communication L1/2	Self Assessment	Supervisor Assessment
8	Develops and maintains a portfolio of clinical practice which demonstrates on-going competence, professional development and clinical supervision.		
9	Develops the skills to become a reflective practitioner.		
10	Ability to challenge poor practice to ensure high standards of care maintained.		
11	Demonstrates good time keeping by being punctual and having good attendance.		
12	Adheres to Trust policies at all times.		
13	Consistently maintains own mandatory training records, using time management to take opportunities to keep updated.		

COMPETENCY 8



SUPPORTING SCREENING FOR CO-EXISTING MENTAL HEALTH DIAGNOSIS

	NHS KSF Dimension: Health & Wellbeing L1&2 Communication L1&2	Self Assessment	Supervisor Assessment
1	Demonstrates an understanding of the impact alcohol can have on mental health including anxiety, depression. Acts as an advocate for the patient and families at all times.		
2	Ability to provide a safe environment that allows the patient to be open and honest about their mental health, under the supervision of the Alcohol Specialist Nurse.		
3	Develops an awareness of identifying early signs and assessing risk of worsening mental health. Acts promptly to escalate any risk to the Alcohol Specialist Nurse or Mental Health Liaison Team.		
4	Develops good insight into the supporting services available within the hospital and wider community, including volunteer and 3rd sector organisations.		
5	Works across organisational boundaries to promote engagement of relevant services such as Community Mental Health Team (CMHT)', inclusion groups and social services.		
6	Ensures that they receive regular de-briefing/supervision following difficult assessments with the opportunity to reflect on practice with the support from the Alcohol Specialist Nurse.		



COMPETENCY 9



HEALTH PROMOTION ACROSS ORGANISATIONAL BOUNDARIES TO DEVELOP CHAMPION ROLES WITHIN THE COMMUNITY

	NHS KSF Dimension: Communication L1/L2 Quality L1/L2 Equality & Diversity L1/L2 Health & Wellbeing L1/L2	Self Assessment	Supervisor Assessment
1	Becomes a champion for building relations across organisational boundaries with services that provide psycho-social interventions. Develops an in-depth knowledge of services such as social prescribers, community cafes, local 3rd sector support and charitable services available to patients and families in their local community.		
2	Builds relations with local schools, colleges and universities to identify champion roles for Alcohol Brief Interventions/Brief Advice and look for opportunities to work in partnership to deliver health promotion opportunities.		
3	Build key relationships with blue light workers such as paramedics, police, fire service, identify champion within these services to enable partnership working.		
4	Develops an awareness of local industries and their health & wellbeing team to look for health promotion opportunities.		
5	Work in partnership with other services to ensure the team is an active participant in health promotion opportunities such as Sober October, Dry January, World Mental Health Day.		

REFERENCES

Knowledge & Skills Framework (2019) Available at:

<https://www.nhsemployers.org/SimplifiedKSF> [Accessed on-line October 2022]

Mental Health Nursing Framework and NHS Health Education England(2020).

<https://www.skillsforhealth.org.uk>. [Accessed October 2022]

NICE. Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. London: NICE, 2011.

<https://pathways.nice.org.uk/pathways/alcohol-use-disorders> [Accessed online October 2022]

Nursing and Midwifery Council (2018)

<https://www.nmc.org.uk/standards/code/read-the-code-online> [Accessed online October 2022]

Nursing and Midwifery Council (2018) Standards for Nursing Associates

<https://www.nmc.org.uk/standards/standards-for-nursing-associates/> [Accessed on-line October 2022]

Royal College of Nursing (RCN) and Public Health England (2017).

The role of nurses in alcohol and drug treatment services: A resource for commissioners, providers and clinicians

SIGN Guideline 74 The Management of harmful drinking and alcohol dependence in primary care, A National Clinical Guidance. 2003.

www.sign.ac.uk/guidelines/fulltext/74/index.html [Accessed online October 2022]

World Health Organisation (2017)

https://www.euro.who.int/__data/assets/pdf_file/0006/351294/Alcohol-training-manual-final-edit-LSJB-290917-new-cover.pdf [Accessed on-line September 2022]





Champs
Public Health
Collaborative

Champs Public Health Collaborative

PO Box 290
Brighton Street
Wallasey
CH27 9FQ

T: 0151 666 5123

E: champscommunications@wirral.gov.uk



[ChampsPublicHealth
Collaborative](#)



[@ChampsPHC](#)



[ChampsPublicHealth
Collaborative](#)



[@ChampsPHC](#)



[@ChampsPHC](#)