



Alcohol Support Worker / Practitioner

Community Providers

COMPETENCIES AND DEVELOPMENT PLAN

BAND4

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FOREWORD

In Cheshire and Merseyside, 26.5% of the adult population consume alcohol at levels above the UK Chief Medical Officers 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 specialist community alcohol services is subject to wide variability across Cheshire and Merseyside. Furthermore, the roles and responsibilities of support workers / practitioners in the contribution they make to improving and standardising care delivery to patients with Alcohol Use Disorders is often unclear. As we have developed a competency framework for Alcohol Support Worker / Practitioner within hospitals our community partners asked if these could be adapted for use within their services.

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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 prioritized 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. However, to optimise patient pathways out of hospital, ACTs need to work closely with their partner organisation in the wider health and social care sectors. This requires understanding and appreciation of what services deliver, and what skills and knowledge can be shared. To this end we have been asked by our partners to provide a competency framework for Alcohol Support Worker / Practitioner working in community services.

Why Develop a competency framework for support staff?

To date there is no standardised approach to skills development, or optimal configuration of the workforce with alcohol services, 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. We also invited partners from community services to become involved in the process. 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 different services.

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 services 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 MDTs
6. Enhance engagement of patients and families
7. Referral to wider health and social care providers (e.g. housing, benefits)



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AIM



This pack is intended for use by support workers /practitioners in community/specialist alcohol services.

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 reevaluation 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



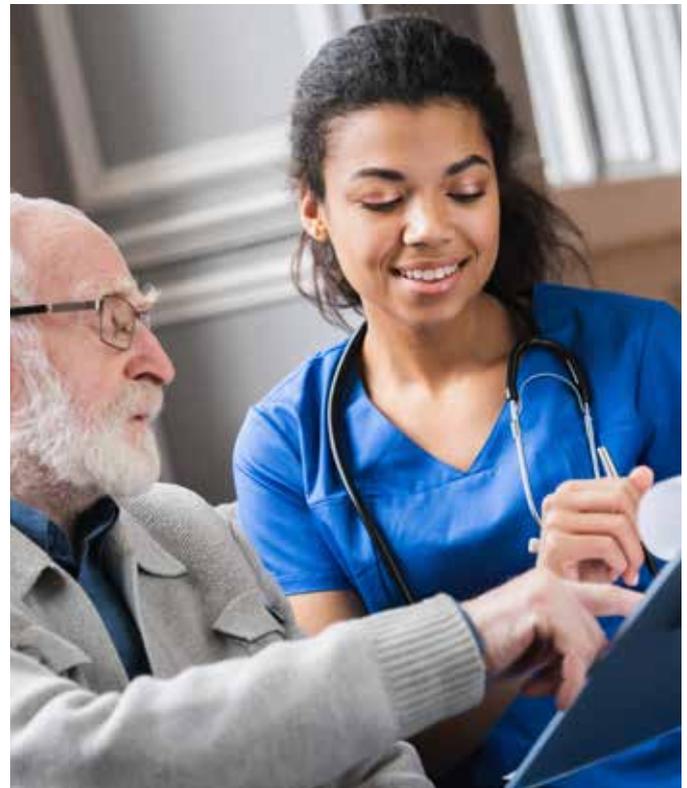
There are a variety of ways to gather information and evidence to support the competencies as outlined within this document.

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

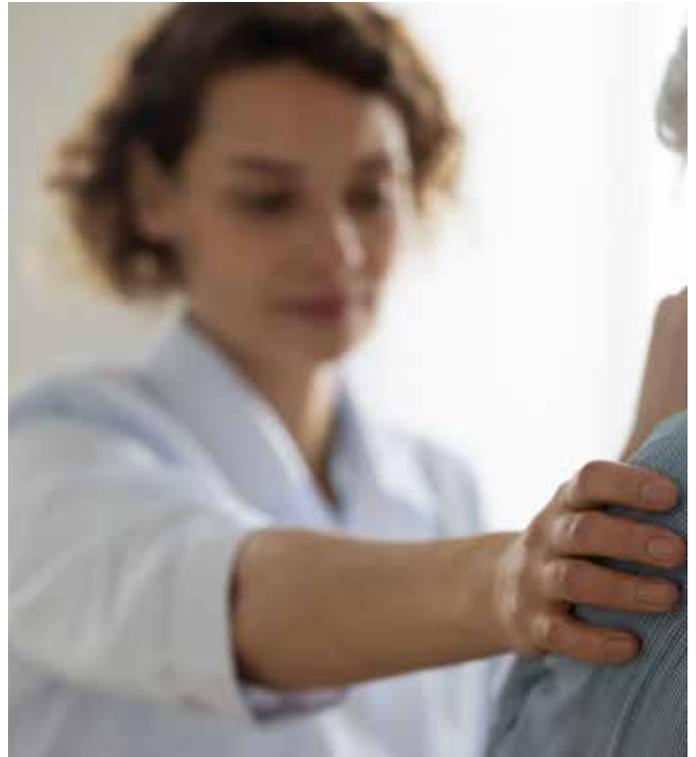


Each individual will be expected to demonstrate their ability through a process of assessment. Alongside the expected competence descriptor are methods. The assessor will utilise these as a minimum but may choose to use additional methods.

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 / Substance Misuse 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

Linked to Quality Statement 2,3 and 5.

	NHS KSF DIMENSION: 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.		

	NHS KSF DIMESION: Communication L1/2	Self Assessment	Supervisor Assessment
5	Acts in a professional manner at all times.		
6	Manage challenging and sometimes difficult consultations displaying a high level of emotional intelligence.		
7	Maintains confidentiality, records data, care plans and results in a professional manner that preserves the patients privacy and dignity.		
8	Considers the patients needs when bringing closure to the practitioner-patient relationship, providing a safe and confident transition to another care provider or discharge.		



	NHS KSF DIMESION: Communication L1/2	Self Assessment	Supervisor Assessment
9	Communicates effectively across organisational boundaries to enhance patient care and promote inclusion.		
10	Takes an active role in strengthening relationships between community teams and the wider MDT.		
11	Be an active participant in multi-disciplinary meetings.		
12	Acts as a champion between hospital and community teams, keeping services up to date with any new service developments.		

COMPETENCY 2



EQUALITY AND DIVERSITY

Linked to Quality Standards 1 & 5

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 / Substance Misuse Specialist Nurse on duty.		

COMPETENCY 3



ALCOHOL SCREENING AND HEALTH PROMOTION

Linked to Quality Standards 1, 2 & 5

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 / Substance Misuse 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 / Substance Misuse 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.		
5	Under the guidance of the Alcohol / Substance Misuse Specialist Nurses promote health & wellbeing and address individual patient needs, looking at plans of care.		
6	Ensure all information is collected and recorded on information systems under the supervision of the Alcohol / Substance Misuse Specialist Nurse on duty.		
7	Act as an ambassador for your service at all times, raising awareness of screening, and referral pathways		

COMPETENCY 4



BRIEF INTERVENTIONS

		Linked to Quality Standards: 1,2 & 3	
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.		
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.		

	NHS KSF Dimensions: Health & Wellbeing L1&2 Communication L1&2	Self Assessment	Supervisor Assessment
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.		
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 to set goals.		
9	Give advice about how to achieve a less harmful level of drinking.		

	NHS KSF Dimensions: Health & Wellbeing L1&2 Communication L1&2	Self Assessment	Supervisor Assessment
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 / Substance Misuse 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.		



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