14.2 Ongoing support encourages European GPs to advise heavy drinkers

Findings Screening and brief intervention for risky drinking is a major plank in the new English alcohol strategy. A World Health Organisation trial in six countries including England has shown that personal contact and ongoing support are needed to encourage even modest levels of intervention by GPs, but also that this could cumulate into a programme which reaches most of the practice's patients.

Generally the intervention involved receptionists asking all adult patients to complete the AUDIT screening form and take it in with them to the doctor. Those scoring at least as hazardous drinkers were to be given five minutes of advice based on the *Drink-less* package.

Three 'sales' strategies were tried on 3436 GPs (729 in England) to persuade them to order the free package. The first was a mailed promotional leaflet; the second, a 'telemarketing' phone call following a set script; the third, a similar script delivered during a practice visit. For the last two, staff were trained to anticipate and respond to objections. GPs who ordered the package were then randomly allocated to no further action or to one of two strategies to encourage them to implement it over the following 12 weeks – a training session for the GPs and their receptionists, or this plus ongoing support in the form of regular phone calls or visits.

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Uptake in England compared well with other countries. The most effective marketing strategy (telemarketing) led 72% of GPs to order the package and the most effective implementation strategy (training plus support) led 71% of these to start using it. Despite this support, typically just 11% of patients were screened and just 4% of all patients thought to be at risk were given the recommended advice. However, the top quarter of practices screened at least 27% of patients and advised 18% of all patients at risk.

In context Earlier reports on the English arm of the study showed that telemarketing was the most cost-effective way to get GPs to order the package, while training plus support was the most cost-effective way to encourage them to use it. Similar conclusions were reached by a British study of practice nurses. Across all relevant studies in Britain and elsewhere, continued support has emerged as a key to implementation. Where there is no great incentive or requirement to use alcohol intervention resources, simply sending them to practitioners is unlikely to lead to widespread implementation.

The weak link resulting in low intervention rates was the failure to screen, principally the responsibility of receptionists. In England, receptionists in practices which undertook the programme were far more likely than doctors to feel it was demanding and outside their normal work role, and became *more* negative over the course of the trial. In four of the countries in the study (including England), a similar deterioration in attitudes was seen among GPs. GPs elsewhere have found that such programmes disrupt rapport with patients because they impose a pre-set alcohol agenda rather than this emerging from the concerns which prompted the consultation.

As fresh patients were screened (a system was set up to ensure nobody was screened twice), over a whole year the low 12-week intervention rates recorded in the study could nevertheless cumulate to an appreciable percentage of at-risk patients being screened, in the best quarter of English practices, possibly approaching 80%.

Practice implications Poor implementation and deterioration in attitudes in the study may be clues that this style of intervention is inappropriate in primary care. Rather than universal screening, official and expert thinking in England now favours targeted screening of patients whose complaints suggest drinking problems, or of all patients seen in clinics for these complaints and during consultations where screening would be expected, such as new patient registrations and health checks. In these circumstances, asking about drinking emerges naturally rather than as a potentially awkward diversion. The WHO study and others suggest training and ongoing support are essential, with a special focus on those responsible for initiating the process by doing the screening. Receptionists may be more likely to embrace this role if treated as health care professionals in their own right and given commensurate resources and recognition plus feedback on the benefits. An alternative proved feasible in British trials involves siting an alcohol worker in the practice to undertake screening and to counsel patients referred by GPs.

Featured studies Funk M. *et al*. "A multicountry controlled trial of strategies to promote dissemination and implementation of brief alcohol intervention in primary health care: findings of a World Health Organization collaborative study. *Journal of Studies on Alcohol*: 2005, 66(3), p. 379–388 AC

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