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LEADING THE ALCOHOL AGENDA

Institute of Psychiatry
What’s the problem?

- UK alcohol epidemic
  - Deaths
  - Morbidity
  - Hospital admissions
  - Prevalence of alcohol dependence
  - Costs
- Ambivalent politicians and public attitudes
- Active industry lobbying
- Lack of effective alcohol policies
- Damp squibs (ER, MOCAM, AIP)
- Lack of treatment
- Postcode lottery
- Discrimination
SCAN retendering survey 2009/10: The latest figures

<table>
<thead>
<tr>
<th>Result of retendering:</th>
<th>n</th>
<th>% of total</th>
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<tbody>
<tr>
<td>Contract moved to sole non-statutory provider</td>
<td>22</td>
<td>37</td>
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<tr>
<td>Contract moved to NHS specialist/non-statutory consortium</td>
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<td>Contract retained by same NHS specialist provider</td>
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<td>Contract moved to GP/non-statutory consortium</td>
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<td>Contract moved to new NHS specialist provider</td>
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<td>3</td>
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<td>Retendering not yet completed</td>
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<td>22</td>
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<td>TOTAL</td>
<td>59</td>
<td>100</td>
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Moved to non-stat/GP consortia = 25 (54% of completed)
Areas reporting loss of consultant time = 26 (56% of completed)
SCAN retendering survey 2009/10: Views of respondents

- Loss of specialist expertise
- Impact on patient care
- Clinical governance and collaborative working
- Teaching, training, research
- Driven by cost rather than quality
- Short term policy – long term impact
- Impact on ‘recovery agenda’
Opportunities

- White paper; Public Health England
- NICE guidelines
  - Public health
  - Physical complications
  - Alcohol dependence management
  - Alcohol dependence quality standards
  - NICE commissioning guidelines
- DH Alcohol Payment by Results
- New national Alcohol Strategy 2011
- ‘Roles and competencies’
- ‘Our Favourite Drug’
NICE Alcohol Dependence & harmful alcohol use, CG115

- Emphasis on specialist competencies:
  - Comprehensive clinical assessment
  - Case management
  - Inpatient treatment
  - Relapse prevention medications
  - Manualised therapies
  - Managing comorbidities and complex needs
  - Liaison & advice
What is needed?

- Leadership
- Vision
- Partnerships
- Advocacy and advice
- Media
- Training, teaching, research
- National
- Local
What addiction specialists have to offer (Roles & Competencies)

- Support, training, supervision, appraisal of non-specialists
- Comprehensive and complex assessment
- Management of complex patients
- Lead clinical governance
- Development of national and local protocols and guidance
- Research and development
- Clinical leadership, advocacy and advice
What should we do?

- Be proactive
  - Anticipate/lead developments
  - Bring issues to ministers, civil servants, local decision makers
  - Issue press releases

- Be available
  - Media
  - Committee work

- Be strategic (national and local)
- Be bold, but always evidence-based
- Be persistent
- Foster strategic alliances (national and local)
- Build the evidence base
- Aim to influence public and political opinion
**College Alcohol strategy**

- Set up working group to develop college alcohol strategy – by Dec 2010
- Develop an alcohol comms strategy – Jan 2011 (people, issues, publications)
- Strategic positioning of Faculty – Gov committees, AHA etc
- New College alcohol report – commission chapters by November 2010
- Activities on the back of NICE guidelines
- Plan to address the loss of specialist posts