

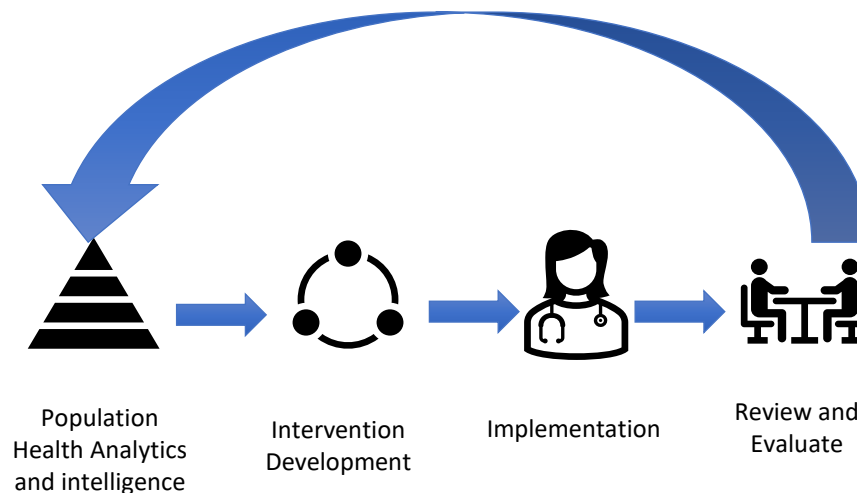
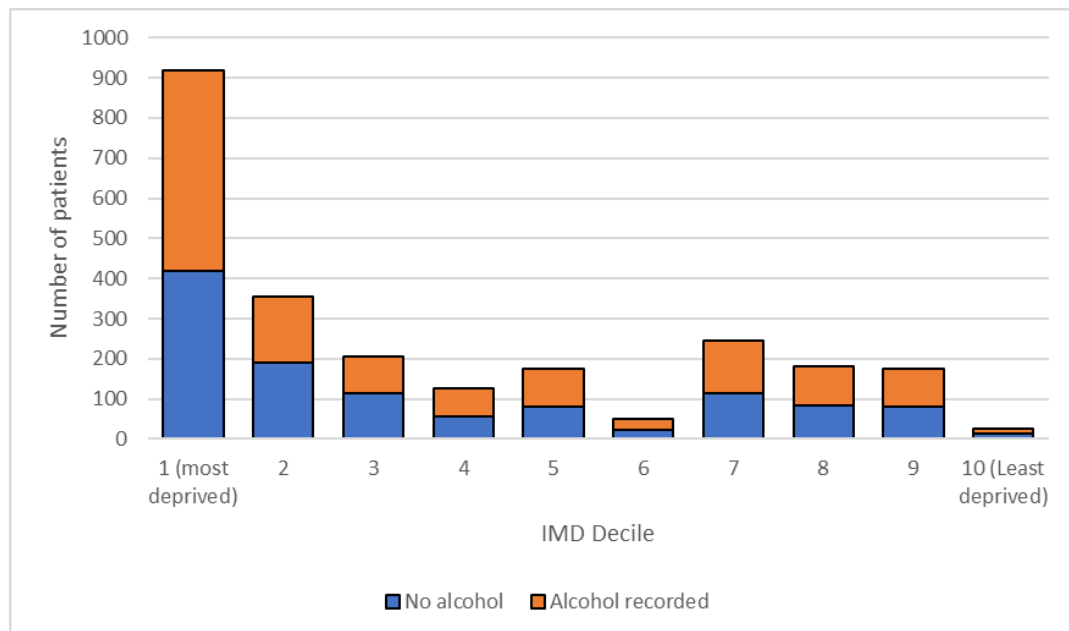


Targeted Alcohol Identification and Brief Advice in Primary Care: A population health management approach to reducing alcohol harm



- ❖ Aim: Utilise a population health management (PHM) approach to increase rates of alcohol identification and brief advice (IBA) in primary care by focusing IBA delivery on patients in specific cohorts
- ❖ Rather than the traditional universal approach to alcohol screening and interventions, the project used data to identify target populations specific to each participating PCN. The delivery of the intervention was designed based upon the needs of the population and the preference of the PCN, putting clinical leadership at the heart of the project
- ❖ Deprivation, co-morbidities, age and gender were some of the key areas used to segment the data. Identifying which potential cohort was less likely to have received alcohol screening and interventions and which would benefit most

Figure 1 – Recording of alcohol in primary care by IMD decile





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Figure 2 – Recording of alcohol in primary care by IMD decile – PCN 1

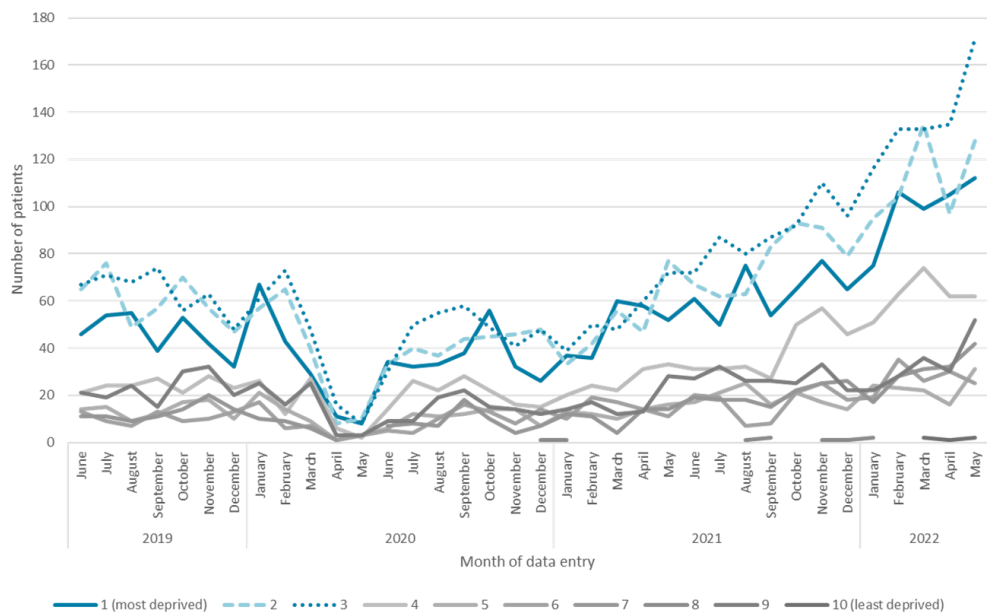
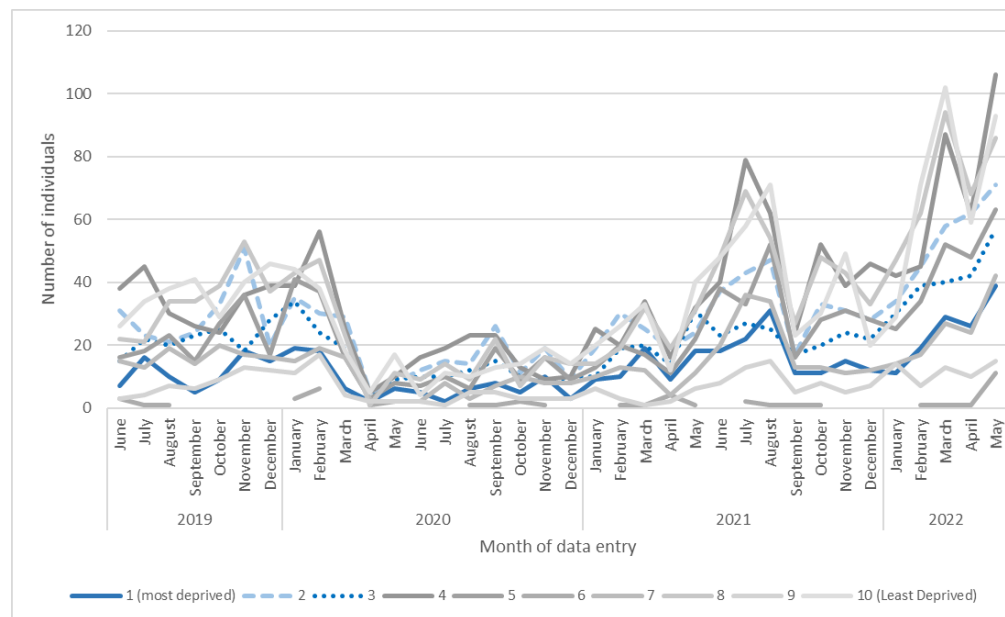


Figure 3 – Recording of alcohol in primary care by IMD decile – PCN 2



Future of the Project

The project has been designed so that it can be replicated by any PCN who wishes to undertake the same approach. For ease, and to enable PCNs to be self sufficient around this project, additional developments are currently being made in RAIDR primary care dashboard. This will enable Practices and PCNs to undertake their own cohort analysis and it will link them directly to a list of patients to target.

For further information contact
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Lessons Learnt

Above are two progress graphs above have been taken from two separate PCN reports. In one, we can see the impact the project is having on the 3 most deprived deciles of their population. In the second graph, we can see an overall increase in activity but not necessarily narrowing the gap between the most and least deprived areas.

This highlights the importance of considering deprivation in all cohorts, regardless of other factors.