

investment. It requires leadership, workforce and skill mix review, workforce flexibility and a dedicated team.

Disclosure of Interest None Declared.

PTH-122 A RETROSPECTIVE STUDY TO COMPARE THE EFFECTIVENESS OF REFERRAL METHODS TO ALCOHOL SERVICES FOR SPECIALIST TREATMENT FROM AN ACUTE HOSPITAL FOLLOWING BRIEF INTERVENTION

doi:10.1136/gutjnl-2013-304907.609

¹M Vardy, ²E Day, ³K Webb, ³C Russell, ³P Sudhakaran, ³I Ahmad, ⁴K Cobain, ³D Aldulaimi. ¹Worcestershire Acute Hospitals NHS Trust, Worcestershire; ²Birmingham and Solihull Mental Health Trust, University of Birmingham, Birmingham; ³Worcestershire Acute Hospitals NHS Trust, Redditch; ⁴University of Birmingham, Birmingham, UK

Introduction Screening, brief intervention and referral to treatment (SBIRT) programmes have been advocated as having a preventive effect in non dependent drinkers and can provide a pathway to access specialist treatment for alcohol use disorders (AUD) for hospitalised patients who are contemplating changing their drinking behaviour. Little research into the effect of referral methods in hospitalised people treated for AUDs has been carried out.

Methods Patient data for 2007–2009 were retrospectively reviewed in order to compare two referral to treatment methods namely, referral to treatment by a specialist nurse (RTT group) or self referral supported by a specialist nurse (SSR). Attendances at offered appointments were compared to identify each referral methods efficacy in eliciting attendance at a community alcohol treatment service following a request for further treatment for AUD elicited during hospitalisation in an acute setting.

Results The sample size was 76; the most common reason for hospitalisation was deliberate overdose with alcohol (17.3%) followed by fall or collapse with alcohol (11.8%) Alcoholic Liver Disease with alcohol withdrawal (7.3%).

Of 76 Patients referred to treatment by both methods, 36 were in the SSR group and 40 in the RTT group, no significant difference in response to referral modality between the RTT and SSR group was detected.

Conclusion This study found no evidence of a difference in effectiveness of referral methods. This suggests that both referral methods were as effective as each other in eliciting attendance at a specialist alcohol treatment service after an offer of treatment had been made during acute hospitalisation. Further studies, with a larger population, are required to validate this finding

Disclosure of Interest None Declared.

PTH-123 THE EFFECTIVENESS OF AN ALCOHOL LIAISON NURSE SERVICE AT REDUCING FUTURE ALCOHOL RELATED ATTENDANCES TO A COUNTY'S ACCIDENT & EMERGENCY DEPARTMENTS

doi:10.1136/gutjnl-2013-304907.610

¹E Davies, ²M Vardy, ¹S Prabhakaran, ¹I Ahmad, ³K Cobain, ¹D Aldulaimi. ¹Worcestershire Acute Hospitals NHS Trust, Redditch; ²Worcestershire Acute Hospitals NHS Trust, Worcestershire; ³University of Birmingham, Birmingham, UK

Introduction Worcestershire Acute NHS Trust has an Alcohol Liaison Nurse Service (ALN) based in two Emergency Departments; this provides assessments including screening, brief interventions and referrals into treatment. They function during office hours only. We wanted to evaluate how effective these roles are in reducing the trend in future alcohol related attendances.

Methods Patients were identified by either non-specialist clinicians or the ALN, where alcohol had been a factor in their attendance at A&E, Emergency Decisions Unit (EDU) or Medical Assessment Unit (MAU). They were seen by the ALN who delivered a Brief Intervention (BI).

Their attendances to A+E were compared for the period 12 months before and after the brief intervention to identify whether their attendance patterns varied.

The comparison was carried out by visual audit of patient records on Patient First A+E records system.

Results Since the inception of the ALN service, year on year the figures show a reduced number of re-attendance. Since the inception of the ALN service 1688 patients received a brief intervention, the number of attendances 12 months pre BI were 3814, with 2155 in the 12 months following BI. This shows a reduction of 43%. Based on National Indicators on average, each alcohol related A&E attendance costs £80 (NHS evidence ID:10/0021 2012), this suggests a Trust saving of £132,720.00 over a four year period.

Conclusion These results confirm the efficacy of BI delivered by an ALN service in district general hospital based emergency departments. As a result of these findings other departments within our Trust are developing identification of Alcohol use disorders and Brief Interventions.

Disclosure of Interest None Declared.

PTH-124 ACTION LEARNING SETS TO SUPPORT SPECIALIST SCREENING PRACTITIONERS

doi:10.1136/gutjnl-2013-304907.611

^{1,2}V Breen. ¹Screening Division, Public Health UK, Bowel Screening UK, Pontyclun, UK

Introduction Bowel Screening Wales (BSW) have undertaken a pilot to provide evidence which will consider the benefits of Action Learning Sets to Support Specialist Screening Practitioners.

Methods Action Learning Sets (ALS) are a powerful problem-solving process widely used in nursing and other organisations to help staff develop their own skills in resolving workplace issues by using enhanced communication in a group setting. It can help build teams, support individuals, develop self awareness, promote professional development and improve leadership skills. Allocating time for one-to-one meetings for clinical supervision can be difficult to maintain. ALS could be developed to enable SSP peer-group learning. A pilot will commence in one LAC in January 2013 and will create a mechanism for setting up action learning, enabling discussion of the options and the practicalities of setting up ALS. A Bowel Screening Wales, Regional Nurse would take on the initial facilitator role. This would help to ensure progress is maintained and to encourage and shape ALS, with a view totaining up internal facilitators for future sets in other LACs. The ALS would become self facilitating but this would only be done once the SSP's are experienced in the methodology. Those involved in the pilot would need to agree how the ALS pilot will be evaluated, one possibility would be to ask members to write a reflective account of their experience of participating and how it influenced their practise and professional development.

Results The feedback from the results will be considered and the process consent process modified accordingly. The results of the pilot will help BSW focus on finding out how ALS could enable SSP peer-group learning, development and support providing peer supervision, identifying strategies for leading service developments and providing a focus for problem solving and reflection workplace issues. Also needing consideration is how the pilot, if successful, could be conveyed to other SSP's working within Bowel Screening Wales, SSP's working within other UK Bowel Screening Programmes and other Specialist Nurses working within the symptomatic service.

Conclusion ALS for SSP's would ensure continuous professional development and could represent an empowering approach for SSP's advanced practise, helping them to develop their own practical solutions to workplace problems and issues. ALS is a dynamic and evolving group process. The approach would require commitment but ALS is a relatively straight forward way of