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Find out more

Join our Facebook group: **Alcohol Intoxication Management Services:** https://www.facebook.com/groups/learningaims/
Receive EDARA's monthly newsletters: email Clare Olson at olsonc@cardiff.ac.uk
Visit EDARA webpage: http://www.cardiff.ac.uk/violence-research-group/research-projects/an-evaluation-of-alcohol-treatment-centres

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NHS
National Institute for Health Research

EDARA

Evaluating the Diversion of Alcohol-Related Attendances

An Evaluation of Alcohol Intoxication Management Services (AIMS): Implications for Service Delivery, Patient Benefit and Harm Reduction

What are AIMS?

AIMS are designed to receive, treat and monitor intoxicated patients who would normally attend A&Es and to lessen the burden that alcohol-misuse places on unscheduled care. AIMS are usually located close to areas where there is a high density of pubs and nightclubs and open at times when levels of intoxication peak, e.g. Friday and Saturday nights.

Why have AIMS been developed?

Most night time admissions to A&Es are alcohol-related. This not only has negative impacts on clinical environments but also has detrimental effects on staff morale. AIMS therefore offer the potential to ease some of the pressures on A&Es at times when they are experiencing a sustained increase in demand.

What is EDARA?

EDARA is a research project that will estimate the effectiveness, cost-effectiveness, efficiency and acceptability of AIMS in diverting and managing alcohol-related attendances.

It will compare six areas in which AIMS have been implemented to six control cities that do not have AIMS.

The research methods will include observation, interviews, surveys, analyses of hospital and ambulance data and costing exercises.

What are the objectives of EDARA?

- To understand the impact of AIMS on the work practices and professional identities of frontline staff in managing the intoxicated and other related work activities
- To identify the factors that contribute to the development and implementation of AIMS, the key ingredients required for successful implementation, and the barriers to implementation
- To evaluate the extent to which treatment in AIMS is acceptable to users
- To investigate whether managing intoxicated patients in an AIMS improves the experience of regular ED patients
- To determine the effect of an AIMS on key performance indicators across health and ambulance services
- To identify the costs of setting up and running AIMS and what cost savings may be realised elsewhere

Who is doing the research?

Cardiff University and the University of Sheffield are collaborating on this project. Cardiff University's Research and Innovation Services is the study sponsor.

Project management

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An Evaluation of Alcohol Intoxication Management Services (AIMS): Implications for Service Delivery, Patient Benefit and Harm Reduction

Summary

AIMS are designed to receive, treat and monitor intoxicated patients who would normally attend Emergency Departments (ED) and to lessen the burden that alcohol-misuse, an avoidable healthcare cost, places on the ambulance service. This study is needed to understand whether these services are cost effective, how AIMS may improve patient experience (recruited from both AIMS and A&E) and what ambulance personnel think about them.

Ambulance service data

We will be asking participating ambulance services for their support in accessing anonymised routine data which will helps us explore the impact of these services between cities which have an AIMS and control sites which don't. Data will not be used to make judgements about ambulance service performance.

What's happening now

Our project is funded by the National Institute for Health Research -Health Services and Delivery Research Programme (HS&DR: 14/04/25). We are currently in the process of seeking the necessary ethics and governance approvals to undertake this work.

How can I get involved?

We are keen to nurture a learning community in which findings can be fed to the project team and your views can shape our work as we go forward. Throughout the study we will produce a regular newsletter that describes what services have been implemented and key learnings from our evaluation. We would be keen to disseminate this to key staff in your service. If you would like to be added to the mailing list for this newsletter please email Clare Olson OlsonC@cardiff.ac.uk

Further information

If you would like any further information about the study please visit our website http://www.cardiff.ac.uk/violence-research-group/research-projects/an-evaluation-of-alcohol-treatment-centres or contact us (detail s overleaf)

Background

Night time environments characterised by a high density of pubs, nightclubs and other venues that supply alcohol have become synonymous with alcohol-related harm. Typically those suffering from the immediate effects of alcohol are transferred into unscheduled care, and often by ambulance.

The role of the ambulance service in the project

Staff participation

As one of our participating sites your ambulance service may be involved in a number of elements of the study. Through observations and interviews in our case study sites we hope to develop an in-depth understanding of the working lives and professional identities of frontline staff managing the intoxicated and other related work activities.

Patient participation

In sites where AIMS are implemented we wish to interview and use surveys to explore what users thought about the treatment they received..

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Purpose

This project aims to estimate the effectiveness, cost-effectiveness, efficiency and acceptability of AIMS managing alcohol-related attendances. The proposed evaluation method, organised into three work streams (WS), is that of a natural experiment, comparing areas in which AIMS have been implemented to control cities.

Your role

We would like to invite you to take part in the study as one of our **control case study sites** as an AIMS has not been implemented in your local area. As a control case study site, you would:

1. Allow researchers to observe and interview staff; and
2. Request your emergency department's administrators to identify and mail questionnaires to ED users over a given period.

Routine data (no site involvement required)

We will make use of a natural experiment comparing areas in which AIMS are established to those without AIMS provision to estimate the effect of AIMS availability upon use of emergency care and key performance indicators for emergency care providers. We will be requesting HES A&E data to measure ED attendances at hospitals in the intervention or control areas during times of AIMS activity. The primary analysis will compare total ED attendances. We will use HES data for admitted patient care to measure hospital admissions during hours of AIMS activity that are potentially related to alcohol intoxication.

Support and benefits of participation

As a NIHR portfolio study, elements of the project would be supported by the Clinical Research Network (CRN)

- Time spent identifying potential participants from attendance records is an NHS support cost, and therefore would be supported by the CRN.
- Patients 'recruited' would count towards trust recruitment targets.
- All mailing and associated materials and costs will be covered by the research grant.
- We will provide a written report of our study findings which will support service quality improvement initiatives.

We need you help collecting the data

1. Staff observation and interview (WS1 i)

Researchers from Cardiff University would be present at your service shadowing staff for up to 6 hours in order to develop an in-depth understanding of their working lives and the everyday organisation of your services. All individuals who are shadowed and/or interviewed will be provided with information sheets and asked to provide full informed consent. The number of participants is unlikely to exceed **30** but the sample size is only a rough idea, and the number of participants will reflect the practicalities of the fieldwork.

2. Emergency Department users' views (WS1 iv)

We will ask your medical administrators to identify up to **360** patients who registered between the hours of 8pm and 4am on Fridays and Saturdays over a given sampling month . We will ask you to follow similar sampling and mailing procedures to that used in the CQC Picker survey of ED users. We will provide all necessary study materials for the ED to send postal questionnaires and a single reminder letter to all relevant users. We will ensure our sampling month does not overlap with any other national surveys of ED users. No patient identifiable data will be shared with the researchers. Participants will be provided with a FREEPOST envelope to return their anonymised the questionnaire to the University of Sheffield.

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Purpose

This project aims to estimate the effectiveness, cost-effectiveness, efficiency and acceptability of AIMS in managing alcohol-related attendances. The proposed evaluation method, organised into three work streams (WS), is that of a natural experiment, comparing areas in which AIMS have been implemented to control cities.

Your role

We would like to invite you to take part in the study as one of our **control sites** as an AIMS has not been implemented in your local area. As a **control site**, researchers from the University of Sheffield would work with your emergency department administrators to identify and mail a questionnaire to up to 360 patients who have attended your ED on a Friday or Saturday night over a given sample period.

Routine data (no site involvement required)

We will make use of a natural experiment comparing areas in which AIMS are established to those without AIMS provision to estimate the effect of AIMS availability upon use of emergency care and key performance indicators for emergency care providers. We will be requesting HES A&E data to measure ED attendances at hospitals in the intervention or control areas during times of AIMS activity. The primary analysis will compare total ED attendances. We will use HES data for admitted patient care to measure hospital admissions during hours of AIMS activity that are potentially related to alcohol intoxication.

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We need you help collecting the data

In each ED we will ask your medical administrators to identify users who registered between the hours of 8pm and 4am on Fridays and Saturdays to mirror opening times of AIMS .

We will ask medical administrators to follow similar sampling and mailing procedures to that used in the CQC Picker survey of ED users. We will provide all necessary study materials for the ED to send postal questionnaires and a single reminder letter to all relevant users within a specified sampling month.

We will ensure our sampling month does not overlap with any other national surveys of ED users. If EDs undertake local on-going surveys we will request that these are stopped during our sampling month to ensure that service users are only asked to complete a single questionnaire. The questionnaire will be very short, focusing on perceptions of the environment, including the Picker question 'did you feel threatened by other patients or visitors'. We will include one open-ended question on areas for improvement and search for numbers of alcohol-related comments as the outcome of interest.

Participants will be identified by unique study number only. No patient identifiable data will be shared with the researchers. Participants will be provided with a FREEPOST envelope to return the questionnaire to the University of Sheffield.

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Survey tools and processes have been re-produced from the Care Quality Commission: NHS patient experience survey programme. Modifications have been made to accommodate the needs of the EDARA project (NIHR HS&DR 14/04/25). The Care Quality Commission has ownership and copyright of original survey tools, which were developed in collaboration with the Picker Institute Europe and NRC. For further information see http://www.cqc.org.uk/content/surveys

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An Evaluation of Alcohol Intoxication Management Services (AIMS): Implications for Service Delivery, Patient Benefit and Harm Reduction

Purpose

This project aims to estimate the effectiveness, cost-effectiveness, efficiency and acceptability of AIMS in managing alcohol-related attendances. The proposed evaluation method, organised into three work streams (WS), is that of a natural experiment, comparing areas in which AIMS have been implemented to control cities.

Your role

We would like to invite you to take part in the study as one of our **AIMS intervention case study sites**. As an intervention site, you would:

1. Allow researchers to observe and interview staff;
2. Assist researchers to recruit AIMS service users for an interview;
3. Hand out AIMS exit questionnaires to service users;
4. Request your emergency department's administrators to identify and mail questionnaires to ED users over a given period; and
5. Collect certain anonymised data for AIMS attendances.

5. AIMS data (WS2 &3)

We will need your help to collect the following anonymised data for all AIMS attendances over a given period: age, gender, hour and day of arrival, arrival by ambulance, reason for attendance, length of stay on the AIMS, investigations, diagnosis, treatments and disposal.

Additional data (no trust involvement required)
In addition we will be collecting data from routine administrative sources e.g. Anonymised Hospital Episodes Statistics (HES) and HES A&E, ambulance service data and from local police forces. **We will not require your assistance in this element of the study.**

Support and benefits of participation

As a NIHR portfolio study, elements of the project would be supported by the Clinical Research Network (CRN)

- Time spent identifying potential participants from attendance records is an NHS support cost, and should be met from the Activity Based Funding received from the University Health Board.
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2. Recruit AIMS service users for interview (WS1 iii)

Researchers from the University of Sheffield will come to your service on one or two occasions to recruit up to **4** service users for a telephone interview at a later date. Interviews are designed to explore what users thought about the treatment they received. We would need your help to determine when a service user is sober enough to be approached by us, and to enquire the patients whether or not they are happy to be approached by the research team about the study. We would then offer some information on the study (usually at the point of discharging a patient) and ask them to sign a consent form and provide contact details.

3. Exit questionnaires to AIMS service users (WS1 iii)

We will provide you with up to **50** exit questionnaires, pre-paid envelopes and a drop-box. We would need your help in giving these to AIMS users over a given month as they are being discharged.

4. Emergency Department users' views (WS1 iv)

We will ask your medical administrators to follow similar sampling and mailing procedures to that used in the CQC Picker survey to identify and mail up to **360** patients who have attended your ED on a Friday or Saturday night over a given sample month. The questionnaire will be very short, focusing on perceptions of the environment. No patient identifiable data will be shared with researchers. Participants will be provided with a FREEPOST envelope to return the questionnaire to the University of Sheffield.

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Additional data (no trust involvement required)
In addition we will be collecting data from routine administrative sources e.g. Anonymised Hospital Episodes Statistics (HES) and HES A&E, ambulance service data and from local police forces. **We will not require your assistance in this element of the study.**

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- In the fianl stages of the study we will provide you the a written report of our findings which will support your service quality improvement initiatives.

We need your help collecting the data

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An Evaluation of Alcohol Intoxication Management Services (AIMS)

What are AIMS?

AIMS are designed to receive, treat and monitor vulnerable intoxicated individuals. AIMS are usually located close to areas where there is a high density of pubs and nightclubs and open at times when levels of intoxication peak, e.g. Friday and Saturday nights.

Why have AIMS been developed?

AIMS provide a safe place in the night time environment for those who have become vulnerable through their use of alcohol. Usually located in city centres, they enable police officers to hand over the vulnerable quickly. AIMS also offer the potential to ease some of the pressures on A&Es and ambulance services at times when they are experiencing a sustained increase in demand.

What is EDARA?

EDARA is a research project that will estimate the effectiveness, cost-effectiveness, efficiency and acceptability of AIMS in diverting and managing alcohol-related attendances at the A&Es and in reducing violent crime.

It will compare six areas in which AIMS have been implemented to six control cities that do not have AIMS. The research methods will include observation, interviews, surveys, analyses of hospital, ambulance and police data and costing exercises.

What is the role of the police in the project?

As one of our participating sites your police service may be involved in a number of elements of the study.

- Through observations and interviews in our case study sites, we hope to develop an in-depth understanding of the working lives and professional identities of police officers managing the intoxicated and other related work activities.
- In sites where AIMS are implemented and run by the police, we wish to interview and use surveys to explore what users thought about the treatment they received.
- We will be asking participating police services for their support in accessing anonymised police data which will helps us explore the impact of these services between cities which have AIMS and control sites which don't. Data will not be used to make judgements about police service performance.

Who is doing the research?

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An Evaluation of Alcohol Intoxication Management Services(AIMS): Implications for Service Delivery, Patient Benefit and Harm Reduction

Purpose

This project aims to estimate the effectiveness, cost-effectiveness, efficiency and acceptability of centers managing alcohol-related attendances. The proposed evaluation method, organised into three work streams (WS), is that of a natural experiment, comparing areas in which centers have been implemented or are planned to control cities.

Your role

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2. Assist researchers to recruit AIMS service users for an interview;
3. Hand out AIMS exit questionnaires to service users;
4. Request your emergency department's administrators to identify and mail questionnaires to ED users over a given period; and
5. Collect certain anonymised data for AIMS attendances.

5. AIMS data (WS2 &3)

We will need your help to collect the following anonymised data for all AIMS attendances over a given period: age, gender, hour and day of arrival, arrival by ambulance, reason for attendance, length of stay on the AIMS, investigations, diagnosis, treatments and disposal.

Additional data (no trust involvement required)
In addition we will be collecting data from routine administrative sources e.g. Anonymised Hospital Episodes Statistics (HES) and HES A&E, ambulance service data and from local police forces. **We will not require your assistance in this element of the study.**

Support and benefits of participation

As a NIHR portfolio study, elements of the project would be supported by the Clinical Research Network (CRN)

- Time spent identifying potential participants from attendance records is an NHS support cost, and should be met from the Activity Based Funding received from the University Health Board.
- Patients 'recruited' would count towards trust recruitment targets.
- All mailing and associated materials and costs will be covered by the research grant.
- We will provide a written report of our study findings which will support service quality improvement initiatives.

We need your help collecting the data

1. Staff observation and interview (WS1 i)

Researchers from Cardiff University would be present at your service shadowing staff for up to 6 hours in order to develop an in-depth understanding of their working lives and the everyday organisation of services. All individuals who are shadowed and/or interviewed will be provided with information sheets and asked to provide full informed consent. The number of participants is unlikely to exceed **30** but the sample size is only a rough idea, and the number of participants will reflect the practicalities of the fieldwork.

2. Recruit AIMS service users for interview (WS1 iii)

Researchers from the University of Sheffield will come to your service on one or two occasions to recruit up to **4** service users for a telephone interview at a later date. Interviews are designed to explore what users thought about the treatment they received. We would need your help to determine when a service user is sober enough to be approached by us, and to enquire the patients whether or not they are happy to be approached by the research team about the study. We would then offer some information on the study (usually at the point of discharging a patient) and ask them to sign a consent form and provide contact details.

3. Exit questionnaires to AIMS service users (WS1 iii)

We will provide you with up to **50** exit questionnaires, pre-paid envelopes and a drop-box. We would need your help in giving these to AIMS users over a given month as they are being discharged.

4. Emergency Department users' views (WS1 iv)

We will ask your medical administrators to follow similar sampling and mailing procedures to that used in the CQC Picker survey to identify and mail up to **360** patients who have attended your ED on a Friday or Saturday night over a given sample month. The questionnaire will be very short, focusing on perceptions of the environment. No patient identifiable data will be shared with researchers. Participants will be provided with a FREEPOST envelope to return the questionnaire to the University of Sheffield.

Project management

Cardiff University and the University of Sheffield are collaborating on this project. Cardiff University's Research and Innovation Service is the study sponsor.

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NHS
National Institute for Health Research

EDARA

Evaluating the Diversion of Alcohol-Related Attendances

An Evaluation of Alcohol Intoxication Management Services (AIMS): Implications for Service Delivery, Patient Benefit and Harm Reduction

Purpose

This project aims to estimate the effectiveness, cost-effectiveness, efficiency and acceptability of AIMS in managing alcohol-related attendances. The proposed evaluation method, organised into three work streams (WS), is that of a natural experiment, comparing areas in which AIMS have been implemented to control cities.

Your role

We would like to invite you to take part in the study as one of our **AIMS intervention study sites**. As an intervention site, you would:

1. Assist researchers to recruit AIMS service users for an interview;
2. Hand out AIMS exit questionnaires to service users;
3. Request your emergency department's administrators to identify and mail questionnaires to ED users over a given period; and
4. Collect certain anonymised data for AIMS attendances.

4. AIMS data (WS2 &3)

We will need your help to collect the following anonymised data for all AIMS attendances over a given period: age, gender, hour and day of arrival, arrival by ambulance, reason for attendance, length of stay on the AIMS, investigations, diagnosis, treatments and disposal.

Additional data (no trust involvement required)
In addition we will be collecting data from routine administrative sources e.g. Anonymised Hospital Episodes Statistics (HES) and HES A&E, ambulance service data and from local police forces. **We will not require your assistance in this element of the study.**

Support and benefits of participation

As a NIHR portfolio study, elements of the project would be supported by the Clinical Research Network (CRN)

- Time spent identifying potential participants from attendance records is an NHS support cost, and should be met from Activity Based Funding received by the University Health Board
- Patients 'recruited' would count towards trust recruitment targets.
- All mailing and associated materials and costs will be covered by the research grant.
- In the final stages of the study we will provide you the a written report of our findings which will support your service quality improvement initiatives.

We need your help collecting the data

1. Recruit AIMS service users for interview (WS1 iii)

Researchers from the University of Sheffield will come to your service on one or two occasions to recruit up to **4** service users for a telephone interview at a later date. Interviews are designed to explore what users thought about the treatment they received. We would require you to ask the patient whether or not they are happy to be approached by the research team about the study. We would then offer some information on the study (usually at the point of discharging a patient) and ask them to sign a consent form and provide contact details.

2. Exit questionnaires to AIMS service users (WS1 iii)

We will provide you with up to **50** exit questionnaires, pre-paid envelopes and a drop-box. We need your help in giving these to AIMS users over a given month as they are being discharged.

3. Emergency Department users' views (WS1 iv)

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