



# PROACT

Competencies Framework  
PROgram for Alcohol Care Teams

**Alcohol Specialist Nurse**

**COMPETENCIES AND DEVELOPMENT PLAN**

AfC BAND 6 and 7

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We would like to thank the Alcohol Care Teams across Cheshire and Merseyside who have provided us with feedback and support to complete this work.

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## FOREWORD

In Cheshire and Merseyside, 26.5% of the adult population consume alcohol at levels above the UK Chief Medical Officer's lower-risk guidelines, increasing their risk of alcohol-related ill health as well as social harms. Alcohol misuse contributes to 200 health conditions leading to hospital admission, due either to acute alcohol intoxication or to the toxic effect of alcohol misuse over time. Conditions include cancers, cardiovascular conditions, poor mental health and increasing rates of liver disease (PHE, 2019). Both Cheshire and Merseyside (C&M) have hospital alcohol admissions for children and adults that are significantly above the England average.

Alcohol misuse across Cheshire and Merseyside costs £994 million each year (£412 per head of population):

- £218 million are direct costs to the NHS (hospital admissions due to alcohol, A&E attendances, ambulance journeys, and GP and outpatient appointments)
- £81 million in social services cost (children's and adult's social service provision)
- £276 million are related to crime and licensing (alcohol-specific and alcohol-related crimes, and licensing)

This was the situation pre-COVID-19, with alcohol-related admissions in the sub-region being higher than the national average in seven out of the nine C&M local authorities. Importantly, evidence from sources such as Alcohol Change UK and the Institute for Alcohol Studies indicate that alcohol harms have been exacerbated during the pandemic and we may be about to experience increased pressures on all our services.

As such the reduction in harm from alcohol has been designated as a population health system priority in Cheshire and Merseyside, and this work is very much welcomed by leaders and colleagues at all levels across the sub-region.

The NHS Long Term Plan identified Alcohol Care Teams (ACTs) as an important component in reducing alcohol-related harms. However, there exists wide variability across Cheshire and Merseyside in the composition and provision of ACTs. It has long been established that a suitably qualified workforce is required to deliver the eight core components of effective ACTs. The clinical competencies identified and described within this framework present an opportunity to support and enhance the nursing contribution by improving and standardising care delivery to patients with alcohol use disorders (AUD).

### Joint Chairs of the Cheshire and Merseyside 'Reduction of Harm from Alcohol' Programme



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## PREFACE

A NICE evidence-based case study (NICE, 2011) showed that Alcohol Care Teams (ACTs) providing specialist interventions to alcohol-dependent inpatients reduces avoidable bed days and re-admissions. This is important in the context of the burden of alcohol on general hospitals in the UK. A recent systematic review estimated prevalence for 'harmful drinking' of 19.8% and 10.3% for alcohol dependence in this setting (Roberts et al., 2019).

Within the NHS Long Term Plan (NHS England, 2019), the UK government has prioritised the development of ACTs within general hospitals in England. The stated aim is to utilise the skills within ACTs to improve care and reduce alcohol-related harms. The ACT core service descriptor identifies eight core clinical components essential to the effectiveness of ACTs (NHS England, 2019).19)

An ACT should be able to provide packages of care that include:

1. Case identification/alcohol identification and brief advice (IBA)
2. Comprehensive alcohol assessment
3. Specialist nursing and medical care planning
4. Management of medically assisted alcohol withdrawal (MAW)
5. Provision of psychosocial interventions
6. Planning safe discharge, including referral to community services
7. Clinical leadership by a senior clinician with dedicated time for the team
8. Provision of trust-wide education and training in relation to alcohol.

To date there is no standardised approach to skills development within ACTs and we at Cheshire and Merseyside aim to provide a structure to achieve consistency and prevent variation across our network.



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## AIM

The aim of this framework is to define and describe the knowledge and skills which ACTs need in order to deliver quality services. It will support you in identifying your learning needs and plan your development within the eight core clinical components (NHS England, 2019). Matching learning to domains within the Knowledge and Skills Framework (KSF) you can identify the knowledge, skills, learning and development that you need to do your job well. This approach can also support a fair and consistent approach to Personal Development Planning and Review (PDP&R). This pack will need to be completed with the support of your mentor and clinical lead.

## COMPETENCIES



The changing nature and dimensions of health care necessitates the nurse to examine their skills and knowledge in order to determine their competence to practice. Competence is the central tenet of nursing practice as indicated in the Nursing and Midwifery Council Code of Conduct (2018). This states that nurses must maintain their professional knowledge and competence (NMC, 2018). Specifically they have “a responsibility to deliver care based on current evidence, best practice and, where applicable, validated research as available”. It is not a passive or one off event; instead competence must be defined as a continuous process of revaluation of skills and knowledge to improve practice. It is the continual re-examination of practice that will enable the practitioner to demonstrate the provision of quality care and effective clinical decision making.

However, within nursing, competency has routinely been measured within the sphere of ability to undertake a task. Adoption of such an approach has the potential to

undermine the contribution of nursing to health care delivery given that it fails to enable the exploration of either the nurse/patient relationship or how the activity undertaken by the nurse impacts upon the health outcomes of the population. The development of a competency framework that defines competency within a broader perspective will enable nurses to determine their contribution to health care delivery.

The competencies have been developed utilising the NHS Knowledge and Skills Framework (KSF), and Skills for Health competencies (SFH). The identified KSF dimension serves as a guide; many of the competencies have several references to KSF and other competency frameworks. Similarly there are dimensions not explicitly covered in this framework. This is a generic, dynamic document which is designed to evolve in response to your personal development needs.

## BEHAVIOUR AND OBSERVATION



There are a variety of ways to gather information and evidence to support the competencies as outlined within this document.

Each individual nurse will develop an action plan that is specific to their own learning needs and style, with support of learning aids.

Some examples of learning aids which can be useful within this process are outlined below:

- Reflective diaries
- Attending clinical ward rounds
- CAIN model for assessment of health needs
- Critical incident analysis
- Profiling of populations
- Caseload/individual case analysis
- Shadowing of other disciplines
- Clinical supervision/group supervision
- Peer review
- Mandatory training
- Critiquing research articles and dissemination of findings.

This list is not exhaustive and you should take every opportunity to develop innovative alternatives.



## ASSESSMENT OF COMPETENCE



Each individual will be expected to demonstrate their ability through a process of assessment. Alongside the expected competence descriptor are proposed methods to support you. The assessor will utilise these as a minimum but may choose to use additional methods. Some skills can be measured using the objective structured clinical examination (OSCE) style tick lists. Each element within the competence descriptor will be assessed both as a distinct skill and as part of the overall objective. The result will be described as **satisfactory or not satisfactory**. The assessor will determine the overall competence of the nurse to perform at the stated level by pooling assessment of the individual descriptors. It is therefore possible (but rare) to fail an individual descriptor but be deemed overall competent.

Assessment is not in itself an endpoint. It should be part of a continuous process supporting your development needs. Different assessors may be used for different dimensions, e.g. a senior medical consultant may be asked to assess your diagnostic skills whilst a pharmacist may be asked to assess your medicines management skills. You should remain fully engaged in this process and provide your lead clinical assessor with suggestions.



This is a process designed to support your needs and ensure that patients are receiving safe, effective and optimal care.

The learning needs pro forma can be completed following assessment. It will require a separate pro forma for each learning need. It is your responsibility to provide accurate information on previous knowledge and to negotiate appropriate achievable time scales.

# NURSE DEVELOPMENT PLAN



## IDENTIFYING LEARNING NEED

<b>Name of Nurse</b>	
<b>Lead Clinical Supervisor</b>	
<b>Date</b>	

<b>Learning Need</b>	<b>Current Knowledge Base</b>	<b>Learning Need</b>	<b>Anticipated Completion Date</b>

A separate page is required for each identified learning need



# COMPETENCY 1



## THE NURSE/PATIENT RELATIONSHIP - COMMUNICATING WITH FAMILIES AND MULTIDISCIPLINARY TEAMS (MDT).

	NHS KSF DIMESION: Communication L3/L4	Self Assessment	Supervisor Assessment
1	Demonstrates an ability to establish a therapeutic relationship with the patient, carers and families.		
2	Demonstrates an ability to work in partnership with the patient, establishing any barriers to treatment and empowering them to take personal responsibility for their health.		
3	Demonstrates empathy and understanding throughout the consultation.		
4	Ability to undertake complex autonomous consultations with patients.		
5	Ability to effectively time manage the consultation, including establishing the presenting complaint and the role alcohol has played in it, history taking, developing a plan of care and closing the consultation.		



	<b>NHS KSF DIMESION: Communication L3/L4</b>	<b>Self Assessment</b>	<b>Supervisor Assessment</b>
<b>6</b>	Manage challenging and sometimes difficult consultations displaying a high level of emotional intelligence.		
<b>7</b>	Maintains confidentiality, records data, care plans and results in a professional manner that preserves the patients privacy and dignity.		
<b>8</b>	Considers the patients needs when bringing closure to the nurse-patient relationship, providing a safe and confident transition to another care provider or discharge.		
<b>9</b>	Communicates effectively across organisational boundaries to enhance patient care and promote inclusion.		
<b>10</b>	Be an active participant in multi-disciplinary meetings, providing leadership and expert opinion on management of chronic alcohol misusers and patients with complex issues.		



# COMPETENCY 2



## EQUALITY AND DIVERSITY

NHS KSF DIMENSIONS: QUALITY L3/L4 EQUALITY & DIVERSITY L3/L4	Self Assessment	Supervisor Assessment
1	Demonstrates an ability to establish a therapeutic relationship with the patient, carers and families.	
2	Support patients to express their need to deviate from normal clinical operational procedures due to ethnic, religious or other requirements.	
3	Ability to acknowledge own personal biases and actively seeks to address them whilst ensuring the delivery of quality care.	
4	Aware of policy and patient appropriate resources to deliver care to patients from diverse backgrounds.	

NHS KSF DIMESION: Communication L3/L4	Self Assessment	Supervisor Assessment
5	Incorporates cultural preferences, health beliefs and behaviours into care plan as appropriate.	
6	Provide appropriate educational materials that address the language and cultural beliefs of the patients.	
7	Support patients from marginalised groups to access quality care and mutual aid/3rd sector organisations.	
8	Awareness of 3rd sector organisations/charitable organisations that can provide ongoing mutual aid and support in local area.	

# COMPETENCY 3



## ALCOHOL SCREENING AND DETECTION OF ALCOHOL USE DISORDERS (NICE PH 24)

NHS KSF DIMENSION: QUALITY L3/L4 HEALTH AND WELLBEING6 L3/L4	Self Assessment	Supervisor Assessment
<p><b>1</b></p>	<p>Develop a robust teaching programme within the organisation to raise awareness and develop skills within the wider workforce</p> <ul style="list-style-type: none"> <li>• the importance of screening for alcohol misuse</li> <li>• how to use AUDIT C or other validated screening tools.</li> <li>• how to make onwards referral for alcohol support</li> <li>• how to give brief advice</li> <li>• how to access appropriate pathways of care for the patient with an AUD</li> </ul>	
<p><b>2</b></p>	<p>Develop champion roles for alcohol screening in each ward/ department.</p>	
<p><b>3</b></p>	<p>Be pro-active in screening for alcohol use disorders using validated tool such as AUDIT C.</p>	
<p><b>4</b></p>	<p>Plan, develop and implement programmes that promote health &amp; wellbeing and address individual patient needs.</p>	

## COMPETENCY 4



### ASSESSMENT AND MANAGEMENT OF THE ALCOHOL DEPENDENT PATIENT AND ALCOHOL WITHDRAWAL SYNDROME (NICE CG 100 AND CG115)

NHS KSF Dimension: HEALTH AND WELLBEING6 L3/L4 HEALTH SAFETY AND SECURITY L3/L4	Self Assessment	Supervisor Assessment
1	Assess alcohol use including quantity/frequency of use, pattern of use.	
2	Use AUDIT screening tool. Accurately interpret score to assist with appropriate care planning.	
3	Assess for alcohol dependence symptoms utilising SADQ or other validated tool. Accurately interpret score to assist with appropriate care planning.	
4	<p>Assess for and describe alcohol-related physical withdrawal symptoms including:</p> <ul style="list-style-type: none"> <li>• hypertension</li> <li>• hypotension</li> <li>• autonomic hyperactivity (e.g. sweating or pulse rate greater than 100 beats per minute)</li> <li>• tremor</li> <li>• insomnia</li> <li>• nausea or vomiting</li> <li>• transient visual, tactile or auditory hallucinations or illusions</li> <li>• psychomotor agitation</li> <li>• anxiety</li> <li>• seizures</li> </ul>	

NHS KSF Dimension: <b>HEALTH AND WELLBEING6</b> L3/L4 HEALTH SAFETY AND SECURITY L3/L4	Self Assessment	Supervisor Assessment
<p><b>5</b></p> <p>Be able to differentiate likely time period to onset of symptoms:</p> <ul style="list-style-type: none"> <li>• minor withdrawal symptoms: 6-12 hours from cessation: insomnia, tremulousness, mild anxiety, gastrointestinal upset, headache, diaphoresis, palpitations, anorexia</li> <li>• withdrawal symptoms: 12-24 hours from cessation: visual, auditory or tactile hallucinations.</li> <li>• withdrawal symptoms: 24-48 hours from cessation: generalised tonic-clonic seizures. Withdrawal symptoms: 48-72 hours from cessation (delirium tremens): hallucinations (predominantly visual), disorientation, tachycardia, hypertension, low-grade fever, agitation, diaphoresis</li> </ul>		
<p><b>6</b></p> <p>Assess, describe and record physical problems including:</p> <ul style="list-style-type: none"> <li>• Previous complications of alcohol withdrawal syndrome.</li> <li>• Pregnancy</li> <li>• Liver disease</li> <li>• Alcohol related brain injury</li> <li>• Enduring or severe mental illnesses</li> </ul>		

NHS KSF Dimension: HEALTH AND WELLBEING6 L3/L4 HEALTH SAFETY AND SECURITY L3/L4	Self Assessment	Supervisor Assessment
<p><b>7</b></p>	<p>Obtain base line observations:</p> <ul style="list-style-type: none"> <li>• blood pressure</li> <li>• heart rate and rhythm</li> <li>• height and weight</li> <li>• body mass index (BMI)</li> <li>• skin colour and condition</li> <li>• temperature</li> <li>• respiratory rate</li> <li>• make sound clinical judgement on the interpretation of observations and signs</li> <li>• take appropriate and timely action</li> </ul>	
<p><b>8</b></p>	<p>Recommend appropriate diagnostic and therapeutic interventions with attention to safety, cost, invasiveness, adherence and efficacy.</p>	
<p><b>9</b></p>	<p>Record medications. Record adherence and concordance.</p>	
<p><b>10</b></p>	<p>Assess, describe and records psychological problems including:</p> <ul style="list-style-type: none"> <li>• self-harm</li> <li>• history of abuse/trauma</li> <li>• depression</li> <li>• paranoia</li> <li>• severe psychiatric co-morbidity</li> <li>• contact with mental health services</li> </ul>	

NHS KSF Dimension: HEALTH AND WELLBEING6 L3/L4 HEALTH SAFETY AND SECURITY L3/L4	Self Assessment	Supervisor Assessment
11	<p>Assess, describe and record social problems:</p> <ul style="list-style-type: none"> <li>• including child care issues</li> <li>• partners</li> <li>• domestic violence</li> <li>• family</li> <li>• housing</li> <li>• employment</li> <li>• benefits</li> <li>• financial problems</li> </ul>	
12	<p>Describe and records relevant legal problems:</p> <ul style="list-style-type: none"> <li>• including arrests</li> <li>• fines</li> <li>• outstanding charges/warrants</li> <li>• probation</li> <li>• imprisonment</li> <li>• violent offences</li> <li>• criminal activity</li> </ul>	
13	<p>Reach a clinical diagnosis and document supporting rationale.</p>	
14	<p>Provide a clear and concise treatment plan based on evidenced based guidelines, indicating your recommendations to the medical and nursing staff caring for the patient in a hospital setting. In out-patient setting negotiate a treatment plan with the patient and carers assessing their understanding of the plan.</p>	



# COMPETENCY 5



## BRIEF INTERVENTIONS (NICE PH24)

	NHS KSF Dimensions: HEALTH AND WELLBEING 1	Self Assessment	Supervisor Assessment
1	Identify patients who would benefit from brief interventions using the AUDIT screening tool.		
2	Create an environment suitable for frank and confidential discussion ensuring an accepting, non-judgemental communication style is adopted.		
3	Initiate discussions about risky drinking using language that facilitates the patient to take responsibility and personal control for their behaviour in supportive surroundings. Make links with risks identified in the AUDIT tool and the patient's drinking pattern.		
4	Use motivational interviewing techniques to illicit information on how the patient feels about their drinking and address ambivalence to changing their behaviour.		
5	Use readiness ruler to identify barriers and protective factors to change.		



	<b>NHS KSF Dimensions: HEALTH AND WELLBEING 1</b>	<b>Self Assessment</b>	<b>Supervisor Assessment</b>
<b>6</b>	Use communication skills that promotes a shared interest in them addressing their alcohol misuse, promoting self-efficacy.		
<b>7</b>	Support patients to develop strategies for high risk situations and a reliable support network to encourage their behaviour change.		
<b>8</b>	Encourage realistic goal setting and rewards when they reach their goals.		
<b>9</b>	Give advice about how to achieve a less harmful level of drinking.		
<b>10</b>	Use language that encourages the patient's confidence to address their alcohol misuse.		
<b>11</b>	Validate that the patient may not be ready to change ensuring they are aware of how to engage with services once they are.		

	NHS KSF Dimensions: HEALTH AND WELLBEING 1	Self Assessment	Supervisor Assessment
12	Arrange for follow-on appointment if identified as requiring extended brief interventions.		
13	Identify individuals with established alcohol dependence or serious alcohol related problems who may need medical or pharmacological interventions.		
14	Keep an accurate record of your intervention and the information and advice you have given.		
15	<p>Proactively identify and recommend the use of digital IBA to patients where appropriate. In Cheshire &amp; Merseyside the commissioned service is the 'Lower My Drinking' triage website and app.</p> <p>To find the app online, either search for 'Lower My Drinking' or use these links:</p> <p>On App Store: <a href="https://itunes.apple.com/gb/app/lower-my-drinking/id1289594577">https://itunes.apple.com/gb/app/lower-my-drinking/id1289594577</a></p> <p>On Google Play: <a href="https://play.google.com/store/apps/details?id=com.LYD">https://play.google.com/store/apps/details?id=com.LYD</a></p>		

# COMPETENCY 6



## NON-MEDICAL PRESCRIBING

To be used for Non-medical Prescribers who have achieved the standard set by the NMC. Adapted from the Royal Pharmaceutical Society Prescribing Competency Framework

### 6.1. DIAGNOSIS

6.1. DIAGNOSIS		Self Assessment	Supervisor Assessment
1	Undertakes an appropriate clinical assessment.		
2	Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date.		
3	Requests and interprets relevant investigations necessary to inform treatment options.		
4	Considers the differential diagnosis.		
5	Understands the conditions being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment.		
6	Reviews adherence to and effectiveness of current medicines.		
7	Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when necessary.		

## 6.2. CONSIDER THE OPTIONS

		Self Assessment	Supervisor Assessment
1	Considers both non-pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health. For example advised harm reduction methods using alcohol and keeping dairy.		
2	Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing).		
3	Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment.		
4	Applies understanding of the mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment, pregnancy). <i>For example consider oxazepam or lorazepam for alcohol withdrawal management in patients with Alcohol Related Liver Disease and patients over 65 due to shorter half-life thereby reducing sedative effect.</i>		
5	Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options.		



		Self Assessment	Supervisor Assessment
6	Takes into account any relevant patient factors (e.g. ability to swallow, religion) and the potential impact on route of administration and formulation of medicines.		
7	Identifies, accesses, and uses reliable and validated sources of information and critically evaluates other information.		
8	Stays up-to-date in own area of practice and applies the principles of evidence-based practice, including clinical and cost-effectiveness.		
9	Takes into account the wider perspective including the public health issues related to medicines and their use and promoting health.		
10	Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures.		

## 6.3. REACH A SHARED DECISION

		Self Assessment	Supervisor Assessment
1	Works with the patient/carer in partnership to make informed choices, agreeing a plan that respects patient preferences including their right to refuse or limit treatment. Use patient information leaflets and patient agreement forms.		
2	Identifies and respects the patient in relation to diversity, values, beliefs and expectations about their health and treatment with medicines.		
3	Explains the rationale behind and the potential risks and benefits of management options in a way the patient/carer understands.		
4	Routinely assesses adherence in a non-judgemental way and understands the different reasons non-adherence can occur (intentional or non-intentional) and how best to support patients/carers.		
5	Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.		
6	Explores the patient/carers understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.		

## 6.4. PRESCRIBE

		Self Assessment	Supervisor Assessment
1	Prescribes a medicine only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects.		
2	Understands the potential for adverse effects and takes steps to avoid/minimise, recognise and manage them.		
3	Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).		
4	Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product.		
5	Understands and applies relevant national frameworks for medicines use (e.g. NICE, EASL, SMC, AWMSG and medicines management/optimisation) to own prescribing practice.		
6	Accurately completes and routinely checks calculations relevant to prescribing and practical dosing. For example checking patient's weight		
7	Considers the potential for misuse of medicines.		
8	Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, excipients, costs).		



		Self Assessment	Supervisor Assessment
9	<p>Electronically generates or writes legible unambiguous and complete prescriptions which meet legal requirements. All prescriptions should be legible and include:</p> <ul style="list-style-type: none"> <li>• patient name</li> <li>• address</li> <li>• date of birth</li> <li>• drug name in generic formulation</li> <li>• dose</li> <li>• route</li> <li>• frequency</li> <li>• any special requirements (e.g. take with food) Length of time in days</li> <li>• signature</li> <li>• name of prescriber</li> </ul>		
10	<p>Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).</p>		
11	<p>Only prescribes medicines that are unlicensed, 'off-label', or outside standard practice if satisfied that an alternative licensed medicine would not meet the patient's clinical needs. <i>For example baclofen used off-label for the management of cravings.</i></p>		
12	<p>Makes accurate legible and contemporaneous records and clinical notes of prescribing decisions.</p>		
13	<p>Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/information.</p>		

## 6.5. PROVIDE INFORMATION

6.5. PROVIDE INFORMATION		Self Assessment	Supervisor Assessment
1	Check the patient/carer's understanding of and commitment to the patient's management, monitoring and follow-up.		
2	Gives the patient/carer clear, understandable and accessible information about their medicines (e.g. what it is for, how to use it, possible unwanted effects and how to report them, expected duration of treatment).		
3	Guide patients/carers on how to identify reliable sources of information about their medicines and treatments.		
4	Ensures that the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific time frame.		
5	When possible, encourages and supports patients/carers to take responsibility for their medicines and self-manage their conditions.		

## 6.6. MONITOR AND REVIEW

6.6. MONITOR AND REVIEW		Self Assessment	Supervisor Assessment
1	Establishes and maintains a plan for reviewing the patient's treatment.		
2	Ensures that the effectiveness of treatment and potential unwanted effects are monitored.		
3	Detects and reports suspected adverse drug reactions using appropriate reporting systems.		
4	Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.		



## 6.7. PRESCRIBE SAFELY

		Self Assessment	Supervisor Assessment
1	Prescribes within own scope of practice and recognises the limits of own knowledge and skill.		
2	Knows about common types and causes of medication errors and how to prevent, avoid and detect them.		
3	Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.		
4	Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines).		
5	Keeps up-to-date with emerging safety concerns related to prescribing.		
6	Reports prescribing errors, near misses and critical incidents, and reviews practice to prevent recurrence.		

## 6.8. PRESCRIBE PROFESSIONALLY

		Self Assessment	Supervisor Assessment
1	Ensures confidence and competence to prescribe are maintained.		
2	Accepts personal responsibility for prescribing and understands the legal and ethical implications.		
3	Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary prescribing).		
4	Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations.		
5	Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).		
6	Works within the NHS/ organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.		



## 6.9. IMPROVE PRESCRIBING PRACTICE

		Self Assessment	Supervisor Assessment
1	Reflects on own and others prescribing practice, and acts upon feedback and discussion.		
2	Acts upon colleagues' inappropriate or unsafe prescribing practice using appropriate mechanisms.		
3	Understands and uses available tools to improve prescribing (e.g. patient and peer review feedback, prescribing data analysis and audit).		

## 6.10. PRESCRIBE AS PART OF A TEAM

		Self Assessment	Supervisor Assessment
1	Acts as part of a multidisciplinary team to ensure that continuity of care across care settings is developed and not compromised.		
2	Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to prescribing.		
3	Negotiates the appropriate level of support and supervision for role as a prescriber.		
4	Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.		

## COMPETENCY 7



### DETECTION AND MANAGEMENT OF WERNICKE'S ENCEPHALOPATHY AND ALCOHOL RELATED BRAIN INJURY (COGNITIVE IMPAIRMENT)

	NHS KSF Dimension: HEALTH AND WELLBEING 2,3,6 & 7 L3/L4	Self Assessment	Supervisor Assessment
1	Ability to recognise patients at risk of ARBI.		
2	Act as a advocate for the confused patient, ensuring care is optimised to make they feel safe and are treated with dignity.		
3	Demonstrates knowledge into the management of the patient presenting with wernicke's psychoses/ARBI.		
4	Undertakes a detailed and comprehensive physical examination of the patient in accordance with national and local guidance.		
5	Ability to consider the differential diagnosis.		
6	Obtains collateral history from case-notes, families ,carers, friends if necessary.		
7	If patient lacks capacity ensures appropriate legislation in place to allow maximum treatment to be optimised.		



	<b>NHS KSF Dimension: HEALTH AND WELLBEING 2,3,6 &amp; 7 L3/L4</b>	<b>Self Assessment</b>	<b>Supervisor Assessment</b>
<b>8</b>	Provide a individual treatment plan as per pathway.		
<b>9</b>	Awareness of own competency and ability to escalate if necessary.		
<b>10</b>	Liaise with the wider multi-disciplinary team to confirm diagnosis of ARBI.		
<b>11</b>	<p>Have a knowledge and understanding of:</p> <ul style="list-style-type: none"> <li>• Relevant NICE guidelines and standards to inform local practice.</li> <li>• Awareness of patients at risk of wernickes/ARBI.</li> <li>• Early signs and symptoms of wernickes/ ARBI.</li> <li>• Importance of IV/IM pabrinex and ongoing thiamine compliance and nutritional support once discharged.</li> <li>• Awareness of cognitive assessment tools such as MOCA.</li> <li>• Importance of ongoing thiamine prescribing and adherence</li> <li>• Importance of nutritional advice and support.</li> </ul>		
<b>12</b>	Provide continued support to carers and families.		



## COMPETENCY 8



### DETECTION AND MANAGEMENT OF ALCOHOL RELATED LIVER DISEASE

	NHS KSF Dimension: HEALTH AND WELLBEING 5,6,7 & 8	Self Assessment	Supervisor Assessment
1	Undertake a detailed, comprehensive physical assessment in accordance with local and national guidelines.		
2	Utilise appropriate none invasive diagnostic tools (fibroelastography, clinical exam).		
3	Perform fibroelastography and interpret results in the context of drinking and medical history.		
4	Ensure appropriate repeat (follow-up) fibroelastography to establish change over time in response to changes in drinking behaviour.		
5	Based on results of fibroelastography, ensure appropriate referral for hepatological review.		
6	Interpret a range of blood results.		
7	Recognise signs and implement appropriate actions for complications of liver disease.		



NHS KSF Dimension: <b>HEALTH AND WELLBEING</b> 5,6,7 & 8	Self Assessment	Supervisor Assessment
8	Communicate to patients the impact of co-morbidities on their liver disease.	
9	Differentiate between symptoms of hepatic encephalopathy and alcohol withdrawal.	
10	<p>Have a knowledge and understanding of:</p> <ul style="list-style-type: none"> <li>• Relevant NICE guidelines and standards.</li> <li>• Early signs and symptoms of other major diseases, for example diabetes, heart disease.</li> <li>• Nutritional and endocrine functions affected by liver disease.</li> <li>• Interpreting changes to blood chemistry in liver disease eg. Liver enzymes, synthetic function such as INR/Prothrombin times and albumin.</li> <li>• Awareness of profiling tools used in Liver disease.</li> <li>• Appropriate infection control precautions.</li> <li>• Underlying pathogenesis of alcohol liver disease and current management strategies.</li> <li>• Knowledge of precipitating factors of hepatic encephalopathy.</li> <li>• Local guidelines and national standards for people with alcohol liver disease.</li> <li>• Measurements of severity and survival based on blood results eg MELD, UKELD, Child Pugh, AST/ALT ratio.</li> <li>• Physical complications such as ascites, hepatic encephalopathy and varices.</li> <li>• End of life care and it's management.</li> </ul>	

NHS KSF Dimension: HEALTH AND WELLBEING 5,6,7 & 8	Self Assessment	Supervisor Assessment
11	Can explain relevant investigations to patients and carers involved in their care.	
12	Demonstrate knowledge of health promotion for patient with a diagnosis of Alcohol Liver Disease.	
13	Provide an holistic approach to care planning for patients with Alcohol Liver Disease alongside the multi-disciplinary team, including gastroenterology team, dieticians, physio-therapy, palliative care teams.	
14	Work across organisational boundaries to promote engagement of relevant services such as dieticians, general practitioners, palliative care teams.	
15	Refer patient to appropriate medical team based on assessment.	

# COMPETENCY 9



## DETECTION AND MANAGEMENT OF DUAL DIAGNOSIS PATIENTS

	<b>NHS KSF Dimension: HEALTH AND WELLBEING 5, 6, 7 &amp; 8</b>	<b>Self Assessment</b>	<b>Supervisor Assessment</b>
<b>1</b>	Undertake a detailed, comprehensive physical and mental health assessment in adults in accordance with local and national guidelines.		
<b>2</b>	Ability to provide an holistic approach to formulating care plans for patients with a recognition of the complexities involved.		
<b>3</b>	Demonstrates a good understanding of how alcohol impacts mental health including anxiety, depression and severe enduring mental health problems.		
<b>4</b>	Ability to carry out risk assessment involving the patient, carers and the wider multi-disciplinary team.		
<b>5</b>	Ability to work within own competency and escalate if necessary.		
<b>6</b>	Recognises the signs of deterioration in mental health, ensuring the patient is sign posted to appropriate services.		
<b>7</b>	Collaborate effectively with the patients mental health team, carers, families and GP.		
<b>8</b>	Work across organisational boundaries to promote engagement of relevant services such as CMHT, inclusion groups, social services.		

# COMPETENCY 10



## LEADERSHIP

NHS KSF DIMENSIONS: PEOPLE & PERSON DEVELOPMENT L4 HEALTH & WELLBEING 9 L4 GENERAL 1 & 2 L3/L4	Self Assessment	Supervisor Assessment
1	Consistently acts as a role model within the organisation for the Alcohol Care Team (ACT), working to create a shared vision within the team.	
2	Provides a safe and caring environment for the ACT to carry out their duties effectively.	
3	Works with a feeling of pride, providing equitable, diverse and compassionate care with a commitment to NHS values.	
4	Provides regular meetings with the team to communicate key performance indicators (KPIs) relating them to practice, promoting team work and valuing others opinions and ideas.	
5	Committed to ongoing training for the ACT and within the organisation.	
6	Fosters sound working relationships with key teams within the organisation to intelligently analyse data collection so that care and services can be better informed to meet both individual and groups of patients needs.	



NHS KSF DIMENSIONS: PEOPLE & PERSON DEVELOPMENT L4 HEALTH & WELLBEING 9 L4 GENERAL 1 & 2 L3/L4	Self Assessment	Supervisor Assessment
7	Represents the organisation at a strategic level with an understanding of how ACT impact on the health economy.	
8	Committed to updating own knowledge of evidenced based practice (EBP), health policies and the impact on the service	
9	Updates Standard Operating Procedures and Pathways regularly, using EBP/Nice guidelines to inform changes then cascading changes to team.	
10	Adopts an inclusive approach and works collaboratively across organisational boundaries.	
11	Regularly monitor, evaluate and reflect on: <ul style="list-style-type: none"> <li>• your own knowledge, methods and practice.</li> <li>• the knowledge, methods and practice of others.</li> <li>• your contribution to inter-agency and team working.</li> </ul>	
12	Takes a active role in regional supervision and teaching programmes.	

NHS KSF DIMENSIONS: PEOPLE & PERSON DEVELOPMENT L4 HEALTH & WELLBEING 9 L4 GENERAL 1 & 2 L3/L4	Self Assessment	Supervisor Assessment
13	Seek supervision and support to assess the implications of using new knowledge.	
14	Take responsibility for your own personal and professional development, seeking and accessing development opportunities to meet your needs.	
15	Keep up-to-date records of your own personal and professional development, within confidentiality agreements and according to legal and organisational requirements.	
16	Provide constructive feedback to enable others with whom you work to identify how their practice could better meet service and practice needs.	
17	<p>Challenge poor practice:</p> <ul style="list-style-type: none"> <li>• constructively</li> <li>• in ways that safeguards individuals, key people and others within and outside your organisation</li> <li>• in ways that promote the use of best knowledge and evidence-based practice.</li> </ul>	



<b>NHS KSF DIMENSIONS: PEOPLE &amp; PERSON DEVELOPMENT L4 HEALTH &amp; WELLBEING 9 L4 GENERAL 1 &amp; 2 L3/L4</b>	<b>Self Assessment</b>	<b>Supervisor Assessment</b>
<b>18</b>	<p>Support others with whom you work to:</p> <ul style="list-style-type: none"> <li>• identify their personal and professional development needs</li> <li>• make use of mentoring, assessment and tutoring support</li> <li>• promotes a culture of lifelong learning</li> </ul>	
<b>19</b>	<p>Collects regular satisfaction feedback from patients and carers - acts on feedback allowing it to inform the service if necessary.</p>	
<b>20</b>	<p>Ensure the robust systems are in place to check operational status of equipment and calibrate equipment for operation within correct parameters for intended purpose, for example breathalyzer.</p>	
<b>21</b>	<p>Demonstrate that other required checks have been performed which are outside your remit.</p>	



# COMPETENCY 11



## SERVICE DEVELOPMENT

NHS KSF Dimension: COMMUNICATION L3/L4 PERSONAL AND PEOPLE DEVELOPMENT L3/L4 SERVICE IMPROVEMENT L3/L4 QUALITY L3/L4	Self Assessment	Supervisor Assessment
1	Ensure effective support, supervision and dissemination to the team and other members of the patients health care team.	
2	Regular de-briefing and discussion around decisions a part of daily working routine, for instance using handovers to discuss treatment plans and decisions made.	
3	Support and direct clinical decision making through discussion of individual cases with team members.	
4	Actively engages in regional peer and group supervision taking opportunity to represent Alcohol Care Teams in a professional and positive manner.	
5	Actively engages in continuous professional development and maintains a suitable record of this development.	
6	Able to identify own learning needs and be proactive in meeting them.	

<p><b>NHS KSF Dimension: COMMUNICATION L3/L4 PERSONAL AND PEOPLE DEVELOPMENT L3/L4 SERVICE IMPROVEMENT L3/L4 QUALITY L3/L4</b></p>	<p><b>Self Assessment</b></p>	<p><b>Supervisor Assessment</b></p>
<p><b>7</b></p>	<p>Deliver scripted and unscripted presentations to professional groups and other organisations.</p>	
<p><b>8</b></p>	<p>Design work plans to facilitate optimal functioning of the service supported with Standard Operating Procedures.</p>	
<p><b>9</b></p>	<p>Negotiate working practice within the team and other services to optimise service outcomes.</p>	
<p><b>10</b></p>	<p>Establish sound working relationships with key people within your organisation to ensure appropriate support to monitor key performance indicators.</p>	
<p><b>11</b></p>	<p>Accurately and appropriately represent the service at board and strategy meetings.</p>	
<p><b>12</b></p>	<p>Accurately explain the service direction and strategy to others in the organisation, and to other organisations.</p>	
<p><b>13</b></p>	<p>Evaluates implications of contemporary health policy on health care and service provision.</p>	
<p><b>14</b></p>	<p>Evaluates the link between public health issues and social issues as they impact on health care delivery.</p>	

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