

*In this month's issue...*

|  |        |
|--|--------|
| NICE: ALCOHOL GUIDANCE                                       | Page 1 |
| Spring Events 2011 (Latest News)                             | Page 1 |
| CQC registration and Regulated Activities (Featured Article) | Page 2 |
| Making alcohol a health priority (Review)                    | Page 3 |

**NICE: ALCOHOL GUIDANCE***Bill Puddicombe*

Last month NICE published guidance on "Alcohol dependence and harmful alcohol use". This has received a mixed response from the field and has caused some concern.

The issue that has caused particular

concern is the assertion that there is a gap in the evidence on the effectiveness of residential treatment as compared with other settings. The full document recommends further research is carried out and we are hoping that the planned research that we are working on with the NTA on the efficacy of residential treatment will start to fill this gap.

We were happy that, as a result of recommendations from eATA among others, the definition of in-patient assisted withdrawal (detox) was expanded to include "residential" as well as hospital options.

As a note of caution: some of the concerns expressed have mixed up the new guideline (CG115) with the 2007 guidelines on psychosocial interventions for drug misuse (CG51).

We would be interested in the views of our members about the guidance; especially whether it is in keeping with current practice.

We are hoping that the planned research that we are working on with the NTA on the efficacy of residential treatment will start to fill this gap.

**LATEST NEWS:****Spring Events 2011***Louise Walsh*Bristol 4<sup>th</sup> May (PM)London 6<sup>th</sup> May (PM)Manchester 9<sup>th</sup> May (PM)

Although not all members are terribly confident in government policies or impositions, and are driven according to their own passions and beliefs on what works and what doesn't, there is a need for all organisation's who are expecting funding to adapt to the recent governmental reforms, without compromising too heavily on the core principles and successes of the service. eATA recognises this is always going to be a challenge.

We are holding members regional events shortly after the Easter break and invite all members to attend- let us re-affirm how we can speak up and protect the smaller providers who will most likely be disproportionately affected by payment by results scheme (for example). We also hope to clear up some issues with the CQC on compliance and monitoring. The events are organised with you in mind and we have a range of confirmed speakers in attendance:

Angie Clarke: Somewhere House

Joss Smith: Adfam

Helen Juniper: WDP

Alistair Sinclair: The UK Recovery Foundation

Mike Jones: The Greater Manchester Alcohol Programme

CQC Regional Reps (INVITED)

For bookings contact Louise on [louise.walsh@eata.org.uk](mailto:louise.walsh@eata.org.uk) / call 0207 820 8130 or see the website for more information including the full programme:

<http://www.eata.org.uk/news/142/93/>

## FEATURED ARTICLE



### CQC registration and Regulated Activities

After a number of questions from members about whether residential services that provide personal or nursing care needed to register as 'care home services (with or without nursing)' as well as a 'residential substance misuse treatment/rehabilitation service', we contacted CQC to clear up the issue.

Here is the definitive answer from our colleagues at CQC:

- Providers are no longer required to register by the **type of service** they are but by the **regulated activities** they provide as part of their service. 'Care home services with (or without) nursing' and 'Residential substance misuse treatment/rehabilitation' are both service types. Service types are used in our Essential Standards guidance to help providers use the prompts in the guidance more easily. Providers need to make sure that they register for the regulated activities they provide in their service. The particular **regulated activity** in relation to this issue

is 'accommodation for persons who require treatment for substance misuse'.

- Where the treatment for substance misuse includes 'personal care' or 'nursing care', it is not necessary for the provider to register for these additional regulated activities. This is because the definition of treatment in the regulations includes personal or nursing care. **This includes personal and nursing care that is not directly associated with the treatment for substance misuse but which is provided to those people who use the registered service.**
- Further information is available on the CQC website. If you would like to discuss any issues relating to this matter, contact your local compliance inspector. If you would like to vary or remove a regulated activity for which you have registered for, contact the National Contact Centre. Telephone or email details are on the CQC website [www.cqc.org.uk](http://www.cqc.org.uk)

This represents a fundamental shift in the way that our services are viewed and regulated and we will continue to discuss the regulation regime and other issues with CQC and the NTA to ensure that the new system is proportionate and recognises the particular issues for substance misuse services.

## REVIEW

Making alcohol a health priority:

Opportunities to reduce alcohol harms and rising costs

Published by Alcohol Concern, this booklet outlines the different ways in which reducing alcohol harms will benefit society. This publication uses statistics to show how the overall alcohol consumption in the UK has been steadily increasing since the 1950s, and how the amount drunk per person has also increased.

The publication goes on to state that the social and health-related repercussions of alcohol misuse are costing the NHS a great deal, that this financial burden is quickly becoming unsustainable, and that action needs to be taken in order to correct this. This publication argues that an increased investment in alcohol treatment would save a larger amount of money on health, welfare and crime costs, therefore providing a compelling reason for why investment for alcohol treatment should increase.

Smoking policy is used as an example to illustrate how the prevalence of smoking has been reduced due to these policy changes, showing that alcohol use can also be reduced through policy changes. The publication then goes on to analyse whether the current response to alcohol is effective. Alcohol Concern outlines the opportunities which the new NHS presents, and outlines ideas which national policy makers and health commissioners should take into account when making decisions about alcohol policy.

This publication includes several graphs, tables and diagrams which help illustrate statistics and outline information such as types of drinking behaviour, and the amount of people receiving treatment for alcohol dependency and misuse. Furthermore, this booklet includes case studies which allow better understanding of the effects of alcohol and alcohol recovery treatment. Alcohol Concern's publication details UK alcohol policy and would be useful to anyone wanting to learn more about alcohol policy and alcohol misuse in the UK as the information included is thorough and presented in an understandable way.

***Anything else you would like us to include?***

**This Policy Briefing is designed with our members in mind; if there is some area of policy you feel is relevant and we have overlooked, we'd love to hear from you.**

Email our office intern with any comments or questions:

[volunteer@eata.org.uk](mailto:volunteer@eata.org.uk)

**Look for our next issue to come in June.**

eATA

1st Floor, 1 Regent Terrace,  
Rita Road, London, SW8 1AW

t: 020 7820 8130

f: 020 7820 0055

website: [www.eata.org.uk](http://www.eata.org.uk)