Bristol Wet Clinics: an evaluation

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Quote from Bristol Resident:

“I work at the Bristol Royal Infirmary; my work is really full on and stressful. Why should I have to walk through groups of drunks on my way to work?”

Aims for Wet Clinic

- Reduce the impact of anti-social street drinking in Bristol

- Reduce impact on A&E and police

Funding

- Public Health Service via Bristol City Council

+

- Safer Bristol partnership
  - Collaboration between enforcement & treatment services

Who are we?

- Primary care mental health (*Wellbeing service - for homeless & vulnerably housed*)

Who are we?

- Street Outreach

  (*St Mungos*)

- Volunteers

  (Second Step)

Who are we?

- GP

  (*Compass Health*)

- Nurse

  (*Compass Health*)

Wet clinic model

- Allow alcohol
- Provide a safe environment

Wet clinic model

- Food and non-alcoholic drinks

Wet clinic model

- Aim to engage the most hard to reach people

Wet clinic model

- Drop in
- Come as you are

  (Cigarette is not lit!)
- Shift attitude

  before behaviour

Wet clinic model

- Relationship building
- Gradual engagement
- Time

Wet clinic model

- Housing & benefits help
- Signposting

Wet clinic model

- Vitamins & fit notes
- Inhalers, omeprazole etc, etc
- Detox planning & referral

Wet clinic model

- Medical care
- Blood tests
- Vitamin injections

Medical conditions (one year 2010-11)

• Nutritional & metabolic	**47**
• Mental & behavioural	**41**
• Injury	**26**
• Gastrointestinal	**26**
• Respiratory	**10**
• Skin	**8**
• CNS	**7**

Medical conditions (one year 2010-11)

• GU	**6**
• Pregnancy & Contraception	**4**
• Cancer	**3**
• CVS	**2**
• Musculoskeletal	**2**
• Eye	**1**
• Other	**2**

Wet clinic model

- Collaborative: *“Together”* vs *“Us & them”*
- Sharing contacts and resources
- Team work

Wet clinic model

- Encouraging good relationships with other agencies
- Teaching

Outcomes: Sept 2013 to March 2014

	Compass Centre	**Wild Goose cafe**	
No. of sessions	22	22	
Total number of client contacts	165	141	
Total number of individuals	69	62	19 / 131 (14.5%) attended both clinics
Average contacts/person	2.4	2.3	

Outcomes: Sept 2013 to March 2014

	Compass Centre	**Wild Goose cafe**
Clients rough sleeping	47 / 69 16 of these attended both clinics	5 / 62 3 of these attended both clinics
Rough sleepers housed during Sep-Mar	31 12 of these attended both clinics	4
Clients relocated to place of origin ex-Bristol	2	0
Benefits support actions	13	3 (+ much signposting)

Outcomes: Sept 2013 to March 2014

	Compass Centre	**Wild Goose cafe**
Liaison with / referred to other support workers	125	50 Not all recorded
Referred to Health Link (*complex needs case management*)	0	3
Referred to Wellbeing Service (*mental health at Compass Centre*)	6	16
Referred to LIFT Service (*Primary Care mental health*)	0	6

Outcomes: Sept 2013 to March 2014

	Compass Centre	Wild Goose cafe
Bristol ROADS Recovery Orientated Alcohol & Drugs Service	16	9 (+ s/posting to GP detox)
General Hospital referrals	15	8
Secondary Care mental health referrals (PCLS)	4	1
Men's crisis house referrals (all refused due to alcohol)	3	
Domestic Abuse referrals MARAC & Next Link	2	1

Outcomes: Referrals to Bristol Specialist Drug & Alcohol Service

1 April 2011 to 31 March 2013 (now part of ROADS)

	Number	**%**
Patients referred	35	
Referral episodes	38	1.08 / patient
Attended initial assessment	32	84.2%
Detox started	20	52.6%
Detox completed	16	42.1%

What do the clients think?

Client questionnaire 2013

- “Anonymous”

  but many required help with completing questionnaire handed out during clinics

What do the clients think?

Client questionnaire 2013

	Number	**%**
Felt welcomed and listened to	19	100%
Given appropriate support and treatment	18	95%
Difficulty getting to the clinics	4 / 18	22%
Overall satisfaction		Mean 8.6 Range 7-10

What do you like about the Wet Clinic?

- *“Knowing you’re not alone, there are other people with similar problems and being able to discuss situations.”*

- *“Can sit and drink. Easy to see the doctor.*”

- *“The quiet environment, the sensitive staff and the issues of trust taken care of.”*

What could be done better?

- *More comfy chairs. Some relaxing background music would be nice.*
- *TV and X-Box.*
- *The staff … do the best they can just like us all*

The way ahead: Nutrition

Research needed:

Improving nutrition in street drinkers

Where from here? Traditional care

Professional care divides those who give help from those who receive help

We no longer have the financial or personal resources to carry on this way.

Demands > resources = burnout

The way ahead: Recovery community

Are we a healthy community?

Are we addicted to trying to make others better and ignoring our own needs?

Recovery begins with Step 1:

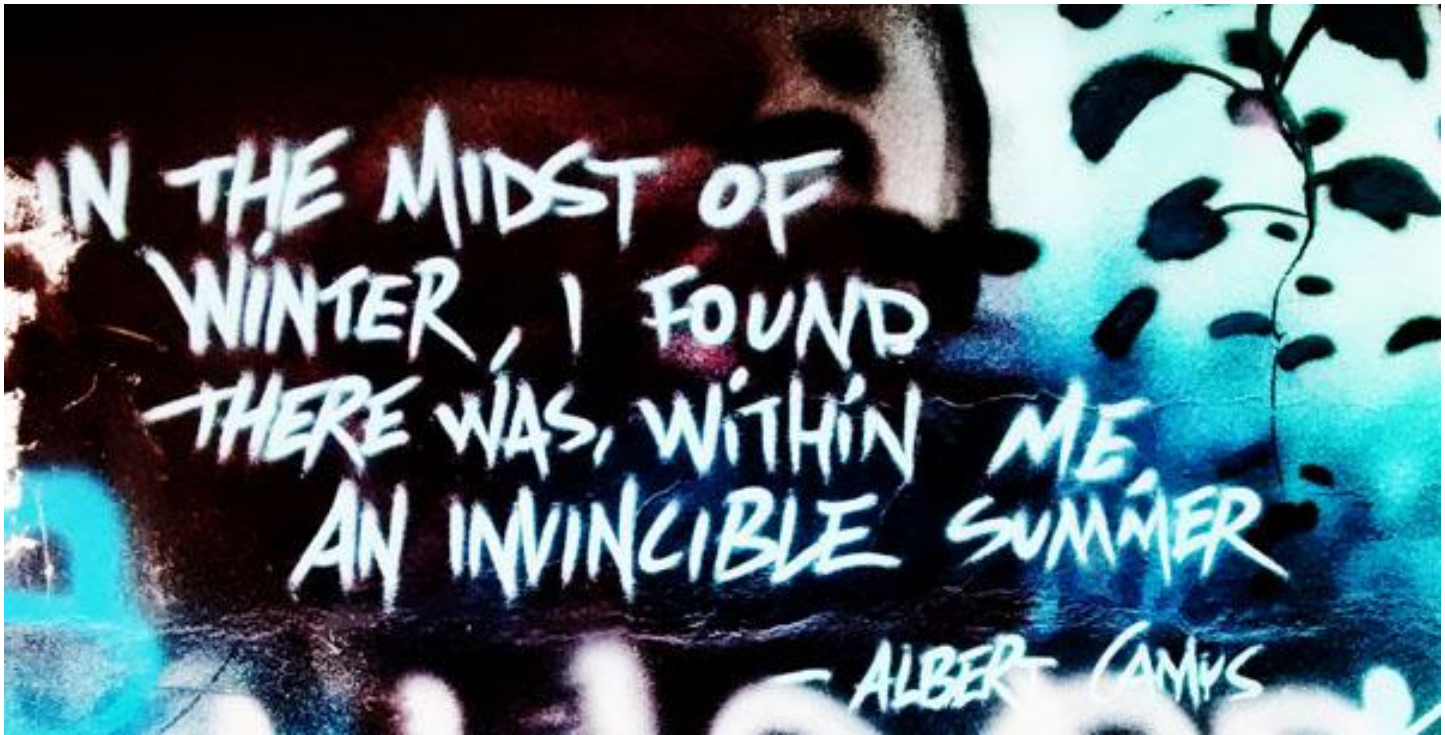
We admitted we were powerless over …
that our lives had become unmanageable.

The way ahead: Recovery community

People who live with a "recovery mindset" have a great capacity to inspire change in others.

Do we need to change?

Time for debate?

Time for a culture shift?

- Reduce “one-way giving” by professionals?
- Learn from those we prefer to keep at arms length?