

Problem Gambling Service Audit (Sheffield) 2017-18: Findings

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What we did



- “Quick and dirty”, pragmatic service audit.

Reason for the audit

Around 1 in 20 adults (16+) report low or moderate levels of problem gambling to their GP. We estimate that in Sheffield there are around 2723 adult problem gamblers and around 2184 moderate risk gamblers aged 16-24.

The purpose of this audit is to establish a baseline of how many organisations in the city are equipped to identify, treat or refer problem gamblers. The results of the audit will be used to identify any action(s) needed to increase the capacity of local organisations to identify and address problem gambling.

- 5 salient questions with Y/N/DK possible responses + a free text box distributed and returned electronically
- Definitely not research (although this was questioned by one respondent)
- Asked support from NHS and Local Authority Commissioners to reach community settings likely to see problem gamblers
- Asked support from the Local Medical Committee and Clinical Commissioning Group to reach GPs
- 31 responses so not generalisable, but will shape further local discussion

What we learnt

- **Identify**

1 respondent had received recent training and only 1 (the same respondent) used Lie/Bet. The audit itself raised awareness.

- **Treat**

Clinical providers could provide efficacious “talking treatments” for problem gambling e.g. CBT/MI through Improving Access to Psychological Therapies (IAPT).

1 respondent thought IAPT did not accept referrals for problem gambling.

- **Refer**

15 providers knew where to refer problem gamblers, the top 3 local choices were:

Gamblers Anonymous (7 respondents)

IAPT (5 respondents)

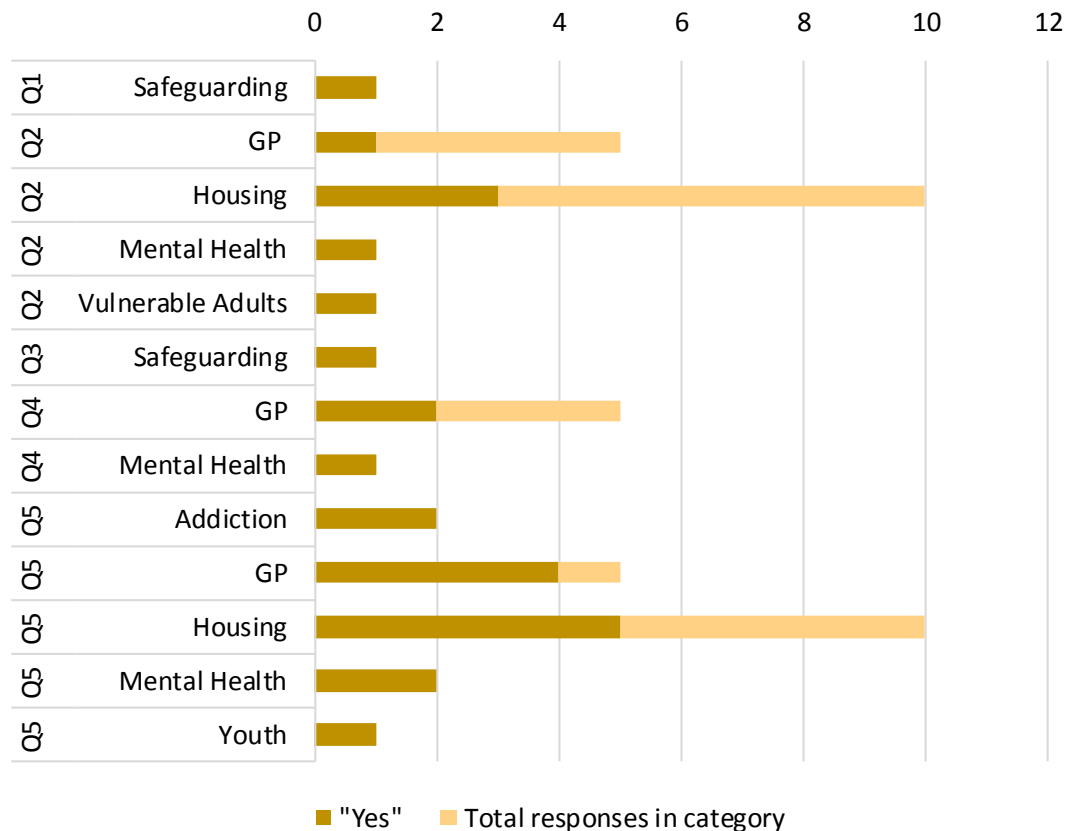
Gamcare (5 respondents).

Only 1 respondent mentioned Krysalis, the Gamcare commissioned local provider, although referrals to Gamcare would probably direct referrals.

Some suggested referral destinations which did not themselves have the knowledge to address problem gambling. This could lead to inappropriate referrals, the need for onward referral and possible barriers to help seeking.

Ref	Audit question
Q1	In the past 12 months has your service received any information or training (online, face to face, fact-sheets) about problem gambling? Not including this service audit information
Q2	Does your service ask question(s) about gambling as part of routine assessment and care planning?
Q3	Does your service use a recognised screening tool to identify and/or assess the severity of problem gambling e.g. Bet/Lie, GA-20, PGSI?
Q4	(Clinical providers only) Does your service offer efficacious treatment for problem gambling e.g. Cognitive Behavioural Therapy?
Q5	Does your service know where to refer problem gamblers for effective treatments, debt or peer support?

"Yes" responses to audit questions by service type

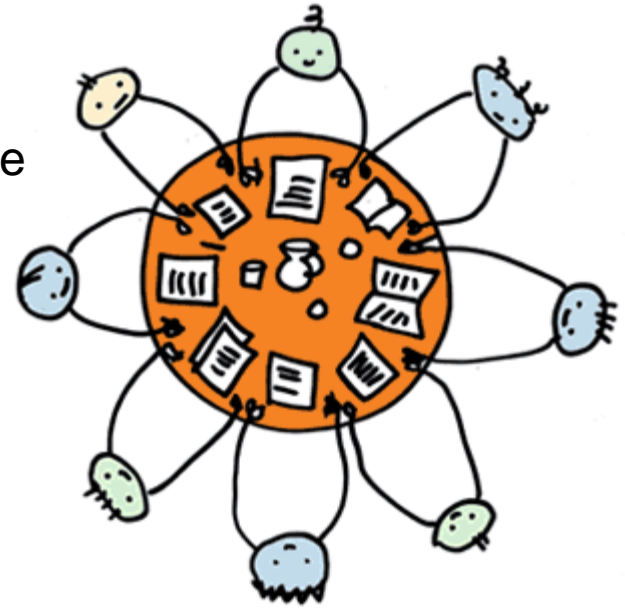


What we're going to do next

- **Training** – Is there value in providing specialist *technical* training locally?
e.g. Lie/Bet, London Problem Gambling Clinic, Newport Citizens' Advice Gambling Support Service
- **Identify** - explore reasons for not using validated screening tools. "Lie/Bet" 2 question tool is generally recommended due to its brevity.
- **Treat** – confirm if IAPT are willing and able to accept referrals locally.

Raise awareness of the local offer from Gamcare (Krysallis) and referral pathway

- **Refer** – Is there a need to agree a local referral pathway including for debt, mutual aid, and counselling?



We will invite Sheffield providers to a roundtable discussion/focus group to consider these questions