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1. **About the data set**

This dataset was collected and contributed to the linked paper published in PLOS ONE on access to treatment for alcohol dependence in Liverpool.

Authors and affiliations:

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Year of publication: 2023

1. **Description**

Provide a brief abstract or description of the dataset:

Background Timely intervention for people with alcohol dependence in primary care is needed. Primary care services have a key role in supporting adults with alcohol dependence and require appropriate provision of services.

Objective To examine the perceptions of both primary care practitioners and adults with alcohol dependence regarding service provision and to describe help seeking behaviours for adults with alcohol dependence.

Design and setting Qualitative study consisting of semi-structured interviews with adults with alcohol dependence, healthcare professionals and staff members of specialist alcohol services who had previous or current experience in the management, treatment, or referral of adults with alcohol dependence in Northwest England.

Method Interviews were conducted with ten adults with alcohol dependence and 15 staff. Data were analysed thematically, applying principles of constant comparison.

Results Three themes were identified following inductive thematic analysis. The first theme, point of access relates to current service provision being reactive rather than preventative, the stigma associated with alcohol dependence and a person’s preparedness to change. The second theme identified was treatment process and pathways that highlights difficulties of engagement, mental health support, direct access and person-centred support. The third theme was follow-up care and discusses the opportunities and threats of transitional support or aftercare for alcohol dependence, signposting and peer support.

Conclusion There are clear opportunities to support adults with alcohol dependence in primary care and the need to increase provision for timely intervention for alcohol related issues in primary care.

Highlight key information such as data collection or generation methods, important characteristics: These data files are summaries of semi-structured qualitative interviews used to investigate patient and clinician perceptions of barriers and facilitators to accessing treatment for alcohol dependence in Liverpool.

Specify how the dataset should be cited, including the format and any DOI if available: This dataset should be cited as Montgomery et al. 2023 using the DOI - <https://doi.org/10.24377/LJMU.d.00000157>

Include a citation for any publication related to the dataset or provide details if a publication is in progress. (to be provided on publication date).

1. **Contact details**

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1. **Terms of use**
2. **Project and funding information**

This work was supported by an NHS Liverpool Clinical Commissioning Group Research Capability Fund grant RCF21-22/07 to CM, PS, LO and CK. Additional funding for qualitative research support and participant remuneration were provided through the Liverpool John Moores University Policy Support Funding awarded to CM.

1. **Contents**

Title of dataset files: Summary - participants 2-4-5-6-13-19.docx; Summary - participants 7-11-12-18.docx; Summary participants1-9-10-16-22-27-28.docx

These files are summaries of qualitative interviews with patients and health care professionals that were collected during the study.

1. **Methods**

Semi-structured one-to-one interviews were conducted by an experienced researcher with all participants, either face-to-face at Liverpool John Moores University (LJMU) (N = 6), on NHS premises (N = 5) or in a public place (N = 3), by phone or online via Microsoft Teams (N = 11), depending on participant preferences. In the linked publication (open access), please see Supplementary file S1 for the patient interview guide and Supplementary file S2 for the Health Care Professional interview guide. Participant invites were sent out between May 30th and June 21st 2022, and interviews took place between May and July 2022. Following the provision of written informed consent, interviews began with the collection of demographic data (gender, ethnicity, age, place of residence and occupation) and then addressed participants’ experiences of alcohol treatment or treatment provision, particularly challenges and facilitators to treatment access with some differences between questions posed to staff and patients. All interviews followed an interview guide, which was developed by drawing on current literature, consultation with study collaborators including healthcare professionals, academic collaborators, and expert-by-experience collaborator (MR).

Twenty-three interviews were audio-recorded with participants’ consent. Since two participants preferred not to be recorded, written notes were taken of these interviews. Conversations lasted between 23 and 81 minutes and participants received a high street (Love2Shop) voucher with a value of 25 GBP (National Institute for Health Research involve rate for participant and patient involvement) as a thank you for their participation in the study. Audio recordings were assigned participant numbers and transcribed verbatim onto Microsoft Word documents removing any identifiable information.