

Locally Enhanced Service (LES) for Alcohol Screening and Brief Interventions

Service Level Agreement

PRACTICE –

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1. Financial Details

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised services for alcohol screening and brief interventions to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

This agreement is to cover the 12 months commencing 1 April 2015

Payment Rate:

Payment per eligible patient screened	£5
Payment per brief intervention / alcohol education including delivery of the appropriate Brief Intervention elements delivered to eligible patients	£35
Practice Notional available budget	£

Practice budgets have been set notionally on a patient list allocation. As some Practices have consistently chosen a lower level of activity, any budget underspends will be vired to reimburse those Practices within the Unit who have reported activity higher than their notional budget.

The evidence base shows that data from Practice Team Information (ISD) and the Scottish Health Survey predict that 19% of adults aged 16 and over will require screening. Of those screened around 25% will screen positive and require a 'brief intervention'. i.e. of 1000 adults, about 190 will need screening and will form the target group. Of these 190, approximately 48 individuals will be screen positive and be eligible for a brief intervention. The expected prevalence of 19% for the target adult population will clearly vary.

The budget available **does not** stretch to each practice achieving this evidence based screening target, therefore the notional cap divides the resource on a capitation basis. As stated, surplus budget will be allocated to practices who exceed their notional target on a pro rata basis up to the actual budget amount, but practices will not be paid for exceeding the evidence based target of 19% of the population over 16 years.

Payment Criteria

Monthly activity figures must be submitted throughout the contract to facilitate monitoring by both parties.

Payment Verification

Practices entering into this contract must participate fully in the verification process determined by the PCO and LMC. Practices should ensure that they keep proper records to ensure a full and proper audit trail.

Practice computer systems/ESCRO Screens will be utilised to enable this condition to be met. The ESCRO Screen will be amended to reflect the changes from the previous enhanced service.

Practices must be able and willing to evidence service delivery if required/requested by the PCO.

2. Signature Sheet

This document constitutes the agreement between the practice and the PCO in regards to this locally enhanced service.

PRACTICE –

Signature on behalf of the Practice:

Signature	Name	Date

Signature on behalf of the PCO:

Signature	Name	Date

PAYMENT WILL ONLY BE MADE UPON RECEIPT OF THIS SIGNED CONTRACT

ASPIRATIONAL ACTIVITY

Screening	Brief Interventions

3. Introduction

Scots, across all ages and socio-economic groups, are drinking more than is good for them by regularly exceeding the daily and weekly recommended levels of alcohol:

- 40% of people in NHS Highland that drank alcohol in the previous 7 days exceeded the daily recommended limits (2 – 3 units for women and 3-4 units for men).
- 44.5% of men and 36.8% of women in NHS Highland exceeded weekly (14 units for women and 21 units for men) and/or daily limits.
- 19.1% of men and 15.2% of women in NHS Highland drank more than double the daily recommended amount on at least one day in the previous week.
- 49% of women and 51% of men aged 45-54 in Scotland drank more than the recommended limits for weekly and/or daily consumption
- 9.4% of men and 7.2% of women in Scotland are considered potential 'problem drinkers', as measured by agreement on two or more CAGE questionnaire statements (Scottish Health Survey, 2008-11)
- 13 year olds in NHS Highland who had ever had an alcoholic drink have decreased from 61% in 2006 to 45% in 2010
- 15 year olds in NHS Highland who had ever had an alcoholic drink have decreased from 88% in 2006 to 83% in 2010.
- The proportion of 13 year olds in NHS Highland who have ever had an alcoholic drink is similar to the Scottish average.
- 83% of 15 year olds in NHS Highland who have ever had an alcoholic drink remains higher than the Scottish average of 77% (SALSUS, 2010, NHS Highland breakdown).
- Over the last 20 years Scotland has had one of the fastest growing chronic liver disease and cirrhosis mortality rates in the world, at a time when rates in most of Western Europe are falling.

The effects of alcohol consumption are getting worse:

- Alcohol misuse is estimated to be responsible for 1 in 20 deaths in Scotland. Mortality rates have doubled since the early 1990s.
- In the last ten years the relative gap in alcohol-related mortality rates between the most and least deprived communities in Scotland has narrowed.
- Hospital discharges have quadrupled since the early 1980s and deaths directly related to alcohol misuse doubled.

- The impact on crime and anti-social behaviour is equally stark, with statistics showing that 50% of prisoners (including 77% of young offenders) were drunk at the time of their offence.

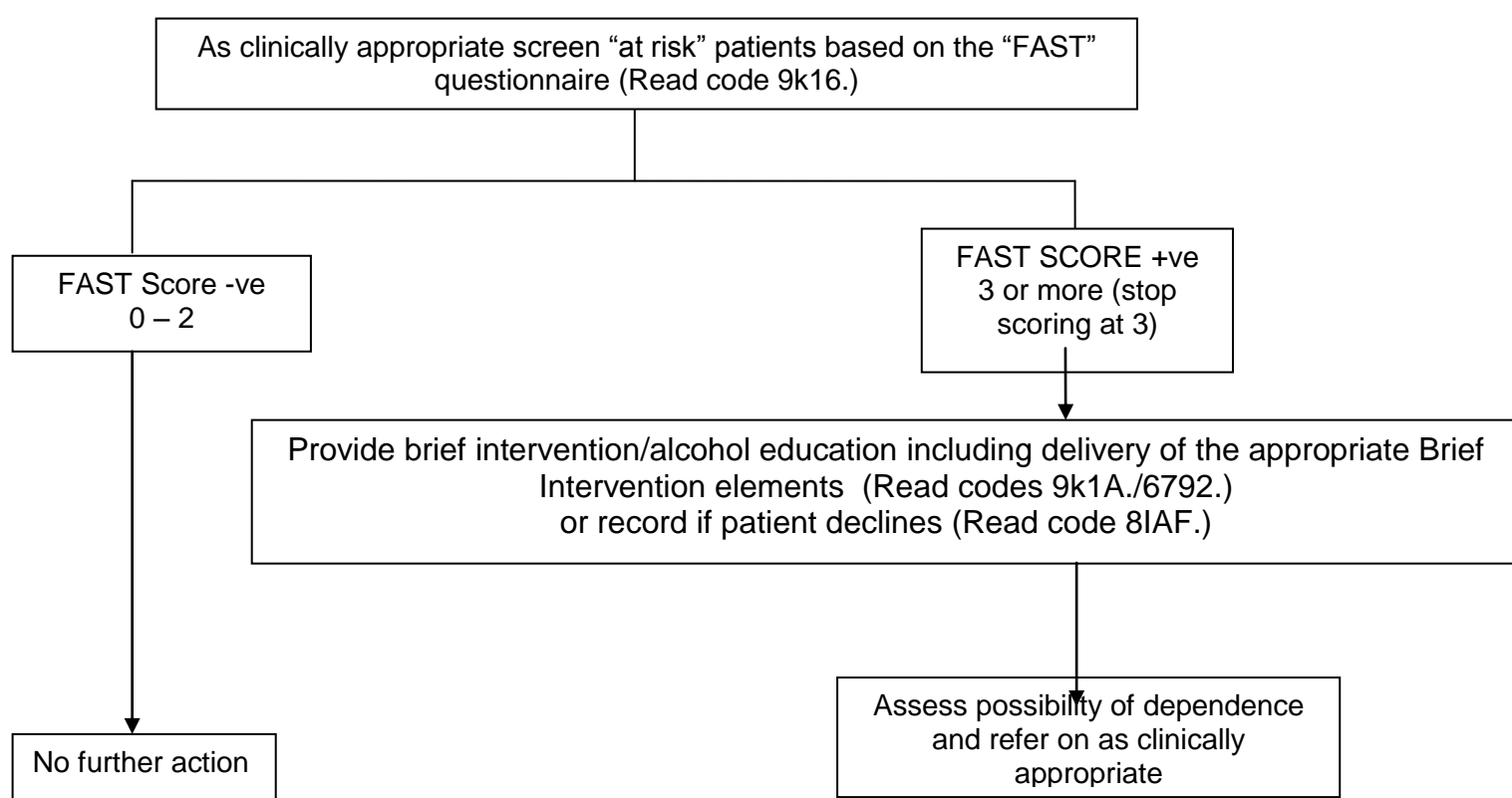
<http://www.scotland.gov.uk/Resource/0038/00388540.pdf>

4. Service Aims and Targets

The aim of this local enhanced service is to build on the previous work undertaken in the engagement of the enhanced services which have run since 1 January 2009. Evidence demonstrates the prevalence of hazardous and harmful drinking and shows that short, evidence-based, structured conversations about alcohol consumption with a patient that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviour can reduce patient alcohol consumption and reduce their risk of harm.

The practice will be expected to screen patients on an opportunistic, planned or patient led basis, and offer those who are identified as having hazardous or harmful drinking patterns an Alcohol Brief Intervention.

The process is summarised in the flowchart below:



Alcohol Screening & Brief Intervention

Read Code	Screen Description	Read Code Description
Screening Presentation:		

9O13.	SIGN 74 Presentation or clinical suspicion	Combined opport+cohort screen
9k16.	FAST	Alcohol screen – fast alcohol screening test completed (or score \geq 3)
Brief Intervention		
9k1A./6792.	Brief Intervention completed/Alcohol Education including delivery of the appropriate Brief Intervention elements	Brief intervention/ alcohol education including delivery of the appropriate Brief Intervention elements for excessive alcohol consumption completed
8IAF.	Brief intervention declined	Brief intervention for excessive alcohol consumption declined

5. Service Outline

The service will provide targeted screening on an opportunistic, planned or patient led basis based on the FAST questionnaire. Thereafter an offer of a 'Brief Intervention/Alcohol Education including delivery of the appropriate Brief Intervention elements', and onward referral to a specialist service, as clinically appropriate.

Participating GP practices will undertake:

a) To as clinically appropriate screen patients identified as at risk.

Screening will be undertaken using the 'FAST' screening questionnaire. Where clinically appropriate (ie score \geq 3), question 1 only need be completed. Alcohol consumption recording will be considered as Best Practice. The ESCO screen will provide an alcohol calculator which will allow easy entry of consumption levels for those Practices who wish to utilise this option.

To be eligible for payment patients should fall into the categories of 'first time screened' or 'not screened within the last 12 months'. While repeat screens not conforming to this definition do not count towards coverage, these are not discouraged and are at the clinician's discretion.

b) To offer and deliver a 'Brief Intervention'/Alcohol Education to those with a positive screen.

A 'Brief Intervention' is defined as a 5-10 minute structured conversation delivered by an individual with basic professional health behaviour change and communication skills.

Alcohol Education is a patient tailored approach which would include delivery of the Brief Intervention elements as appropriate.

Appropriate health promotion materials and local service information leaflets should be made available to patients as appropriate..

Payment will be made for those Brief Interventions/Alcohol Education including delivery of the appropriate Brief Intervention elements, delivered to a patient who have been screened within a 12 month period.

As detailed above, evidence shows that 19% of adults aged 16 and over will require screening. Of those screened around 25% will screen positive and require a 'brief intervention'. i.e. of 1000 adults, about 190 will need screening. Of these 190, approximately 48 individuals will screen positive and be eligible for a brief intervention. The expected prevalence of 19% for the target adult population will clearly vary, however where there are substantive variances in prevalence which give rise for concern to the CHP/Unit, Practices will be expected to evidence reasons for this variance.

6. Training and Support

- a) Each practice can arrange for staff members who will provide brief interventions/alcohol education and have not already received the training to attend a 3 hour training course which will be available via NHS Highland's Public Health Dept.
- b) Practitioners may access e-learning modules which support the training on ABIs on NHS Health Scotland's virtual learning environment (VLE) at <http://elearning.healthscotland.com/mod/resource/view.php?id=9341>
This on-line training can also be used as a refresher for those already trained.
For any queries relating to problems with Health Scotland on-line modules, please contact nhs.healthscotland-lwdteam
- c) Where staff members in a Practice have undertaken brief intervention training, they can where appropriate undertake cascade in-house training within their Team.

7. Dispute Resolution

Every attempt will be made to resolve any dispute informally between the Practice and the PCO. Failing that, the Dispute Procedure contained within the sections 464 to 474 of the Scottish General Medical Services Contract 2004 will apply.

8. Variation and Termination of Contract

Any variation to the terms and conditions contained herein requires to be agreed between the Practice and the PCO. Any termination of services, or any part of the services covered by this contract, requires to be agreed between the Practice and the PCO before any termination takes place.