Practice Reference No:

GP ENHANCED SERVICES PROGRAMME:
ALCOHOL BRIEF INTERVENTIONS

This contract is between NHS Lothian and _____ (Practice Name)

A. CONTEXT

In Scotland, a majority of individuals across all ages and socio-economic groups are known to be drinking more than is good for them by regularly exceeding the daily and weekly recommended levels of alcohol:

- The Scottish Health Survey 2003 reports that 63% of men and 57% of women who drank alcohol in the previous 7 days exceeded daily recommended limits, while 37% of men and 28% of women drank more than double the daily recommended amount on at least one day in the previous week;
- In a typical week, 27% of men and 14% of women exceed weekly recommended limits. Excessive weekly consumption occurs across all socio-economic groups;
- Excessive consumption is not confined to young people: 18% of women aged 45-54, for example, drink more than the recommended number of weekly units, 29% of men in the same age bracket;
- 13% of men and 7% of women are considered potential 'problem drinkers', as measured by agreement on two or more CAGE questionnaire statements; and
- Young people are drinking more than in the past. There has been a 29% increase in reported drinking by 15 year olds (50% in 15 year old girls) and a 40% rise in reported drinking by 13 year olds since 1990.

The effects of excessive consumption are getting worse:

- Scotland has the fastest growing liver cirrhosis rates in the world (now 2.5 times higher than in England and Wales);
- One Scot dies every six hours as a result of an alcohol-related illness. Fifteen of the 20 local areas with the highest male alcohol-related death rate in the UK are in Scotland;
- The alcohol-related death rate among the most deprived members of society is over six times higher than among the most affluent;
- The number of discharges from general hospitals with an alcohol-related diagnosis has increased by 40% in the last decade; and
- Young people drinking alcohol is associated with other risky behaviours - such as fighting, getting into trouble with the police and sexual risk taking

The Updated Plan for Action on Alcohol (Feb 2007) commits the government and key health partners in Scotland to action on reducing the health and social harms resulting from alcohol misuse. In addition, the new Government has committed to developing a long term strategy to tackling alcohol misuse.
http://www.scotland.gov.uk/Publications/2007/02/19150222/0

B. SERVICE AIMS

1. To improve the identification of patients with harmful and hazardous drinking patterns presenting to general practice.

2. To opportunistically screen patients in defined at risk clinical groups.

3. To deliver Alcohol Brief Interventions (and follow up interventions as necessary) to appropriate patients, with the aim of reducing their alcohol consumption to safer and healthier levels.

C. TRAINING

Primary healthcare teams to be offered training in Alcohol BIs. Training programme to be delivered by NHS Lothian Health Promotion Service (HPS), or alternative training module approved by NHS Lothian. A brief outline of HPS training programme is included at **Appendix 1**.

It is anticipated that most GP practice teams will prefer to access Training Option 1 (Practice-based course for PHCTs). NHS Lothian recommends that at least one clinician from each practice attends the 2-day training course (Training Option 2).

It is expected that the practice will ensure that Alcohol BI training is undertaken as soon as practicable following commencement of the service (depending on the availability of specific training slots offered by HPS) and **within 12 months of commencement of the contract**.

D. DELIVERY OF ALCOHOL BRIEF INTERVENTIONS

GPs and practice employed staff (where appropriately trained) to opportunistically screen targeted patients as appropriate (no age restriction) with at risk clinical presentations in routine general practice consultations, using a standard screening tool eg FAST; 5-SHOT; CAGE to identify those with hazardous and harmful drinking patterns. It is emphasised that under this enhanced service patients will be specifically targeted for screening / delivery of BIs as appropriate. The focus for screening is for those patients with clinical presentations where the role of alcohol should be considered, in particular:

- All injuries
- Falls / collapse in the elderly
- Mental health problems including depression, anxiety and self harm
- Fatigue / malaise / dizziness
- GI presentations including dyspepsia and diarrhoea
- Liver abnormalities
- Hypertension
- Impaired libido / impotence

Refer to SIGN 74 risk categories for full list: http://www.sign.ac.uk/guidelines/fulltext/74

Approximately 20% of patients are expected to be targeted for screening ie approximately 1350 per 6800 patient practice (average practice list size in Lothian). Of these, up to 25-30% might be expected to screen positive and subsequently be offered an Alcohol BI ie approximately 350-400 BIs for an average practice.

Offer and deliver a BI (within a current or further consultation as deemed appropriate) to those who screen positive. BI to comprise a consultation of up to 10 minutes; intervention assumes a basic professional level of health behaviour change expertise and communications skills (covered by the training programme). Patients assessed as being alcohol dependant to be referred to local alcohol services as appropriate. Patients to be provided with information on sources of further help; a resource pack will be provided by Lothian HPS.

GUIDANCE IN RELATION TO BLOOD TESTS - blood tests are not a contractual requirement under the ES
[Ref: Dr Simon Walker, Consultant in Clinical Biochemistry]

In the investigation of suspected alcohol abuse it is important to be aware that GGT has a number of limitations. Its sensitivity is quite poor with increased levels found in only 30 - 50% of excessive drinkers in a GP setting. It also appears to be less sensitive as a marker in the younger age group (< 30 years). Levels can be elevated in a wide range of conditions, and as a result of many medications.

MCV also has limitations. In particular, its sensitivity is poor. One study in a GP setting found that an elevated MCV detected < 20% of alcohol abusers. If raised, its specificity is higher than GGT for alcohol excess.

For comparison, the Alcohol Use Disorders Identification Test (AUDIT) questionnaire developed by WHO for hazardous and harmful alcohol intake can achieve around 90% sensitivity for hazardous drinking with a specificity of > 80% at the same cutoff.

E. IT SUPPORT AND DATA MONITORING

Albasoft EScro software (dedicated care management and data collection screens) will be provided by NHS Lothian for data recording / monitoring purposes. The practice is required to record alcohol screening / brief intervention activity in relation to individual patients and submit routine monitoring reports to NHS Lothian. In order for us to monitor the overall contract activity, monthly reports will initially be requested during the implementation phase of the contract in 2008/09; practice payments will be based on the quarterly reports (see section F). Patient information will be automatically included in the Alcohol BI record with a limited amount of data (mainly via tickbox responses) requiring to be entered manually. Full details of the EScro Alcohol BI software implementation programme will be advised in October 2008.

F. PAYMENT ARRANGEMENTS

1. Practice engagement payment:

£600 per practice - payable on commencement of the service. [nb this is a one-off payment]

The engagement fee is intended to support development of the practice infrastructure necessary to support the delivery of Alcohol BIs, and ensure that training is undertaken within 12 months of commencement of the service (wherever practicable).

2. Individual patient brief intervention / follow up contact payments:

Brief intervention

£30 per patient - payable on a quarterly basis in arrears.

nb individual patients may qualify for BI payment only once during a 12 month period.

EScro summary reports to be submitted by email on a monthly basis to monitor contract activity and enable BI payments to be calculated.

Follow up contact

£20 per patient - payable on a quarterly basis in arrears.
[nb individual patients may qualify for one follow up payment related to a BI during a 12 month period]

This is normally intended to be undertaken by any member of the clinical team on an opportunistic basis (face-face or by telephone) within a subsequent routine consultation, up to 12 months following the brief intervention. Patients may also be contacted on a proactive basis, but must give verbal consent for this during the initial Alcohol BI consultation. The follow up consultation is intended to ascertain the effectiveness of the brief intervention in achieving change and to reinforce it. Patients should be asked about their current alcohol use and offered further support and advice as appropriate.

Alcohol BI / Follow up payments are subject to the normal payment verification processes.

Notice period -
In the event of a practice being unable to maintain the service for the duration of the contract or wishing to opt out, an appropriate period of notice will be agreed with the PCCO (normally 3 months).

Signed (For and on behalf of the Practice)		**Date:**	
Signed (For and on behalf of NHS Lothian)		**Date:**	

Appendix 1

Alcohol Brief Intervention Training Programme: Outline

***** Please refer to the detailed information sent separately by HPS to include training dates *****

The initial training initiative has been developed to enable practitioners to appropriately raise and respond to alcohol issues, identify hazardous drinking and to deliver a brief intervention, promoting behavioural change. Participant's attending the courses are expected to deliver and record brief interventions. Ongoing support will be offered by the Health Promotion Team training staff and an external evaluation of the training process is being led by NHS Health Scotland. Resource packs will be available on all courses and follow up support will be provided by the trainers.

OPTION 1 - PRACTICE BASED COURSE FOR PRIMARY HEALTHCARE TEAMS

Who this is for?	***Learning outcomes -***
▪ This half day programme is aimed at practitioners experienced in managing consultations, with a good level of knowledge of the risks of hazardous/harmful drinking ▪ This training would be offered to primary care teams on request and will be practice based ▪ There will be an opportunity to practice screening and delivering a brief intervention ▪ This course could be complimented by e-learning ▪ It is recommended that one member of each primary care team signing up to this programme would attend the two day alcohol related harm and brief intervention training	**By the end of this course participants will have:** ▪ Increased knowledge of the national policy context relevant to alcohol and brief interventions ▪ Knowledge of the recording systems required by practitioners to complete for national monitoring and evaluation ▪ Reviewed sensible drinking guidelines ▪ Increased knowledge of the key components of screening and delivering a brief intervention ▪ Improved confidence in delivering a brief intervention

OPTION 2 - TWO DAY TRAINING COURSE ON ALCOHOL AWARENESS, SCREENING AND BRIEF INTERVENTIONS

Delivered over two days, this programme aims to raise participants' awareness of wider alcohol issues and equip them with the skills required to screen and identify clients who would benefit from a brief intervention. As the gold standard course it is recommended that all services and teams contributing to the delivery of brief interventions should aim to have at least one practitioner trained to this level to act as a programme champion.

Who this is for?	***Learning outcomes -***
▪ People who wish to increase their knowledge of alcohol related harm issues and to confidently deliver a brief intervention ▪ There will be a strong emphasis on role play on day two allowing practitioners time to practice screening and delivering brief interventions	**By the end of day one participants will have:** ▪ Increased knowledge of the impact of excessive alcohol consumption ▪ Increased awareness of attitudes to alcohol ▪ Increased knowledge of personal, social, cultural and environmental influences on alcohol consumption ▪ Gained knowledge of sensible drinking guidelines ▪ Gained the skills required to identify harmful or hazardous drinking ▪ Increased knowledge of the cycle of change model and the skills needed to use a motivational interviewing approach to influence behavioural change **By the end of day two participants will have :-** ▪ Increased knowledge of the key components of screening ▪ Gained confidence in delivering a brief intervention ▪ Increased knowledge of the national policy context relevant to alcohol and brief interventions ▪ Increased knowledge of the national policy context relevant to alcohol and brief interventions ▪ Knowledge of the recording systems required by practitioners to complete for national monitoring and evaluation

The Health Promotion Team would also be pleased to discuss your training needs with you and to facilitate brief intervention training to suit your requirements

Training dates

Please contact: Eleanor McWhirter
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