

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 2012

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 CHP 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:

- 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% among 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:

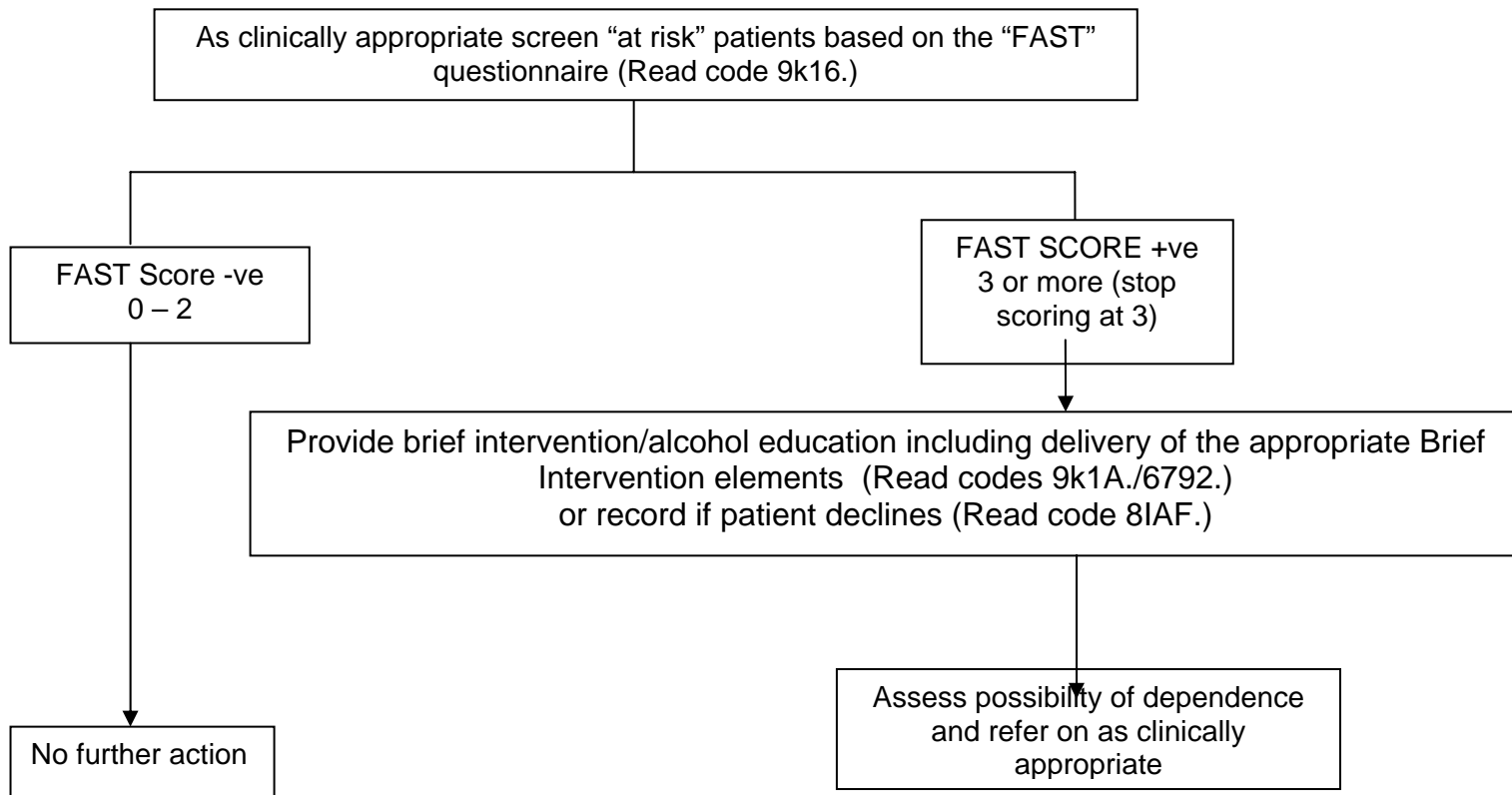
- Scotland has the fastest growing liver cirrhosis rates in the world (now 2.5 times higher than in England and Wales);
- One Scot dies every six hours as a result of an alcohol-related illness. Fifteen of the 20 local areas with the highest male alcohol-related death rate in the UK are in Scotland;
- 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

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 ran from 1 January 2009 to 31 March 2011, and 1 April 2011 to 31 March 2012. 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 oppor+cohort screen
9k16.	FAST	Alcohol screen – fast alcohol screening test completed (or score =/> 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 ≥ 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.

6. Training and Support

- a) Each practice will 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 as early as possible (subject to availability of training slots) .
- b) Training will be arranged by the Board's Public Health Dept.
- c) 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/course/view.php?id=32>

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.