



ALCOHOL BRIEF INTERVENTIONS (ABI) SERVICE SPECIFICATION

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Contracts for Enhanced Services 1 October 2024- 31 March 2030

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ALCOHOL BRIEF INTERVENTIONS SERVICE SPECIFICATION

1 INTRODUCTION

This Service Specification along with the Contract Details form the Local Enhanced Service (LES) for Alcohol Screening and Brief Interventions (ABI) delivered in primary care.

This Service Specification works towards meeting the Scottish Government Local Delivery Plan (LDP) priorities and NHSH Annual Delivery Plan (ADP): Outcome 3, Stay well.

2 CLINICAL SPECIFICATION

Purpose

The purpose of this LES is to provide alcohol screening and brief interventions in the general practice setting. Short, evidence-based, structured conversations about alcohol consumption with a patient that seeks, in a non-confrontational way, to motivate and support the person to think about, and or plan, a change in their drinking behaviour can reduce alcohol consumption and reduce risk of harm among people who are drinking at hazardous and harmful levels.

The practice is 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 practice is expected to be considerate of health inequalities and areas of deprivation, which alcohol impacts disproportionately.

Service Aims

- I. To improve the identification of patients with hazardous or harmful drinking patterns presenting to general practices.
- II. To increase alcohol consumption recording for all patients in line with the agreed target group per year.
- III. To offer and appropriately deliver brief interventions to these patients, with the aim of reducing their alcohol consumption to low risk levels.
- IV. In agreement with the patient, make onward referral and management to local specialist support services for those identified as dependent drinkers, as appropriate.
- V. Inequalities focus - The Primary Care Manager and Public Health team will support practices that serve areas of deprivation to target ABI delivery to people who experience health inequalities.

Service Criteria

Definition - For the purposes of this LES, a brief intervention is defined as: a short, evidence-based, opportunistic, planned or patient led structured conversation about alcohol consumption with a patient who has scored 3 or more when completing the FAST audit (except for suspected alcohol dependency). The conversation can range from delivering feedback about high-risk patterns of alcohol consumption to a longer conversation that motivates and supports the individual to plan a change to reduce their consumption.

Enhanced service requirement

From 1 October 2024, the practice must:

Provide to the primary care team the following information:

Name and email address of service lead, responsible for completing annual e-learning and co-ordinating relevant training across the practice team.

Confirmation that e-learning - [Drugs and alcohol : alcohol brief intervention | Turas | Learn \(nhs.scot\)](#) will take place by all staff delivering ABI prior to contract start date (1

October 2024). Additional staff could claim for delivery of ABI after this date, provided they have completed the e-learning module by the time of ABI delivery.
Ensure the correct clinical coding and template is used to ensure compliance with the recording and monitoring requirements of the LES.
Patients eligible for payment 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.
Invite appropriate patients (i.e. those within any target group recommended, for the purposes of this LES by Public Health) and all newly registered patients aged 16 and over, within the financial year, to participate in the short standard case finding alcohol screening test (FAST).
Enter data into the ABI template which is available within the clinical system (EMIS or Vision) to record alcohol consumption and result of the FAST screening test.
Invite patients who have screened positive, as above, to undergo a fuller assessment using a validated tool (AUDIT) to determine hazardous, harmful or likely dependent drinking.
Based on the alcohol screening result refer on to appropriate clinician in the practice for brief (5-10 minute) intervention to help them reduce their alcohol-related risk. Appropriate health information materials and local service information leaflets should be made available to patients as appropriate.
Patients scoring 20+ on AUDIT should be referred for specialist advice for dependent drinking.

Training

Practitioners may access e-learning modules which support the training on ABIs on NHS Health Scotland's virtual learning environment (TURAS) at [Drugs and alcohol : alcohol brief intervention | Turas | Learn \(nhs.scot\)](#)

Training is delivered using a blended approach, with pre-requisite e-learning to be completed (around 45 minutes) prior to a 2-hour interactive session. The e-learning module can be used as a refresher for those who have already been trained.

A proportion of staff, relevant to the Practice, should be trained to deliver ABIs. As these are often delivered in an opportunistic way, it's important that ABI delivery is not seen as the role of one person. ABIs can be delivered by a range of professionals in primary care, including GPs, nurses, pharmacists, etc.

Useful links

The following updated links

The UK chief medical officer guidance on low-risk alcohol consumption
[Low-risk drinking guidelines | NHS inform](#)

Information on the impact of alcohol on common physical and mental health conditions
[Alcohol - Healthy Living | NHS inform](#)

The following updated links provide useful guidance from NHS Health Scotland on:
[Help for people trained to deliver Alcohol Brief Interventions \(ABIs\) \(highland-adp.org.uk\)](#)

Recording of information

The following Read codes will be used for monitoring and payment purposes:

Complete 'FAST screening score' and/or 'Alcohol Brief Intervention provided' to claim.

Read code	Screen Descriptor	Read code description	When to use
Screening			
9k16.	NA - automated	Alcohol screen completed	Automated when recording FAST using Escro - claim
388u	Record FAST Screening + Score	Fast alcohol screening test	To record FAST screen done and score - claim
136	Weekly alcohol intake	Alcohol consumption	To record units of alcohol consumed per week - audit
38D3	AUDIT Score	Alcohol use disorders identification test	To record AUDIT score
Brief Intervention			
9k1A.	Record Brief Intervention provided	Brief intervention for excessive alcohol consumption completed - claim	To record ABI provided under LES - claim
8IAF	Alcohol Brief Intervention declined	Brief intervention for excessive alcohol consumption declined	ABI offered, but declined – no claim
Referral to other support services			
8HkG	Referral for support with alcohol	Referral to specialist alcohol treatment service	When patient is referred to other service – no claim
8IAJ	Referral for support declined	Declined referral to specialist alcohol treatment service	When referral is declined - no claim

3 QUALITY

Details as specified in section 2.1 to 2.6 of contract agreement.

4 FINANCE & SERVICE PRICING

Contract value

Payment per Intervention:

The payment per Alcohol screening will be **£7.75** per patient screened (maximum of one claim per patient within a 12month period).

The payment per ABI will be **£34.21** per patient who has screened positive (maximum of one claim per patient within a 12 month period).

Each ABI payment will cover initial screening, delivery of the brief intervention and onward referral as appropriate. Practices can claim for one Alcohol Screening or one ABI per patient during any 12month period. Repeat payment will be authorised, for Alcohol Screening or ABI, when this is delivered at least 12 months after the previously claim, providing the patient continues to meet the requirements of the LES.

No item of service can be claimed for ABI where Alcohol screening has been undertaken and either the patient is found to have screened negative or the patient is found to have screened positive and the offer of brief intervention is declined or not indicated (e.g. signs of dependency requiring onward referral).

Appendix 1 - NHS Highland Strategic Aim (Alcohol Brief Intervention)

This standard helps address hazardous and harmful drinking, which contributes significantly to Scotland's morbidity, mortality and social harm. Brief interventions have proved to be highly effective, evidence based early intervention for people who are drinking at hazardous and harmful levels to moderate their level of drinking and thereby reduce the risk of developing more serious alcohol related problems. Brief interventions provide an important opportunity to highlight potentially harmful behaviour and provide individuals with the tools to make informed choices about how they drink and reduce risk to their health, including their mental health. To meet the standard, NHS Highland has to achieve 3,688 ABIs annually¹.

The COVID-19 pandemic has a number of consequences, including impact on alcohol consumption. In the early months of the pandemic, around one third of people who drink reported cutting down or stopping drinking. However, one third of people, who tended to already be drinking more heavily, increased alcohol consumption². Re-establishing consistent Alcohol Brief Intervention (ABI) delivery will go some way to support recovery from this time.

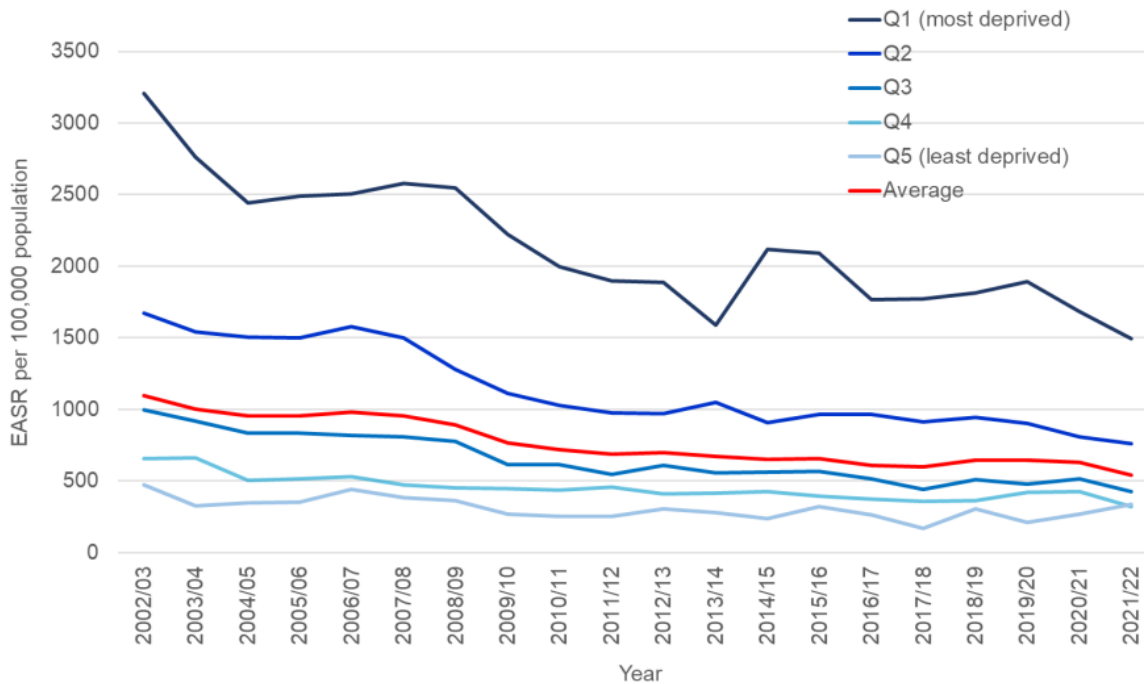
Alcohol can cause harm across the social scale, however health harms are more pronounced in areas of high deprivation. There is clear evidence that people living in deprived areas are many times more likely to experience greater alcohol-related harm than those of high socioeconomic status, even when the amount of alcohol consumption is the same or less³. Reducing health inequalities is a key priority and there is a link between alcohol impact and deprivation. The reduction of population alcohol use has the benefit of improving health, and also benefits other aspects of life, including social and relationships, personal finances and economy, crime, and house fires.

In Highland, in 2021/22 there were 1,400 alcohol-related hospital admissions³. In Highland, the most deprived areas have 76% more alcohol-related hospital admissions than the overall average (HADP Dashboard). The figure illustrates this, showing alcohol-related hospital admissions across deprivation groups.

In 2021, there were 61 alcohol-specific deaths registered in Highland. In Highland, the most deprived areas have 99% more alcohol-specific deaths than the overall average (HADP Dashboard). There is a downward trend in alcohol-related hospital admissions, although figures reflect high levels of harm. From 2011/15, alcohol-specific death rates in Highland have gradually increased, showing a level of harm in Highland higher than the Scotland rate³.

As a key action in their [strategy](#), within the prevention and early intervention section, the Highland Alcohol and Drugs Partnership (HADP) aim to tackle levels of alcohol related harm by strengthening whole population approaches that effectively reduce consumption, particularly among people most affected by health inequalities. One of the strategies in which to achieve this is to support online delivery of alcohol brief interventions and explore the targeting of deprived communities.

Figure 9: Differences in alcohol-related hospital admissions between deprivation groups, Highland, 2002/03 to 2021/22



Source: Scottish Public Health Observatory

EASR = European Age-Sex Standardised Rate. Q = Scottish Index of Multiple Deprivation national quintile.

The strongest evidence for the effectiveness of brief interventions in reducing hazardous and harmful drinking has been obtained from primary care settings. The number needed to treat is 1 in 8⁴. The Alcohol Framework 2018 recognises General Practice services in lower income areas have a crucial role to play in ABI delivery⁵.

In Highland, the proportion of adults drinking more than the low-risk guidance of 14 units of alcohol a week has remained in the range of 20% to 25% since 2012/2015, with the rate at 2017/2021 being 22% (30% men, 15% women). This equates to almost 45,000 adults in Highland drinking at levels that are hazardous or harmful to their health³. In theory, 1 in 4 people visit a GP practice with a condition that could be worsened by risky alcohol use. Delivering screening and brief interventions prevents and or reduces health and social harms.

NICE guidelines recommend alcohol screening and brief interventions for hazardous and harmful alcohol use, including for people from disadvantaged groups. Delivery supports prevention of further harm and is therefore an 'invest to save' measure⁶.