

Local Enhanced Service (LES) for 'Patients who are alcohol users'

Service Level Agreement

PRACTICE

Contents:

1. Finance Details
2. Signature Sheet
3. Introduction
4. Service Aims
5. Service Outline
6. Dispute Resolution
7. Variation and Termination of Contract

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 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 24 months commencing 1 April 2009.

Payment levels:

Retainer Fee (1)	£1,065.54
Annual payment (2)	£213.11

(1) This covers training, data collection and provision, service feedback

(2) This includes payment for GP / practice delivered and shared care as indicated below:

- GP delivered detoxification in accordance with guidelines in Appendix 1
- Primary care team/GP delivered 'in house counseling' in accordance with guidelines in Appendix 2
- Shared Care detoxification by GP and specialist services in accordance with guidelines in Appendix 3

Payment will be made for ticking EITHER GP detoxification, OR shared care detoxification, OR in house counseling (or both a detoxification box AND in house counseling).

NB Guidelines are being finalised and will be distributed in first quarter of 2009. Appropriate referral is an essential service and as such not remunerated per se under this LES. However the annual retainer includes payment for recording referral and admission data for all patients referred for interventions to address significant alcohol problems.

- Payment will be made only where patients have required an **active intervention** during the contract year.
- An estimated annual number of patients will be agreed with the Practice as part of this Service Level Agreement.

Claims for Payment South East Highland

This service is included within the agreed list of services within the total locality enhanced services budget, as per the Abstract dated 1 April 2008 (detail below).

- 75% of the total budget will be paid to Practices monthly in arrears with the first 3 months payment being made at the end of June. At the discretion of the Practice, payments can be reduced in year if it is felt that actual activity is falling significantly below the minimum level.
- As per the Abstract the total budget will be uplifted annually by the greater of the DDRB pay uplift or global sum uplift for inflation, however the cost per service will only increase if an increase in GMS Enhanced Services payments is awarded.

Actual activity should be submitted to the PCO on a quarterly basis.

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 will be utilised to enable this condition to be met.

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

Annual Review of Contract

This contract will be reviewed annually, and will be in line with the annual review of the GMS Contract set out in the NHS (General Medical Services Contracts)(Scotland) Regulations, or other legislation as appropriate.

Practices will be expected to return to the PCO their end of year evaluation/results, in order to confirm compliance with the contract.

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PAYMENT WILL ONLY BE MADE UPON RECEIPT OF THIS SIGNED CONTRACT

2. Signature Sheet

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

PRACTICE.....

Signature on behalf of the Practice:

Signature	Name	Date

Signature on behalf of the PCO:

Signature	Name	Date

3. Introduction

Evidence shows that:

- (i) 1 in 25 adults in the UK are dependent on alcohol
- (ii) 0.7 million men and 0.6 million women drink at 'risky' or 'hazardous' levels
- (iii) problem drinkers consult their GPs twice as often as other patients
- (iv) alcohol misuse is associated with a range of physical health problems.
- (v) heavy drinking is closely linked with psychiatric morbidity, including clinical depression
- (vi) up to 65% of all suicide attempts are linked with excessive drinking
- (vii) alcohol is a major contributor to accidental death – it is a factor in an estimated 20 per cent to 30 per cent of all accidents
- (viii) 1 in 7 acute hospital admissions are alcohol related
- (ix) 20 per cent of general hospital beds are occupied by people with alcohol-related problems
- (x) brief interventions can reduce alcohol consumption by over 20 per cent, and so reduce the number of patients who become dependent on alcohol and the need for more intensive treatment in the future.

4. Service Aims

To improve the quality of care provided by practices to patients who have significant alcohol problems. (This will generally mean dependent drinkers). The service will achieve this by:

- incentivising and training GPs to identify, advise and treat patients with significant alcohol problems
- resourcing general practices to undertake more specialised treatment of alcohol dependent patients.

5. Service Outline

This enhanced service will be based on episodes of care, and a formal enhanced service annual administration review will now be mandatory. When the patients' condition has been resolved, or the patient is no longer being "**actively treated**" by the Practice, the Practice will be required to close an episode of care.

Each new episode of care will require the following minimum information recorded:

- Current diagnosis recorded. Where diagnosis changes, additional diagnoses should be recorded.
- Patient management plan with components of service provided
- 1st review of management plan

- 2nd review of management plan

Each episode will require 3 management plan entries in a 12month period. This plan should be recorded using READ code 661M.

Management Plan

The precise detail of what constitutes a Management Plan will not be proscribed, rather leaving this for the Doctor and Patient to agree. Key areas to be recorded, however, would include:

- Diagnosis
- Treatment Plan/Review of Progress

GP Delivered

- GP only detoxification
- Primary care team/GP delivered 'in-house counseling'

Shared Care

- Shared Care detoxification by GP and specialist services

Referral

- Specialist detox
- Specialist counseling
- Local alcohol counseling
- Community hospital
- Pyschiatric
- Beechwood House

NB: GP only detoxification, Primary care team/GP delivered 'in-house counseling' and Shared Care detoxification by GP and specialist services should be delivered in accordance with the guidelines in Appendix 1,2 and 3 **(to follow early 2009)**

- Review Period

Data Collection

On at least 3 occasions during the patient's time on the register each management plan should include a record of the following

- Alcohol Consumption
- Counselling
- Detoxification

*A range of treatments may be prescribed including a set number of counseling sessions which may be done in conjunction with, or by referral to local alcohol services, or through the patient's attendance at a day programme or residential rehabilitation centre, both of which would require referral.

- All data required on the ESCRO screens should be entered for each patient and be made available to NHS Highland on request (ESCRO screens under development,

data fields will document interventions in year as listed under "**Management Plan**" - see above.)

- . The practice should have written criteria for identifying patients as having significant alcohol problems for the purpose of this LES.

For those where a detoxification regime is required, this may be provided by the primary care team (and could be undertaken in partnership with alcohol support services) in the community or home setting in liaison with local specialist alcohol treatment services.

Registers

Practices are required to maintain a register of patients currently being actively treated for significant alcohol problems.

Patients on the register for more than a year will be automatically marked as inactive. Facilities will be added to the ESCRO SV tool software (G Pass and VISION only) to allow cases to be extended, or to close episodes of an enhanced service review.

On and off active enhanced service register will be recorded using the following READ codes.

Alcohol enhanced service commenced	9k1..
Alcohol enhanced service complete	9k12.

Where patients are already on the active register and a commenced code is entered again, this will be taken as an extension of an existing episode of care (this will be compulsory after 12 months). Diagnosis will not have to be re-entered, but 3 management plan entries in a 12 month period will again be required.

Where a patient has been added to the register after having previously been removed, 3 management plans will be required.

Where episodes of care cross a year end boundary and 3 management plans have not been recorded in the previous year and therefore no payment has been made in the previous year, any management plans will carry forward to the next year providing they are within a year of being added to the register, and meet the 12 month criteria. For the 1st year of this new criteria, data will not be sought prior to 1 April 2009 ie for the year 2009/10 there must be 3 management plans recorded within a 12 month period during the calendar year 1 April 2009 to 31 March 2010, and during the patient's time on the register, for a claim to be submitted.

- The diagnosis can be recorded prior to 1 April 2009 provided it is recorded during the patient's time on the alcohol register. Where diagnosis changes, additional diagnoses should be recorded.

Training

- ✓ NHS Highland will ensure an appropriate program of training will be made available Sessions will last no longer than half a day, and there will be no charge for attendance. Attendance at this event by at least one GP per participating Practice forms part of this SLA.
- ✓ Primary care teams providing this service should be able to demonstrate involvement in training to enable team members to understand the problems experienced by people

who misuse alcohol and their families, and to communicate effectively with them. Training should include detecting problem drinkers, and managing follow-up treatment, including counseling

- ✓ In addition, each practice should be able to provide at least one named GP that can demonstrate training in specialist care for alcohol in the last 3 years .
- ✓ Those doctors who have previously provided services similar to the proposed enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.

Audit/Review

- ✓ Participation in a Highland-wide Audit Cycle for treatment of patients suffering from significant alcohol abuse will be expected making use of ESCRO wherever possible.
- ✓ Participating Practices must organize an in-house clinical meeting at which they discuss and reflect on the audit information available. Minutes of the meeting must be available.
- ✓ Activity such as recording alcohol and drug history, maintaining Personal Health Plans, etc continues to remain highly desirable, and annual audit of their recording will be required.
- ✓ All practices should provide feedback on how they engaged with specialist services over the year, identify areas of strength and discuss areas where liaison could be improved

6. 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.

7. 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.