

## National Enhanced Service (NES) for 'Patients who are alcohol users'

Service Level Agreement

### PRACTICE – MEDICAL 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 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 2005.

On agreeing a service plan with the PCT for the 12 months commencing 1 April 2005 practices will receive:-

In 2005/06 each practice contracted to provide this service will receive an annual retainer of £1,065.54 plus an annual payment per patient (paid quarterly in arrears) of £213.11.

### Claims for Payment

Payment will be made only where patients have required **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

Payments will be made on quarterly basis, based on this estimated number.

Where a practice has shown above average activity during the data collection period, discussion will take place with regard to the type of activity and the setting of an upper cap.

Any in year changes in activity will be calculated/negotiated at the end of the financial year and payments amended accordingly.

Claims more than 3 months out of date will only be paid for at the discretion of the PCO.

### **Estimated Activity from Data Collection Exercise**

Annual Number of Patients	Annual Fee
Upper cap on activity	To be reviewed

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.

It is anticipated that 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.

**PAYMENT WILL ONLY BE MADE UPON RECEIPT OF THIS SIGNED CONTRACT, INCLUDING DETAILS OF PRACTICE PLANS AS INDICATED**

## 2. Signature Sheet

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

**PRACTICE..... MEDICAL PRACTICE.....**

**Signature on behalf of the Practice:**

Signature	Name	Date

**Signature on behalf of the PCO:**

Signature	Name	Date

### 3. Service Aims

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.

#### **Aims**

To improve the quality of care provided by practices to patients who misuse alcohol. The service will achieve this by:

- incentivising and training GPs to advise and treat alcohol misuse patients
- undertaking more specialised treatment of alcohol dependent patients.

## 4. Criteria

The National Enhanced Service Specification details the following criteria.

The following pages contain some further guidance from the PCO on expected processes, outcomes and deliverables based on this process. On aspiring to this service practices are required to submit plans under each of these items to the PCO.

1. Direct Service Delivery
2. Data Collection
3. Staffing
4. Liaison/Shared Care
5. Review/Audit

\* Please note that these criteria are nationally determined and are not subject to negotiation.

## Criteria One : Direct Service Delivery

### Details

- **practices to be able to undertake brief interventions** and offer support to carry out behavioural change
- **follow-up treatment.** A range of treatments may be prescribed including a set number of counselling 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
- **detoxification regime.** 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
- **routine use of assessment tools**

### Practice Plans for Year 05/06

(please detail below your practice's plans for this criteria)

### Practice Evaluation at end of Year / results

(at the end of the year please detail below the practice's results for this criteria)

## Criteria Two: Data Collection

### Details

- **the development and production of an up-to-date register.** Practices should be able to produce an up-to-date register of all patients who admit they are alcohol misusers. This register will be used as an audit tool

### Practice Plans for Year 05/06

*(please detail below your practice's plans for this criteria)*

### Practice Evaluation at end of Year / results

*(at the end of the year please detail below the practice's results for this criteria)*

## Criteria Three: Staffing

### Details

- **appropriate training.** This must be available to the primary care team 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, carrying out brief interventions, and managing follow-up treatment, including counselling
- 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.

### Practice Plans for Year 05/06

**(please detail below your practice's plans for this criteria)**

### Practice Evaluation at end of Year / results

**(at the end of the year please detail below the practice's results for this criteria)**

## Criteria Four : Liaison/Shared Care

### Details

- liaison with local specialist alcohol treatment services

### Practice Plans for Year 05/06

(please detail below your practice's plans for this criteria)

### Practice Evaluation at end of Year / results

*(at the end of the year please detail below the practice's results for this criteria)*

## Criteria Five : Review/Audit

### Details

All practices involved in the scheme should perform an annual review which could include an audit of:

- those identified and recorded as alcohol misuse patients
- the advice and/or treatment offered to patients who, following screening, have been shown to misuse alcohol
- the number of patients who have reduced their alcohol consumption
- feedback from patients who misuse alcohol and their families.

### Practice Plans for Year 2005/06

*(please detail below your practice's plans for this criteria)*

### Practice Evaluation at end of Year / results

*(at the end of the year please detail below the practice's results for this criteria)*

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.

## **6. Ongoing Measurement & Evaluation**

The ongoing measurement is outlined in the various criteria in the previous section.

In addition the practice is required to agree with the PCO this service specification/plan at the start of the year and to submit the completed document at the end of the year for evaluation purposes.

## **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.