Locally Enhanced Service (LES) for Alcohol Screening and Brief Interventions

Service Level Agreement

PRACTICE

Contents:

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 27 months commencing 1 January 2009

Payment Rate:

Practice engagement payment to support practice infrastructure development and training (ie one off payment)	£500
Payment per eligible patient screened	£5
Payment per brief intervention delivered to eligible patients	£20 (£25 if 75% target achieved - see below)

Payment Criteria

Practice engagement payment will be paid at the start of the contract.

A payment of £5 will be made for each patient screened in accordance with the service specification below. Payment will be made monthly, in arrears, 1/12 of 66.66% of the value of aspired activity for the year will be paid to Practices. The aspirational activity having been agreed between the PCO and the Practice. A process of reconciliation of actual Vs aspired activity will take place at the end of the financial year.

A payment of £20 will be made for a brief intervention delivered to each patient who screens positive as defined in the service specification below.. Only one payment per patient will be made during the period of this contract. Payment will be made monthly, in arrears, 1/12 of 66.66% of the value of aspired activity for the year will be paid to Practices. The aspirational activity having been agreed between the PCO and the Practice. A process of reconciliation of actual Vs aspired activity will take place at the end of the financial year.

A bonus of £5 per brief intervention delivered will be paid if the practice achieves the target of delivering brief interventions to 75% of the eligible at risk population as defined below. The bonus will be paid at the end of the contract period subject to the conditions detailed in the specification.

Monthly activity figures must be submitted throughout the contract to facilitate monitoring by both parties. If a Practice falls more than 2 months in arrears with activity submissions, payments will be stopped pending satisfactory monitoring arrangements.

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.

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

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;

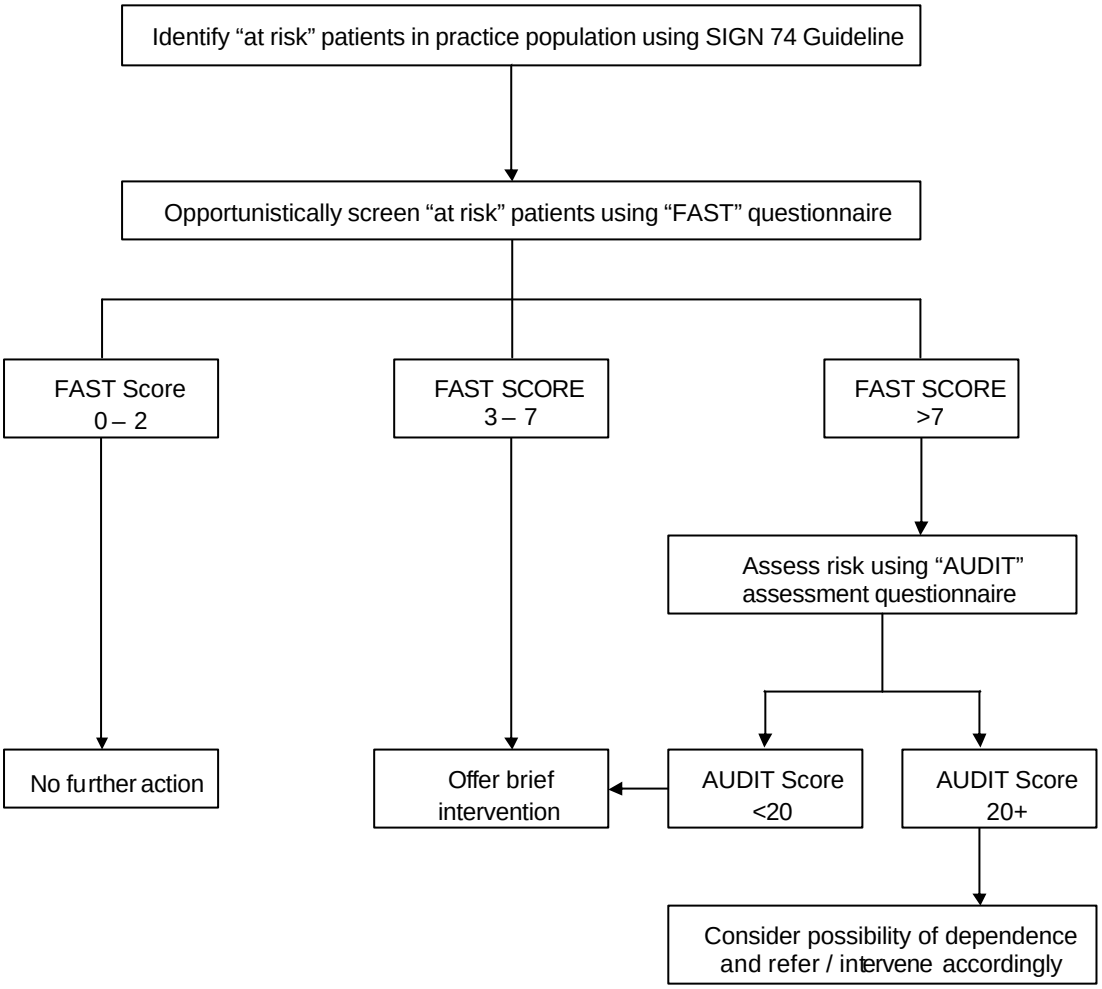
- The alcohol-related death rate among the most deprived members of society is over six times higher than among the most affluent;

- 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 *opportunistically* screen patients at high risk of harmful, hazardous drinking during routine practice consultations and offer those who are identified as having harmful or hazardous drinking an alcohol Brief Intervention. The process is summarised in the flowchart below:



Target populations

Data from Practice Team Information (ISD) and the Scottish Health Survey predict that 19% of adults aged 16 and over will require screening and that around 25% of these 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 (Appendix 2).

The Scottish Government expect Health Boards to deliver brief interventions to 75% of those who are found to be screen positive and a bonus payment of £5 per brief intervention delivered will be paid to those practices achieving that target in their practice.

The expected prevalence of 19% for the target adult population will clearly vary. Payments will be conditional on practices defining a cumulative target population at 24 months. Initially this may be compiled by “flagging” patients with key diagnoses as per SIGN 74 (see below) with subsequent additions made opportunistically on the basis of other relevant diagnoses. Where the target population at 24 months is less than 14% of the practice adult population bonus payments for brief interventions will be subject to discussion and approval by the CHP. Where the target population exceeds 24% of the practice adult population the CHP reserves the right to cap payments subject to discussion with the practice.

5. Service Outline

The service will provide targeted screening using the FAST and AUDIT questionnaires (see Appendix 3) and thereafter an offer of a 'Brief Intervention' and onward referral to a specialist service, as appropriate and based on guidelines. (NB: on the ESCRO screens screening payment is based on delivery of the FAST tool, AUDIT delivery is included as part of the Brief Intervention payment)

Participating GP practices will undertake:

a) To opportunistically screen patients identified as at risk.

"At risk" patients will be identified by clinicians using the criteria defined in Annex 2 of SIGN Guideline 74 These identify 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

The full list of SIGN 74 "at risk" categories can be found at http://www.sign.ac.ik/guidelines/fulltext/74

Screening will be done using the 'FAST' screening questionnaire. Alcohol consumption in units (daily and weekly) is also considered as part of the screening, and required for payment. The ESCO screen will provide an alcohol calculator which will allow easy entry of consumption levels. The AUDIT tool should be used for patients with a FAST score >7 to identify those with hazardous and harmful drinking patterns.

Approximately 19% of the adult practice population is expected to be defined as "at risk".

NB There will be some screening and brief intervention activity conducted in the hospital sector including A&E. Arrangements are being made to transfer relevant information to practices and once these are confirmed practices will be alerted to the arrangement. This should help practices identify patients for screening as well as avoid duplication of activity.

To be eligible for payment patients should fall into the categories of 'first time screened" or "not screened in last 3 years'. While repeat screens not conforming to this definition do not count towards coverage, these are not discouraged and are at the clinician's discretion. There is no definitive recommended screening interval and current evidence suggests that this would change according to age and circumstances. For the purposes of simplicity we are using 3 years as the screening interval for this enhanced service. .

b) To offer and deliver a 'Brief Intervention' to those with a 'FAST' positive score of 3-7.

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. (covered by the training programme detailed below) Appropriate health promotion materials and local service information leaflets should be made available to all patients.

Approximately 25% of screened individuals will be FAST positive and require a 'brief intervention'

c) To use AUDIT tool for those patients with a FAST positive score >7 to distinguish harmful from possible dependent drinkers.

Individuals with a FAST score >7 should be further assessed using the "AUDIT" assessment questionnaire. Those with scores less than 20 should be offered a brief intervention. Individuals with scores of 20 and above should be considered at possible risk of alcohol dependence. There is no evidence that Brief Interventions are effective for dependent drinkers. Patients identified as dependent drinkers should be managed under the LES for those with significant alcohol problems and / or by referral as appropriate to specialist alcohol services..

d) To capture the following data:

- Number of eligible patients.
- Number of patients screened.
- Date of screening.
- Number of patients offered brief intervention.
- Number of patients delivered a brief intervention.

An ESCRO Screen will be developed to facilitate data collection.

6. Training and Support

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a) Each practice will arrange for staff members who will provide brief interventions to attend a half day training course as early as possible (subject to availability of training slots) and within 12 months of commencing the contract. Training will be arranged by the Board's Health Promotion Dept in conjunction with the CHPs and is likely to be available at at least one PLT session during the year, complemented by other sessions as agreed with the CHPs. Evidence of comparable training (eg attendance at RCGP sponsored one day course) will be an accepted alternative.

b) It is recommended that each practice identifies at least one clinician to undertake a more in depth training course over 1-2 days. Details of relevant courses will be made available to practices once a schedule is confirmed..

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.

SIGN GUIDELINES 74– ANNEX 2
Clinical presentations where the role of alcohol should be considered
Hazardous drinking and alcohol dependence present in many ways. The following presentations should alert clinicians to the possibility that alcohol may be involved:

Social

- marital disharmony and domestic violence
- neglect of children
- criminal behaviour such as driving offences, breach of the peace, shoplifting
- misuse of the emergency telephone services
- unsafe sex
- financial problems

Occupational

- repeated absenteeism, especially around weekends
- impaired work performance and accidents
- poor employment record

Psychiatric

- amnesia, memory disorders and dementia
- anxiety and panic disorders
- depressive illness
- morbid
- alcoholic hallucinosis
- treatment resistance in other psychiatric illnesses and as a factor in relapse
- repeated self harming

Physical

- multiple acute presentations to A&E with trauma and head injury
- dyspepsia, gastritis, haematemesis
- diarrhoea and malabsorption
- acute and chronic pancreatitis
- liver abnormalities from deranged liver function tests, through hepatitis, to fatty liver and cirrhosis
- cardiac arrhythmias
- hypertension and stroke
- cardiomyopathy
- peripheral neuropathy, cerebellar ataxia
- impotence and problems with libido
- withdrawal seizures and fits starting in middle age
- falls and collapses in the elderly
- blood dyscrasias such as low platelet count and white cell count (neutrophils)
- acne rosacea, discoid eczema, psoriasis, multiple bruising
- cancers of mouth, pharynx, larynx, oesophagus, breast and colon
- acute and chronic myopathies
- unexplained infertility
- gout

Table 1. Numbers for NHS Highland by CHP for Primary Care delivery of screening and brief interventions for alcohol consumption

CHP	[1]Population aged 16+	Requiring screening (19% of 16+ population)	Requiring 'Brief Intervention' (25% of screened population)	[2]Annual target 2008/09 [3]Screen	2008/09 [4]Brief Intervention	2009/10 [3]Screen	2009/10 [4]Brief Intervention	2010/11 [3]Screen	2010/11 [4]Brief Intervention	Cumulative 3 year target 2010/11 [3]Screen	Cumulative 3 year target 2010/11 [4]Brief Intervention
A&B	75,699	14,383	3,596	1,598	300	6,392	1,199	6,392	1,199	14,383	2,697
North	31,151	5,919	1,480	658	123	2,631	493	2,631	493	5,919	1,110
Mid	73,356	13,938	3,484	1,549	290	6,194	1,161	6,194	1,161	13,938	2,613
SE	71,411	13,568	3,392	1,508	283	6,030	1,131	6,030	1,131	13,568	2,544
Highland	251,617	47,807	11,952	5,312	996	21,248	3,984	21,248	3,984	47,807	8,964

(1) Data Source: GRO (S) Small Area Population Estimates 2006;

(2) Annual Target is for each year: calculated as ¼ in year 1; full year in years 2 and 3

(3) Screening Target is 100% of screening required (i.e. 19% of 16+ population that require screening as per SIGN 74 criteria);

(4) 'Brief Intervention' Target is delivery of 75% of 'Brief Interventions' required (i.e. 25% of the 19% that require screening)

Explanation of Targets

Screening - The number of presentations to primary care with a potential alcohol-related diagnosis is estimated as 19%. The target for screening is to screen all of these 19% over 3 years.

'Brief Intervention' – Of those screened, 25% might be expected to screen positive and require a 'brief intervention'. The target for 'brief intervention' is to deliver to 75% of the 25% who screen positive.

Example – of 1000 adults aged 16+ in a GP, 190 (19%) are eligible for screening according to SIGN 74 criteria. We aim to screen all of these 190. If all 190 are screened, 48 people will be positive and require a 'brief intervention'. We aim to deliver a 'brief intervention' to 75% of these i.e. 36 people should receive a 'brief intervention.