

This contract is between NHS Lothian and

Practice Name:
Practice No:

A. CONTEXT

The Scottish Health Survey (2013) highlighted concerns about alcohol consumption across all ages and socio-economic groups -

- **40%** of men and **31%** of women who drank alcohol in the previous 7 days exceeded daily recommended limits, while **25%** of men and **16%** of women drank more than double the daily recommended amount on at least one day in the previous week - these values show a reduction in consumption since the 2008 survey.
- **22%** of men and **15%** of women exceed weekly recommended limits (in 2008 the figures were 30% and 20% respectively; for women the levels of consumption are over twice as high for those in the highest income quintile when compared to the lowest quintile.
- Young people are drinking more than in the past with the **16-24** year old group having the highest figures for hazardous drinking of any demographic.

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; 15 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.
- High alcohol consumption in young people is associated with other risky behaviours such as fighting, getting into trouble with the police and sexual risk taking.

ALCOHOL BRIEF INTERVENTIONS (ABI) IN PRIMARY CARE

- An ABI is a short, evidence-based, structured conversation about alcohol consumption which seeks to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm
- The evidence from SIGN, NICE and WHO consistently reinforces that ABIs are one of the most effective approaches in tackling alcohol misuse; they reduce alcohol consumption, alcohol related injury and morbidity and aid with addressing the social consequences of alcohol misuse.
- A Cochrane Review of the effectiveness of ABIs in primary care populations highlighted that the average drop in consumption following an ABI is 4 to 5 units of alcohol per week.

The Updated Plan for Action on Alcohol (Feb 2007) commits the government and key health partners in Scotland to action on reducing the health and social harms resulting from alcohol misuse:

<http://www.scotland.gov.uk/Publications/2007/02/19150222/0>

ABI delivery continues as a HEAT Standard following Scottish Government's commitment to maintain alcohol as a high ministerial priority linked to Health Boards Local Delivery Plan.

NHS Lothian and other partners within each of Lothian's Alcohol and Drug Partnerships will sustain the delivery of ABIs in the three priority settings (Primary Care, Antenatal and A&E) . This prevention / early intervention activity will contribute to work to reduce health inequalities and promote the health and well being of communities by focusing on the needs of the local population in the harder to reach groups where deprivation is highest.

B. SERVICE AIMS

1. To improve the identification of patients with harmful and hazardous drinking patterns presenting to general practice.
2. To opportunistically screen patients in at risk clinical groups using an approved screening tool.
3. To deliver ABIs to appropriate patients, with the aim of reducing their alcohol consumption to safer and healthier levels.
4. To encourage and fund equity of delivery of ABIs across all Lothian practices participating in the enhanced service based on the relative proportion of patients aged 16 and over.

ABI e-Learning Training Module:

Information about how to access this training module was circulated recently. It is suitable for any staff working in situations where screening for alcohol and delivering ABIs is appropriate. NHS Lothian e-learning is located on the *LearnPro NHS* website: <http://nhs.learnprouk.com>

C. DELIVERY OF SCREENING AND ALCOHOL BRIEF INTERVENTIONS

GPs and appropriate practice employed staff should aim to opportunistically screen **targeted patients** (aged 16 and over) presenting in routine general practice consultations. This should include patients attending for new patient interviews.

- For the purposes of this contract screening should be carried out using an approved screening tool e.g. FAST; 5-SHOT; CAGE. Alcohol screening will also be carried out in other clinical settings (eg A&E and Maternity Departments).
- Offer and deliver an ABI (within a current or further consultation as deemed appropriate) to those who screen positive. The intervention will comprise of a consultation of up to 10 minutes; intervention assumes a basic professional level of health behaviour change expertise and communications skills (covered by the training programme). Patients can be provided with information about alcohol and sources of further help. Resources are available from the NHS Lothian Health Promotion Department.

GUIDANCE IN RELATION TO BLOOD TESTS - blood tests are not a contractual requirement under the LES
[Ref: Dr Simon Walker, Consultant in Clinical Biochemistry]

In the investigation of suspected alcohol abuse it is important to be aware that GGT has a number of limitations. Its sensitivity is quite poor with increased levels found in only 30 - 50% of excessive drinkers in a GP setting. It also appears to be less sensitive as a marker in the younger age group (< 30 years). Levels can be elevated in a wide range of conditions, and as a result of many medications.

MCV also has limitations. In particular, its sensitivity is poor. One study in a GP setting found that an elevated MCV detected < 20% of alcohol abusers. If raised, its specificity is higher than GGT for alcohol excess.

For comparison, the Alcohol Use Disorders Identification Test (AUDIT) questionnaire developed by WHO for hazardous and harmful alcohol intake can achieve around 90% sensitivity for hazardous drinking with a specificity of > 80% at the same cut off.

D. IT SUPPORT AND DATA MONITORING

BlueBay / Vision Plus care management and data collection screens are provided by NHS Lothian for data recording / monitoring purposes. The practice should aim to record the date an alcohol screening

was done and the result of this screening, including recording unit consumption. The practice is required to record the date an ABI was delivered. The practice is required to submit their ABI activity monthly and payments will be based on quarterly reports (see section F). Patient information will be automatically included in the ABI record with a limited amount of data (mainly via tick box responses) requiring to be entered manually. Data analysis relating to this contract and the delivery of ABIs in Lothian will be carried out by NHS Lothian Health Promotion Department and by the Primary Care Facilitator Team. The audit data must be submitted by practices in the prescribed format using the software provided.

E. PAYMENT ARRANGEMENTS

Scottish Government funding available to support the GP ABI LES for 2022/2023 is allocated via NHS Lothian's Drug and Alcohol Partnerships.

- **Based on the funding envelope of £100k practices signing up to the LES in 2022/23 will be set a defined allocation of ABIs to be remunerated based on the relative proportion of patients on the practice list aged 16 and over (@ 01/04/2022). Practices will be advised of their specific ABI allocation and associated funding individually.**
- **Practices participating in the LES will receive their allocated funding IN ADVANCE based on this modelling data in May 2022, remunerated at £30 per ABI as in previous years.**
- **Please note that ABI delivery activity will be routinely monitored in year and practices will not be allocated additional funding if they exceed their specific allocation of ABIs during the 2022/23 financial year. However, we have agreed with LMC that any potential underspend on the overall £100k budget will be used to remunerate practices who have exceeded their ABI allocation.**
- **Please also note that where practices fail to deliver their defined target of ABIs an appropriate level of funding will be recovered at financial year end on a prorata basis.**

Note that there is no payment for follow up ABIs.

Individual patients may qualify for ABI payment only once during a 12 month period; this includes ABIs for which a payment has been made during the 12 month period.

ABI payments are subject to the normal payment verification processes.

Notice period

In the event of a practice being unable to maintain the service for the duration of the contract, an appropriate period of notice will be agreed with the PCCO.

Declaration

I understand that the payments relating to this contract will be subject to the normal payment verification arrangements.