

**PUBLIC HEALTH COMMUNITY BASED SERVICES
SERVICE SPECIFICATIONS**

Service Specification No:	CBS18/19(01)
Service:	Provision of an Alcohol Related Risk Reduction Scheme
Authority Lead:	Debra Cunningham
Period:	1st April 2018 to 31st March 2019
Commissioners:	<p>The commissioner detailed as “The County Councils” in this service specification and refers to Leicestershire County Council and Rutland County Council</p> <p>Leicestershire County Council, County Hall, Glenfield, Leicester, LE3 8RA</p> <p>Rutland County Council, Catmose, Oakham, Rutland, LE15 6HP</p>

1. Purpose

This document represents the agreement between the provider and Leicestershire County Council and Rutland County Council for the before mentioned community based service and is an appendix to the Contract for the Provision of Public Health Services.

The aim of the service is to provide early intervention and prevention in primary care healthcare settings to reduce the harm caused by alcohol.

The identification via screening, and delivery of brief interventions for those individuals drinking at increasing, and higher risk, contributes to the overarching outcome of reducing alcohol related harm and alcohol related hospital admissions. The service will do this by;

- i) Targeting the delivery of screening and brief interventions to selected populations at an appropriate time and in an appropriate setting
- ii) Reducing alcohol consumption in those drinking at increasing risk and higher risk by providing brief advice and interventions
- iii) Improving identification and referral to specialist treatment of people with alcohol dependence and people who have not responded to brief interventions.

The National Institute for Health and Clinical Excellence (NICE) has produced guidance and recommendations for the early identification of alcohol use disorders and based on evidence of effectiveness, including cost effectiveness, recommends screening and brief advice interventions.

The National Institute for Health and Clinical Excellence (NICE) (2009) estimated that screening for, and giving brief advice on alcohol problems could save the NHS and social care services more than £124.3million in care and treatment over a 30 year period.

The Health Profile for Leicestershire 2012 estimates that 23% of adults are drinking at an increasing or high risk level. This equates to approximately 123,000 adults (16+) in Leicestershire. (LCC Director of Public Health Annual Report 2013)

2. Service Scope

The Alcohol Risk Reduction service forms part of a wider substance misuse early intervention and treatment system. The Alcohol Risk Reduction service is targeted at those individuals attending primary healthcare services who may be drinking at levels causing harm. The service will identify those drinking at increasing risk and higher risk using a validated screening tool, in this case AUDIT-C, and provide brief advice and where appropriate referral into a specialist treatment service. If there are any concerns regarding eligibility (for example women who are or planning to become pregnant, young people under 18) seek advice from the specialist treatment service.

The service is available to individuals aged 16 and above who are normally resident within Leicestershire County or Rutland County.

3. Service Delivery

3.1 Service eligibility

To be eligible to participate in the Alcohol Risk Reduction community based service, the contractor must;

- Provide a discreet location in which to deliver the service that provides dignity and privacy to the individual.
- Ensure that staff delivering the service have completed the Alcohol Learning Centre, Alcohol Identification and Brief Advice e-learning training (www.alcohollearningcentre.org.uk see 'topics' then IBA). Evidence may be required by commissioners.
- Keep an accurate electronic record of activity and interventions, to be submitted quarterly for payment through the Public Health online CBS claim system.
- Ensure the specific record of activity and intervention is recorded in the patients lifelong record, held by the patients GP
- Where possible agree to follow up with a second full AUDIT each individual offered brief advice and/or referral 6 months following the initial full AUDIT for the purpose of monitoring effectiveness and outcome of the intervention.
- Ensure that their services are properly led and supervised both clinically and managerially

3.2 Description of Service

Description of Identification and Brief Advice (IBA) –

- i) Identification- completion of AUDIT-C (3 questions) will allow lower risk drinkers to be filtered out. The full AUDIT (10 questions) should be completed where individuals score 5+ on AUDIT-C. The AUDIT score will then identify the 'risk' category, 0-7 Lower Risk, 8-15 Increasing Risk, 16-19 Higher Risk, 20+ possible Dependence. This will indicate, no intervention is required, deliver brief advice and/or referral.
- ii) Brief Advice – Effective brief advice includes a number of key elements often explained as FRAMES (Feedback, Responsibility, Advice, Menu, Empathy, Self-efficacy).
 - Feedback on AUDIT score, drinking levels and guidelines
 - Information on the risks and benefits of cutting down

- A menu of strategies for changing drinking behaviour
- Establishing a goal/goals
- Providing encouragement, with a non-judgemental attitude

Simply providing feedback on the AUDIT score and a leaflet will not be considered an Identification and Brief Advice (IBA) intervention for the purpose of this agreement

iii) Referral – where an individual scores 20+ on the AUDIT this may indicate dependent drinking. In these cases the individual should be referred to specialist treatment services (Turning Point) for brief treatment and/or assisted withdrawal. Referral can be made to Turning Point by email; LLreferrals@turning-point.co.uk or referral forms are available on www.wellbeing.turning-point.co.uk/leicestershire . For more information or referral telephone 0330 303 6000

Information sharing –

The following data/information must be collected and submitted quarterly for payment;

CRITERIA	NUMBERS OF INDIVIDUALS
No. of completed AUDIT-C	
No. scoring 5+ on AUDIT-C who then complete full AUDIT	
No. scoring 8+ on full AUDIT who then receive Brief Advice intervention	
No. scoring 20+ on full AUDIT referred to specialist treatment service	

	PERIOD	DATE WHEN SUBMISSION RECEIVED BY LCC or RCC
Q1	April, May and June	July 1 st to July 15 th
Q2	July, August and September	October 1 st to October 15 th
Q3	October, November and December	January 1 st to January 15 th
Q4	January, February and March	April 1 st to April 15 th

4. Quality Assurance

An annual audit and review of the service delivered will be undertaken. For this purpose the following information/data must be collected;

Date of intervention	New/follow up	AUDIT-C score	Full AUDIT score	Outcome No action	Outcome-Brief Advice	Outcome Referral	Unique ID	Sex	Age	Ethnicity
----------------------	---------------	---------------	------------------	-------------------	----------------------	------------------	-----------	-----	-----	-----------

- i) The provider is required to assess themselves against their relevant professional standards.
- ii) The provider must ensure that all healthcare professionals providing the service hold membership of the appropriate professional body
- iii) Ensure staff delivering the scheme remain up to date with relevant training and guidance
- iv) The provider should have/develop electronic systems to collect and record accurate and timely activity data.
- v) The provider must provide a discreet location in which to deliver the service that provides dignity and privacy to the individual.
- vi) Any significant variation or deviation in the quality of the service provided as specified must be notified in writing to the Local Authority as soon as identified, with proposed actions to rectify.
- vii) On occasion the Local Authority will undertake audits to assure the quality of the service. Providers will be notified in advance and will be expected to agree appropriate access.

5. Activity Plan

There is no cap on the number of individuals completing the AUDIT/IBA. However, no more than 2 payments will be made in respect of any individual in a year.

6. Contract Price and Payment Schedule

Payments schedule/submission dates within main contract

Payments will **not** be made for completing only AUDIT-C (3 questions)

Payments will be made for completing the full AUDIT (10 questions) for individuals scoring 5+ on the AUDIT-C.

Payments will be made for completing a Brief Advice Intervention for individuals scoring 7+ on the full AUDIT.

Payment will **not** be made for referral to specialist treatment services for individuals scoring 20+ on the full AUDIT

INTERVENTION	PAYMENT FOR PATIENTS (16+)
AUDIT-C (3 questions)	No payment
Full AUDIT (AUDIT-C and 7 questions when AUDIT-C scores 5+)	£5.00
Brief Advice Intervention (scoring 8-19)	£8.00
Referral to specialist treatment service (score 20+)	No payment
Total max payment per patient	£13.00

7. Appendices

- 1) Definitions
- 2) Pathway flow chart
- 3) AUDIT tool
- 4) Resources

APPENDIX 1

DEFINITIONS

IBA Lite – Providing feedback on the score and a patient information leaflet. This is a minimal intervention that would be expected to be delivered by a wide range of professionals. Consists of one session. Evidence unclear as to what extent 'IBA Lite' may be effective.

IBA – Identification and Brief Advice. Includes identification of level of alcohol use by completing validated screening tool, in this case AUDIT (Alcohol Use Disorders Identification Test), and delivering structured brief advice typically lasting 5-10 mins. Consists of one session. There is evidence that this is effective in reducing increasing/higher risk drinking to lower risk levels.

Brief Advice – Key components of 'brief advice' are often explained as F.R.A.M.E.S

Feedback- on the AUDIT score and 'risk category' and guidelines

Responsibility- emphasising that drinking is a choice, drinkers decision

Advice- explicit information on the risks of drinking above lower risk levels and the benefits of cutting down.

Menu- a menu of goals or strategies to assist in cutting down

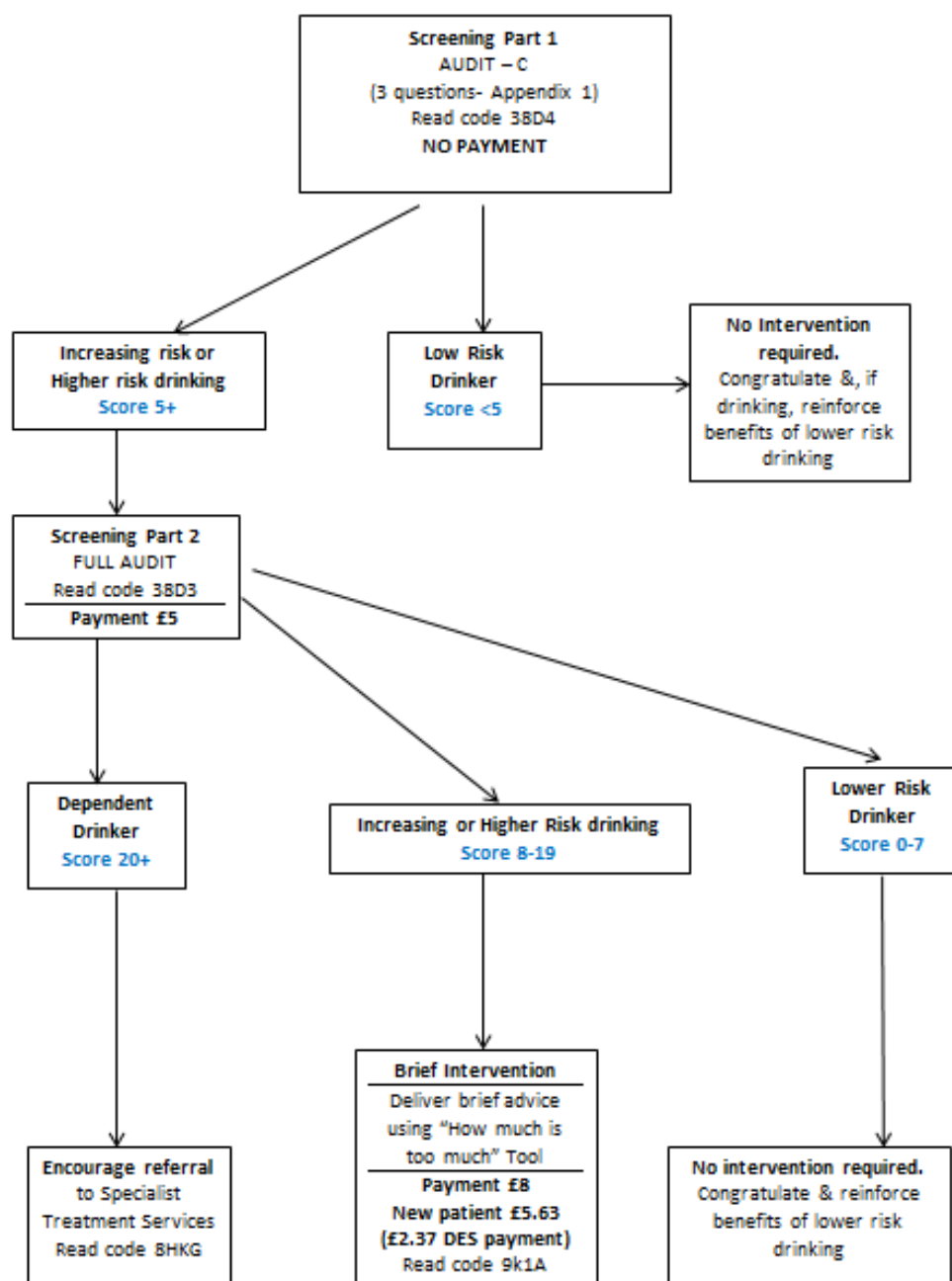
Empathy- an understanding and non-judgemental attitude is important

Self-Efficacy – instil optimism and confidence that change can be achieved

Extended Brief Advice – Better described as Brief Motivational Interviewing. Includes 20-30 minute lifestyle counselling with Motivational Interviewing (MI) skills. Requires training in delivery of Motivational Interviewing approaches. Usually consists of more than one session and may be of benefit to those who have not responded to brief advice.

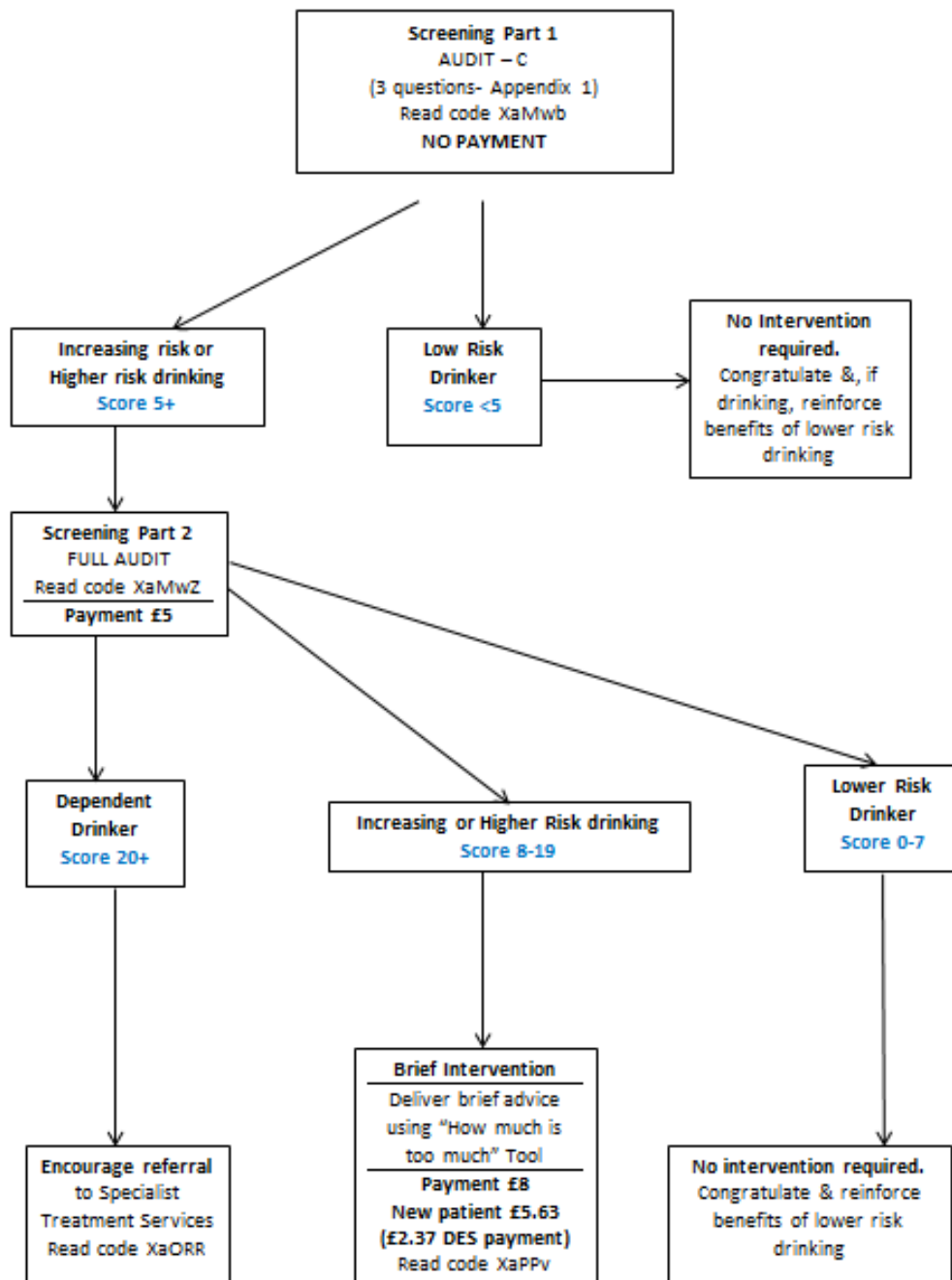
APPENDIX 2(a) EMIS read coding

PATIENT PATHWAY – ALCOHOL RELATED RISK REDUCTION



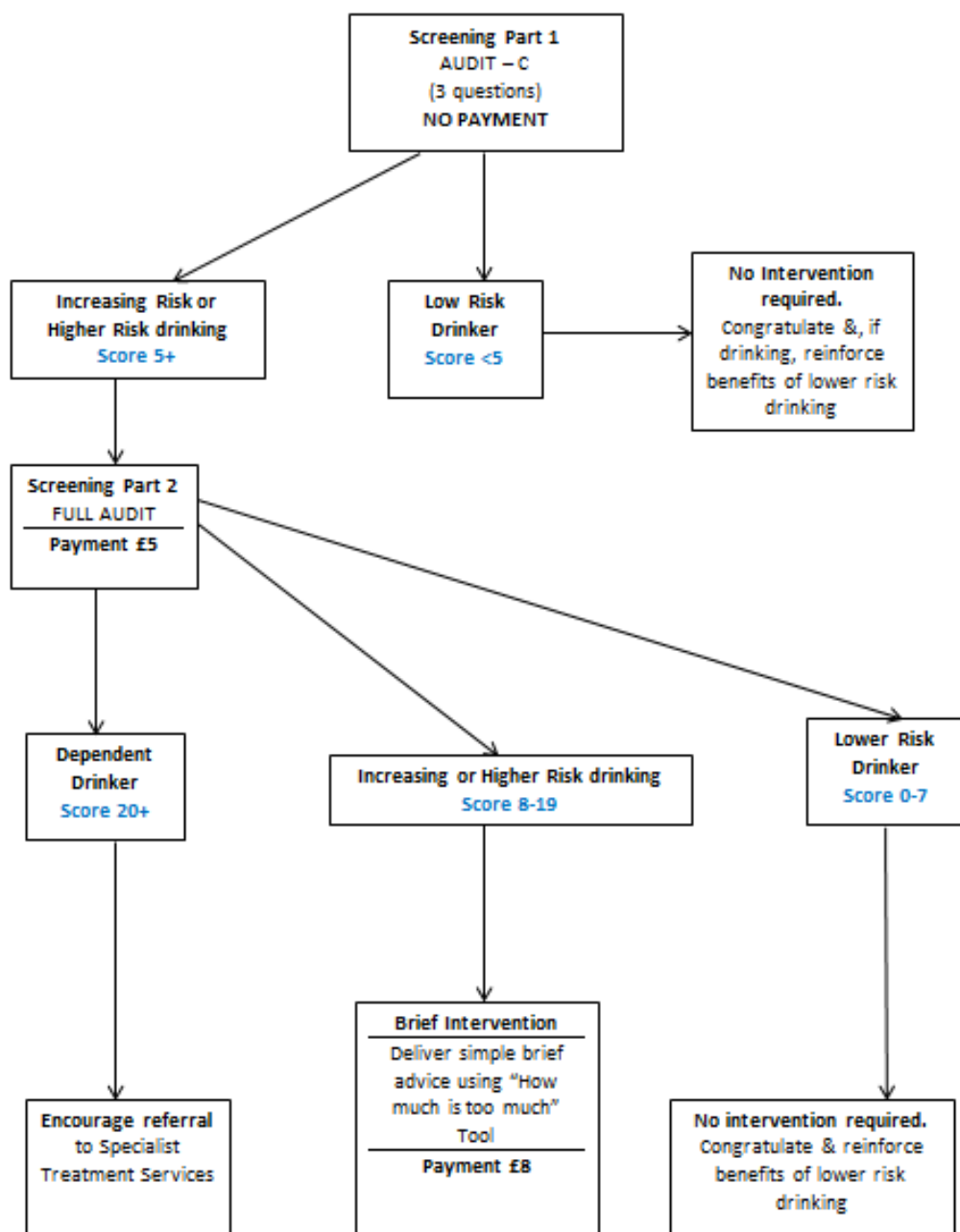
APPENDIX 2(a) SystmOne read coding

PATIENT PATHWAY – ALCOHOL RELATED RISK REDUCTION



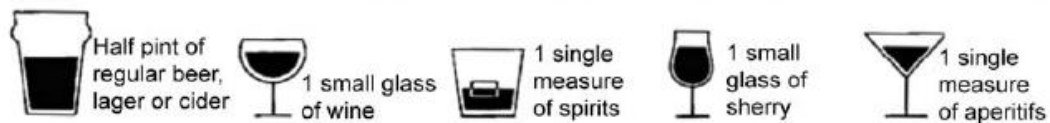
APPENDIX 2 (b)

PATIENT PATHWAY – ALCOHOL RELATED RISK REDUCTION



APPENDIX 3

This is one unit of alcohol...



...and each of these is more than one unit



AUDIT – C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:

A total of 5+ indicates increasing or higher risk drinking.

An overall total score of 5 or above is AUDIT-C positive.



Score from AUDIT- C (other side)

SCORE

Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk,
16 – 19 Higher risk, 20+ Possible dependence

TOTAL Score equals
AUDIT C Score (above) +
Score of remaining questions

TOTAL

APPENDIX 4



Appendix 4-NICE
AUDIT[1].pdf

8. Referrals and Further resources

1. Turning Point Leicester + Leicestershire – 0330 303 6000

To refer individuals scoring 20+, and/or people requesting further support who live in Leicestershire or Rutland. Either ring email or complete referral on line.

LLreferrals@turning-point.co.uk

www.wellbeing.turning-point.co.uk/leicestershire

2. Further Resources -

Website resources

www.alcohollearningcentre.org.uk

www.nhs.uk/Change4Life

www.drinkaware.co.uk