



# TRAFFORD COUNCIL

## Service Specification

**For the Locally Commissioned Service:**

# Alcohol Interventions

Service	Alcohol Interventions
Authority Lead	Harry Wallace
Provider Lead	Harriet Sander
Period	1/4/2023 – 31/03/2028 – annual optional extension
Date of Review	October 2023

## 1. National and Local Context

Primary care provides an important opportunity to intervene in risky alcohol use and encourage change. It is important that practice team members have the most up-to-date information to be able to discuss with patients the impact that lifestyle choices have on their health.

This alcohol intervention service has been developed to ensure that screening and brief interventions are available for people at risk of an alcohol-related problem (hazardous drinkers) and those whose health is being damaged by alcohol (harmful drinkers) in line with NICE guidance related to alcohol-use disorders.

Tackling alcohol consumption and harm must be an essential part of the UK Government's COVID-19 recovery plan, given that tackling geographic health disparities are part of the Government's Build Back Better plans. Alcohol harm is a major risk factor driving these differences (PHE, 2021).

### 1.1. National and Local Context

In 2020, there was a 20.0% increase in total alcohol specific deaths compared to 2019. Significantly higher rates from May 2020 onwards have also been recorded (33.0% of deaths occurred in the most deprived group)<sup>1</sup>.

There were an estimated 589,101 dependent drinkers, of whom 81.7% are not accessing treatment in 2018<sup>2</sup>.

In 2020, there was 8,974 deaths from alcohol-specific causes registered in the UK, an increase of 18.6% from 2019. This is also the highest year-on-year increase since the data time series began in 2001<sup>3</sup>.

There were 280,000 admissions to hospital where the main reason was due to drinking alcohol in 2019/2020 <sup>4</sup>.

There were 167,000 prescription items dispensed to treat alcohol dependence in 2020/2021<sup>5</sup>.

### 1.2. Local data<sup>6</sup>:

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<sup>1</sup> [Monitoring alcohol consumption and harm during the COVID-19 pandemic \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

<sup>2</sup> [The public health burden of alcohol: evidence review - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>3</sup> [Alcohol-specific deaths in the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

<sup>4</sup> [Statistics on Alcohol, England 2021 - NHS Digital](#)

<sup>5</sup> [Statistics on Alcohol, England 2021 - NHS Digital](#)

<sup>6</sup> [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk)

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*Alcohol-specific mortality:* Trafford has a rate of 12.2 deaths from alcohol specific conditions in 2020 which is slightly below the national average of 13.0.

*Alcohol-related mortality:* Trafford has a rate of 35.9 for alcohol related death in 2020 which is not significantly different to the national average of 37.8 and is the lowest of all the Greater Manchester authorities.

*Admission episodes for alcohol specific conditions:* In 2020/2021 Trafford has a rate of 576 per 100,000. This is a significant improvement from 2018/19 at a rate of 787. Trafford has the second lowest rate of all Greater Manchester authorities.

*Admission episodes for alcohol-specific conditions (under 18):* data from 2018/2019 to 2020/2021 shows that Trafford is significantly worse than the national average in this area. Trafford has 41.1 under-18 hospital admission compared to 29.3. This rate has been increasing annually since 2014/2015. Trafford continues to have the second highest rate of all Greater Manchester authorities.

*Admission episodes for alcohol-related conditions (Broad):* In 2020/2021 Trafford's rate per 100,000 was not significantly different than the national average at 1,441 the national rate was 1,500. For the first time since 2008/2009, this is the first time this rate has decreased both nationally and locally.

*Admission episodes for alcohol-related conditions (Narrow):* In 2020/2021 Trafford's rate was better than the national average at 363 per 100,000 compared to 456. Trafford has been consistently below or equivalent to the national average in this area since 2008/2009.

## 2. Service Aims and Objectives

Screening and identification of hazardous and harmful drinkers combined with brief interventions can be cost-effective in reducing alcohol related harm.

In most cases, for those not responding to extended interventions, motivational enhancement therapy should be the first treatment intervention for stepped care.

### 2.1. Objectives

To deliver Alcohol Brief interventions and Extended [including follow-up] interventions to patients drinking at hazardous and harmful levels.

To provide quicker access and early intervention through referral to specialist help for those who show signs of dependence on alcohol (audit score  $\geq 20$ / ICD10 criteria).

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To prescribe medications for dependent patients for purposes of and after Detox as per agreed protocols and in joint working with the Community Detox Team, and to provide appropriate referrals for patients when required.

To improve health outcomes in people who are drinking at hazardous, harmful or dependent levels by achieving a reduction in their alcohol consumption.

### 3. Key Service Outcomes

The Providers will provide an accessible service for this predominately working age population by offering suitable appointment times, which may include evening and/or weekend appointments to maximise uptake.

#### **3.1. Local Outcomes**

Local outcomes will be reviewed annually to ensure due consideration is given to the changing needs of Trafford residents.

The Provider will work to ensure that all adults who have been identified via screening as drinking a hazardous or harmful amount of alcohol are provided with relevant advice on their alcohol consumption.

The Provider will work to ensure that alcohol screenings are carried out at every appropriate opportunity.

The Provider will ensure that alcohol audits are carried out at all relevant opportunities

The Provider will look to increase the number of patients dependent on alcohol accessing Achieve Trafford – the local specialist alcohol service.

#### **3.2. PHOF Indicator**

The Service will contribute to a reduction in the following area: C21\_Admission episodes for alcohol-related conditions (Narrow).

### 4. Service Detail

#### **4.1. Eligibility Criteria**

General Practices should carry out screenings as a part of their routine practice. Specifically, screenings should be considered when:

- Registering a new patient
- Screening for other conditions
- Managing a chronic disease (for example diabetes, hypertension, or chronic heart disease)
- Carrying out a medication review

- Carrying out an NHS Health Check

General Practices should carry out an alcohol intervention to any adult aged 18 years or over who have been identified via screening as drinking a hazardous or harmful amount of alcohol and who are attending NHS or NHS-commissioned services, or services offered by other public institutions.

## 5. Alcohol Risk Assessment

Patients should be screened using the alcohol intervention tool and, delivered an intervention depending on their AUDIT-C score.

### 5.1. Alcohol Screening

The identification of individuals to screen should be done in line with NICE guidance<sup>7</sup>.

The screening itself should also take place in line with NICE guidance<sup>8</sup>. Professionals should be trained to deliver tailored discussions according to the patient's needs. The AUDIT-C and AUDIT full assessment are available in Appendix B.

Consider that stigma and discrimination are often associated with alcohol misuse and that minimising the problem may be part of the presentation.

### 5.2. Audit C

Patient must score 5+ on the AUDIT-C to proceed onto the full AUDIT assessment.

Upon completion of the full AUDIT assessment, if a patient scores 8 or over, an intervention must take place. If a patient scores 7 or less, no intervention is required.

### 5.3. Brief Interventions

Eligible Patients:

- Patients identified as increased risk of alcohol harm due to an AUDIT score of 8-15.

This is simple face to face, structured advice to encourage reduced consumption of alcohol to 'patients drinking at hazardous levels' taking no more

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<sup>7</sup> [Who to screen | Diagnosis | Alcohol - problem drinking | CKS | NICE](#)

<sup>8</sup> [How to screen | Diagnosis | Alcohol - problem drinking | CKS | NICE](#)

than five minutes, following a screening assessment or opportunistically in another 'teachable moment'.

Evidence-based resources that are based on FRAMES principles should be used where possible:

- Feedback: on the person's risk of having alcohol problems
- Responsibility: change is the person's responsibility
- Advice: provision of clear advice when requested
- Menu: what are the options for change?
- Empathy: an approach that is warm, reflective, and understanding
- Self-efficacy: optimism about the person's ability to change their own behaviour - the advice should cover the potential harm caused by the person's level of drinking and offer reasons for changing their behaviour, including the potential benefits to health and well-being.

Provide written and/or interactive information on the consequences of hazardous and harmful drinking and tips on cutting down, available here:

- [www.actiononaddiction.org.uk](http://www.actiononaddiction.org.uk),
- [www.alcoholchange.org.uk](http://www.alcoholchange.org.uk),
- [www.downyourdrink.org.uk](http://www.downyourdrink.org.uk).

If a person has not responded to structured brief advice, General Practices should offer an extended brief intervention if suitably trained staff are available within the practice.

#### **5.4. Extended Interventions**

Eligible patients:

- Patients identified as having possible moderate or severe alcohol dependence, who have rejected a referral to Achieve Trafford.
- Patients identified as higher risk of alcohol harm due to an AUDIT score of 16-19
- Patients identified as increased risk of alcohol harm due to an AUDIT score of 8-15, who have not responded to previously provided brief advice.

Extended brief interventions should only be conducted by healthcare professionals who have received training in the relevant skills (for example, a GP with a special interest in alcohol problems).

Extended sessions:

May take the form of motivational interviews or motivation-enhancement therapy and should last 20–30 minutes.

Should help people address their alcohol use and help them to reduce the amount they drink to low-risk levels, reduce risk-taking behaviour as a result of drinking alcohol or to consider abstinence.

Consider referral if extended brief interventions are not available in the primary care setting. See Appendix B on how to refer to Greater Manchester Mental Health NHS Foundation Trust (GMMH).

### **5.5. Referral to specialist alcohol services**

Eligible Patients:

- Patients with evidence of possible moderate or severe alcohol dependence, identified through an audit score of 20+.
- Referrals to Achieve Trafford should also be considered for any patient who:
  - Show signs of moderate or severe alcohol dependence.
  - Has failed to benefit from structured brief advice and an extended brief intervention and wish to receive further help for an alcohol problem.
  - Shows signs of severe alcohol-related impairment or have a related co-morbid condition (for example, liver disease or alcohol-related mental health problems).
  - General Practices can refer patients to Achieve Trafford using the referral form found in Appendix A.

## **6. Safeguarding**

GPs and practice staff need to be mindful of their role in the Safeguarding of Children, where they have evidence that children may be at risk of harm due to alcohol misuse within the family setting. It is the responsibility of General Practice Providers to assess the needs of those children if there is evidence that their health and well-being may be at risk, any concerns should be raised through the Safeguarding Team.

In Trafford, Early Break's Young People and Family Service offer their award-winning Holding Families Programme which provides whole family support for children and families affected by parental substance misuse. They work with both the children affected by hidden harm and parents and carers at any stage of their recovery from drugs and alcohol. Please see their referral form in Appendix A.

General support for family members affected by alcohol misuse is available through the following:

- Achieve Trafford: Specialist Alcohol service:  
<https://www.gmmh.nhs.uk/achieve/>
- National websites: <http://www.drinkaware.co.uk>
- Alcoholics Anonymous: <http://www.al-anonuk.org.uk/>.

## 7. Data and Monitoring Requirements

Trafford Council requires General Practices to record all consultations using EMIS. General Practices are to submit a quarterly claim via Outcomes4health in order to receive payment. Certain data must be shared with Trafford Council. No patient identifiable data will be required and all submissions must be in line with the Data Protection Act 2014.

Trafford Council will also liaise with GMMH to monitor referrals from primary care.

The quarterly claiming deadlines for activity are:

<b>Quarter</b>	<b>Quarter Close</b>	<b>Cut-off date to submit activity</b>	<b>Payment date</b>
Q1	30th June	20th July	15th August
Q2	30th September	20th October	15th November
Q3	31st December	20th January	15th February
Q4	31st March	20th April	15th May

Providers are also required to provide relevant data for validation and quality assurance purposes, where requested. Trafford Council are piloting this information being provided through NHS Greater Manchester Integrated Care Board with six monthly audits and feedback to General Practices to resolve data coding issues and maximise practice claims. Any practice where there are continual coding issues, may need to revert back to providing their own validation data and being paid following local audit of these figures.

Providers will be paid two working weeks after the claiming deadline.

## 8. General Requirements

Trafford Council will monitor compliance with the terms and conditions set out in this contract. Trafford Council will undertake a PPV quality audit visit on an annual basis to monitor performance and contract compliance. This will be with a random sample of 10% of Providers each year. The Provider is expected to support the quality assurance process for the Alcohol Intervention Service and provide evidence of the following:

### 8.1. Alcohol Lead



The General Practice will be required to identify at least one named Alcohol Lead that will be the contact point between Trafford Council and the General Practice throughout the delivery of this longstanding project. It is recommended that there is a clerical and clinical lead for each practice.

## **8.2. Premise**

The practice premises are fit for purpose. This must include adequate space to carry out the AUDIT-C and full AUDIT assessment, store and maintain equipment and store consumables.

## **8.3. Training Requirements**

The Provider is responsible for ensuring that clinicians are competent and trained to offer alcohol interventions. The section below sets out the training requirements for each level of the service. Evidence of competencies must be retained within each service provider (for all clinicians, locums and staff delivering this service). Evidence of competencies must be dated within the last three years and retained within a folder, which will be requested at times of service provider PPV visits.

Before commencement of the service all staff will read the service specification and complete and provide evidence of completion of the following:

- Any healthcare professional is required to be trained in the Alcohol IBA Programme to perform the AUDIT-C and carry out brief interventions. Training can be accessed here:  
<https://www.e-lfh.org.uk/programmes/alcohol/>.
- Practitioners using the full AUDIT tool and delivering brief interventions can access training on Brief and Extended Interventions training provided by Achieve Trafford, Trafford's specialist alcohol service. This training will be held in quarterly learning events and details can be found on the [Trafford Strategic Safeguarding Partnership website](#).
- Since 01/04/2017, it is now mandatory for the General Practice/Alcohol lead to complete the RCGP Alcohol Management in Primary Care - Level 1. Training can be accessed here:  
<http://www.rcgp.org.uk/learning/online-learning/ole/alcohol-management-in-primary-care.aspx>.

## **8.4. Complaints**

Providers must maintain and operate a complaints procedure in compliance with the Fundamental Standards of Care.

The Provider must:

- i. Provide clear information to Service Users, their Carers and representatives, and to the public, displayed prominently in the

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Services Environment as appropriate, on how to make a complaint or to provide other feedback and on how to contact Local Healthwatch; and

- ii. Ensure that this information informs Service Users, their Carers and representatives, of their legal rights under the NHS Constitution, how they can access independent support to help make a complaint, and how they can take their complaint to the Health Service Ombudsman should they remain unsatisfied with the handling of their complaint by the Provider.

### 9. Clinical Governance

The Provider is responsible for ensuring sufficient arrangements for clinical governance are in place to allow for the provision of safe, effective services.

The Provider is required to have processes and procedures in place for reporting serious incidents and patient safety incidents. It is expected that all serious incidents and patient safety incidents are dealt with in line with organisational and NHS Greater Manchester Integrated Care Board procedures.

Applicable NICE quality standards that are expected to be followed in the delivery of this service are available here: [Overview | Alcohol-use disorders: prevention | Guidance | NICE.](#)

### 10. Payment Schedule

Trafford Council reserves the right to revise fees.

General Practices will be expected to deliver interventions for eligible patients outlined in Section 5. Where this has not be evidenced, payment will not be made.

<b>Alcohol Intervention</b>	
<b>NOTE</b> - All patients must score 5 or more on AUDIT C to be eligible for AUDIT (FULL)	
<b>Element of service –</b>	<b>Fee</b>
Brief intervention	£20.00 per patient
Extended intervention	£50.00 per patient
Referral to Specialist Alcohol Service	£20.00 per patient

## 11. Activity Assurance

Trafford Council is not setting a minimum or maximum number of interventions delivered. However, the Commissioner reserves the right to limit or suspend the service on a temporary basis, if demand for provision exceeds the available budget.

If a Provider feels they cannot deliver the programme at a sufficient rate, there is an expectation that alternative delivery will be considered. This will be done collaboratively with the Provider, Trafford Council and any potential alternative provider.

## 12. Resource and Contact

- Alcohol support website: <https://www.drinkaware.co.uk/>
- Resources: <https://www.drinkaware.co.uk/tools/>
- Achieve Trafford – GMMH, Trafford's specialist alcohol service: <https://www.gmmh.nhs.uk/achieve/>

The operational contact for the agreement at Trafford Council is:

Locally Commissioned Services  
Public Health  
Trafford Council  
Trafford Town Hall,  
Stretford,  
Manchester,  
M32 0TH  
Email: [LCS@trafford.gov.uk](mailto:LCS@trafford.gov.uk)  
Tel. Number: 0161 912 4334 / 3431

## 13. Agreement Termination or Variation

### 13.1. **Termination**

The Commissioner and the Provider may agree, in writing, to terminate the contract, and, if agreement is reached, the date on which the termination should take effect, with a minimum notice period of 30 days.

The Commissioner will have the right to suspend or terminate delivery of the service if the Provider fails to meet the terms of this agreement, including accreditation status.

### 13.2. Variation

The Commissioner reserves the right to vary on any part of this agreement at any time as a result of any Act of Parliament or direction of Central Government, NHSE, OHID, or any other regulatory body, or outcome of review of audit, providing that no less than 30 days' notice to this effect is given.

The Commissioner reserves the right to propose amendments to service provision that will ensure the contract's purpose is fulfilled and achievable activity is carried out.

## 14. Appendixes

### **Appendix A - Achieve Trafford – Referral forms to Alcohol specialist service (GMMH)**



Achieve BST Trafford  
Referral Form.docx



Early Break Referral  
Form.pdf



Holding Families  
Referral Form.pdf

### **Appendix B - Alcohol AUDIT C & AUDIT FULL tool**



Alcohol - AUDIT C &  
AUDIT FULL assesmei