

**Directed Enhanced Service for Alcohol Screening and
Brief Intervention**

Reference: DES08

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1. Financial Detail

The agreement is to cover two financial years commencing from 1st April 2008.

At the end of each year, practices will receive £2.33 for each newly registered patient aged 16 and over who have received screening using either FAST or AUDIT-C.

2. Background

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This specification is designed to cover the enhanced aspects of clinical care of the patient all of which are beyond the scope of essential services.

The World Health Organisation describes alcohol as the second biggest cause of preventable deaths in the developed world and it is estimated that 27% of men and 14% of women drink over the recommended number of weekly units for sensible drinking. Alcohol is also a factor in 20-30% of accidents and 65% of suicide attempts are linked with excessive drinking. (Alcohol Concern, 2004, Fact Sheet 15: Brief Interventions)

The London Ambulance Service report that for Barking Dagenham, during 06-07, 1.6% of their call-outs were for alcohol related problems. These include accidents, falls, alcohol poisoning, "abnormal behaviour" and suicide attempts.

During 2006-07, there were a total of 275 hospital inpatient episodes in Barking and Dagenham directly related to alcohol misuse. Of these, over 51% were for "Mental and Behavioural Disorders Due to Alcohol". 41% were hospitalised for Alcoholic Liver Disease. Only 2.5% were treated for "Degeneration of nervous system due to alcohol". There was a total of 1724 hospital admissions in Barking and Dagenham for alcohol related harm.

Deprived areas suffer higher levels of alcohol related mortality, hospital admission, crime, absence from work, school exclusions, teenage pregnancy and road traffic accidents linked to greater levels of alcohol consumption.

Every year 70% of the population visit their GP practice which provides many opportunities to ask about alcohol use. Evidence suggests that approximately 20% of patients presenting to primary care are likely to be hazardous drinkers (Anderson, 1993).

3. Service Aims

This enhanced service aims to identify newly registered patients aged 16 and over, who regularly exceed the recommended amount of alcohol consumption so that practices can offer appropriate intervention to those at risk from drinking harmful/hazardous levels of alcohol.

4. Service Criteria

Practices must:

1. Screen all new patients over the age of 16 using a shortened version of Alcohol Use Disorders Identification Test (AUDIT) questionnaire AUDIT-C (included below).
2. If a patient is identified as positive, the remaining questions of the ten question AUDIT questionnaire are to be used to determine hazardous, harmful or likely dependant drinking.
3. The practice should provide brief interventions and advice to patients consuming harmful/hazardous levels of alcohol.
4. The practice should refer patients who have scored over 20 on AUDIT (included below), with their consent, who are drinking hazardous levels of alcohol to the community alcohol team using the referral form attached.

Brief Intervention

There is consistent evidence from a large number of studies that brief intervention in primary care can reduce total alcohol consumption and episodes of binge drinking in hazardous drinkers. A brief intervention session is typically a 5 -20 minute session where the focus should be on education and motivation.

The intervention should help the patient weigh up any benefits as perceived by the patient, versus the disadvantages of the current drinking pattern.

The GP should aim to feedback about personal risk or impairment, place emphasis on personal responsibility for change, offer advice to cut down or abstain if indicated because of severe dependence or harm, provide alternative options for changing drinking pattern and, jointly with the patient, setting a target (intermediate goals of reduction can be a start). Listen reflectively without cajoling or confronting, exploring with patients the reasons for change as they see their situation, use interviewing styles which enhances peoples' belief in their ability to change.

5. Ongoing Measurement & Evaluation

Number of Females over 16	
Number of Males over 16	
Total Number newly registered patients >16	
Number of females > 16 screened using AUDIT – C	
Number of males > 16 screened using AUDIT – C	
Total Number of patients > 16 screened using AUDIT - C	
Number of Females scoring > 2 in AUDIT-C	
Number of Males scoring > 4 in AUDIT-C	
Number of Patients Screened using AUDIT	
Number of Patients Scoring >20 in AUDIT	
Number of Patients referred to CAT	

Practices will need to return this information at the end of each quarter for monitoring purposes and to validate payment and the end of the year.

6. Signature Sheet

This document constitutes the agreement between the practice and the PCT in regards to this nationally directed enhanced service.

Practice Stamp

Signature on behalf of the Practice:

Signature	Name	Date

Signature on behalf of the PCT:

Signature	Name	Date

AUDIT-C

Please circle the answer that is correct for you.

How often do you have a drink containing alcohol?					SCORE
Never (0)	Monthly or less (1)	Two to four times a month (2)	Two to Three times per week (3)	Four or more times a week (4)	
How many drinks containing alcohol do you have a typical day when you are drinking?					
1 or 2 (0)	3 or 4 (1)	5 or 6 (2)	7 to 9 (3)	10 or more (4)	
How often do you have 6 or more drinks on one occasion?					
Never (0)	Less than Monthly (1)	Monthly (2)	Two to three times per week (3)	Four or more times per week (4)	_____
TOTAL SCORE Add the number for each question to get your total score.					_____

Maximum score is 12. A score of > 4 identifies 86% of men who report drinking above recommended levels or meets criteria for alcohol use disorders. A score of > 2 identifies 84% of women who report hazardous drinking or alcohol use disorders. _____

AUDIT

The Alcohol Use Disorders Identification Test

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

<p>1. How often do you have a drink containing alcohol? (0) Never [Skip to Qs 9-10] (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week</p>	<p>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p>
<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking? (0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more</p> <div style="text-align: right; margin-right: 20px;"><input style="width: 40px; height: 20px;" type="text"/></div>	<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right; margin-right: 20px;"><input style="width: 40px; height: 20px;" type="text"/></div>
<p>3. How often do you have six or more drinks on one occasion? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily <i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i></p> <div style="text-align: right; margin-right: 20px;"><input style="width: 40px; height: 20px;" type="text"/></div>	<p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right; margin-right: 20px;"><input style="width: 40px; height: 20px;" type="text"/></div>
<p>4. How often during the last year have you found that you were not able to stop drinking once you had started? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right; margin-right: 20px;"><input style="width: 40px; height: 20px;" type="text"/></div>	<p>9. Have you or someone else been injured as a result of your drinking? (0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <div style="text-align: right; margin-right: 20px;"><input style="width: 40px; height: 20px;" type="text"/></div>
<p>5. How often during the last year have you failed to do what was normally expected from you because of drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right; margin-right: 20px;"><input style="width: 40px; height: 20px;" type="text"/></div>	<p>10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down? (0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <div style="text-align: right; margin-right: 20px;"><input style="width: 40px; height: 20px;" type="text"/></div>
Record total of specific items here	
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>



BARKING & DAGENHAM ALCOHOL SCREENING ASSESSMENT

CLIENT DETAILS

First Name:		Surname:	
Also Known As:			

3. PERSONAL DETAILS

Date of birth: <i>(The day, month and year that the client was born)</i>/...../.....	Sex:	M <input type="checkbox"/>	F <input type="checkbox"/>
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Client contact details:

Address: Post Code:.....	Tel: (Home)	
	Tel (Work)	
	Tel (Mobile)	
	E-mail Address	

DAAT/ PCT of Residence:

Barking & Dagenham	<input type="checkbox"/>	Other	<input type="checkbox"/>	If 'Other' please specify
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Country of Birth	First Language
Nationality	Religion
Borough of Residence	Overseas visitor	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

GP Details:

GP Name		Practice Address: Post Code:
Practice Name		
Borough		
Tel		

DISABILITY:

Registered disabled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Disability:	Hearing	<input type="checkbox"/>	Mobility	<input type="checkbox"/>
	Sight	<input type="checkbox"/>	Learning	<input type="checkbox"/>

Alcohol Use:-

Has the person ever had any problems with physical health, psychological health, family, relationships, housing, work, employment, finances – Please record any problems.

Have you ever felt you should cut down on your drinking?	YES/NO	
Have people annoyed you by criticising your drinking?	YES/NO	
Have you ever felt Bad or guilty about your drinking?	YES/NO	
Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?	YES/NO	

BRIEF RISK ASSESSMENT

<u>RISK</u>	<u>YES</u>	<u>NO</u>	<u>Not Known</u>	<u>COMMENTS</u>
History of previous suicide attempts				
Thoughts about self-harm, has self-harmed				
Mental health problems				
Past history of violence				
Harm from others				
Problems with childcare, Social Services				
Homeless, at risk of or living in unstable housing; NFA				
Regular criminal activity				
Has the person entered or left prison recently				
Pregnant				
Injecting drugs				
Current poly substance use				
Is under 18				

REFERRER'S DETAILS:

Date of referral	/...../.....	
Name of referrer (The name of the person who made the referral):			
Organisation:			
Address:	Tel (Work)		
	Tel (Mobile)		
	Fax Number:		
Post Code:	E-mail Address		
Referral Reason:			
Drugs	<input type="checkbox"/>	Both	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	Non-User	<input type="checkbox"/>

Referral Priority:

Client Pregnant	Has severe physical health issues	Has severe Mental Health Issues	Is a threat to others	Risk of deliberate self harm/suicide	Made previous attempts on own life	Sharing injecting equipment	In criminal justice system	Has dependant children	Homeless	Has urgent housing / tenancy issues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I consent to the details of this screening & referral being sent to the relevant service to meet my needs for treatment in the borough of Barking & Dagenham. That information about dates & times of appointments will be given to the referrer & outcomes of the appointments & proposed treatment plans will be shared with the referring agency.

Signature:.....**Name:**.....**Date:**.....

(Please send this referral to the Barking & Dagenham Alcohol Triage Clinic located at)

Community Alcohol Team
300 Ripple Road
Barking
IG11 7RP

Telephone: 0208 591 6800
Fax: 0208 594 3719

Please Note: If referring via fax please contact a member of staff at the CAT Project to notify them that you are sending a referral via fax.