Alcohol Identification and Brief Advice (Alcohol IBA) Service
Community Pharmacy Service Specification
Locally Commissioned Community Pharmacy Service

The Pharmacy Alcohol IBA Service aims to improve access to alcohol advice and brief intervention, provide earlier assessment and intervention for at-risk drinking, reduce alcohol related illness, increase timely referral, and have a positive community impact.

The pharmacy intervention will be for adults over 16 years and will include:

- Patient Engagement
- Initial Screening
- AUDIT (Full Identification Screen)
- Brief Advice
- Referral to specialist services if necessary

The service will identify higher-risk and increasing-risk drinking and provide brief interventions to motivate individuals to take positive action and help them modify their drinking patterns. The pharmacy will provide referral to specialist services if necessary.

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1. **Service Description**

1.1. This service is to provide Alcohol Identification and Brief Advice interventions within a community pharmacy.

1.2. Patient Engagement - A member of the pharmacy team initiates a conversation about alcohol use with patients and customers, explains the alcohol IBA service and offers the initial screening test.

1.3. Initial Screening - A member of the pharmacy team provides the patient with the initial screening test and offers assistance in completing the test. If the result is negative, no action is taken. If the result is positive, a full identification test is offered.

1.4. Full AUDIT - An accredited IBA member of staff (Alcohol Champion) undertakes a full identification screen with the patient to identify between lower risk, increasing risk, higher risk and possible dependency.

1.5. Brief Advice - The accredited IBA member of staff (Alcohol Champion) uses information drawn from using the screen to determine the action to be taken in the next stage:

- Lower risk drinkers will be given information on maintaining lower risk drinking
- Increasing risk and higher risk drinkers are offered brief advice
- Higher risk and possibly dependent drinkers are offered referral to alcohol specialist support

1.6. Referral – Onward referral to specialist service if necessary

2. **Duration**

2.1. This agreement shall take effect for a period from 1st October 2016 to 30th September 2017.

2.2. The service will potentially be extended to 30th September 2018.

2.3. The decision to extend the service will be taken by Wakefield Council and pharmacies will be notified of the decision in August 2017. The decision to extend will be made on an overall evaluation of the Wakefield-wide service and the activity and engagement of each pharmacy commissioned to provide the service.

2.4. The Alcohol IBA service is commissioned to deliver a total of 4686 Alcohol ScreenPlus in Wakefield over a 2-year period. Once the 4686 ScreenPlus limit has been reached the service will end, even if this is before the end of the 2-year period. Pharmacy contractors will be kept informed of the likely end date of the service.
3. **Selection Criteria**

3.1. The Alcohol IBA Service will cover the whole Wakefield Council area. The number of pharmacies commissioned to provide the service will be limited to between 30 – 38.

3.2. Pharmacies for this service will be selected on the following criteria:

- Pharmacy commits to 2 individuals within the pharmacy team becoming Alcohol IBA accredited (Alcohol Champion) to provide the service
- Pharmacy identifies a service lead who is committed to ensuring the service is successful within the pharmacy and meets the required targets (ie number Alcohol IBA delivered)
- Pharmacy is within an area of higher deprivation / greatest need as identified by Wakefield Council
- The response from the pharmacy within the Pharmacy Selection document
- Location of pharmacy (including in relation to other pharmacies, population clusters)
- The pharmacy is a Healthy Living Pharmacy, or is willing to work towards

4. **Premises**

4.1. Patient Engagement and Initial Screening can be carried out in any suitable part of the pharmacy.

4.2. The Full AUDIT, brief advice and referral (ScreenPlus consultation) will be undertaken in a consultation room which meets the requirements as specified for the advanced service Medicines Use Review.

5. **The Service**

5.1. The service is based on an opportunistic universal (i.e. not targeted) approach of engagement and delivery of alcohol IBA for individuals 16 years and over.

**Patient Engagement**

5.2. Patient engagement can be undertaken by any suitable member of the pharmacy team.

5.3. The pharmacy team will proactively initiate conversations about alcohol use with patients and customers.

5.4. The pharmacy will determine how to engage and promote the alcohol IBA service with patients.

5.5. Recruitment methods will include:

- Discussion with customers
- In store leaflet
- Targeting specific prescription / long term condition groups where alcohol can have a contributory factor e.g. hypertension, depression, anxiety, gastric conditions
- During or at the end of another service – MUR, EHC service etc.
- Linking with OTC sales which may be linked to alcohol (hangover remedies, heartburn, falls, injuries, EHC)

5.6. The member of the pharmacy team will briefly explain the service and offer an initial screen.
Initial Screening

5.8. Initial Screening can be undertaken by any suitable member of the pharmacy team.

5.9. Patients accepting the offer of an initial screening will be supplied with a scratchcard (or other resource including the AUDIT-C alcohol assessment tool).

5.10. Pharmacy staff will actively assist the patient in completing the scratchcard.

5.11. If the result of AUDIT-C is negative (a score of 4 or less), no action is taken other than to encourage continued sensible drinking and provide patient with any required information such as information on units and the sensible drinking message.

5.12. If the result of AUDIT-C is positive (a score of 5 or more) the patient must be offered a full identification screen with the IBA accredited member of staff (Alcohol Champion).

5.13. Individuals who do not want to engage in the service or complete the intervention will be offered appropriate health literature, including other sources of support and signposted/referred to an alternative provider.

ScreenPLUS

5.14. The ScreenPlus must be carried out in the consultation room which meets the requirements of the MUR service by an IBA accredited member of staff (Alcohol Champion).

5.15. The ScreenPlus component of the service encompasses completion of the full identification screen and provision of brief advice.

5.16. Patients must meet the following criteria to be eligible for ScreenPLUS:

- Completed the AUDIT-C tool and have a score of 5 or more
- Be at least 16 years’ old
- Not have been previously screened in the past 12 months

Full Identification Screen

5.17. The pharmacy will outline the service to the patient and gain informed consent from the patient to participate in the service.

5.18. The IBA accredited member of pharmacy staff (Alcohol Champion) will undertake AUDIT with the patient. The AUDIT tool must not be self-completed by the patient.

5.19. The AUDIT score will identify the level of risk of drinking of the patient

5.20. AUDIT score 1-7: Lower risk - patients in this group should be given positive reinforcement where appropriate and advised to ensure drinking remains as lower risk or reduces. This reinforcement might be helped by giving information on units and the sensible drinking message.

5.21. AUDIT score 8-15: Increasing risk - patients in this group must be offered Brief Advice.

5.22. AUDIT score 16-19: Higher risk - patients in this group must be offered Brief Advice and provided information about the specialist treatment service and advised to seek further support.

5.23. AUDIT score 20-40: Possible dependence - patients scoring 20+ on the AUDIT should be provided information about the specialist treatment service and advised to seek further support. Brief advice is not appropriate for this group.

**Brief Advice**

5.24. Brief advice must be offered using the Alcohol Advice Leaflet which is based on the Alcohol Learning Centre Simple Structured Advice tool which provides the opportunity for focused discussion about their individual needs and motivations.


5.26. Brief advice should follow the FRAMES principles (feedback, responsibility, advice, menu, empathy, self-efficacy). It should take 3 - 5 minutes and should:

   5.26.1. **Feedback** - cover the potential harm caused by their level of drinking and reasons for changing the behaviour, including the health and wellbeing benefits. Include an explanation of the current alcohol guidelines, explanation of the categories of drinker and where the person fits within the categories.

   5.26.2. **Responsibility** - emphasise the patient’s personal responsibility for change. Cover the barriers to change, check of the individual’s understanding of the impact of their drinking behaviour and whether they want to change.

   5.26.3. **Advice** - suggest how the patient can cut down or abstain. Outline practical strategies to help reduce alcohol consumption and change drinking behaviours.

   5.26.4. **Menu** - discuss the alternative options for changing their drinking pattern and, jointly with the patient, set a goal for reduction. Any goal(s) set should be written in the Alcohol Advice Leaflet.

   5.26.5. **Empathetic** - listen reflectively without confronting the patient; explore with the patient the reasons for change as they see their situation.

   5.26.6. **Self-efficacy** - enhance the patient’s belief in their ability to change

5.27. The consultation should also include an explanation of what a unit of alcohol is.

5.28. The Alcohol Advice Leaflet should be provided to the patient for future reference.

**Referral**

5.29. Patients scoring 16 or more on the AUDIT should be provided information about the specialist treatment service and advised to seek further support.

5.30. With patient consent, the IBA accredited member of staff (Alcohol Champion) will make the referral directly to the specialist service on behalf of the patient.

5.31. Where feasible, arrangements should be made with the specialist service for patients to be offered an appointment within the next 48 hours (the “teachable” moment).

5.32. Patients with a dual diagnosis (drug and alcohol dependence) must also be referred to the specialist service.

5.33. Referrals should be recorded as part of the service delivery.
Records

5.34. All scratchcards and ScreenPlus will be recorded on PharmOutcomes. This includes scratchcards without ScreenPlus (e.g. where patients scored less than 4 or scored 5 or more but refused the offer of ScreenPlus).

5.35. The information must be recorded onto PharmOutcomes within one week of the interaction with the patient.

5.36. The record on PharmOutcomes will be the enduring record of service activity. Following completion of both the EPIC consultations and recording of the information onto PharmOutcomes the paper records can be destroyed.

6. Service Targets

6.1. The pharmacy should aim to provide two full ScreenPlus a week.

6.2. The pharmacy must provide a minimum of one full ScreenPlus a week.

6.3. The pharmacy will be monitored every 3 months on the number of ScreenPlus undertaken. If a pharmacy is not delivering on average one ScreenPlus a week the commissioner retains the right to remove the pharmacy from the service. A pharmacy not meeting the minimum target will be informed of this and given an opportunity to improve prior to removal from the service.

7. Payment

7.1. Pharmacies will be paid at £15 per completed ScreenPLUS to include:
   - Patient engagement activity
   - Provision of the initial screening element of the service, even when the initial screen does not lead to a ScreenPLUS
   - Staff time to deliver a ScreenPLUS consultation (completion of the AUDIT tool and provision of brief advice as outlined in service specification)
   - Associated staff time to support the trained staff in providing the service
   - Administration costs including completion of claim forms and audit

7.2. There is no direct payment for the patient engagement/ initial screen element of the service.

7.3. Payment will be made retrospectively on a monthly basis using the data recorded on PharmOutcomes.

7.4. The pharmacy must record information onto PharmOutcomes within one week of the consultation. Claims submitted which relate to provisions over 1 month old will not be paid.
8. Staff

ScreenPLUS

8.1. Staff responsible for the delivering the ScreenPLUS component of the service must be Alcohol IBA accredited to provide the service before commencing delivery.

8.2. Alcohol IBA accredited members of the team will for the purposes of this service be referred to as Alcohol Champions.

8.3. Accreditation to provide ScreenPLUS is proven by possession of a current, expiry dated certificate.

8.4. Accreditation is gained by successfully completing the underpinning knowledge and attendance and participation at the commissioner approved training event.

9. Underpinning Knowledge

9.1. Successful completion of the Alcohol Learning Centre (ALC) Intervention and Brief Advice training for community pharmacy open learning programme and its associated assessment (available via from: http://www.alcohollearningcentre.org.uk) (2 hours).

9.2. Successful completion of this open learning programme and its associated is a pre-requisite to attending the commissioner approved training event.

9.3. Pharmacy staff can demonstrate they have successfully completed the ALC learning by printing out a record of achievement once the final assessment session has been undertaken.

9.4. Pharmacists and technicians have the option to complete the Centre for Pharmacy Postgraduate Education (CPPE) open learning programme Alcohol misuse: support and advice from the pharmacy team Open Learning Programme (10 hours) as an alternative to the ALC IBA e-learning. In addition to the alcohol brief intervention and advice knowledge contained within the ALC programme, this programme additionally provides an in-depth knowledge of alcohol misuse, its impact on society, national strategies and alcohol as a drug.

9.5. Pharmacists and registered technicians can demonstrate they have successfully completed the CPPE programme and assessment by allowing access via CPPE viewer.

10. Commissioner Approved Training

10.1. The training event will review and support the underpinning knowledge required to provide ScreenPLUS and on completion of the training, pharmacy staff will be able to:

- Start a conversation about alcohol use with people.
- Describe the service being offered including use of the alcohol screening tools, brief advice tools and referral pathways.
- Explain the categories of risk drinking levels and the benefits of changing drinking behaviour.
- Provide brief advice in a motivational, empathetic and non-judgmental way.
- Understand the alcohol care pathway and know when and where to refer people to specialist services.

11. Duty of pharmacy contractors

11.1. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are competent to deliver the service, have relevant knowledge and are appropriately trained in the operation of the service.

11.2. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
11.3. The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.

11.4. The pharmacy must nominate a service lead. The named service lead is the key contact for the commissioner and Community Pharmacy West Yorkshire to discuss service delivery. The Service Lead has a role in championing the service within the pharmacy and helping the pharmacy to achieve the target number of ScreenPlus. Should the Service Lead leave the pharmacy or no longer be able to act as Service Lead the pharmacy is responsible for identifying a replacement Service Lead.

12. Confidentiality


12.2. Any approaches by the media for comments or interviews must be referred to the commissioning CCG.

13. Indemnity

13.1. The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement. Proof of adequate insurance should be provided to the commissioner if requested.

13.2. Any litigation resulting from an accident or negligence on behalf of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to Wakefield Council or Community Pharmacy West Yorkshire.

14. Commissioner responsibilities

14.1. Wakefield Council will provide the funding for PharmOutcomes for the recording of relevant service information for the purposes of audit and the claiming of payment.

14.2. Wakefield Council will provide pharmacies with the necessary training and resource packs to be able to provide the service (these will be provided through an agreement with Community Pharmacy West Yorkshire).

15. Quality Standards

15.1. The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.

15.2. The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service are competent to deliver the service.

15.3. The pharmacy participates in an annual Wakefield Council organised, LPC (Community Pharmacy West Yorkshire) agreed, audit, evaluation or post payment verification of service provision.

15.4. The pharmacy co-operates with any locally agreed Wakefield Council assessment, agreed with the LPC, of service user experience.

16. Governance

16.1. The pharmacy will effectively manage any complaints using the pharmacy’s own internal complaints procedures which must meet the NHS pharmaceutical contractual standards.

16.2. The pharmacy will manage any incidents in line with the requirements of the NHS Contractual Framework for community pharmacy to ensure that any patient incidents that occur are reported to the NPSA via the NRLS on-line reporting system.

16.3. Additionally, the pharmacy will inform Wakefield Council of any complaint / incident relating to the service.
17. Safeguarding

17.1. Pharmacies and their staff are reminded of their existing obligations to comply with local and national guidance relating to child protection procedures.

17.2. When dealing with all patients’ pharmacy staff have a responsibility to consider if there is a potential safeguarding issue.

17.3. The pharmacy shall actively work to protect service users and their families from abuse and ensure that local multiagency safeguarding procedures are followed where there are any concerns of abuse in relation to any children or adults.

18. Termination

18.1. Either party may terminate the agreement subject to providing three months’ notice in writing.

18.2. This agreement will terminate immediately (at the council’s discretion) when 4686 ScreenPlus have been provided across the Wakefield District.

18.3. As set out in the Service Targets section a pharmacy may be removed from the service with one months notice for failing to meet the required minimum number of ScreenPlus.

18.4. Wakefield Council may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence or fraud on the part of the pharmacy.
Service Specification Agreement

This document constitutes the agreement of the pharmacy in regards to the Wakefield Council Pharmacy Alcohol Identification and Brief Advice Service.

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Please tick

- The pharmacy agrees to provide the Pharmacy Alcohol IBA Service in accordance with the service specification
- The pharmacy consents to the sharing and processing of service activity data with Wakefield Council and Community Pharmacy West Yorkshire for the purpose of evaluating the service and making service payments
- Pharmacy has a consultation room that meets the requirements of the Medicines Use Review (MUR) Service

The above named pharmacy will undertake this Local Service in accordance with the service aims and requirements as set out in the service specification.

This agreement will be in force from 1st October 2016 to 30th September 2017.

Signature on behalf of the Pharmacy:
Please ensure you follow your company’s process for signing of contracts and agreements.

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Signature on behalf of the Commissioner:

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PLEASE COMPLETE THE REVERSE OF THIS FORM- Selection Criteria
### Pharmacy Selection

**Pharmacy Name:**

**Pharmacy ODS:**

The person named below will be the Service Lead and understands they have a role in championing the service within the pharmacy and acting as a key point of contact for Community Pharmacy West Yorkshire.

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<th>Name</th>
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The pharmacy will commit that the individuals (named below) within the pharmacy team will complete the required training to become Alcohol IBA accredited and provide the service.

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Use the box below to outline why the pharmacy should be selected to provide the Alcohol IBA service/ will be a good provider of the service.

The information provided here will be used by the Commissioner in determining which pharmacies to select to provide the service. This should be completed by the pharmacy team based within the pharmacy applying to provide the service.

Name and Job title of person completing the box above:

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Signature

Date

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**Please return by Friday 26th August 2016 to:**

Freepost RSXK-TTAT-BXGU  
Community Pharmacy West Yorkshire  
Brooklands Court, Carr Moor Side, Leeds  
LS11 5HL

Email: [info@cpwy.org](mailto:info@cpwy.org)  
Fax: 0113 3410351