Executive Summary

Hazardous and harmful drinking creates a huge burden on the health and wider public sector systems in terms of the cost of treating alcohol related diseases, the impact on hospital and primary care demand and the cost to society. There is strong evidence and NICE guidance to support the effectiveness of identification and brief advice (IBA) for adults in primary healthcare settings. Early identification of alcohol misuse and the delivery of simple advice can be very effective in reducing people’s drinking to lower risk levels. The evidence indicates that 1 in 8 people who receive advice will reduce their drinking to within lower risk levels and the effects of brief interventions persist for periods of up to two years after intervention and perhaps as long as four years.

The National Treatment Agency’s Review of the Effectiveness of Treatment for Alcohol Problems (2006) showed that opportunistic brief interventions delivered to hazardous and harmful drinkers in primary healthcare are effective in reducing alcohol consumption to lower-risk levels. For every £1 spent on alcohol services, it is estimated that £5 will be saved across health and the wider public services.

Aims and intended service outcomes of the service

- To improve access to and choice of alcohol screening and intervention support services closer to peoples’ homes.
- To provide quicker access to early assessment of potential alcohol related harm.
- To provide an early intervention to reduce the number of people who may become alcohol dependent.
- To reduce alcohol related illnesses and deaths by helping people to reduce or give up drinking.
- To help service users access additional treatment by offering timely referral to specialist services where appropriate.
- To minimise the impact on the wider community by reducing the levels of alcohol related crime and anti-social behaviour, thereby improving community safety.

Brief Service Description

Pharmacies will screen and provide one to one support and advice to people over 16 years of age. 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, in conjunction with the local Harm Reduction Team. The pharmacy will provide referral to specialist services if necessary.

This Service is to be provided in addition to the Essential service ‘Promotion of healthy lifestyles (Public Health)’ (ES4).

Resource Implications

Pharmacies will be paid £15 per full identification screen and brief advice to cover staff time, training and other duties as outlined in the services. To ensure an outcome focus payments are only applicable for completed full alcohol IBA. No direct payments will be made for engagement and initial screening activity.

2. NICE: Services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults (2011)
Service Specification

This service specification is underpinned by the Agreement for the provision of Community Pharmacy Enhanced Services (LES Agreement). The LES agreement specifies the terms of service, including duration of agreement, performance management, and should be read in conjunction with this Service Specification.

Purpose of the Agreement

This agreement relates to the Alcohol Intervention and Brief Advice Service (alcohol IBA) by participating community pharmacies within NHS Calderdale. This agreement is valid from 1st May 2013 to 30th April 2015. This service will be commissioned for a 2 year period only.

Selection of provider

The Pharmacies for this service will be selected on the basis of:

1. The pharmacy has achieved Healthy Living Pharmacy Level 1 status or higher
2. Pharmacy has committed to at least 2 individuals within the pharmacy team to become accredited to provide the service

If more pharmacies are able to meet these criteria than the commissioner wishes to commission the following factors will be taken into consideration:

- Pharmacy able to provide the service during extended opening hours, including late evenings, Saturdays and Sundays
- Pharmacy able to provide sessions in a BME language suitable to the population

The Services

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.

The alcohol IBA pathway is divided into four key areas:

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.

The Initial Simple Screening Test
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.

The Full Identification Screen
An accredited IBA member of staff undertakes a full identification test which consists of questions which help identify between lower risk, increasing risk, higher risk and possible dependency.
**Brief Advice**
The accredited IBA member of staff uses information drawn from using the screen to determine the action to be taken in the next stage:
- Lower risk drinkers will be congratulated and given an information on maintaining lower risk drinking information
- Increasing risk and higher risk drinkers are offered brief advice
- Possibly dependent drinkers are offered referral to alcohol specialist support

**Patient engagement**
The pharmacy team will proactively initiate conversations about alcohol use with patients and customers.

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

Recruitment methods will include:
- Discussion with customers
- In store leaflet
- Targeting specific prescription/long term condition groups e.g. those with hypertension
- During another service – MUR, EHC service etc.

The member of the pharmacy team will briefly explain the alcohol IBA service and offer an initial screening test.

**Initial Screening**
Patients accepting the offer of an initial screening test will be supplied with the AUDIT-C alcohol assessment tool.
Pharmacy staff will assist, where appropriate, the patient in completing the tools and associated questions.

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.

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.

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**

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

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

The ScreenPLUS consultation must be carried out in the consultation room with an IBA accredited member of pharmacy staff.

**Full identification screen**

If the initial screening is positive (AUDIT-C score of 5 or more) the patient must be offered a full identification screen using the AUDIT tool.

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

The AUDIT score will identify the level of risk of drinking which the IBA accredited member of staff will feedback the score to the patient with reference to the risks of their level of drinking and the population breakdown of level of drinking as stated in

http://www.alcohollearningcentre.org.uk/_library/Structured_Brief_Advice_Tool_Nov_2010.ppt
AUDIT score 1-7: **Lower risk** - patients in this group should be given positive reinforcement where appropriate and advised that they are unlikely to experience alcohol-related problems as a result. This reinforcement might be helped by giving information on units and the sensible drinking message.

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

AUDIT score 16-19: **Higher risk** - patients in this group must be offered Brief Advice.

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.

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). Alcohol IBA does not aim to target dependent drinkers, but focuses on increasing risk and higher risk drinkers therefore brief advice is not appropriate for this group.

**Brief Advice**

Brief advice must be offered using the Simple Structured Advice tool which provides the opportunity for focused discussion about their individual needs and motivations. [http://www.alcohollearningcentre.org.uk/_library/Resources/ALC/Brief_Life_STYLE_Counselling_Tool_BLC.doc](http://www.alcohollearningcentre.org.uk/_library/Resources/ALC/Brief_Life_STYLE_Counselling_Tool_BLC.doc)

The brief advice must consist of:

- an explanation of daily benchmarks (maximum daily allowance);
- an explanation of what a unit of alcohol is;
- an explanation of the benefits of changing drinking behaviour;
- an explanation of the categories of drinker and where the person fits within the categories;
- a check of the individual’s understanding of the impact of their drinking behaviour and whether they want to change;
- provision of a menu of alternative strategies for changing drinking behaviour, including specialist help for those drinking at probable dependent levels;
- an explanation of the referral pathway;
• the provision of an Educational Safer Drinking Leaflet and an explanation of the content [http://www.alcohollearningcentre.org.uk/_library/Resources/ALC/Patient_Information_Leaflet_PIL_-_How_Much_Is_Too_Much_Drinking_and_You.pdf]

It is expected that the ScreenPLUS intervention will take on average 10 to 15 minutes.

**Referral**

Patients scoring 20+ on the AUDIT should be provided information about the specialist treatment service, advised to seek further support and be provided with the Calderdale Drug and Alcohol Partnership’s Guide to Recovery Choices booklet.

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

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).

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

Referrals should be recorded as below.

Referrals should be made as per the process outlined in the service guide.

**Records**

The following will be recorded for each individual completing the full identification screen:

- Postcode (district code only)
- Age
- Gender
- Audit score
- Average units per week
- Long Term Condition status
- Referral made

This information will be recorded electronically on PharmOutcomes.

This data set must be recorded for EACH patient who was AUDIT-C positive regardless of the full AUDIT score.

**Accessibility**

The expectation is that the service is available throughout the pharmacy’s opening hours (both core and supplementary).

As a minimum the service must be provided for at least 80% of the pharmacy’s opening hours.

The service is to be delivered by the pharmacy for at least 45 weeks of the year with no continuous break of more than two weeks.

**Payment**

Remuneration will be made to the pharmacy according to the following:

Service delivery costs 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

There is no direct payment for the patient engagement/ initial screen element of the service. Payment will be made retrospectively on a monthly basis using the data recorded on PharmOutcomes.

Data sharing

All pharmacies providing this service must agree to the sharing and processing of service activity data with the CPWY office for the purpose of evaluating the service and making service payments.

The service data will also be shared with the commissioner.

Pharmacy identifiable will not be shared between pharmacies without prior agreement from all pharmacies commissioned to provide the service.

Staff

Pharmacies operating the service must be authorised by the commissioner to provide the service. This is via a schedule of services authorisation signed by both commissioning organisation and the community pharmacy.

Each individual pharmacy providing the service must:
• be registered with the commissioner to provide the screening and brief intervention service
• have completed (and maintained) the required training

The pharmacy contractor must ensure that all pharmacy staff, including part-time staff and locum pharmacists, are aware of the service, how it operates including relevant signposting information and referral procedures, to ensure the pharmacy offers an effective, sensitive and non-judgemental service.

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

Accreditation

Patient Engagement and Initial Screen

The engagement and initial screening can be undertaken by any suitable member of staff where the pharmacist / HLP Champion / HLP leader has determined they are suitable to deliver this element of the service.

For staff undertaking engagement and initial screening it is expected that the pharmacist / HLP Champion / HLP leader will share the knowledge and skills required to deliver the initial screen with the staff who will be undertaking the initial screen.
ScreenPLUS

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

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

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

Underpinning Knowledge

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)

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

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.

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.

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

Commissioner Approved Training

All staff providing the ScreenPLUS component must attend a Commissioner approved training event.

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:

- a) Identify people who may benefit from the alcohol identification & brief advice service.
- b) Start a conversation about alcohol use with people.
- c) Describe the service being offered including use of the alcohol screening tool, brief advice tools and referral pathways.
- d) Explain the categories of risk drinking levels and the benefits of changing drinking behaviour.
- e) Provide brief advice in a motivational, empathetic and non-judgmental way.
- f) Work as part of the Pharmacy Team in the delivery of a safe and effective service.
- g) Understand the alcohol care pathway and know when and where to refer people to specialist services.

Maintenance of Accreditation

Accreditation status must be reviewed at least every two years. This should be in the form of a self-declaration of competency.
Where changes are introduced to the commissioned service, relevant information must be provided by the Commissioner; those providing the service will need to update themselves as part of their usual continuing professional development.

Where there are concerns regarding poor performance, this will be addressed separately as a clinical governance matter.

**Premises**

The patient engagement and initial screening can be undertaken in any appropriate place within the pharmacy that provides a sufficient level of privacy.

All other elements of the alcohol IBA consultation (ScreenPLUS and referral) must be carried out within the pharmacy consultation room (as defined by for the MUR service) in order to provide a sufficient level of privacy.

If provided by the commissioner the pharmacy will display alcohol advice posters / information relating to the alcohol IBA service.

**Quality Indicators**

The pharmacy has appropriate PCT provided health promotion material available for the user group and promotes its uptake.

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

The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.

If requested by the commissioner, the pharmacy will participate in an annual commissioner organised audit of service provision.

The pharmacy co-operates with any locally agreed commissioner-led assessment of service user experience.
Signature Sheet

This document constitutes the agreement of the pharmacy in regards to the delivery of the Local Service – Alcohol Intervention and Brief Advice

Please tick

The pharmacy agrees to provide the Alcohol Intervention and Brief Advice in accordance with the Service Specification

The pharmacy has achieved Healthy Living Pharmacy Level 1 status or higher

Current HLP status:

The pharmacy will commit to at least 2 individuals (named below) within the pharmacy team to become accredited to provide the service

<table>
<thead>
<tr>
<th>Name</th>
<th>Job title</th>
<th>HLP Champion?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes / No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes / No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

The pharmacy consents to the sharing and processing of service activity data with the CPWY office for the purpose of evaluating the service and making service payments.

I understand that non-anonymised pharmacy data will only be shared with the CPWY Office staff and will not be seen or distributed by any CPWY member or other person who has a pecuniary interest (either directly or otherwise) with any pharmacy contractor.

Pharmacy name

Address:

Postcode:          ODS code: F

Contact Number:    Email:

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 May 2013 to 30th April 2015.

Signature on behalf of the Pharmacy:

Signature

Name

Date

GPhC

Signature on behalf of the Commissioner:

Signature

Name

Date

Please return by 29th March 2013 to:

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