**Provision of Alcohol identification and Brief Advice Support and Guidance**

Service Level Agreement

<table>
<thead>
<tr>
<th>Parties to the Agreement</th>
<th>Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Purchaser: Knowsley Public Health</td>
</tr>
</tbody>
</table>
1. Background

Excessive drinking is a major cause of disease and injury, accounting worldwide for 9.2% of disability adjusted life years with only tobacco smoking and high blood pressure as higher risk factors. For the NHS alone, the estimated financial burden of alcohol abuse is around £2.7 billion including hospital admissions and attendance at A&E and primary care (The cost of alcohol harm to the NHS in England, DH, 2008). Health inequalities are clearly evident as a result of alcohol-related harm where Department of Health analysis of ONS data indicates that alcohol-related death rates are about 45% higher in areas of high deprivation.

There were 2,903 alcohol related hospital admissions per 100,000 population in Knowsley during 2011/12, significantly higher than the North West region (2,413) and England (1,974).

In the nine years since 2002/03, the rate of alcohol related admissions has increased by 82% in Knowsley, compared with 95% for the North West region and 113% for England.

The 2012/13 NHS Merseyside Lifestyle Survey states that 58% of adults in Knowsley drink alcohol. (Knowsley Public Health Intelligence 2012/3)

There is evidence of the effectiveness of community pharmacy-based public health interventions such as smoking cessation and methadone maintenance for addictions, and in the management of osteoporosis, diabetes and raised cholesterol. Service users report positive experiences of using community pharmacy-based public health services, suggesting these services are acceptable as well as effective. Choosing Health Through Pharmacy identified opportunistic advice, brief interventions and offering floor space to other health professionals as areas where community pharmacy could make a contribution. Furthermore there is a very large body of international research evidence that shows early identification of alcohol misuse and the delivery of brief advice can be very effective in reducing people’s drinking to lower risk levels. The evidence indicates that for every 8 people who receive advice, one will reduce their drinking to within lower risk levels. This compares favourably with smoking advice where one in 20 will change their behaviour on the advice given (Safe. Sensible. Social. The next steps in the National Alcohol Strategy, DH, 2007).

2. The service

The Pharmacy will be contracted to deliver a coordinated alcohol identification and brief advice as part of Knowsley’s Alcohol Harm Reduction Strategy.

Although the Identification may take place at the pharmacy counter the audit questions and the provision of brief advice will be provided in the pharmacy consultation room.

3. Aims and intended service outcomes

3.1 To support the reduction in the level of alcohol related harm within the community.

3.2 To provide advice to patients drinking at increasing risk levels.

3.3 To signpost those patients that have been identified as being at risk from their alcohol use to the appropriate treatment service.
3.4 To support Knowsley Public Health to increase awareness within the local population to the associated health risks linked to alcohol use.

4. Service Description

4.1 To provide an Identification and Brief Advice (IBA) service through community pharmacies that has the following 6 elements.

4.1.1 Identification
Using defined criteria (below), patients ‘walking in’ to a participating Pharmacy will be offered screening using the AUDIT alcohol assessment tool (Alcohol Usage Disorder Identification Test, WHO 1982, Appendix IV).

Defined Criteria for Screening:
Any patient aged over 18 that the Pharmacist / trained staff member identifies as needing advice/support around alcohol use
Any patient that has not completed AUDIT in the last 12 months (The Webstar system will record this information)

Patients presenting frequently with symptoms which may be associated with alcohol misuse e.g.:
- Gastric problems – e.g. peptic & duodenal ulcers
- Falls and associated injuries
- High blood pressure
- Depression
- Anxiety / stress
- Identified during a Medication Use Review (MUR) or other services provided by the pharmacy such as Smoking Cessation Consultations or CVD screening

4.1.2 Screening
The Pharmacist / trained staff member will undertake the AUDIT questionnaire (Appendix 1) with the patient. AUDIT scores will be recorded on the Webstar data base. EACH patient undertaking the AUDIT questionnaire regardless of score should be recorded.

4.1.3 Brief Intervention
If the score determines that the patient scores between 8 -15 (increasing risk category), a brief intervention will be carried out, which consists of:
- Explanation of recommended daily amounts
- What a unit of alcohol is
- Explanation of category of drinker
- Explanation of the content of the supporting leaflet

4.1.4 Referral
If a patient scores above 16 (high risk drinking category) then with patient consent, a referral should be made to the specialist treatment service below for a comprehensive assessment (patient consent should be recorded on Webstar).

Call 0845 8734462 or 0151 4826291

See Attached Referral Form
Patients can self refer by attending either of the two recovery hubs:

Knowsley Integrated Recovery Service (CRI) (Kirkby)
Unit 12-14, Chapel Brook Park, Wilson Road, Huyton, L36 6FH

or

Knowsley Integrated Recovery Service (CRI) (Kirkby)
Old St Chad’s Clinic, St Chads Drive, Kirkby, L32 8RE

4.1.5 Follow up
Those patients having scored 8-15 (increasing risk drinking category), should be contacted using three follow up questions after 4 weeks. Telephone follow up’s are acceptable. Knowsley Public Health recognises that in some cases follow up contact may not be achieved or patients may not agree to participate in the follow up questionnaire. In these cases pharmacies can record the patient as lost to follow up and provide the number of contact attempts made (A minimum of 3 attempts should be made). However Knowsley Public Health will monitor contact rates for all pharmacies and reserves the right to ask any pharmacy to account for lost to follow up rates that are higher than expected.

4.1.6 Monitoring of the service
Pharmacies will be expected to:
- Use screening and data collection tools
- Record details about all brief interventions and referrals on Webstar

4.2 The Pharmacy contractor has a duty to ensure that all staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. Knowsley public health will ensure that annual update sessions are available for staff.

4.3 The Pharmacy contractor has a duty to ensure that all staff involved in the provision of the service are aware of and operate within local protocols.

4.4 The Pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.

4.5 Knowsley Public Health will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.

4.6 All pharmacy staff delivering the service must have:
- must have completed the e-learning IBA section available from the alcohol learning centre or must have attended a Public Health training event within the previous 2 years. Operators must be familiar with this standard operating procedure. The alcohol learning centre website address is: www.alcohollearningcentre.org.uk

The responsibility for the service including training and managing staff according to the approved protocol is with the provider. Staff should update their training every 2 years and the provider should maintain training records which will be available for inspection if required by the commissioner.

5. Quality Indicators
5.1 A training event will be arranged by the Knowsley Public Health annually for delivery of the service.

5.2 The Pharmacy must adhere to the standard operating procedure for this service.

5.3 The Pharmacy must participate in a Knowsley Public Health organised audit of service provision as required.

5.4 The Pharmacy must co-operate with any locally agreed Knowsley Public Health-led assessment of service user experience.

6. **Duties of the Pharmacy**

6.1 To keep records of patient consultations and advice given by means of the monitoring systems provided by Knowsley Public Health for this purpose.

6.2 To enter monitoring data onto Webstar within the timescales identified in Appendix 3.

7. **Duties of the Knowsley Public Health**

7.1 To arrange annual training for pharmacists / staff for the service.

7.2 To provide information on how to access resources and all service documentation including:
   - Knowsley Integrated Recovery Service (CRI) leaflets
   - AUDIT questionnaire (alcohol booklets)

7.3 To pay the Pharmacy quarterly based on information entered onto the Webstar system

8. **Complaints**

8.1 The provider must record any significant events or patient complaints. Any complaint relating to this service must be reported to the Commissioner within 2 working days.

9. **Terms and Fees**

9.1 The Pharmacy will be paid a fee for each patient that takes part in the service (See Appendix 3 for precise payment rates)

9.2 To qualify for payment the following service must be provided:
   - Support all patients to complete the AUDIT questionnaire and monitoring questionnaire
   - Provide advice and information leaflets to all patients with an AUDIT score of 15 or less
   - Provide a brief intervention/ brief advice by a trained member of staff to all patients scoring between 8-15.
   - Complete a 4 week follow up for patients with a score between 8 and 15
   - Offer a referral to an Alcohol Specialist Treatment Service for patients with a score of 16 or above
   - Enter all required data onto the Webstar data base.

9.3 For patients with an AUDIT score of 8-15 no fee will be paid until the outcomes of the follow up (including lost to follow up) have been entered onto the Webstar data base.
9.4 Payments will be made by BACS direct into the bank account of the pharmacy

9.5 This service is subject to the usual Post Payment Verification (PPV) Procedures

9.6 Payment will only apply to those patients where data has been correctly entered and has been accepted for inclusion in service audit.

10. Variations to Terms

10.1 A request for variation may come from Knowsley Public Health or the Pharmacy and should be made in writing 30 days in advance of the date from which it is proposed the variation will become effective.

11. Confidentiality and Data Protection

11.1 Information that can identify individual patients must not be disclosed without the explicit consent of the patient.

11.2 The pharmacy must protect personal data in accordance with the provisions and principles of the Data Protection Act 1998 and must ensure the reliability of their staff that have access to the data.

12. Indemnity

12.1 The pharmacy should ensure that it is adequately covered with indemnity insurance for the activities undertaken in this service.

13. Tax Liabilities

13.1 Knowsley Public Health declare that it is the intention of the parties that the pharmacy shall have the status of a self-employed person and shall be responsible for all VAT, Income Tax liabilities and National Insurance or similar contributions in respect of fees.

14. Termination

14.1 This agreement may be terminated if either the pharmacy or Knowsley Public Health give the other party one months notice in writing during the duration of the contract.

14.2 If the pharmacy or Knowsley Public Health is in breach of the agreement, the agreement can be terminated with one month notice in writing or with immediate effect for a serious breach.

15. Audit

15.1 The Pharmacy will co-operate with any locally agreed audits and assessment of service user experience
CONTRACT AGREEMENT AND SIGNATORIES

Initially this agreement will run from 1st February 2014 to 31st March 2015

AGREEMENT:

Pharmacy Name: …………………………………………… (provider)

Address ……………………………………………
…………………………………………
…………………………………………

Signed: …………………………………….. Date: ……………...

(Pharmacist in charge)
Name (print) ……………………………………… Tel: …………………

Authorised by:

<table>
<thead>
<tr>
<th>Date:</th>
<th>Who</th>
<th>Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Matthew Ashton</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Director of Public Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Julie Tierney</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Public Health Specialist</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 1: AUDIT Tool Questionnaire

**AUDIT**

<table>
<thead>
<tr>
<th>Questions</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Your score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>2 - 4 times per month</td>
<td>2 - 3 times per week</td>
<td>4+ times per week</td>
<td></td>
</tr>
<tr>
<td>How many units of alcohol do you drink on a typical day when you are drinking?</td>
<td>1 - 2</td>
<td>3 - 4</td>
<td>5 - 6</td>
<td>7 - 9</td>
<td>10+</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>How often during the last year have you failed to do what was normally expected from you because of your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>How often during the last year have you been unable to remember what happened the night before you had been drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>Have you or somebody else been injured as a result of your drinking?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, during the last year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, during the last year</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Scoring:** 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence
# Appendix 2 Categorisation of alcohol misusers and pathway

(Source: MoCAM 2005 & Ready Reckoner 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing Risk Drinkers</td>
<td>Those with no apparent problems but taking risks with their longer term health through regular excessive drinking or intermittent sessions of heavy drinking</td>
</tr>
<tr>
<td>Higher Risk Drinkers</td>
<td>Those who are already experiencing physical, psychological ill effects from their drinking but are not severely dependent</td>
</tr>
<tr>
<td>Dependant Drinkers</td>
<td>Those who have a wide range of alcohol related problems. Some are drinkers with complex problems such as co existing physical or mental health needs, polydrug dependence and social problems</td>
</tr>
<tr>
<td>Binge Drinkers</td>
<td>Those who consume over double the maximum Dept of Health recommended daily maximum number of alcohol units in one session.</td>
</tr>
</tbody>
</table>
Appendix 3: Rates & deadline dates for payment

The pharmacy will be paid a fee for each patient that takes part in the service. This fee is dependent on the AUDIT score of the patient and will be paid as follows:

<table>
<thead>
<tr>
<th>AUDIT SCORE</th>
<th>TYPE OF DRINKER</th>
<th>SUPPORT PROVIDED</th>
<th>FEE PER PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-7</td>
<td>Low risk</td>
<td>AUDIT screening Feedback to patient that they are drinking at low risk levels</td>
<td>£8</td>
</tr>
<tr>
<td>8-15</td>
<td>Increasing</td>
<td>AUDIT screening Brief Intervention 4 week follow up</td>
<td>£15</td>
</tr>
<tr>
<td>16+</td>
<td>Higher risk</td>
<td>AUDIT screening Feedback that patient drinking at high risk levels Referral to Specialist Service for comprehensive assessment</td>
<td>£15</td>
</tr>
</tbody>
</table>

Payment for participating pharmacies will be made quarterly, retrospectively on submission of monthly monitoring data. In order to qualify for payment, complete patient records must be submitted (entered onto the Webstar database in line with the following timescales):

<table>
<thead>
<tr>
<th>Payment quarter</th>
<th>Month Service provided</th>
<th>Deadline for data submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
<td>April</td>
<td>07/06</td>
</tr>
<tr>
<td>Quarter 1</td>
<td>May</td>
<td>07/07</td>
</tr>
<tr>
<td>Quarter 1</td>
<td>June</td>
<td>07/08</td>
</tr>
<tr>
<td>Quarter 2</td>
<td>July</td>
<td>07/09</td>
</tr>
<tr>
<td>Quarter 2</td>
<td>August</td>
<td>07/10</td>
</tr>
<tr>
<td>Quarter 2</td>
<td>September</td>
<td>07/11</td>
</tr>
<tr>
<td>Quarter 3</td>
<td>October</td>
<td>07/12</td>
</tr>
<tr>
<td>Quarter 3</td>
<td>November</td>
<td>07/01</td>
</tr>
<tr>
<td>Quarter 3</td>
<td>December</td>
<td>07/02</td>
</tr>
<tr>
<td>Quarter 4</td>
<td>January</td>
<td>07/03</td>
</tr>
<tr>
<td>Quarter 4</td>
<td>February</td>
<td>07/04</td>
</tr>
<tr>
<td>Quarter 4</td>
<td>March</td>
<td>07/05</td>
</tr>
</tbody>
</table>
**HARMFUL DRINKER**

Team provide each patient with a comprehensive assessment and a structured package of care

**INCREASING RISK DRINKER**

Requires Brief Advice

Brief advice consists of:
- Advice and guidance and an educational safer drinking leaflet (1 session only). The brief intervention MUST include as a minimum
  - Explanation of daily benchmarks
  - What is a unit of alcohol
  - Explanation of category of drinker
  - Explanation of the content of the educational safer drinking leaflet
- Developing positive approach plan.
- On completion of a brief intervention session the necessary monitoring paperwork MUST be completed and reported through service pack to NHS Knowsley

**HIGH RISK DRINKER**

- CRI Team provide each patient with a comprehensive assessment and a structured package of care
- CRI keep GP informed of outcome

**VERY HIGH RISK DRINKER**

- CRI Team provide each patient with a comprehensive assessment and a structured package of care
- If CRI team is satisfied that the patient requires detoxification patient referred to Windsor clinic
- CRI keep GP informed of outcome

**Scores 0-7 or below**

Evidence suggests this is an effective method to sustain safer drinking levels. Provide patient with an educational safer drinking leaflet.

**Scores between 8 and 15**

High Risk Drinker

Patients presenting frequently with symptoms which may be associated with alcohol misuse e.g.
- Gastric problems – e.g. peptic & duodenal ulcers
- Falls and associated injuries
- High blood pressure
- Depression
- Anxiety / stress
- Overweight

**Scores 16-19**

With patients consent, make appropriate referral (if necessary) and issue patient a letter to explain the referral process.

Please follow the referral pathway

**Scores 20 or above**

Ensure all patient related data entered onto service pack including monitoring information, audit score and follow up outcomes

**SCREEN AGAIN IN 12 MONTHS**

Scores 0-7 or below

Evidence suggests this is an effective method to sustain safer drinking levels. Provide patient with an educational safer drinking leaflet.

**INCREASING RISK DRINKER**

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Brief advice consists of:
- Advice and guidance and an educational safer drinking leaflet (1 session only). The brief intervention MUST include as a minimum
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