

LOCAL ENHANCED SERVICE
for
PATIENTS WHO ARE ALCOHOL USERS
(Cannock Chase)

Service Level Agreement

Contents:

1. Introduction
2. Service Aims
3. Criteria
 1. Direct Service Delivery
 2. Data Collection
 3. Education & Training
 4. Liaison/Shared Care
 5. Review and Audit
4. Ongoing Measurement & Evaluation
5. Finance Details
6. Signature

INTRODUCTION

All practices are expected to provide essential services those additional services they are contracted to provide to all their patients. They are also encouraged to provide the Directed, National and Local Enhanced services to the wider populations. The specification for this service is designed to cover the enhanced aspects of clinical care of the patient, which is beyond the scope of essential services.

The Enhanced Service will specifically utilise the dedicated provision of CPN's from a newly formed Community Alcohol Team. The provision from this team will focus on supporting GP's in delivery of the service and provide direct service user support, including assessment and treatment, i.e.: community detoxification.

In conjunction with South Staffs Healthcare Trust the PCT has developed an enhanced CPN support service for practices providing services under this LES.

Evidence of Need

This agreement is to cover the period commencing 1st April 2009 to 31st March 2010.

Evidence shows that:

- (i) 1 in 25 adults in the UK are dependent on alcohol
- (ii) 0.7 million men and 0.6 million women drink at 'risky' or 'hazardous' levels
- (iii) problem drinkers consult their GPs twice as often as other patients
- (iv) alcohol misuse is associated with a range of physical health problems.
- (v) heavy drinking is closely linked with psychiatric morbidity, including clinical depression
- (vi) up to 65% of all suicide attempts are linked with excessive drinking
- (vii) alcohol is a major contributor to accidental death – it is a factor in an estimated 20 per cent to 30 per cent of all accidents
- (viii) 1 in 7 acute hospital admissions are alcohol related
- (ix) 20 per cent of general hospital beds are occupied by people with alcohol-related problems
- (x) brief interventions can reduce alcohol consumption by over 20 per cent, and so reduce the number of patients who become dependent on alcohol and the need for more intensive treatment in the future.

Source: New GMS Contract 2003 Supplementary Documents

Service Aim

To deliver a comprehensive community alcohol assessment and treatment service, within a primary care setting.

Staff involved

All members of the Primary Health Care Team, supported by the Community Alcohol Team and the Community Substance Misuse Team.

CRITERIA

This Local Enhanced Service Specification details the following criteria. The following pages contain some further guidance on expected processes, outcomes and deliverables. On aspiring to this service practices are required to submit plans under each of the criteria set out below:

- (i) Direct Service Delivery
- (ii) Register
- (iii) Education and training
- (iv) Liaison/Shared Care
- (v) Review and Audit

Criteria One: Direct Service Delivery

Details

- **Initial assessment of patients needs** to be undertaken by the practice in conjunction with the Community Alcohol Team CPN using the Severity of Alcohol Dependence Questionnaire (SADQ) **appendix 1**. This will determine the level of need and onward referral to specialist services, if appropriate and agreed with the Community Alcohol Team CPN.
- **Comprehensive assessment** to be undertaken by the Community Alcohol Team CPN.
- **Development of treatment / care plan** to be undertaken in conjunction with the Community Alcohol Team CPN and signed and agreed by the GP. Onward referral to appropriate services if required, to be identified in the care plan.
- **Primary Health Care Team and Community Alcohol Team CPN to undertake brief interventions** under the headings of three themes: Physical, Social and Psychological interventions and offer support to carry out lifestyle changes. Evidence indicates that brief interventions should be delivered and concluded within a three month time period. Therefore treatment plans are expected to be objective and outcome orientated.
- **Detoxification regime.** For those where a detoxification regime is required, this will be provided by the Primary Health Care Team (with Community Alcohol Team CPN support) in the home setting. Referral to specialist in-patient detoxification would be determined by the whole team, if required.
- **Counseling of service users** to be provided as appropriate, utilising either the Community Alcohol Team or local ADSIS Service.

Criteria Two: Register

Details

- **the development and production of an up-to-date register.** All practices will be required to keep a detailed register of all patients using the LES. This data will be needed to validate LES payments and used to evaluate service development.

Criteria Three: Education and Training

Details

- Professionals undertaking this service should have appropriate experience and undertaken **relevant training**. The Community Alcohol Team CPN will highlight training needs to the PCT. The Community Alcohol Team CPN will also provide support into each practice providing services in order to develop the integrated service, previously detailed.
- This must be available to the whole primary health care team to enable team members to understand the problems experienced by alcohol misusers and their families, and to communicate effectively with them. Training should include detecting alcohol problems, misusers, delivery of brief interventions, and managing follow-up treatment.
- Those doctors who have previously provided services similar to the proposed enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.
- Personal development opportunities will be made available to all those delivering this LES, which will be based on evidence based best practice and delivered locally.
- It is anticipated that National standards and guidance will be introduced and made available to the practices, as they become available.

Criteria Four: Liaison/Shared Care

Details

- Liaison for shared care will be via the Community Alcohol Team, Community Substance Misuse Team and ADSIS.

Criteria Five: Review and Audit

Details

- The services delivered by this LES will be subject to clinical audit and monitoring which will be carried out as part of the annual review of the contract and as part of review of this LES
- All practices involved in the scheme will perform an annual review which will include an audit of:
 - those identified and recorded as alcohol service users
 - the details of advice and/or treatment offered to patients who, following screening, have been shown to misuse alcohol
 - the number of patients who have successful outcomes i.e.: manage drinking, health lifestyle and abstinence
 - feedback from alcohol misusers and their families.
- **A report to be submitted to the PCT at year end**

ONGOING MEASUREMENT & EVALUATION

The ongoing measurement is outlined in the various criteria in the previous section. **The services provided and scope of this LES will be reviewed with the practice as part of the annual contract monitoring process.**

In addition the practice is required to agree with the PCT this service specification/plan at the start of the year and will be required to submit a report at the year end.

FINANCE

This agreement is to cover the period commencing 1st April 2009 to 31st March 2010.

Each practice contracted to provide this service will receive a payment per patient as detailed below:

Initial referral form completed and appropriate new bloods done ~
£25.38

Treatment / care plan agreed by GP ~ £50.75

Brief Interventions carried out and completion of care plan ~ £126.88

[Maximum to be claimed per patient per annum - £203.01]

**PAYMENT WILL ONLY BE MADE UPON RECEIPT OF THE PRACTICE
SIGNATURE SHEET**

SIGNATURE

The practice will need to sign a combined single signature sheet for all Enhanced Services provided. This will constitute the agreement between the practice and the PCT in respect of all Enhanced Service, as specified within each individual Service Level Agreement.