

Service Specification

Alcohol Service

Peterborough

Background

Hazardous and harmful drinking creates a huge burden on the health and wider public sector both in terms of the cost of treating alcohol related diseases and the impact on hospital and primary care demand.

Often patients continue to be treated for problems such as high blood pressure, depression or anxiety without ever having the contributing factor of alcohol addressed. If hazardous and harmful drinking is identified and brief advice is offered, it could lead to a reduction in future alcohol related health problems, which could save on treatment costs. This could decrease pressure on the NHS through a reduction in repeat admissions and consultations.

For every £1 spent on alcohol services, it is estimated that £5 will be saved across health and the wider public services.

Hazardous and harmful drinking is associated with a wide range of problems, including physical health problems such as cancer and heart disease. In addition, alcohol is involved in a wide range of other social and health issues such as offending behaviours, not least domestic violence; suicide and deliberate self-harm; child abuse and child neglect; mental health problems; and homelessness.

Those with co-existing problems, including people with mental health problems, people with learning disabilities, some older people, and some with social and housing problems, may be particularly vulnerable.

The evidence base indicates that much of this harm is preventable. The introduction and development of comprehensive integrated local alcohol intervention systems considerably benefits hazardous, harmful and dependent drinkers, their families and social networks, and the wider community.

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.

About 26% of all adults in England, which equates to approximately 10.5 million people, are drinking at hazardous and harmful levels. A further 1.1 million people are showing signs of alcohol dependence. With 84% of all adults visiting a community pharmacy during the course of a year, pharmacies offers a unique opportunity to identify hazardous and harmful drinkers and intervene early to bring down the level of risk identified.

Annually, alcohol-related diseases account for in the area of 800,000 hospital admissions, 6% of all admissions. Up to 35% of all A&E attendance and ambulance costs (around £0.5 billion) being alcohol related.

1. Service Outline

- 1.1 Pharmacies will screen and provide one to one support and advice to people over 18 years of age.
- 1.2 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.
- 1.3 The pharmacy will provide referral to specialist services if necessary.
- 1.4 The service will require use of a consultation area. A consultation area, at least at the level required for the provision of the Medicines Use Review service, which provides sufficient privacy (including visual privacy) and safety, will be used for provision of the service. Hand washing facilities will be required within the consultation area or nearby. The pharmacy contractor must ensure that NHS infection control standards are complied with .
- 1.5 The consultation room will have access to a computer to enter patient detail on to PharmOutcomes. There will be access to a printer for printing of the consent form via PharmOutcomes.
- 1.6 Alcohol screening can be completed by any member of the team that has been trained by an accredited health care professional.

- 1.7 The pharmacy will have appropriate health promotion material available for the users of the service and promotes its uptake.
- 1.8 The service must be delivered following the SOP provided by LloydsPharmacy
- 1.9 The pharmacy should order sufficient materials to ensure continuity of the service.
- 1.10 Pharmacists and staff involved in the provision of the service must be aware of and operate within any locally agreed protocol and must follow Standard Operating Procedures.
- 1.11 The pharmacy contractor must 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. Pharmacists and other staff providing the service will have completed locally agreed training.
- 1.12 Pharmacy staff must be aware of local child, and vulnerable adult, protection procedures. These must be followed at all times.
- 1.13 The pharmacy will deal with any complaints sensitively and will report any complaints, comments or concerns to the Contract Manager as soon as possible by email or phone.
- 1.14 The pharmacist will actively involve the person in agreeing what advice and/or interventions they will follow. Any decisions must be made in partnership with the person and with their informed consent.

2. Aims and intended service outcomes

- 2.1 To improve access to and choice of alcohol screening and intervention support services closer to peoples' homes.
- 2.2 To provide quicker access to early assessment of potential alcohol related harm.
- 2.3 To provide an early intervention to reduce the number of people who may become alcohol dependent.

- 2.4 To reduce alcohol related illnesses and deaths by helping people to reduce or give up drinking.
- 2.5 To help service users access additional treatment by offering timely referral to specialist services where appropriate.
- 2.6 To minimise the impact on the wider community by reducing the levels of alcohol related crime and anti-social behaviour, thereby improving community safety.

3. Data Recording & Information Sharing

- 3.1 The pharmacy should maintain appropriate records to ensure effective on-going service delivery and audit.
- 3.2 The pharmacy will be expected to ensure secure systems and records to prevent misuse of service, and to ensure the confidentiality for service users.
- 3.3 The pharmacy will create a record on PharmOutcomes using the information provided by the service user for all services.
- 3.4 The information required to be reported on PharmOutcomes may be developed to reflect the changing requirements of the commissioner.

4. Eligibility

- 4.1 These services will be available to all presenting adults (aged 18 and over).

5. Accessibility

- 5.1 This will be available on an open access basis with no requirement for services to be referred from another agency.
The service user will determine:
 - which delivery site they access;
 - the frequency of engagement;
 - Which interventions they access.

6. Quality Standards

- 6.1 The pharmacy is making full use of promotional material.
- 6.2 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 6.3 The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken some CPD relevant to this service on at least an annual basis.
- 6.4 The pharmacy can demonstrate robust quality assurance for any processes or equipment used.
- 6.5 The pharmacy participates in any audit of service organised by LloydsPharmacy-CGL
- 6.6 The pharmacy co-operates with any local assessment of service user experience.

7. Reportable Incidents

- 7.1 Any incidents pertinent to this service should be reported to the contract manager who will also copy reports of these incidents to CGL.

8. Required Training

- 8.1 All Pharmacists are recommended to read the following as it will help them to provide the Service:
 - CPPE Alcohol misuse: support and advice from the pharmacy team – Distant Learning Pack
 - CPPE Dealing with difficult discussions – eLearning
- 8.2 A pharmacist and representative will be required to attend an initial training session and any training updates.
- 8.3 All staff will be accredited before providing any of these services.

9. Use of Locum Pharmacists

9.1 The contractor has a duty to ensure that staff and other pharmacists (including locums) involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service to ensure the smooth continuation of the service in their absence.

9.2 Where possible, the contractor should ensure that the pharmacy is staffed by a regular pharmacist/s. should a participating pharmacy be in a position where the pharmacy will be run on different locum pharmacists for more than a month, the Contract Manager must be informed.

9.3 LloydsPharmacy has the right to withdraw the service from a pharmacy that is not staffed with regular pharmacists. Alternatively, LloydsPharmacy may impose additional conditions on the pharmacy in order for the pharmacy to remain providing the service.

9.4 The contractor should ensure that there are adequate support staff, including staff specifically trained to support this service in the pharmacy at all times in order to support the pharmacist (including locum pharmacist) in the operational elements of the service and to help ensure the safe and smooth running of the service.

9.5 The contractor will ensure that appropriate professional indemnity insurance is in place.

9.6 It is a requirement for pharmacies signing up to this agreement to comply with all the requirements of the essential services of the NHS Community Pharmacy Contractual Framework.

10. Payment Arrangements

Service Provided	Fee
Alcohol audit-c screen	£2.00
Alcohol Intervention (where total audit-c score =>8)	£5.00
Alcohol referral (where total audit-c score =>16)	£20

10.1 Payments will be made monthly upon input of the data onto PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 5th of the month. The service contract and financial details will have needed to be completed and returned before any payments will be made.

10.2 The annual target is 150 patients screened; once the target has been achieved please contact the contract manager to discuss extension of provision. Any claims over 150 will not be paid. You need to inform the contracts manager once 50 interventions have been achieved.

11. Audit

11.1 The pharmacy will participate in audits of service provision organised by the contracts manager, as and when required.

11.2 The contract manager may employ mystery shoppers as part of this audit.

12. Local contact information

Contract Manager –

Anna White 07894807205

Email: AspirePSDA@celesio.co.uk

CGL hub, referrals & young people's services –

Free-phone number 08001114354

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