

SPECIFICATION

Service	Pharmacy Alcohol Identification and Brief Advice
Council Lead	Public Health Programme Lead – Substance Misuse
Provider Lead	Pharmacist
Period	April 1 st 2024 – March 31 st 2025

1. Purpose, context, evidence base and guidance

Introduction

- The aim of this Service is the delivery of Identification and Brief Advice (IBA) in relation to alcohol within community pharmacies. The aim of this Service is for identified competently trained pharmacy staff to undertake screening to reduce alcohol related risks in adults drinking at hazardous and harmful levels.
- Evidence shows 24% of adults regularly drink over the recommended low risk guidelines. Alcohol misuse is the biggest risk factor for premature death, ill health, and disability amongst the 15–49-year-olds in the UK. Alcohol specific death rates in the UK are highest amongst 55–64-year-olds.
- People who drink alcohol may not be aware of alcohol consumption guidelines, or that they are drinking over the recommended low-risk amount. They may not know of the risks associated with higher alcohol intake or misuse of alcohol. Due to this, people who may benefit from an intervention to reduce alcohol-related harms will likely not present at a treatment service or other healthcare provider to seek support for their alcohol use.

Evidence Base and Guidance

- In 2006 The National Treatment Agency (NTA) published a review of the effectiveness of treatment for alcohol. They found treatment was cost effective, saving an estimated £5 on health, social care, and criminal justice for every £1 spent.
- Screening using the Alcohol-use disorders identification test, Alcohol Screening tool (AUDIT), specifically developed by the World Health Organisation, for use in health settings, was found to be the most sensitive and specific particularly when used with people not seeking treatment. Although clinical history and examination may detect dependent drinkers it misses the majority of hazardous drinkers.
- The Cochrane Collaboration review (2007) shows substantial evidence for the effectiveness of Brief advice for excessive drinkers in primary healthcare settings. Around 20-30% of patients who routinely present in Primary Care are estimated to be hazardous or harmful drinkers. Brief advice can reduce weekly drinking by between 13%-34%.

- Brief advice is effective in reducing the amount of alcohol consumed and alcohol-related problems in hazardous and harmful drinkers to normal levels with effects lasting up to 2 years. The NNT (number needed to treat) is 8 compared with 12 for smoking.
- The Screening and Intervention Programme, for Sensible Drinking (SIPs) Clinical Trial (2012), suggested that screening in primary care followed by simple feedback and provision of a patient information leaflet is as effective, and more cost effective than brief advice or counselling.
- Community pharmacies are more likely than many other healthcare providers to see people who drink more than the recommended amounts of alcohol and can work in collaboration with substance misuse services to increase the opportunity to identify people drinking at increasing and high-risk levels and deliver interventions to reduce alcohol related harms.

For information and other resources on providing alcohol and drug interventions please refer to:

- [Alcohol and Drug Misuse Prevention and Treatment Guidance](#)
- [Chief Medical Officers Alcohol Guidelines Review 2016](#)

For local information please refer to:

- [Gateshead Substance Misuse Strategy 2017 - 2022](#)
- [Gateshead Joint Strategic Needs Assessment - Alcohol Misuse](#)

This evidence base is not exhaustive and contains the main guidance. It will be updated accordingly as new guidance develops.

1. Local context

1.1 Alcohol Related Hospital Admissions (ARHA) 21/22 (persons):

- Gateshead has the 10th highest rate of alcohol specific admission to hospital in England and the 4th highest in the North East.
- Gateshead is significantly higher than the North East average and is also significantly higher than the England average with an average for Gateshead of 1106 per 100,000 population.
- This rate per 100,000 equates to 2160 admissions to hospital.
- This figure represents an increase from 986 per 100,000 population in 2016/17 to 1106 per 100,000 population in 2021/22).

1.2 Alcohol Deaths:

- In 2020, 1 in 3 of all alcohol specific deaths occurred in the most deprived 20% of the population, widening health inequalities.
- In, 2021 there were 20,970 alcohol related deaths in England, this is a rate of 38.5 per 100,000 population.

- The mortality rate in the North East region was 50.4 per 100,000 population. In Gateshead, the mortality rate was 44.8 per 100,000 population.

1.3 Mortality from chronic liver disease (all ages) 17/19:

- Overall mortality from liver disease in Gateshead is 18.3 per 100,000 population, compared to a NE rate of 18.7 and the England rate of 12.2

Service Description

- 2.1 The Council will pay the Provider for delivering alcohol screening and brief intervention (Schedule 3 Pricing) with Service Users accessing pharmacy provisions between ages 16 and 74. The Provider is to deliver brief advice, as part of the IBA, to help reduce alcohol related risk in adults who agreed to be screened and who scored between 9 and 19 on the Alcohol Screening tool, (AUDIT see Appendix 1). The Provider must actively signpost or refer, where appropriate, to the commissioned drug and alcohol services, Gateshead Recovery Partnership for those over 18 and Positive Futures for those 18 and under (see Appendix 2). Where a referral is completed, with consent of the Service User, to the commissioned treatment service, (GRP or Positive Futures), the council will pay an additional cost for the referral. (Schedule 3 Pricing)
- 2.2 The Provider is to work with health care professionals from across primary care and specialist substance misuse services to improve the care that is provided to individuals accessing pharmacy provisions and to ensure that the Service is of the highest quality and meets clinical standards.

Aims and objectives of the Service

- 2.3 Contribution to the reduction in the rate of alcohol related hospital admissions.
- 2.4 Raising public awareness relating to lower risk levels of alcohol consumption by screening using the Alcohol Screening tool (AUDIT Appendix 1.)
- 2.5 Reducing alcohol consumption of those individuals drinking at hazardous and harmful levels by providing brief advice.
- 2.6 Improving identification and referral to specialised treatment of those individuals with alcohol dependence and harmful drinkers who require extended brief advice.
- 2.7 Contribute to data collection on alcohol related harm.

3. Service Delivery

3.1 The Service should be delivered as outlined below and by following the care/referral pathway attached at Appendix 2.

Identification and Brief Advice

3.2 The Provider is to offer alcohol screening and brief advice for all people accessing the pharmacy between the ages of 16 and 74. Excluding individuals known to be in service with specialist providers, Gateshead Recovery Partnership (GRP) and Positive Futures. Those accessing alcohol advice via an NHS Health Check are funded through a different service, therefore should not be included within this Service. This can be done opportunistically during routine consultations or when there are national initiatives and campaigns which align, such as those promoted by Balance, by inviting the person in for screening by a competently trained pharmacy staff member.

3.3 Of those Service Users that agree to be screened, the Provider must screen using the Alcohol Screening tool (AUDIT Appendix 1). This will take approximately 1 minute.

3.4 Those Service Users scoring 5+ on Alcohol Screening tool (Audit) are to be offered to complete the remaining seven questions of the AUDIT questionnaire and then, where indicated through scores of 8 – 19, offer brief advice (details in Appendix 2).

3.5 The Provider must, where consent is obtained, refer those Service Users who score 16+ on the Alcohol Screening tool (AUDIT), to the specialist treatment services, Gateshead Recovery Partnership or Positive Futures. (Details in Appendix 2 for Alcohol IBA pathway) Whilst the commissioned treatment provider (Gateshead Recovery Partnership over 18's or Positive Futures under 18's) would be our suggested provider of further support and interventions, we recognise other support is available via mutual aid, for example, Alcoholics Anonymous, SMART.

3.6 The alcohol screening and brief advice will be provided by a competently trained member of the pharmacy team. This will be offered in a respectful manner, in a quiet, secluded area of the pharmacy, Use of a consultation room should be available.

3.7 A list of priority groups for screening is given in Appendix 5.

3.8 The Provider must also respond to any other identified need that relates to the Service Users alcohol consumption levels and refer to GP or commissioned treatment service, (Gateshead Recovery Partnership) if any treatment is required under the Primary Medical Services Contract e.g. thiamine supplementation where appropriate, consider referral to GP.

3.9 Pharmacies will record alcohol screening and brief advice activity onto PharmOutcomes. With the Service User's consent, referral activity to be recorded on PharmOutcomes. (Alcohol Screening Audit Score 16 and above)

Interdependencies and relationships

3.10 The Provider should ensure that it has effective communication mechanisms are in place with the other agencies, it will be required to link with, Gateshead Recovery Partnership, Positive Futures, Primary and Secondary care.

Learning resource

3.11 As learning resources we recommend that the Provider signpost staff to either of the alcohol identification and brief advice e learning training which is available as follows:

[Health Education England - alcohol identification and brief advice](#)
[RCGP – Learning; Alcohol Management in Primary Care](#)
<https://www.e-lfh.org.uk/programmes/making-every-contact-count/>
<https://www.cppe.ac.uk/gateway/alcohol>

3.12 In addition to the learning resources, the provider may feel it is appropriate to signpost Service Users who have received an alcohol screening to additional support. This would be in addition to consideration to referral to specialist services.

[Find a Meeting | Alcoholics Anonymous - Great Britain \(alcoholics-anonymous.org.uk\)](#)
<https://smartrecovery.org.uk/about-smart-recovery-meetings/>

4. Service Location

4.1 See Contract Particulars.

5. Pricing

5.1 See Schedule 3

6. Applicable Service Standards e.g. NICE

[Overview | Alcohol-use disorders: prevention | Guidance | NICE](#)

[Quality statement 3: Alcohol education | Alcohol: preventing harmful use in the community | Quality standards | NICE](#)

[Alcohol use disorders: diagnosis and clinical management of alcohol related physical complications - NICE CG100](#)

[Preventing cardiovascular disease - NICE PH guidance 25](#)

[Antisocial personality disorder: treatment, management and prevention - NICE CG77](#)

[Pregnancy and complex social factors NICE CG 110](#)

[Alcohol use disorders: diagnosis, assessment and clinical management of harmful drinking and alcohol dependence NICE CG115](#)

Appendix 1

Alcohol Users Disorders Identification Test (AUDIT)

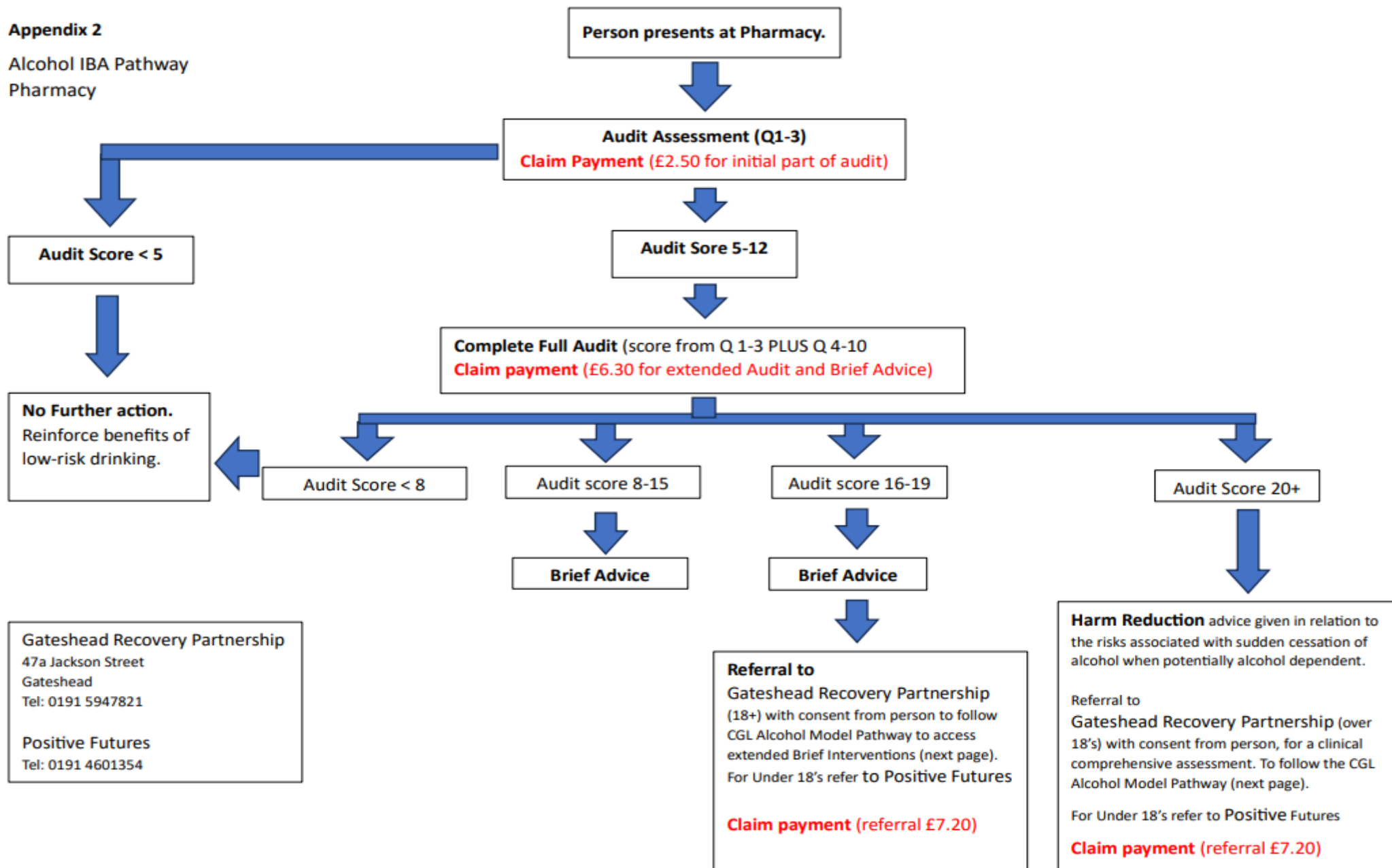
	Questions	Scoring System					Your Score
		0	1	2	3	4	
1	How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
2	How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
3	How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring: A total of 5+ indicates hazardous or harmful drinking – please continue with AUDIT

4	How often in the last year have you found you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5	How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6	How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7	How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8	How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9	Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10	Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0-7 = sensible drinking (low risk), 8-15 = hazardous drinking (increasing risk), 16-19 = harmful drinking (high risk) and 20+ = possible dependence

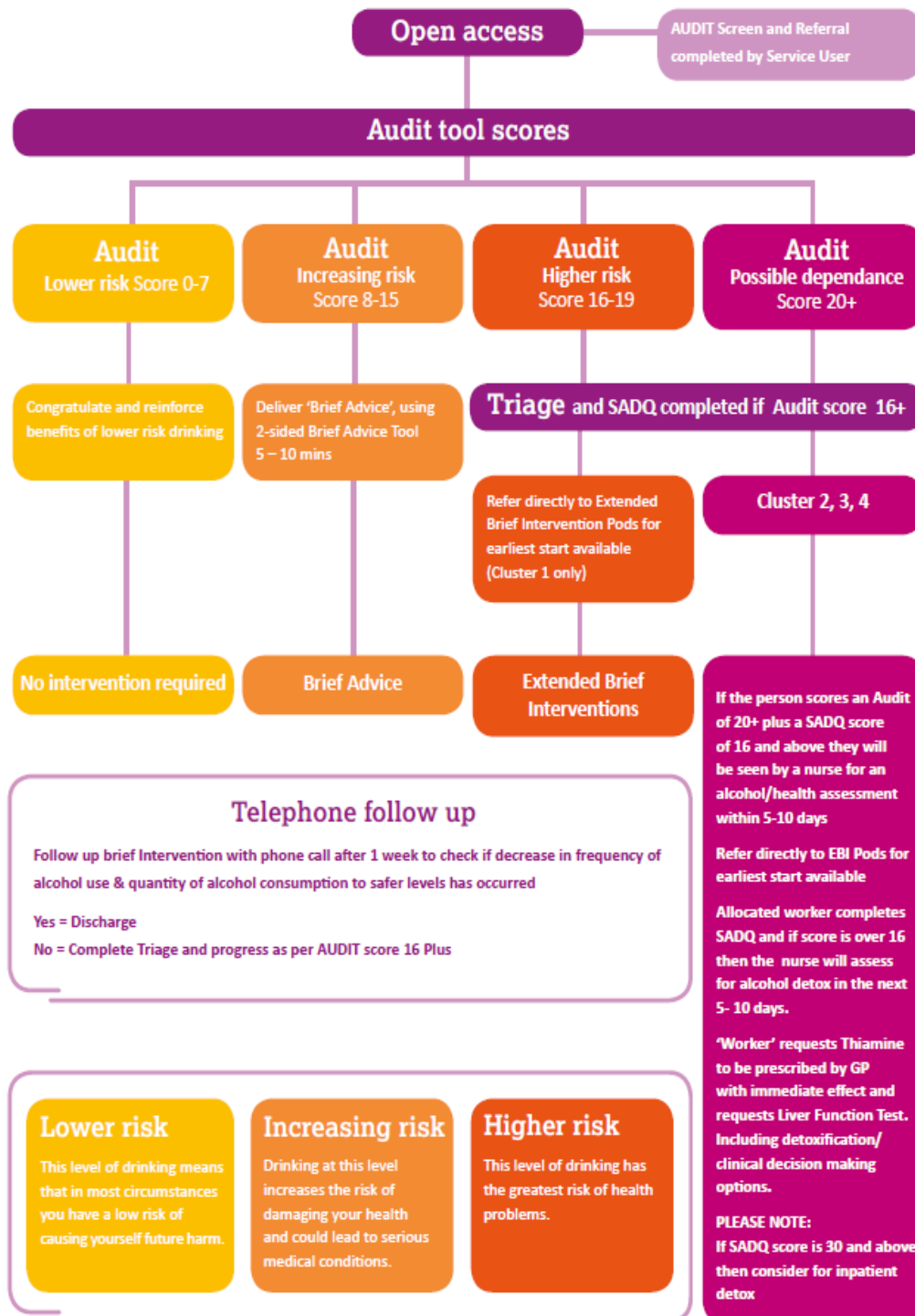
Appendix 2
Alcohol IBA Pathway
Pharmacy



Alcohol Screening Tool



Alcohol Model Pathway - What we do



Appendix 4.

Referral to Specialist Service.

It has been identified that the person below would benefit from a referral to the specialist provider, (Alcohol Audit Score 16+), Gateshead Recovery Partnership (age 18+) Positive Futures (<18).

Has the person consented to referral to Gateshead Recovery Partnership / Positive Futures Yes / No

Referral Details:
Name:
Address:
Tel. No.
Email:
Preferred method of contact:
Alcohol Audit Score:
Any additional relevant information:

**GRP Secure email: cgl.gatesheadadmingrp@nhs.net
Positive Futures Secure email: carol.robinson30@nhs.net**

Appendix 5.

Suggested Groups to be targeted for Level 1 Screening

Health professionals should routinely carry out alcohol screening as an integral part of practice. For instance, when the person's presentation may indicate alcohol use could potentially be harmful and the person would benefit from an IBA for Alcohol.

Where screening everyone is not feasible or practicable, health professionals should focus on groups that may be at an increased risk of harm from alcohol and those with an alcohol-related condition. This includes people:

- with relevant physical conditions (such as hypertension and gastrointestinal or liver disorders).
- with relevant mental health problems (such as anxiety, depression, or other mood disorders).
- who have been assaulted.
- at risk of self-harm.
- who regularly experience accidents or minor traumas.
- who regularly attend GUM clinics or repeatedly seek emergency contraception.
- Utilising opportunities when a person attends for a medication review or any intervention when deemed appropriate.

Within Community Pharmacies we recognise there may be challenges to identify people who fall into these categories, however due to the relationship's pharmacies have with their local communities and customers they are uniquely placed to identify individuals who would benefit from an IBA for alcohol.

Excluded Groups for Level 1 Screening

Individuals known to be in service with specialist providers, (GRP and Positive Futures).

Those accessing alcohol advice via an NHS Health Check are funded through a different service, therefore should not be included within this spec.

Conditions Precedent

1. CQC

Provide the Council with a copy of the Provider's registration with the CQC, upon request, where the Provider must be so registered under the Law.

2. Insurance

Provide the Council with a copy of the insurance policies, upon request, to illustrate that the Required Insurances (as outlined in the Invitation to

Tender) are in place.

- 3. Patient Group Directive**
N/A

SCHEDULE 2

CLAIM FRAMEWORK

Activity Reports	Method of Measurement
The number of people aged between 16 and 74 covered by the service who have been screened using the Alcohol Screening tool (Audit) version of the World Health Organisation (WHO) Alcohol Use Disorders Identification Test (AUDIT) questionnaire. (Questions 1-3)	100% data upload as per PharmOutcomes.
The number of people aged between 16 and 74 who have screened positive using the above audit tool who have undergone a full assessment, using a validated tool (AUDIT) to determine increasing risk, higher risk or possible dependent drinking. (Questions 1-3 plus 4-10) and have subsequently received a brief intervention for alcohol.	100% data upload as per PharmOutcomes.
The number of people between the age of 16-74 scoring 16+ on the full ten question AUDIT questionnaire and who, with consent, have been referred by the Provider for specialist advice for dependent drinking during that financial year. (Gateshead Recovery Partnership or, if under 18, Positive Futures).	100% data upload as per PharmOutcomes.
Data Collection	Method of Measurement
Ensure that the following information is uploaded to PharmOutcomes on every occasion: <ul style="list-style-type: none"> • First Part of Postcode • Day/Date of attendance • Age • Gender • Audit Score 	100% data upload as per PharmOutcomes.

Please note that the Council will only pay for one payment Alcohol Screening (Audit Q 1-3) one payment for full Alcohol Screening (Audit Q 4-10) including Brief Advice for each Service User.

A quality audit assessment can be arranged at any point within the Term of the Contract. To minimise the administrative burden the Council would accept from Providers, (where applicable), existing quality audit information generated for the purposed of other principal stakeholders, for example NHS England (NHSE), Care Quality Commission (CQC).

The Council will endeavour to give the Provider 28 days' notice that it is carrying out the assessment, however if concerns or issues are raised regarding the Service, the Council can carry out an unplanned assessment without any notice.

SCHEDULE 3

PRICING

In consideration of the Provider delivering the Service, the Council will pay the Provider the following price.

Element to be Delivered.	Amount	Claim
Alcohol Screening Audit Assessment (Q1-3)	£2.50 per delivery of Q1-3 Audit	To be claimed via the PharmOutcomes system.
Alcohol Screening Audit Assessment (Q4-10) and Brief Advice	£6.30 per delivery of Q4 – 10 and delivery of Brief Advice	To be claimed via the PharmOutcomes system
Referral to Specialist Provider. (GRP 18+ / Positive Futures - 18)	£7.20 per referral	To be claimed via the PharmOutcomes system

The claims are to be submitted to the Council on a Monthly basis via PharmOutcomes. The Council shall pay the Provider the Price within 30 days of submission of a valid claim form.

There is a 3-month grace period for submission and payment of historical claims. For the avoidance of doubt, any claim made outside of the 3-month grace period (claims for activity undertaken more than 3 months previously) will not be paid by the Council.

The Price shall remain as set out in this Schedule during the financial year 2024-2025. In the event that the Contract is extended in accordance with Clause 2.4 the Price shall continue at the same rate, unless a variation is agreed with Council.

In consideration of the Provider delivering the Service the Council will pay the Provider the following price:

The Provider will receive a payment of £2.50 for completing Alcohol Audit Assessment (Q1-3) and an additional payment of £6.30 for completion of Alcohol Audit Screening (Q4-10). A total amount of £8.80 can be claimed for each Service User, aged between 16 and 74, who has completed the full Alcohol Screening Audit (Q1 – 10) , scored between 8 and 19 on the Alcohol Screening AUDIT (see **Appendix 1**) during that financial year and received brief advice in relation to alcohol harms . An additional payment of £7.20 for each person who, with consent, has been referred to the specialist services, GRP or Positive Futures, (**Appendix 4**)

- Service Users known to be in service with specialist providers, (GRP and Positive Futures) will have already received an alcohol screening via these services, therefore excluded from this service.
- Those Service Users accessing alcohol advice via an NHS Health Check are funded through a different service, therefore should not be included within this spec.

SCHEDULE 4

DATA SHARING FOR ALCOHOL IBA SERVICE

DEFINITIONS

Agreed Purposes:

The performance by each party of its obligations under this Contract and in order to deliver the Service under the

provisions of the National Health Service Act 2006 with the Localism Act 2011 providing the incidental powers to share data in order to allow for payment to be made for the provision of the Service.

Controller, data controller, processor, data processor, data subject, personal data, processing and appropriate technical and organisational measures: as set out in the Data Protection Legislation in force at the time.

Data Protection Legislation: (i) the Data Protection Act 1998, until the effective date of its repeal (ii) the General Data Protection Regulation ((EU) 2016/679) (**GDPR**) and any national implementing laws, regulations and secondary legislation, for so long as the GDPR is effective in the UK, and (iii) any successor legislation to the Data Protection Act 1998 and the GDPR, in particular the Data Protection Bill 2017-2019, once it becomes law.

Permitted Recipients: The parties to this agreement and the employees of each party.

Shared Personal Data: the personal data to be shared between the parties under clause 1.1 below. Shared Personal Data shall be confined to the following categories of information relevant to the following categories of data subject:

First part of postcode; and

Date/ Day person screened.

Age of person.

Gender of person.

Audit Score.

DATA PROTECTION

Shared Personal Data. This clause sets out the framework for the sharing of personal data between the parties as data controllers. Each party acknowledges that one party (the Data Discloser) will regularly disclose to the other party (the Data Recipient) Shared Personal Data collected by the Data Discloser for the Agreed Purposes.

Effect of non-compliance with Data Protection Legislation. Each party shall comply with all the obligations imposed on a controller under the Data Protection Legislation, and any material breach of the Data Protection Legislation by one party shall, if not remedied within 30 days of written notice from the other party, give grounds to the other party to terminate this agreement with immediate effect.

Particular obligations relating to data sharing. Each party shall:

ensure that it has all necessary notices and consents in place to enable lawful transfer of the Shared Personal Data to the Permitted Recipients for the Agreed Purposes;

give full information to any data subject whose personal data may be processed under this agreement of the nature such processing. This includes giving notice that, on the termination of this agreement, personal data relating to them may be retained by or, as the case may be, transferred to one or more of the Permitted Recipients, their successors and assignees;

process the Shared Personal Data only for the Agreed Purposes;

not disclose or allow access to the Shared Personal Data to anyone other than the Permitted Recipients;

ensure that all Permitted Recipients are subject to written contractual obligations concerning the Shared Personal Data (including obligations of confidentiality) which are no less onerous than those imposed by this agreement;

ensure that it has in place appropriate technical and organisational measures, reviewed and approved by the other party, to protect against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

not transfer any personal data received from the Data Discloser outside the EEA unless the transferor:

complies with the provisions of Articles 26 of the GDPR (in the event the third party is a joint controller); and

ensures that (i) the transfer is to a country approved by the European Commission as providing adequate protection pursuant to Article 45 GDPR; (ii) there are appropriate safeguards in place pursuant to Article 46 GDPR; or (iii) one of the derogations for specific situations in Article 49 GDPR applies to the transfer.

Mutual assistance. Each party shall assist the other in complying with all applicable requirements of the Data Protection Legislation. In particular, each party shall:

consult with the other party about any notices given to data subjects in relation to the Shared Personal Data;

promptly inform the other party about the receipt of any data subject access request;

provide the other party with reasonable assistance in complying with any data subject access request;

not disclose or release any Shared Personal Data in response to a data subject access request without first consulting the other party wherever possible;

assist the other party, at the cost of the other party, in responding to any request from a data subject and in ensuring compliance with its obligations under the Data Protection Legislation with respect to security, breach notifications, impact assessments and consultations with supervisory authorities or regulators;

notify the other party without undue delay on becoming aware of any breach of the Data Protection Legislation;

at the written direction of the Data Discloser, delete or return and delete Shared Personal Data and copies thereof to the Data Discloser on termination of this agreement unless required by law to store the personal data;

use compatible technology for the processing of Shared Personal Data to ensure that there is no lack of accuracy resulting from personal data transfers;

maintain complete and accurate records and information to demonstrate its compliance with this Schedule 4 and allow for audits by the other party or the other party's designated auditor; and

provide the other party with contact details of at least one employee as point of contact and responsible manager for all issues arising out of the Data Protection Legislation, including the joint training of relevant staff, the procedures to be followed in the event of a data security breach, and the regular review of the parties' compliance with the Data Protection Legislation.

Indemnity. Each party shall indemnify the other against all liabilities, costs, expenses, damages and losses (including but not limited to any direct, indirect or consequential losses, loss of profit, loss of reputation and all interest, penalties and legal costs (calculated on a full indemnity basis) and all other reasonable professional costs and expenses) suffered or incurred by the indemnified party arising out of or in connection with the breach of the Data Protection Legislation by the indemnifying party, its employees or agents, provided that the indemnified party gives to the indemnifier prompt notice of such claim, full information about the circumstances giving rise to it, reasonable assistance in dealing with the claim and sole authority to manage, defend and/or settle it. The liability of the indemnifying party under this clause shall be subject to the limits set out in 22 of the Terms and Conditions of this Contract.