

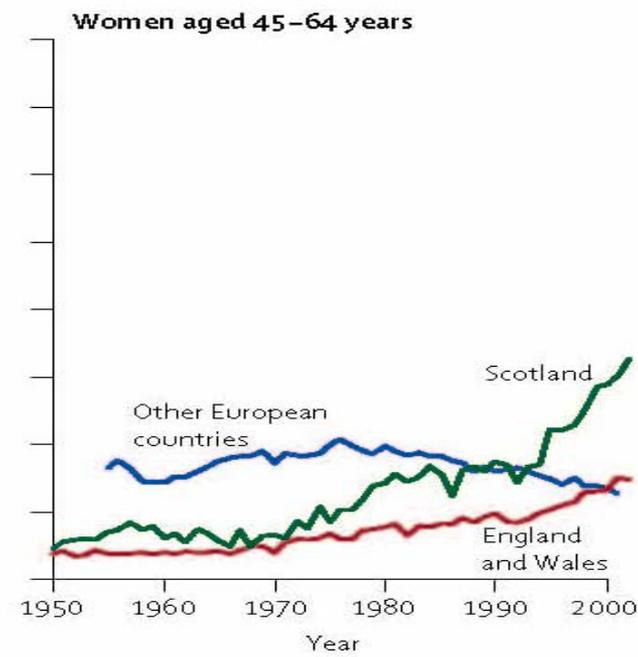
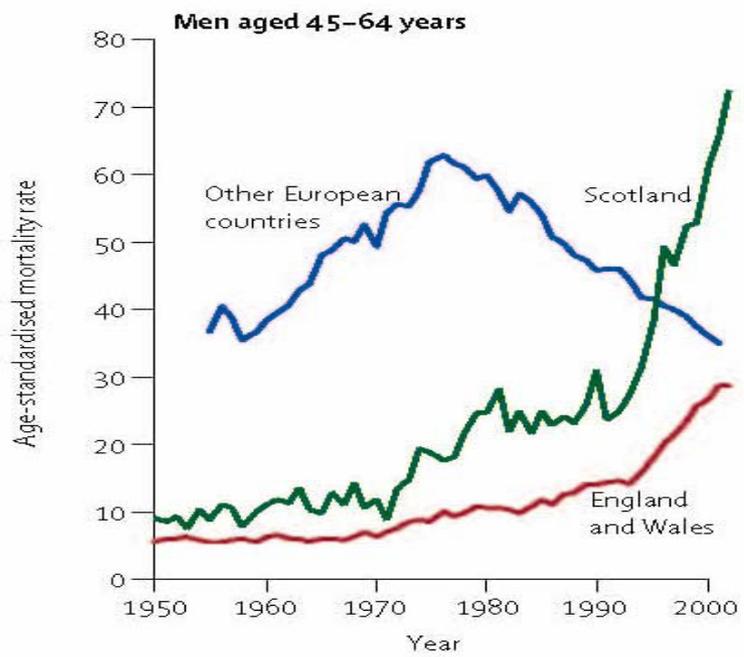
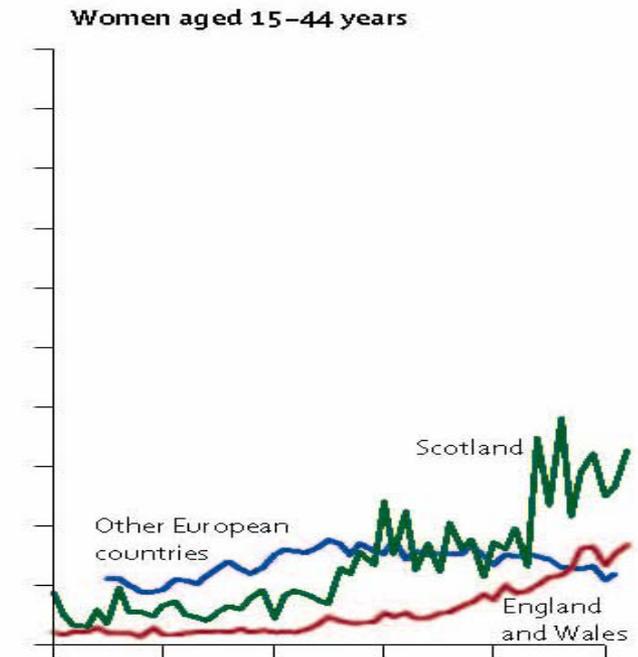
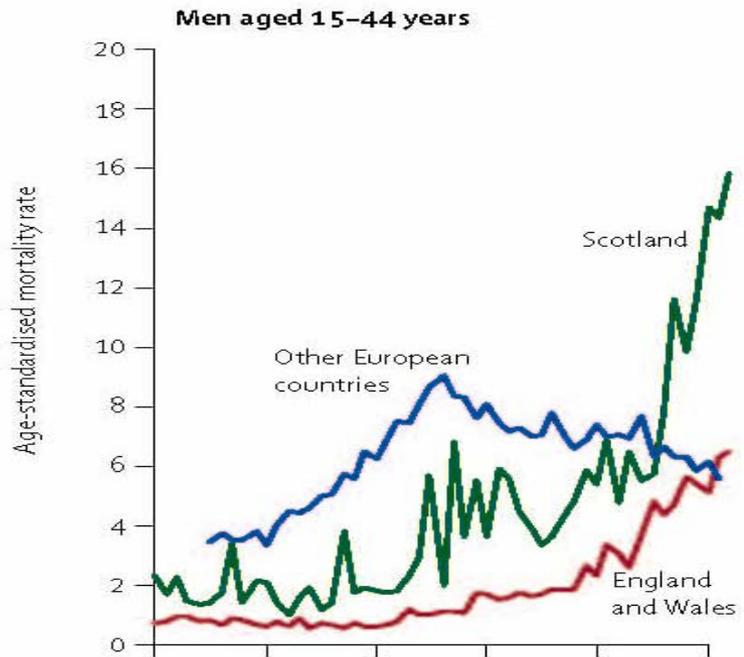


Paying GPs to screen their patients and give Brief Intervention to drinkers

Jonathan Chick

University of Edinburgh
and Queen Margaret University,
Edinburgh, Scotland

Liver Cirrhosis Mortality rates



Scottish government: What is an Alcohol Brief Intervention?

- A conversation about alcohol that is:
 - Short
 - Evidence based
 - Structured
 - Non-confrontational
 - Seeks to motivate behaviour change

HEAT TARGET 4

“NHS health boards to cumulatively deliver 149,449 alcohol brief interventions from 2008-2011 in the primary care, antenatal and A&E settings, with a view to embedding them into long-term service delivery thereafter “

Primary Care“Enhanced Service Contract”

- Funding (\$30-40 , plus \$10-20 for follow-up phone)
- Centrally provisioned software allowing easy data entry, payment and audit
- Training and support for staff undertaking screening and delivery of Alcohol Brief Interventions

Lothian area: Contract October 2008; by mid 2010, 115 of the 126 practices in Lothian had contracted to provide this Enhanced Service

Screenings and BI carried out : over target in most regions

NHS Board	Interventions Apr 2008 - Mar 2011	Target Apr 2008 - Mar 2011
NHS AYRSHIRE & ARRAN	14,067	10,697
NHS BORDERS	4,088	3,210
NHS DUMFRIES & GALLOWAY	5,349	4,357
NHS FIFE	10,568	10,452
NHS FORTH VALLEY	12,104	8,254
NHS GRAMPIAN	15,656	15,496
NHS GREATER GLASGOW & CLYDE	36,750	34,902
NHS HIGHLAND	8,981	8,964
NHS LANARKSHIRE	18,970	16,057
NHS LoTHIAN	29,884	23,594
NHS ORKNEY	822	577
NHS SHETLAND	368	622
NHS TAYSIDE	14,955	11,495
NHS WESTERN ISLES	1,643	772
NHSSCOTLAND	174,205	149,449

Short term evaluation

“An evaluation to assess the implementation of NHS delivered Alcohol Brief Interventions: Final Report , September 2011”

A population-level intervention

No comparison group

no systematic patient follow-up data,

- Impossible to measure impact or effectiveness

Practitioners' views

Generally supportive of an active role in addressing alcohol related harms
View primary care as a **valid setting for ABIs** and preventive intervention.

Some dislike of **practicalities**

time constraints,

the nature of contracts

compulsory training

The majority of GPs stated they were **comfortable raising the issue of alcohol**

Patient interviews - primary care

Few patients actively welcomed discussions on alcohol but all reported experiencing the consultation as tactful and sometimes handled with **considerable skill and sensitivity**

Most patients appeared to accept that these conversations were **part of a health worker's role**

Most were able to **identify reasons for alcohol being raised in the consultation**

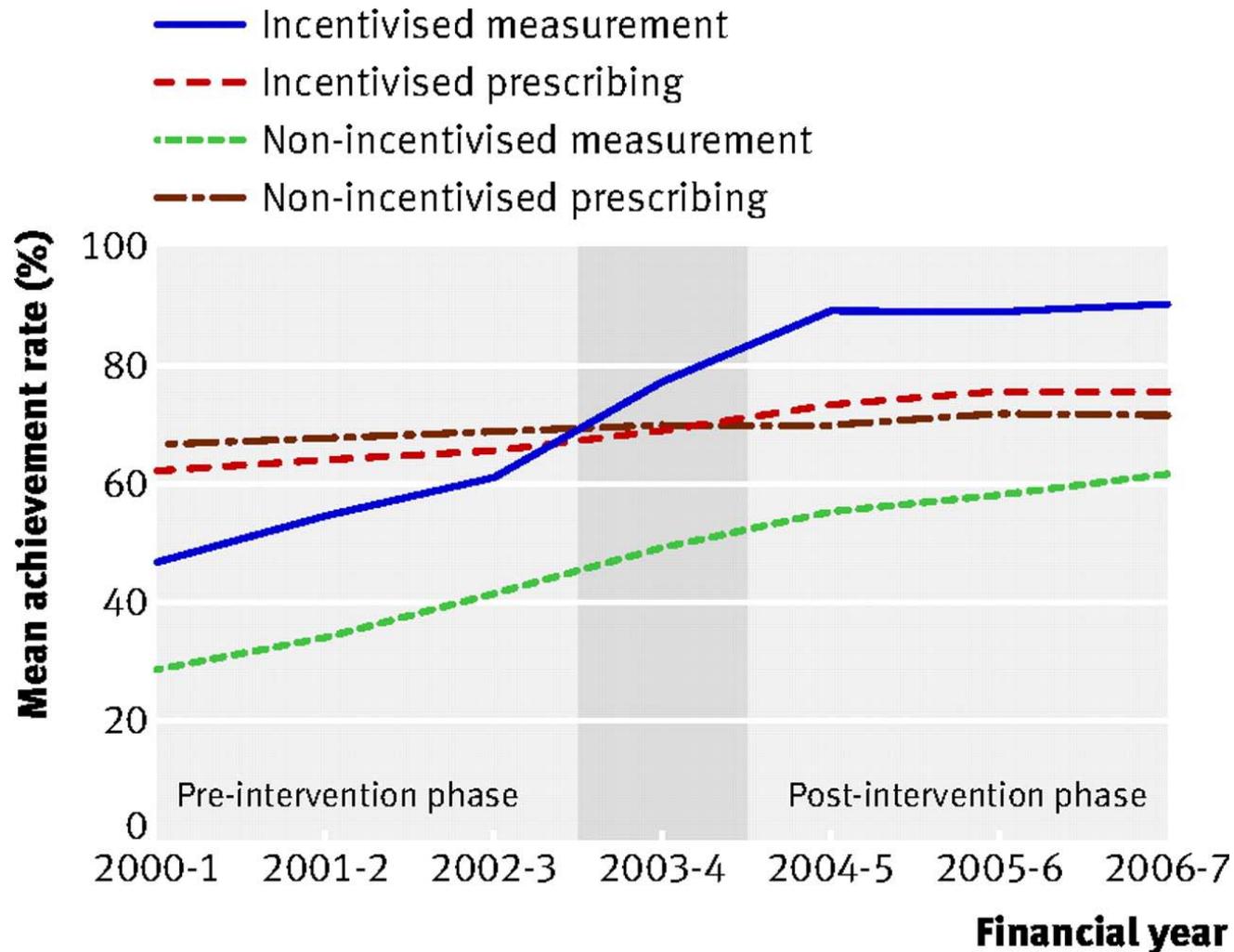
Impact varied – for some it had triggered change and for others it did not seem to have done

HEAT targets are sometimes seen as bureaucratic 'tick box exercise'

Do Incentivised activities diminish non-incentivised activities? (Doran et al, BMJ, 2011)

- 148 English general practices (covering 653,600 patients)
- 23 activities were financially incentivised, 19 not incentivised
- Big increase was in measurements e.g. BP
- Quality fell significantly for non-incentivised activities

Mean achievement rate of 148 general practices for quality of care indicators from 2000-1 to 2006-7.



Doran T et al. BMJ 2011;342:bmj.d3590

National Enhanced Services

Region: Greater Glasgow and Clyde

Cash paid per 1000 head of population in 2008-9

Alcohol	£185
Anticoagulant monitoring	£380
Intra-uterine device contraception	£ 71
Depression	£530

Measure efficacy by population measures?

- Consumption fell in England and Wales from 2006-2010, (no national SBI programme), but did not fall in Scotland.
- Hospital admissions and mortality: slight downward trend developing in 2008/9.....