NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INDICATOR DEVELOPMENT PROGRAMME

Consultation report

Indicator area: Alcohol

Consultation period: 17 April – 16 May 2019

Date of Indicator Advisory Committee meeting: 5 June 2019

Output: New indicators for general practice

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Introduction

The 2019/20 GP Contract outlined plans for an ongoing programme of indicator review aimed at increasing the likelihood of improved patient outcomes, decreasing the likelihood of harm from overtreatment and improving the personalisation of care.

Alcohol is a cause of significant public health burden but use is widespread amongst most groups of society. Alcohol is the leading cause of ill-health, early mortality and disability in those aged 15-49 years of age (NHS Digital 2017). Harmful drinking is associated with multiple physical and mental health problems. In some people these may remit on stopping or reducing alcohol consumption.

People with hypertension are at increased risk of developing cardiovascular disease (CVD). CVD remains the second highest cause of premature death and is a major contributor to heath inequalities (NHS England 2017). The risk of CVD can be reduced by treating hypertension and reducing lifestyle risks such as alcohol consumption. Alcohol use can make controlling blood pressure levels more difficult.

Alcohol misuse contributes to 200 health conditions including depression. It is sometimes used to manage symptoms of anxiety and depression but is likely to make those symptoms worse. In 2017/18 there were 37,285 admission episodes for mental and behavioural disorders due to the use of alcohol (Public Health England, 2019).

Substance misuse, including alcohol consumption by people with serious mental health disorders is recognised as a major problem in terms of prevalence and clinical and social effects. Alcohol can cause psychosis and can also interact with anti-psychotic medication (NHS UK [online; accessed 9 April 2019])

Tools such as AUDIT-C and FAST can help to identify people that may not be alcohol dependent but would benefit from an reducing their alcohol consumption.

Brief intervention can either comprise of a short session of structured brief advice or an extended brief intervention using motivation techniques. Reviews have shown that interventions in primary care are effective in reducing alcohol consumption (Kaner et al. 2018).

We consulted on 7 new alcohol indicators. A number of these may be suitable for consideration for inclusion in the QOF.

Summary of indicators included in the consultation

ID	Indicator wording	Evidence source
IND46	The percentage of patients with a new diagnosis of hypertension in the preceding 12 months who have been screened for unsafe drinking using the FAST or AUDIT-C tool in the 3 months before or after the date of entry on the hypertension register.	Hypertension in adults: diagnosis and management (2016) NICE guideline CG127, recommendations 1.4.1, 1.4.4 and 1.4.9 Alcohol-use disorders: prevention (2010) NICE guideline PH24, recommendation 9 Hypertension in adults (2015) NICE quality standard QS28, statement 5.
IND47	The percentage of patients with a new diagnosis of hypertension in the preceding 12 months with a FAST score of ≥3 or AUDIT-C score of ≥5 who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded.	Hypertension in adults: diagnosis and management (2016) NICE guideline CG127, recommendations 1.4.1, 1.4.4 and 1.4.9 Alcohol-use disorders: prevention (2010) NICE guideline PH24, recommendations 9, 10 and 11. Hypertension in adults (2015) NICE quality standard QS28, statement 5.
IND48	The percentage of patients with a new diagnosis of depression or anxiety in the preceding 12 months who have been screened for unsafe drinking using the FAST or AUDIT-C tool in the 3 months before or after their diagnosis being recorded.	Alcohol-use disorders: prevention (2010) NICE guideline PH24, recommendation 9 Common mental health problems: identification and pathways to care (2011) NICE guideline CG123, recommendation 1.4.1.6
IND49	The percentage of patients with a new diagnosis of depression or anxiety with a FAST score of ≥3 or AUDIT-C score of ≥5 who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded.	Alcohol-use disorders: prevention (2010) NICE guideline PH24, recommendation 9 Common mental health problems: identification and pathways to care (2011) NICE guideline CG123, recommendation 1.4.1.6
IND50	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses with a FAST score of ≥3 or AUDIT-C score of ≥5 who	Alcohol-use disorders: prevention (2010) NICE guideline PH24, recommendations 9, 10 and 11. Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in

	have received a brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded.	healthcare settings (2011) NICE guideline CG120, recommendations 1.2.1 and 1.3.1. Psychosis and schizophrenia in adults: prevention and management (2014) NICE guideline CG178, recommendation 1.3.3.1. Bipolar disorder: assessment and management (2014) NICE guideline CG185 recommendation 1.10.2.
IND51	The percentage of patients with one or more of the following conditions: CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia who have been screened for unsafe drinking using the FAST or AUDIT-C tool in the preceding 2 years.	Alcohol-use disorders: prevention (2010) NICE guideline PH24, recommendation 9 Atrial fibrillation: management (2014) NICE guideline CG180, recommendations 1.4.2 and 1.5.13 Cardiovascular disease: risk assessment and reduction, including lipid modification (2016) NICE guideline CG181, recommendations 1.1.27, 1.2.13 and 1.3.13
IND52	The percentage of patients with one or more of the following conditions: CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia with a FAST score of ≥3 or AUDIT-C score of ≥5 who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded.	Alcohol-use disorders: prevention (2010) NICE guideline PH24, recommendations 9, 10 and 11 Atrial fibrillation: management (2014) NICE guideline CG180, recommendations 1.4.2 and 1.5.13 Cardiovascular disease: risk assessment and reduction, including lipid modification (2016) NICE guideline CG181, recommendations 1.1.27, 1.2.13 and 1.3.13

IND46: Alcohol screening - new diagnosis of hypertension

The percentage of patients with a new diagnosis of hypertension in the preceding 12 months who have been screened for unsafe drinking using the FAST or AUDIT-C tool in the 3 months before or after the date of entry on the hypertension register.

Rationale

This indicator is intended to identify those with at risk alcohol consumption in order to more effectively treat their hypertension.

Summary of consultation comments

Stakeholders made the following positive comments in relation to this indicator:

- The introduction of FAST and AUDIT-C tools in combination with hypertension management would improve control and outcomes.

Stakeholders outlined the following concerns about this indicator:

- The term 'unsafe' drinking is incorrect as no level of drinking is 'safe'
- Small indicator denominators at individual GP practice level negatively impact on the validity of the indicator
- GP practices may not be familiar with these tools. Tools would need to be embedded into current GP prescribing and consultation systems for efficient use
- Whether the burden of introducing alcohol screening tools in the QOF for people newly diagnosed with hypertension is proportionate to the benefits
- The National Screening Committee (NSC) does not currently recommend screening for alcohol use.

Considerations for the advisory committee

The committee is asked to consider:

- The use of the term ‘unsafe’
- Stakeholder concerns around patient numbers:
  - ◊ small indicator denominators at individual GP practice level
  - ◊ burden of work for general practice
- Knowledge of the two tools and access to the tools in GP systems
- Concerns around contradicting guidance from the NSC
- Alignment with the QOF review:
  - ◊ increase the likelihood of improved patient outcomes
  - ◊ decrease the likelihood of harm from overtreatment, and
  - ◊ improve the personalisation of care.

IND47: Alcohol brief intervention – new diagnosis of hypertension

The percentage of patients with a new diagnosis of hypertension in the preceding 12 months with a FAST score of ≥3 or AUDIT-C score of ≥5 who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded.

Rationale

This indicator is intended to identify those people who have been given advice to reduce alcohol consumption to help in effective treatment of their hypertension.

Summary of consultation comments

Stakeholders outlined the following concerns about this indicator:

- It is not clear if the aim is brief advice given within the 3 months screening window or a reduction in drinking seen within 3 months of brief advice
- The burden of providing brief intervention compared to the benefits.

Considerations for the advisory committee

The committee is asked to consider:

- Does the indicator wording need amending to be clear we are measuring provision of the brief intervention rather than reduction in alcohol consumption?
- Stakeholder concerns around the clinical benefits versus the burden
- Alignment with the QOF review:
    - ◊ increase the likelihood of improved patient outcomes
    - ◊ decrease the likelihood of harm from overtreatment, and
    - ◊ improve the personalisation of care.

IND48: Alcohol screening - new diagnosis of depression or anxiety

The percentage of patients with a new diagnosis of depression or anxiety in the preceding 12 months who have been screened for unsafe drinking using the FAST or AUDIT-C tool in the 3 months before or after their diagnosis being recorded.

Rationale

Managing alcohol intake can reduce risk of developing depression and anxiety and can help to manage symptoms in those with anxiety and depression. This indicator aims to identify people with depression or anxiety who are at risk of unsafe alcohol consumption.

Summary of consultation comments

Stakeholders outlined the following concerns about this indicator:

- The term ‘unsafe’ drinking is incorrect as no level of drinking is ‘safe’
- If small indicator denominators at individual GP practice level impact on the validity of the indicator
- Discussions about alcohol use are currently standard in these consultations so the value of this indicator was queried
- Introducing additional structured tools into a depression assessment as this may detrimentally affect the GP’s ability to build rapport and undertake a holistic patient-centred approach
- The use of using FAST or AUDIT-C screening tools at practice level is not currently expected in IAPT services
- The length of the tools could be burdensome with risky consequences to the person, for example, if the person is handed the form to fill out themselves without explanation
- Whether GPs would feel confident in asking individuals about alcohol in relation to anxiety or depression
- Whether there is an evidence base for the 3 months before or after time scale.
- The need to ensure the indicator does not detract practices from referring individuals onto IAPT services, a priority in the Long Term Plan.

Considerations for the advisory committee

The committee is asked to consider:

- The term ‘unsafe’ drinking
- Stakeholder concerns around patient numbers:
    - ◊ small indicator denominators at individual GP practice level
    - ◊ burden of work for general practice
- Whether discussions about alcohol use are already standard practice
- The impact of introducing structured tools on providing a patient-centred approach to care
- Stakeholder comments about the confidence of GPs asking people about their alcohol when providing care for their anxiety / depression
- The evidence base for the timescale – why 3 months?
- The suggestion this has the potential to detract referrals to IAPT services
- Alignment with the QOF review:
    - ◊ increase the likelihood of improved patient outcomes
    - ◊ decrease the likelihood of harm from overtreatment, and
    - ◊ improve the personalisation of care.

IND49: Alcohol brief intervention - new diagnosis of depression or anxiety

The percentage of patients with a new diagnosis of depression or anxiety with a FAST score of ≥3 or AUDIT-C score of ≥5 who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded.

Rationale

This indicator is intended to identify those people with depression or anxiety who have been given advice to reduce alcohol consumption to better manage their condition.

Summary of consultation comments

Stakeholders outlined the following concerns about this indicator:

- Whether the brief intervention should be received within three months of the AUDIT-C or FAST screening tools, or whether the aim of the intervention should be to help them reduce their drinking within three months
- Introducing additional structured tools into a depression assessment may affect the GP’s ability to build rapport and undertake a holistic patient-centred approach
- The indicator’s focus on alcohol consumption and its lack of consideration of how specific illnesses may affect this intervention or ability for individual to complete this intervention
- Offering the brief intervention up to 3 months after screening, intervention should be offered sooner
- The definition of brief intervention needs further clarity, and guidance is needed on how exception reporting could indicate patient choice in declining the intervention.

Considerations for the advisory committee

The committee is asked to consider:

- Does the indicator wording need amending to be clear we are measuring provision of the brief intervention?
- The impact of introducing structured tools on providing a patient-centred approach
- The timeframe between screening and intervention – why 3 months? Suggestion that the intervention should be provided sooner
- Suggestion that a clear definition of brief intervention should be provided
- Alignment with the QOF review:
  - ◊ increase the likelihood of improved patient outcomes
  - ◊ decrease the likelihood of harm from overtreatment, and
  - ◊ improve the personalisation of care.

IND50: Alcohol brief intervention - people with schizophrenia, bipolar affective disorder and other psychoses

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses with a FAST score of ≥3 or AUDIT-C score of ≥5 who have received a brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded.

Rationale

This indicator is intended to identify those people with schizophrenia, bipolar affective disorder or other psychoses who have been given advice to reduce alcohol consumption to better manage their condition.

Summary of consultation comments

Stakeholders made the following positive comments in relation to this indicator:

- The Lester Tool as a method of alcohol screening supports staff in general practice to have a discussion with people with SMI on the use of brief intervention following screening.

Stakeholders outlined the following concerns about this indicator:

- The timing for receipt of the brief intervention
- The indicator’s focus on alcohol consumption and lack of consideration of how specific illnesses may affect the intervention or the person’s ability to complete the intervention
- The delay in offering the intervention post screening
- The definition of brief intervention.

Considerations for the advisory committee

The committee is asked to consider:

- Does the indicator wording need amending to be clear we are measuring provision of the brief intervention?
- The impact of other illness on the intervention
- Time between screening and intervention offer
- Suggestion that a clear definition of brief intervention should be provided
- Alignment with the QOF review:
    - ◊ increase the likelihood of improved patient outcomes
    - ◊ decrease the likelihood of harm from overtreatment, and
    - ◊ improve the personalisation of care.

IND51: Alcohol screening - people with CHD, AF, chronic heart failure, stroke or TIA, diabetes or dementia

The percentage of patients with one or more of the following conditions: CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia who have been screened for unsafe drinking using the FAST or AUDIT-C tool in the preceding 2 years.

Rationale

This indicator intends to identify those people with described morbidities who are at risk of unsafe alcohol consumption. This will help to better manage their conditions. The 2-year timeframe is being presented at consultation as a pragmatic proposal to allow measurement.

Summary of consultation comments

Stakeholders outlined the following concerns about this indicator:

- The term ‘unsafe’ drinking, as no level of drinking is ‘safe’
- Implementing the tools for all the above conditions was highlighted as a potential burden. But it was noted this could be alleviated with use of templates on GP computer systems and members of the GP multidisciplinary team doing assessments
- Whether it is clinically inappropriate to use these screening tools in people diagnosed with dementia as memory loss is a key symptom of dementia. They questioned if high levels of personalised care adjustments would need to be applied
- The suitability of a 2-year interval for people with dementia, due to its degenerative nature
- The evidence base indicating that people with dementia are likely to drink excess alcohol.

Considerations for the advisory committee

The committee is asked to consider:

- The term ‘unsafe’ drinking
- The burden of implementing screening tools in these long-term conditions
- Appropriateness of using these tools in people diagnosed with dementia
- The timescale used for people with dementia
- Alignment with the QOF review:
    - ◊ increase the likelihood of improved patient outcomes
    - ◊ decrease the likelihood of harm from overtreatment, and
    - ◊ improve the personalisation of care.

IND52: Alcohol brief intervention for people with CHD, AF, CHF, stroke or TIA, diabetes or dementia

The percentage of patients with one or more of the following conditions: CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia with a FAST score of ≥3 or AUDIT-C score of ≥5 who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded.

Rationale

This indicator is intended to identify those people with described conditions who have been given advice to reduce alcohol consumption to better manage their condition.

Summary of consultation comments

Stakeholders outlined the following concerns about this indicator:

- The focus on alcohol consumption and lack of consideration of how specific illnesses may affect this intervention or ability for individual to complete this intervention
- Offering the brief intervention up to 3 months after screening, intervention should be offered sooner
- The definition of brief intervention needs clarification
- A stakeholder suggested the brief intervention could be focussed on the carers of people with dementia as they felt the intervention was not always appropriate for use in people suffering from memory loss.

<u>Considerations for the advisory committee</u>

The committee is asked to consider:

- If specific illnesses may affect this intervention or ability for individuals to complete the intervention
- The timeframe for offering brief intervention
- The impact of introducing structured tools on providing a patient-centred approach to care
- Appropriateness of use in those with memory loss
- Alignment with the QOF review:
    - ◊ increase the likelihood of improved patient outcomes
    - ◊ decrease the likelihood of harm from overtreatment, and
    - ◊ improve the personalisation of care.

General comments on alcohol indicators

The following is a summary of general comments on the alcohol indicators:

- One stakeholder highlighted current NICE guidelines CG127 and CG90 recommend healthcare professionals managing people with hypertension and depression respectively to investigate their alcohol use. Commenting that these indicators are supported as they strongly reinforce this by incentivising delivery and providing guide thresholds for scale of screening and provision of brief advice
- One stakeholder requested evidence be presented alongside the indicators to add clarification on the choice of specific conditions, the impact of varying alcohol consumption and the effectiveness of brief interventions on the specific conditions
- One stakeholder raised concern that these indicators feel more like a data collection exercise rather than drivers for quality improvement. It was queried whether there is scope to make these indicators more active by emphasising delivery rather than checking support
- One stakeholder recommended a more comprehensive set of indicators that takes a stratified approach to identifying patients at risk of alcohol related harm rather than focusing specifically on non-dependent drinkers or those with a newly diagnosed condition
- One stakeholder highlighted that although there is an indicator for screening patients with schizophrenia, bipolar affective disorder and other psychoses who are at risk of alcohol harm to be given brief advice there is no indicator for screening in patients with these conditions
- One stakeholder did not support indicators IND47, IND49, IND50 and IND52 and felt that these may become an automatic 'tick-box' exercise. They commented that recording these will not indicate whether useful help has been offered and they are dependent on the clinician taking appropriate action once a significant problem has been identified
- One stakeholder suggested combining the indicators on screening and brief advice for each condition
- One stakeholder raised concern that the indicators may detrimentally affect the GP's ability to build rapport and undertake a holistic and patient-centred approach.

Appendix A: Consultation comments

ID	Indicator	Stakeholder	Comment
1	General	NHSE	Indicators focussing on alcohol would be welcomed, however, the evidence needs to be presented alongside the indicators to understand: • Why these specific disease states have been chosen rather than others i.e. is there a rank order in terms of effectiveness so that they can be prioritised? • What is the impact in reducing/controlling/stopping alcohol consumption in these disease specific groups? • How effective brief advice is i.e. for those with serious mental illness? Is a brief intervention impactful or should resource be focussed in other ways? Additionally, these indicators are relatively passive and feel more like a data collection exercise rather than a driver for improving quality. Is there scope to make them more active for example “Has the healthcare professional delivered brief advice …” puts an emphasis on delivering rather than just checking whether someone has. Is there evidence that repeating the advice adds weight and can have a greater impact? Is it more or the same effectiveness as in alcohol as in smoking cessation? Reducing alcohol intake is one of the single most successful behaviour changes in reducing high blood pressure. Health inequalities, in terms of alcohol related harm for the patient are greatly impacted by mental ill-health. The NHS England prevention programme would encourage a more comprehensive set of indicators that takes a stratified approach to identifying patients at risk of alcohol related harm and not focusing singularly on non-dependent drinkers or those with a newly diagnosed condition. The prevention programme is working alongside PHE/HEE to improve the quality and effectiveness of very brief advice and intervention. Working with the MECC programme to improve training and reach of motivational interviewing in primary care, a complimentary incentive would be desirable.
2	General	PHE	The indicator for screening patients with schizophrenia, bipolar affective disorder and other psychoses requires that patients at risk of alcohol harm are given brief advice. However, there is no indicator for screening patients with these conditions, in order to identify which should receive the brief advice.
3	General	PHE	Current NICE guidelines CG127 and CG90 instruct healthcare professionals managing patients with hypertension and depression respectively to investigate their patients’ alcohol use. These indicators strongly reinforce this by incentivising delivery and providing guide thresholds for scale of screening and provision of brief advice.

ID	Indicator	Stakeholder	Comment
4	IND46	British Medical Association	IND46: The percentage of patients with a new diagnosis of hypertension in the preceding 12 months who have been screened for unsafe drinking using the FAST or AUDIT-C tool in the 3 months before or after the date of entry on the hypertension register. We cannot support this as an indicator of quality as the numbers in each practice will be too low to provide an acceptable indication of standards of care.
5	IND46	National Pharmaceutical Advisers Group (PAG)	Agree with the introduction of FAST and AUDIT C tool in combination with hypertension management to improve better hypertension control and outcomes. GP Practices may not be familiar with these tools and would need to be able to access something embedded within GP prescribing and consultation systems as this would add additional time consumed in consultation.
6	IND46	Royal College of General Practitioners	We are concerned about the additional burden that putting alcohol screening questionnaires in QOF will put on healthcare staff and patients, and question whether this is proportionate to the benefit to patients. There have been alcohol screening questionnaires in QOF previously, without necessarily delivering tangible results for patients. The National Screening Committee does not currently recommend screening for alcohol https://legacyscreening.phe.org.uk/screening-recommendations.php
7	IND46	PHE	The indicator uses the term “unsafe” drinking. This implies that there must be a level that is “safe” and that is not correct. We cannot say with certainty that any level of drinking is “safe”. References: Bagnardi V, Rota M, Botteri E, Tramacere I, Islami F, Fedirko V, et al. Alcohol consumption and site specific cancer risk: a comprehensive dose-response metaanalysis. Br J Cancer. 2015;112:580–93. and CMOs’ low risk drinking guidelines https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking
8	IND47	British Medical Association	We oppose this indicator. Our concerns regarding IND46 apply here too and the professionalism of the clinician should be relied on to take appropriate action once a significant problem has been identified. This indicator is likely to become an automatic ‘tick-box’ exercise and so the recording will not indicate whether useful help has been offered.
9	IND47	National Pharmaceutical Advisers Group (PAG)	Agree but could be combined with 46 however the additional work involved in implementing the tools may justify a separation of incentive.

ID	Indicator	Stakeholder	Comment
10	IND47	Royal College of General Practitioners	IND 47: The percentage of patients with a new diagnosis of hypertension in the preceding 12 months with a FAST score of ≥3 or AUDIT-C score of ≥5 who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded **New** We are concerned about the additional burden that putting alcohol screening questionnaires in QOF will put on healthcare staff and patients, and question whether this is proportionate to the benefit to patients. There have been alcohol screening questionnaires in QOF previously, without necessarily delivering tangible results for patients. The National Screening Committee does not currently recommend screening for alcohol https://legacyscreening.phe.org.uk/screening-recommendations.php
11	IND47	PHE	It is not clear from this wording whether the brief intervention (aimed at helping people to reduce their alcohol-related risk) should be received within three months of the AUDIT/FAST screen, or whether the aim of the intervention should be to help them reduce their drinking within three months. PHE suggests rewording this indicator to make this clearer.
12	IND48	British Medical Association	IND48: The percentage of patients with a new diagnosis of depression or anxiety in the preceding 12 months who have been screened for unsafe drinking using the FAST or AUDIT-C tool in the 3 months before or after their diagnosis being recorded While agreeing that this represents best practice, we cannot support this as an indicator of quality as the numbers in each practice will be too low to provide an acceptable indication of standards of care.
13	IND48	National Pharmaceutical Advisers Group (PAG)	Agree with rationale similar to Ind 46 & 47
14	IND48	Royal College of General Practitioners	IND48: The percentage of patients with a new diagnosis of depression or anxiety in the preceding 12 months who have been screened for unsafe drinking using the FAST or AUDIT-C tool in the 3 months before or after their diagnosis being recorded **New** **We do not support this indicator.** We are concerned that the introduction of additional structured tools into a depression assessment would hinder the ability of the GP to build rapport and undertake a truly holistic and patient-centred approach. Discussions about alcohol is already standard in these consultations, it is difficult to see how this indicator is meaningfully adding value to the process.
15	IND48	NHSE	The use of screening using FAST or AUDIT-C tool at practice level is not currently expected in IAPT services. These tools are long in length and could be burdensome in general practice. There is a potential for perverse consequences e.g. patients being handed the form to fill out themselves without explanation

ID	Indicator	Stakeholder	Comment
16	IND48	NHSE	We would question if general practice would feel confident in asking individuals about alcohol in relation to anxiety/depression. Screening in a non-threatening context such as during registration sessions (this is currently a contractual requirement for new patients aged 14 years and over) and as part of general lifestyle advice given at well-person clinics could be more appropriate
17	IND48	NHSE	If there is an evidence base for the 3 months before or after time scale?
18	IND48	NHSE	We would need to ensure that this indicator did not detract practices from referring individuals onto IAPT services, a key LTP priority
19	IND48	PHE	The indicator uses the term “unsafe” drinking. This implies that there must be a level that is “safe” and that is not correct. We cannot say with certainty that any level of drinking is “safe”. References: Bagnardi V, Rota M, Botteri E, Tramacere I, Islami F, Fedirko V, et al. Alcohol consumption and site specific cancer risk: a comprehensive dose-response metaanalysis. Br J Cancer. 2015;112:580–93. and CMOs’ low risk drinking guidelines https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking
20	IND49	British Medical Association	IND49: The percentage of patients with a new diagnosis of depression or anxiety with a FAST score of ≥3 or AUDIT-C score of ≥5 who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded. We oppose this indicator. Our concerns regarding IND48 apply here too and the professionalism of the clinician should be relied on to take appropriate action once a significant problem has been identified. This indicator is likely to become an automatic ‘tick-box’ exercise and so the recording will not indicate whether useful help has been offered.
21	IND49	National Pharmaceutical Advisers Group (PAG)	Could be combined with indicator 48
22	IND49	Royal College of General Practitioners	IND49: The percentage of patients with a new diagnosis of depression or anxiety with a FAST score of ≥3 or AUDIT-C score of ≥5 who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded. **New** **We do not support this indicator.** See above
23	IND49	NHSE	Definition of brief intervention needs further clarity: • Would service provision be the same across the country? • Would an individual who scored highly on tests receive the same intervention? • Who would be responsible for offering a brief intervention? If not GP, what can GP do here apart from a referral? • Does not focus on the outcome of the brief intervention. What happens if an individual turns down the intervention, would this be exception reported and would exception reporting potentially be high?

ID	Indicator	Stakeholder	Comment
24	IND49	NHSE	The intervention is concentrating on alcohol consumption and does not consider if or how specific illness may affect this intervention or ability for individual to complete this intervention. Lack of consideration and tailoring to the particular illnesses is concerning.
25	IND49	NHSE	3 months is a long duration after screening. Whilst we understand that GPs may need a period of time to offer the brief intervention after screening, the intervention should be offered more imminently.
26	IND49	PHE	It is not clear from this wording whether the brief intervention (aimed at helping people to reduce their alcohol-related risk) should be received within three months of the AUDIT/FAST screen, or whether the aim of the intervention should be to help them reduce their drinking within three months. PHE suggests rewording this indicator to make this clearer.
27	IND50	British Medical Association	IND50: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses with a FAST score of ≥3 or AUDIT-C score of ≥5 who have received a brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded. We cannot support this as an indicator of quality as the numbers in each practice will be too low to provide an acceptable indication of standards of care. The professionalism of the clinician should be relied on to take appropriate action once a significant problem has been identified. This indicator is likely to become an automatic ‘tick-box’ exercise and so the recording will not indicate whether useful help has been offered.
28	IND50	National Pharmaceutical Advisers Group (PAG)	As in 46-49 above
29	IND50	Royal College of General Practitioners	IND50: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses with a FAST score of ≥3 or AUDITC score of ≥5 who have received a brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded. **New** **We do not support this indicator.** We are concerned that the introduction of additional structured tools into a mental health assessment would hinder the ability of the GP to build rapport and undertake a truly holistic and patient-centred approach. Discussions about alcohol is already standard in these consultations, it is difficult to see how this indicator is meaningfully adding value to the process.
30	IND50	NHSE	Please see comments for IND49

ID	Indicator	Stakeholder	Comment
31	IND50	NHSE	This indicator was better received than the other brief intervention indicators. Due to Lester Tool including intervention for individuals with SMI and as the previous alcohol screening QOF indicator, a practice is more likely to be enabled to ask people with SMI if they would like a brief intervention.
32	IND50	PHE	It is not clear from this wording whether the brief intervention (aimed at helping people to reduce their alcohol-related risk) should be received within three months of the AUDIT/FAST screen, or whether the aim of the intervention should be to help them reduce their drinking within three months.
33	IND51	National Pharmaceutical Advisers Group (PAG)	Agree with rationale although burden on GPs to introduce measurement of AUDIT C and FAST in all of these categories may prove over burdensome and would require some templates on the GP computer system and perhaps other members of the GP Practice team (Practice Pharmacists, Practice Nurse, HCA, Physician's Assistant) could carry out the assessments as part of holistic care provided by a multidisciplinary team..
34	IND51	Royal College of General Practitioners	The percentage of patients with one or more of the following conditions: CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia who have been screened for unsafe drinking using the FAST or AUDIT-C tool in the preceding 2 years. **New** **We do not support this indicator.** We are concerned that the introduction of additional structured tools a consultation would hinder the ability of the GP to build rapport and undertake a truly holistic and patient-centred approach. This would result in this process becoming a tickbox exercise.
35	IND51	NHSE	Due to memory loss, a key symptom of dementia, it would not be clinically inappropriate to ask many individuals diagnosed with dementia these screening tools. Would this contribute to high levels of personalised care adjustments being applied?
36	IND51	NHSE	Every 2 years is not a suitable timescale for individuals with dementia due to the degenerative nature of the illness. What is the evidence base that individuals with dementia are prone to drink excessive alcohol due to their dementia? We would query if people who are carers of individuals with dementia could benefit from a brief intervention, however we have not researched an evidence base for this.
37	IND51	PHE	The indicator uses the term "unsafe" drinking. This implies that there must be a level that is "safe" and that is not correct. We cannot say with certainty that any level of drinking is "safe". References: Bagnardi V, Rota M, Botteri E, Tramacere I, Islami F, Fedirko V, et al. Alcohol consumption and site specific cancer risk: a comprehensive dose-response metaanalysis. Br J Cancer. 2015;112:580–93. and CMOs' low risk drinking guidelines https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking

ID	Indicator	Stakeholder	Comment
38	IND52	British Medical Association	IND52: The percentage of patients with one or more of the following conditions: CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia with a FAST score of ≥3 or AUDIT-C score of ≥5 who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded We do not support this indicator, as the professionalism of the clinician should be relied on to take appropriate action once a significant problem has been identified. This indicator is likely to become an automatic 'tick-box' exercise and so the recording will not indicate whether useful help has been offered.
39	IND52	National Pharmaceutical Advisers Group (PAG)	Could combine with indicator 51 but time involved may justify separate incentive.
40	IND52	Royal College of General Practitioners	IND52: The percentage of patients with one or more of the following conditions: CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia with a FAST score of ≥3 or AUDIT-C score of ≥5 who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded **New** **We do not support this indicator.** We are concerned that the introduction of additional structured tools a consultation would hinder the ability of the GP to build rapport and undertake a truly holistic and patient-centred approach. This would result in this process becoming a tickbox exercise.
41	IND52	NHSE	Due to memory loss, a key symptom of dementia, it would be clinically inappropriate to ask many individuals diagnosed with dementia to complete a brief intervention. Would this contribute to high levels of personalised care adjustments being applied?
42	IND52	NHSE	Please see comments for IND49

43	Hypertension	British Dietetic Association	Weight loss and adopting a healthy lower salt diet can have beneficial effects on blood pressure, similar to the magnitude of beneficial effects seen with alcohol reduction (1,2,3,4,5,6,7,8). Therefore, we recommend adding the following indicators for hypertension relating to obesity and a healthy diet, in particular salt intake: • The percentage of patients with a new diagnosis of hypertension in the preceding 12 months who have had their body mass index (BMI) calculated in the 3 months before or after the date of entry on the hypertension register. • The percentage of patients with a new diagnosis of hypertension in the preceding 12 months who have been found to be overweight (BMI >25kg/m^2) and who have been given weight reduction interventions within 3 months of the recording of the BMI. • The percentage of patients with a new diagnosis of hypertension in the preceding 12 months who have been given advice on a healthy diet which includes advice on reducing salt intake within 3 months of entry on the hypertension register. References: 1. Neter JE, Stam BE, Kok FJ, Grobbee DE, Geleijnse JM. Influence of weight reduction on blood pressure: a meta-analysis of randomized controlled trials. Hypertension. 2003 Nov;42(5):878-84. Epub 2003 Sep 15. 2. Graudal NA, Hubeck-Graudal T, Jurgens G. Effects of low sodium diet versus high sodium diet on blood pressure, renin, aldosterone, catecholamines, cholesterol, and triglyceride. Cochrane Database Syst Rev. 2011 Nov 9;11:CD004022. 3. He FJ, Li J, Macgregor GA. Effect of longer-term modest salt reduction on blood pressure. Cochrane Database Syst Rev. 2013 Apr 30;4:CD004937. 4. Aburto NJ, Ziolkovska A, Hooper L, Elliott P, Cappuccio FP, Meerpohl JJ. Effect of lower sodium intake on health: systematic review and meta-analyses. BMJ. 2013 Apr 3;346 5. Appel LJ, Moore TJ, Obarzanek E, Vollmer WM, Svetkey LP, Sacks FM, et al. Dietary patterns and blood pressure. DASH Collaborative Research Group. N Eng J Med.1997 Apr 17;337:637-8. 6. Bray GA, Vollner WM, Sacks FM, Obarzanek E, Svetkey LP, Appel LJ; DASH Collaborative Research Group. A further subgroup analysis of the effects of the DASH diet and three dietary sodium levels on blood pressure: results of the DASH-Sodium Trial. Am J Cardiol. 2004 Jul 15;94(2):222-7.

ID	Indicator	Stakeholder	Comment
			7. The Trials of Hypertension Prevention Collaborative Research Group. Effects of weight loss and sodium reduction intervention on blood pressure and hypertension incidence in overweight people with high-normal blood pressure: the Trials of Hypertension Prevention, Phase II. Arch Intern Med. 1997 Mar 24;157(6):657-67. 8. Elmer PJ, Obarzanek E, Vollmer WM, Simons-Morton D, Stevens VJ, Young DR, et al; PREMIER Collaborative Research Group. Effects of comprehensive lifestyle modification on diet, weight, physical fitness, and blood pressure control: 18-month results of a randomized trial. Ann Intern Med. 2006 Apr 4;144(7):485-95