



Resource impact statement

Resource impact

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Indicator

IND202: 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 more or an AUDIT-C score of 5 or more who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded.

Introduction

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 to 49 years of age ([NHS Digital Statistics on alcohol](#)).

Harmful drinking is associated with multiple physical and mental health problems. In some people these may remit on stopping or reducing alcohol consumption. Tools such as AUDIT-C and FAST can help to identify at risk drinkers who may not be alcohol dependent but drink too much.

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](#)).

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.

Resource impact

There are around 55.6 million people in England ([Office for National Statistics, 2017](#)) and around 43.8 million are aged 18 year and above. The prevalence of people with CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia is estimated using a proxy from the pilot study work testing the indicator. 15.3% of people in England are estimated to have 1 or more of the conditions. It is estimated that around 24% people have a FAST score of 3 or more or an AUDIT-C score of 5 or more, which is around 1.6 million people (see [NICE's guideline on alcohol use disorders: prevention](#)). This is equivalent to around 289 people per 10,000 population.

Current practice is variable. It is anticipated that some brief interventions in line with the proposed indicator already take place. An illustrative example shows that a 10% increase in brief interventions is estimated to cost around £800 per 10,000 people, as shown in table 1.

Table 1 Illustrative example showing estimated annual cost of providing brief interventions for 10% of the eligible population

| – | Proportion | Population | Unit cost (£) | Total (£) |
|-----------------------|------------|------------|---------------|-----------|
| England population | – | 55,619,430 | – | – |
| Aged 18 years or over | – | 43,752,473 | – | – |

| – | Proportion | Population | Unit cost (£) | Total (£) |
|--|------------|------------|---------------|-----------|
| Prevalence of CHD, atrial fibrillation, chronic heart failure, stroke or TIA, diabetes or dementia | 15.30% | 6,694,128 | – | – |
| FAST score of 3 or more, or AUDIT-C score of 5 or more | 24.0% | 1,606,591 | – | – |
| Eligible population per 10,000 people | – | 289 | – | – |
| Proportion receiving a brief intervention | 10.0% | 29 | – | – |
| Cost of brief intervention | – | 29 | 28 | 809 |
| Total cost per 10,000 population | – | – | – | 809 |

This assumes people receive a 9 minute annual review from a GP (see the [Personal Social Services Research Unit's Unit costs of social care 2018](#)).

Service delivery in GP practices is subject to local variation. Costs will differ when healthcare professionals other than GPs carry out the brief intervention such as a practice nurse or another healthcare professional.

Long term savings may be achieved by better managing their conditions and avoiding interventions.