Reducing alcohol misuse in those living with a serious mental illness (SMI) through improved system collaboration – a mapping tool

What is this mapping tool?

This table describes what the relevant CQUINs are and how they relate to other national audits, targets and guidance across primary care, mental health and acute trusts to reduce harmful alcohol use and smoking in those living with SMI. These include:

- Mental Health Trusts: Improving physical healthcare to reduce premature mortality in people with serious mental illness (PSMI) CQUIN 3 (2017-2019)
- Inpatient care - Mental Health and Acute Trusts: Preventing ill health by risky behaviours – alcohol and tobacco CQUIN 9 (2017-2019)
- Primary Care: Quality and Outcomes Framework (QoF), public health and mental health domains
- Primary Care and Mental Health Trusts: The Five Year Forward View for Mental Health target and associated funding and recommendations to ensure 280,000 people with a severe mental illness receive a full annual physical health check

Who is it for?

This table can be used by providers and commissioners to improve the impact and coherence of efforts to address these health risks.

Why has it been developed?

- To improve local area preventative pathways
- To share learning and link efforts across sectors and settings to optimise the impact of health promotion, screening and treatment offers
- To improve efficiency and collaboration in the provision of health promotion and prevention interventions
- To understand the different measures and financial incentives within each organisation and sector.

How can it be used?

- Help sectors identify mutual goals and implementation challenges
- Encourage innovation and collaboration in implementing targets or guidance
- Share learning in successful implementation approaches
- Identify where strengths or weaknesses exist in local preventative pathways
- ‘Sense check’ targets and data collection across local system pathways
- Identify variation in access to preventative interventions, and then to increase the range of access

Support for planners to understand the alignment between CQUINs and primary care levers

This table describes the relevant CQUINs and how they relate to other national audits, targets and guidance across primary care, mental health and acute trusts to reduce harmful alcohol use in those living with SMI. The different time points for screening, interventions and data capture in inpatient and community settings are noted.

Key links to help support negotiations and implementation on CQUINs are available here:

- Improving physical healthcare to reduce premature mortality in people with serious mental illness (PSMI) CQUIN 3
- Preventing ill health by risky behaviours – alcohol and tobacco CQUIN 9
- CQUIN specifications and supporting guidance including the screening tools

Preventing ill health by risky behaviours: Alcohol

CQUIN 9 Alcohol				
Section	**CQUIN numerator (all hospital patients)**	**Detail of required intervention**	**Mental Health Trust levers [PSMI CQUIN 3, AEIP and NAS]**	**Primary Care levers**
9d Alcohol screening	Number of unique, adult patients who are admitted (> 1 night) and screened for alcohol consumption and results are recorded in patient's record during this quarter	The screened for alcohol consumption element of this indicator requires the standard protocol for alcohol screening in secondary care to be implemented (NICE guidance) Complete a validated alcohol questionnaire with adults being screened. Alternatively, if they are competent enough, ask them to fill one in themselves. Use AUDIT to decide whether to offer a brief intervention (and, if so, what type) or whether to make a referral. If time is limited, use an abbreviated version (such as AUDIT-C, AUDIT-PC, SASQ or FAST). Screening tools should be appropriate to the setting. In an emergency department FAST or PAT would be most suitable.	This activity is covered by the PSMI CQUIN. Alcohol use is one of the key lifestyle enquiries that should be assessed during the comprehensive physical health assessment. The cardio metabolic parameters, for this CQUIN are: – smoking status – lifestyle (including exercise, diet alcohol and drugs) – body mass index – blood pressure – glucose regulation (preferably HBA1C or fasting plasma glucose/ random plasma glucose as appropriate) – blood lipids Guidance clearly denotes that screening should take place when clinically appropriate for the patient. For example, >7 days for patients with severe mental health illness as set out in the CQUIN for improving physical healthcare in people with severe mental health illness (PSMI).' This assures the Preventing Ill Health (in hospitals) CQUIN can be aligned with the PSMI CQUIN. In the NAS one question addresses this issue: • Current alcohol intake (number of units per week) The following question is also relevant: • In the past 12 months, has alcohol or substance misuse been investigated as a potential cause of inadequate response to antipsychotic medications? In the AEIP audit one question addresses this issue: • Drinking alcohol status delivered within 12 weeks of acceptance onto EIP caseload	This is part of the SMI annual physical health check, recommended by NICE and in upcoming NHSE guidance. It is also captured by current QoF: **MH007** The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months *NICE 2010 menu ID: NM15*
9e Alcohol brief	Percentage of unique	The '**given brief advice**' element of this indicator requires the	This activity is covered by the PSMI CQUIN that requires patients with	This activity is not specified in the current

Preventing ill health by risky behaviours: Alcohol

Section	CQUIN 9 Alcohol: CQUIN numerator (all hospital patients)	CQUIN 9 Alcohol: Detail of required intervention	Mental Health Trust levers [PSMI CQUIN 3, AEIP and NAS]	Primary Care levers
advice or referral	patients who drink alcohol above lower-risk levels **and** who are given brief advice **or** offered a specialist referral. **Eligible patients** are defined as patients who have been recorded as drinking above the lower risk limits during screening	healthcare professional to provide summary advice. This must be recorded in the patient's record in a clear and consistent way. The '**offered a specialist referral where relevant**' element of this indicator is only required where screening indicates potential alcohol dependence and is instead of brief advice provision. It requires the health professional to offer a referral (not just signposting) for specialist alcohol assessment by the hospital alcohol care team or a local community alcohol treatment service. This must be recorded in the patient's record in a clear and consistent way. NICE guidance specifies offering a session of structured brief advice on alcohol using a recognised, evidence-based resource based on FRAMES principles (feedback, responsibility, advice, menu, empathy, self-efficacy). It should take 5–15 minutes covering: – potential harm caused by their level of drinking and reasons for changing the behaviour, including the health and wellbeing benefits – barriers to change – practical strategies to help reduce alcohol consumption (to address the 'menu' component of FRAMES) – setting some goals Where there is an ongoing relationship with the patient or client, routinely monitor their progress in reducing their alcohol consumption to a low-risk level. Where needed, offer an additional session of structured brief advice or, if there has been no response, offer an extended brief intervention.	SMI to receive comprehensive cardio metabolic risk assessments **and have access to the necessary treatments/interventions.** In the NAS one question addresses this issue: • Has an intervention been offered, or a referral been made, within the past 12 months for help with reduction of alcohol use In the AEIP audit one question addresses this issue: • Interventions for harmful alcohol use delivered within 12 weeks of acceptance onto EIP caseload	QOF. It is however part of the SMI annual physical health check as recommended by NICE and in upcoming NHSE guidance.
Information for commissioners about	**NICE guidance is clear that NHS professionals should routinely carry out alcohol screening as an integral part of practice**. This highlights the need for action from both health and social care, criminal justice, community and voluntary sector professionals in both NHS and non-NHS settings who regularly come into contact with people who may be at risk of harm from the amount of alcohol they drink. Note: Identification and Brief Advice (IBA) delivery in secondary care is currently patchy and significant change must be achieved to facilitate the optimal large-scale delivery needed to significantly impact on			

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appropriate services for those living with SMI to deliver this CQUIN	population health. It is strongest where there are robust Making Every Contact Counts (MECC) initiatives that include alcohol IBA and where there are well-resourced alcohol care teams that train other staff. • MECC and resources to support a whole system response to alcohol risk • NICE guidance on IBA is detailed in Alcohol-use disorders: prevention (2010) NICE guideline PH24. • Resources to support training for delivering alcohol IBA in hospital settings from the Alcohol Learning Centre • Training tools including screening tools and how to offer brief advice • Commissioning guidelines for IBA Commissioners and providers should assure that resources and approach are appropriate to those living with SMI and be aware that some individuals with complex needs including cognitive difficulties may require support to complete screening tools. Healthcare professionals do not need comprehensive knowledge about alcohol harm to deliver IBA well. It is an effective approach and comprises, in its simplest form: 1. Giving patients an AUDIT C scratch card to complete or asking the AUDIT C three questions orally and scoring their answers 2. Feeding back to the patient what their score indicates about their health risk 3. Providing a patient information leaflet with information about harm, cutting down and its benefits. For patients who are identified as dependent drinkers, healthcare professionals will refer them to local specialist services.			