



Resource impact statement

Resource impact

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Indicator

The percentage of patients with a new diagnosis of hypertension in the preceding 12 months 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 (see the [NHS Digital 2017 statistics on alcohol](#)).

Alcohol use can make controlling blood pressure levels more difficult. 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. The risk of cardiovascular disease (CVD) can be reduced by treating hypertension and reducing lifestyle risks such as 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](#)).

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.

Resource impact

There are around 55.6 million people in England ([Office for National Statistics, 2017](#)). The prevalence of people with hypertension is around 14% (see [Quality and Outcomes Framework data 2017/18](#)), around 7,800,000 people in England. It is estimated that around 24% of people in England drink a harmful or hazardous amount, around 1,900,000 people (see [NICE’s guideline on Alcohol use disorders: prevention](#)). This is used as a proxy for people who have a FAST score of 3 or more, or AUDIT-C score of 5 or more. This is equivalent to around 335 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 £900 per 10,000 population, as shown in table 1.

Table 1 Estimated annual cost of providing brief interventions for 10% of the eligible population

–	Proportion	Population	Unit cost (£)	Total (£)
England population	–	55,619,430	–	–
Prevalence of hypertension	13.94%	7,756,074	–	–

FAST score of 3 or more or AUDIT-C score of 5 or more	24%	1,861,458	–	–
Eligible population per 10,000 people	–	335	–	–
Proportion receiving a brief intervention	10%	34	–	–
Cost of brief intervention	–	34	28.00	938
Total cost per 10,000 population	–	–	–	938

This assumes people receive a 9 minute annual review from a GP (see [Unit Costs of Health and 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 reducing the risk of CVD and avoiding CVD events.

Not all people with diagnosed hypertension will have been diagnosed in the previous 12 months, and there are no robust estimates for this proportion. The above illustration is therefore likely to overstate potential costs of the proposed indication.