Alcohol use: brief intervention for people with a long-term condition

NICE indicator
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Indicator

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 AUDIT-C score of 5 or more in the preceding 2 years who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our menu of indicators.

To find out how to use indicators and how we develop them, see our NICE indicator process guide.

Rationale

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. 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).

Source guidance

- Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE guideline NG238 (2023), recommendation 1.1.17, 1.3.10 and 1.5.5
- Atrial fibrillation: diagnosis and management. NICE guideline NG196 (2021), recommendations 1.2.2, 1.2.3 and 1.6.12
- Alcohol-use disorders: prevention. NICE guideline PH24 (2010), recommendations 9, 10 and 11

Specification

Numerator: The number of patients in the denominator who have received brief intervention to help them reduce their alcohol related risk within 3 months of the score being recorded.

Denominator: The number 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 in the preceding 2 years.

Calculation: Numerator divided by the denominator, multiplied by 100.

Definitions: Not applicable

Exclusions: People with an existing diagnosis of an alcohol related disease or disorder.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if a brief intervention is not appropriate.

Expected population size:

QOF register data for 2022 to 2023 shows:

- 299 patients with CHD for an average practice with 10,000 patients
- 213 patients with atrial fibrillation for an average practice with 10,000 patients
- 99 patients with chronic heart failure for an average practice with 10,000 patients
- 185 patients with STIA for an average practice with 10,000 patients
- 605 patients with diabetes for an average practice with 10,000 patients
- 74 patients with dementia for an average practice with 10,000 patients.

It is not possible to provide a single expected population size as overlap between registers is unknown. The estimated numbers are from registers only and do not reflect whether they have a FAST score of 3 or more or AUDIT-C score of 5 or more, but the resource impact statement for this indicator estimates that 24% of people have a FAST score of 3 or more or AUDIT-C score of 5 or more. To be suitable for use in QOF, there should be more than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application of personalised care adjustments.

Update information

Minor changes since publication

April 2024: We updated links to source guidance NG238 and added expected population size.

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