

MEETING ABSTRACTS

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A60**Use of financial incentives to implement alcohol consumption recording in primary health care among adults with schizophrenia and other psychoses: a cross-sectional and retrospective cohort study**

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Background: Lack of financial incentive is a frequently cited barrier to alcohol screening in primary care. The Quality and Outcomes Framework (QOF) payment for performance scheme has reimbursed UK primary care practices for alcohol screening in people with schizophrenia since April 2011. This study aimed to determine the impact of financial incentives on alcohol screening by comparing rates of alcohol recording in people with and without schizophrenia between 2000 and 2013.

Method: Cross-sectional and retrospective cohort study. Alcohol data were extracted from The Health Improvement Network (THIN) database of UK primary care records using Read Codes for level of alcohol consumption, continuous measures of drinking (e.g. units a week), and Read Codes for types of screening test.

Results: A total of 14,860 individuals (54 % (8068) men and 46 % (6792) women) from 409 general practices aged 18–99 years with schizophrenia were identified during April 2011 to March 2013. Of these, 11,585 (78 %) had an alcohol record, of which 99 % (8150/8257) of Read codes for level of consumption were eligible for recompense in the QOF. There was a 839 % (more than eightfold) increase in alcohol recording among people with schizophrenia over the 13 year period [rate ratio per annum increase 1.19 (95 % CI 1.18–1.20)], compared with a 62 % increase among people without a serious mental illness [rate ratio per annum increase 1.04 (95 % CI 1.03–1.05)].

Conclusion: Financial incentives offered by the serious mental illness QOF appear to have a substantial impact on alcohol screening in UK primary care.