WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

22 MARCH 2011

SUBJECT	**ALCOHOL RELATED HOSPITAL ADMISSIONS - FOLLOW UP REPORT**
WARD/S AFFECTED	**ALL**
REPORT OF:	**FIONA JOHNSTONE, DIRECTOR OF PUBLIC HEALTH (NHS WIRRAL)**
RESPONSIBLE PORTFOLIO HOLDER	**COUNCILLOR BOB MOON**
KEY DECISION?	**NO**

1.0 EXECUTIVE SUMMARY

1.1 Following the submission of the report concerning the performance of National Indicator 39 - alcohol related admissions to Hospital - to the Health and Wellbeing Overview and Scrutiny Committee (OSC) on 1 November 2010 and minutes 33 and 39 of that meeting, members of the Committee requested a follow up report to consider:

- The disease categories which are alcohol related
- The number of people receiving treatment and care for these conditions
- The responses being delivered in Wirral to tackle these conditions

1.2 The NHS Wirral alcohol programme aims to address alcohol related harm, improve access to alcohol treatment services and reduce alcohol related admissions to Hospital. The programme, in broad terms, delivers the following initiatives:

- Delivering developments in primary care screening and brief intervention
- Increasing capacity in specialist treatment programmes
- Increasing the capacity of community based detoxification services
- Improve crisis management responses
- Increase capacity in aftercare services
- Provide interventions in the criminal justice services
- Increase the provision of information and awareness raising
- Delivering a alcohol programme for young people (under 18s)

1.3 The delivery of the alcohol programme is intended to reduce the risk and harm associated with alcohol consumption and, in turn, ease the burden place upon the local criminal justice system and the local health and social care economy.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Health and Wellbeing Overview and Scrutiny Committee note the report for information

3.0 REASON/S FOR RECOMMNEDATIONS

3.1 This report has been requested as a follow-up report and consequently, the recommendation is based upon the status of the report.

4.0 BACKGROUND AND KEY ISSUES

4.1 The burden of disease due to alcohol consumption depends upon at least two factors. Firstly, it depends upon the overall amount of alcohol consumed and secondly it depends upon the way that the amount is consumed, i.e. on a spectrum between regularly in moderate amounts to irregularly in very large amounts (usually referred to as 'binge drinking').

4.2 Chronic alcohol related conditions predominantly depend on the volume of drinking over an extended period of time whilst acute alcohol related conditions depend upon a high volume of alcohol being consumed in a very short period of time. There are, consequently, differences in the manifestation of disease and illness associated with the different levels of consumption (high or low) and the mode of the consumption (regular and moderate or irregular and high).

4.3 In order to enable the conditions caused wholly or in part by alcohol consumption to be analysed, the World Health Organisation have developed a system of 10 condition groups. These groupings are set out in the table below. Alongside the condition groupings is a column that offers a little detail of some of the types of disease and consequences associated with the particular condition. This detail is taken from the International Classification of Diseases, Version 10 (abbreviated in the table as ICD-10)

4.4 When considering the analysis of alcohol related conditions, we need to take regard of what are referred to as 'Alcohol Attributable Fractions (AAFs)'. AAFs are used to express the extent to which alcohol contributes to a health outcome - such as alcohol poisoning or non-alcohol poisoning, road traffic injuries, falls, injuries, etc. Considering the table below, there are 13 conditions which are wholly attributable to alcohol and 32 conditions which are partially attributable to alcohol

Condition groupings	ICD10 category names
Alcohol specific (Chronic)	Degeneration of nervous system due to alcohol
	Alcoholic cardiomyopathy
	Alcoholic gastritis
	Alcoholic liver disease
	Chronic pancreatitis (alcohol induced)
Alcohol specific (Mental/Beh)	Mental and behavioural disorders due to use of alcohol
Alcohol specific (Acute)	Ethanol poisoning
	Methanol poisoning
	Toxic effect of alcohol, unspecified
	Accidental poisoning by and exposure to alcohol
Accidents & Injury (Acute)	Fall injuries
	Work/machine injuries
	Firearm injuries
	Inhalation of gastric contents/Inhalation and ingestion of food causing obstruction of the respiratory tract
	Pedestrian traffic accidents
	Road traffic accidents (driver/rider)
Violence (Acute)	Intentional self-harm/Event of undetermined intent
	Assault
Digestive (Chronic)	Chronic hepatitis, not elsewhere classified and Fibrosis and cirrhosis of liver
	Acute and chronic pancreatitis
Cancer (Chronic)	Malignant neoplasm of lip, oral cavity and pharynx
	Malignant neoplasm of oesophagus
	Malignant neoplasm of larynx
	Malignant neoplasm of colon
	Malignant neoplasm of rectum

	Malignant neoplasm of liver and intrahepatic bile ducts
	Malignant neoplasm of breast
Hypertensive diseases (Chronic)	Hypertensive diseases
Cardiac arrhythmias (Chronic)	Cardiac arrhythmias
Other diseases (Chronic)	Haemorrhagic stroke
	Ischaemic stroke
	Spontaneous abortion

4.5 The table set out below describes the proportion of NI 39 related admissions for alcohol related harm recorded for men and women in Wirral in 2008-09. These data are derived from Hospital Episode Statistics and they are allocated in accordance with the 10 alcohol related conditions described in the previous table and has been collated by the North West Public Health Observatory as part of the Local Alcohol Profile.

4.6 During 2008-09 (cross referenced with the previous report to the OSC) there were approximately 8,500 admissions made to Hospital which were wholly or partly attributable to alcohol consumption, i.e. they contribute to National Indicator 39.

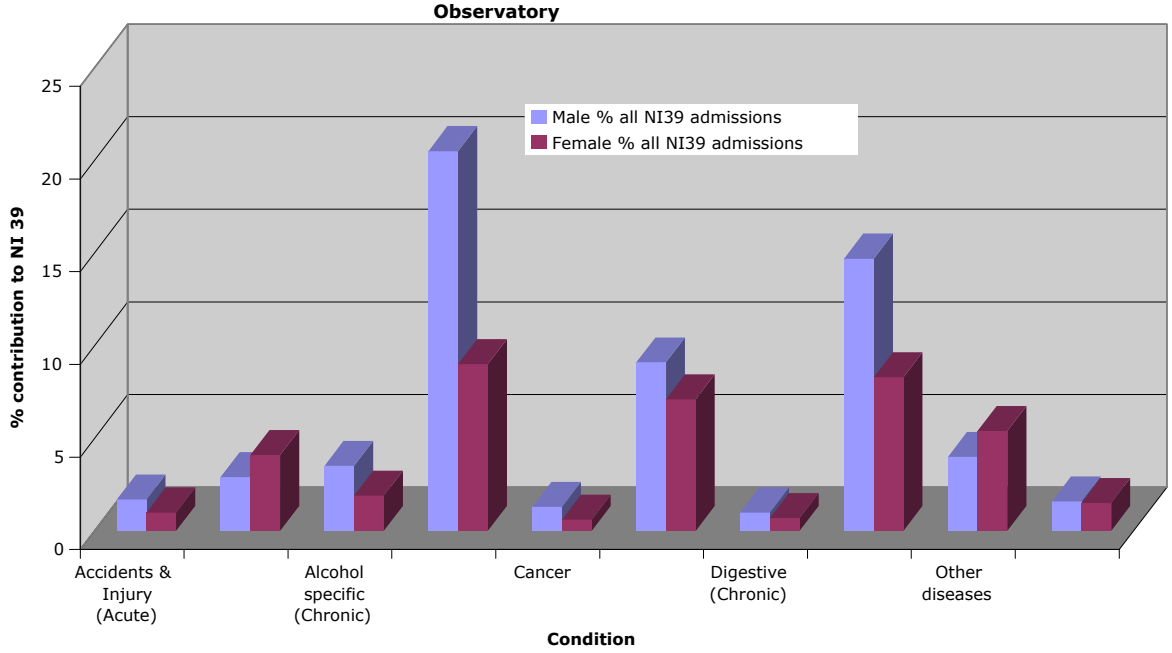
4.7 Set out below is a table and a chart that describe what proportion (expressed as a percentage) of the 8,500 alcohol related admissions were caused by the ten alcohol related conditions already outlined. It is important to note the following points from this table:

- Male admissions contribute more to the NI 39 indicator (alcohol related admissions) than female admissions
- Hypertension, cardiac arrhythmias and mental and behavioural problems constitute the most common conditions leading to admission

Condition group	**Male % all NI39 admissions**	**Female % all NI39 admissions**
Accidents & Injury (Acute)	1.7	1
Alcohol specific (Acute)	2.9	4.1
Alcohol specific (Chronic)	3.5	1.9
Alcohol specific (Mental)	20.5	9
Cancer	1.3	0.6
Cardiac arrhythmias	9.1	7.1
Digestive (Chronic)	1	0.7
Hypertensive (Chronic)	14.7	8.3
Other diseases	4	5.4
Violence (Acute)	1.6	1.5

* both columns in this table sum to 100%

Wirral: the percentage of National Indicator 39 admissions by cause and by gender (all bars sum to 100%) for 2008-09 (most recent data released by the NW Public Health Observatory



4.8 In 2007-08 the rate of hospital admissions for alcohol specific conditions for persons aged less than 18 years was the 4th highest in England. However, since that point (assisted by the initiation of the alcohol programme), the rate of admission for this group has reduced by approximately 20%. The data for 2008-09 shows that 373 people under 18 years of age were admitted to Hospital for alcohol related conditions. It is intended that the 'rate of hospital admissions for under 18 year olds' will be adopted as the key performance target for the young peoples alcohol programme.

4.9 Obviously, the most serious consequence of high-risk alcohol consumption is premature mortality. Approximately 4% of deaths within Wirral can be classified as related to alcohol, as described in the table below. It is important to stress that the data for the table refer to the deaths occurring in the period 2001-2008 (this time period increases the statistical validity of the data and may enable us to infer a pattern of mortality between the sexes)

Sex	Age	0-15	16-24	25-34	35-44	45-54	55-64	65-74	75+
Female	Number of deaths from alcohol	0	5	14	45	69	67	54	97
Male	Number of deaths from alcohol	0	21	45	100	137	159	139	111

4.10 There is a strong positive correlation between mortality from alcohol related conditions and deprivation of usual residence. The most recent data analysing this association suggests that the death rate for alcohol related conditions in the most deprived quintile is over three times higher than in the least deprived quintile.

4.11 Members of the Committee will be familiar with the different elements of the Wirral Alcohol Programme and the level of investment made by the Wirral Primary Care Trust, since this has been described in previous Committee Reports.

4.12 The information contained within this report refers to disease categories and conditions that are wholly, or in part, attributable to alcohol consumption. In order to offer assurance to the Committee that the Alcohol Programme remains committed to tackling this issue it may be relevant to illustrate some of the developments that the Wirral Primary Care Trust are intending to pursue in the year 2011-12. These developments to the existing programme are outlined below

- Increase the number of people entering specialist treatment services
- Increase the proportion of people successfully completing their action plan for day care and aftercare
- Broaden the criminal justice element of the programme so that the conditional cautioning indicator incorporates alternative responses to alcohol related crime.
- Deliver a young peoples service based upon the current pilot project which has developed strong links with the local A&E service
- In accordance with the evaluation of the Programme by the R&D Team, introduce a number of Key Performance Indicators that sit beneath the screening and brief intervention target thus:

    - The number of people screened and offered brief intervention from the 20% most deprived areas of Wirral
    - The number of people screened and offered brief intervention by the Health Trainer and Health Advocate service
    - The number of people screened and offered brief intervention by General Practitioners

5.0 RELEVANT RISK

5.1 There are no specific risks arising from this report

6.0 OTHER OPTIONS CONSIDERED

6.1 Report is for information

7.0 CONSULTATION

7.1 There are no local implications regarding public consultation arising from this report

8.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

8.1 There are no implications for voluntary, community or faith groups arising from this report. However, it is germane to point out that the delivery of the Wirral Alcohol Programme is dependent upon the contractual relationship Wirral Primary Care Trust has with a number of Wirral based voluntary, 3rd Sector and independent service providers.

9.0 RESOURCE IMPLICATIONS: FINANCIAL, STAFFING AND ASSETS

9.1 The total budget allocation for the adult and young peoples alcohol programme in 2011-12 is approximately £2.3 million. The investment set aside by the Primary Care Trust to maintain the alcohol programme forms part of the panned expenditure to April 2013.

10.0 LEGAL IMPLICATIONS

10.1 There are no relevant legal implications arising from this report

11.0 EQUALITIES IMPLICATIONS

11.1 The Primary Care Trust complies with all relevant Equality and Diversity legislation.

12.0 CARBON REDUCTION IMPLICATIONS

12.1 There is no carbon usage or relevant environmental implications arising from this report

13.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

13.1 Any reduction in hazardous drinking by residents may be associated with a reduction in alcohol related anti-social behaviour

13.2 There are no implications for planning or approval

REPORT AUTHOR: **John Doyle**
Public Health Strategy Manager (NHS Wirral)
Telephone: 0151 651 0011 Ext 1588
Email: john.doyle@wirral.nhs.uk

APPENDICES

REFERENCE MATERIAL