

Public Document Pack

Date of meeting **Wednesday, 23rd October, 2013**
Time **7.00 pm**
Venue **Committee Room 1, Civic Offices, Merrial Street,
Newcastle-under-Lyme, Staffordshire, ST5 2AG**
Contact **Louise Stevenson**

Health Scrutiny Committee

AGENDA

SUPPLEMENTARY INFORMATION

PART 1 – OPEN AGENDA

5 ALCOHOL STRATEGY

(Pages 1 - 4)

Tony Bullock (Commissioner for Alcohol and Drugs – Public Health) and Trevor Smith (Community Safety Officer) will be present to answer Members Questions. Topics for discussion will include:-

The way in which statistics for alcohol-related admissions are put together, further information on the educational projects being delivered in schools in relation to alcohol and the impact on the Major Trauma Unit at the hospital.

Members: Councillors D Becket, Eastwood (Chair), Mrs Hailstones, Mrs Johnson, Loades, Mrs Simpson and Taylor.J

Members of the Council: If you identify any personal training/development requirements from any of the items included in this agenda or through issues raised during the meeting, please bring them to the attention of the Democratic Services Officer at the close of the meeting.

Meeting Quorums :- 16+= 5 Members; 10-15=4 Members; 5-9=3 Members; 5 or less = 2 Members.

Officers will be in attendance prior to the meeting for informal discussions on agenda items.

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Alcohol-related hospital admissions

1 What is a hospital admission?

A hospital admission will depend on the type of procedure or care a patient will be receiving. They can attend as an outpatient, or be admitted as a day patient or an inpatient. As an outpatient they will go to hospital for an appointment to see a specialist but you will not stay overnight. A day patient or a day case will be given a hospital bed for tests or surgery, but will not stay overnight. This can include treatments such as minor surgery, dialysis or chemotherapy. An inpatient will stay in hospital for one night or more for tests, medical treatment or surgery.

A hospital admission may be planned (elective) or may be required as a matter of urgency (emergency). Elective admissions are those which occur as a consequence of referral to hospital by a general practitioner, medical consultant, a visit to the hospital outpatient department or a planned transfer from another hospital. An emergency hospital admission is defined as one that is not planned and which results from trauma (injury) or acute illness which cannot be treated by a general practitioner or the hospital outpatient department. An emergency admission will include those people who arrived at hospital in an emergency ambulance.

2 What is an accident and emergency attendance

An accident and emergency (A&E) attendance is when a person attends the A&E department. These attendances are not included in the alcohol-related admissions statistics.

3 What is a hospital-related admission?

It is important to know how many people are being admitted to hospital due to alcohol consumption whether it is the result of binge drinking or drinking alcohol over several years. This gives information about the burden of ill health due to alcohol on hospital services and it gives an indication of unhealthy lifestyles and alcohol-related illness in the population. Hospital admissions due to alcohol are classified in 2 ways:

- **Alcohol-specific admissions:** If a person is admitted to hospital because they have an illness or a medical condition that is due *entirely* to the amount of alcohol they drink then this is called an ‘alcohol-**specific** admission’. Medical conditions that are due entirely to alcohol consumption include alcoholic cirrhosis of the liver and mental and behavioural disorders due to use of alcohol and acute intoxication.
- **Alcohol-related admission:** If a person is admitted to hospital because they have an illness or a medical condition that is due *partially* to alcohol consumption then it is called an ‘alcohol-**related** admission’. There are many medical conditions where alcohol consumption is likely to have been a contributory factor and these include mouth cancer, hypertension, fire injuries, falls injuries, epilepsy, drowning, assault, self-harm and accidental excessive cold. Alcohol-related admissions *include* alcohol-specific admissions so it

includes both conditions due entirely to alcohol and conditions partially due to alcohol.

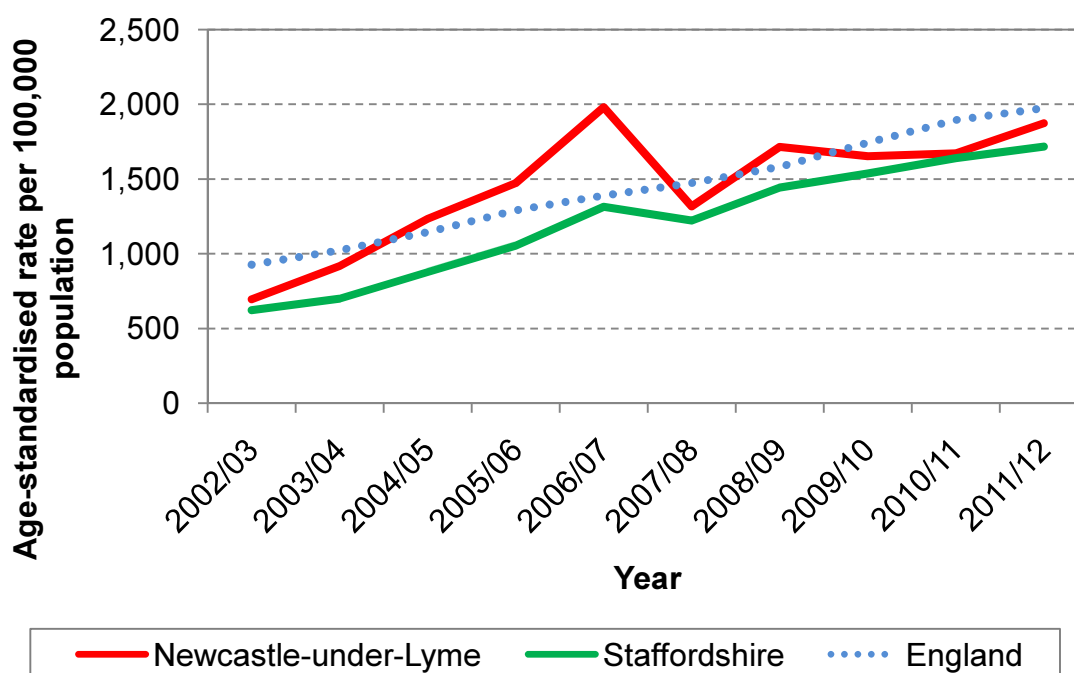
4 Standardised admission rates

It is useful to know the number of people who are admitted to hospital for alcohol-related conditions but to make comparisons between areas and make judgements about whether the number of admissions is different to another area the number of admissions must be converted into rates. The number of admissions may be higher in one area purely because there are more people or more people within a certain age range. Admission rates take the size of the population into account to enable more meaningful comparisons between areas but a *standardised* admission rate not only takes the size of the population into account but also the age and gender structure. Standardised rates mean that different areas can be directly compared and any differences seen will not be due to the different size or age profile of the populations. Standardised rates are used for a wide range of different indicators to show differences between areas and highlight areas of concern.

5 Current performance

During recent years in-patient hospital admissions as a result of increased consumption of alcohol and consequently alcohol harm have increased nationally and across Staffordshire. In Newcastle-under-Lyme, there were 2,900 alcohol-related admissions in 2011/12 and the rate is similar to the Staffordshire average but lower than the England average. Between 2010/11 and 2011/12 the rate increased by 12% (Figure 1).

Figure 1 Trends in alcohol related admissions in Newcastle-under-Lyme, 2002/03 and 2011/12



Source: Local Alcohol Profiles for England 2012 (www.lape.org.uk), North West Public Health Observatory.

Table 1 displays the top six alcohol-specific diagnoses for admissions for NHS North Staffordshire Clinical Commissioning Group (CCG) in 2012/13.

Table 1 Highest volume alcohol-specific diagnoses – admissions for NHS North Staffordshire CCG, 2009/10 to 2012/13

Diagnosis	Number of admissions			
	2009-10	2010-11	2011-12	2012-13
Toxic effect: Ethanol	59	99	81	190
Mental and behavioural disorders due to use of alcohol : Harmful use	105	68	103	167
Mental and behavioural disorders due to use of alcohol : Withdrawal state	61	80	92	145
Mental and behavioural disorders due to use of alcohol : Acute intoxication	217	124	171	137
Mental and behavioural disorders due to use of alcohol : Dependence syndrome	154	134	96	116
Alcoholic liver disease, unspecified	80	92	88	112
Other	71	71	73	99

Source: Hospital In-patient Data Extract, Healthcare Commissioning Services (HCS) for NHS North Staffordshire CCG.

Further information

For further information around the variation in harm caused by alcohol across Newcastle-under-Lyme please contact:

Rachel Caswell (Senior Public Health Epidemiologist)
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Phillip Stevenont (Public Health Analyst)
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Rachel and Phillip are members of the Public Health Intelligence Team which is part of Public Health Staffordshire.

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