Dear Mr Henry

Thank you for your letter of 13 April regarding the Auditor General for Scotland Report - Overview of the NHS in Scotland’s Performance 2008/09.

The Committee heard that the number of people under 16 presenting at accident and emergency under the influence of alcohol has increased in recent years in the Grampian and Greater Glasgow and Clyde health board areas.

The Committee have requested figures, by health board, for the numbers of people under 16 presenting at A&E under the influence of alcohol. Data on A&E admissions involving alcohol use are currently not held centrally. The Committee may wish to note that Information Services Division (ISD) Scotland is in the process of developing a national A&E data set which may include collection of the data requested. However this project is at an early stage of development and, in line with normal timescales required to develop, test and roll out a new national database, is not expected to be fully operational before 2012.

In 2007 a study to determine the extent and nature of alcohol related attendances to emergency departments in Scotland by young people was carried out by NHS Quality Improvement Scotland (QIS)^1. Eighteen mainland adult emergency departments out of a total of twenty five and 3 paediatric hospital emergency departments took part in the study. Alcohol was a contributory factor in 1.9% (669/34,441) of all attendances by young people and 0.5% (669/129,600) of all A&E attendances overall. The median age of participants was 16 years and only 2% were 12 years of age or younger. Nearly half of attendances (48%) were trauma-related, while 42% were due to intoxication. Prevalence of the former increased with age, while the latter decreased. Over half of trauma patients (51%) had been assaulted. Fourteen per cent of presentations were associated with self-harm. Females (20%) were significantly more likely to self-harm than males (9%). An average of 13 units of alcohol were consumed in the 24 hours before attendance. In around a third of attendances (32%) patients did not know where the incident leading to their attendance had occurred. Ward admission occurred following 22% of completed emergency department stays. Psychiatric (38%) and ‘other’ complaints (38%) were most likely to result in admission. Almost two-thirds (64%) were sent home directly from the emergency department. Eleven per cent of presentations resulted in self-discharge.

The Committee also requested any other statistics held in this area, particularly those illustrating a trend. Whilst data on use of A&E services due to alcohol misuse is not currently held centrally, time series data for hospital admissions is recorded on the Scottish Morbidity Record (SMR), by age group and

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^1 The study carried out by QIS is available at: http://www.nhshealthquality.org/files/REPORT5ALCOHOLYOUNG%20PEOPLE.pdf
by Health Board. These can be found in the annual Alcohol-related Hospital Statistics publication (2010)\(^2\).

The figures indicate that nationally, for under 15s, the number and rate of general acute inpatient alcohol-related discharges has been steady in recent years, at a rate of around 40 per 100,000 persons. For 15 to 19 year olds the rate is considerably higher, at 501 per 100,000 persons in 2008/09, and has been increasing in recent years. This follows the national trend where general acute inpatient alcohol-related discharges have been increasing.

The Committee also heard that the age demographic of patients developing liver disease as a result of alcohol consumption has changed over recent years and asked for any data held on this trend. Specifically, the Committee requested the rate of incidence, broken down by age group and by health board area, of patients who have developed liver disease over the past ten years where these data exist. Annex A shows numbers of discharges for alcoholic liver disease from 1999-2000 to 2008-09 as held by Information Services Division. This does not show age ranges, as analysing Health Board data by age group would result in small numbers that would compromise patient confidentiality, especially for the age groups requested.

ISD data from 2008/09 shows that ALD (alcoholic liver disease; indicative of chronic alcohol consumption) was diagnosed in 6 of 15-19 year olds; 22 of 20-24 year olds; and 100 of 25-29 year olds. Particularly striking long-term trend data on chronic liver disease (CLD) has also been published by ScotPHO\(^3\), showing that over 80% of CLD can be attributed to excessive long-term alcohol consumption. The figures show a steady increase in CLD discharge rates from the early 1990s in both males and females, over most age groups. CLD is increasingly being diagnosed in younger age groups.

In terms of long term trends in chronic liver disease (CLD), which is mostly attributable to ALD, there has been a striking upward trend in diagnosis rates in Scotland. Data shows a steady increase in CLD discharge rates from the early 1990s in both males and females, over most age groups. In 1982 the CLD rate overall was 35.1 per 100,000 persons while in 2008 the rate had risen to 158.5 per 100,000 persons. Some of the greatest increases were seen in younger age groups, including a 7 fold increase in CLD discharge rates amongst women aged 25-29, from 1984-88 to 2004-2008.

Rates of liver cirrhosis in Scotland remain at a very high level - 50% higher than the EU average. While these rates have levelled since 2003, we know that over the past 20 years Scotland has had one of the fastest growing chronic liver disease and cirrhosis rates in the world.

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\(^3\) The data available by ScotPHO is available at: [http://www.scotpho.org.uk/home/Healthwell-beinganddisease/Chronicliverdisease/Data/chronicliverdisease_morbidity.asp](http://www.scotpho.org.uk/home/Healthwell-beinganddisease/Chronicliverdisease/Data/chronicliverdisease_morbidity.asp)
I attach a link to our Framework for Action on alcohol misuse\textsuperscript{4}, published last year, which sets out the Scottish Government’s strategic approach to tackling alcohol misuse in Scotland.

I hope this information is helpful to the Committee.

Yours sincerely

KEVIN WOODS

\textsuperscript{4} The Framework for Action on Alcohol Misuse is available at: http://www.scotland.gov.uk/Publications/2009/03/04144703/14
ANNEX A

General acute inpatient and day case discharges\(^1,2\) with a diagnosis of alcoholic liver disease\(^3,4\), in any position\(^5\); 1999-00 – 2008-09\(^p\).

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<td>28</td>
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</table>

Source: Information Services Division Scotland.

1. Excludes mental illness hospitals, psychiatric units and maternity hospitals.
2. Discharge information is based on the patient’s first episode within a continuous spell of treatment (CIS). A continuous inpatient stay is an unbroken period of time that a patient spends as an inpatient. A patient may change consultant, significant facility, speciality and/or hospital during a continuous spell of treatment.
3. Diseases are recorded using the World Health Organisation’s International Classification of Diseases (ICD10): K70.
4. Caution is necessary when interpreting these figures. The recording of alcoholic liver disease may vary from hospital to hospital. Where alcoholic liver disease is suspected but unconfirmed it may not be recorded by the hospital.
5. Includes all patients treated in Scotland regardless of whether they are resident in Scotland.

\(^p\) Provisional. *Indicates values that have not been disclosed due to the potential risk of patient confidentiality.
Dear Dr Woods,

AUDITOR GENERAL FOR SCOTLAND REPORT – OVERVIEW OF THE NHS IN SCOTLAND’S PERFORMANCE 2008/09

At its meeting on 10 March, the Committee took evidence on the Auditor General for Scotland’s report entitled *Overview of the NHS in Scotland’s performance 2008/09 (AGS/2009/11)* from—

Richard Carey, Chief Executive, and Dr Pauline Strachan, Director of Acute Services, NHS Grampian;

Robert Calderwood, Chief Executive, and Dr Linda de Caestecker, Director of Public Health, NHS Greater Glasgow and Clyde;

Tim Davison, Chief Executive, NHS Lanarkshire.

The Committee agreed to write to you regarding some issues which were raised during its discussion of the report.

**Lifestyle factors influencing demand on NHS services**

During oral evidence, the Committee examined a number of factors which are leading to growth in demand for the services provided by the NHS and could impact on the sustainability of services over the long term.

**Presentation of young people to A&E under the influence of alcohol**

The Committee heard that the numbers of people under 16 presenting at accident and emergency under the influence of alcohol has increased in recent years in the Grampian and Greater Glasgow and Clyde health board areas.

1. The Committee would be grateful if you would provide figures, by health board, for the numbers of people under 16 presenting at A&E under the influence of alcohol.
2. The Committee would also be grateful for any other statistics you hold in this area, particularly any which would illustrate a trend.

**Incidence of liver disease**

The Committee heard that the age demographic of patients developing liver disease as a result of alcohol consumption has changed over recent years.

3. The Committee would be grateful for any data held on this trend. Specifically, the rate of incidence, broken down by age group and by health board area, of patients who have developed liver disease over the past ten years where these data exist.

An extract of the Official Report of the meeting will be available on from 1 April at the following link:
I would be grateful for a response by close of 11 May. Please do let me know if this time frame presents you with any difficulties.

Should you require any further information please do not hesitate to contact the Clerk, Jane Williams on 0131 348 5236 or by email at pa.committee@scottish.parliament.uk.

Yours sincerely

Hugh Henry MSP
Convener
Public Audit Committee