Dear Mr Henry

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

Thank you for your letter of 2 June seeking further clarification on a number of points raised in the written evidence which I submitted to the Committee on 11 May. I am pleased to respond to the 3 specific issues in the order in which they arise in your letter.

Under 16 year olds presenting at A&E under the influence of alcohol

As you know, our Framework for Action on Alcohol Misuse which was published last year identified alcohol-related harms, including presentations at A&E departments, as a major public health priority. That is why we are currently in the process of developing a national A&E dataset which will provide us with a much improved range of A&E data at an all-Scotland level. This will include the level of data which the Committee is looking for in this instance. I am pleased to inform the Committee that, following discussions with ISD, they are working to bring forward publication of quarterly data via the ISD ‘data in development’ area of their website, during the coming year. This will allow quality assurance of the data to take place via discussion of the emerging data with interested stakeholders.

Although many A&E departments do collect information on alcohol-related attendances and all collect data on age at attendance, the recording of this data is not consistent across A&E departments or across Boards. It therefore cannot be relied upon to present an accurate picture.

Centrally held data on alcohol and drug misuse

NHSScotland’s Information Services Division (ISD) is recognised as a leader in the provision of high quality data and information and this enables NHSScotland and interested stakeholders to carry out a sophisticated range of analyses, which is often far more extensive than is available in other countries. This has, for example, played a significant role in the attraction of investments in translational medicine to Scotland.

However ISD is always striving to improve its service and is regularly reviewing data requirements as priorities change and new policies evolve, to ensure the data collected remains relevant to current needs and is responsive to key developments.

ISD has a Substance Misuse Programme Steering Group in place, which comprises representatives from a range of stakeholders. The remit of this group includes monitoring the appropriateness and timeliness of statistical and research outputs, identifying data gaps and ensuring that the varying requirements for information are clearly described and prioritised within the available resources.
Amongst the agreed priorities of the Programme are the development and implementation of information to support the monitoring and evaluation of the drugs and alcohol strategies: The Road to Recovery and Changing Scotland’s Relationship with Alcohol – A Framework for Action. The Programme also provides information to support HEAT targets for waiting times for drugs and alcohol services and alcohol brief Interventions. It is currently also developing a Drugs Related Deaths database, and is enhancing the Scottish Drugs Misuse Database to allow analyses of service users’ progress through recovery from alcohol misuse.

In addition, an ISD Substance Misuse Evidence Strategy is currently being developed and early discussions are providing valuable feedback to ensure current and future information meets the needs of stakeholders. A key objective for this strategy is to identify and address the gaps in data which exist in relation to substance misuse, in light of the major priority now being given to this area of public health.

**Data on alcohol related attendances at A&E by young people when a minor injury unit is involved**

My previous evidence was based on the findings of a study undertaken by Quality Improvement Scotland in 2007 to determine the extent and nature of alcohol-related attendances at emergency departments in Scotland by young people. This study did not make a comparison between A&E departments and Minor Injury Units (MIUs). Moreover, the majority of MIUs have a policy of not accepting child attendances and any child aged 12 and under who attends an MIU for treatment would usually be referred to the nearest A&E department. While we are aware that some alcohol-related attendances in acute settings may be for relatively minor injuries, indications are that alcohol is often a major contributory factor in a wide range of A&E attendances, including for more serious injuries, and we therefore see this as a current priority in terms of data collection.

Finally, I can confirm that I will be happy to attend the Committee’s evidence session on 23 June. I will be accompanied by Dr Harry Burns, Chief Medical Officer, Mr John Matheson, Director of Health Finance and Mr John Connaghan, Director of Health Delivery.

I trust that you find this response helpful and I look forward to appearing before the Committee later in the month.

Yours sincerely

KEVIN WOODS
LETTER FROM THE CONVENER OF THE PUBLIC AUDIT COMMITTEE TO THE DIRECTOR GENERAL HEALTH AND CHIEF EXECUTIVE OF NHS SCOTLAND, 2 JUNE 2010

Dear Dr Woods,

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

At its meeting on 26 May 2010, the Public Audit Committee considered your written response dated 11 May 2010. An extract of the Official Report of the meeting will be available from 2 June at the following link:


The Committee noted your explanation that data on Accident and Emergency (A&E) admissions involving alcohol use are currently not held centrally (although this may change as a result of the national A&E data set being developed by Information Service Division).

The Committee observed that this response implies that such figures may be held elsewhere and therefore we would be grateful if you could provide any figures that each Health Board may hold on the numbers of people under 16 presenting at A&E departments under the influence of alcohol.

More generally, the Committee would welcome clarification of the factors that determine what data should be held centrally by the Scottish Government, particularly in relation to the significant health issues affecting Scotland such as alcohol and drug misuse.

In your response you explain that, of alcohol related attendances to emergency departments in Scotland by young people, “almost two-thirds (64%) were sent home directly from the emergency department.” The Committee would welcome clarification of whether any data is being collected to determine whether this figure changes when a minor injury unit is associated with a hospital running an A & E department.

I would be grateful for your response to the above questions by 15 June. Please do let me know if this time frame presents you with any difficulties.

Finally, the Committee confirmed its previous decision (taken at its 27 January 2010 meeting) to invite you to participate in an evidence session on the AGS report at a Committee meeting in the morning of Wednesday 23 June 2010.

Please find enclosed a leaflet giving further information about giving evidence to a committee of the Scottish Parliament.

Arrangements for Oral Evidence
The meeting will take place at 10 am in Committee Room 5 of the Scottish Parliament in Edinburgh and it is envisaged that your evidence session will be held in public. I will contact you if these arrangements are altered. I would be grateful if you could confirm your willingness to attend along with the names and titles of any supporting team colleagues, up to four in total, who can effectively contribute to the session. Please send your response to the Clerk to the Public Audit Committee, Room T3.60, The Scottish Parliament, Holyrood, Edinburgh, EH99 1SP, email pa.committee@scottish.parliament.uk).

On the day of the meeting, you should come to the Parliament’s main public entrance in Horse Wynd, bringing this letter with you. You should aim to arrive at least 15 minutes in advance of the meeting. On arrival please make yourself known to security staff without waiting in any queues outside the building. Once you have been issued with your witness pass you will be directed to a designated waiting area where you will be met by a member of committee staff.

Please note that your contact details will be passed on to the official report so that you can be contacted about your oral evidence to the committee.

If you wish a named official other than yourself to deal with the meeting arrangements and correspondence, please could you provide the name, telephone number and address of this contact, and all subsequent correspondence will be sent to him or her.

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