



# West Lancashire Alcohol Related Hospital Admissions Report

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**Date:** 19<sup>th</sup> August 2015

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# Introduction

Alcohol is England's second biggest cause of premature mortality behind tobacco<sup>1</sup>.

The 2012 Health Survey for England identified that among adults who drank alcohol in the last week, 55% of men and 53% of women drank more than the recommended daily amounts, including 31% of men and 24% of women who drank more than twice the recommended amounts<sup>2</sup>.

The harms associated with the misuse of alcohol are wide ranging and can impact on health, families, relationships, communities and the economy. It has been estimated that in 2010/11 the cost impact of alcohol on health care, policing, licensing, social services, the local workforce and the wider economy for the Lancashire-14<sup>3</sup> was £663,610,000<sup>4</sup>.

One way of measuring alcohol related harm is alcohol related hospital admissions. In 2013 West Lancashire Health and Well Being Partnership (WLHWBP) identified reducing alcohol related hospital admissions as a priority. The rate of alcohol related hospital admissions in West Lancashire in 2013 was 2,206 per 100,000 population. This was significantly worse than the England rate of 1,895 per 100,000 population<sup>5</sup>. The rate of alcohol related hospital admissions in West Lancashire was significantly worse than the England rate for each of the 5 years 2009 to 2013.

In order to better understand how to address this priority WLHWBP has agreed that discussions need to take place with those populations most affected across the borough. These discussions aim to better understand what it is like to live in these communities and what role alcohol plays. This report aims to inform these discussions and ensure they are targeted appropriately.

This report and subsequent discussions with defined populations will complement delivery of existing work streams that are targeting the 7 most deprived wards in West Lancashire.

This report utilises two sources of data - Hospital Episode Statistics (HES) for the six year period 2008/09 to 2013/14 and hospital provider spells<sup>6</sup> recorded between January 1<sup>st</sup> 2011 and December 31<sup>st</sup> 2013. It examines the following:

- Trend in alcohol related hospital admissions over the 6 year period 2008/09 to 2013/14 in males and females
- West Lancashire alcohol related hospital admissions in males and females in 2013/14 compared to national and local peers
- Alcohol related hospital admissions in the 3 year period January 1<sup>st</sup> 2011 and December 31<sup>st</sup> 2013 in males and females by condition, age, deprivation and geography

This report also summarises key recommendations from the National Institute for Health and Care Excellence (NICE) documents '*Alcohol: Preventing Harmful Alcohol Use in the Community – Quality Standard 83*<sup>7</sup>' and '*Alcohol-use disorders: preventing harmful drinking – Guidelines (PH 24)*<sup>8</sup>' to highlight evidence based interventions to reduce levels of alcohol related harm.

<sup>1</sup> Public Health England, (2012), Longer Lives, Available: <http://longerlives.phe.org.uk>

<sup>2</sup> Health Survey for England 2012. Health and Social Care Information Centre

<sup>3</sup> Lancashire 14 are the 12 districts within the Lancashire County Council Area plus the 2 unitary authorities of Blackburn with Darwen and Blackpool

<sup>4</sup> Drink Wise North West. (2012), The Cost of Alcohol to the North West Economy, Available: <http://www.clph.net/details.aspx?pageid=388&resid=4446>, Last accessed 23/05/2014.

<sup>5</sup> Public Health England (2013): West Lancashire Health Profile 2013

<sup>6</sup> Hospital provider spells are the total summary of hospital episodes over the course of a patients stay

<sup>7</sup> National Institute for Health and Care Excellence (2015): Alcohol: Preventing Harmful Alcohol Use in the Community – Quality Standard 8

<sup>8</sup> National Institute for Health and Care Excellence (2010): Alcohol-use disorders: preventing harmful drinking – Guidelines (PH 24)

## Summary of key findings

### West Lancashire male *narrow alcohol-related*<sup>9</sup> hospital admissions:

- In the three year period 2011 to 2013 in West Lancashire there was an average of 323 all age male narrow alcohol-related hospital admissions per year
- In the six year period 2008/09 to 2013/14 the West Lancashire all age male narrow alcohol-related hospital admission rate has remained consistently above the England all age male narrow alcohol-related hospital admission rate
- In the six year period 2008/09 to 2013/14 the West Lancashire all age male narrow alcohol-related hospital admission rate has remained fairly static, increasing just 0.37% from 647.63 per 100,000 population to 650.01 per 100,000 population
- In 2013/14 West Lancashire had the 7<sup>th</sup> lowest rate of all age male narrow alcohol-related hospital admissions when compared to the Lancashire -14 districts
- In 2013/14 West Lancashire had the 2<sup>nd</sup> highest rate of all age male narrow alcohol-related hospital admissions when compared to its 20 national peers in the ONS cluster 'Prospering Smaller Towns – A'<sup>10</sup>
- In the 3 year period 2011 to 2013 in West Lancashire 47% of all age male narrow alcohol-related hospital admissions were coded to nine ICD-10 codes
- In the 3 year period 2011 to 2013 in West Lancashire 78% of all age male narrow alcohol-related hospital admissions were coded as non-elective admissions
- In the 3 year period 2011 to 2013 in West Lancashire 21% of all age male narrow alcohol-related hospital admissions were coded as 'Mental and Behavioural Disorders Due to the Use of Alcohol'
- In the 3 year period 2011 to 2013 in West Lancashire males aged under 5 years accounted for 3% of all male narrow alcohol-related hospital admissions (compared to 0.9% in females). This equates to 26 admissions
- In the 3 year period 2011 to 2013 in West Lancashire all age male narrow alcohol-related hospital admissions were highest in the wards of Tanhouse, Skelmersdale South, Digmoor, Birch Green, Moorside. All of these wards are in the Skelmersdale area

### West Lancashire female narrow alcohol-related hospital admissions:

- In the three year period 2011 to 2013 in West Lancashire there was an average of 227 all age female narrow alcohol-related hospital admissions per year
- In the six year period 2008/09 to 2013/14 the West Lancashire all age female narrow alcohol-related hospital admission rate remained consistently above the England all age female narrow alcohol-related hospital admission rate
- In the six year period 2008/09 to 2013/14 the West Lancashire all age female narrow alcohol-related hospital admission rate increased by 16% from 311.26 per 100,000 population to 360 per 100,000.
- In 2013/14 West Lancashire had the 6<sup>th</sup> lowest rate of all age female narrow alcohol-related hospital admissions when compared to the Lancashire -14 districts
- In 2013/14 West Lancashire had the 3<sup>rd</sup> highest rate of all age female narrow alcohol-related hospital admissions when compared to its 20 national peers in the ONS cluster 'Prospering Smaller Towns – A'
- In the 3 year period 2011 to 2013 in West Lancashire 16% of all age female narrow alcohol-related hospital admissions were coded as 'Mental and Behavioural Disorders Due to the Use of Alcohol'

<sup>9</sup> Narrow alcohol related hospital admissions relates to persons admitted to hospital where the primary diagnosis is an alcohol-attributable code, or one of the secondary codes is an external alcohol attributable code

<sup>10</sup> 'Prospering Smaller Towns – A' is the Office for National Statistics recommended peer group for the West Lancashire population

- In the 3 year period 2011 to 2013 in West Lancashire 16% of all age female narrow alcohol-related hospital admission codes contained the word 'poisoning'
- In the 3 year period 2011 to 2013 in West Lancashire 74% of all age female narrow alcohol-related hospital admissions were coded as non-elective admissions
- In the 3 year period 2011 to 2013 in West Lancashire female narrow alcohol-related hospital admissions were highest in the wards of Birch Green, Tanhouse, Scott, Dignumoor and Newburgh. All of these wards, with the exception of Scott and Newburgh ward are in the Skelmersdale area. Scott ward incorporates an urban area of Ormskirk as well as a rural area between Ormskirk and Burscough. Newburgh incorporates a relatively rural area including Lathom and Newburgh village

## Understanding the data

When an individual is admitted to hospital a clinician will document in the patient's notes a reason for admission as well as any other relevant conditions. A clinical coder will then assign each of the documented conditions a code. The diagnoses coding system currently in use in the United Kingdom is the [International Classification of Diseases \(ICD\) version 10](#) (ICD-10).

- The coder must identify a primary code, which could be seen as the main reason for admission.
- The coder can record up to 19 secondary codes which describe other diagnoses that affect treatment.
- The coder can also record an external cause code in order to help understand more about the admission. These might include codes indicating a *motor accident, fall* or *assault*. External cause codes can be listed within the 19 secondary codes but *cannot be recorded as a primary code*.

Alcohol causes, or can contribute to the development of many health conditions. Academics have been able to use high quality research evidence to estimate what proportion of cases of a health condition are alcohol-related.

Conditions such as alcoholic liver disease where alcohol is the sole cause are known as alcohol-specific or wholly alcohol-attributable conditions and their alcohol-attributable fraction is 1.0 (100 per cent).

For other conditions where alcohol has a proven relationship but it is one of a range of causative factors an estimate of the contribution alcohol makes has been calculated. For example it is estimated that alcohol plays a causative role in 25-33 per cent of all age all persons cardiac arrhythmias. These are the partially alcohol-attributable conditions and the alcohol-attributable fractions in this example are 0.25-0.33.

Fractions differ slightly for men and women and by age. For example 8% of male cases cardiac arrhythmias relating to patients aged 45-54 said to be partially alcohol-attributable to alcohol and 12% of cardiac arrhythmias involving female patients aged 45-54 said to be partially alcohol-attributable.

Some external cause codes also have an alcohol-attributable fraction. For example, 27 per cent of assaults are estimated to be alcohol-related and therefore the alcohol-attributable fraction is 0.27.

### Example:

*The alcohol-attributable fraction for colorectal cancer for the population aged 16 to 24 years is 0.16 for males and 0.11 for females.*

*Summing five males and five females aged 16 to 24 years admitted for colorectal cancer will give a total of 1.35 alcohol-related admission episodes.*

### Alcohol Related Hospital Admissions Measure

There are three measures relating to alcohol hospital admissions reported by Public Health England (PHE), via the [Local Alcohol Profile for England tool \(LAPE\)](#). These are:

- *Alcohol-specific admissions*
- *Alcohol-related admissions (narrow)*
- *Alcohol-related admissions (broad)*

This report focuses on the narrow alcohol-related hospital admissions measure. This relates to persons admitted to hospital where the primary diagnosis is an alcohol-attributable code, or one of the secondary codes is an external alcohol attributable code<sup>11</sup>.

The total number of alcohol-related hospital admissions as described by these indicators are not a number of actual people or a number of actual admissions. It is an estimated number of admissions calculated by adding up all of the fractions identified. Furthermore the three measures *do not* include attendances to Accident and Emergency Departments.

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<sup>11</sup> Updating England-Specific Alcohol-Attributable Fractions (2014): Public Health England <http://www.cph.org.uk/wp-content/uploads/2014/03/24892-ALCOHOL-FRACTIONS-REPORT-A4-singles-24.3.14.pdf>

## Narrow alcohol-related hospital admissions

This section of the report examines *narrow alcohol-related hospital admissions*. This relates to persons admitted to hospital where the primary diagnosis is an alcohol-attributable code, or one of the secondary codes is an external alcohol attributable code<sup>12</sup>. Hospital Episode Statistics (HES) for the six year period 2008/09 to 2013/14 have been used, with all admission rate calculations referring to a directly age-standardised rate per 100,000 population (standardised to the European Standard Population) and relates to the West Lancashire district resident population.

### Deprivation

In 2013/14 17 of the 20 districts in England with the highest rates of all persons narrow alcohol-related hospital admissions were within the top 20% most deprived districts in England, as per the Index of Multiple Deprivation (IMD) 2010.

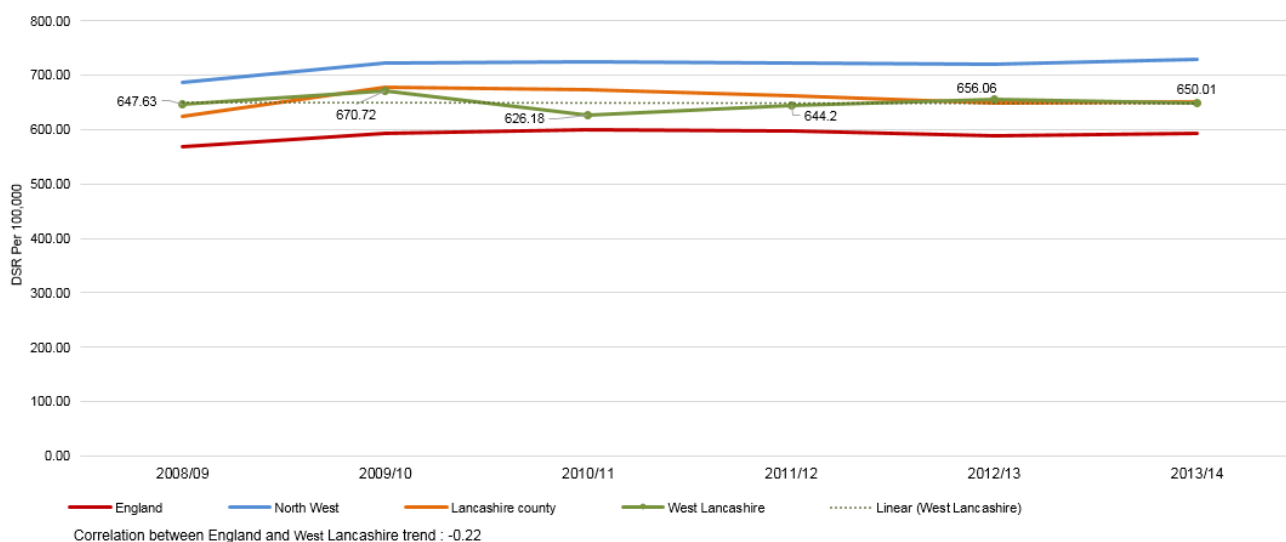
In 2013/14 13 of the 20 districts in England with the highest rates of all persons narrow alcohol-related hospital admissions were within the North West of England, and 3 were from the Lancashire-14 area (Blackburn with Darwen, Blackpool and Burnley). In 2013/14 West Lancashire had the 63<sup>rd</sup> highest rate of all persons narrow alcohol-related hospital admissions when compared against all 326 districts in England, placing the district in the top 20%.

### 6 Year Trend

Figure 1 shows that in the 6 year period 2008/09 to 2013/14 the West Lancashire male all age narrow alcohol-related hospital admission rate remained fairly static, going from 647.63 per 100,000 population in 2008/09 to 650.01 per 100,000 population in 2013/14, an increase of 0.37%. Over this period the West Lancashire rate remained consistently above the England rate, which increased by 4.27%. The North West rate increased 5.76% and the Lancashire rate increased by 4.18%.

In the 6 year period 2008/09 to 2013/14 on average 332 males from West Lancashire were admitted to hospital each year for narrow alcohol-related conditions.

**Figure 1: *Narrow alcohol-related* hospital admission rate per 100,000 population in males all ages in West Lancashire compared to England, North West and Lancashire County for the 6 year period 2008/09 to 2013/14**

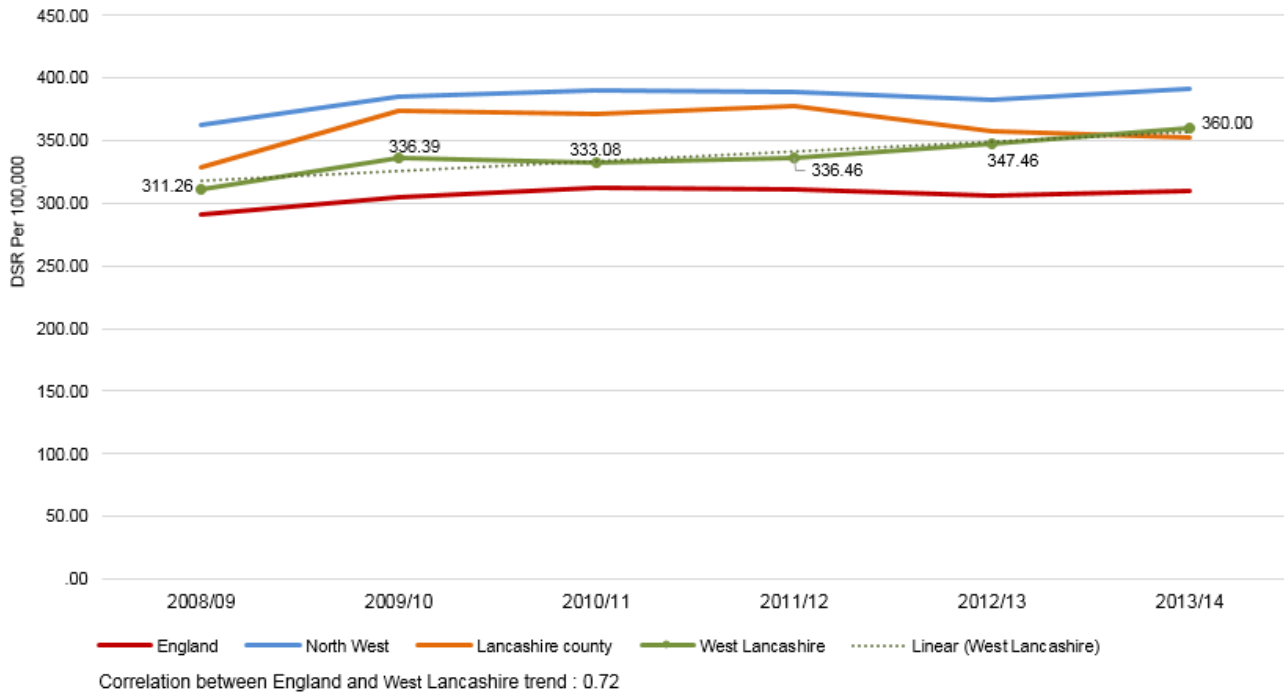


<sup>12</sup> Updating England-Specific Alcohol-Attributable Fractions (2014): Public Health England <http://www.cph.org.uk/wp-content/uploads/2014/03/24892-ALCOHOL-FRACTIONS-REPORT-A4-singles-24.3.14.pdf>



Figure 2 shows that in the 6 year period 2008/09 to 2013/14 the West Lancashire female all age narrow alcohol-related hospital admission rate increased by 16% from 311.26 per 100,000 population in 2008/09 to 360 per 100,000 population in 2013/14. Over this time period the England and Lancashire rates increased by 7% and the North West rate by 8%. Over this time period, the rate in West Lancashire has remained consistently above the England rate.

**Figure 2: Narrow alcohol-related hospital admission rate per 100,000 population in females all ages in West Lancashire compared to England, North West and Cumbria and Lancashire for the 6 year period 2008/09 to 2013/14**



**West Lancashire Compared to Local and National Peers**

Figure 3 shows that in 2013/14 the West Lancashire male all age narrow alcohol related hospital admission rate was 650.01 per 100,000 population. This was the 7<sup>th</sup> lowest rate of when compared to the Lancashire-14 districts. The rate was above the England rate of 651.32, but this is not statistically significant.

**Figure 3: Narrow alcohol related hospital admission rate per 100,000 population in males all ages in West Lancashire compared to England, North West, Lancashire County and the Lancashire -14 in 2013/14**

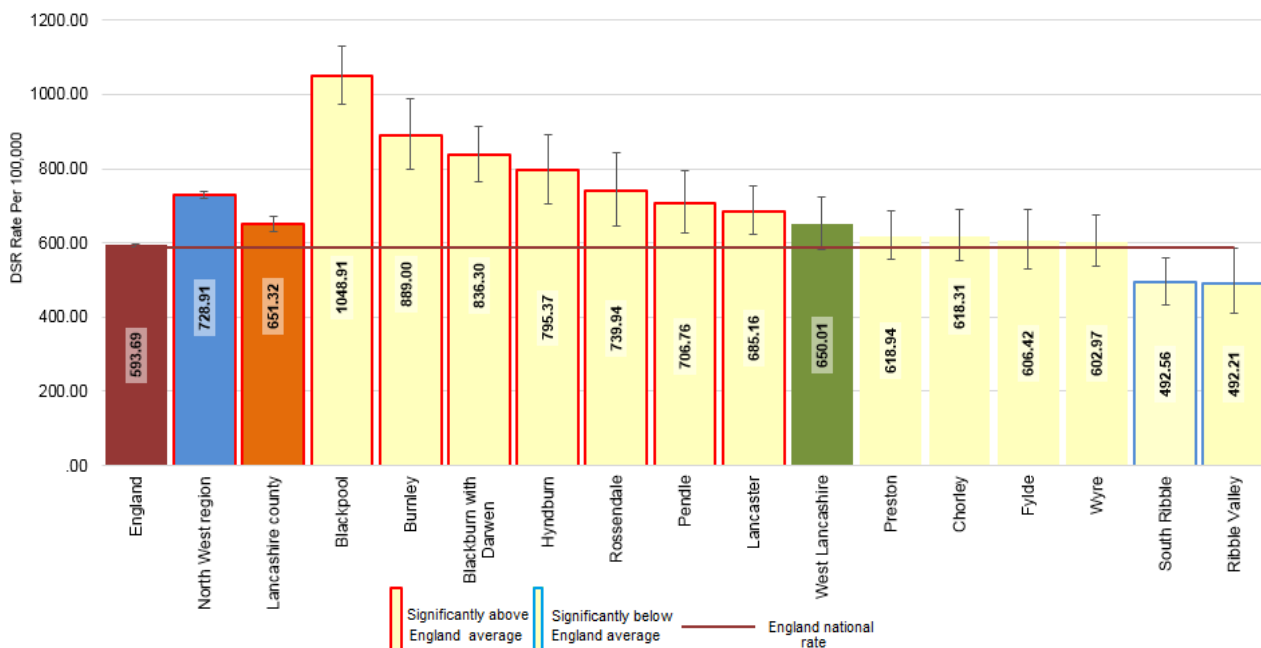


Figure 4 shows that in 2013/14 West Lancashire male all age narrow alcohol related hospital admission rate was the 2<sup>nd</sup> highest when compared to the 20 districts in its ONS Peer Group 'Prospering Smaller Towns – A'.

**Figure 4: Narrow alcohol-related hospital admission rate per 100,000 population in males all ages in West Lancashire compared to England, North West, Lancashire County and the ONS Peer Group 'Prospering Smaller Towns – A' in 2013/14**

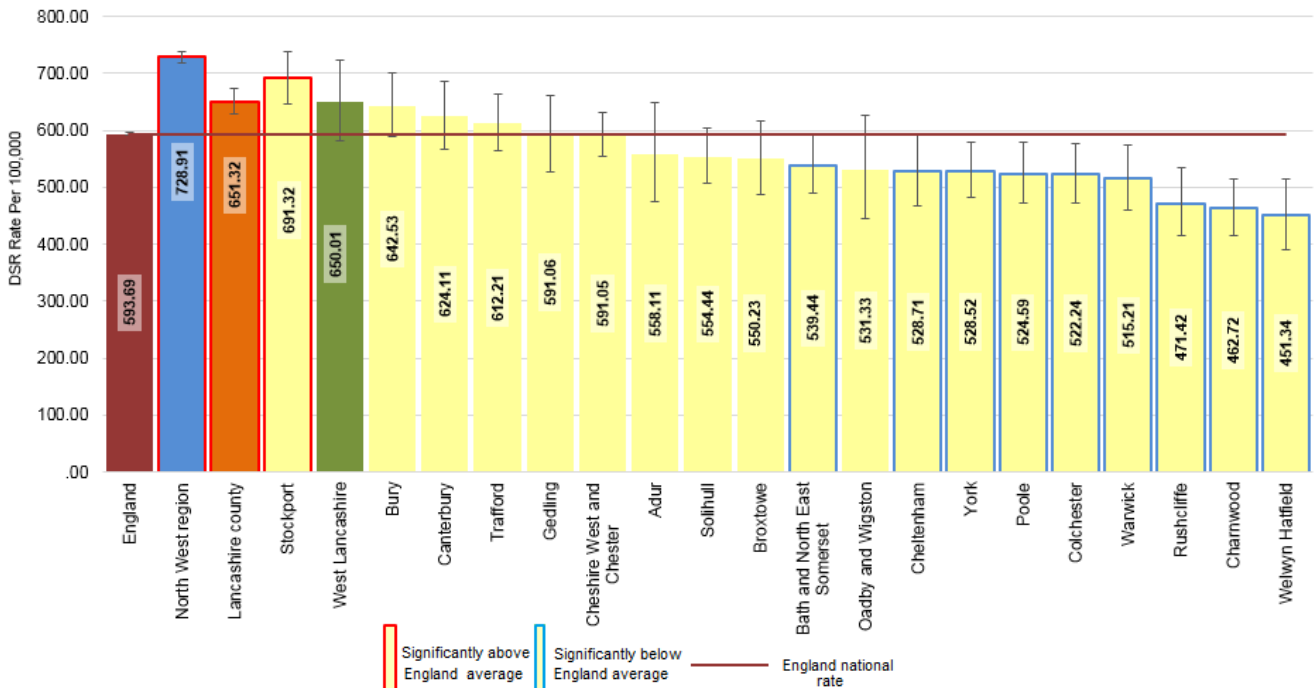


Figure 5 shows that in 2013/14 West Lancashire female all age narrow alcohol related hospital admission rate was 360 per 100,000 population. This was the 6<sup>th</sup> lowest rate when compared to the Lancashire-14 districts. The rate was above the England rate of 310.28 per 100,000 population, but this is not statistically significant.

**Figure 5: Narrow alcohol-related hospital admission rate per 100,000 population in females all ages in West Lancashire compared to England, North West, Lancashire County and the Lancashire -14 in 2013/14**

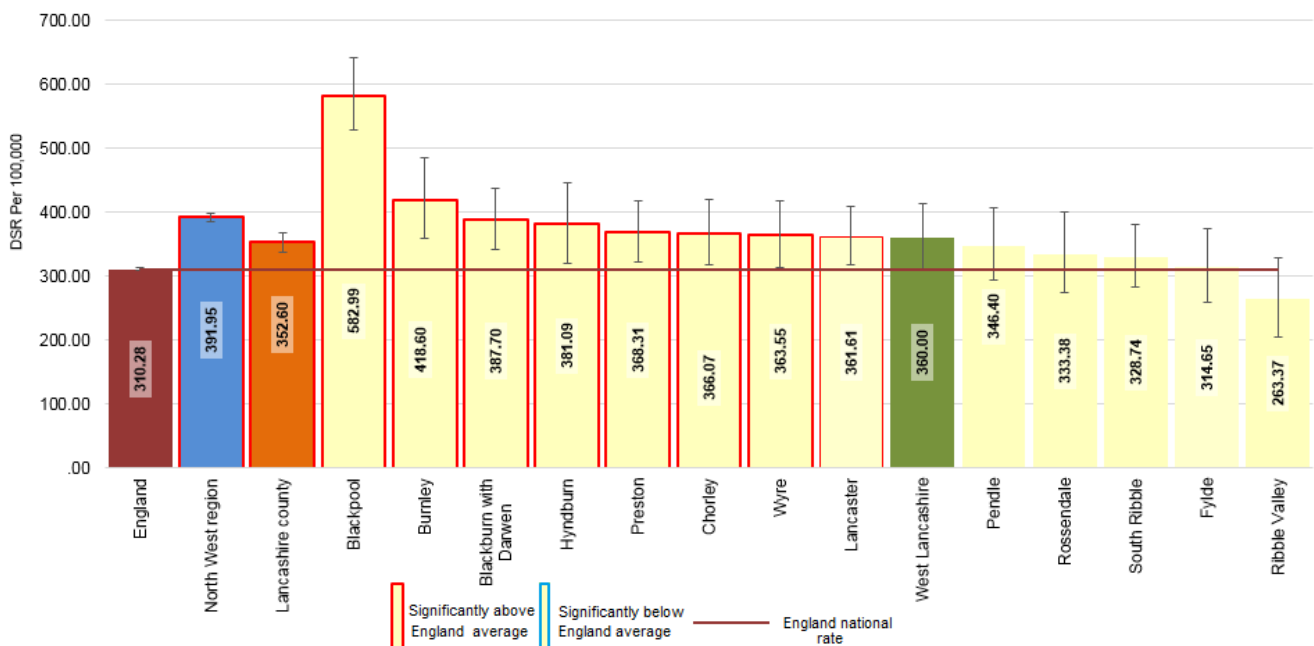
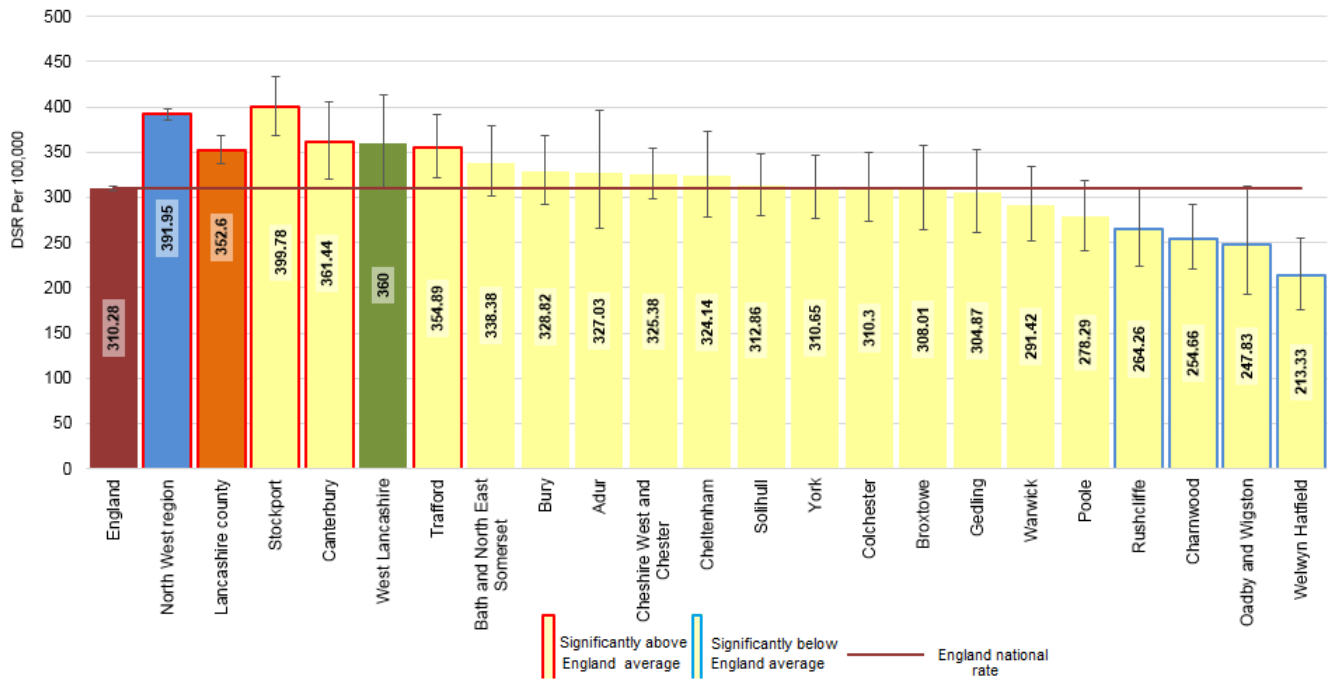


Figure 6 shows that in 2013/14 the West Lancashire female all age narrow alcohol related hospital admission rate was the 3<sup>rd</sup> highest when compared to the 20 districts in its ONS Peer Group 'Prospering Smaller Towns – A'.

**Figure 6: Narrow alcohol-related hospital admission rate per 100,000 population in females all ages in West Lancashire compared to England, North West, Lancashire County and the ONS Peer Group 'Prospering Smaller Towns – A' in 2013/14**



## Patient level analysis

For this part of the report the narrow alcohol-related hospital admission calculation has been applied to all hospital provider spells recorded between January 1<sup>st</sup> 2011 and December 31<sup>st</sup> 2013. It relates to patients registered to NHS West Lancashire Clinical Commissioning Group (CCG), which is a similar size to the resident population<sup>13</sup>. This has been done using a data extract of hospital provider spells<sup>14</sup> from the SUS\_CDS database provided by the Lancashire Commissioning Support Unit (CSU). Hospital provider spells are the total summary of hospital episodes over the course of a patients stay.

This is not an exact replication of the LAPE methodology, which is applied to hospital provider episodes and the resident population of West Lancashire, however a sense check using the financial year 2012/13 identified that the LAPE tool reports 333 male admissions, whilst the SUS extract found 326, a difference of 7. Similarly for females the LAPE tool uses a count of 198, whilst the SUS extract came to 215 a difference of 17.

Figure 7 shows that in total it is estimated that over the three year period 2011 to 2013 there were 1,650 non-elective narrow alcohol-related admissions into secondary care, 59% of which were for male patients.

**Figure 7: Total estimated narrow alcohol-related hospital admissions, all ages, males and females registered to NHS West Lancashire CCG in the 3 year period 2011 to 2013**



### Patient level activity (males)

Figure 8 shows that in the three year period 2011 to 2013 968 males registered to NHS West Lancashire CCG were admitted to hospital due to a narrow alcohol-related condition, with an average of 323 per year. 47% of these admissions were coded to 9 ICD-10 codes, 6 of which make a direct reference to alcohol. Additionally, 21% of all these admissions referred to mental health disorders.

**Figure 8: Narrow alcohol-related hospital admissions in males, all ages, registered to NHS West Lancashire CCG by primary diagnosis in the 3 year period 2011 to 2013**

Primary diagnosis	Count	% of total
F103 : Mental And Behavioural Disorders Due To Use Of Alcohol	93	10%
F100 : Mental And Behavioural Disorders Due To Use Of Alcohol	88	9%
I120 : Hypertensive Renal Disease With Renal Failure	82	9%
J181 : Lobar Pneumonia, Unspecified	52	5%
K703 : Alcoholic Cirrhosis Of Liver	43	4%
J189 : Pneumonia, Unspecified	28	3%
K709 : Alcoholic Liver Disease, Unspecified	25	3%
F102 : Mental And Behavioural Disorders Due To Use Of Alcohol	23	2%
K704 : Alcoholic Hepatic Failure	18	2%
top nine	452	47%
Others	516	53%
<b>Grand Total</b>	<b>968</b>	<b>100%</b>

<sup>13</sup> Mid-year 2013 population district estimate 111,314, 2013/14 CCG registered population 111,946 – Difference 632 (1%)

<sup>14</sup> A hospital spell is made up of one or more hospital episodes and refers to the total continuous stay of a patient in hospital [http://www.datadictionary.nhs.uk/data\\_dictionary/nhs\\_business\\_definitions/h/hospital\\_provider\\_spell\\_de.asp?shownav=1](http://www.datadictionary.nhs.uk/data_dictionary/nhs_business_definitions/h/hospital_provider_spell_de.asp?shownav=1)

Figure 9 shows that in the 3 year period 2011 to 2013 78% of males registered to NHS West Lancashire CCG who were admitted to hospital due to narrow alcohol related hospital admissions were classed as non-elective admissions. 68% were coded as non-elective admissions (NEL) and 10% coded as non-elective short stay admissions (NELST).

**Figure 9: Narrow alcohol-related hospital admissions in males, all ages registered to NHS West Lancashire CCG, by activity type in the 3 year period 2011 to 2013**

POD group	POD	count	% of total
NON ELECTIVE	NEL	662	68%
	NELST	96	10%
ELECTIVE	EL	68	7%
	DC	61	6%
	REGDA	46	5%
NELNE	NELNE	34	3%
<b>Grand Total</b>		<b>968</b>	<b>100%</b>

### Patient level activity (females)

Figure 10 shows that in the 3 year period 2011 to 2013 682 females registered to NHS West Lancashire CCG were admitted to hospital due to a narrow alcohol related hospital admission, with an average of 227 admissions per year. 49% of these admissions were coded to 10 ICD-10 codes, 4 of which make a direct reference to alcohol. 3 of the 10 ICD-10 codes for females contained the word 'poisoning', whereas none of the top 9 ICD-10 codes for males contained the word 'poisoning'.

In the 3 year period 2011 to 2013 in West Lancashire 16% of all age female narrow alcohol-related hospital admissions were coded as 'Mental and Behavioural Disorders Due to the Use of Alcohol' and 16% contained the word 'poisoning'. One possible explanation for this is links between poisoning as a method of suicide in females.

**Figure 10: Narrow alcohol-related hospital admissions in females, all ages, registered to NHS West Lancashire CCG by diagnosis in the 3 year period 2011 to 2013**

Primary diagnosis	Total	% of total
T391: Poisoning: 4-Aminophenol Derivatives	67	10%
F100: Mental And Behavioural Disorders Due To Use Of Alcohol	61	9%
I120: Hypertensive Renal Disease With Renal Failure	44	6%
C509: Malignant Neoplasm: Breast, Unspecified	43	6%
F103: Mental And Behavioural Disorders Due To Use Of Alcohol	37	5%
T432: Poisoning: Other And Unspecified Antidepressants	29	4%
K703: Alcoholic Cirrhosis Of Liver	14	2%
T402: Poisoning: Other Opioids	13	2%
F102: Mental And Behavioural Disorders Due To Use Of Alcohol	12	2%
O039: Spontaneous Abortion	11	2%
Top ten	331	49%
Others	351	51%
<b>Grand Total</b>	<b>682</b>	<b>100%</b>

Figure 11 shows that in the 3 year period 2011 to 2013 74% of females registered to NHS West Lancashire CCG who were admitted to hospital due to narrow alcohol related hospital admissions were classed as non-elective admissions. 69% were coded as non-elective admissions (NEL) and 5% coded as non-elective short stay admissions (NELST).

Figure 11: Narrow alcohol-related hospital admissions in females, all ages registered to NHS West Lancashire CCG, by activity type in the 3 year period 2011 to 2013

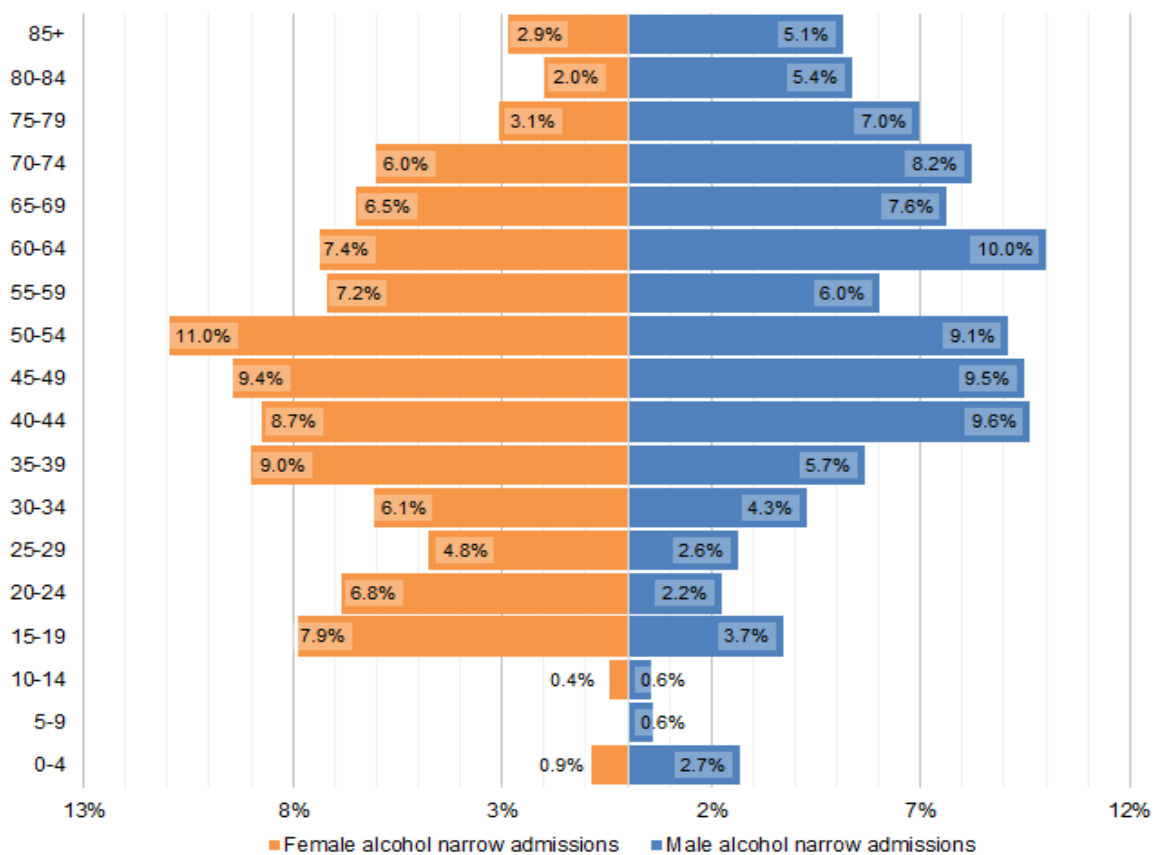
POD group	POD	count	% of total
NON ELECTIVE	NEL	471	69%
	NELST	33	5%
ELECTIVE	EL	68	10%
	DC	67	10%
	REGDA	45	7%
NELNE	NELNE	12	2%
Grand Total		682	100%

**Admissions population pyramid**

Figure 12 identifies the percentage of narrow alcohol-related hospital admissions for males and females registered to NHS West Lancashire CCG by age group for the 3 year period 2011 to 2013.

For the 3 year period 2011 to 2013 males aged 0-4 years accounted for 2.7% of all male narrow alcohol-related hospital admissions registered to NHS West Lancashire CCG, compared to 0.9% in females. In the 3 year period 2011 to 2013 approximately 26 males aged 0-4 years were admitted to hospital due to narrow alcohol related hospital admissions.

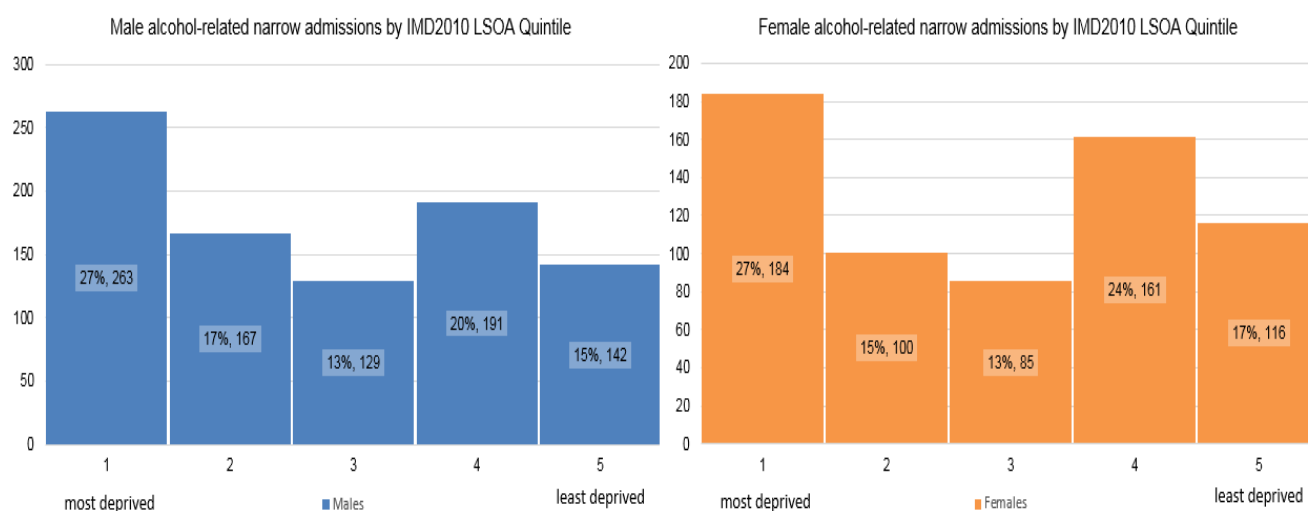
Figure 12: Percentage of narrow alcohol-related hospital admissions for males and females registered to NHS West Lancashire CCG by age group for the 3 year period 2011 to 2013



### Deprivation analysis

Figure 13 identifies that in the three year period 2011 to 2013 the majority narrow alcohol-related hospital admissions in all persons registered to NHS West Lancashire CCG are resident within areas classed as being in deprivation quintile one, which relates to those living within the 20% most deprived areas in England. However, patients from deprivation quintiles four and five, representing the least deprived areas in England, accounted for 35% of male admissions and 31% of female admissions<sup>15</sup>.

**Figure 13: Percentage of narrow alcohol-related hospital admissions all ages, registered to NHS West Lancashire CCG, by males and females, grouped by deprivation quintile for the 3 year period 2011-2013**



### Ward Level Analysis

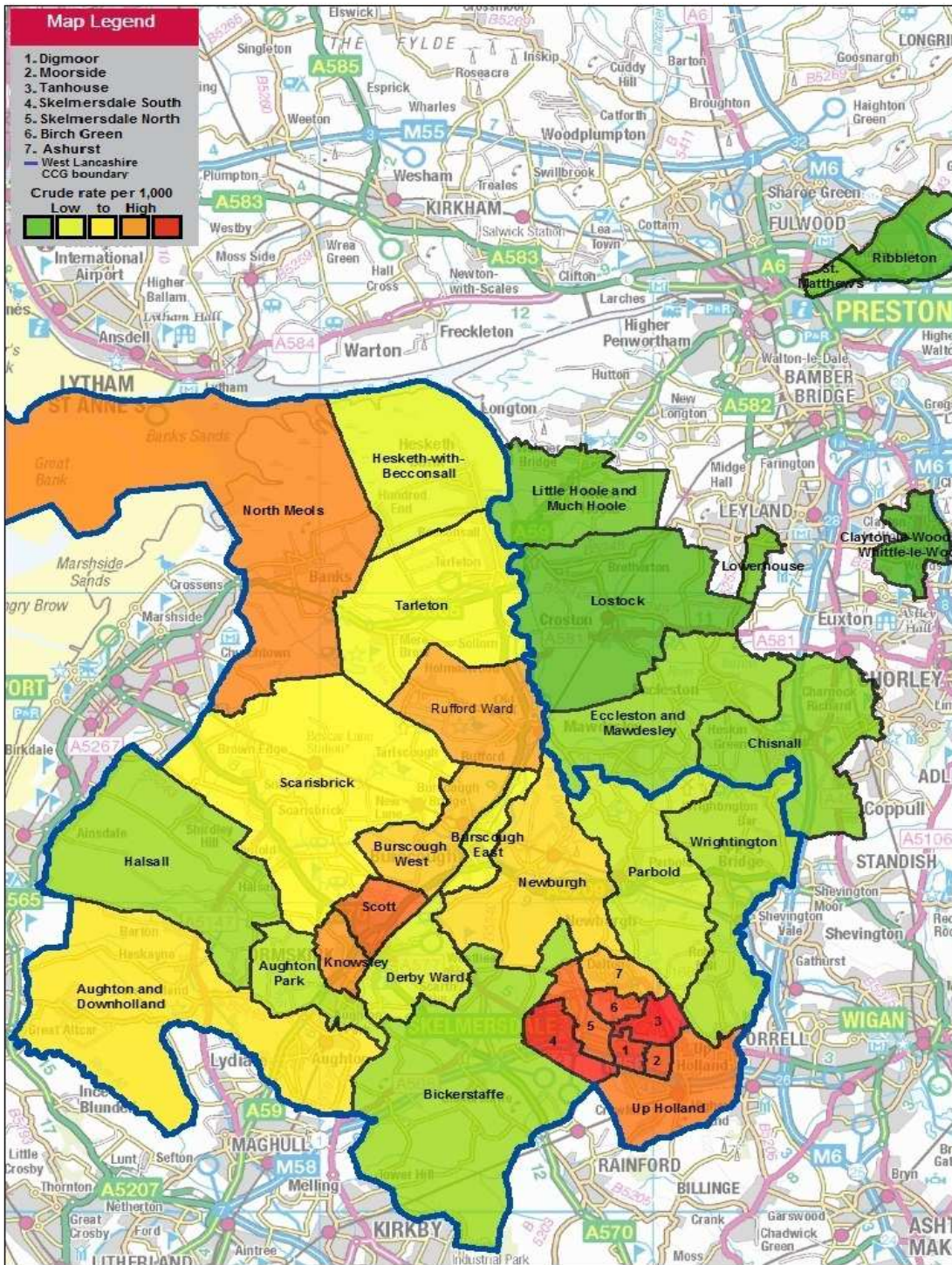
Figure 14 examines the rate of narrow alcohol-related hospital admissions in males all ages registered to NHS West Lancashire CCG by ward for the 3 year period 2011 to 2013. Appendix 1 shows that in the 3 year period 2011 to 2013 in West Lancashire all age male narrow alcohol-related hospital admissions were highest in the wards of Tanhouse, Skelmersdale South, Digmaor, Birch Green and Moorside. All of these wards are in the Skelmersdale area.

Figure 15 examines the rate of narrow alcohol-related admissions in females all ages registered to NHS West Lancashire CCG by ward for the 3 year period 2011 to 2013. Appendix 1 shows that in the 3 year period 2011 to 2013 in West Lancashire female narrow alcohol-related hospital admissions were highest in the wards of Birch Green, Tanhouse, Scott, Digmaor and Newburgh. All of these wards, with the exception of Scott and Newburgh wards are in the Skelmersdale area.

Scott ward incorporates an urban area of Ormskirk as well as a rural area between Ormskirk and Burscough (See Appendix 2). Newburgh incorporates a relatively rural area including Lathom and Newburgh village (See Appendix 3).

<sup>15</sup> 112 admissions had either no assigned LSOA or came from an LSOA with no IMD score assigned to it.

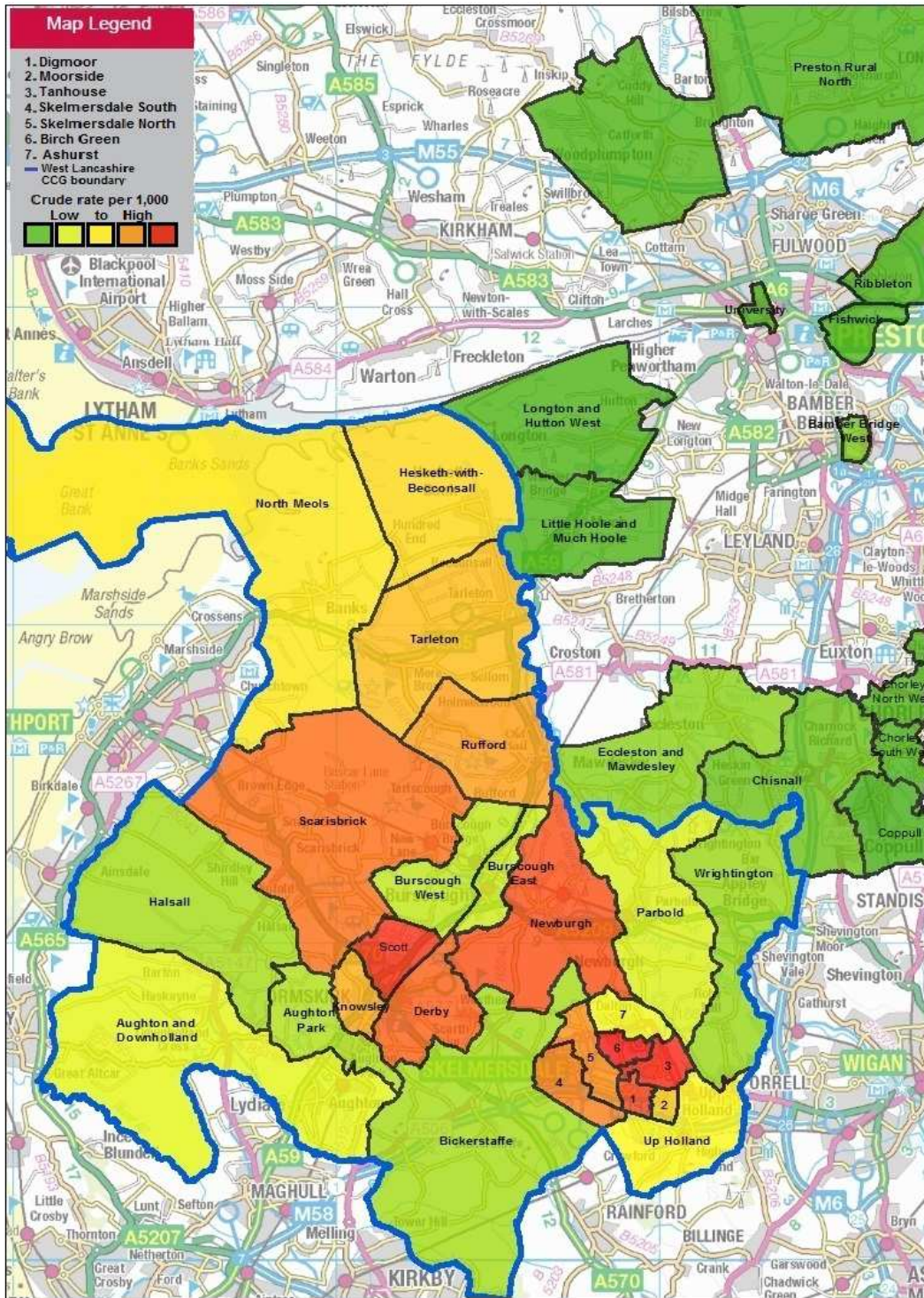
Figure 14: Male narrow alcohol-related hospital admissions per 1,000 population, all ages, registered to NHS West Lancashire CCG for the 3 year period 2011-2013



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Figure 15: Female narrow alcohol-related hospital admissions per 1,000 population, all ages, registered to NHS West Lancashire CCG for the 3 year period 2011-2013



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## Evidence Based Approaches

There is an abundance of national, regional and local evidence available regarding approaches to reduce alcohol related harms. This evidence takes various forms.

A useful and credible source of evidence is the National Institute for Health and Care Excellence (NICE). NICE is a Non Departmental Public Body (NDPB) that provides national guidance and advice to improve health and social care. NICE has published a number of documents that relate directly to alcohol. These include:

- Alcohol: Preventing Harmful Alcohol Use in the Community – Quality Standard 83<sup>16</sup>
  - This quality standard covers a range of approaches at a population level to prevent harmful alcohol use in the community by children, young people and adults. These statements are particularly relevant to trading standards, other local authority teams, the police, and schools and colleges. This document includes 4 quality statements regarding the following:
    - Local authorities use local crime and related trauma data to map the extent of alcohol-related problems, to inform the development or review of a statement of licensing policy.
    - Trading standards and the police identify and take action against premises that sell alcohol to people under 18.
    - Schools and colleges include alcohol education in the curriculum.
    - Schools and colleges involve parents, carers, children and young people in initiatives to reduce alcohol use.
  
- Alcohol-use disorders: preventing harmful drinking – Guidelines (PH 24)<sup>17</sup>
  - The guidance is for government, industry and commerce, the NHS and all those whose actions affect the population's attitude to – and use of – alcohol. This includes commissioners, managers and practitioners working in local authorities, education and the wider public, private, voluntary and community sectors. In addition, it may be of interest to members of the public. The guidance makes recommendations that relate to:
    - Price
    - Availability
    - Marketing
    - Licensing
    - Screening and brief interventions
    - Supporting children and young people aged 10-15 years
    - Referral

Consideration needs to be given to the relevance of these evidence based interventions and their potential application in specified areas of West Lancashire that have the highest rates of alcohol related hospital admissions. This should take into account existing work streams that relate to alcohol at a district, county and regional footprint.

<sup>16</sup> National Institute for Health and Care Excellence (2015): Alcohol: Preventing Harmful Alcohol Use in the Community – Quality Standard 8

<sup>17</sup> National Institute for Health and Care Excellence (2010): Alcohol-use disorders: preventing harmful drinking – Guidelines (PH 24)

## Conclusions

This report provides information regarding how population groups in West Lancashire are affected by narrow alcohol-related hospital admissions.

In the 6 year period between 2008/09 and 2013/14 the rate of narrow alcohol-related hospital admissions in males and females in West Lancashire is consistently above the England rate. However there are evident differences between the rates males and females. In the 6 year period between 2008/09 and 2013/14 the rate of narrow alcohol-related hospital admissions in males in West Lancashire remains above the rate of narrow alcohol-related hospital admissions in females, however the rate of increase over this period is higher in females.

In 2013/14 the rate of narrow alcohol-related hospital admissions in both males and females in West Lancashire compared favourably to the rate in the Lancashire 14 districts. However they compared less favourably when compared to their peers in the ONS Peer Group 'Prospering Smaller Towns – A', which from a population perspective is a more accurate comparator.

In the 3 year period 2011 to 2013 mental and behavioural disorders were a significant reason for narrow alcohol-related hospital admissions in both males and females in West Lancashire. Poisoning was also a significant reason, but only in females.

In the 3 year period 2011 to 2013 the majority of narrow alcohol-related hospital admissions in both males and females in West Lancashire were due to non-elective admissions. This means unplanned admissions.

Deprivation appears to be a significant factor in alcohol related hospital admissions nationally, regionally and locally. In the 3 year period 2011 to 2013 in West Lancashire 27% of admissions in males and 27% of admissions in females for narrow alcohol-related hospital admissions were from individuals who lived in IMD Quintile 1.

However, it is also noticeable that in the 3 year period 2011 to 2013 that in West Lancashire 35% of males and 41% of females admitted to hospital due to narrow alcohol-related hospital admissions live in IMD quintiles 4 and 5.

The majority of the 5 wards with the highest rates of narrow alcohol-related hospital admissions in West Lancashire are in Skelmersdale. However the noticeable exceptions are Newburgh and Scott wards.

Examining narrow alcohol-related hospital admissions in West Lancashire by age group identifies that for the 3 year period 2011 to 2013 males aged 0-4 years accounted for 3% of all male narrow alcohol-related hospital admissions registered to NHS West Lancashire CCG, compared to 0.9% in females. It is suggested that this is worthy of further qualitative and quantitative investigation.

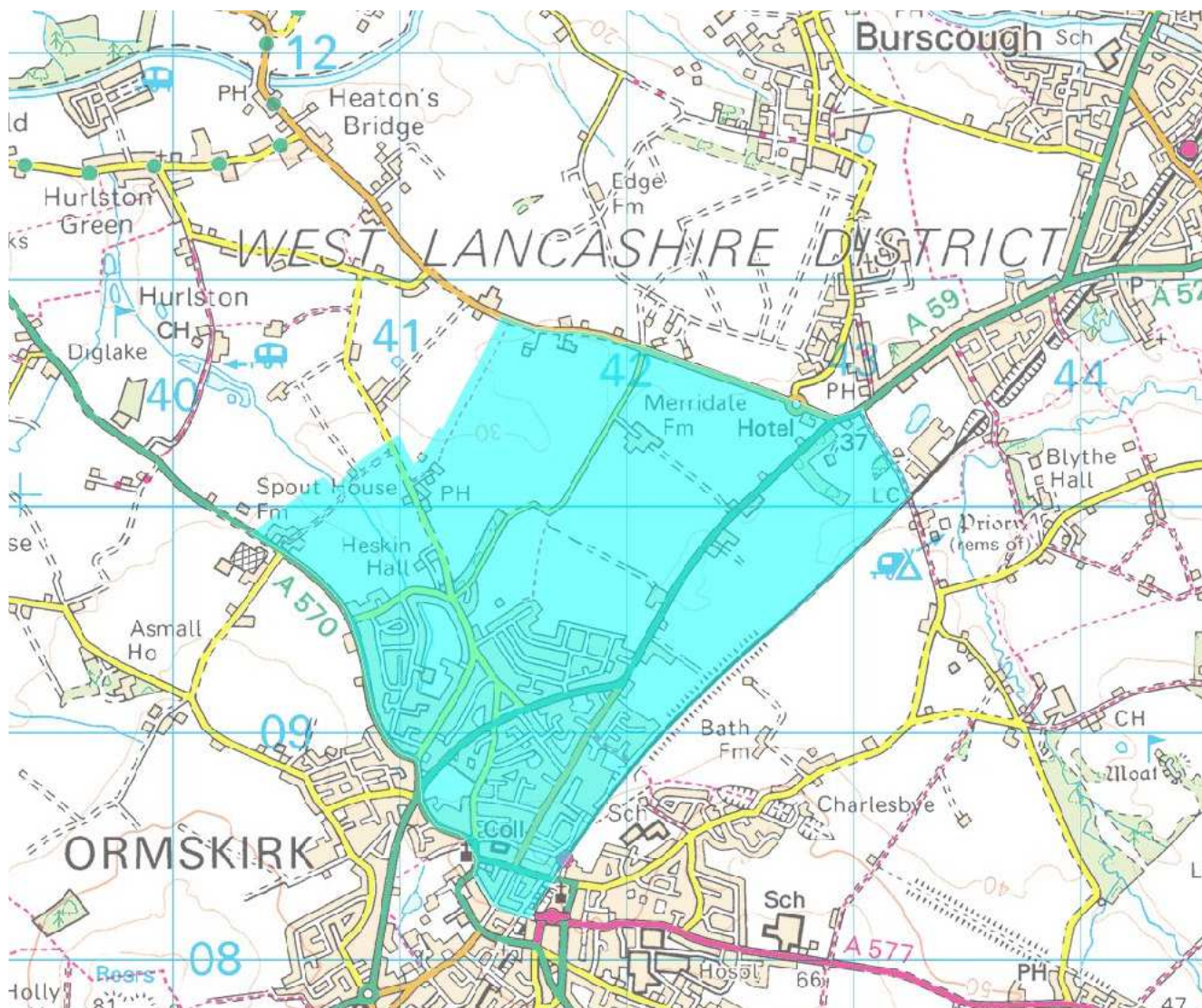
There is an abundance of national, regional and local evidence available regarding approaches to reducing alcohol related harms. This evidence takes various forms. A useful and credible source of evidence is NICE. Consideration should be given to the 4 quality statements in *Alcohol: Preventing Harmful Alcohol Use in the Community – Quality Standard 83* and the recommendations in *Alcohol-use disorders: preventing harmful drinking – Guidelines (PH 24)*. These should be considered alongside the outcomes from the insight discussions in targeted areas of West Lancashire regarding alcohol.

The findings of this report should be used to inform discussions at WLHWBP regarding the priority of alcohol related hospital admissions. Specifically the findings should also be used to inform the planning of discussions with targeted populations in West Lancashire regarding alcohol

## Appendix 1: Alcohol-admissions narrow measure thematic map background data table

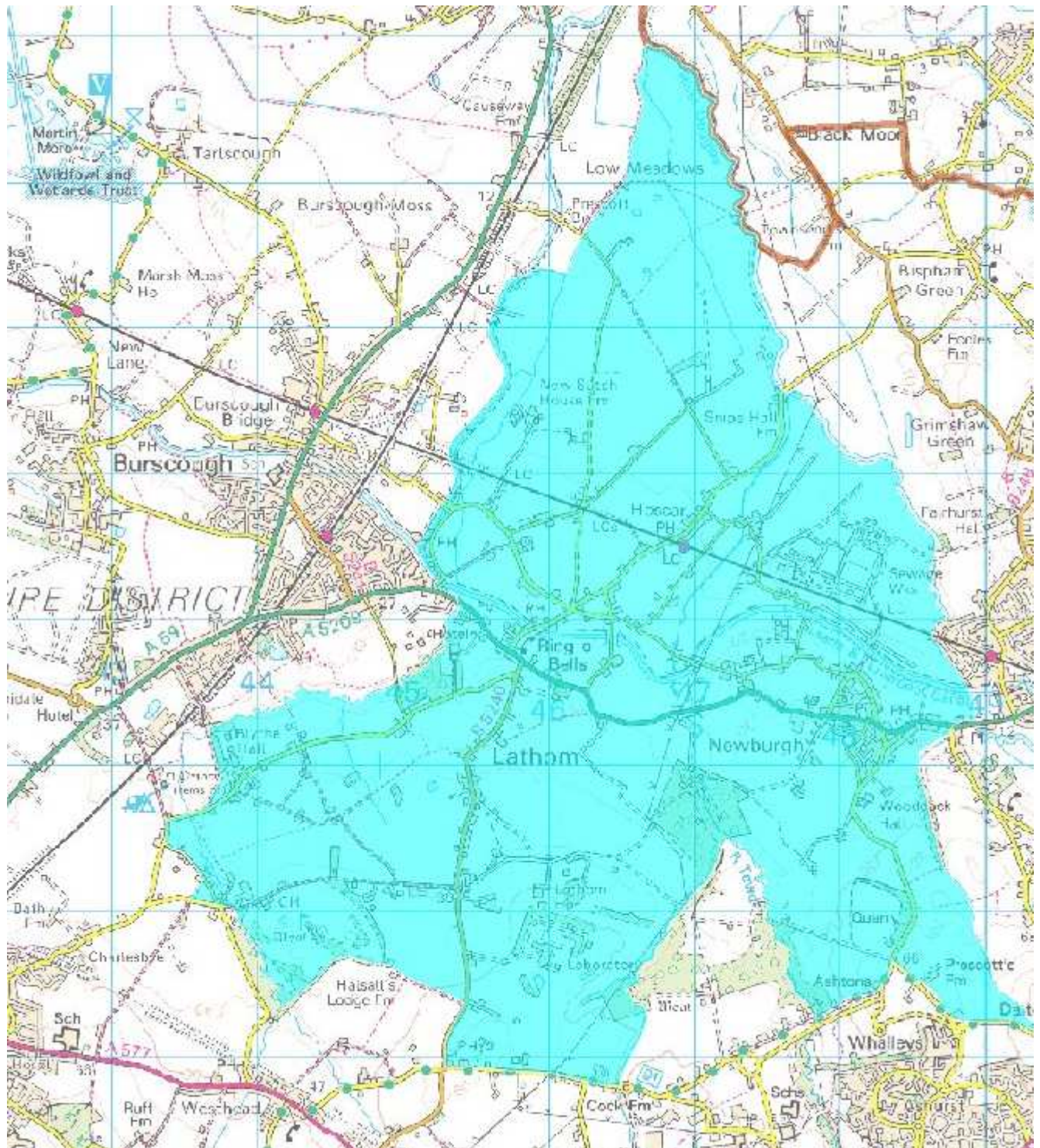
Ward code	Ward name	Males				Females			
		Fractions total (2011-13)	Population (mid-year 2011-2013)	Crude rate per 1,000	Rank	Fractions total (2011-13)	Population (mid-year 2011-2013)	Crude rate per 1,000	Rank
E05005376	Tanhouse	70.28	7700	9.13	1	40.34	7559	5.34	2
E05005375	Skelmersdale South	83.81	9467	8.85	2	25.07	6176	4.06	9
E05005364	Digmoor	57.62	6621	8.70	3	31.69	6901	4.59	4
E05005360	Birch Green	50.74	6227	8.15	4	53.79	6697	8.03	1
E05005368	Moorside	34.02	5539	6.14	5	23.01	6111	3.77	13
E05005373	Scott	50.53	8350	6.05	7	40.5	8788	4.61	3
E05005374	Skelmersdale North	35.9	5932	6.05	6	40.45	9872	4.10	8
E05005378	Up Holland	52.65	8972	5.87	8	32.4	9511	3.41	16
E05005369	North Meols	33.37	5951	5.61	9	22.37	6184	3.62	15
E05005371	Rufford	16.01	3054	5.24	11	12.18	3022	4.03	10
E05005367	Knowsley	42.33	7996	5.29	10	35.28	8845	3.99	11
E05005357	Ashurst	42.85	9171	4.67	12	29.74	9602	3.10	17
E05005362	Burscough West	33.83	7338	4.61	13	19.32	7638	2.53	21
E05005381	Newburgh	13.18	2924	4.51	14	13.36	2954	4.52	5
E05005358	Aughton and Downholland	35.37	7999	4.42	15	24.65	8369	2.95	18
E05005372	Scarisbrick	25.61	5853	4.38	16	24.52	5763	4.25	7
E05005377	Tarleton	35.97	8473	4.25	18	33.07	8482	3.90	12
E05005361	Burscough East	26.33	6195	4.25	17	17.04	6472	2.63	20
E05005366	Hesketh-with-Becconsall	24.75	5928	4.18	19	22.88	6172	3.71	14
E05005363	Derby	40.42	9699	4.17	20	49.49	11562	4.28	6
E05005370	Parbold	21.1	5452	3.87	21	17.16	5891	2.91	19
E05005359	Aughton Park	19.05	5359	3.55	22	12.37	5862	2.11	22
E05005379	Wrightington	17.77	5817	3.05	23	8.57	6347	1.35	25
E05005380	Bickerstaffe	7.33	2877	2.55	24	4.92	3002	1.64	24
E05005365	Halsall	7.68	3017	2.55	25	5.19	3163	1.64	23
E05005178	Eccleston and Mawdesley	8.34	8803	0.95	26	3.58	9162	0.39	26
E05005168	Chisnall	1.67	6149	0.27	27	0.77	2052	0.38	27
E05005287	St Matthew's	1	13497	0.07	29				
E05005348	Lowerhouse	0.28	5890	0.05	30				
E05005345	Little Hoole and Much Hoole	0.28	6089	0.05	31	0.08	2034	0.04	33
E05005226	Castle	0.37	10793	0.03	33				
E05003184	Cleator Moor North	0.17	6353	0.03	34				
E05005182	Lostock	0.28	12231	0.02	35				
E05005284	Ribbleton	0.14	13074	0.01	36	0.11	4394	0.03	35
E05005174	Clayton-le-Woods and Whittle-le-Woods	0.04	12048	0.00	38				
E05003117	Broughton St Bridget's					1	6275	0.16	28
E05005332	Bamber Bridge West					1	6801	0.15	29
E05005214	Milnshaw					1	7205	0.14	30
E05005168	Chisnall	1.67	6149	0.27	27	0.77	6148	0.13	31
E05005162	Rosehill with Burnley Wood					0.4	9025	0.04	32
E05003243	Grange North					0.1	3055	0.03	34
E05005167	Brindle and Hoghton					0.08	3290	0.02	36
E05005241	Silverdale					0.06	3239	0.02	37
E05005306	Primrose					0.07	4802	0.01	38
E05005345	Little Hoole and Much Hoole	0.28	6089	0.05	31	0.08	6001	0.01	39
E05005291	University					0.08	6885	0.01	40
E05005159	Lanehead					0.1	9373	0.01	41
E05005171	Chorley North West					0.09	9162	0.01	42
E05005275	Fishwick					0.08	8657	0.01	43
E05005156	Gannow					0.08	8722	0.01	44
E05005283	Preston Rural North					0.09	10189	0.01	45
E05005284	Ribbleton	0.14	13074	0.01	36	0.11	12975	0.01	46
E05005346	Longton and Hutton West					0.06	8520	0.01	47
E05005161	Rosegrove with Lowerhouse					0.06	10227	0.01	49
E05005173	Chorley South West					0.08	13519	0.01	48
E05005177	Coppull					0.02	9455	0.00	50
NULL	records with a NULL LSOA code	48.01				33.83			

Appendix 2: Map of Scott Ward



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### Appendix 3: Map of Newburgh Ward



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## **Bibliography**

Centre for Public Health, Liverpool John Moores University (2013): [Updating England-Specific Alcohol-Attributable Fractions](#)