

# Publication Report



## Alcohol-related Hospital Statistics Scotland 2012/13

Publication date – 25th February 2014



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## Introduction

Excessive consumption of alcohol can result in a wide range of health problems. Some may occur after drinking over a relatively short period, such as acute intoxication (drunkenness) or poisoning (toxic effect). Others develop more gradually, only becoming evident after long-term heavy drinking, such as damage to the liver and brain. In addition to causing physical problems, excessive alcohol consumption can lead to mental health problems such as alcohol dependency.

The information reported in this publication is based on hospital data from ISD General Acute Inpatient / Day cases Records (SMR01) and mainly relates to the years 2008/09 to 2012/13. [Appendix A1](#) gives further information on this dataset. Information on the Mental Health Inpatient and Day Case Records (SMR04) that is usually part of this publication cannot be reported at this stage due to data completeness issues. ISD is working closely with NHS Boards to ensure submission of SMR04 discharge data. This report will be revised asap to add the psychiatric discharge section.

This report mainly focuses on the number of hospital discharges at the end of a continuous in-patient stay (or CIS) but also includes some information on number of patients. Discharge information is broken down by age, gender, deprivation category and local area of residence (NHS Board and council area).

To allow comparisons between geographical areas, figures are presented as rates (typically per 100,000 population) and are standardised to a European standard population. This approach accounts for differences in the age structures of different local populations. Eurostat, the statistical institute of the European Union, has recently revised the standard European population (first introduced in 1976), to reflect ageing of the European population. In this publication the new European standard population (ESP2013) has been used throughout, resulting in slightly higher rates than published in previous reports. Alcohol-related acute hospital discharge rates are therefore **not** comparable to those published in previous reports. Note however that the number of hospital discharges will not be affected by the ESP revision. The impact of the ESP revision is illustrated in more detail in Appendix A1 ([Note of Revisions section](#)).

## Key points

- In 2012/13, there were 35,926 alcohol-related discharges from a general acute hospital in Scotland (a European age-sex-standardised rate (EASR) of 693 discharges per 100,000 population). This is a 7.5% decrease in rates and a 7.3% decrease in absolute numbers compared to the previous year (2011/12), when there were 38,776 alcohol-related discharges (a rate of 749 discharges per 100,000 population).
- Over the last five years, there has been a consistent downward trend in alcohol-related discharges. The discharge rate decreased by 16% from 828 discharges per 100,000 population in 2008/09 to 693 discharges per 100,000 population in 2012/13.
- The drop from 2008/09 to 2012/13 was particularly pronounced in the youngest age groups (under 25) with decreases between 30 and 40%. For females aged 35 to 39 the drop was only 1%, compared with 22% for males of the same age.
- In all years from 2008/09 to 2012/13, the rate of alcohol-related general acute hospital discharges was approximately six to seven times greater for patients living in the most deprived areas (category 1) compared to those living in the least deprived areas (category 5).

## Results and Commentary

### General Acute Inpatient/Day Case Hospital Discharges

Hospital activity data are routinely drawn from hospital administrative systems across all NHS hospitals in Scotland. General Acute Inpatient and Day Case information is collected in a dataset referred to as SMR01. This is an episode based patient record relating to all inpatient and day cases discharged from specialities other than mental health, maternity, neonatal and geriatric long stay specialities. Figures shown here are based on data collected in SMR01. More information on this data set can be found in [Appendix A1](#).

#### Patterns in overall discharge rates

In 2012/13, there were 35,926 alcohol-related discharges from a general acute hospital in Scotland; equivalent to a European age-standardised rate (EASR, based on the 2013 European standard population) of 693 discharges per 100,000 population ([Tables 1 & 2](#)). This is a 7.5% decrease in rates and a 7.3% decrease in absolute numbers compared to the previous year (2011/12), when there were 38,776 alcohol-related discharges (an EASR of 749 discharges per 100,000 population) ([Table 2](#)).

The 35,926 discharges in 2012/13 involved 24,266 patients; an average number of 1.48 alcohol-related discharges per patient ([Table 1](#)).

Over the last five years (2008/09 to 2012/13), there has been a consistent downward trend in alcohol-related discharges. Over this period, there was an overall decrease of 16% in the alcohol-related discharge rate, from 828 discharges per 100,000 population in 2008/09, to 693 discharges per 100,000 population in 2012/13. The absolute number of discharges decreased by 14% from 41,994 in 2008/09 to 35,926 in 2012/13 ([Table 2](#)).

Figure 1 shows the long-term trend for overall discharge rates (EASR based on ESP2013) since 1997/98, illustrating that although the discharge rate has been dropping since 2007/08, the rate in the latest year (2012/13) is still 10% higher (693 per 100,000) than in the first year shown (1997/98; when the rate was 629 per 100,000).

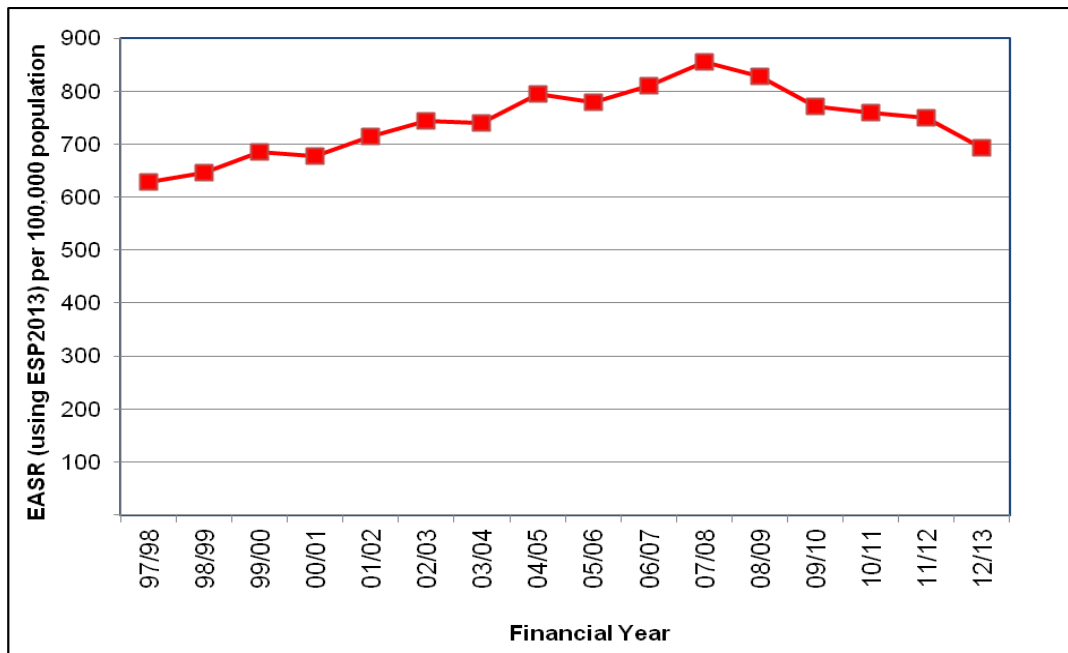
#### By gender and age group

In 2012/13, 71% of alcohol-related discharges were in males ([Table 2](#)). For both males and females, the alcohol-related discharge rate was highest in the 50 to 54 years age group with a combined rate of 1,186 per 100,000 population. In most age groups, rates were at least twice as high in males compared to females (Figure 2). In patients aged 60 and over the male discharge rate was four times higher than in females, whereas in the youngest age group (under 15) the alcohol-related discharge rate was slightly lower in males compared to females (note these rates are based on very small numbers).

Between 2008/09 to 2012/13, the alcohol-related discharge EASR fell by 17% for men (from 1,212 to 1,003 per 100,000) and by 14% for women (from 445 to 384 per 100,000) ([Table 2](#)).

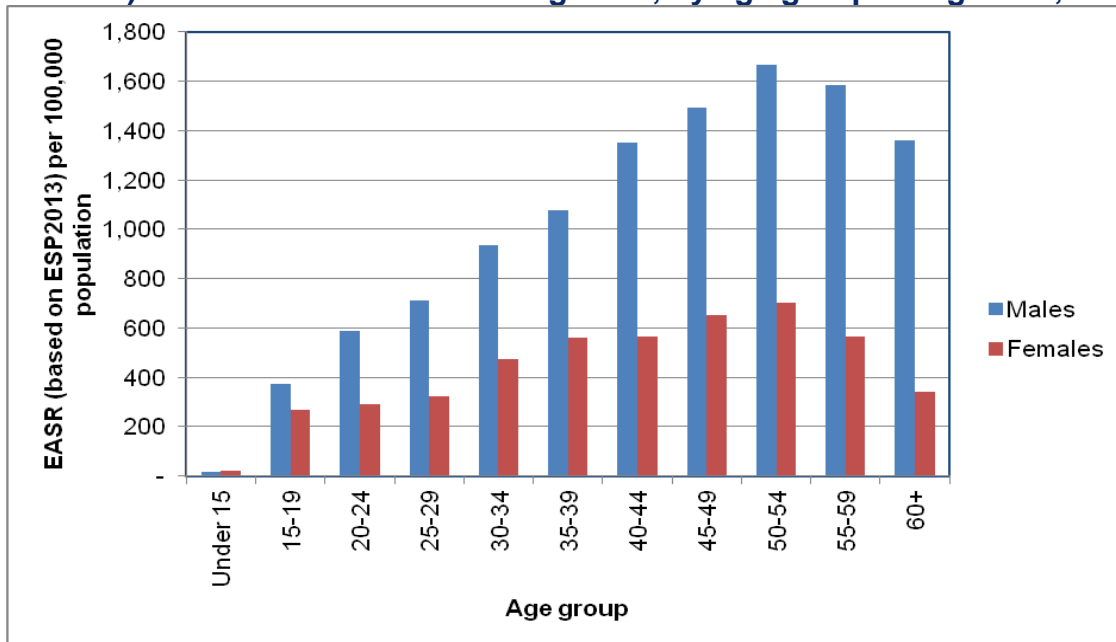
Compared to the previous year (2011/12) the alcohol-related discharge rate fell across all gender and age groups except females aged under 15, where rates remained similar ([Table 2](#)).

**Fig 1. General acute inpatient discharge rates per 100,000 population<sup>1</sup> (EASR based on ESP2013<sup>2</sup>) with an alcohol-related diagnosis; financial years 1997/98 to 2012/13<sup>P</sup>**



1. The population estimates used in the calculation of rates above are based on the 2011 Census results.
  2. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. European Age Standardised Rates (EASRs) using ESP1976 and ESP2013 are not comparable. The European Age-Sex Standardised Rate (EASR) calculated using ESP2013 uses 5-year age groups; 0-4, 5-9 up to an upper age group of 90+. See Appendix A1.
- <sup>P</sup> Provisional; slight revision may be needed in future publications due to late-entered data.

**Fig 2. General acute inpatient discharge rates per 100,000 population<sup>1</sup> (EASR based on ESP2013<sup>2</sup>) with an alcohol-related diagnosis; by age group and gender; 2012/13<sup>P</sup>**



1. The population estimates used in the calculation of rates above are based on the 2011 Census results.
  2. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. European Age Standardised Rates (EASRs) using ESP1976 and ESP2013 are not comparable. The European Age-Sex Standardised Rate (EASR) calculated using ESP2013 uses 5-year age groups; 0-4, 5-9 up to an upper age group of 90+. See Appendix A1.
- <sup>P</sup> Provisional; slight revision may be needed in future publications due to late-entered data.

Over the five-year time period (from 2008/09 to 2012/13), alcohol-related discharge rates decreased for all age groups and genders ([Table 2](#)), but not by the same proportion. In all five years, rates were highest in those aged 50 to 54 years. The largest percentage decrease over the five years was in the youngest age groups. For those aged under 15 the rate decreased by 40% (from 32 in 2008/09 to 19 discharges per 100,000 population in 2012/13). For those aged 15 to 19 the rate decreased by 36% (from 499 to 322 discharges per 100,000 population) and for the 20 to 24 age group the rate decreased by 29% from 622 to 440 discharges per 100,000 population. There is however a marked difference in rate changes over the five years between males and females in the slightly older age groups; in particular for these aged 35 to 39 years. Males of this age showed a drop of 22% (from 1,379 to 1,076) whereas the EASR for females dropped only by 1% (from 567 to 559 discharges per 100,000 population).

### Specific alcohol-related diagnoses

During 2012/13, the most commonly recorded specific diagnoses relating to alcohol misuse were Harmful Use (9,845 discharges, equating to an EASR of 192 discharges per 100,000 population), and Acute Intoxication (9,604 discharges; an EASR of 183 discharges per 100,000 population). These diagnoses dominate particularly the youngest age groups and are relatively less important in older age groups, although the absolute number of discharges for these diagnoses is higher in older age groups. Other common diagnoses resulting in hospital stays (particularly in older age groups) were Alcoholic Liver Disease (6,240 discharges), Alcoholic Psychoses (5,604 discharges) and Alcohol Dependence (5,177 discharges) ([Table 3A](#)).

### Deprivation effects

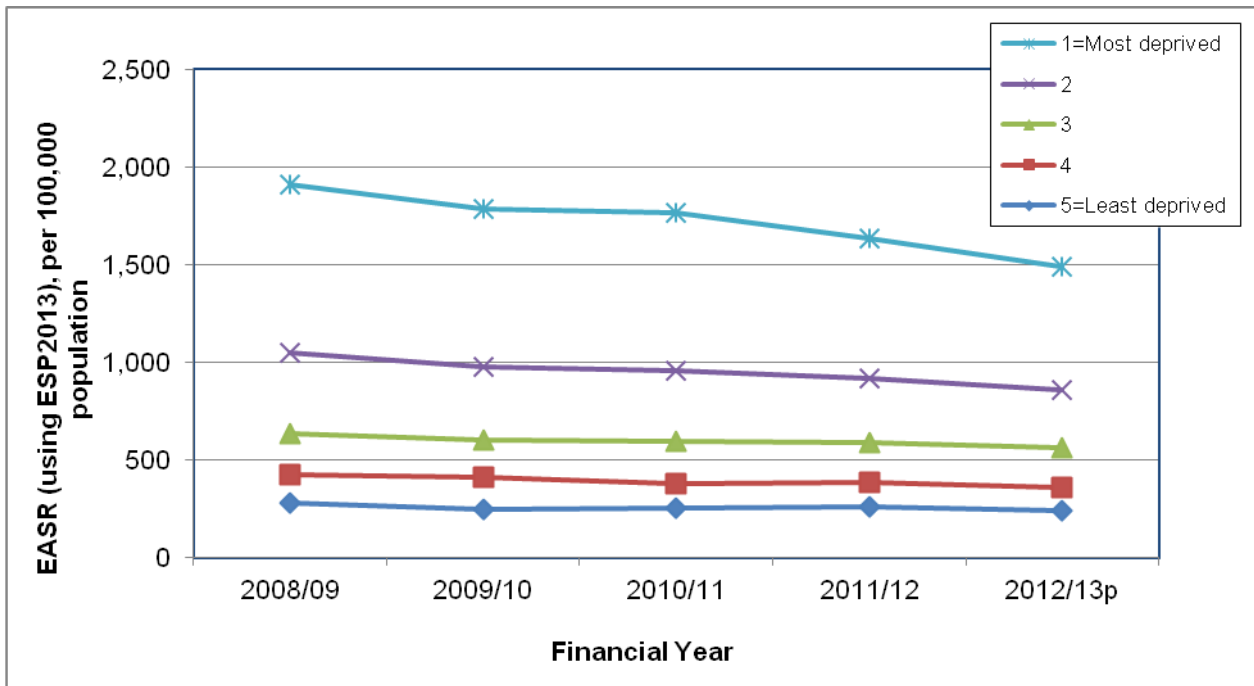
In 2012/13, the rate of alcohol-related general acute hospital discharges was more than six times greater for patients living in the most deprived areas (quintile 1 of the Scottish Index of Multiple Deprivation or SIMD) compared to those living in the least deprived areas (quintile 5); 1,487 compared to 243 per 100,000 ([Table 4](#) and Figure 3).

Across all five years from 2008/09 to 2012/13, the hospital discharge rates were approximately six to seven times greater for patients living in the most deprived areas compared to those living in the least deprived areas. The difference was largest in 2009/10, with the rate being 7.2 times greater in the most deprived areas compared to the least deprived. However, the most deprived quintile also showed the largest drop in discharge rates over the last five years; from 1,910 per 100,000 population in 2008/09 to 1,487 per 100,000 population in 2012/13 – a drop of 22%. The least deprived quintile showed a drop of 14% (from 281 to 243 per 100,000 population).

### Admission types

Of the 35,926 alcohol-related discharges in Scotland during 2012/13, 92% resulted from an emergency admission ([Table 5](#)). This varied between age groups with younger patients more commonly being admitted as an emergency compared to older patients. The percentage admitted as emergency varied between NHS Boards by no more than 12%, except for NHS Orkney where the proportion resulting from emergency admissions was recorded at just 47%.

**Fig 3. General acute inpatient discharge rates per 100,000 population<sup>1</sup> (EASR based on ESP2013<sup>2</sup>) with an alcohol-related diagnosis; by deprivation quintile and financial year (2008/09 to 2012/13)**



1. The population estimates used in the calculation of rates above are based on the 2011 Census results.
  2. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. European Age Standardised Rates (EASRs) using ESP1976 and ESP2013 are not comparable. The European Age-Sex Standardised Rate (EASR) calculated using ESP2013 uses 5-year age groups; 0-4, 5-9 up to an upper age group of 90+. See Appendix A1.
- <sup>P</sup> Provisional; slight revision may be needed in future publications due to late-entered data.

Sunday was the day of the week with the highest number of alcohol-related emergency admissions with 5,207 emergency admissions, although the variation in number of discharges is relatively small across all the days ([Table 5](#) and Figure 4). However, the number of admissions on Saturday and Sunday was much higher than on week days in the youngest age groups, with 57% of admissions of patients under 20 taking place on Saturday and Sunday. In older age groups (35 and over) the admission rates by day of the week showed little variation and admissions on Saturday and Sunday were close to two-seventh of the total (even slightly lower for patients aged 60 or over).

### Geographical profile

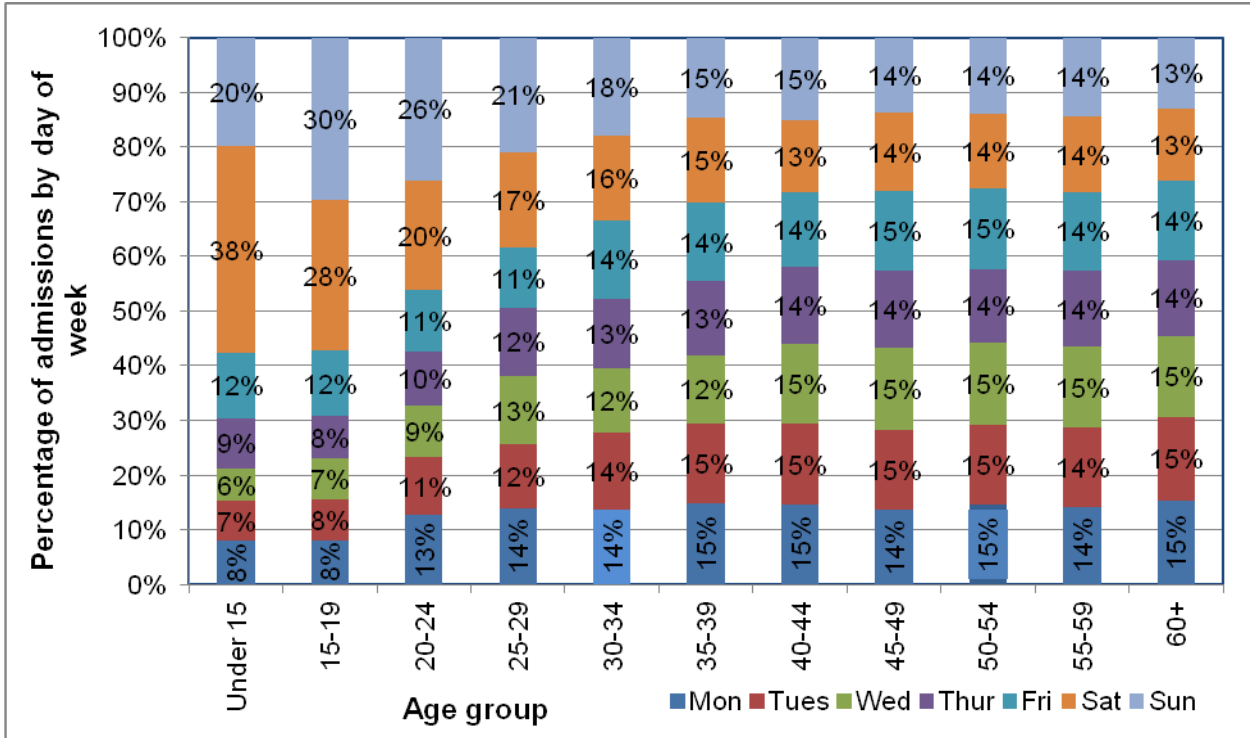
In 2012/13 the discharge rate was highest in NHS Orkney with 1,532 discharges per 100,000 population (but based on relatively small numbers), and NHS Greater Glasgow & Clyde had the second-highest rate with 982 discharges per 100,000 population ([Table 2](#)). The lowest rate in 2012/13 was recorded in NHS Forth Valley, with 443 discharges per 100,000 population. NHS Dumfries and Galloway had the second-lowest rate with 486 discharges per 100,000 population ([Table 2](#)).

The rate of alcohol-related discharges from general acute hospitals in Scotland decreased from 2008/09 to 2012/13 in most NHS Boards except NHS Orkney and NHS Shetland. Rates varied greatly between NHS Boards in all of the five years. Throughout the 5-year time period NHS Greater Glasgow & Clyde (the most populous Board) had the highest number of alcohol-related discharges, but the discharge rate (EASR) decreased by 19%



from 1,216 to 982 per 100,000 from 2008/09 to 2012/13. NHS Fife is the only Board that showed a modest increase in alcohol-related discharge rate from 2011/12 to 2012/13, going up by 13%.

**Fig 4. Distribution of general acute inpatient and daycase admissions with an alcohol-related diagnosis over day of the week; by age group (2012/13)**



## Glossary

Alcohol-related diagnosis	This refers to conditions known to be a direct consequence of alcohol consumption. Codes used in the analyses are provided in Appendix A1.
Continuous Inpatient Stay (CIS)	This refers to a continuous period of health care in a hospital setting from initial admission to discharge from the same or another hospital. This may include a number of 'episodes' recorded back-to-back for the same patient. Each episode is initiated by a referral (including re-referral) or admission and is ended by a discharge. Discharges in this report refer to the final discharge at the end of a CIS.
Deprivation	The <a href="#">Scottish Index of Multiple Deprivation</a> (SIMD) is used to calculate deprivation rates. SIMD has 38 indicators in 7 domains (income, employment, housing, health, education, skills and training, geographical access and crime), which have been combined into an overall index calculated for each datazone. Rates are reported by quintiles with 1 being most deprived and 5 least deprived. Quintiles divide the population into five equal proportions so that 20% of the population falls into each quintile. SIMD 2009 has been applied for years 2007/08 to 2009/10 and SIMD 2012 has been applied from the year 2010/11 onwards.
EASR	European Age Standardised Rate; standardised rates are used to allow comparisons across geographical areas by controlling for differences in the age structure of local populations. Age standardised rates can be compared across areas and time periods. They give the number of events that would occur in a standard population (here per 100,000) if that population had the age-specific rates of a given area. The rates in this report are standardised to the European Standard population (ESP) as revised in 2013. This is different from previous publications, when the 1976 ESP was used. For more information see Appendix A1 – Note of Revisions.
ICD-10	International Classification of Diseases and Related Health Problems 10th revision is used to classify hospital admissions and deaths. ICD-10 replaced ICD-9 in 1997.
Inpatient	This is when a patient occupies an available staffed bed in a hospital and either remains overnight whatever the original intention or is expected to remain overnight but is discharged earlier.
Provisional data	An indication that the data is provisional means that returns from hospitals are not yet complete and the final figure may be different to that reported at this moment in time.

## List of Tables

Table No.	Name	Time period	File & size
	The file <a href="#">2014-02-25-ARHS2012-13-Tables.xls</a> contains the following tables:		Excel [750kb]
1	<a href="#">General acute hospital ratio of discharges to patients for alcohol-related diagnoses</a>	2012/13	
2	<a href="#">General acute inpatient and day case discharges with an alcohol-related diagnosis in any position</a>	2008/09 – 2012/13	
3A	<a href="#">General acute inpatient and day case discharges with an alcohol-related diagnosis in any position; with specific diagnosis</a>	2012/13	
3B	<a href="#">General acute inpatient and day case discharges with an alcohol-related diagnosis in any position; with selected specific diagnosis</a>	2012/13	
4	<a href="#">General acute inpatient and day case discharges with an alcohol-related diagnosis in any position; by deprivation category</a>	2008/09 – 2012/13	
5	<a href="#">General acute inpatient and day case discharges with an alcohol-related diagnosis in any position by type of admission</a>	2012/13	

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## Further Information

Further information can be found on the [ISD website](#)

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## Appendix

### A1 – Background Information

Hospital activity data are collected across the NHS in Scotland and are based on nationally available information routinely drawn from hospital administrative systems across the country. The principal data source for this publication is the SMR01 (acute inpatient and daycase) return.

#### SMR01 – Hospital general and acute inpatients and day cases

SMR01 is an episode based patient record relating to all inpatient and day cases discharged from specialities other than mental health, maternity, neonatal and geriatric long stay specialities in NHS Scotland. A record is generated for each inpatient and day case episode, of which there are about 1,200,000 each year. Attendances at Accident and Emergency that do not result in an admission are not included. Each individual patient may have more than one stay and hence the number of people discharged within a year will be less than the total number of discharges. The SMR01 basic data set encompasses patient identification and demographic information, episode management information and general clinical information. Items such as waiting time for inpatient or day case admission and length of stay may be derived from the episode management information.

When figures are broken down by geographical area or age the numbers in some categories can be very small. In these cases both differences between categories and trends over time should be interpreted with caution because they may be misleading. The tables presented in this report are derived from the SMR01, and contain information about patients admitted to general hospitals (mainly for emergency treatment), where alcohol misuse is diagnosed as a factor in the patient's treatment. Up to six diagnoses are recorded per admission, and episodes with either a main or a supplementary diagnosis of alcohol misuse are included. Alcohol misuse is recorded using the International Classification of Diseases 10th Revision (ICD10) Codes. The following codes were used in the analysis presented in this section:

#### **ICD10 code Description**

E24.4	Alcohol induced Pseudo-Cushing's syndrome
E51.2	Wernicke's Encephalopathy
F10	Mental & behavioural disorders due to use of alcohol
G31.2	Degeneration of nervous system due to alcohol
G62.1	Alcoholic polyneuropathy
G72.1	Alcoholic myopathy
I42.6	Alcoholic cardiomyopathy
K29.2	Alcoholic gastritis
K70	Alcoholic liver disease
K86.0	Alcohol-induced chronic pancreatitis
O35.4	Maternal care for (suspected) damage to foetus from alcohol
P04.3	Foetus and newborn affected by maternal use of alcohol
Q86.0	Fetal alcohol syndrome (dysmorphic)
R78.0	Finding of alcohol in blood
T51.0	Toxic effect of ethanol
T51.1	Toxic effect of methanol
T51.9	Toxic effect of alcohol, unspecified

X45	Accidental poisoning by and exposure to alcohol
X65	Intentional self-poisoning by and exposure to alcohol
Y15	Poisoning by and exposure to alcohol undetermined intent
Y57.3	Alcohol deterrents
Y90	Evidence of alcohol involvement determined by blood alcohol level
Y91	Evidence of alcohol involvement determined by level intoxication
Z50.2	Alcohol rehabilitation
Z71.4	Alcohol abuse counselling and surveillance
Z72.1	Alcohol Use

Some caution is necessary when using these data as alcohol misuse may only be suspected and may not always be recorded by the hospital. The tables presented here are based on all alcohol-related diagnoses throughout the hospital stay.

### Data Quality

The ISD Data Quality Assurance (DQA) team is responsible for evaluating and ensuring SMR datasets are accurate, consistent and comparable across time and between sources. Details of the quality assurance process for SMRs are published on the DQA methodology webpage <http://www.isdscotland.org/Products-and-Services/Data-Quality/Methodology/>. Information on SMR data completeness can be found on the Hospital records Data webpage <http://www.isdscotland.org/Products-and-Services/Hospital-Records-Data-Monitoring/SMR-Completeness/>, while information on the timeliness of SMR data submissions can be found on the SMR Timeliness webpage <http://www.isdscotland.org/Products-and-Services/Hospital-Records-Data-Monitoring/SMR-Timeliness/>.

### Note of Revisions

The Health Improvement Alcohol & Drugs Team aims to continually improve the interpretation of the data and therefore analysis methods are reviewed and sometimes updated. This year major changes were made to the calculation of rates as a result of two developments:

- The introduction by Eurostat (the statistical institute of the European Union) of a new European standard population (ESP)
- The update by the National Records of Scotland of the mid-year population estimates for 2002 onwards based on the results from the 2011 Census

In particular the new ESP has a substantial impact on the rates reported in this publication. This is illustrated in more detail below.

### ***Revision of the European Standard Population***

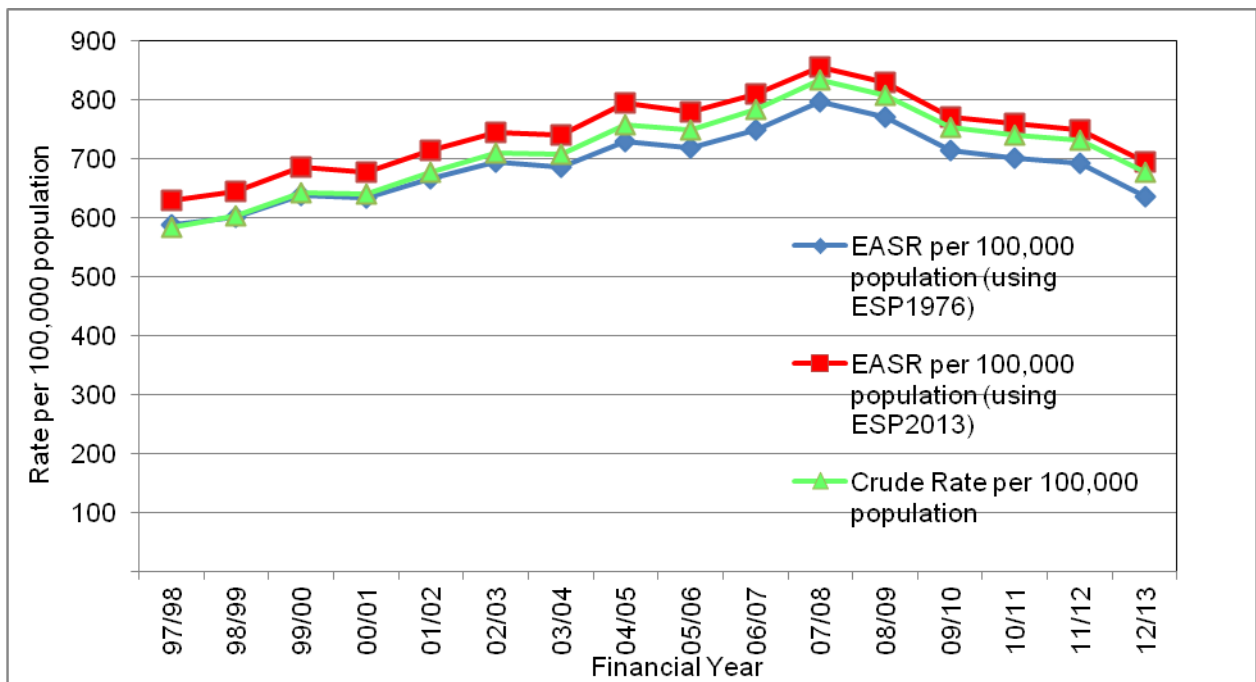
Making comparisons between crude rates can be misleading if the age structures of the populations of the countries or regions are quite different. Areas with larger percentages of younger people are unlikely to have as high levels of death as areas with larger percentages of older people – and therefore if these differences are not adjusted for the wrong conclusion may be drawn about the health of an area simply because of the age-structure of the population. European Age Standardised Rates (EASRs) allows making comparisons between different geographical areas as they allow the effects of having different age structures in either the same population over time or different geographies to be removed. The European Standard Population (ESP) was first introduced in 1976, and was revised by Eurostat in 2013 to more closely reflect the current age structure in Europe.

The new ESP (ESP2013) has been created based on an average of states' population projections for 2011 to 2030. Statistics providers across the UK will start to use ESP2013 from January 2014.

European Age Standardised Rates (EASRs) using ESP1976 cannot be compared with EASRs using ESP2013. The below chart (Figure A1) illustrates how the rates differ. It shows three different methods to calculate a discharge rate per 100,000 population:

1. Crude rates; the total number of people discharged from hospital in a country or region, divided by the total population of that country or region, multiplied by 100,000.
2. Based on ESP 1976; for each 5 year age group, the crude rate is calculated and then the weighted average of all age groups is taken based on the weightings of the 1976 European Standard Population, to give the overall EASR.
3. Based on ESP 2013; as above, but based on the weightings of the 2013 European Standard Population, to give the overall EASR.

**Figure A1. General acute inpatient discharge rates per 100,000 population<sup>1</sup> with an alcohol-related diagnosis; by financial year (1997/98 to 2008/09); comparing (a) un-standardised (crude rates); (b) standardised rates using ESP1976<sup>2,3</sup>; and (c) standardised rates using ESP2013<sup>4,5</sup>**



1. The population estimates used in the calculation of rates above are based on the 2011 Census results.
2. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. European Age Standardised Rates (EASRs) using ESP1976 and ESP2013 are not comparable.
3. European Age-Sex Standardised Rate (EASR), calculated using ESP1976 and using 5 year age groups 0-4, 5-9 up to an upper age group of 85+.
4. European Age-Sex Standardised Rate (EASR), calculated using ESP2013 and using 5 year age groups 0-4, 5-9 up to an upper age group of 90+.
5. The upper age group for the 2013 European Standard Population structure is 95+. However, due to Scotland population estimates data being unavailable for the 95+ age group for all required geographies, the upper age group used is 90+. This is an amalgamated age group containing both the 90-94 and 95+ age groups.

It can be seen that generally the EASR (using ESP1976) is the lowest of the three rates. The Crude rate is slightly higher than this, and the EASR (using ESP2013) is a little higher

still. Due to the number of alcohol-related discharges affecting the older age groups more than the younger age groups, the EASRs using ESP2013 will be higher than those using ESP1976. The trends shown for each method of calculating rates are similar, giving confidence to trend analysis. EASRs (using ESP1976) are not comparable with EASRs (using ESP2013). For example, comparing the EASR (using ESP1976) for 09/10 in a report issued in 2013, to an EASR (using ESP2013) relating to the same financial year 09/10, in a report issued in 2014, is meaningless.

More information regarding the ESP change can be obtained from the [ISD website](#) or the [ONS website](#).

### Further information

Information on ISD Scotland's national datasets can be found on our website at: [www.isdscotland.org/isd/4306.html](http://www.isdscotland.org/isd/4306.html).

Further statistics on general acute hospital discharges are available at: [www.isdscotland.org/acute\\_hospital\\_care](http://www.isdscotland.org/acute_hospital_care).

Further statistics on psychiatric admissions and discharges are available at [www.isdscotland.org/isd/962.html](http://www.isdscotland.org/isd/962.html).

Further information on analysis methods used on the SMR01 dataset is available at: [www.drugmisuse.isdscotland.org/publications/abstracts/cis\\_faq.htm](http://www.drugmisuse.isdscotland.org/publications/abstracts/cis_faq.htm).

If you would like further information on hospital discharges relating to drug misuse then please contact the Health Improvement – Drug & Alcohol Team at [nss.isdsubstance misuse@nhs.net](mailto:nss.isdsubstance misuse@nhs.net).

For information about the completeness, timeliness and other data quality issues regarding SMR01/SMR04 data submissions contact the Data Management Team at [nss.isdDMT@nhs.net](mailto:nss.isdDMT@nhs.net).

Further information on alcohol related hospital statistics in the United Kingdom are available at the following URLs:

England: <http://www.hscic.gov.uk/pubs/alcohol12>

Wales: [www.wales.nhs.uk/sitesplus/888/news/16563](http://www.wales.nhs.uk/sitesplus/888/news/16563)

Northern Ireland: [http://www.dhsspsni.gov.uk/index/stats\\_research/stats-public-health/stats-drug-alcohol.htm](http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health/stats-drug-alcohol.htm)



## A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Alcohol-related Hospital Statistics Scotland 2012/13
Description	Data relating to both hospital (SMR01) & psychiatric (SMR04) discharges with diagnosis of Alcohol misuse. These data are presented at a national level and also broken down by certain demographics.
Theme	Health and Social Care
Topic	Substance Misuse
Format	PDF report with Excel tables
Data source(s)	ISD SMR01 and SMR04
Date that data are acquired	21 December 2013
Release date	Tuesday 25 <sup>th</sup> February 2014
Frequency	Annual
Timeframe of data and timeliness	SMR01: 01/04/2008 to 31/03/2013 (with limited long-term trend data from 01/04/1997 to 31/03/2013)
Continuity of data	See Appendix A1 (Background information)
Revisions statement	These data are not subject to planned major revisions. However, the Health Improvement team aims to continually improve the interpretation of the data and therefore analysis methods may be updated in the future. In line with ISD standards agreed with NRS, the latest available population estimates and standard populations are used.
Revisions relevant to this publication	Two changes are made compared to the last publication: <ul style="list-style-type: none"> <li>- The 2013 European standard population has been used for calculation of the European-age standardised rates (EASR) throughout</li> <li>- The updated mid-year population estimates (for 2002 onwards) based on the results from the 2011 Census are used for calculation of rates throughout</li> </ul> Note that the figures derived from SMR04 data are not included in this report and will be published once data completeness issues have been resolved.
Concepts and definitions	See Hospital Care: Background Information <a href="http://www.isdscotland.org/Health-Topics/Hospital-Care/">http://www.isdscotland.org/Health-Topics/Hospital-Care/</a>
Relevance and key uses of the statistics	Relevant to understanding Alcohol misuse in Scotland. Statistics will be used for policy making and service planning.
Accuracy	Quality checks are conducted by ISD. Figures are compared to previously published data and expected trends.
Completeness	Details of these data submissions issues are available on the <a href="#">Hospital Records Data Monitoring SMR Completeness web page</a>

Comparability	The NHS Health and Social Care Information Centre (HSCIC) publishes figures on Hospital admissions for alcohol-related mental health and behavioural disorders in England but should not be directly compared with published data from Scotland. For more information see the Background information on the <a href="#">ISD Hospital Care website</a> .
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .
Coherence and clarity	The report is available as a PDF file with tables clearly linked for ease of use.
Value type and unit of measurement	Rates are per 100,000 population standardised to the 2013 European age-standardised population.
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	National Statistic
UK Statistics Authority Assessment	Completed assessment by UK Statistics Authority, report published 4 <sup>th</sup> April 2012
Last published	30 <sup>th</sup> May 2013; revisions published 26 <sup>th</sup> September 2013
Next published	24 February 2015
Date of first publication	1998
Help email	a.vanheelsum@nhs.net
Date form completed	12 February 2014

## **A3 – Early Access details (including Pre-Release Access)**

### **Pre-Release Access**

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

#### **Standard Pre-Release Access:**

- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads

#### **Extended Pre-Release Access**

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

- Scottish Government Health Department (Analytical Services Division)

## A4 – ISD and Official Statistics

### About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

**Purpose:** To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

**Mission:** Better Information, Better Decisions, Better Health

**Vision:** To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

### Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.