

# Publication Report



## Alcohol Brief Interventions 2014/15

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## Introduction

The Scottish Government published [Changing Scotland's Relationship with Alcohol: A Framework for Action](#) in March 2009, setting out the strategic approach to tackling alcohol misuse in Scotland. A key element of the strategy included, amongst others, the setting of targets for delivery of Alcohol Brief Interventions (ABIs), which developed into a [HEAT H4: Alcohol Brief Intervention \(ABI\) Standard](#) in 2012/13. ABIs contribute to the Scottish Government's overall objective of reducing alcohol-related harm by helping individuals to cut down their drinking to within sensible guidelines.

National guidance<sup>1</sup> defines an ABI as follows:

*“An alcohol brief intervention is a short, evidence-based, structured conversation about alcohol consumption with a patient/service user that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviours in order to reduce their consumption and/or their risk of harm.”*

ABIs are interventions for those individuals (aged over 16) who are drinking at hazardous and harmful levels (as identified through screening) to moderate their level of drinking and thereby reducing their risk of developing more serious alcohol-related problems. Both the screening (see Glossary for definition) and the brief intervention (if applicable) are delivered in line with national guidance, which was originally based on the SIGN 74 Guideline.

The initial HEAT target ran from 2008/09 to 2010/11. The size of the target was largely based on estimates of the rates of alcohol-related presentations in primary care amongst adults over 16 years of age in Scotland and population size. In order to assist Boards to embed ABI delivery into routine practice the target was extended for a further year for 2011/12 and became a HEAT standard from 2012/13. The national target delivery figure has remained the same since 2011/12<sup>2</sup>. For 2015/16 ABI delivery will be formally linked to the NHSScotland Local Delivery Plan (LDP) as a LDP standard.

The standard (and previous target) states that NHS Boards and their Alcohol & Drug Partnership (ADP) partners should carry out screenings in three priority settings (Primary Care, A&E and Antenatal), using an appropriate screening tool and followed by an alcohol brief intervention where required. Since 2012/13 (when the target evolved into a standard) ABIs delivered in 'wider' settings could also be counted towards the standard. However, the national guidance noted that at least 90% of the standard should be delivered in the priority settings. [Appendix A1](#) contains a list of settings included under 'wider' settings.

This publication reports on the numbers of ABIs delivered by NHS Boards between 2008/09 and 2014/15 in accordance with the HEAT target and subsequent standard. The data underlying the charts shown in this report are published in a separate [Excel file](#), and hyperlinks to the individual tables are provided in the text.

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<sup>1</sup> Link to [ABI HEAT Standard National Guidance 2014-15](#)

<sup>2</sup> Background information on the ABI target and how this was set can be found at the [Health Scotland ABI page](#)

## Key points

- In 2014/15 there were 99,252 ABIs carried out in Scotland. This is 62% more than the 61,081 ABIs set out in the HEAT standard for 2014/15. Over all seven years 569,792 were delivered (45% more than the target/standard).
- All NHS Boards exceeded their target for ABI delivery in 2014/15. At national level the expectation of delivery of 90% of the target in priority settings was also met, but at NHS Board level two Boards (NHS Greater Glasgow and Clyde and NHS Western Isles) delivered less than 90% in priority settings. Totalled across all seven years (2008/09 to 2014/15), all NHS Boards exceeded the target.
- The contribution of 'wider' settings (other than priority settings) has increased in the last three-year period from around 10,500 in 2012/13 to just under 26,000 in 2014/15, and represented 26% of all ABIs recorded in the latest year. There is large variation between individual NHS Boards in distribution of ABI delivery across settings.

## Results and Commentary

### 1. Delivery against the HEAT target/standard

Table 1 shows the total number of alcohol brief interventions (ABIs) delivered as a percentage of the HEAT target/standard set at Scotland and NHS Board level; for 2014/15 and summed over all seven years. Details by financial year for each NHS Board can be found in [Excel Table 1](#).

**Table 1. Total number of ABIs delivered in comparison with HEAT target/standard\*, by NHS Board; for 2014/15 only and summed over 2008/09 to 2014/15.**

	Latest year (2014/15)			Total (2008/09 - 2014/15)		
	Delivered	Standard	% of standard achieved	Delivered	Target/Standard	% of target/standard achieved
<b>Scotland</b>	<b>99 252</b>	<b>61 081</b>	<b>162%</b>	<b>569 792</b>	<b>393 773</b>	<b>145%</b>
NHS Ayrshire & Arran	4 712	4 076	116%	41 482	27 001	154%
NHS Borders	1 802	1 247	145%	13 726	8 198	167%
NHS Dumfries & Galloway	2 622	1 629	161%	14 704	10 873	135%
NHS Fife	7 928	4 505	176%	41 744	28 472	147%
NHS Forth Valley	10 591	3 676	288%	55 191	22 958	240%
NHS Grampian	7 523	6 054	124%	47 449	39 712	119%
NHS Greater Glasgow & Clyde	14 797	14 066	105%	105 631	91 166	116%
NHS Highland	8 277	3 802	218%	34 118	24 172	141%
NHS Lanarkshire	9 966	6 167	162%	56 942	40 725	140%
NHS Lothian	24 386	9 938	245%	113 373	63 346	179%
NHS Orkney	317	206	154%	2 108	1 401	150%
NHS Shetland	438	240	183%	1 912	1 582	121%
NHS Tayside	5 542	5 137	108%	38 242	32 043	119%
NHS Western Isles	351	338	104%	3 170	2 124	149%

\*The HEAT target evolved into a standard in 2012/13

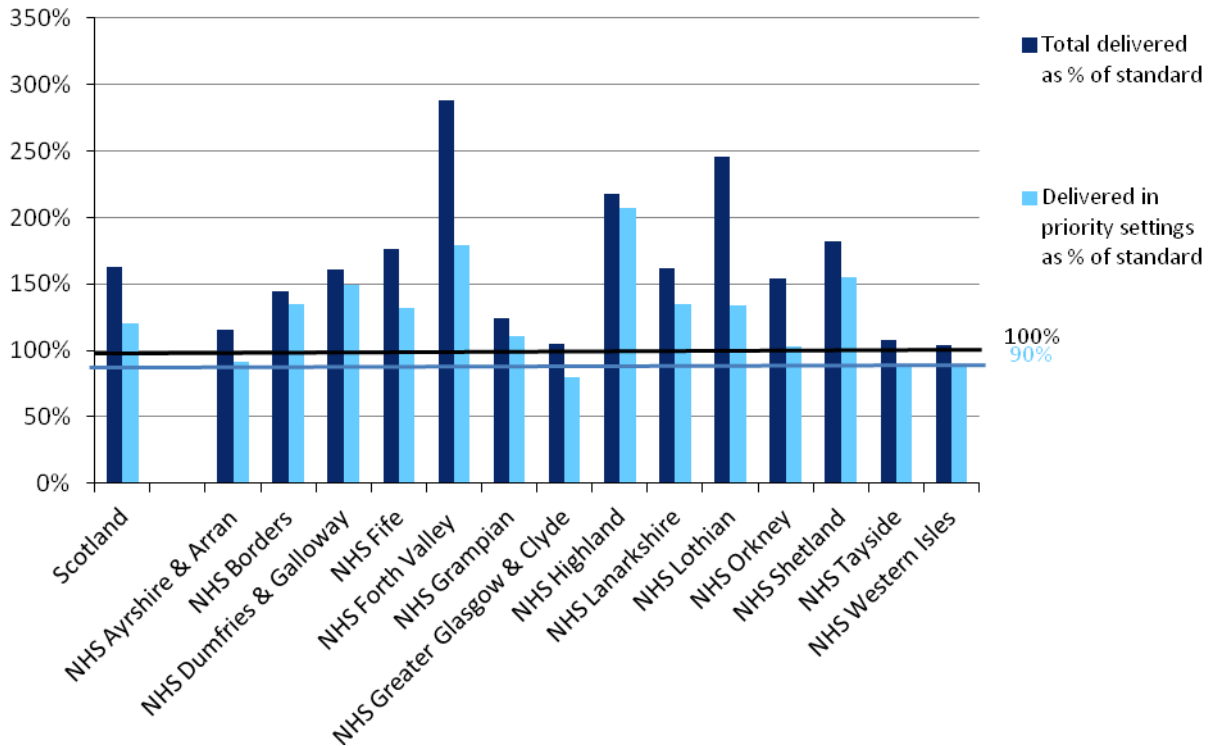
In 2014/15 there were 99,252 ABIs carried out in Scotland. This is 62% more than the 61,081 ABIs required by the HEAT standard set for 2014/15. All NHS Boards exceeded their target for ABI delivery in 2014/15. Totalled across all seven years (2008/09 to 2014/15) 569,792 ABIs were carried out in Scotland. This is 45% more than the 393,773 ABIs required by the HEAT standard set for the period.

### 2. Delivery against the standard in priority settings

In 2012/13 the HEAT standard was expanded to allow delivery of ABIs in “wider settings” in addition to the “priority settings”, to assist NHS Boards to embed ABIs into routine practice. By the end of 2014/15, all 14 NHS Boards had submitted data on ABIs delivered in wider settings. Figure 1 shows for 2014/15 the total number of ABIs delivered in Scotland overall and by each NHS Board as percentage of the HEAT standard; and the number delivered in priority settings as a percentage of the standard. The detailed figures can be found in [Excel](#)

[Table 2](#). The standard requires that at least 90% of the standard is delivered in priority settings, and this was met at national level. However, at NHS Board level NHS Greater Glasgow and Clyde and NHS Western Isles delivered less than 90% in priority settings.

**Figure 1. Total number of ABIs delivered and ABIs delivered in priority settings; as % of HEAT standard\*; by NHS Board; 2014/15.**



\*The HEAT standard is the minimum number of ABIs to be delivered in all settings together, with at least 90% of the standard to be delivered in priority settings.

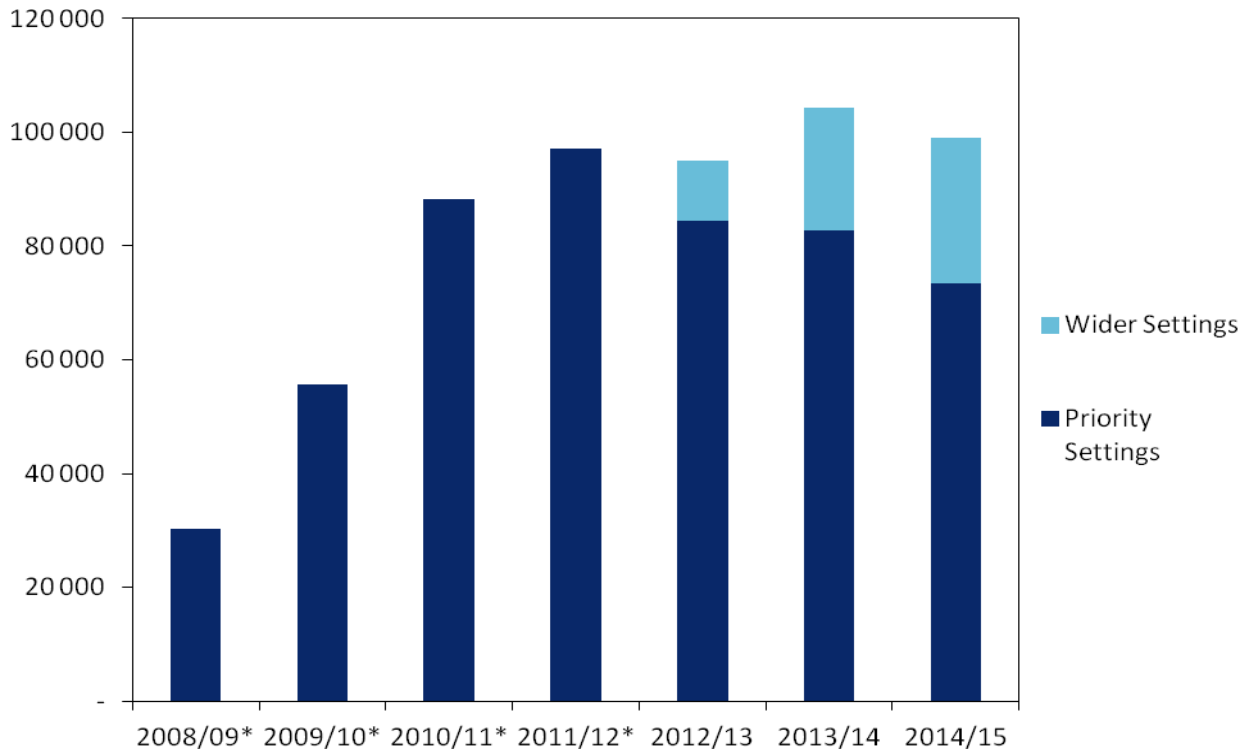
### 3. Total number of ABIs delivered; priority and wider settings

Figure 2 below and [Excel Table 3](#) show the total number of ABIs delivered in Scotland, between 2008/09 and 2014/15, in priority settings (all years) and including wider settings (for 2012/13, 2013/14 and 2014/15). For the first three years the target was cumulative to allow for phasing in of ABI delivery; 2011/12 was the first year with a single-year target.

The total number of ABIs carried out in Scotland increased until 2011/12 and has generally levelled out in the last four years. More than 99,000 ABIs were delivered in 2014/15; a decrease of around 5,100 (5%) compared to 2013/14.

The contribution of ‘wider’ settings (other than priority settings) has increased in the last three-year period from around 10,500 in 2012/13 to just under 26,000 in 2014/15, and represented 26% of all ABIs recorded in the latest year. Note that ABIs may have been delivered in wider settings prior to 2012/13, but these were not part of the target and were hence not reported.

**Figure 2. Number of ABIs delivered by priority versus wider settings; 2008/09 to 2014/15.**



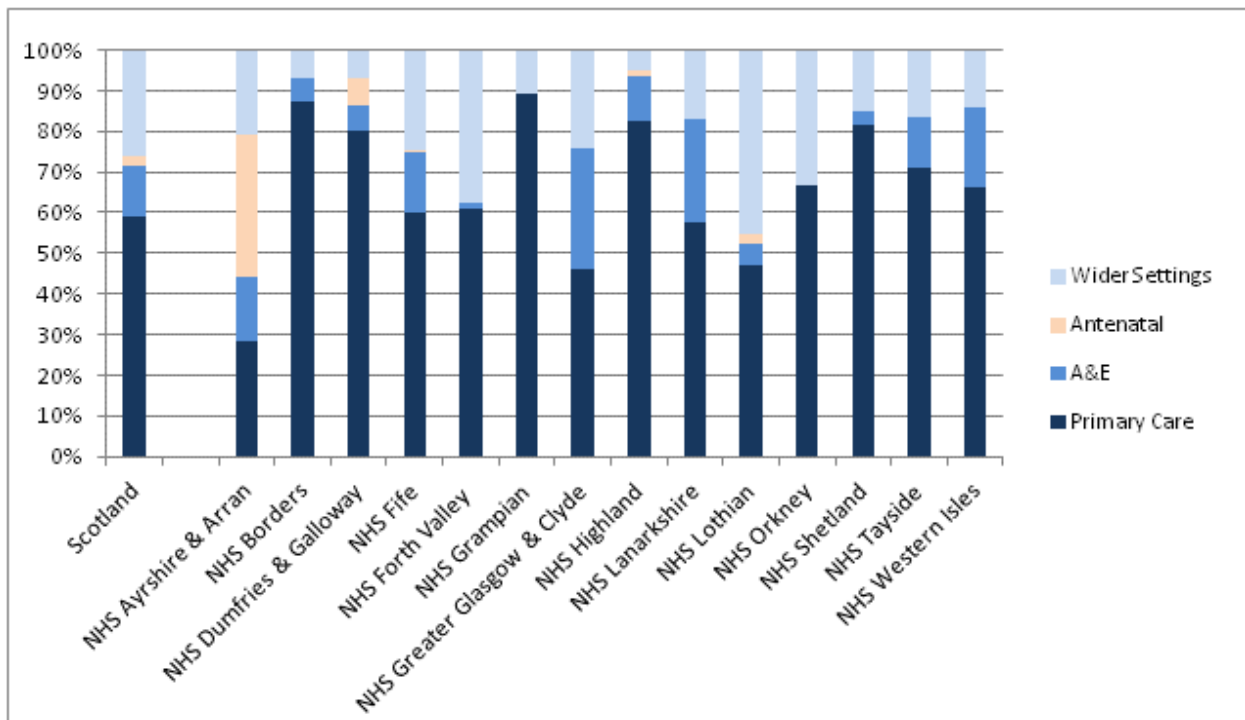
\* Information on wider settings was out with the scope of the HEAT target in 2008/09 to 2011/12.

#### 4. ABI delivery by setting within each NHS Board

Figure 3 below shows the proportion of ABIs carried out in each of the settings for the year 2014/15, within each NHS Board and for Scotland overall. See [Excel Table 4](#) for the detail for both numbers and the proportions.

In Scotland overall 59% of ABIs were delivered in primary care, 12% in A&E, 3% in antenatal settings and 26% in wider settings. However, there is large variation between NHS Boards in the use of different settings to deliver ABIs; some NHS Boards delivered (almost) all ABIs in primary care, whereas in others a half or less were delivered in primary care. There is also wide variation in delivery of ABIs in antenatal settings (from 0 to 35%), and delivery in A&E settings varies greatly as well from less than 1% to 30% of all ABIs delivered in a single NHS Board. This is likely to reflect a variation in practice and local priorities, rather than being a reflection of numbers of hazardous or harmful drinkers in a setting or NHS Board.

**Figure 3. Proportion of Alcohol Brief Interventions delivered within each setting; by NHS Board; 2014/15**





## List of Tables

Table No.	Name	Time period	File & size
1	<a href="#">2015-06-30-ABI2014-15-Tables.xls</a>	2008/09- 2014/15	Excel [122kb]

## Glossary

Alcohol Brief Intervention	Alcohol Brief Intervention (ABI): National guidance describes an ABI as a short, evidence-based, structured conversation about alcohol consumption with a patient/service user that seeks in a non-confrontational way to motivate and support the individual to think about and/ or plan a change in their drinking behaviours in order to reduce their consumption and/or their risk of harm.
Screening	A structured conversation focused on obtaining an accurate picture of the client's alcohol consumption to assess whether they are suitable for an ABI, whether they should be signposted to another service, or if no action is required. Screening tools appropriate to specific settings provide an objective and validated way of assessing whether a client is a hazardous, harmful or a dependent drinker. Screening is an important part of delivering ABIs and this alone may help the client recognise that they have a problem and start the process of thinking about change, or provide the motivation to change.
HEAT target/standard	HEAT targets and standards are set by the Scottish Government to measure NHSScotland's performance towards delivery of the Scottish Government's Purpose and National Outcomes; and NHSScotland's Quality Ambitions. The HEAT targets are grouped into 4 priorities: (1) <b>H</b> Health Improvement for the people of Scotland; (2) <b>E</b> fficiency and Governance Improvements; (3) <b>A</b> ccess to Services; and (4) <b>T</b> reatment Appropriate to Individuals. See the <a href="#">Scotland Performs website</a> .
Primary care	Interventions delivered by doctors and nurses in the general practice setting. Interventions associated with health promotion checks (such as Keep Well) conducted out with the practice, but delivered by doctors and nurses in line with the guidance, can be considered as part of the standard.
A&E	Interventions delivered by doctors and nurses as part of a patient's care initiated in an attendance at Accident & emergency (A&E), minor injury unit/department and community-based minor injury clinic. The intervention can be delivered in the A&E department, minor injury unit/department or community-based minor injury clinic as part of the clinical consultation. It may also be delivered during follow on care from an A&E or minor injury attendance in the acute setting, such as an outpatient fracture clinic or in a hospital ward following an admission from A&E.
Antenatal	Antenatal care delivered by midwives or obstetricians in a primary care, community or hospital based setting. It is anticipated that the intervention will be delivered as part of the booking appointment. Only interventions delivered based on in-pregnancy alcohol consumption should be considered as part of the standard.

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## Further Information

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

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## Appendix

### A1 – Background Information

List of all settings considered under ‘wider settings’, where alcohol brief interventions can be delivered:

<b>NHS Priority Settings (Professionals other than doctor or nurse)</b>	
A&E - other professional only	
Antenatal - other professional only	
Primary Care - other professional only	
<b>NHS Settings</b>	
Acute	Lifestyle Advisor Support Service (LASS)
Community Mental Health Teams	Pharmacy
Community Nursing	Podiatry
Dentistry	Sexual Health
Keep Well	Smoking Cessation
<b>Criminal Justice</b>	
Custody Suites	
Prisons	
Social Work	
<b>Community</b>	
Children & Families	Older people
Fire & rescue	Police
Higher Education	Safety Staff
Leisure Services	Social Work/Care
Mental Health	Young People
Occupational Health	
<b>Other (to be specified)</b>	

**A2 – Publication Metadata (including revisions details)**

<b>Metadata Indicator</b>	<b>Description</b>
Publication title	Alcohol Brief Interventions 2014/15
Description	The total number of Alcohol Brief Interventions delivered across Scotland in the year 2014/2015 and comparative data from the year 2008/2009 onwards.
Theme	Health and Social Care
Topic	Substance Misuse (alcohol)
Format	PDF report with excel tables
Data source(s)	NHS Boards
Release date	30 June 2015
Frequency	Annual
Timeframe of data and timeliness	Data was collected quarterly, from April to June 2014 to January to March 2015. Data also available for trend purposes for the period 1 April 2008 – 31 March 2014 .
Continuity of data	Alcohol Brief Intervention data for all delivery settings available back to 1 April 2008. Data broken down by setting type are only available for 1 April 2014 – 31 March 2015.  Since 2012/2013, NHS Boards were allowed to submit data on Alcohol Brief Interventions delivered out with the three priority settings of primary care, A&E and antenatal. By the end of 2014/15, thirteen out of fourteen NHS Boards were submitting at least some data from the wider settings. See Appendix A1 for a complete list of all wider settings.
Revisions statement	All revisions to data within this publication are planned and are due to incomplete data returns at the original time of publication. All tables will be revised annually. In general, these revisions have minimal effect on the statistics.
Revisions relevant to this publication	
Concepts and definitions	Definitions relating to <a href="#">Alcohol Brief Interventions</a> can be found here.
Relevance and key uses of the statistics	Relevant to understanding problem alcohol use in Scotland. Statistics will be used for policy making and service planning.
Accuracy	NHS Boards have the responsibility of accurately collecting information on Alcohol Brief Interventions delivered and providing ISD with this information. It is expected by ISD that local quality assurance methods and measures are in place and implemented to ensure information is accurate and correct. ISD conduct high level quality checks. Figures are compared to previously published data and expected

	trends.
Completeness	Generally considered complete. There may be a very small number of late returns received and data would be revised at the following year's release.
Comparability	Across Scotland comparisons of NHS Board areas should be made with caution as the differences between delivery of alcohol brief interventions in NHS Boards are likely to reflect a variation in practice and local priorities, rather than being a reflection of numbers of hazardous or harmful drinkers in a region or setting.
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	Numbers, percentages
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	National Statistic
UK Statistics Authority Assessment	N/A
Last published	June 2014
Next published	June 2016
Date of first publication	2009
Help email	duncanmcmaster@nhs.net
Date form completed	7 May 2015

## **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.

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

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

## 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.