

Alcohol Brief Interventions 2015/16

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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 guidance¹ defines an ABI as follows:

“An alcohol brief intervention is a short, evidence-based, structured conversation about alcohol consumption with a patient/client that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviour 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 2011/12². For 2015/16 ABI delivery was formally linked to the NHS Scotland Local Delivery Plan (LDP) as an 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. In 2015/16 the national guidance noted that at least 80% of the standard should be delivered in the priority settings (previous 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.

NHS Boards are required to collect and collate figures on ABIs delivered locally and submit these, using a standardised Excel template, on a quarterly basis to ISD. Once ISD have received the four quarterly submissions within a financial year these data are verified with NHS Boards. ABIs are delivered in a variety of settings and the method of recording and route of data submissions for local collation may vary between setting and between the different NHS Boards.

This publication reports on the numbers of ABIs delivered by NHS Boards between 2008/09 and 2015/16 in accordance with the HEAT target and subsequent standards. 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.

¹ Link to [ABI HEAT Standard National Guidance 2015-16](#)

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

Main points

- In 2015/16 there were 97,245 Alcohol Brief Interventions (ABI) carried out in Scotland. This is 59% more than the 61,081 set out in the Local Delivery Plan (LDP) standard for 2015/16.
- At national level both the target for all ABI delivery and the expectation of delivery of 80% of the target in priority settings were met. All but one NHS Board (NHS Western Isles) exceeded their target for ABI delivery in 2015/16.
- There is large variation between individual NHS Boards in the distribution of ABI delivery across settings. There has been a three-fold increase in the number of ABIs delivered by 'wider' settings (other than priority settings) in the last three-year period.

Results and Commentary

1. Delivery against the LDP standard

Table 1 shows the total number of alcohol brief interventions (ABIs) delivered as a percentage of the LDP standard set at Scotland and NHS Board level; for 2015/16. 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 LDP standard, by NHS Board; for 2015/16

	(2015/16)		% of standard achieved
	Delivered	Standard	
Scotland	97 245	61 081	159%
NHS Ayrshire & Arran	4 850	4 275	113%
NHS Borders	1 806	1 312	138%
NHS Dumfries & Galloway	1 750	1 743	100%
NHS Fife	5 421	4 187	129%
NHS Forth Valley	8 455	3 410	248%
NHS Grampian	7 568	6 658	114%
NHS Greater Glasgow & Clyde	15 979	13 085	122%
NHS Highland	5 717	3 688	155%
NHS Lanarkshire	9 063	7 381	123%
NHS Lothian	28 972	9 757	297%
NHS Orkney	278	249	112%
NHS Shetland	360	261	138%
NHS Tayside	6 759	4 758	142%
NHS Western Isles	267	317	84%

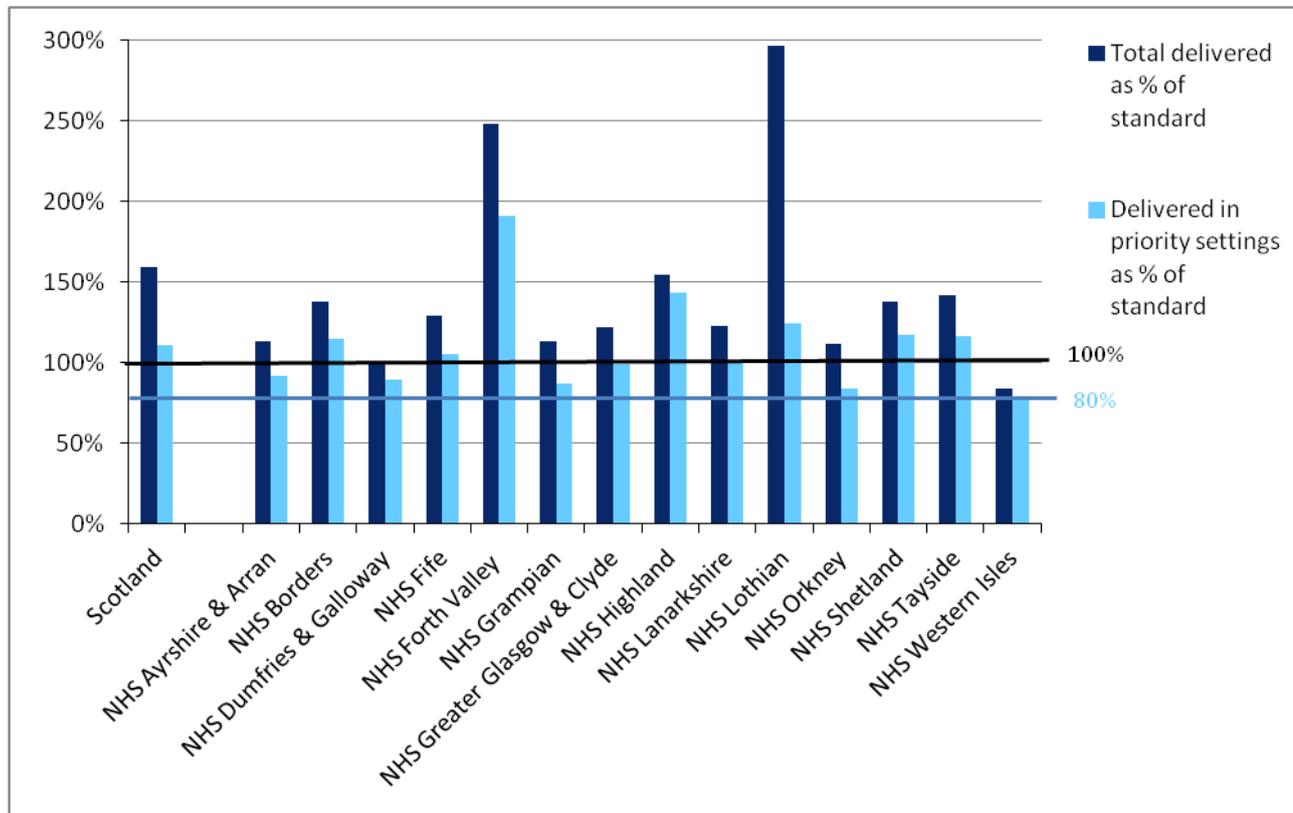
In 2015/16 there were 97,245 ABIs carried out in Scotland. This is 59% more than the 61,081 ABIs required by the LDP standard set for 2015/16. At national level the target for all ABI delivery was met. All but one NHS Board (Western Isles) met or exceeded their target for ABI delivery in 2015/16.

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 2015/16, all 14 NHS Boards had submitted data on ABIs delivered in wider settings. Across Scotland comparisons of NHS Board areas should be made with caution as the differences between delivery of ABIs 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. Figure 1 shows for 2015/16 the total number of ABIs delivered in Scotland overall and by each NHS Board as percentage of the LDP 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 80% of the standard is delivered in priority settings, and this was met at national level. However, at NHS Board level NHS Western Isles delivered less than 80% in priority settings.

Figure 1. Alcohol Brief Interventions (ABIs) delivered against LDP standard*, by NHS board; financial year 2015/16



*The LDP standard is the minimum number of ABIs to be delivered in all settings together, with at least 80% of the standard to be delivered in priority settings.

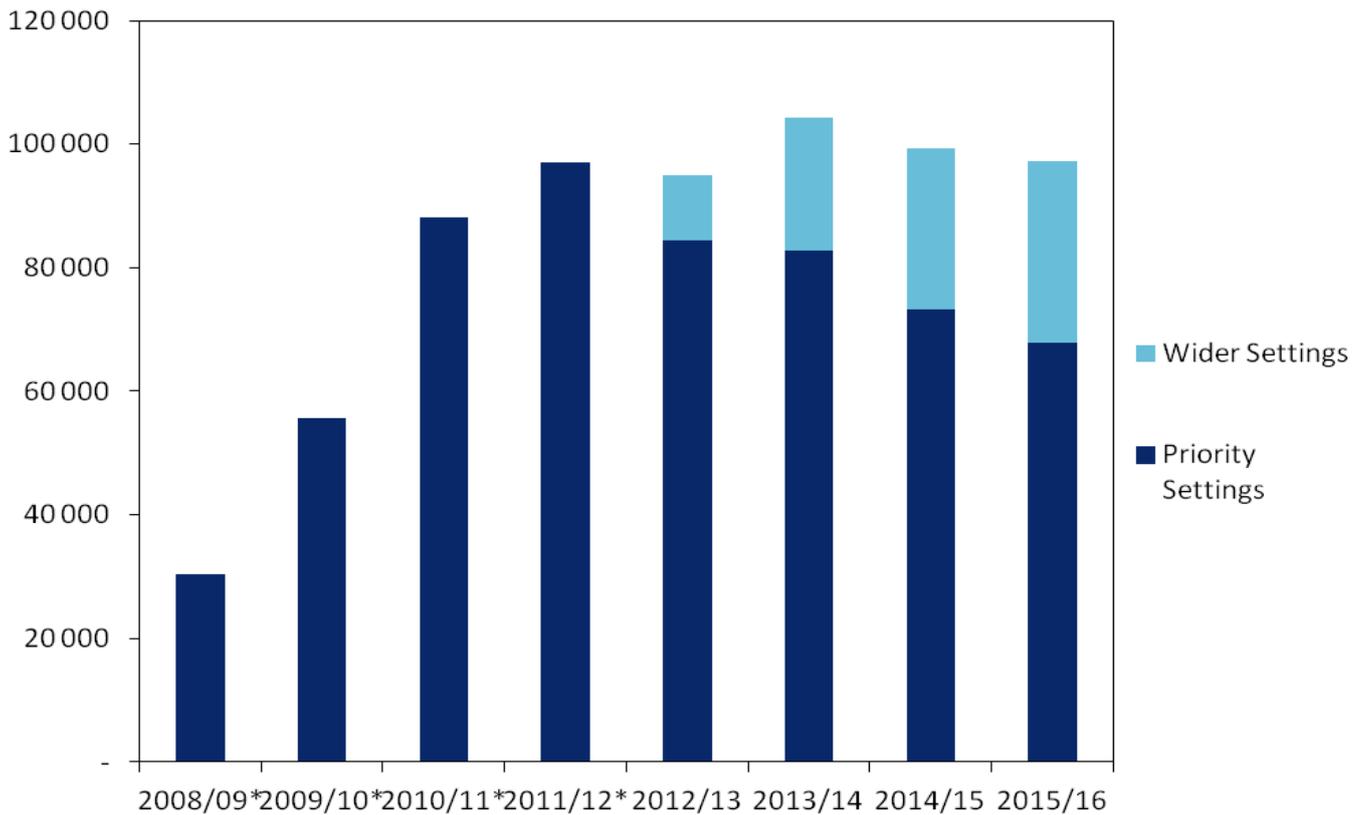
3. Total number of ABIs delivered; priority and wider settings

Figure 2 below and [Excel Table 3](#) show the total number of ABIs delivered in Scotland, between 2008/09 and 2015/16, in priority settings (all years) and including wider settings (for 2012/13 - 2015/16). 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 per annum carried out in Scotland increased until 2011/12 and has generally levelled out in the last four years. Over 97,000 ABIs were delivered in 2015/16; a slight decrease of around 2,000 (2%) compared to 2014/15.

The contribution of ABIs in 'wider' settings (other than priority settings) has increased in the last three-year period from around 10,500 in 2012/13 to just under 30,000 in 2015/16, and represented 30% 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 2015/16.



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

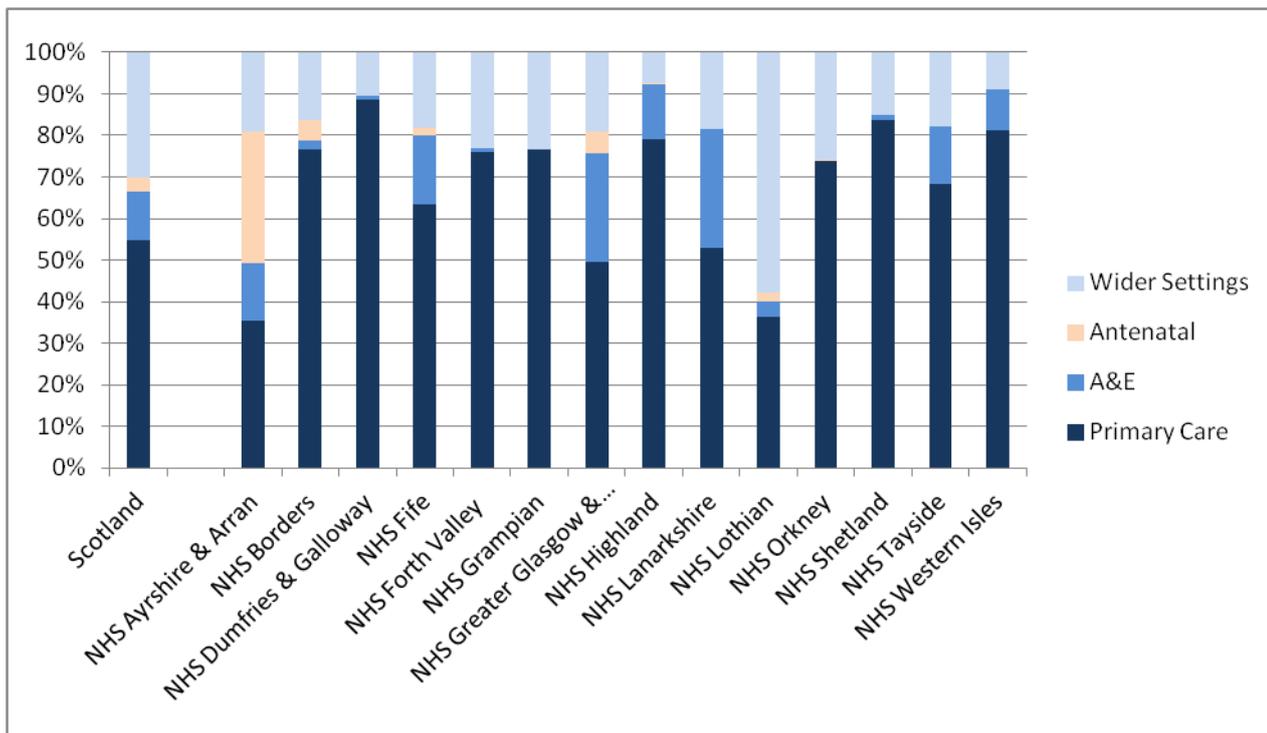
4. ABI delivery by setting within each NHS Board

Figure 3 below shows the proportion of ABIs carried out in each of the settings for the year 2015/16, within each NHS Board and for Scotland overall. See [Excel Table 4](#) for the detail for both numbers and the proportions.

In Scotland overall 55% of ABIs were delivered in primary care, 12% in A&E, 3% in antenatal settings and 30% in wider settings.

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 31%), and delivery in A&E settings varies greatly as well from less than 1% to 29% of all ABIs delivered in a single NHS Board. This is likely to reflect a variation in models of 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; Financial year 2015/16



List of Tables

Table No.	Name	Time period	File & size
15	2016-06-140-ABI2015-16-Tables.xlsx	2008/09- 2015/16	Excel [57kb]

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/client 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) H Health Improvement for the people of Scotland; (2) E Efficiency and Governance Improvements; (3) A Access to Services; and (4) T Treatment Appropriate to Individuals. See the Scotland Performs website .
LDP Standard	For 2015/16 ABI delivery will be formally linked to the NHS Scotland Local Delivery Plan (LDP) as an LDP standard. The LDP Standards now replace the system of HEAT targets and Standards with the vast majority of LDP Standards being former HEAT targets. See the Scotland Performs website .
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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Appendices

A1 – Background Information

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

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

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Alcohol Brief Interventions 2015/16
Description	The total number of Alcohol Brief Interventions delivered across Scotland in the year 2015/2016 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
Date that data are acquired	13 May 2016
Release date	14 June 2016
Frequency	Annual
Timeframe of data and timeliness	Data was collected quarterly, from April to June 2015 to January to March 2016. Data also available for trend purposes for the period 1 April 2008 – 31 March 2015
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 2016. 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 2015/16, all 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 Alcohol Brief Interventions 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 published guidelines .
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 ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	N/A
Last published	June 2015
Next published	June 2017
Date of first publication	2009
Help email	Victoria.Elliott@nhs.net
Date form completed	

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.