

# Publication Report



## Alcohol Brief Interventions 2013/14

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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 is based on SIGN 74 Guidelines<sup>2</sup>.

The standard (and previous target) states that NHS Boards and their ADP partners should carry out screenings in three priority settings, 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.

All NHS Boards were given a target (minimum) number of ABIs to be carried out between 2008/09 and 2010/11<sup>3</sup>. This was based upon estimates of the rates of alcohol-related presentations, in primary and secondary care, amongst adults over 16 years of age in Scotland. This three year target was subsequently extended for a further year for 2011/12, to assist Boards to embed ABI delivery into routine practice. The number of ABIs to be delivered for the HEAT H4 standard 2012/13 and 2013/14 was the same number as for the 2011/12 HEAT H4 target for each NHS Board.

This publication reports on the numbers of ABIs delivered by NHS Boards between 2008/09 and 2013/14 in accordance with the HEAT H4 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 2013-14](#)

<sup>2</sup> Link to SIGN 74 Guideline: [Section 3: Brief interventions for hazardous and harmful drinking](#)

<sup>3</sup> Background information on the ABI target and how this was set can be found at the [Health Scotland ABI page](#)

## Key points

- Alcohol brief interventions (ABIs) are consultations which aim to help individuals cut down their drinking to within sensible guidelines. A HEAT H4 target was introduced in 2008/09 setting minimum numbers of ABIs to be delivered by each NHS Board. This evolved into a HEAT standard in 2012/13.
- All NHS Boards exceeded their standard for ABI delivery in 2013/14, except NHS Western Isles, which fell short by 20 ABIs (6%) albeit an improvement compared to 2012/13. This was also the only NHS Board that delivered less than 90% of the standard in priority settings. Totalled across all six years (2008/09 to 2013/14) all NHS Boards exceeded the target.
- The total number of ABIs carried out in Scotland has generally increased year-on-year except for a small decrease in 2012/13. In 2013/14 there were 104,356 ABIs carried out in Scotland. This is 71% more than the 61,081 ABIs required by the HEAT standard set for 2013/14. Over all six years 470,540 were delivered (41% more than the target/standard).
- ABIs can be delivered in different settings. There is large variation between individual Boards in distribution of ABI delivery over settings, but in Scotland overall in 2013/14:
  - 63% of ABIs were delivered in primary care;
  - 15% in A&E;
  - 2% in antenatal; and
  - 21% in wider settings.

## Results and Commentary

### 1. Delivery against the HEAT H4 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 2013/14 and summed over all six years. Details by financial year for each 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 2013/14 only and summed over 2008/09 to 2013/14.**

	Latest year (2013/14)			Total (2008/09 - 2013/14)		
	Delivered	Standard	% of standard achieved	Delivered	Target/Standard	% of target/standard achieved
<b>Scotland</b>	<b>104 356</b>	<b>61 081</b>	<b>171%</b>	<b>470 540</b>	<b>332 692</b>	<b>141%</b>
NHS Ayrshire & Arran	7 200	4 076	177%	36 770	22 925	160%
NHS Borders	2 454	1 247	197%	11 924	6 951	172%
NHS Dumfries & Galloway	2 255	1 629	138%	12 082	9 244	131%
NHS Fife	8 226	4 505	183%	33 816	23 967	141%
NHS Forth Valley	12 603	3 676	343%	44 600	19 282	231%
NHS Grampian	7 301	6 054	121%	39 926	33 658	119%
NHS Greater Glasgow & Clyde	18 878	14 066	134%	90 834	77 100	118%
NHS Highland	5 356	3 802	141%	25 841	20 370	127%
NHS Lanarkshire	9 312	6 167	151%	46 976	34 558	136%
NHS Lothian	23 735	9 938	239%	88 987	53 408	167%
NHS Orkney	308	206	150%	1 791	1 195	150%
NHS Shetland	430	240	179%	1 474	1 342	110%
NHS Tayside	5 980	5 137	116%	32 700	26 906	122%
NHS Western Isles	318	338	94%	2 819	1 786	158%

\*The HEAT H4 target evolved into a standard in 2012/13

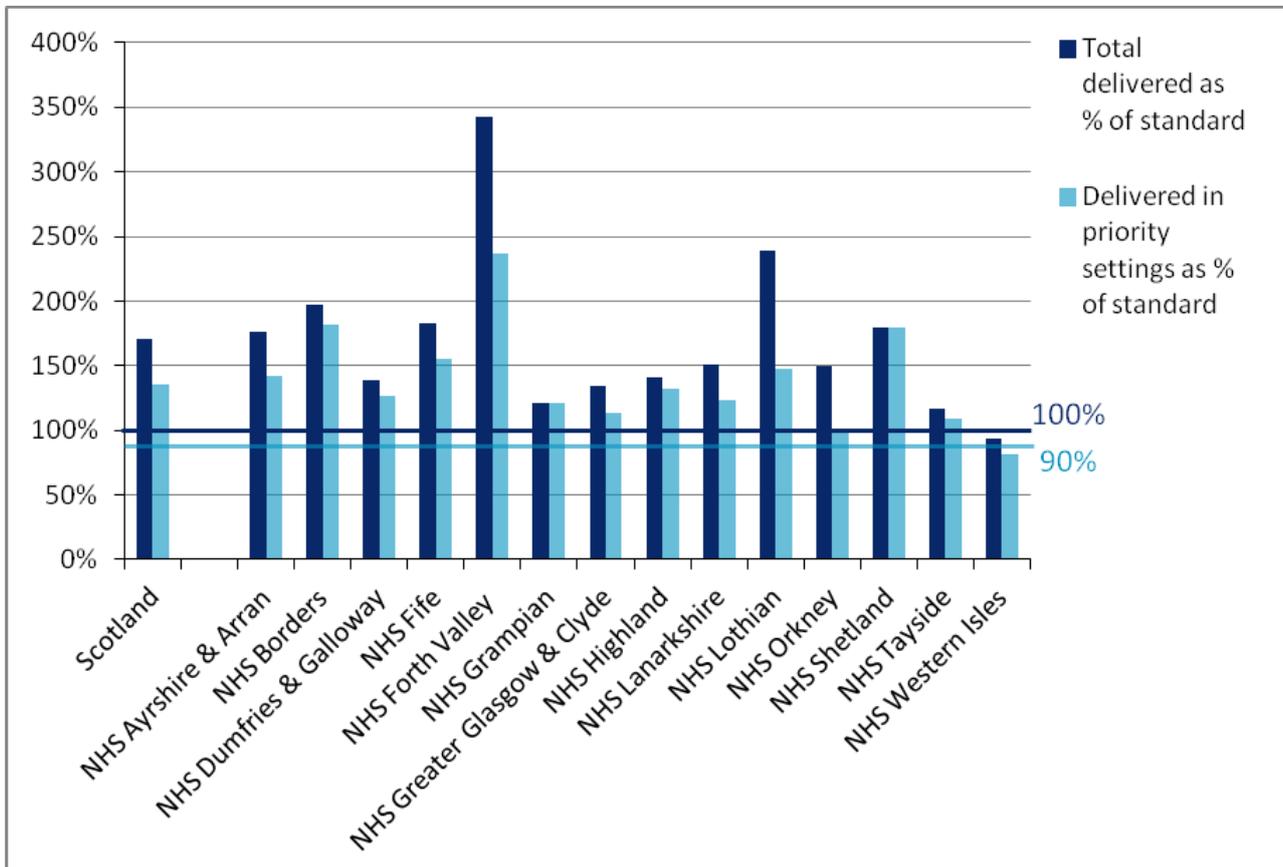
In 2013/14 there were 104,356 ABIs carried out in Scotland. This is 71% more than the 61,081 ABIs required by the HEAT standard set for 2013/14. All NHS Boards exceeded their standard for ABI delivery in 2013/14, except NHS Western Isles, which fell short by 20 ABIs (6%), albeit an improvement compared to 2012/13. Comparisons between numbers of ABIs in NHS Boards should be made with caution because differences in delivery of ABIs are likely to reflect a variation in practice and local priorities, and do not necessarily reflect the overall numbers of hazardous or harmful drinkers in the local population.

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

In 2012/13 the HEAT H4 standard was expanded to allow delivery of ABIs in “wider settings” in addition to the “priority settings”. By the end of 2013/14, 11 out of 14 NHS Boards had submitted data on alcohol brief interventions delivered in wider settings. Figure 1 shows for the latest year (2013/14) the percentage of ABIs delivered for Scotland overall

and by each NHS Board against the HEAT H4 standard; the total number of ABIs delivered as percentage of the standard, and the number delivered in priority settings as a percentage of the standard. The detailed figures can be found in [Excel Table 2](#). At least 90% of the standard needs to be delivered in priority settings, and it can be seen that only 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 H4 standard\*; by NHS Board; for 2013/14.**

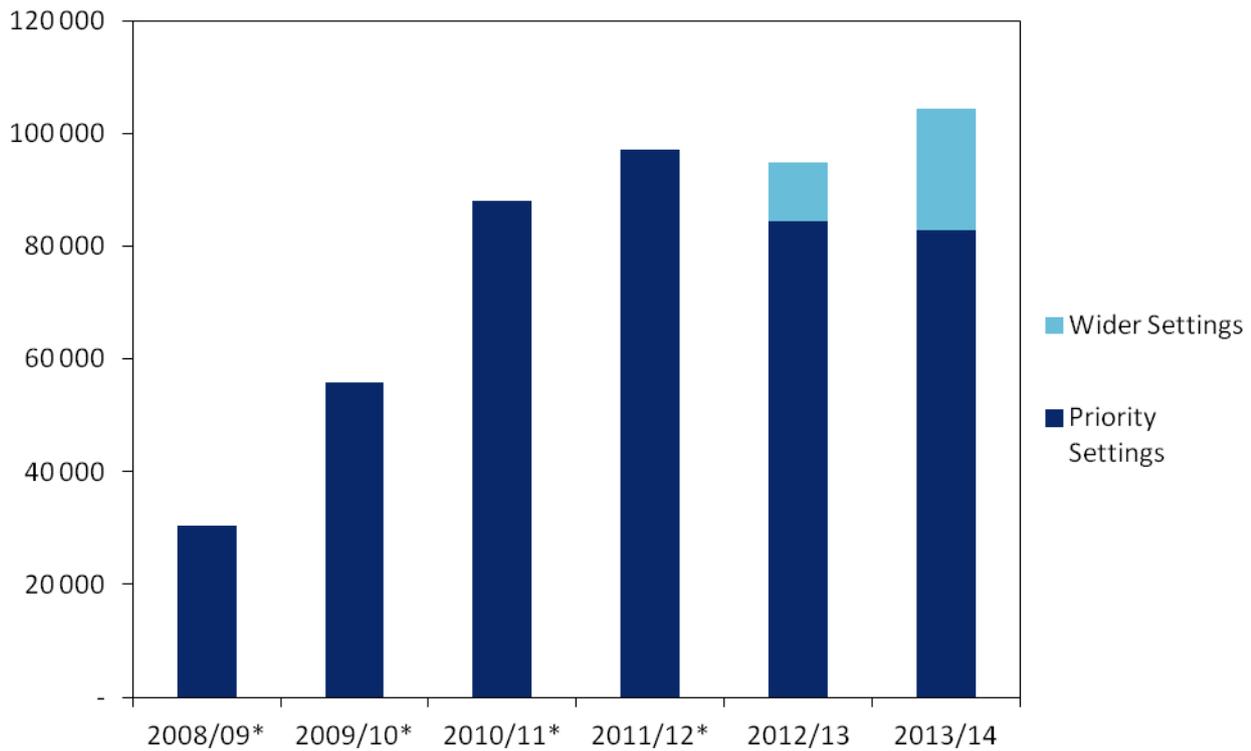


\*The HEAT standard is the minimum number of ABIs to be delivered in all settings together, with at least 90% of the standard to be delivered in priority settings.

### 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 2013/14, in priority settings (all years) and including wider settings (for 2012/13 and 2013/14). The total number of ABIs carried out in Scotland generally increased over the six-year period, with the exception of a decline in 2012/13. More than 104,000 ABIs were delivered in 2013/14, an increase of nearly 9,500 (10%) compared to 2012/13. The contribution of ‘wider’ settings (other than priority settings) has increased from around 10,500 in 2012/13 to around 21,600 in 2013/14, and represented 21% 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. 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.

**Figure 2. Number of ABIs delivered by priority versus wider settings, for financial years 2008/09 to 2013/14.**



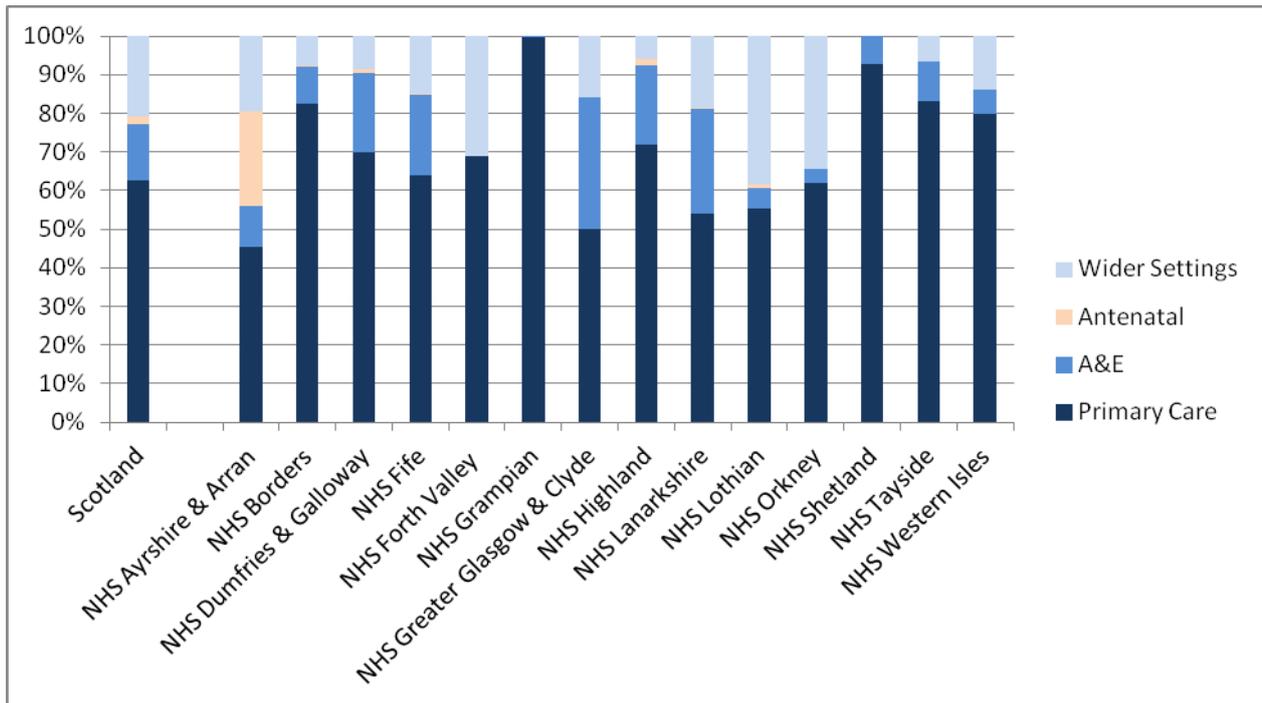
\* Information on wider settings was out with the scope of the HEAT H4 target in 2008/09 to 2011/12.

#### 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 2013/14, within each NHS Board and for Scotland overall. See [Excel Table 4](#) for the detail for both numbers and the proportions.

In Scotland on average 63% of ABIs were delivered in primary care; 15% in A&E, 2% in antenatal settings and 21% in wider settings. However, there is large variation between Boards in the use of different settings to deliver ABIs; some 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 25%), and delivery in A&E settings varies greatly as well from none at all to approximately a third of all ABIs delivered in a single 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 region or setting.

**Figure 3. Proportion of alcohol brief interventions delivered within each setting; by NHS Board; financial year 2013/14**



## List of Tables

Table No.	Name	Time period	File & size
1	<a href="#">ABI 2013 Tables.xlsx</a>	2008/09- 2013/14	Excel [195kb]

## 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.
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 set out in this note, can be considered as part of the standard.
Accident & emergency	Interventions delivered by doctors and nurses as part of a patient's care initiated in an attendance at 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. ABIs are most effective if delivered within 48 hour of initial contact.
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 will be considered as part of the standard. However, the gathering of information on pre-pregnancy alcohol consumption is considered good practice and enables a fuller understanding of a woman's alcohol consumption.
Provisional data	This is data that may as yet be incomplete for some NHS Boards; hence the final figure may be different to that reported once all returns are in. If indeed incomplete, these figures will be revised in a future publication.

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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 2013/14.
Description	The total number of alcohol brief interventions delivered across Scotland in the year 2013/2014 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 Health Boards
Release date	24 June 2014
Frequency	Annual.
Timeframe of data and timeliness	Data was collected quarterly, from April to June 2013 to January to March 2014. Data also available for trend purposes for the period 1 April 2008 – 31 March 2013
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 2013 – 31 March 2014.  Since 2012/2013, NHS Boards were allowed to submit data on alcohol brief interventions delivered out with the three priority settings of primary care, accident & emergency and antenatal. By the end of 2013/2014, eleven 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	The figures previously published for the total number of alcohol brief interventions delivered in 2011/2012 have been revised.
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 2013
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Date of first publication	2009
Help email	stephen.simmons@nhs.net
Date form completed	11 June 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)

#### **Early Access for Management Information**

These statistics will also have been made available to those who needed access to 'management information', ie as part of the delivery of health and care:

#### **Early Access for Quality Assurance**

These statistics will also have been made available to those who needed access to help quality assure the publication:

## **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.