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Public Health Intelligence Profile

Alcohol-specific hospital admissions in Camden

October 2017

About this profile

Purpose

This public health intelligence profile describes trends and patterns in alcohol-specific hospital admissions in Camden.

This profile will support and inform:

- Public health teams and Camden's clinical commissioning group;
- Individual general practices in Camden

This profile can be found on the Health page of Camden Open Data site: https://opendata.camden.gov.uk

Contents

Further information and feedback

This profile was created by Katherine Logan (Public Health Information Officer) and reviewed by Dalina Vekinis (Principal Public Health Intelligence Specialist).

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We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please do contact us with your ideas.

Overview and key messages

Overview

1. In Camden in 2014/15, 519 individuals aged 18 years and over were admitted to hospital specifically because of alcohol. These individuals resulted in 896 alcohol-specific hospital admissions and 3,639 days spent in hospital.

2. This local analysis demonstrated similar patterns of alcohol-specific hospital admissions to national data. Based on national statistics for all ages, in 2015/16, Camden had the highest rate of alcohol-specific hospital admissions among women in London, equivalent to 490 admissions.

3. This analysis represents the first time we have been able to explore other risk factors amongst those individuals with alcohol-specific hospital admissions through the linked dataset. In total, 60% of individuals with an alcohol-specific hospital admission were known to be smokers, a significantly higher proportion than the total 18+ registered population (20%), 54% had been classified as low risk drinkers by their GPs, a significantly lower proportion than the total GP registered population (74%), and 50% had been classified as obese/overweight, a significantly higher proportion than the total GP registered population (34%).

4. The 29 individuals with 5 or more alcohol-specific admissions accounted for 215 admissions and 842 bed days. This means that 5.5% of all individuals admitted for alcohol-specific reasons were responsible for 24% of all alcohol-specific admissions and 23% of all bed days.

Key messages

- In 2015/16, Camden had the highest rate of alcohol-specific hospital admissions among women among all London local authorities and the sixth highest rate of alcohol-specific admissions for men and the sixth highest rate of overall alcohol-specific admissions in London (national data).
- Local SUS data from 2014/15 show that more admissions occurred in men (657 admissions) than women (239 admissions), and the rate for alcohol-specific hospital admissions is highest in:
    - Men (nearly three times that of women)
    - Men age 65+ and women age 40-64
- The mean length of stay for alcohol-specific hospital admissions was 4.5 days, and the most common hospitals of admission were the Royal Free Hospital (43%) and University College Hospital (28%).
- When a GP Practice outlier was excluded, five GP practices in Camden had rates of alcohol-specific hospital admissions that were higher than expected. In particular, the rate of admissions from Queens Crescent Surgery was 121% higher than expected (23 admissions) and the rate of admissions from Caversham Group Practice was 110% higher than expected (111 admissions).

Key messages (continued)

- In 2014/15, a total of 161 people were admitted to hospital two or more times for alcohol-specific conditions in Camden, and 29 people were admitted five or more times.
- In 2014/15, 19% of alcohol-specific hospital admissions in Camden were elective (including waiting list, booked and planned admissions), and 80% of alcohol-specific admissions were emergency.
- 95% of individuals with an alcohol-specific hospital admission had been screened for alcohol risk status by their GPs, for 55% of individuals, the latest alcohol risk screening had taken place more than 2 years prior to their admission.
- 78% of all individuals with an alcohol-specific hospital admission in 2014/15 had at least one long term condition, and 48% of all individuals had two or more long term conditions.
- In 2014/15 31% of individuals with alcohol-specific hospital admissions were diagnosed with hypertension, and 27% of individuals were diagnosed with depression.

Understanding the data

95% confidence intervals (95% CI)

- Percentages and standardised ratios are reported with 95% confidence intervals. These quantify imprecision in the estimate.
- The imprecision is influenced by the random occurrences that are inherent in life.
- By comparing the 95% CIs around estimates or a target, we can say whether statistically, there are differences or not in the estimates we are observing, identifying which areas to focus on.

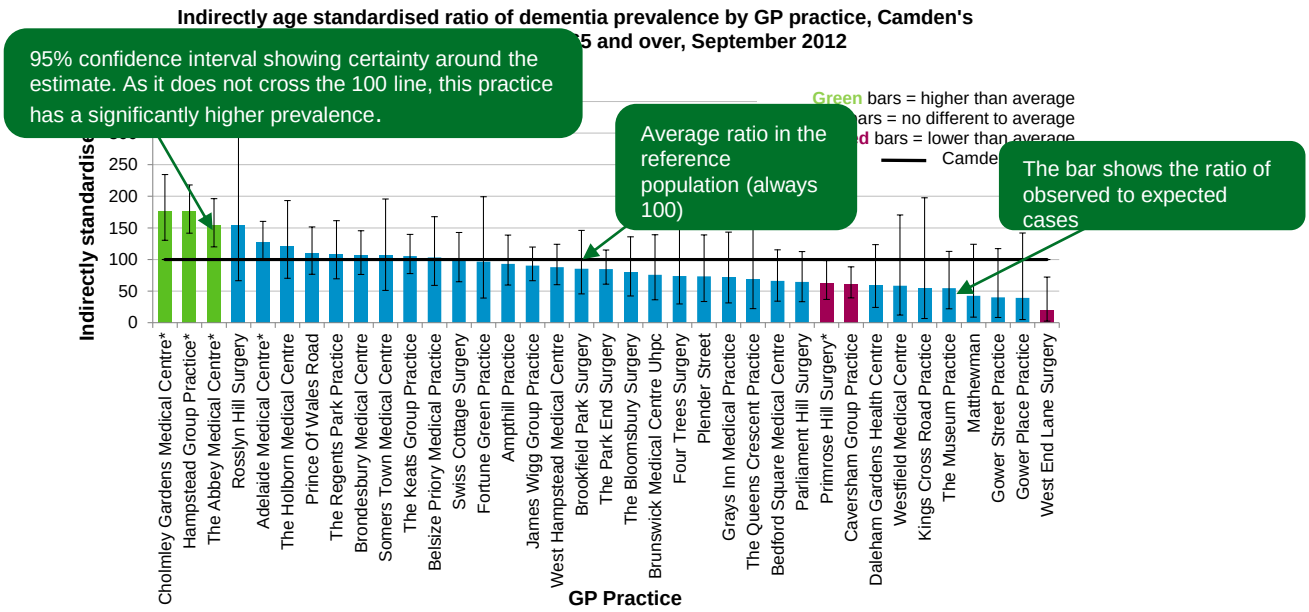
Indirectly standardised prevalence ratios (IDSR)

Why is it used?

- These ratios are the number of people diagnosed with each condition, relative to the number of events expected if the practice had the same disease profile and age structure as the Camden average.
- By using the standardised ratios, any differences in disease prevalence because of differences in age structures are taken into account. This allows for direct comparisons to be made (robustly) between practices with different population age structures.

Interpreting the values

- The Camden average is always 100. If the IDSR is over 100, it means that the practice had a higher than expected prevalence of the condition compared to Camden (and this was not due to the practice having an older population, for example). If the IDSR is less than 100, it means the practice had a lower than expected prevalence.
- The size of the IDSR tells how different a practice is from Camden. For example, an IDSR of 150 for a practice show that prevalence is 50% higher than the Camden average. Conversely, an IDSR of 60 indicates that the practice was 40% lower than the Camden average.



Source: Camden's GP PH dataset, 2012
Note: St. Philips Medical Centre and Camden Health Improvement Practice are excluded

* Practice is associated with one or more care homes

Understanding the data: how to use these analyses

It is important to bear in mind the following when looking at this profile (or any other public health intelligence products):

- It is the variation that is important

  In this profile, it is the variation between Camden GP practices that should be the main point of reflection rather than average achievement. It is the *unexplained variation* (defined as: *variation in the utilisation of health care services that cannot be explained by differences in patient populations or patient preferences*) as this can highlight areas for potential improvements. For example, it may highlight under- or over- use of some interventions and services, or it may identify the use of lower value or less effective activities.

  The data alone cannot tell us whether or not there are good and valid reasons for the variation. It only highlights areas for further investigation and reflection. A perfectly valid outcome of investigations is that the variation is as expected. However, to improve the quality of care and population health outcomes in Camden, a better understanding of reasons behind the variation at a GP practice level with clear identification of areas for improvement is needed.

- Reaching 100% achievement

  The graphs may show 100% on their y-axis (vertical) but there is no expectation that 100% will be (ever be) achieved for the vast majority of indicators. There will always be patients for whom the intervention is unsuitable and/or who do not wish to have the intervention. Again, it is about the variation between different GP practices, not an expectation of 100% achievement.

  Ideally, there would be benchmarking against the achievements in Camden with other deprived London boroughs (i.e. with similar health needs), to give an indication of realistic level of achievement for specific indicators across the whole population and an Camden position, but these data are not currently available.

- Populations not individuals

  Epidemiology is about the health of the population, not the individual. In this profile this is either all of Camden's registered population or a GP practice population. It includes everyone registered on GP lists in September 2015, whether they attend the practice regularly or not, or never at all.

- Beware of small numbers

  Some of the graphs have small numbers in them. They have been left in so that all GP practices can see what is happening in their practice (according to the data). In these cases, the wide 95% confidence intervals will signify the uncertainty around the percentages, but be careful when interpreting them.

- Queries

  If after review of the data, any reader of this profile think there are other problems with the data or conclusions drawn, we will investigate and will amend publications as appropriate: publichealth.intelligence@islington.gov.uk

Understanding the data: data sources

1) Linked Dataset

The epidemiological analysis in this profile has been undertaken using a hospital admissions dataset (SUS) for 2014/15 provided by the NHS North and East London Commissioning Support Unit. This dataset was linked with an anonymised patient-level dataset from GP practices in Camden, in agreement with local GPs and with governance from our multi disciplinary Health Intelligence Advisory Group. This dataset was last extracted in June 2015.

The dataset includes key information on demographics (including language and country of birth), behavioural and clinical risk factors, key conditions, details on the control and management of conditions, key medications, and interventions.

This unique resource makes it possible to undertake in depth epidemiological analysis of primary and secondary care data for public health purposes, strengthening evidence based decision making within the borough at all levels.

2) Local Alcohol Profiles for England (LAPE)

The Local Alcohol Profiles for England (LAPE) are part of a series of products by Public Health England to provide local data alongside national comparisons, available at: https://fingertips.phe.org.uk/profile/local-alcohol-profiles. The latest version of this dataset, used in this report, was published in 2017 and provides data for 2015/16.

3) Population denominators

In calculating rates, the registered population was used as of June 2015. The practice list sizes were obtained from the Camden GP dataset.

4) Alcohol-specific hospital admissions: definitions

Alcohol-specific admissions are admissions caused *wholly* by the use of alcohol; for example, alcohol-induced behavioural disorders and alcohol-related liver cirrhosis.

Alcohol-attributable fractions (AAFs) are used to estimate the number of hospital admissions attributable to alcohol consumption. Alcohol-specific conditions have an attributable fraction of 1.0 because all cases (100%) are caused by alcohol. A table listing the 20 conditions wholly related to alcohol, split by age and sex, is available in Appendix One of the Local Alcohol Profiles for England (LAPE) 2015 User Guide, http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf

These alcohol-attributable fractions were updated in 2014 and are taken from Jones et al. (2014). Sex and age specific alcohol-attributable fractions reflect the difference in exposure, prevalence and physiological differences between males and females and between age groups. Appendix One also includes the attributable fractions for alcohol-related admissions, admissions caused either wholly (i.e. alcohol-specific) or partly by the use of alcohol, but alcohol-related hospital admissions are *not* considered in this analysis.

Understanding the data: case definition

Secondary Uses Service (SUS) dataset

The epidemiological analysis in this profile has been undertaken using a hospital admissions dataset (SUS) for 2014/15 provided by the NHS North and East London Commissioning Support Unit.

Alcohol-specific hospital admissions: methodology

- This profile estimates the number of:
    - Alcohol-specific hospital admissions
    - People admitted to hospital for alcohol-specific conditions

  The admission-based estimates record multiple admissions from the same individual (i.e. includes people admitted more than once), making this a more useful measure of the burden of alcohol-specific harm on hospital services and suitable for analysis at GP practice level. The person-based estimates (counting only one admission per person) are a more appropriate measure of prevalence of alcohol-specific harm in a population and so have been used for some of the demographic analyses, specifically risk factor analysis.

- To calculate the number of alcohol-specific hospital admissions, AAFs were applied to all SUS hospital admission records that contained any diagnosis (ICD-10 code) categorised as attributable to alcohol (in either the primary diagnosis or any of the secondary diagnoses). The age and sex specific AAFs used in this profile are those given in the Local Alcohol Profiles for England 2015 User Guide (www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf). If a record contained two or more ICD-10 codes with the same AAF then the first ICD-10 code was used (i.e. the ICD-10 code in the lowest diagnostic position). Full details of the methodology are given in the 'Alcohol-specific hospital admission' indicator in the LAPE 2015 user guide (web link above).

- To calculate the number of individuals admitted to hospital for alcohol-specific conditions, the methodology above was used to select all alcohol-specific admissions. Hospital admission records for each person were linked to the alcohol-specific admissions data using a pseudonymised NHS number (where available) and the earliest alcohol-specific admission was selected as the main admission.

- To calculate details such as risk factors and long term conditions for individuals with alcohol-specific hospital admissions, the main hospital admission was selected following the methodology above, and GP data was linked for each person, again using their pseudonymised NHS number (where available).

Data Quality

- The SUS data extract provided by the NHS North and East London Commissioning Support Unit included hospital admissions for Camden CCG's responsible population only. This will result in a slight undercount of admissions for Camden's resident population as it does not include people living in Camden but registered with a CCG outside of Camden.

Understanding the data: case definitions

Alcohol-specific conditions

- As defined in the Local Alcohol Profiles for England 2015 user guide, alcohol-specific conditions include the following 20 conditions:
    - Alcohol-induced pseudo-Cushing's syndrome
    - Mental and behavioural disorders due to use of alcohol
    - Degeneration of nervous system due to alcohol
    - Alcoholic polyneuropathy
    - Alcoholic myopathy
    - Alcoholic cardiomyopathy
    - Alcoholic gastritis
    - Alcoholic liver disease
    - Alcohol-induced acute pancreatitis
    - Alcohol-induced chronic pancreatitis
    - Fetal alcohol syndrome (dysmorphic)
    - Excess alcohol blood levels
    - Ethanol poisoning
    - Methanol poisoning
    - Toxic effect of alcohol, unspecified
    - Accidental poisoning by and exposure to alcohol
    - Intentional self-poisoning by and exposure to alcohol
    - Poisoning by and exposure to alcohol, undetermined intent
    - Evidence of alcohol involvement determined by blood alcohol level
    - Evidence of alcohol involvement determined by level of intoxication

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ALCOHOL-SPECIFIC HOSPITAL ADMISSIONS: OVERVIEW

Alcohol-specific hospital admissions include 20 alcohol-specific conditions. This section examines the latest available national data related to the number of alcohol-specific hospital admissions. See methodology section on page 7 for further details.

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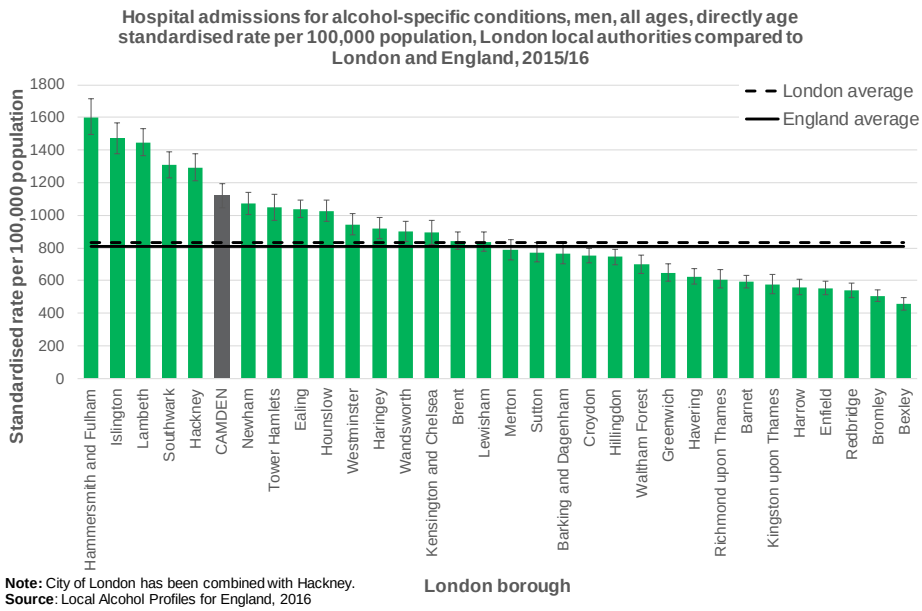
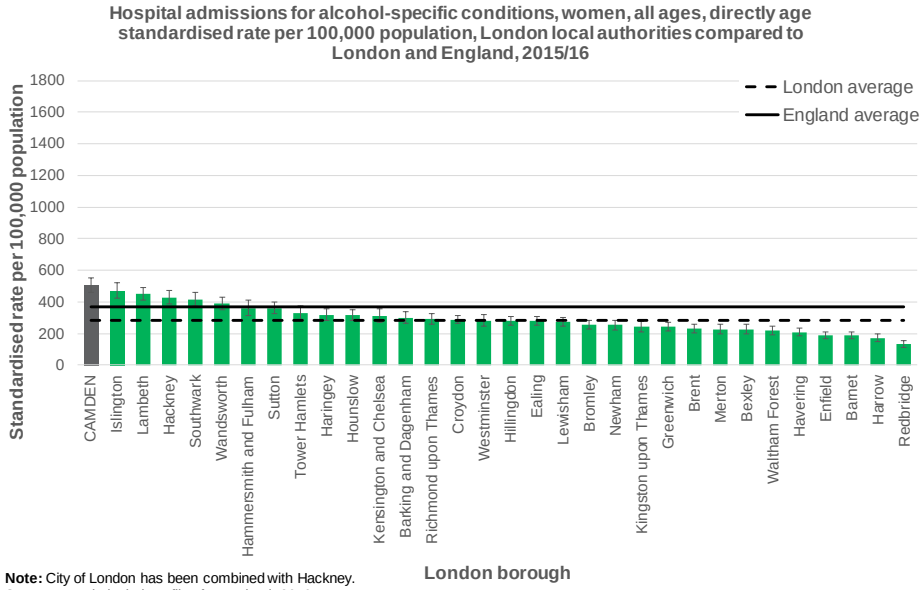
Alcohol-specific hospital admissions, men, London LAs:



Note: City of London has been combined with Hackney.
Source: Local Alcohol Profiles for England, 2016

- Nationally produced statistics for 2015/16 show that Camden had the sixth highest rate of alcohol-specific hospital admissions for men (1,119 per 100,000 population) in London and was significantly above the rates for London and England.
- In terms of numbers, there were 946 alcohol-specific hospital admissions for men in Camden in 2015/16.

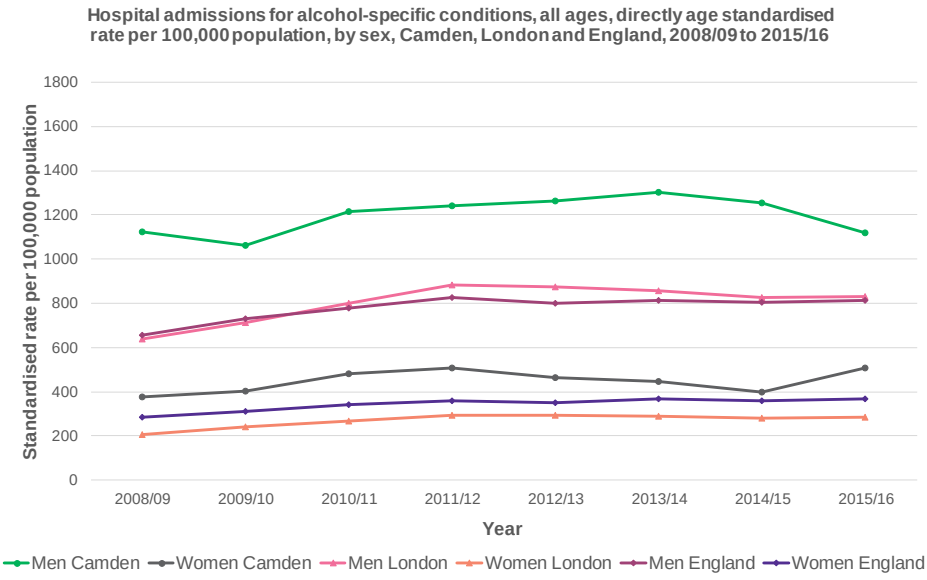
Alcohol-specific hospital admissions, women, London LAs:



Note: City of London has been combined with Hackney.
Source: Local Alcohol Profiles for England, 2016

- Nationally produced statistics for 2015/16 show that Camden had the highest rate of alcohol-specific hospital admissions for women (506 per 100,000 population) in London and was significantly above the rates for London and England.
- In terms of numbers, there were 490 alcohol-specific hospital admissions for women in Camden in 2015/16.

Alcohol-specific hospital admissions, Camden: trend over time



Source: Local Alcohol Profiles for England, 2016

- The rate of alcohol-specific admissions among women in Camden has significantly increased between 2008/09 and 2015/16.
- The rate of admissions among men in Camden has not significantly changed from 2008/09 to 2015/16, but the rate of admissions for both men and women remain higher than London and England.
- In line with the national pattern, the rate for men in Camden is just over twice as high as women.

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ALCOHOL-SPECIFIC HOSPITAL ADMISSIONS: DEMOGRAPHICS

This and subsequent sections are based on analysis of local data. There were 896 alcohol-specific admissions in Camden in 2014/15 attributable to 519 individuals. See methodology section on page 7 for further details.

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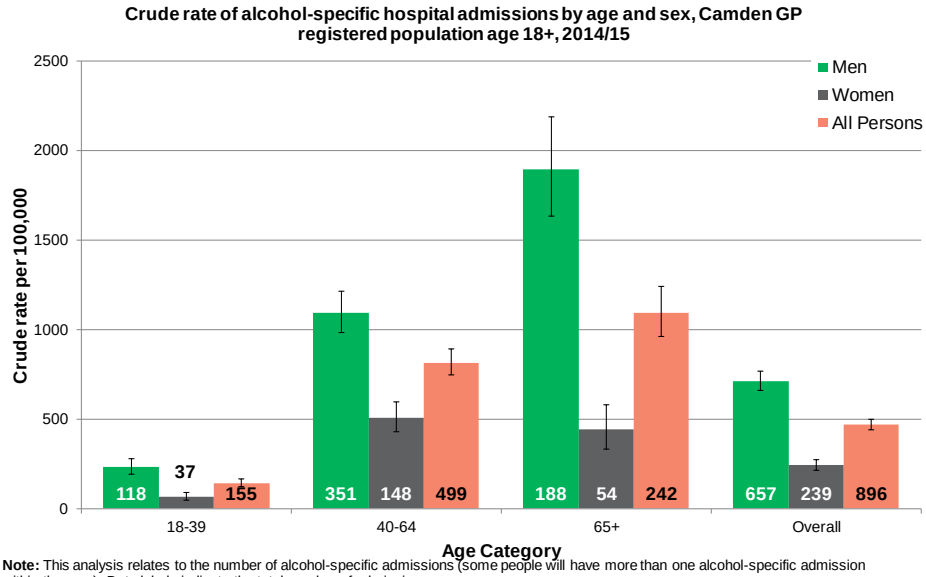
Alcohol-specific hospital admissions: Age and sex of individuals

Note: This analysis relates to th enumber of people admitted for alcohol-specific conditions (people are only counted once within the year).
Source: SUS Data 2014/15; GP Dataset 2015

- There were 519 individuals with alcohol-specific admissions in Camden in 2014/15.
- Over 70% of individuals contributing to alcohol-specific hospital admissions during 2014/15 were men (376 individuals).
- The proportion of individuals admitted for alcohol-specific conditions peaks around middle age for both men and women (age 40-64).

Alcohol-specific hospital admissions by age and sex



Note: This analysis relates to the number of alcohol-specific admissions (some people will have more than one alcohol-specific admission within the year). Data labels indicate the total number of admissions..
Source: SUS Data 2014/15; GP Dataset 2015

- In total, there were 896 alcohol-specific admissions in Camden in 2014/15.
- The crude rate of alcohol-specific admissions for all persons ranged from 144 admissions per 100,000 population in the 18-39 year age group to 1,096 admissions per 100,000 population in the 65+ year age group.
- Overall, the highest crude admission rates were observed for males aged 65+ years.

Alcohol-specific hospital admissions: ethnicity of individuals

	Number of individuals	Percent of individuals with alcohol-specific admissions	Percent of total 18+ registered population
White	433	83%	61%
Asian or Asian British	14	3%	11%
Black or British Black	24	5%	7%
Mixed	6	1%	3%
Other ethnic groups	8	2%	8%
Not stated	7	1%	2%
Unknown	27	5%	8%
Total	**519**		

- 83% of individuals with alcohol-specific admissions were of White ethnicity, a significantly higher proportion than the total Camden 18+ registered population (61%).
- Camden's total 18+ registered population is 11% Asian and 8% Other. These groups are significantly underrepresented in the population with alcohol-specific admissions.

ALCOHOL-SPECIFIC HOSPITAL ADMISSIONS: TYPE OF ADMISSION

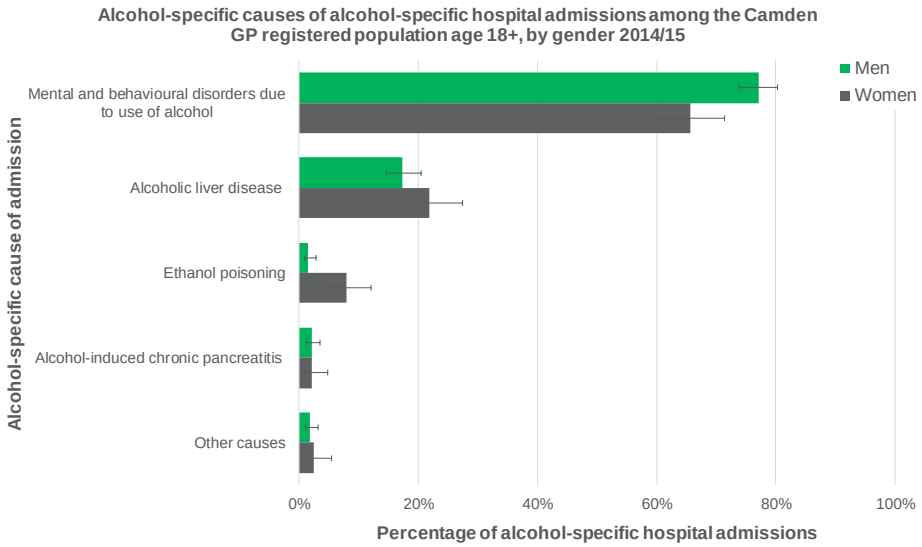
There were 896 alcohol-specific admissions in Camden in 2014/15. Some people will have more than one alcohol-specific admission within the year. See methodology section on page 7 for further details.

Alcohol-specific hospital admissions: Primary diagnosis

Primary diagnosis subcategory	Total diagnoses	Percent of total diagnoses
Mental and behavioural disorders due to use of alcohol	136	15%
Other diseases of digestive system	25	3%
Alcoholic liver disease	25	3%
Poisoning by nonopioid analgesics, antipyretics and antirheumatics	23	3%
Pneumonia, organism unspecified	23	3%
Other and unspecified injuries of head	23	3%
Open wound of head	23	3%
Other chronic obstructive pulmonary disease	18	2%
Superficial injury of head	15	2%
Syncope and collapse	13	1%
Epilepsy	13	1%
Acute pancreatitis	13	1%
Pain in throat and chest	12	1%
Adjustment and management of implanted device	12	1%
Convulsions, not elsewhere classified	11	1%
All other	511	57%
Total	**896**	

- The primary diagnosis is the main condition treated or investigated during the relevant episode of healthcare.
- In Camden, the main primary diagnosis for alcohol-specific admissions were mental and behavioural disorders due to alcohol (15%) and alcoholic liver disease and other diseases of digestive system (3%).
- Other primary diagnosis codes include poisoning by non-opioid analgesics, pneumonia and head injuries.

Alcohol-specific hospital admissions by cause of admission and gender



Note: This analysis relates to the number of alcohol-specific admissions, some people will have more than one alcohol-specific admission within the year.
Source: SUS Data 2014/15

- Alcohol-specific conditions are those wholly caused by the consumption of alcohol.
- In Camden, the top cause of alcohol-specific hospital admissions for both men (77% of admissions) and women (66% of admissions) was mental and behavioural disorders due to the use of alcohol, a category which includes a wide variety of disorders all related to the use of alcohol.
- Ethanol poisoning was the alcohol-specific cause of admission for a significantly higher proportion of women than men.

Alcohol-specific hospital admissions: Primary procedure

Primary procedure	Total procedures	Percent of total procedures
Computed tomography of head	84	9%
Computed tomography NEC	38	4%
Unspecified diagnostic fibreoptic endoscopic examination of upper gastrointestinal tract	28	3%
Fibreoptic endoscopic examination of upper gastrointestinal tract and biopsy of lesion of upper gastrointestinal tract	21	2%
Delivery of rehabilitation for respiratory disorders	14	2%
Attention to central venous catheter NEC	13	1%
Drainage of ascites NEC	10	1%
Computed tomography of pulmonary arteries	9	1%
Transthoracic echocardiography	9	1%
Fibreoptic endoscopic rubber band ligation of upper gastrointestinal tract varices	9	1%
Venesection	8	1%
Insertion of prosthetic replacement for lens NEC	7	1%
Diagnostic extraction of bone marrow NEC	5	1%
Unspecified diagnostic endoscopic examination of colon	5	1%
Blank	487	54%
All other	149	17%
Total	**896**	

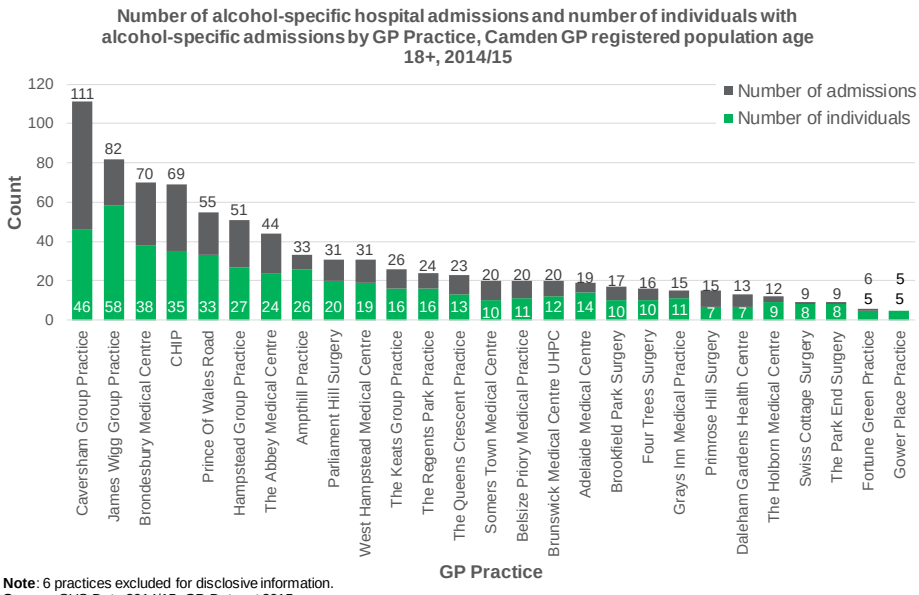
- The primary procedure is the primary clinical intervention or procedure performed on a patient during a healthcare episode.
- In Camden, 54% of alcohol-specific hospital admissions did not have a primary procedure recorded.
- Of those with a procedure recorded, the most common primary procedure in Camden was a computed tomography of the head (9% of admissions), followed by a computed tomography NEC (4%).

Alcohol-specific hospital admissions, by provider

Hospital	Number of Admissions	Percent
Royal Free Hospital	388	43%
University College Hospital	255	28%
The Whittington Hospital	65	7%
St Mary's Hospital (HQ)	44	5%
UCH Macmillan Cancer Centre	27	3%
Highgate Acute Mental Health Centre	25	3%
St Thomas' Hospital	12	1%
Charing Cross Hospital	10	1%
Hospitals with <10 admissions (n=37)	63	7%
Blank	7	1%
Total	**896**	

- The majority of alcohol-specific hospital admissions for Camden's registered population were at the Royal Free hospital.

Alcohol-specific hospital admissions by GP Practice: absolute numbers



Note: 6 practices excluded for disclosive information.
Source: SUS Data 2014/15; GP Dataset 2015

- The absolute number of alcohol-specific admissions by GP Practice in Camden ranged from 5 admissions at Gower Place Practice to 111 admissions at The Caversham Group Practice.
- The number of individuals with alcohol-specific admissions ranged by GP Practice in Camden ranged from 5 individuals at Gower Place Practice and Fortune Green Practice to 58 at James Wigg Group Practice.

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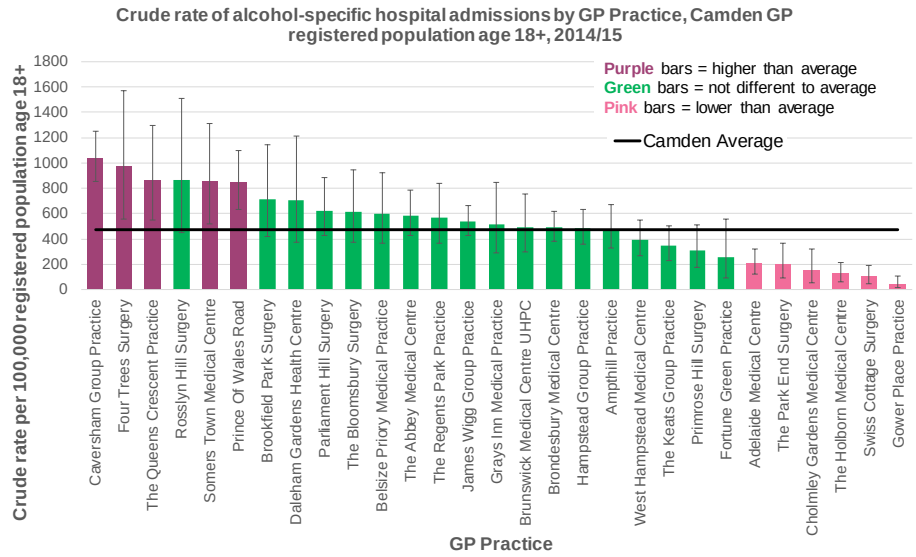
Alcohol-specific hospital admissions by GP Practice: crude rate



Note: This analysis relates to the number of alcohol-specific admissions (some people will have more than one alcohol-specific admission within the year). 3 practices excluded for disclosive information. All admissions were included when calculating the Camden average.
Source: SUS Data 2014/15; GP Dataset 2015

- The crude rate of alcohol-specific admissions by GP Practice in Camden ranged from 45 admissions per 100,000 registered population at Gower Place Practice to 1,036 per 100,000 registered population at Somers Town Medical Centre.
- Camden Health Improvement Practice (CHIP) has been excluded from this figure because it is an outlier (crude rate of 12,523 per 100,000 population). CHIP is a specialised practice serving the homeless population and other vulnerable populations in Camden.

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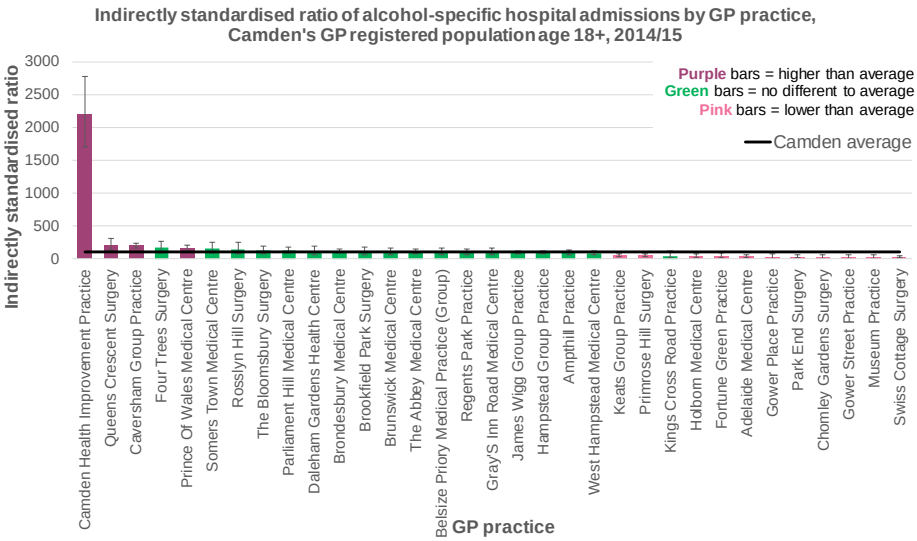
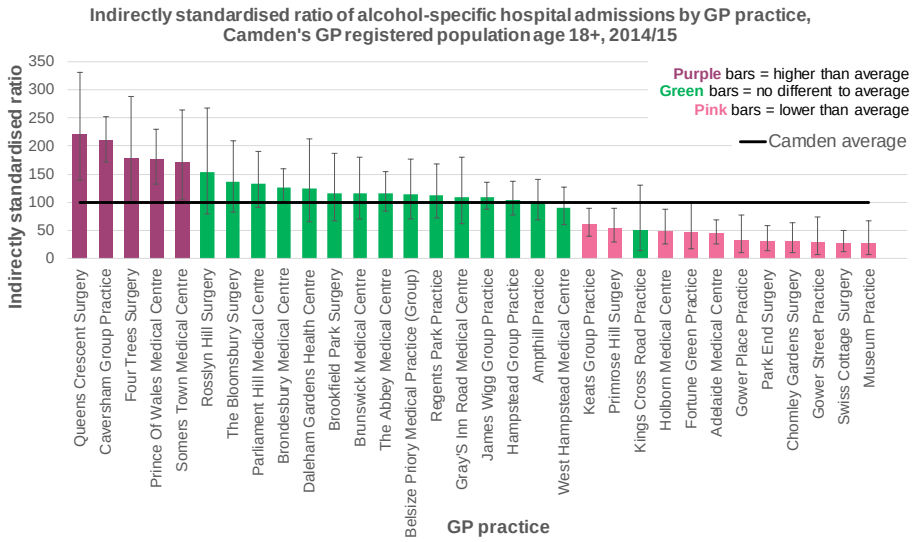
Alcohol-specific hospital admissions by GP Practice: indirectly standardised ratio (IDSR)



Note: This analysis relates to the number of alcohol-specific admissions (some people will have more than one alcohol-specific admisison within the year).
Source: SUS Data 2014/15; GP Dataset 2015

- When CHIP was included, 4 GP Practices in Camden had rates of alcohol-specific hospital admissions that were higher than expected.

Alcohol-specific hospital admissions by GP Practice: IDSR with CHIP excluded



Note: This analysis relates to the number of alcohol-specific admissions (some people will have more than one alcohol-specific admisison within the year). Camden Health Improvement Practice (CHIP), a specialised practice serving the homeless population and other vulnerable populations in Camden, has been excluded from this calculation because it is an outlier.
Source: SUS Data 2014/15; GP Dataset 2015

- When CHIP was excluded, 5 GP Practices in Camden had rates of alcohol-specific hospital admissions that were higher than expected, including 2 GP Practices with rates of admissions more than twice as high as expected.

Alcohol-specific hospital admissions: repeat admissions

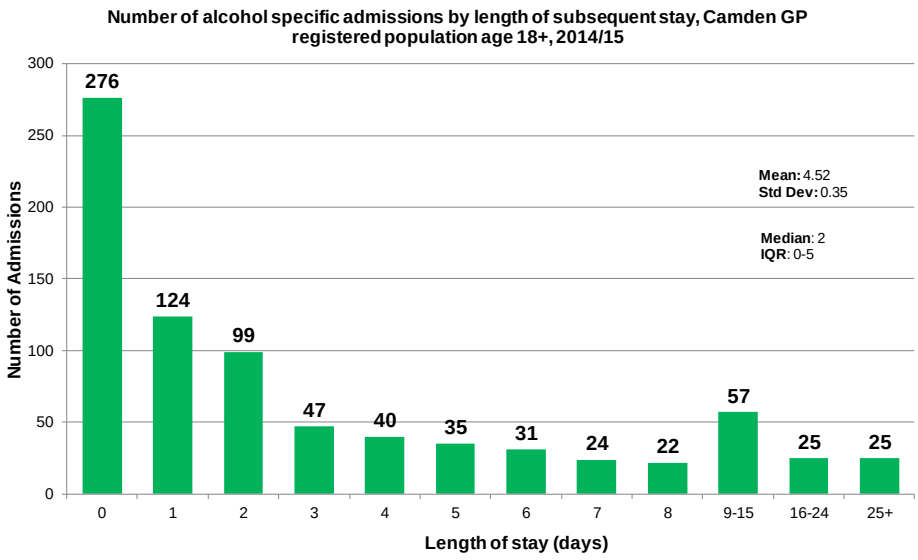
	Number of Individuals	Number of admissions
Individuals with 1 admission	358	358
Individuals with 2-4 admissions	132	323
Individuals with 5+ admissions	29	215

- Nearly 70% of individuals with an alcohol-specific admission were admitted once.
- One quarter of individuals were admitted 2-4 times.
- 5% of individuals had 5 or more admissions.
  - More in-depth analysis of individuals with 5 or more alcohol admissions begins on slide 41.

Alcohol-specific hospital admissions: time between alcohol-specific admissions

- The average number of days between admissions for individuals with five or more alcohol-specific admissions was 34 days (SD: 2.95 days).
- This was significantly shorter than the average number of days between admissions for individuals with 2-4 alcohol specific admissions (74 days, SD: 4.16 days).

Alcohol-specific hospital admissions: length of stay and bed days



Note: This analysis relates to the number of alcohol-specific admissions (some people will have more than one alcohol-specific admission within the year).
Source: SUS Data 2014/15; GP Dataset 2015

- Alcohol-specific admissions among Camden's responsible population accounted for **3,639 total bed days** in 2014/15.
- Mean length of stay for an alcohol-specific admission: 4.5 days (SD 0.35)
- Median length of stay: 2 days (IQR: 0-5)

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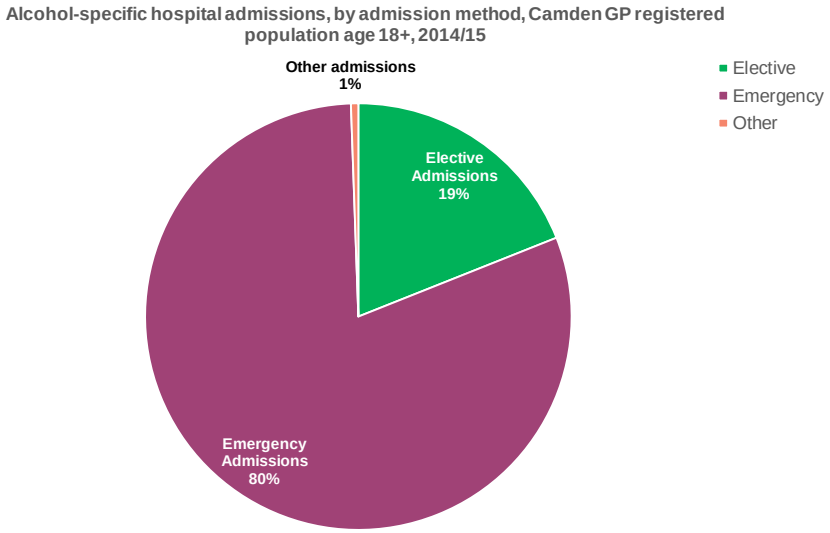
Alcohol-specific hospital admissions: admission method



- The majority (80%) (95%CI: 78%-83%) of alcohol-specific admissions were emergency.
- The percentage of elective and emergency admissions did not significantly differ by sex or number of admissions (including those individuals admitted 5 or more times).

Note: This analysis relates to the number of alcohol-specific admissions (some people will have more than one alcohol-specific admission within the year)
Source: SUS 2014/15; GP Dataset 2015

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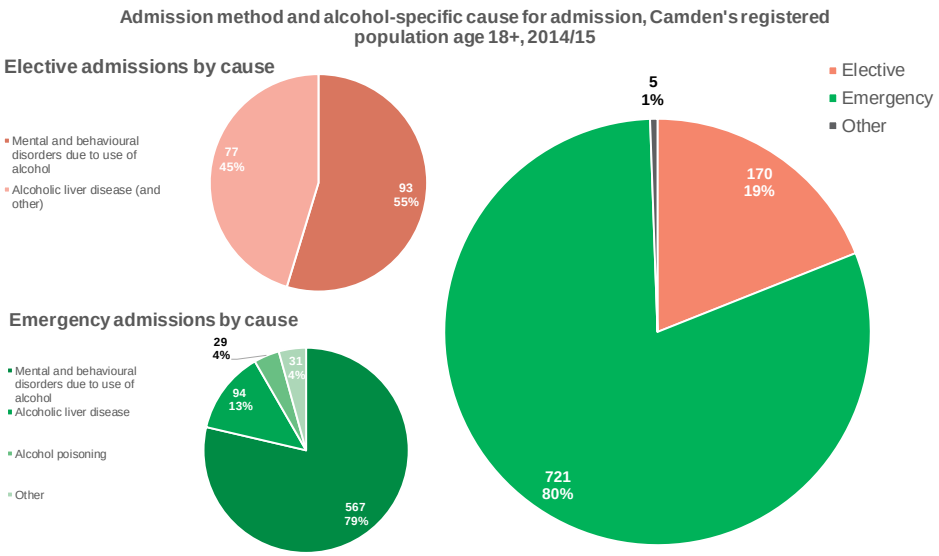
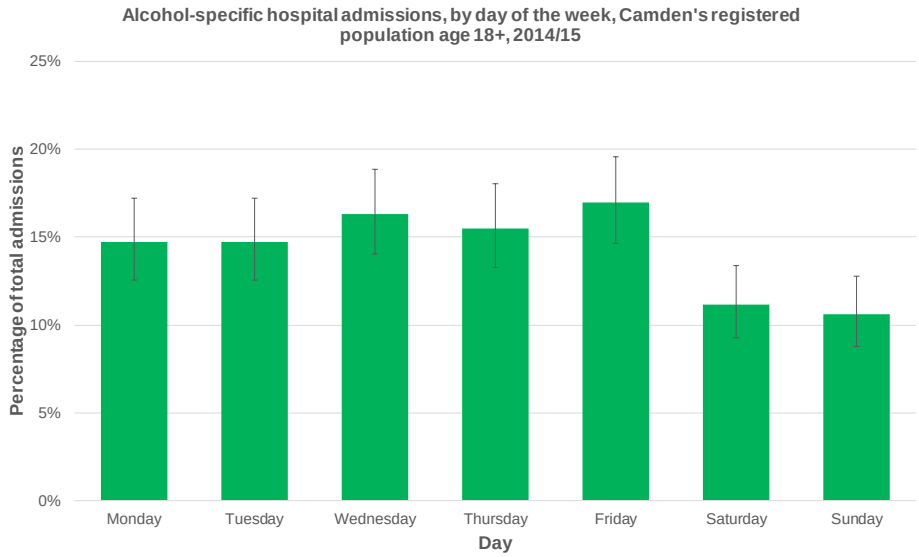
Alcohol-specific hospital admissions by method of admission and cause



- The main cause of both emergency and elective alcohol-specific admissions was mental and behavioural disorders due to the use of alcohol (79% and 55%, respectively).

Note: This analysis relates to the number of alcohol-specific admissions (some people will have more than one alcohol-specific admission within the year)
Source: SUS 2014/15

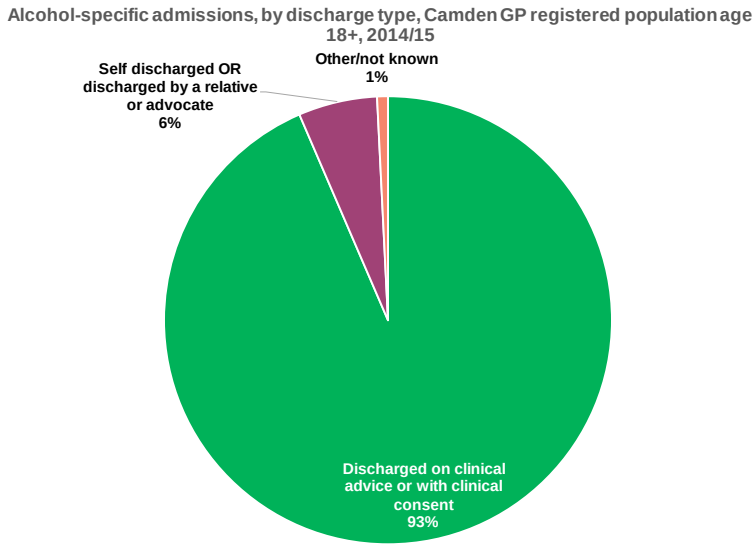
Alcohol-specific hospital admissions by day of the week



- The proportion of admissions that occur on Saturday and Sunday is significantly lower than the proportion on Wednesday and Friday but not significantly different from other days of the week.
- The lack of an identifiable pattern in admissions by day of the week may be due to the high proportion of emergency admissions (80%).

Note: This analysis relates to the number of alcohol-specific admissions (some people will have more than one admission).
Source: SUS Data 2014/15; GP Dataset 2015

Alcohol-specific hospital admissions: discharge method



- The majority of alcohol-specific admissions (93%, 95%CI: 92-95%) were discharged on clinical advice or with clinical consent.
- These percentages did not significantly differ by sex or number of admissions (including those individuals admitted 5 or more times).

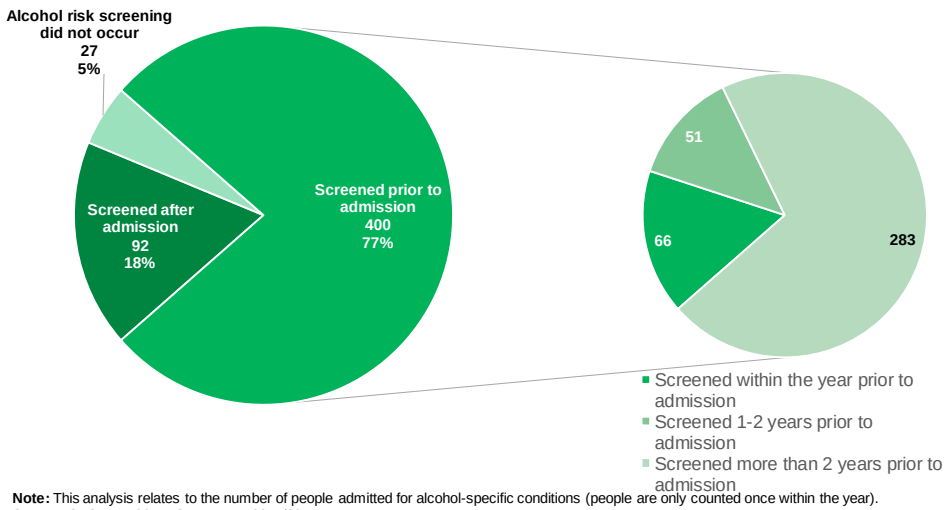
Note: This analysis relates to the number of alcohol-specific admissions (some people will have more than one alcohol-specific admission within the year).
Source: SUS Data 2014/15; GP Dataset 2015

ALCOHOL-SPECIFIC HOSPITAL ADMISSIONS: RISK FACTORS

There were 519 Camden GP-registered individuals with at least one alcohol-specific admission in 2014/15. Some people will have more than one alcohol-specific admission within the year. Individuals with unknown or unrecorded risk status are excluded from subsequent analyses. See methodology section on page 7 for further details.

Alcohol-specific hospital admissions: timing of alcohol risk screening relative to first admission

Timing of screening for alcohol risk relative to admission for individuals with alcohol-specific admissions in the Camden GP registered population age 18+, 2014/15

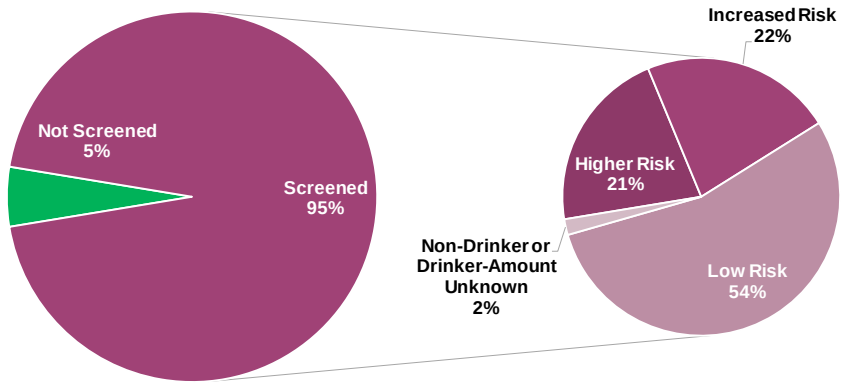


- 55% of all individuals admitted for alcohol-specific reasons had last been screened for alcohol risk status more than 2 years prior to their first admission (283 individuals).
- 18% of individuals with an alcohol-specific admission had been screened following their first admission (92 individuals).
- There is no significant difference in screened alcohol risk level by timing of screening.

Note: This analysis relates to the number of people admitted for alcohol-specific conditions (people are only counted once within the year).
Source: SUS Data 2015; GP Dataset 2014/2015

Alcohol risk status of individuals with alcohol-specific admissions

Individuals with alcohol specific admissions by alcohol risk status, Camden GP registered population age 18+, 2014/15

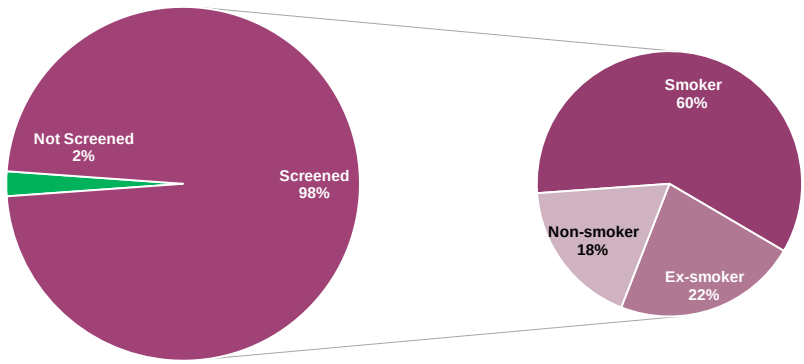


- 95% of people with alcohol-specific admissions had been screened for alcohol risk by their GPs.
- Where recorded, 54% of all people with alcohol-specific admissions had been classified as low risk drinkers by their GPs. This is significantly lower than the 74% of the Camden 18+ registered population classified as low risk drinkers.
- There were no significant differences in recorded alcohol risk status by gender or number of admissions.

Note: This analysis relates to the number of people admitted for alcohol-specific conditions (people are only counted once within the year).
Source: SUS Data 2014/15; GP Dataset 2015

Smoking status of individuals with alcohol-specific admissions

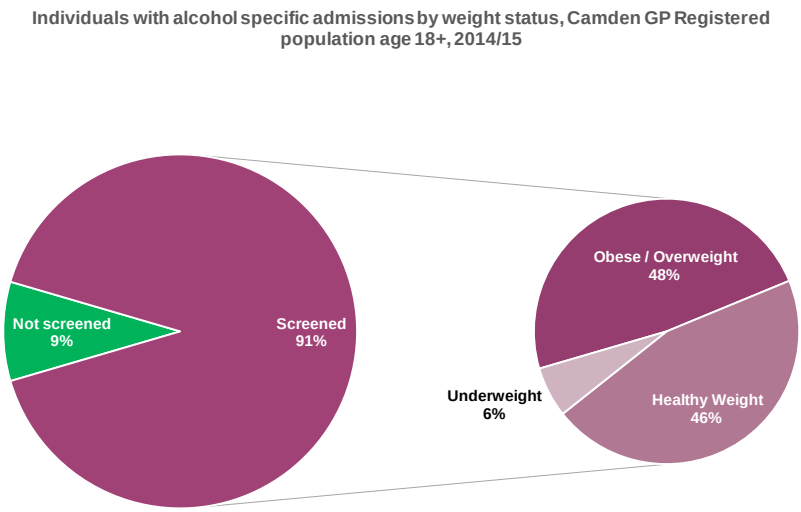
Individuals with alcohol specific admissions by smoking status, Camden GP registered population age 18+, 2014/15



- 98% of people with alcohol-specific admissions had been screened for smoking status by their GPs.
- Where recorded, 60% of individuals with alcohol-specific admissions had been classified as smokers by their GPs. This was significantly higher than the prevalence of smoking in the total Camden GP registered 18+ population (20%).
- There were no significant differences in recorded smoking status by gender or number of admissions.

Note: This analysis relates to the number of people admitted for alcohol-specific conditions (people are only counted once within the year).
Source: SUS Data 2014/15; GP Dataset 2015

Weight status of individuals with alcohol-specific admissions



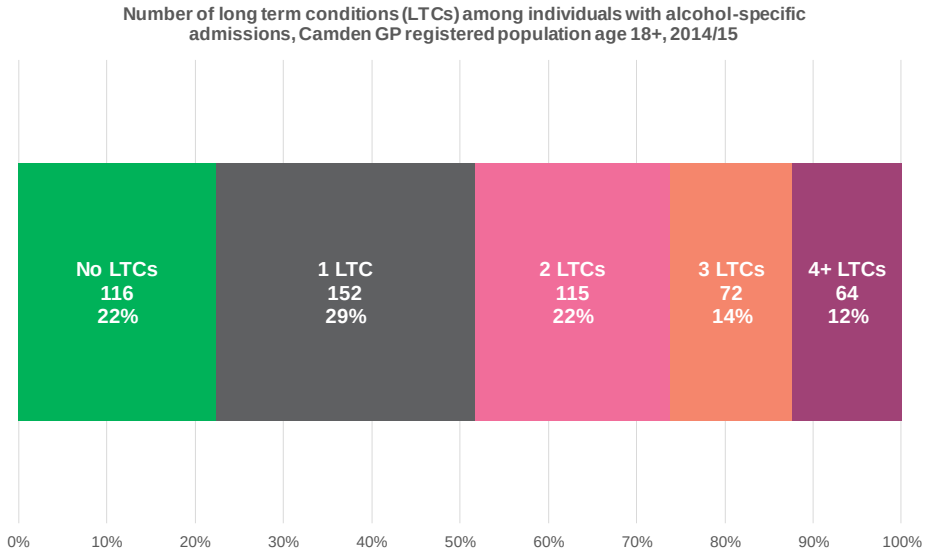
- 91% of people with alcohol-specific admissions had their weight status recorded by their GPs.
- Almost 50% of all people with alcohol-specific admissions were obese/overweight. This is significantly higher than the proportion of the total registered population recorded as obese/overweight (34%).
- There were no significant differences in weight status by gender or number of admissions.

Note: This analysis relates to the number of people admitted for alcohol-specific conditions (people are only counted once within the year).
Source: SUS Data 2014/15; GP Dataset 2014

ALCOHOL-SPECIFIC HOSPITAL ADMISSIONS: LONG TERM CONDITIONS (LTCs)

The analysis in this section refers to individuals with alcohol-specific admissions. See methodology section on page 7 for further details.

Alcohol-specific hospital admissions: number of long term conditions



- Just under 80% of people with an alcohol-specific admission in Camden in 2014/15 had a diagnosed long term condition, compared to 23% of the total Camden 18+ registered population.
- Note that the population with alcohol-specific admissions is slightly older than the registered population.

Note: This analysis relates to the number of people admitted for alcohol-specific conditions (people are only counted once within the year).
Source: SUS data 2014/15, GP Dataset 2015

Long term conditions of individuals with an alcohol-specific admission

	Total number of individuals diagnosed	Percent	LCI	UCI
AF	99	11%	9%	13%
Cancer	87	10%	8%	12%
Dementia	42	5%	3%	6%
Diabetes	127	14%	12%	17%
Chronic Kidney Disease	62	7%	5%	9%
Hypertension	282	31%	29%	35%
Chronic Liver Disease	396	44%	41%	47%
COPD	154	17%	15%	20%
Stroke&TIA	83	9%	8%	11%
Coronary Heart Disease	94	10%	9%	13%
MentalHealth	99	11%	9%	13%
Heart Failure	78	9%	7%	11%
Depression	239	27%	24%	30%
Total Admissions	**896**			

NOTE: exceeds 100% as people have multiple LTCs

- 44% of individuals admitted for alcohol-specific reasons were diagnosed with **chronic liver disease**, compared to 1% of the 18+ registered population
- 31% of individuals admitted for alcohol-specific reasons were diagnosed with **hypertension**, compared to 11% of the 18+ registered population
- 27% of individuals admitted for alcohol-specific reasons were diagnosed with **depression**, compared to 8% of the 18+ registered population
- 17% of individuals admitted for alcohol-specific reasons were diagnosed with **COPD**, compared to 2% of the 18+ registered population

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ALCOHOL-SPECIFIC HOSPITAL ADMISSIONS: INDIVIDUALS WITH 5 OR MORE ADMISSIONS

There were 29 individuals with 5 or more alcohol-specific admissions in 2014/15, accounting for 215 admissions and 842 bed days. See methodology section on page 7 for further details.

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Alcohol-specific hospital admissions by people with five or more admissions: demographics

- 75% of individuals with 5 or more alcohol-specific admissions were men aged 30-79 years (n=22). 25% were women aged 50-69 years (n=7).
- Information on ethnicity was not known for many of these individuals (17% missing data). However, based on data for all individuals (including missing data), 66% of individuals with 5 or more alcohol-specific admissions were white (n=19).

Alcohol-specific hospital admissions by people with five or more admissions: provider

Hospital	Number of Admissions	Percent
Royal Free Hospital	97	45%
University College Hospital	48	22%
UCH Macmillan Cancer Centre	20	9%
The Whittington Hospital	15	7%
St Mary's Hospital (HQ)	7	3%
Charing Cross Hospital	6	3%
Other hospitals with <6 admissions (n=10)	22	10%
Total	**215**	

- Further analysis demonstrated that 44% of individuals with 5+ admissions visited one hospital for every admission. 31% visited 2 hospitals and 24% visited 3 or more hospitals.

Alcohol-specific hospital admissions by people with five or more admissions: length of stay and bed days

Length of Stay	Number of Admissions	Total Bed Days
0	58	0
1	26	26
2	27	54
3	9	27
4	9	36
5	12	60
6	11	66
7	8	56
8	5	40
9	4	36
10+	19	441

- Admissions by individuals with 5 or more alcohol specific admissions accounted for **842 bed days**, or 23% of all total bed days for alcohol-specific admissions.
- This analysis is based on the 188 admissions where length of stay was recorded.

About Public Health Intelligence

Public health intelligence is a specialist area of public health. Trained analysts use a variety of statistical and epidemiological methods to collate, analyse and interpret data to provide an evidence-base and inform decision-making at all levels. Camden and Islington's Public Health Intelligence team undertake epidemiological analysis on a wide range of data sources.

All of our profiles, as well as other data and outputs can be accessed on the Health pages of the Camden Open Data https://opendata.camden.gov.uk

FURTHER INFORMATION & FEEDBACK

This profile has been created by Camden and Islington's Public Health Intelligence team. For further information please contact Katherine Logan.

Email: publichealth.intelligence@Islington.gov.uk, **Tel:** 020 7527 1258

We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please contact us with your ideas.