

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY I.J. GORST OF ST. CLEMENT**

**ANSWER TO BE TABLED ON TUESDAY, 13th FEBRUARY 2007**

**Question**

Would the Minister inform members –

- (a) how many patients required admission to hospital requiring Consultant-input for alcohol-related illness between 2000 and 2006 broken down by (i) patients aged under 18 years and (ii) patients aged 18 years and over?
- (b) whether all incidents in the Accident and Emergency department where alcohol is involved are coded as such, for example, with an assault, is it the wound that gets the code or the alcohol that drove it? If so, would he state how many patients who visited the department had an alcohol-related diagnosis in each year between 2000 and 2006 broken down by those (i) aged under 18 years and (ii) those aged over 18 years? If incidents are not coded in this way is the Minister satisfied that the present procedures are appropriate and, if so, would he explain why? If not, does he propose any changes?

**Answer**

- (a) The number of inpatient admissions to the General Hospital with alcohol related illness between the years 2000 to 2006 broken down by patients aged under 18 and patients aged 18 years and over are displayed in table 1 below -

**Table 1**

**Health and Social Services  
Inpatient Episodes Related to Alcohol Use  
2000 - 2006**

Year	Age Range		Grand Total
	0-17	18+	
2000	17	531	548
2001	12	763	775
2002	19	935	954
2003	15	962	977
2004	21	938	959
2005	25	1041	1066
2006	45	1038	1083
<b>Grand Total</b>	<b>154</b>	<b>6208</b>	<b>6362</b>

The figures in the above table have been extracted from the Health and Social Services information systems using the Scottish coding system for hospital episodes related to alcohol use.

The term related to alcohol use covers a wide range of clinical conditions where alcohol is a major

causative factor and includes the following -

- Alcohol intoxication
- Alcohol withdrawal
- Diseases such as alcoholic cirrhosis, hepatitis and gastritis
- Mental and behaviour disorders due to alcohol.

It should be noted that the extraction of data using the Scottish coding system provides a greater capture of alcohol related illnesses than the English coding system.

The figures will show where alcohol is a primary factor, but may not include admission where alcohol may be a secondary or tertiary factor.

- (b) All attendees to the Accident and Emergency Department are coded according to the major diagnosis e.g. head injury, epileptic fit, and alcohol intoxication etc. but they do not routinely record whether or not alcohol may have played a part in the cause of patients clinical diagnosis. For example a patient could be coded as having a broken wrist and the fact that this may have been caused by consuming a moderate amount of alcohol would not necessarily be recorded within the coding system.

Given the above caveat, please see below table 2 depicting alcohol related attendances as (coded by the Accident and Emergency system) for the years 2000 – 2006 split into patients under 18 years of age and patients 18 years of age and over:-

**Table 2**

**Accident and Emergency Department**  
**Alcohol Related Attenders**  
**2000 - 2006**

Count of Attendance arrival date	Age Range		Grand Total
	0-17	18+	
Year			
2000	47	123	170
2001	38	89	127
2002	31	89	120
2003	39	150	189
2004	54	227	281
2005	69	213	282
2006	71	242	313
<b>Grand Total</b>	<b>349</b>	<b>1133</b>	<b>1482</b>

As far as the Accident and Emergency coding system is concerned, alcohol related illness covers all those attendances where alcohol excesses or the word drunk appeared in any field.

As a consequence the figures do/(may) not include attendances where alcohol may be a causative, or contributory factor.

The current system, whilst adequate to ensure satisfactory capture of basic information for audit and operational planning purposes does not allow for detailed analysis of sub factors in the presentation of a wide range of clinical problems.

It is anticipated that some of these aforementioned potential functional deficiencies of the current information systems within Accident and Emergency will be addressed as part of the new Health and Social Services information, communication technology (ICT) project currently underway. However, it should be noted that despite an increase in functionality of the proposed new ICT system, it will not in all probability capture the level of detail requested by the Deputy in this question. The detail

required could only be accurately determined by a thorough retrospective examination of each patient episode. For information the Accident and Emergency Department manages 40,000 patient episodes per year.