



Results of the Local Alcohol Profiles for England User Survey

Main findings

- the results indicate that hospital admissions indicators are the most frequently used group of indicators
- within the admission indicators, the narrow and broad definitions of alcohol-related admission were the most used alongside the alcohol-specific admissions indicator
- most respondents understood the difference between the broad and narrow measures and between the person-based and episode-based indicators
- most respondents agreed that the LAPE user guide was helpful at explaining the indicator definitions. However, a number of respondents found some elements confusing and asked for simplified guidance
- users asked for more information about what the data actually mean rather than just the technical definitions
- several suggestions of additional information that would be useful were made, for example, data on length of time in hospital, repeat admissions to hospital and the reintroduction of data on alcohol consumption and alcohol-related crime.

Introduction

The Local Alcohol Profiles for England (LAPE) are part of a series of products by Public Health England that provide local data alongside national comparisons to support local health improvement. Between May and July 2016 a survey was conducted asking a series of questions about how the indicators were used and understood. These results will be used to improve the provision of information and maintain the profiles as a dynamic source of intelligence for users.

Methodology

The LAPE User Survey was conducted between 1 May 2016 and 31 July 2016. It was delivered online from the LAPE web tool homepage

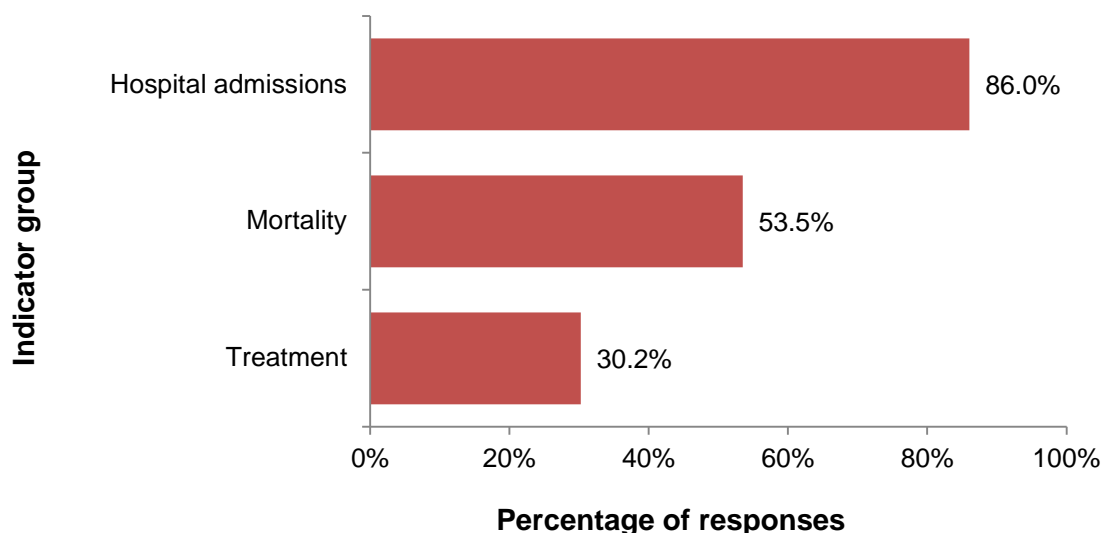
(fingertips.phe.org.uk/profile/local-alcohol-profiles) where users were invited to click on a hyperlink which launched the survey. The survey consisted of 26 multiple choice and free text questions. There were 43 valid responses to the survey, although not all respondents answered all questions. The responses are summarised below.

Survey results

Responses to each of the survey questions are presented below.

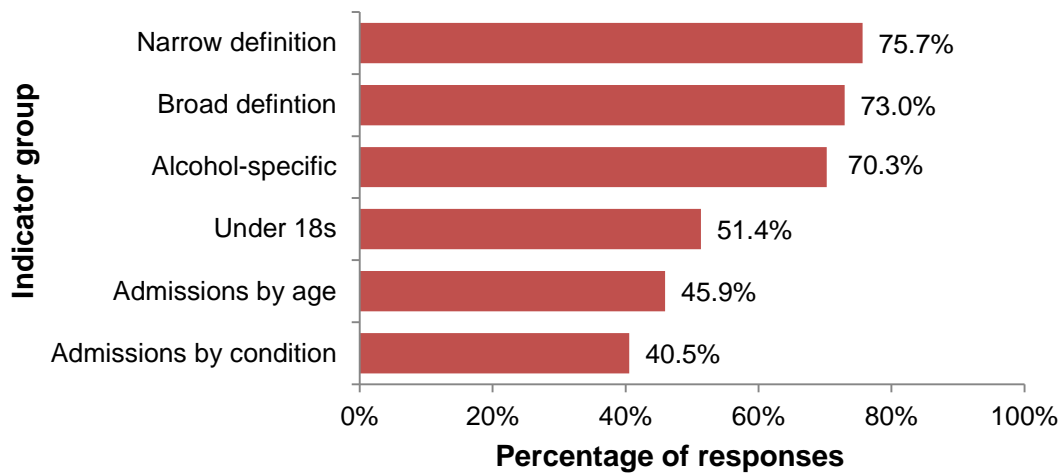
Q1. Which indicators from the LAPE data tool did you look at today?

Alcohol-related hospital admissions were the most frequently viewed group of indicators followed by alcohol-related mortality data. Alcohol treatment data was the least frequently used. Twenty three percent of respondents said that they had viewed all of the available indicators.



Q2. Which hospital admission indicator(s) did you look at today?

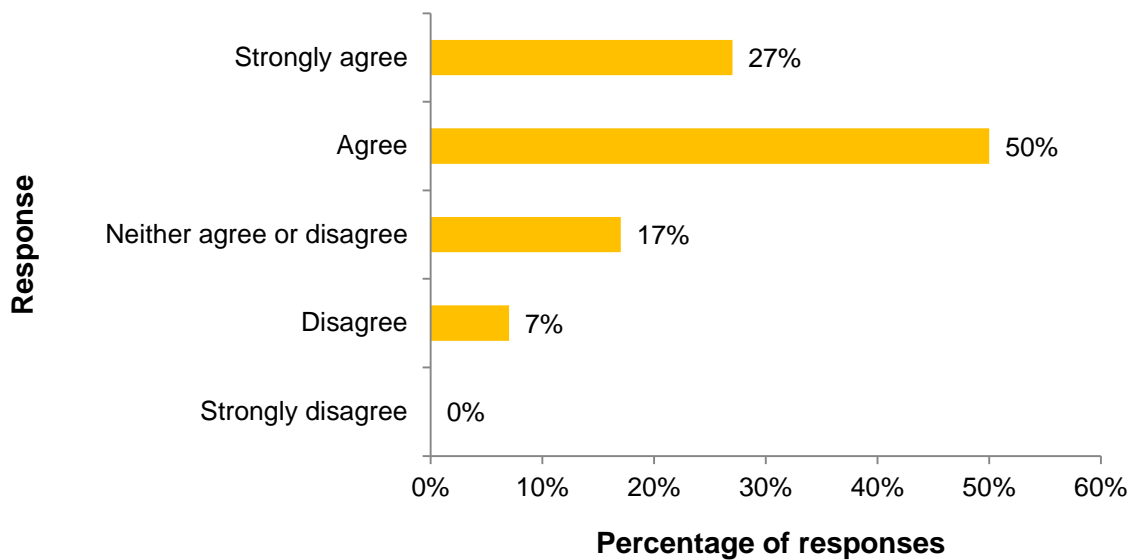
Within the alcohol-related hospital admissions set of indicators, the 'narrow' and 'broad' definition measures, and alcohol-specific indicator were the most frequently used. Those indicators broken down by age or alcohol-related condition were less frequently cited. However, 30% of respondents to this question said that they had viewed the full range of hospital admission indicators.



Q3. With regards to the hospital admission indicators, do you understand the difference between the broad and narrow definitions?

The vast majority of respondents stated that they understood the difference between the broad and narrow definitions (77%), and a small minority did not understand the difference.

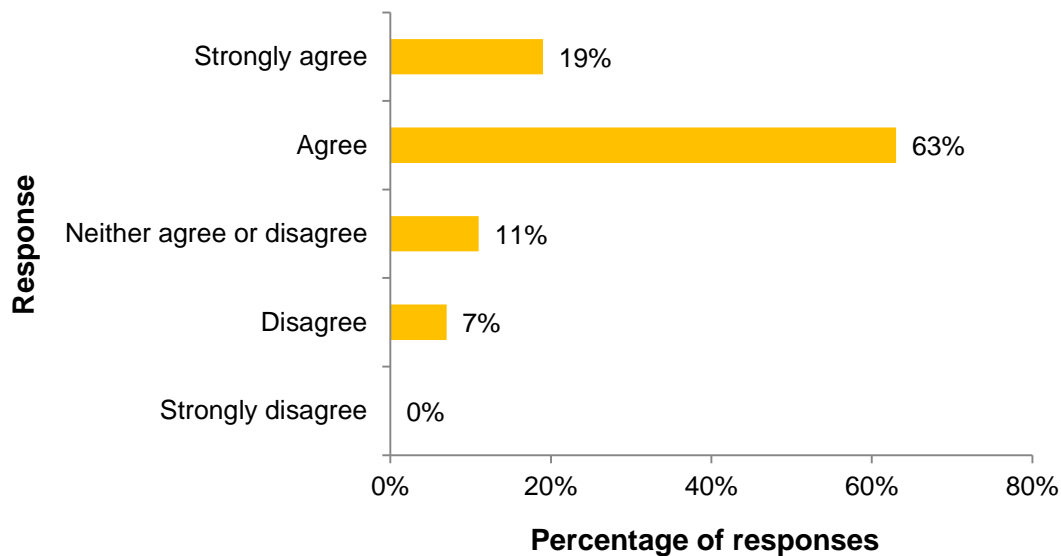
Q3. I understand the difference between broad and narrow definitions



Q6. With regards to the hospital admission indicators, do you understand the difference between the person-based and admission-episode-based indicators?

Most respondents said they understood the difference between the person-based and admission-based indicators. One respondent asked why we need to have both.

Q6. I understand the difference between the person-based and admission-episode-based indicators



Box 2. Further comments about user understanding of the hospital admission indicators

“I would like to have a greater understanding of the reasons why an area (eg Derbyshire) may be significantly worse for a narrow indicator but not worse for a broad measure. I understand the difference as regards secondary coding only when an external factor being utilised for the narrow measure, but I am not as clear on the reasons why we are better for a broad measure than a narrow measure. Is it because of recording practice or that our area just has fewer alcohol related admissions that warrant a secondary coding that is not an external factors?”

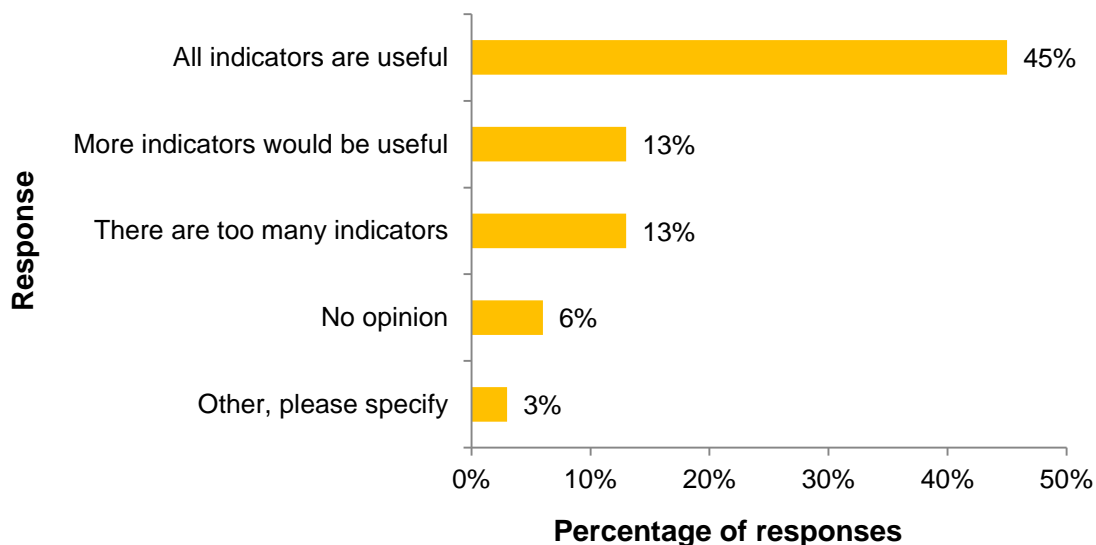
“I think for someone who is new to the subject (and many people are) it would be more useful to have a very simple explanation.”

“When discussing broad / narrow I can explain to colleagues what is provided in the guidance but am often asked 'but what does that mean' and I struggle to provide a more basic explanation and provide examples.”

Q7. What is your view about the range of hospital admission indicators we provide in LAPE?

Almost half of respondents found all of the indicators useful and a minority stated that there were either too many or too few. One respondent provided an additional view regarding timeliness of data; “Timeliness of the data needs to be improved as it is not helpful to have to operate with a provisional figure for nearly a year before the final data is released.”

Q7. Tell us your view regarding the range of hospital admission indicators we provide



Q8. Are there indicators you would find more useful/suggestions for new indicators?

Respondents made several suggestions for more useful indicators. These included data to support licensing objectives concerning the method of procurement, treatment indicators expressed as a ratio to compare areas, hospital admission measures of poly-substance use (alcohol and drugs) and synthetic consumption estimates.

Box 3. Suggestions for new LAPE indicators

“Links to social marketing tools like MOSAIC and ACORN”

“Alcohol consumption measures”

“More broad indicators that are useful for leveraging action across the system”

“Something on the total amount of time in hospital due to alcohol specific conditions or average amount of time in hospital per admission - would give a cost factor and also an indicator of the number of opportunities to engage with the person”

“Something more specific on repeat admissions - perhaps total who have 6 or more in a year? or time between repeat episodes”

“Alcohol related domestic violence”

“Alcohol misuse linked with drug misuse”

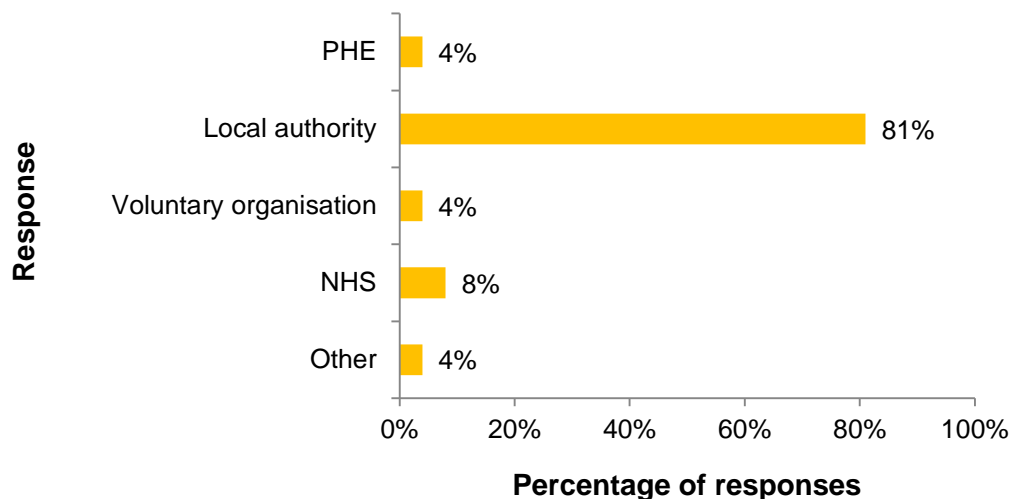
“Bring back crime and prevalence data”

“Types of cancer”

Respondent profile and uses of LAPE data

Which type of organisation do you work for?*

The majority of respondents were from local authorities.



Please tell us how you are going to use the data from the LAPE website and how you have used it in the past?

The responses indicate that LAPE data is used widely for planning, prioritising and monitoring. It is also used to inform decision making and to influence stakeholders.

Specific comments received include the following:

- Health Needs Assessment and comparing against referrals into alcohol treatment
- to inform the local alcohol reduction action plan
- keeping public health team updated (including drugs & alcohol team) to feed into strategies/plans; also use within JSNA and share with other stakeholders as appropriate

- informing commissioning decisions
- Community Safety Partnership exec group presentations and to support prioritisation. Sharing with Health & Wellbeing boards and other partners
- used in needs assessments, strategies and ad hoc reports to show current position, show trends and compare to other cities.
- forecasting, monitoring, planning
- to substantiate funding bids
- to support planning work around an alcohol reduction intervention
- to inform strategic groups, JSNA, HNA, local activity - inform decision making to reduce alcohol consumption within parts of the population where there is increased alcohol related liver disease and cancers.
- to support local decision making, prioritisation, information gathering and comparison.
- to inform partners with the possibility of influencing decision making
- to write strategies, to consult with experts in the field and use as a guidance for discussion, to drive targets (treatment numbers) to make commissioning decisions and take local action (eg drives local projects)
- to support the need for continued investment in alcohol treatment services.
- to monitor impact and success of local initiatives shown by reducing rates of mortality/admissions
- to influence future service provision
- to improve outcomes and direct resources
- to influence decision-making and local action
- to inform and convince colleagues of need to invest in or intervene on alcohol.

How PHE plans to respond

We have noted the various suggestions and requests for further clarity and propose to make the following changes to the LAPE indicators and documentation:

- i) We will produce a simplified user guide to accompany the more technical documentation. This will include examples and suggestions for how the data can be interpreted and used.
- ii) In order to reduce the complexity of the alcohol-related hospital admission indicators, we plan to move towards publishing measures based on hospital admission episodes based indicators only, but will assess the impact of replacing current person-based indicators with those based on admission episodes and consult further with stakeholders before implementation.
- iii) We plan to include new indicators relating to alcohol-related crime from November 2017. These will be based on recorded crime data. A detailed

description of the chosen methodology and alternatives considered can be found [here](#).

Glossary of key terms

| | |
|-------------------|---|
| Broad definition | A measure of hospital admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition. This represents a broad measure. It provides evidence of the scale of the problem but is sensitive to changes in coding practice over time. |
| Narrow definition | A measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition or one of the secondary (contributory) diagnoses is an externally caused alcohol-related condition. This represents a narrower measure. Since every hospital admission must have a primary diagnosis it is less sensitive to coding practices but may also understate the part alcohol plays in the admission. |
| Person-based | Estimates of the number of persons admitted to hospital at least once during the course of a year. Individuals may not be counted more than once within each year. Used to measure the number of individuals being adversely affected by alcohol. |
| Admission-based | Estimates the number of hospital admissions during the course of a year. Individuals may be counted more than once within each year. Used as a measure of pressures from alcohol on health systems. |

Further information

The Local Alcohol Profiles for England (LAPE) have been published on an annual basis since 2006. These profiles have been designed to help local government and health services assess the effect of alcohol use on their local populations. They will inform commissioning and planning decisions to tackle alcohol use and improve the health of local communities.

The LAPE data tool helps local areas assess alcohol-related harm and monitor the progress of efforts to reduce this: fingertips.phe.org.uk/profile/local-alcohol-profiles
Definitions and methodology for all LAPE indicators is described in our user guide: fingertips.phe.org.uk/documents/LAPE%202017%20User%20Guide_01.03.17.pdf

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