

Alcohol related harm:

Hospital admissions, A&E attendances due to assault and ambulance call outs

East Sussex Public Health Directorate, June 2011

Summary of contents

This report pulls together available data for East Sussex on alcohol related hospital admissions, attendances at A&E due to assaults and alcohol related ambulance call outs. It is a descriptive report based on data that has been made available nationally as well as drawing on local data where appropriate. It does not capture the extent of the burden that alcohol places on health services, but for the part of that picture that can be captured, describes what is going on in East Sussex.

It provides an update for the East Sussex Alcohol Steering Group and builds upon an alcohol related harm report produced in May 2010.

A brief description of the data presented in the report is below.

Alcohol-related hospital admissions – NI39

These data relate to the national indicator for alcohol-related hospital admissions. The indicator counts hospital admissions that are wholly attributable to alcohol as well as a proportion of diseases and injuries where alcohol can play a part (alcohol attributable fractions). For example, if an adult male is admitted once for ethanol poisoning and four times for assault, he will contribute 5 of the total admissions and 2.08 to the NI39 admissions (the attributable fraction for assault ethanol poisoning is 1 and for assault is 0.27, therefore $1 + (0.27 \times 4) = 2.08$). (Example taken from Understanding NI39 in the East Midlands 2009 EMPHO Public Health Observatory). Source: NWPHO

Alcohol directly attributable hospital admissions

These data relate to hospital admissions that are directly attributable to alcohol only – they do not include alcohol attributable fractions.

A&E attendances due to assaults

These data relate to attendances at A&E due to assault, between the hours of 8pm and 7am. This data does not capture where incidents occurred. Note that the time frame has been widened from previous reports (9pm-4am).

Alcohol suspected ambulance call outs

These data have been provided by SECAmb and relates to incidents attended by ambulances where the crew (on the scene) suspect that alcohol is related to the incident, and record this on the patient clinical report.

For the purposes of this report, the time frame 8pm-7am has been used to capture alcohol related harm from the night time economy.

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1. Alcohol-related hospital admissions

1.1 Alcohol related hospital admissions (NI39)

An indicator has been developed to provide a comprehensive method for recognising, recording and tracking alcohol-related hospital admissions. Hospital admissions that are wholly attributable to alcohol are included as well as a proportion of diseases and injuries where alcohol can play a part (alcohol attributable fractions). The indicator is a directly age-standardised rate and measures the rate of alcohol harm related hospital admissions per 100,000 population. The North West Public Health Observatory (NWPHO) produces the indicator data (see Appendix for detailed information on the indicator and the alcohol attributable fractions).

Data behind some of the graphs in this report can be found in the appendix.

Figure 1: alcohol related hospital admissions, East Sussex PCTs

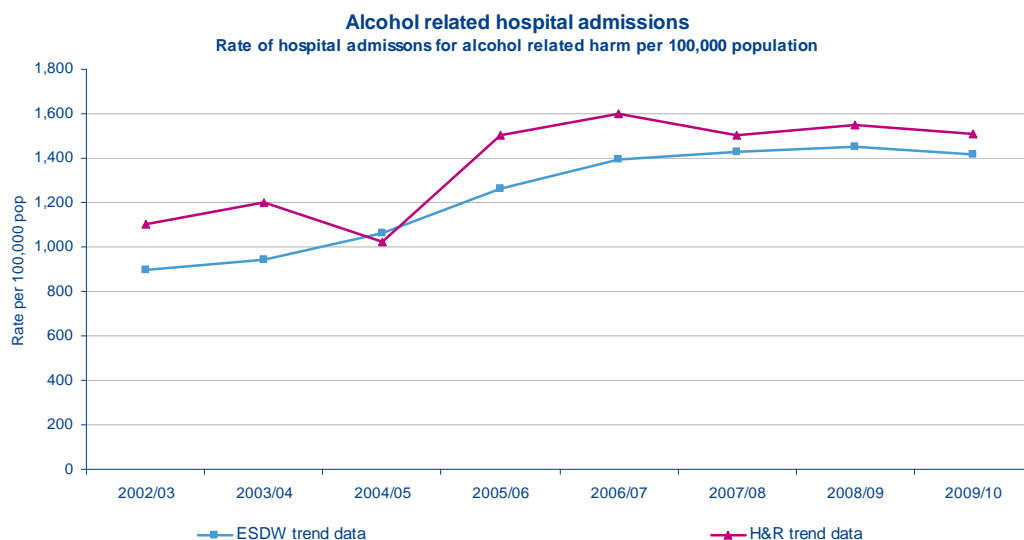
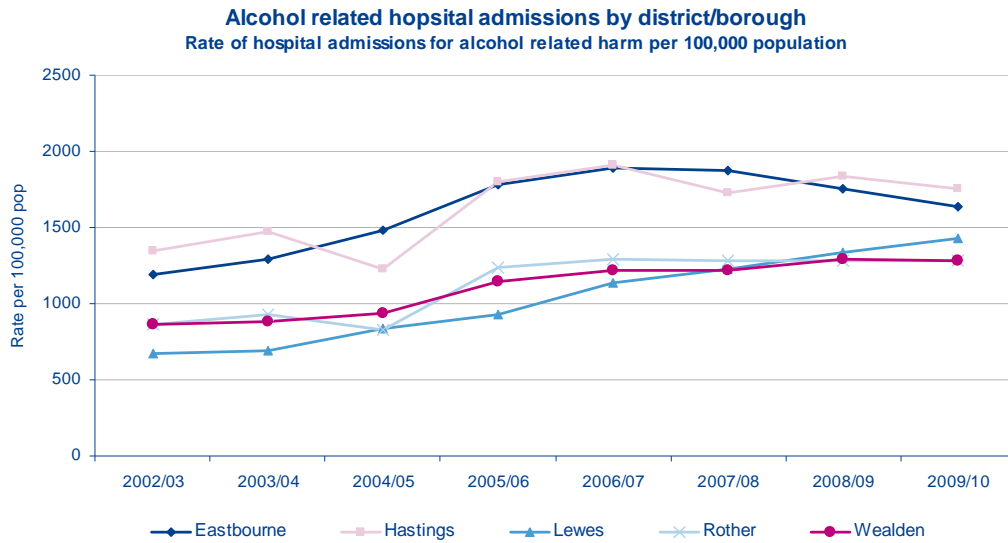
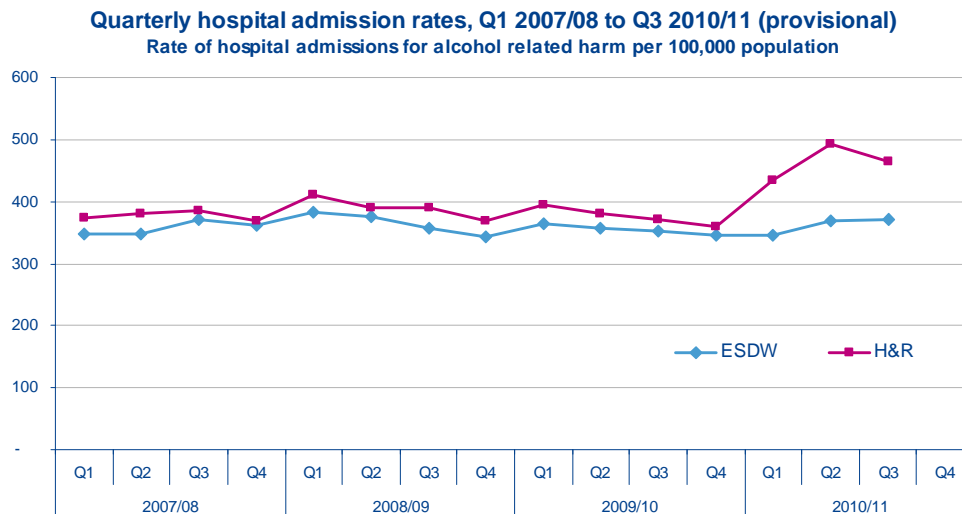


Figure 2: alcohol related hospital admissions by district/borough



NWPHO have released provisional quarterly data for 2010/11 up to Q3 (Figure 3). NHS East Sussex Downs and Weald has seen a 1% increase in 2010/11 over Q1-Q3 compared to the first two quarters in 2009/10. NHS Hastings and Rother has seen a 21% increase in alcohol related hospital admissions over the same period.

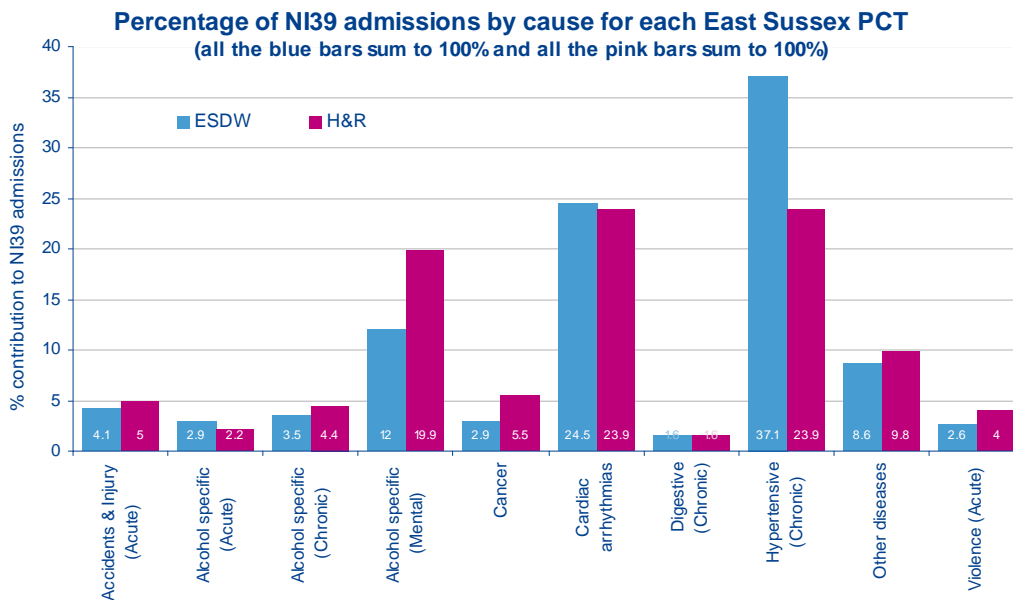
Figure 3: quarterly hospital admissions up to Q3 2010/11



Due to the complexity of the indicator calculation, NWPHO publish the rates and number of alcohol related hospital admissions included. They have also published some sub-analysis looking at sex, age and condition. All sub-analysis presented in this report relates to 2008/09. **Please note that this is the same data as in last years report, NWPHO have not published an update.**

Figure 4 shows the relative contribution of conditions to the NI39 indicator for each PCT in 2008/09 (all the bars for ESDW total 100% and similarly for H&R). For ESDW, hypertensive diseases are the main contributor to the admissions for NI39 (37.1%) followed by cardiac arrhythmias (24.5%). For H&R, hypertensive diseases and cardiac arrhythmias are the main contributors to NI39, both contributing 23.9% of admissions. H&R PCT has a higher contribution from alcohol specific mental disorders compared to ESDW (19.9% compared to 12%).

Figure 4: percentage of NI39 admissions by cause and PCT

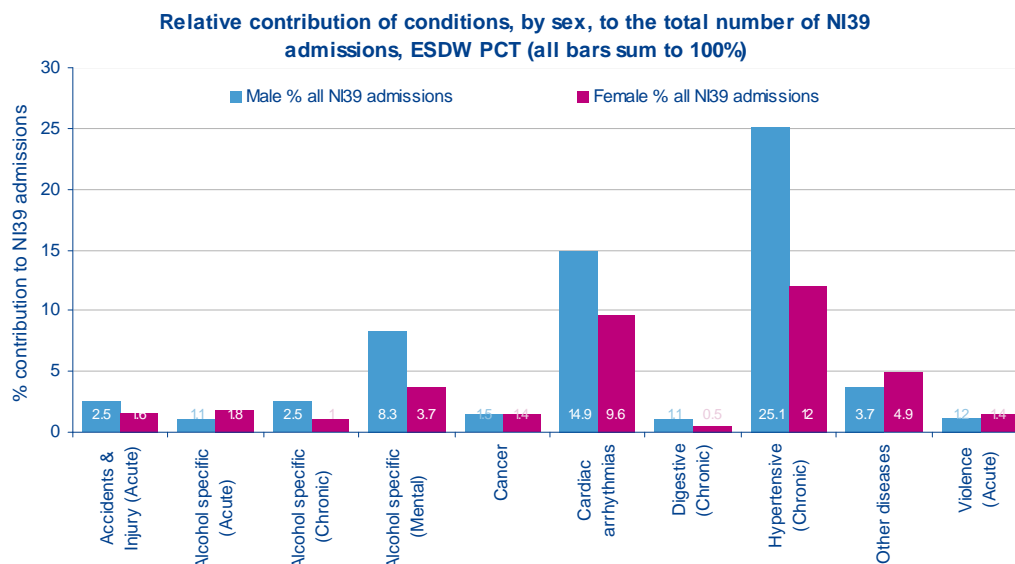


For each PCT, the relative contribution of the condition groups, by sex, to the total number of NI39 admissions is shown in Figures 5 and 6 (note

that the graphs for each PCT have a different scale on the y-axis so caution when comparing the two PCTs). Corresponding data, including the number of admissions that make up the relative contribution to the condition groups, can be found in the appendix.

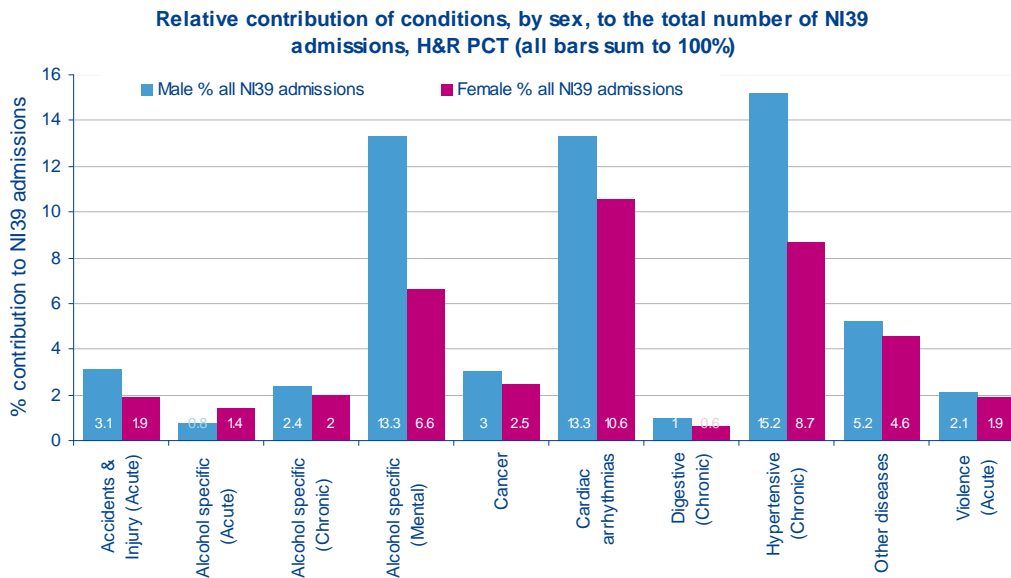
A quarter of NI39 admissions for ESDW PCT come from males with hypertensive diseases (25.1%). Another quarter comes from cardiac arrhythmias (males and females) (24.5%). The total contribution towards the indicator from admissions as a result of violence is only 2.6% (males and females).

Figure 5: relative contribution by condition and sex to NI39 admissions, ESDW



The highest contributor to NI39 admissions for H&R is hypertensive diseases in males (15.2%) followed by cardiac arrhythmias and alcohol specific mental disorders in males, both with 13.2%.

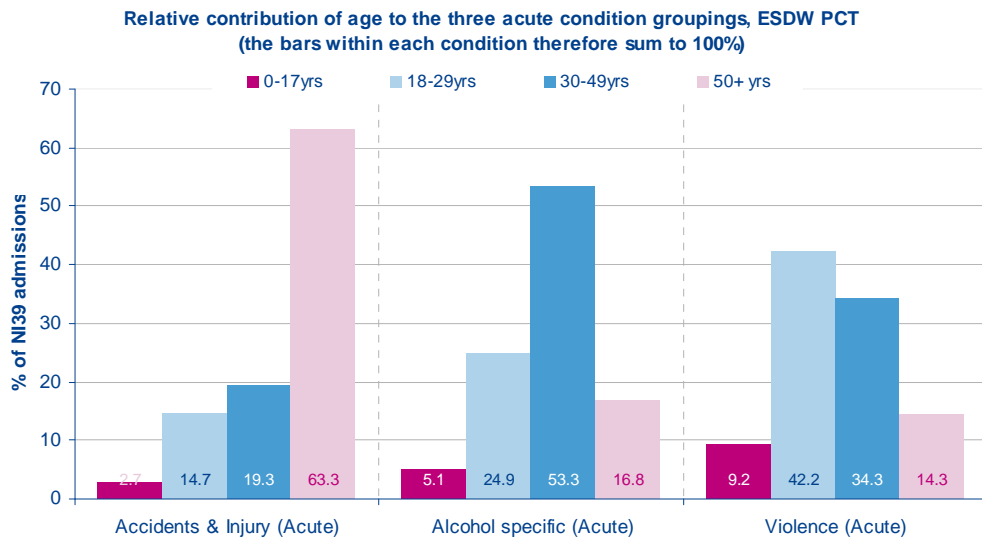
Figure 6: relative contribution by condition and sex to NI39 admissions, H&R



Analysis of acute, chronic and mental/behavioural admissions is available broken down by age group. Different age bands have been used for different conditions to reduce the amount of suppression necessary as data that relates to less than 5 individuals has not been released. Due to the small numbers involved in some instances, data may only be available for one PCT.

Figure 7 shows the breakdown by age group for the three acute condition groups within NI39 for ESDW PCT. Almost two-thirds of acute accident and injury admissions that contribute towards NI39 come from those aged 50 years or over (63.3%). Just over half of acute alcohol specific NI39 admissions are from those aged 30-49 years (53.3%). Across all acute condition groups, those aged under 18 years of age contribute the least towards admissions within the condition group. Due to small numbers, the equivalent data is not available for H&R PCT.

Figure 7: NI39 acute conditions by age group, ESDW



The breakdown by age group for NI39 chronic conditions is shown in Figures 8 and 9. Both PCTs show a similar pattern in the age breakdown within each chronic condition group. There is an increasing contribution by age within NI39 cancer admissions. The majority of cardiac arrhythmia admissions are in those aged 65 years and over. The contribution from those aged 65 years and over is also highest in digestive diseases and hypertensive diseases.

Figure 8: NI39 chronic conditions by age group, ESDW

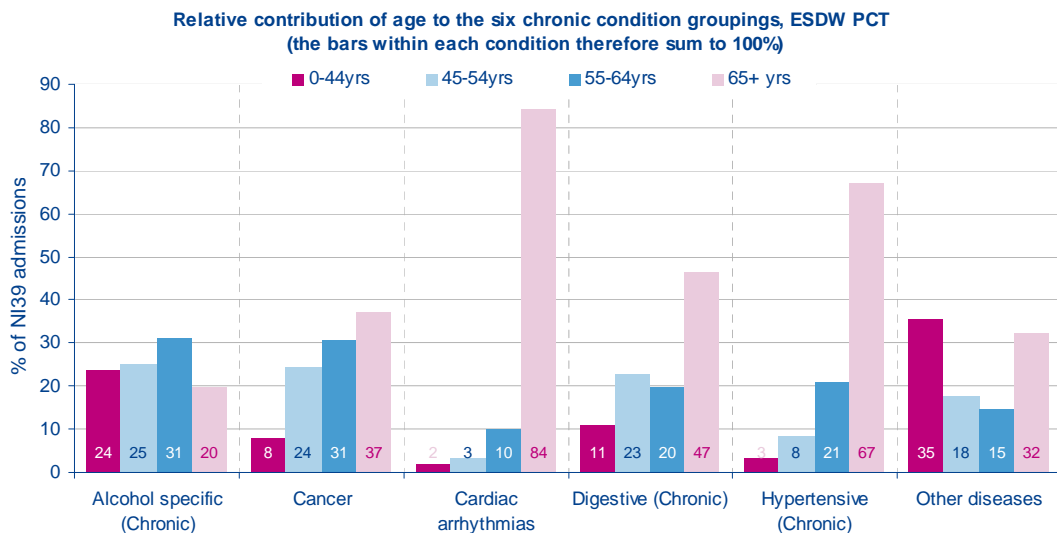
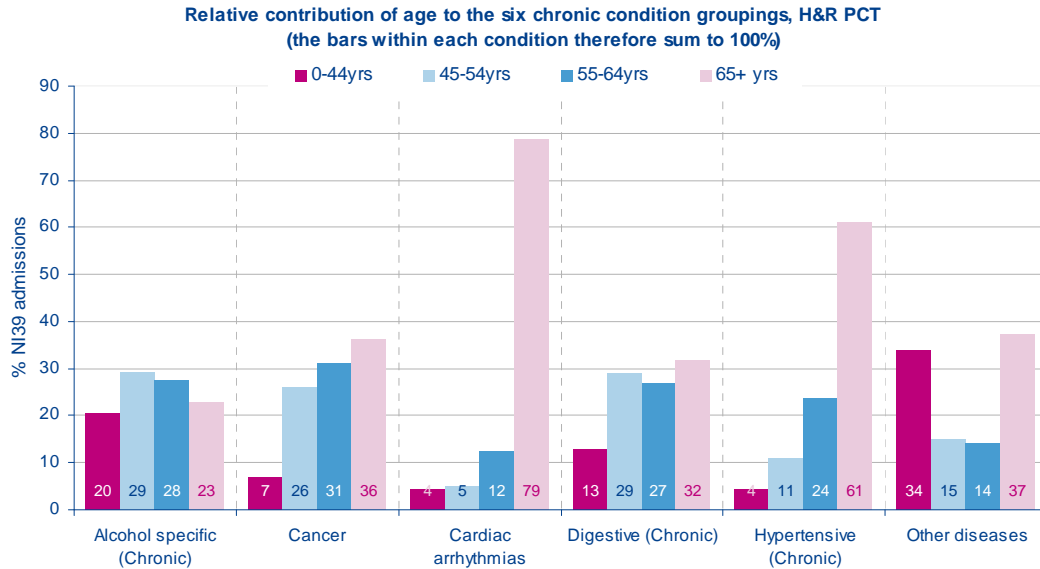


Figure 9: NI39 chronic conditions by age group, H&R



The breakdown by age group for alcohol-specific mental and behavioural disorders for each PCT is shown in Figures 10 and 11. Both PCTs show a similar distribution of admissions by age with around 40% from the 30-49 years age group and one in four from those aged 50-64 years. Those aged under 18 years make up the smallest percentage of alcohol-specific mental and behavioural admissions (less than 5%).

Figure 10: relative contribution of age to mental and behavioural disorders due to use of alcohol, ESDW

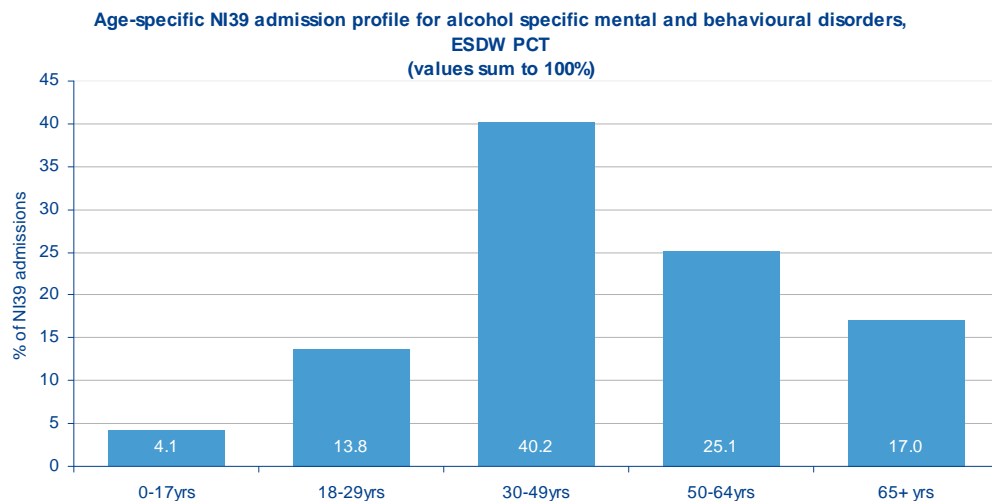
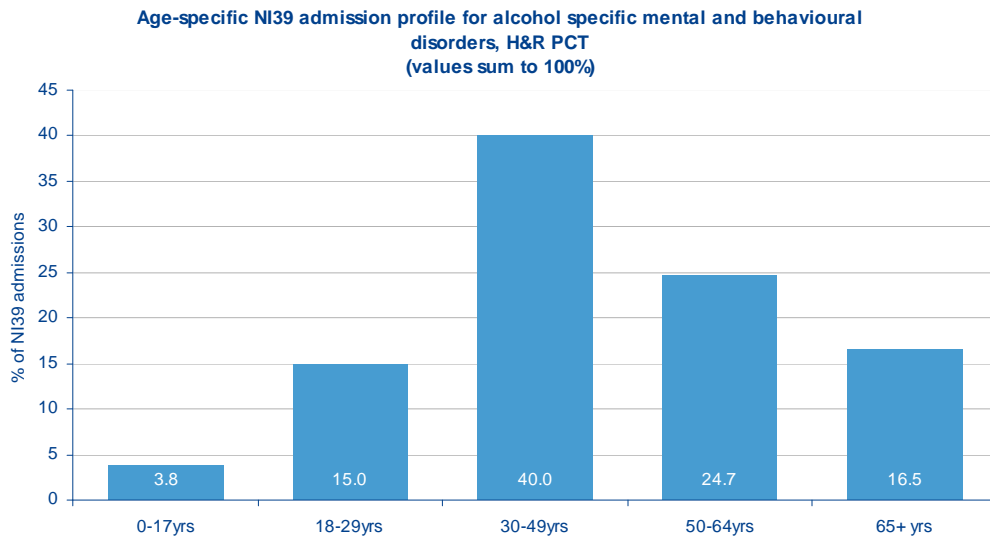


Figure 11: relative contribution of age to mental and behavioural disorders due to use of alcohol, H&R



1.2 Alcohol directly attributable hospital admissions

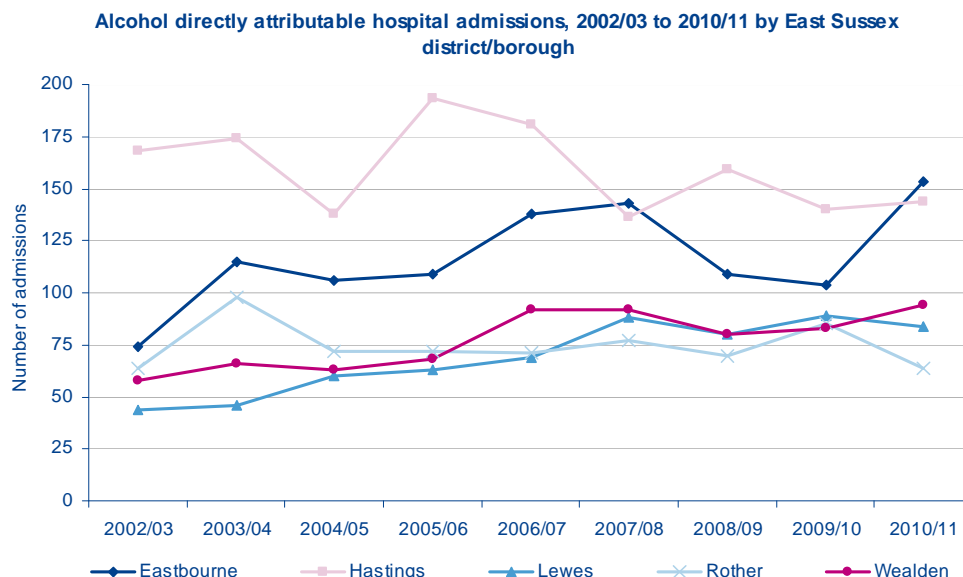
It is not possible to reproduce the national indicator locally due to the complexity of the methodology and dataset used. It is, however, possible to look at alcohol directly attributable hospital admissions (the indicator is made up of direct and indirect alcohol related hospital admissions). All directly attributable admissions are sourced from Secondary Uses Service (SUS) hospital episode extracts accessed via the Sussex database (SUS is a national data warehouse for NHS care activity).

Alcohol directly attributable diagnoses defined as primary diagnosis of one of the following:

ICD code	ICD name
E24.4	Alcohol-induced pseudo-Cushing's syndrome
F10	Mental and behavioural disorders due to use of alcohol
G31.2	Degeneration of nervous system due to alcohol
G62.1	Alcoholic polyneuropathy
G72.1	Alcoholic myopathy
I42.6	Alcoholic cardiomyopathy
K29.2	Alcoholic gastritis
K70	Alcoholic liver disease
K86.0	Chronic pancreatitis (alcohol induced)
T51.0	Ethanol poisoning
T51.1	Methanol poisoning
T51.9	Toxic effect of alcohol, unspecified
X45	Accidental poisoning by and exposure to alcohol

The number of hospital admissions directly attributable to alcohol for East Sussex local authorities for 2002/03 to 2010/11 is shown in Figure 12. Hastings and Eastbourne have the highest number of admissions.

Figure 12: trend of directly attributable hospital admissions by local authority



One in five admissions are from those aged less than 35 years and 71% are from those aged between 35 and 64 years. One in ten admissions are those aged 65 years or over (see table 1).

Table 1: age and sex of alcohol related hospital admissions, 2010/11 East Sussex residents

	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+	Total	
Male	4	18	35	80	99	80	29	6	351	65%
Female	12	23	14	47	56	21	7	8	188	35%
Total	16	41	49	127	155	101	36	14	539	100%
	3%	8%	9%	24%	29%	19%	7%	3%	100%	

Two-thirds of directly attributable alcohol admissions are for mental and behavioural disorders due to alcohol (68%). Almost a quarter are for alcoholic liver disease (23%).

Table 2: admissions by diagnosis, East Sussex residents

Diagnosis	2010/11
F10 – Mental & behavioural disorders due to use of alcohol	369
K70 – Alcoholic liver disease	126
K860 – Chronic pancreatitis (alcohol induced)	22
T510 – Ethanol poisoning	8
K292 – Alcoholic gastritis	7
Other (G312, G621, G721, I426, T511 and T519)	7

Figures 13 and 14 show the directly attributable alcohol related admissions for East Sussex Hospitals Trust split by site. These are all alcohol related admissions regardless where the patient may live (i.e. may not just be East Sussex residents). Note the graphs have different y-axes as Conquest hospital has more admissions than Eastbourne DGH.

Figure 13: Conquest hospital alcohol related hospital admissions

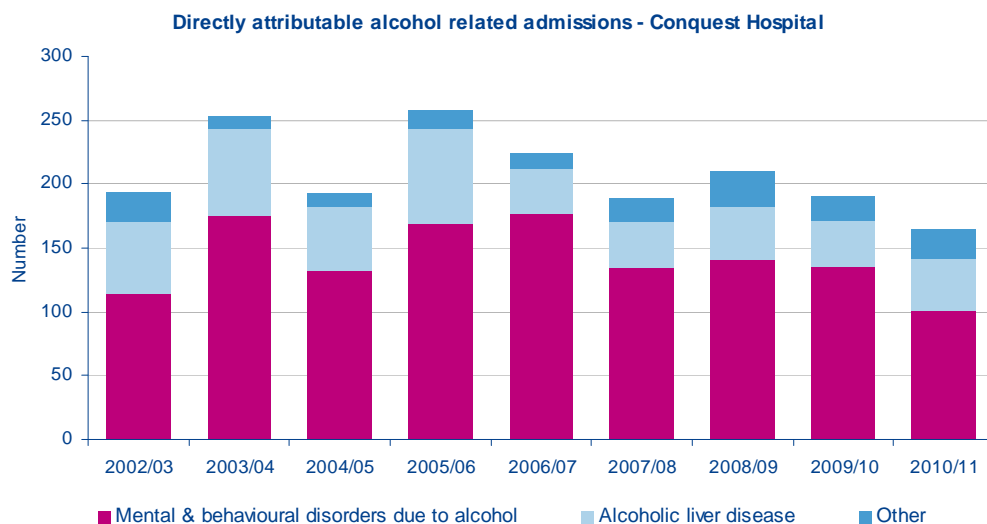
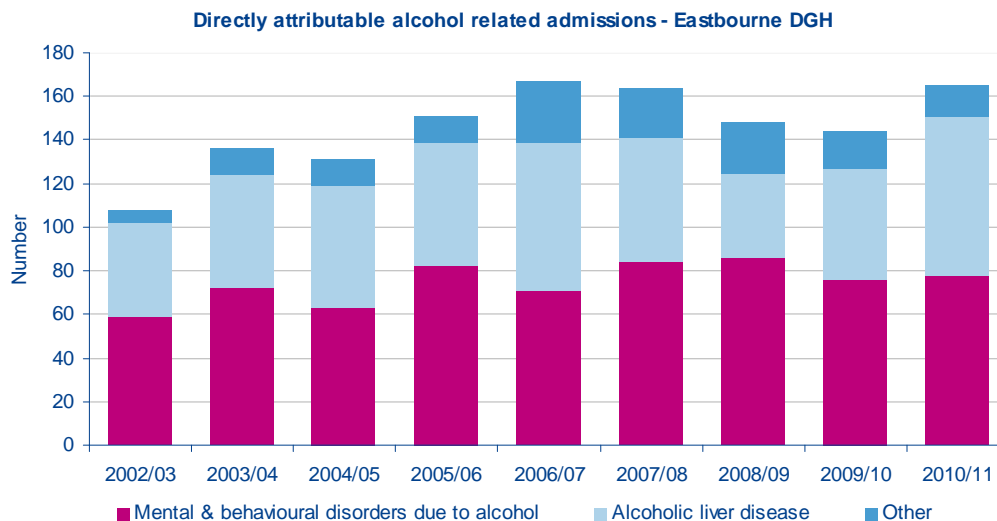


Figure 14: Eastbourne DGH hospital alcohol related hospital admissions



Using NHS numbers it is possible to look at those patients who have been admitted more than once due to alcohol (NHS number is available for 96% of the admissions for 2010/11). During 2010/11 there were 519 directly attributable alcohol related hospital admissions that related to 395 East Sussex residents (Table 3).

Table 3: readmissions, East Sussex residents 2010/11

Diagnosis	Number of admissions	Number of patients	Average admissions per patient
F10 – Mental & behavioural disorders due to use of alcohol	351	289	1.2
K70 – Alcoholic liver disease	125	81	1.5
K860 – Chronic pancreatitis (alcohol induced)	22	19	1.2
Other	21	20	1.1
<i>Total</i>	<i>519</i>	<i>395</i>	<i>1.3</i>

2. Attendances at A&E

Attendances at A&E due to assault (patient group 20) between 8pm and 7am has been used as a proxy for alcohol related A&E attendances. Data presented is for the three years 2008/09 – 2010/11. Analysis by geography is based on the postcode of the patient, not where the assault took place.

Half of attendances are in those aged 15-24 years with few attendances in the under 10's and over 60's, see Figure 15. Two-thirds of attendances are from those aged 10-29 years, Figure 16.

Figure 15: age distribution of A&E attendances due to assault

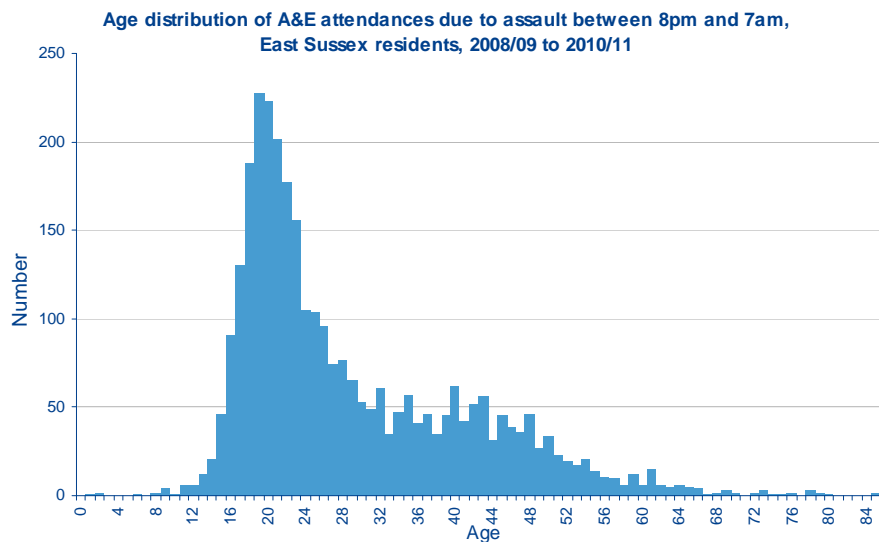


Figure 16: age breakdown of A&E attendances due to assault, 2010/11

**Age breakdown of A&E attendances due to assault
8pm-7am, East Sussex residents 2008/09 to 2010/11**

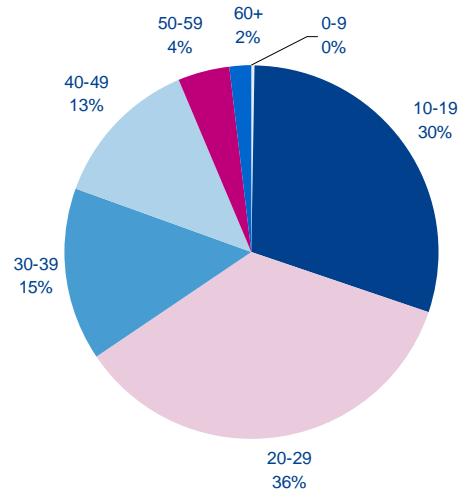


Table 4 shows the rate of A&E attendances due to assault are highest in Hastings for those aged 15-29 years, and highest in Eastbourne for those aged 30-59 years.

Table 4: A&E attendances due to assault (8pm-7am) by East Sussex local authority and age group, 2010/11

	Number of attendances		Rate per 1,000 population	
	15-29yrs	30-59yrs	15-29yrs	30-59yrs
Eastbourne	168	97	9.6	2.8
Hastings	189	89	12.1	2.6
Lewes	79	34	5.6	0.9
Rother	79	32	7.0	1.0
Wealden	98	38	5.3	0.7
<i>East Sussex</i>	<i>613</i>	<i>290</i>	<i>8.0</i>	<i>1.5</i>

Source for populations: ONS MYE 2009

Table 5 shows the rate of A&E attendances due to assault between 8pm-7am for the 10 East Sussex wards with the highest rate per 1,000 population aged 15-59 years for 2008/09 to 2010/11. For the wards with the highest rates in each district/borough – please see the individual district/borough sections of this report.

Table 5: top ten wards in East Sussex with highest rate of attendances at A&E between 8pm and 7am due to assault, 2008/09 to 2010/11 (Population aged 15-59 years)

Ward of residence	Local Authority	Number of attendances	Rate per 1,000 population
Central St Leonards	Hastings	124	10.7
Castle	Hastings	113	8.7
Devonshire	Eastbourne	190	8.5
Baird	Hastings	59	8.1
Tressell	Hastings	68	7.7
Hampden Park	Eastbourne	133	7.7
Langney	Eastbourne	132	7.5
Hollington	Hastings	68	6.5
Gensing	Hastings	71	6.1
Wishing Tree	Hastings	51	5.8

Source for ward populations: CACI 2009

During 2010/11 the majority of East Sussex residents attended an A&E at East Sussex Hospitals Trust (78%) with around one in ten attending in Brighton.

Figure 17: East Sussex resident A&E attendances by hospital site, 2010/11

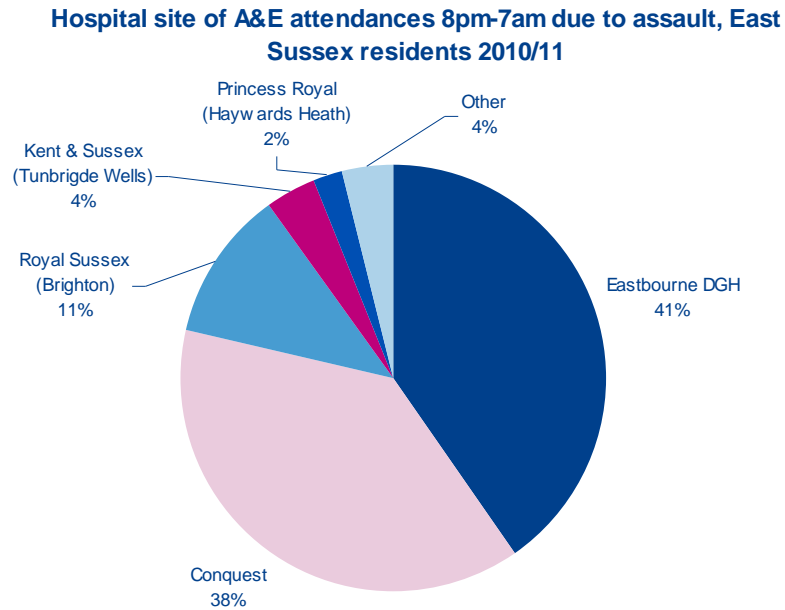
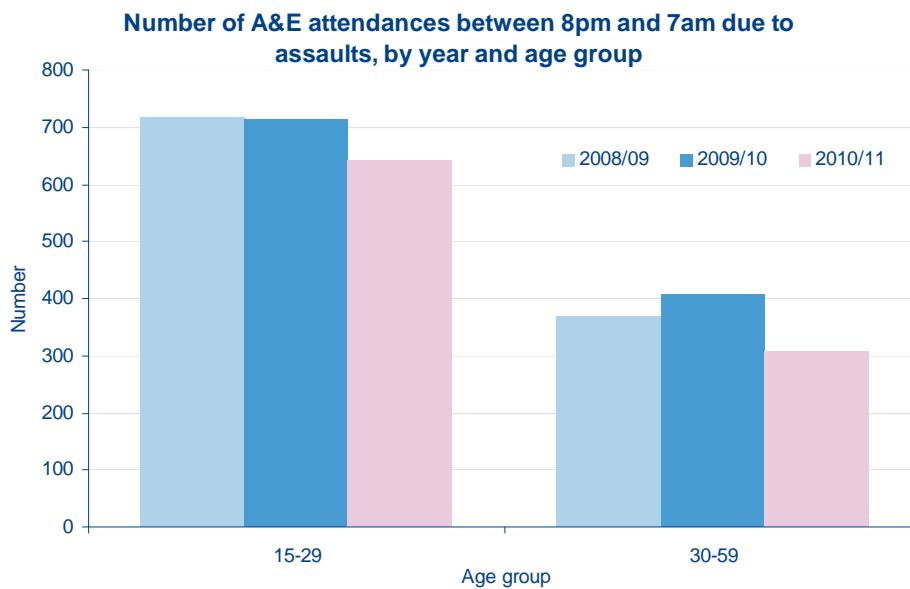


Figure 18 shows the number of attendances by year and age group.

Figure 18: A&E attendances by year and age group, 2008/09 to 2010/11



3. Ambulance call outs

Ambulance patient clinical records (PCR) now contain an indicator for whether the **crew on the scene suspect that alcohol has been involved with the incident**. This has been collected since April 2010, and South East Coast Ambulance Service (SECAmb) has provided data up to January 2011 (on advice from SECAmb, analysis relates to the 7-month period from July 2010 to minimise any impact from the implementation of the new indicator and PCR form). The guidance for collecting this data asks to mark a box with an 'x' if alcohol is suspected, so it is very much a **judgment call of the crew** on the scene, which will differ between individuals. The PCR is manually completed and then scanned, with the data then available around 8 weeks after the incident. Due to scanning and data validation, **PCR data is 80-90% accurate**. Given these caveats, it will **not be a complete picture of the burden that alcohol places on ambulance services**. However, for the first time, it provides some quantification of alcohol related ambulance call outs, demographics of patients involved in such incidents, geographical areas where the numbers are higher and the health implications (whether resulted in falls, overdose/poisoning etc).

The call out data presented relates to incidents that were attended in East Sussex, and therefore they do not necessarily relate to East Sussex residents. Data presented by geographical areas (e.g. PCT, district/boroughs) relate to call outs attended within those geographical boundaries.

During the seven month period July 2010 to January 2011 there were 1,727 alcohol suspected ambulance call outs recorded in East Sussex.

Figure 19: ambulance alcohol suspected call outs by month

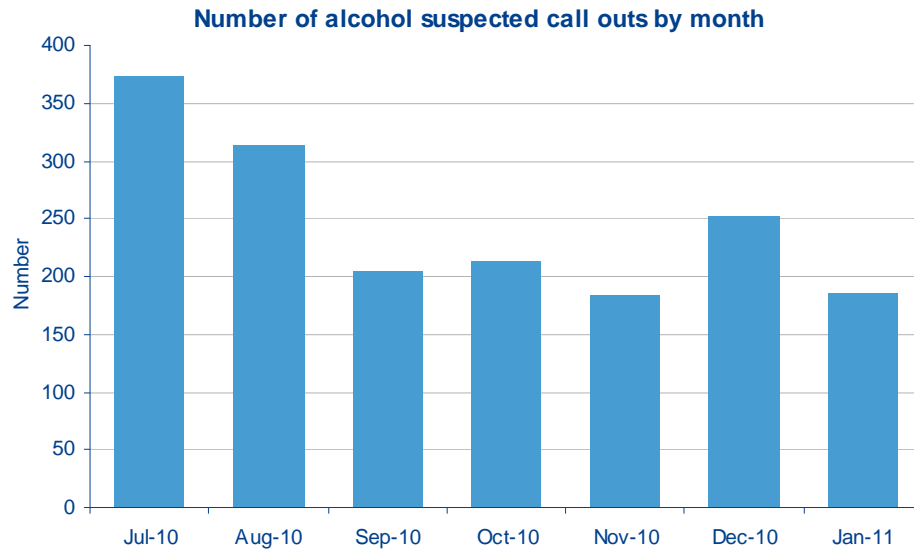


Figure 20: ambulance alcohol suspected call outs by day of the week

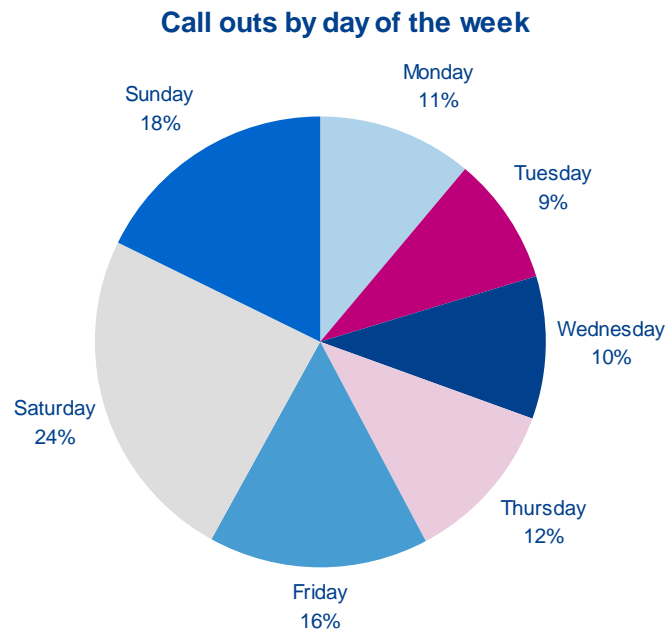


Figure 21 shows the number of alcohol suspected ambulance call outs by hour of the day. There were 1,059 call outs during the hours 8pm-7am, and 668 during 7am-8pm.

Figure 21: ambulance alcohol suspected call outs by hour

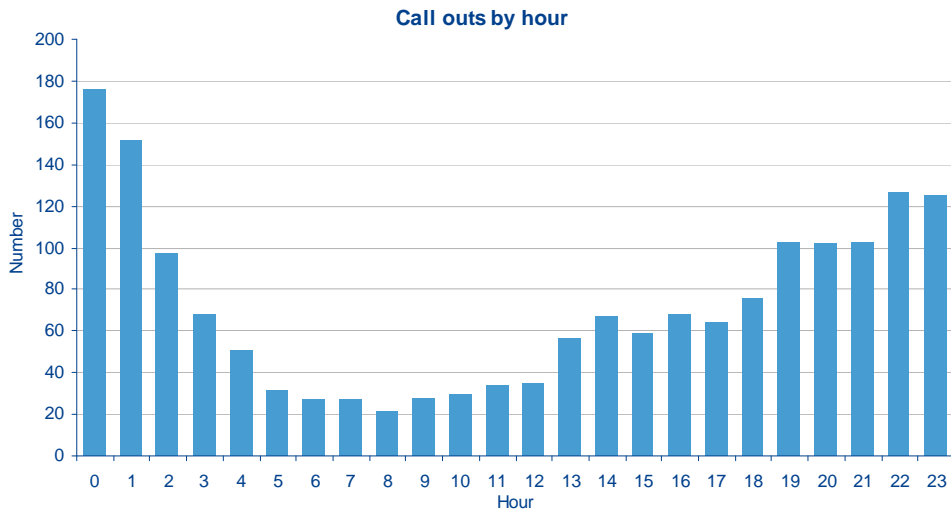


Figure 22 shows the age and sex breakdown of the alcohol suspected ambulance call outs. 1 in 10 call outs are for persons aged 15-19 years, and around a quarter (27%) are for persons aged 60 years and over.

Figure 22: ambulance alcohol suspected call outs by age and sex

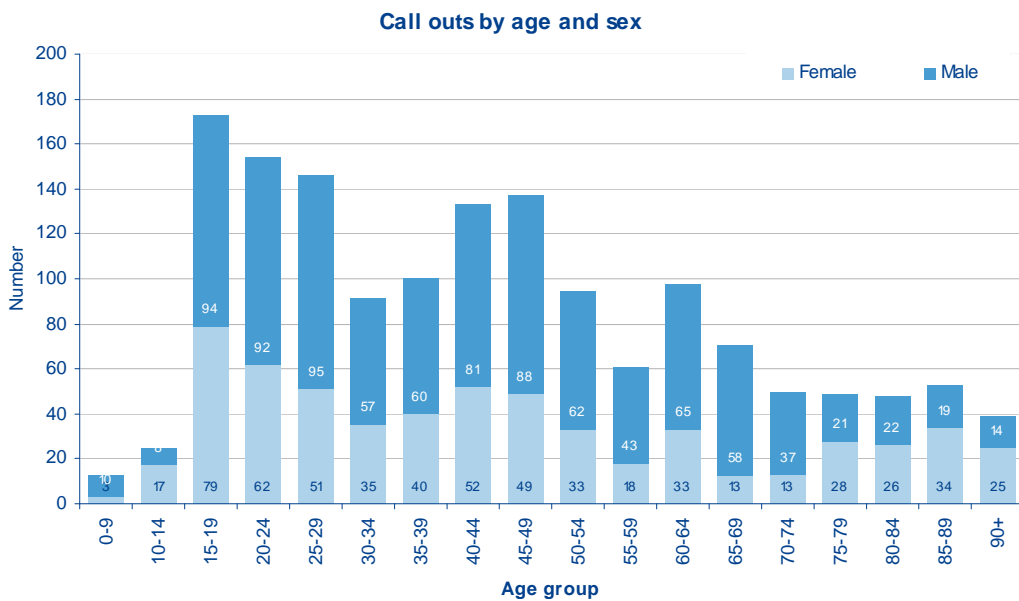


Figure 23: alcohol suspected call outs and health problem, persons aged 15-59 years

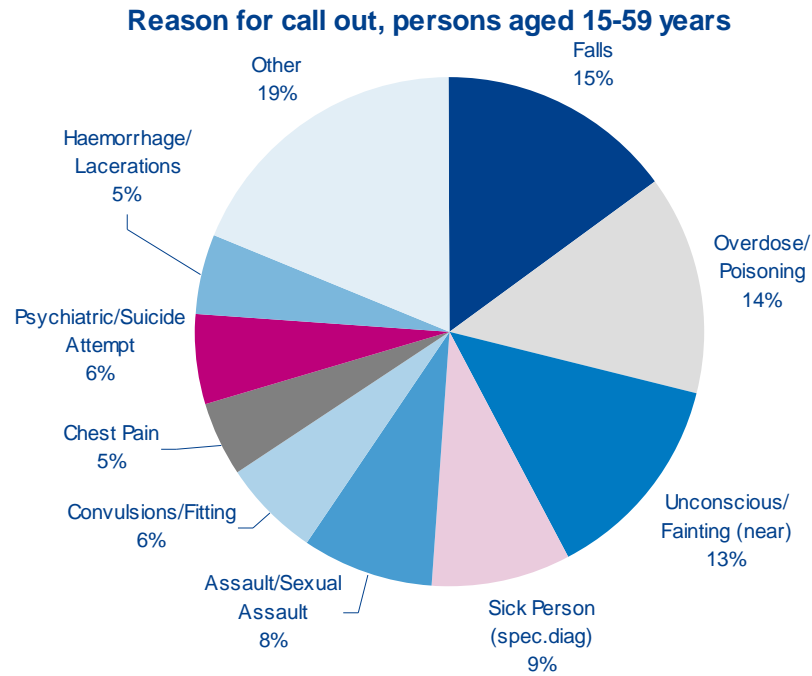
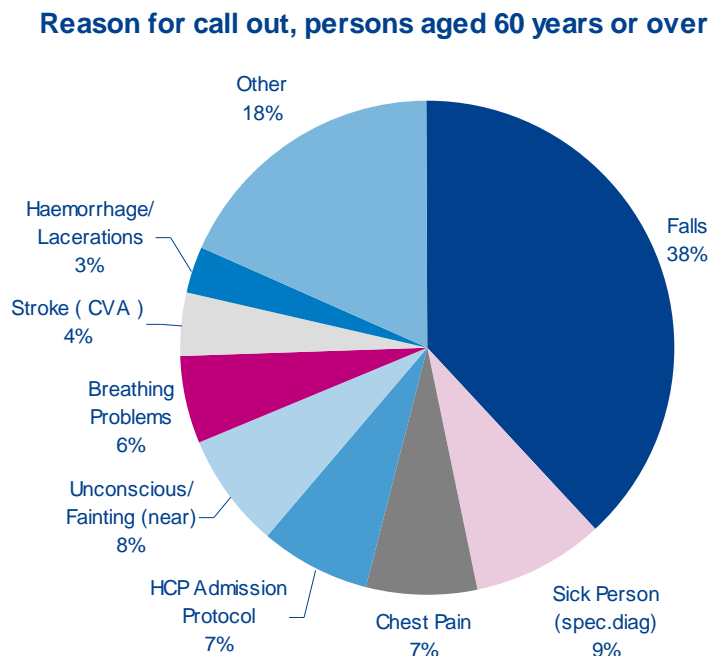


Figure 24: alcohol suspected call outs and health problem, persons aged 60 years and over



The rate of alcohol suspected ambulance call outs is highest in Hastings for those aged 15-59 years and highest in Eastbourne for those aged 60 years and over (Table 6).

Table 6: number and rate of suspected alcohol call outs by district/borough

District/Borough	Number of call outs		Rate per 1,000 pop	
	15-59	60+	15-59	60+
Eastbourne	295	120	9.6	7.2
Hastings	410	81	14.0	6.6
Lewes	156	50	5.2	2.9
Rother	123	88	5.0	4.5
Wealden	109	72	2.5	2.8

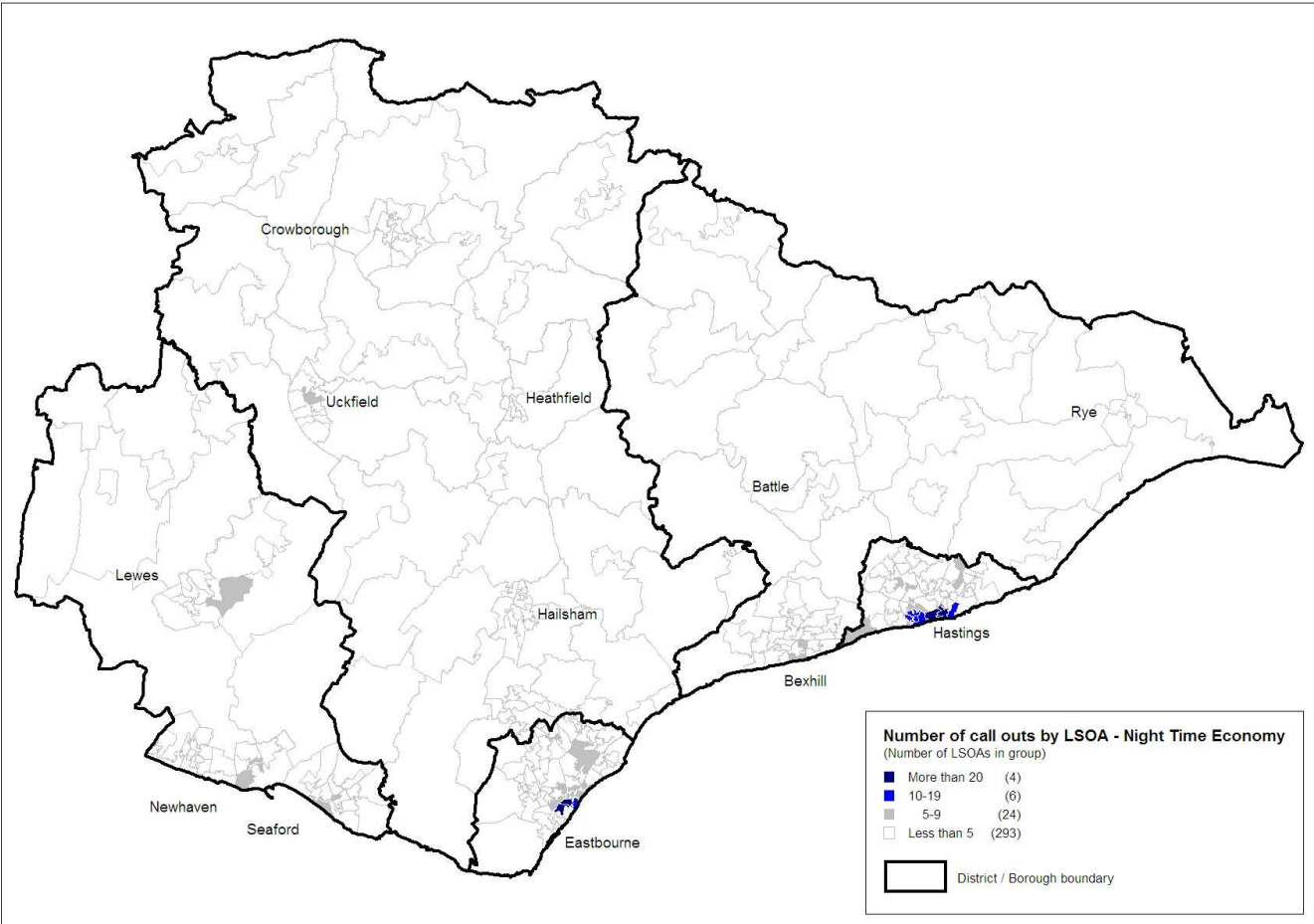
Table 7: top ten wards in East Sussex with highest rate of suspected alcohol call outs, July 10 to Jan 11 (Population aged 15+ years)

Ward of residence	Local Authority	Number of call outs	Rate per 1,000 population
Castle	Hastings	152	44.7
Central St Leonards	Hastings	92	27.0
Devonshire	Eastbourne	137	21.9
Gensing	Hastings	56	17.8
Meads	Eastbourne	89	13.8
Central	Rother	38	13.2
Old Town	Rother	21	10.8
Seaford Central	Lewes	23	9.2
Upperton	Eastbourne	48	8.9
Old Hastings	Hastings	25	8.8

Source for ward populations: CACI 2009

Figures 25-27 show the number of alcohol suspected ambulance call outs for those related to the night time economy (8pm to 7am, ages 15-59 years), and call outs for those aged 60 years or over. This data is mapped by Lower Super Output Ares (LSOA), based on the incident location. It is important to remember that LSOAs are a geography that relate to populations (average population of 1500), but the ambulance call outs for a particular LSOA are just those that occurred with the LSOA boundary – they may all be from one particular street, or dispersed throughout the LSOA.

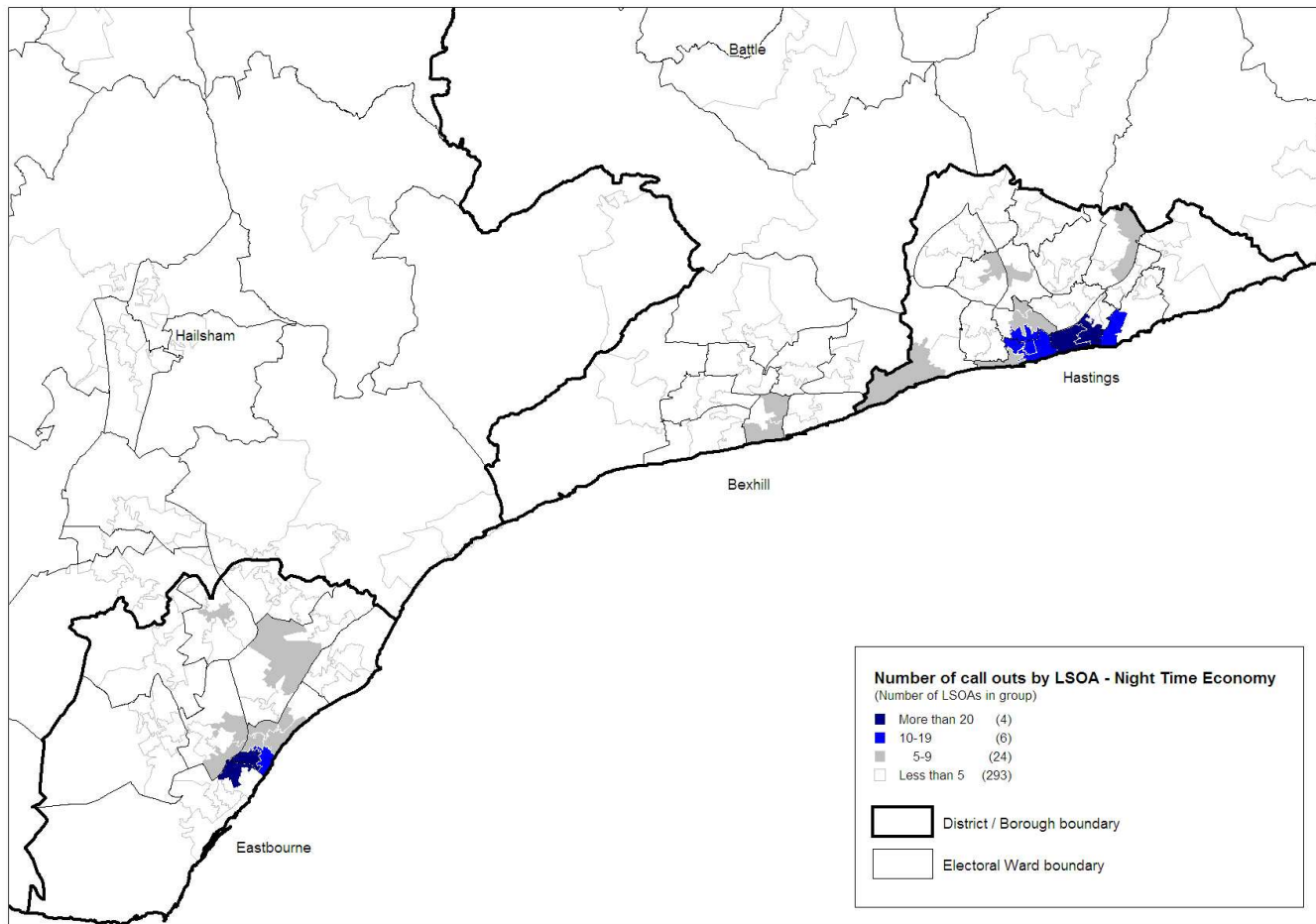
Figure 25: map of night time economy (NTE) alcohol suspected call outs, persons aged 15-59 years



Produced by East Sussex Public Health Intelligence Team, June 2011

Contains Ordnance Survey data © Crown copyright and database right 2010

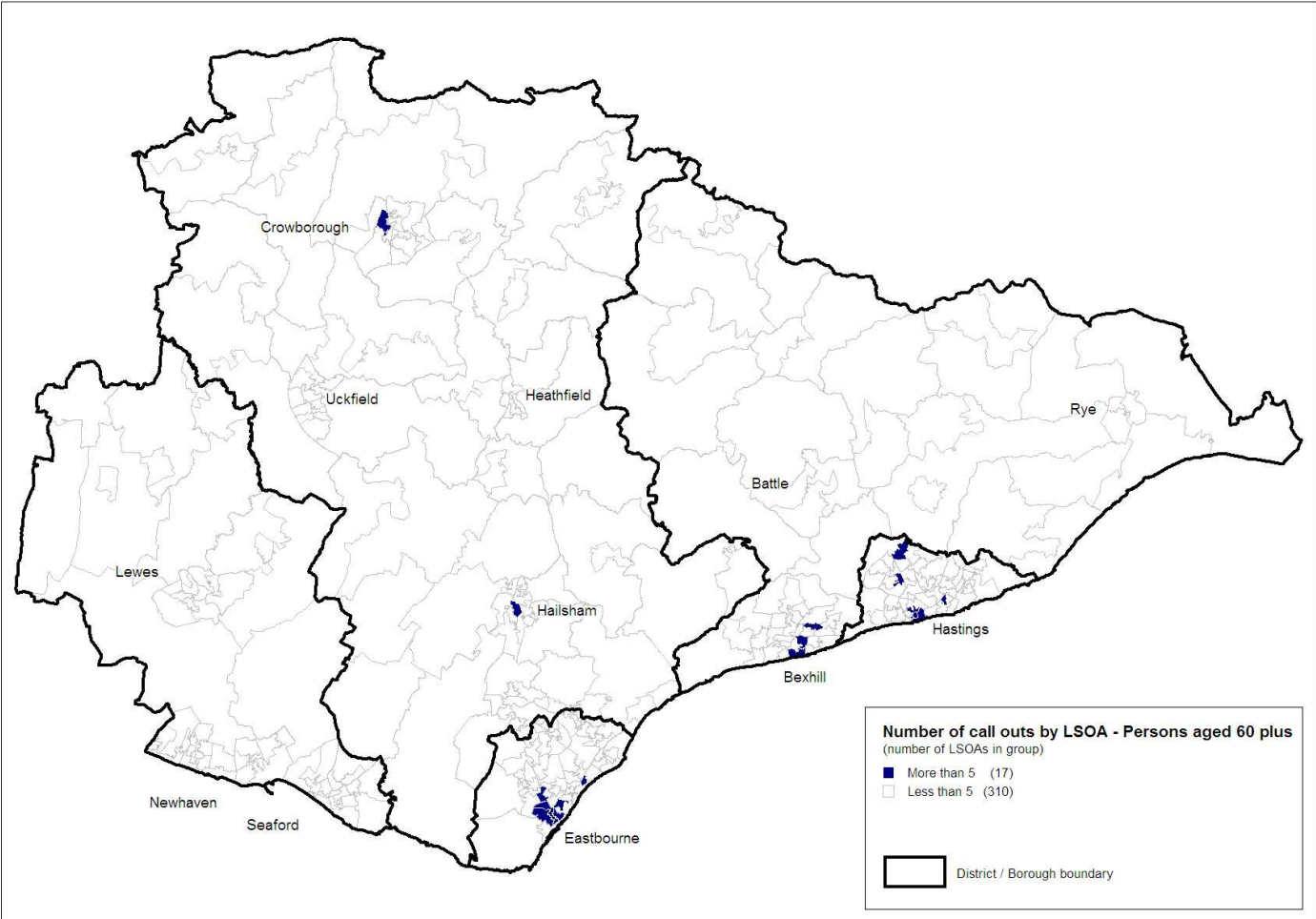
Figure 26: map of night time economy (NTE) alcohol suspected call outs, persons aged 15-59 years, Eastbourne, Bexhill and Hastings



Produced by East Sussex Public Health Intelligence Team, June 2011

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Figure 27: map of alcohol suspected call outs for persons aged 60 years and over



Produced by East Sussex Public Health Intelligence Team, June 2011

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4. Eastbourne

4.1 Alcohol related hospital admissions – NI39

Eastbourne has a consistently higher rate of alcohol related hospital admissions than East Sussex, see Figure 28.

Figure 28: NI39 alcohol related hospital admissions, Eastbourne

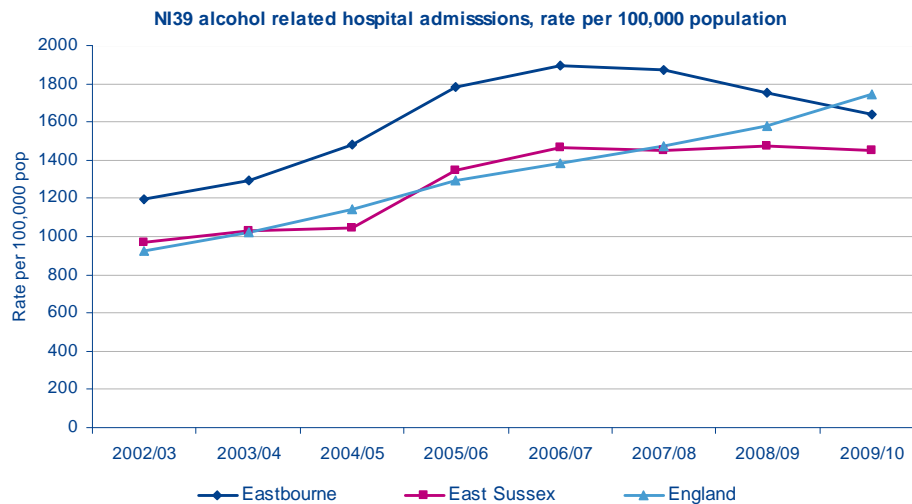
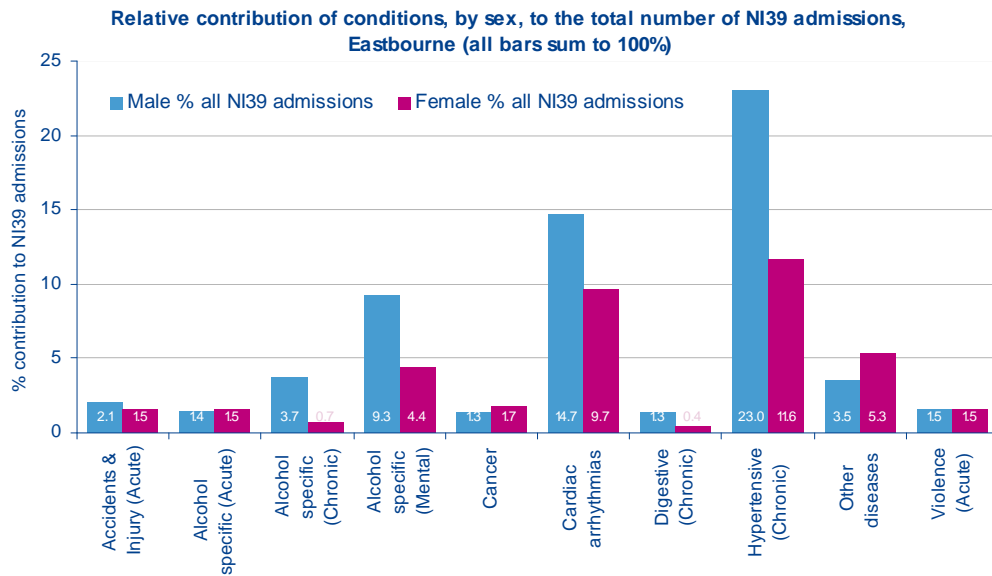


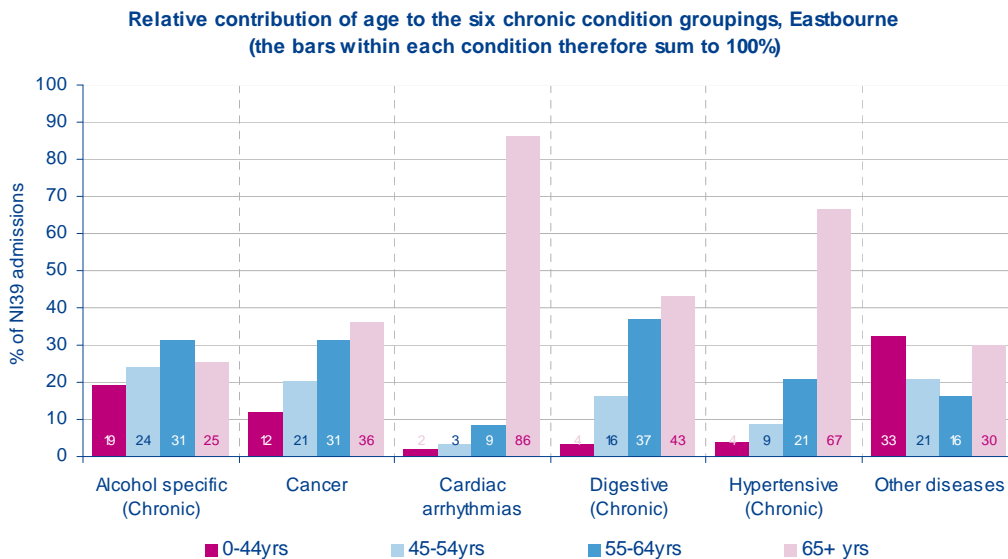
Figure 29 shows the relative contribution of conditions, by sex, to the NI39 indicator for Eastbourne in 2008/09 (all the bars total 100%). Just under a quarter of NI39 admissions in Eastbourne come from males with hypertensive diseases (23%). Cardiac arrhythmias account for another quarter (males and females) and around one in ten NI39 admissions are from males with alcohol specific mental and behavioural disorders.

Figure 29: relative contribution by condition and sex to NI39 admissions, Eastbourne



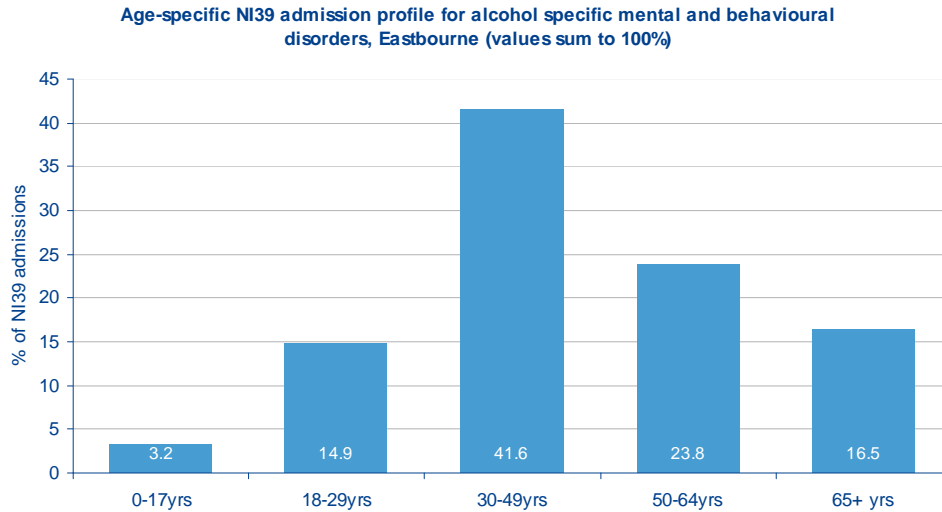
The breakdown by age group for NI39 chronic conditions for Eastbourne is shown in Figure 30. The majority of cardiac arrhythmia admissions are in those aged 65 years and over. There is an increasing contribution by age within NI39 cancer admissions, digestive and hypertensive conditions.

Figure 30: NI39 chronic conditions by age group, Eastbourne



The highest relative contribution towards mental and behavioural disorders comes from those aged 30-49 years, with under 18's contributing the least (Figure 31).

Figure 31: relative contribution of age to mental and behavioural disorders due to use of alcohol, Eastbourne



4.2 A&E attendances 8pm-7am due to assault

The top 5 wards in Eastbourne with the highest rate of A&E attendances due to assaults is show in table 8 for 2008/09 to 2010/11 (for persons aged 15-59 years).

Table 8: Eastbourne wards with highest A&E attendance rate due to assaults

Ward of residence	Number of attendances	Rate per 1,000 population
Devonshire	190	8.5
Hampden Park	133	7.7
Langney	132	7.5
St Anthony's	95	5.7
Old Town	94	5.4

4.3 Ambulance call outs

The top 5 wards in Eastbourne with the highest rate of alcohol suspected ambulance call outs, July 10 to Jan 11 (for persons aged 15 years or over).

Table 9: Eastbourne wards with highest alcohol suspected call outs, persons aged 15 years or over

Ward of residence	Number of call outs	Rate per 1,000 population
Devonshire	137	21.9
Meads	89	13.8
Upperton	48	8.9
Hampden Park	31	6.8
Langney	30	6.5

5. Hastings

5.1 Alcohol related hospital admissions – NI39

Hastings has a consistently higher rate of alcohol related hospital admissions than East Sussex and England, see Figure 32.

Figure 32: NI39 alcohol related hospital admissions, Hastings

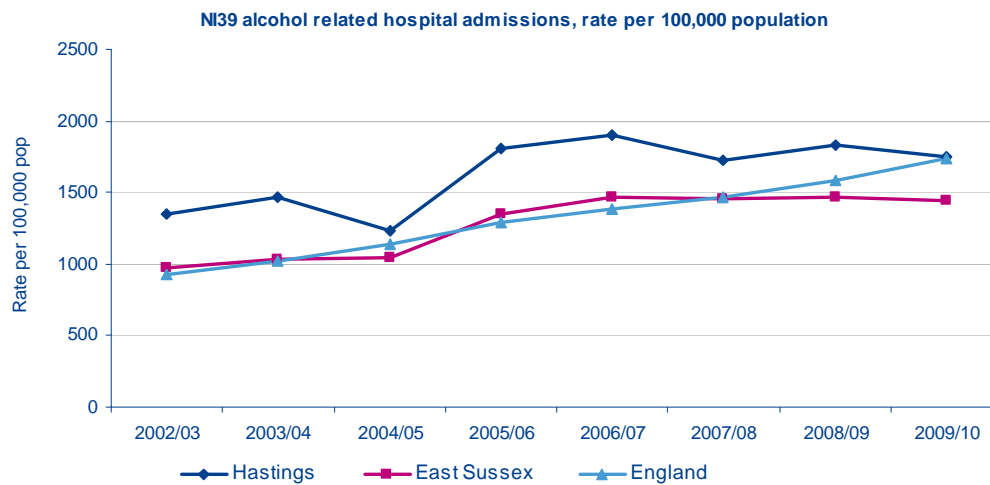
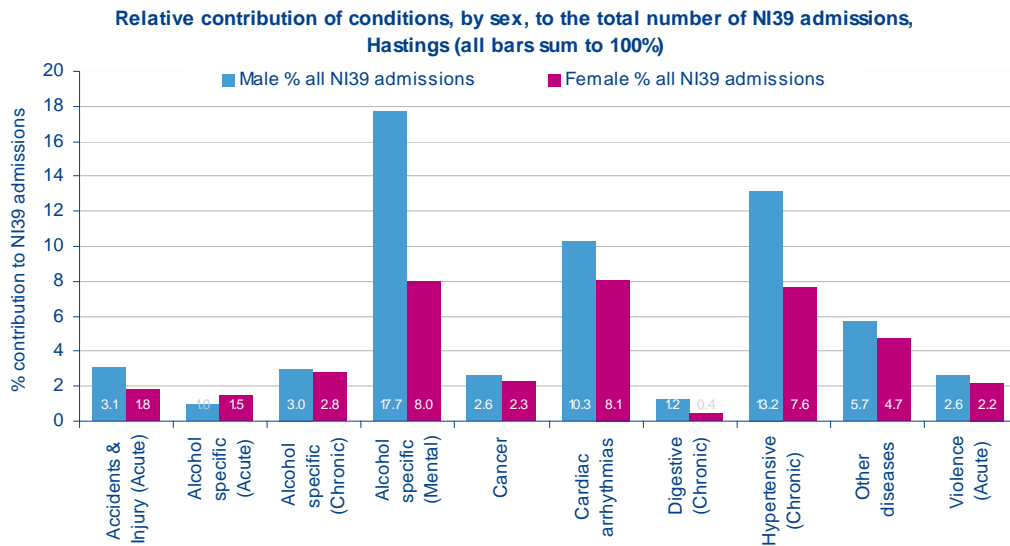


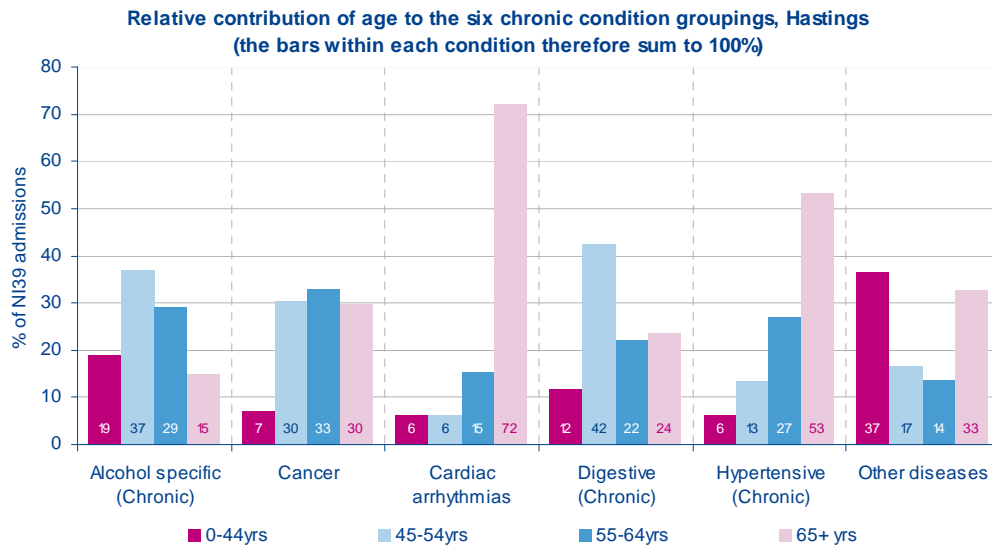
Figure 33 shows the relative contribution of conditions, by sex, to the NI39 indicator for Hastings in 2008/09 (all the bars total 100%). The highest contributor to NI39 admissions is alcohol-specific mental disorders in males (17.7%). One in five NI39 admissions are due to hypertensive diseases (males and females) and 18% of NI39 admissions are due to cardiac arrhythmias (males and females).

Figure 33: relative contribution by condition and sex to NI39 admissions, Hastings



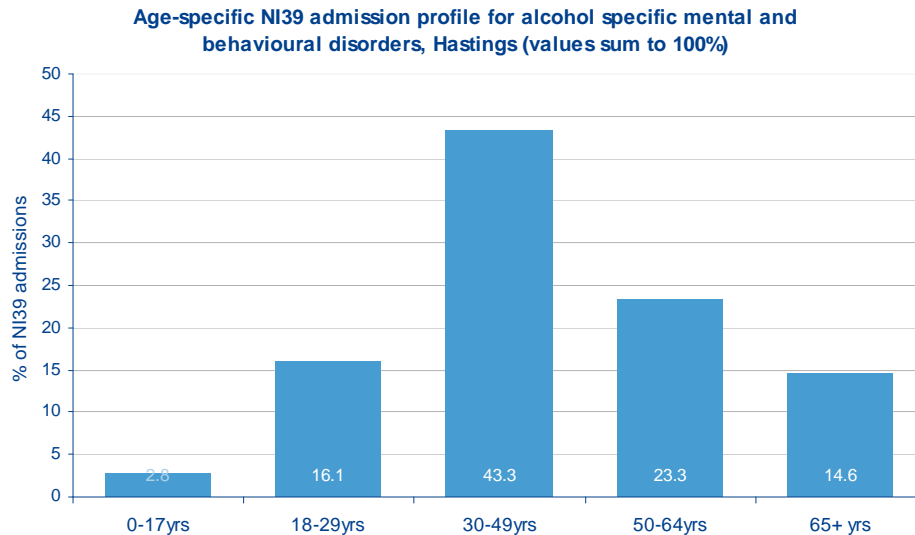
The breakdown by age group for NI39 chronic conditions for Hastings is shown in Figure 34. The majority of cardiac arrhythmia admissions are in those aged 65 years and over. There is an increasing contribution by age within NI39 hypertensive conditions.

Figure 34: NI39 chronic conditions by age group, Hastings



The highest relative contribution towards mental and behavioural disorders comes from those aged 30-49 years, with under 18's contributing the least (Figure 35).

Figure 35: relative contribution of age to mental and behavioural disorders due to use of alcohol, Hastings



5.2 A&E attendances 8pm-7am due to assault

The top 5 wards in Hastings with the highest rate of A&E attendances due to assaults is show in table 10 for 2008/09 to 2010/11 (for persons aged 15-59 years).

Table 10: Hastings wards with highest A&E attendance rate due to assaults

Ward of residence	Number of attendances	Rate per 1,000 population
Central St Leonards	124	10.7
Castle	113	8.7
Baird	59	8.1
Tressell	68	7.7
Hollington	68	6.5

5.3 Ambulance call outs

The top 5 wards in Hastings with the highest rate of alcohol suspected ambulance call outs, July 10 to Jan 11 (for persons aged 15 years or over).

Table 11: Hastings wards with highest alcohol suspected call outs, persons aged 15 years or over

Ward of residence	Number of call outs	Rate per 1,000 population
Castle	152	44.7
Central St Leonards	92	27.0
Gensing	56	17.8
Old Hastings	25	8.8
Baird	18	8.2

6. Lewes

6.1 Alcohol related hospital admissions – NI39

Lewes has a consistently lower rate of alcohol related hospital admissions than East Sussex and England, see Figure 36.

Figure 36: NI39 alcohol related hospital admissions, Lewes

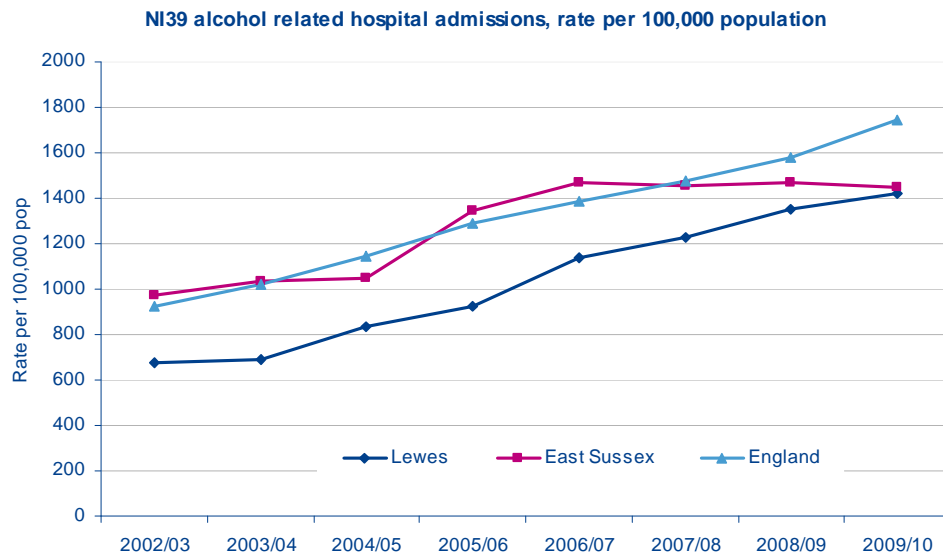
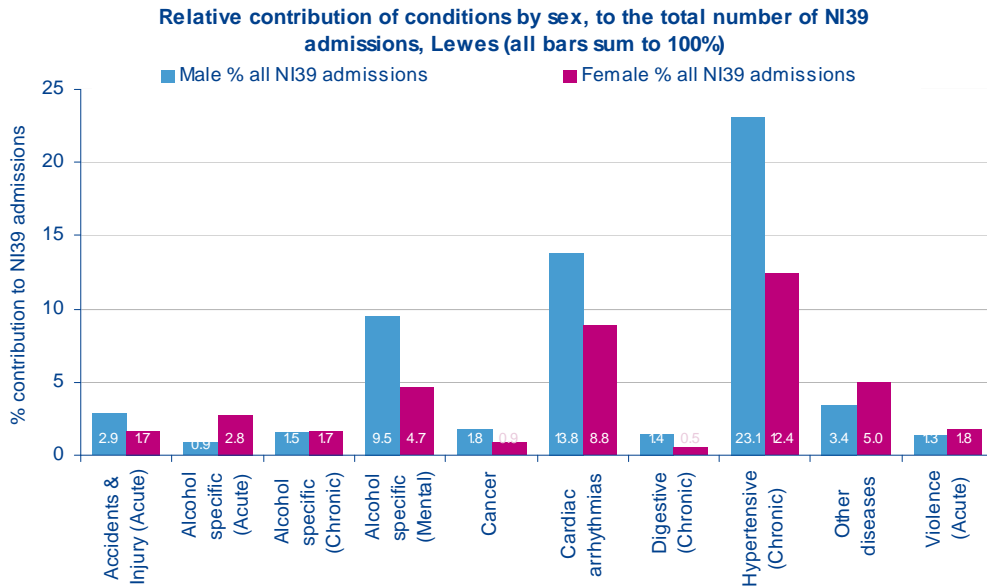


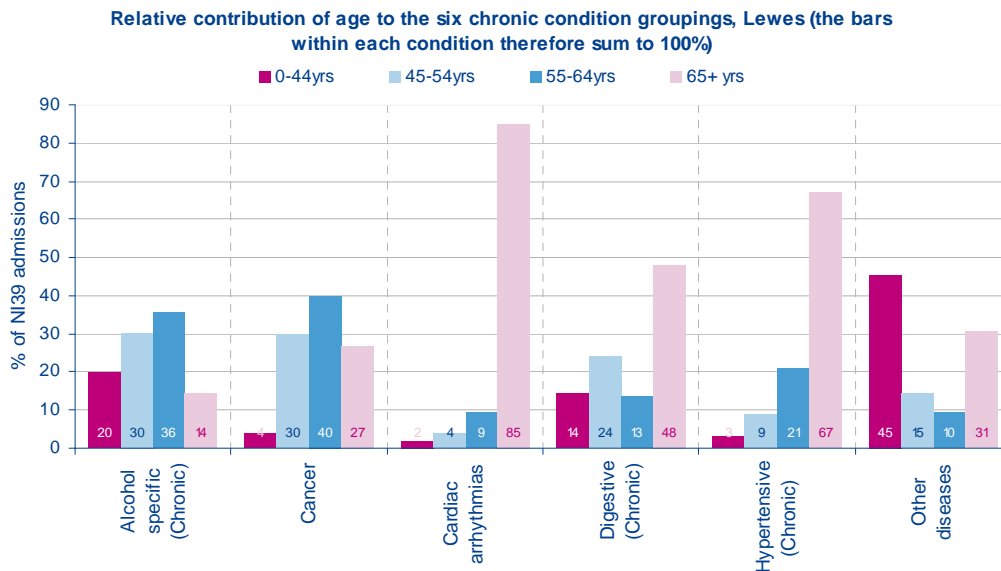
Figure 37 shows the relative contribution of conditions, by sex, to the NI39 indicator for Lewes in 2008/09 (all the bars total 100%). The highest contributor to NI39 admissions is hypertensive conditions in males (23.1%). Just over one in five NI39 admissions are for cardiac arrhythmia (males and females) (22.6%).

Figure 37: relative contribution by condition and sex to NI39 admissions, Lewes



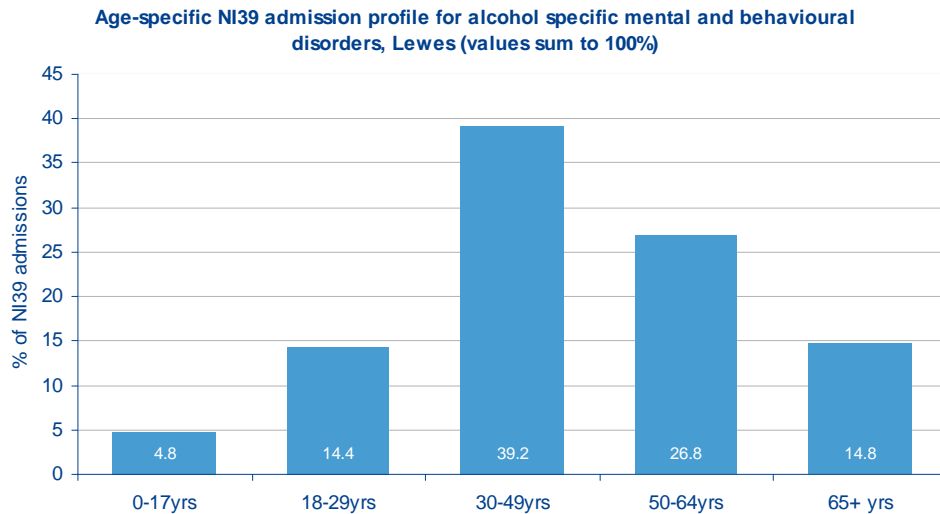
The breakdown by age group for NI39 chronic conditions for Lewes is shown in Figure 38. The majority of cardiac arrhythmia admissions and hypertensive diseases are in those aged 65 years and over.

Figure 38: NI39 chronic conditions by age group, Lewes



The highest relative contribution towards mental and behavioural disorders comes from those aged 30-49 years, with under 18's contributing the least (Figure 39).

Figure 39: relative contribution of age to mental and behavioural disorders due to use of alcohol, Lewes



6.2 A&E attendances 8pm-7am due to assault

The top 5 wards in Lewes with the highest rate of A&E attendances due to assaults is show in table 12 for 2008/09 to 2010/11 (for persons aged 15-59 years).

Table 12: Lewes wards with highest A&E attendance rate due to assaults

Ward of residence	Number of attendances	Rate per 1,000 population
Newhaven Valley	35	5.2
Seaford Central	30	4.0
Seaford North	28	3.8
Peacehaven North	31	3.7
East Saltdean & Telscombe Cliffs	37	3.2

6.3 Ambulance call outs

The top 5 wards in Lewes with the highest rate of alcohol suspected ambulance call outs, July 10 to Jan 11 (for persons aged 15 years or over).

Table 13: Lewes wards with highest alcohol suspected call outs, persons aged 15 years or over

Ward of residence	Number of call outs	Rate per 1,000 population
Seaford Central	23	9.2
Newhaven Valley	15	8.3
Newhaven Denton and Meeching	27	6.8
Lewes Bridge	15	6.5
Peacehaven North	13	5.9

7. Rother

7.1 Alcohol related hospital admissions – NI39

Rother has a lower rate of alcohol related hospital admissions than East Sussex and England, see Figure 40.

Figure 40: NI39 alcohol related hospital admissions, Rother

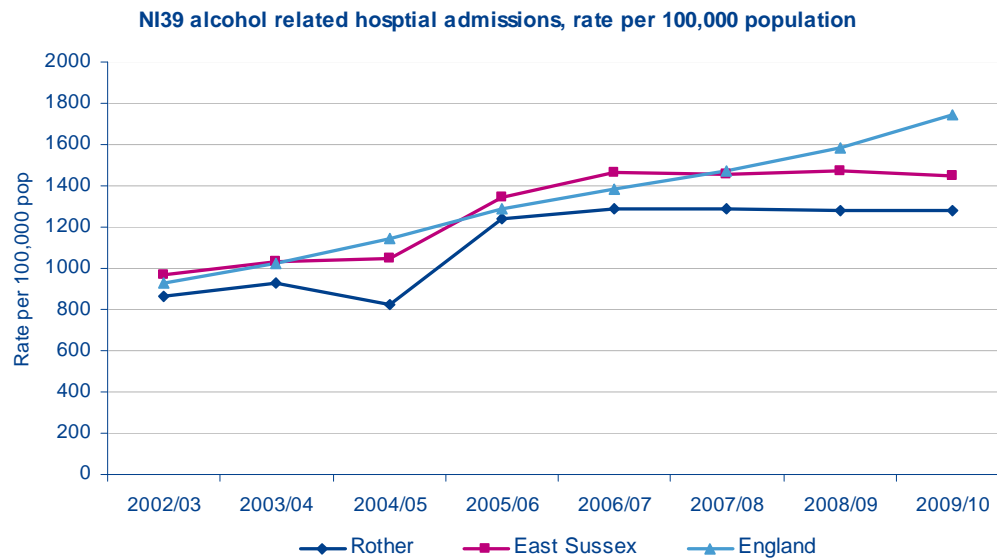
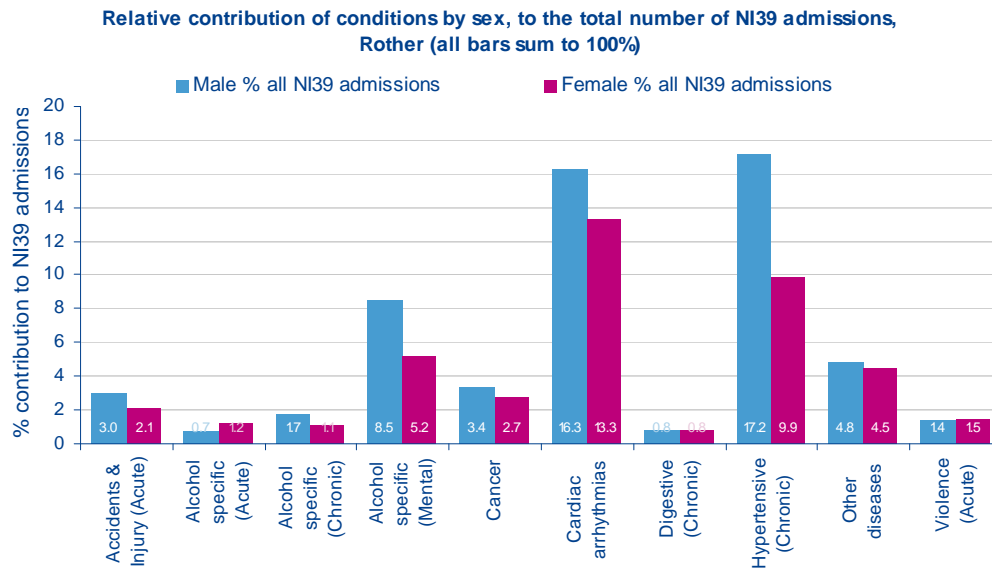


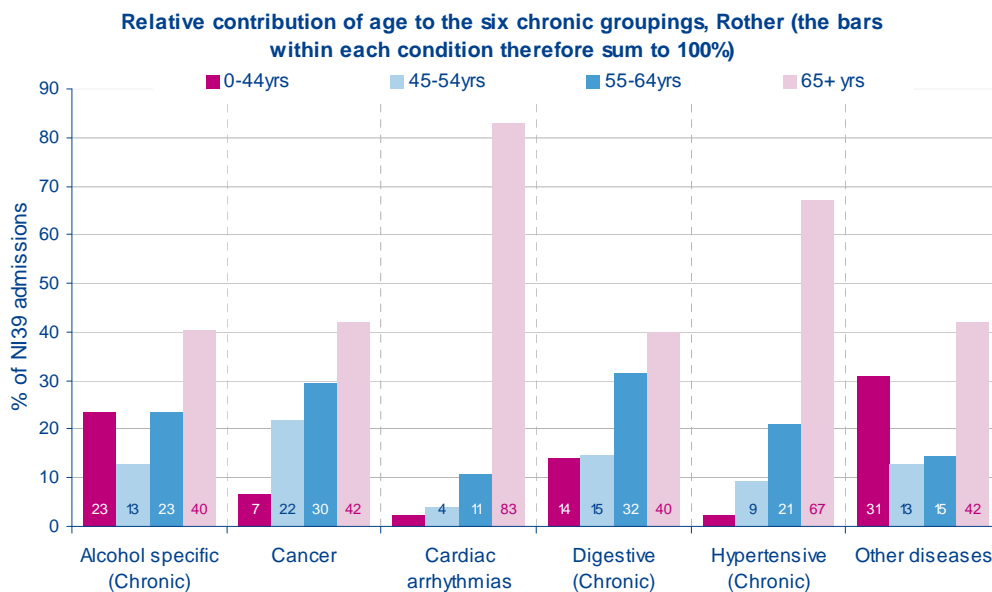
Figure 41 shows the relative contribution of conditions, by sex, to the NI39 indicator for Rother in 2008/09 (all the bars total 100%). The highest contributor to NI39 admissions is hypertensive conditions in males (17.2%) followed by cardiac arrhythmias in males (16.3%). The highest contributor from females is cardiac arrhythmias (13.3%) and then hypertensive conditions (9.9%).

Figure 41: relative contribution by condition and sex to NI39 admissions, Rother



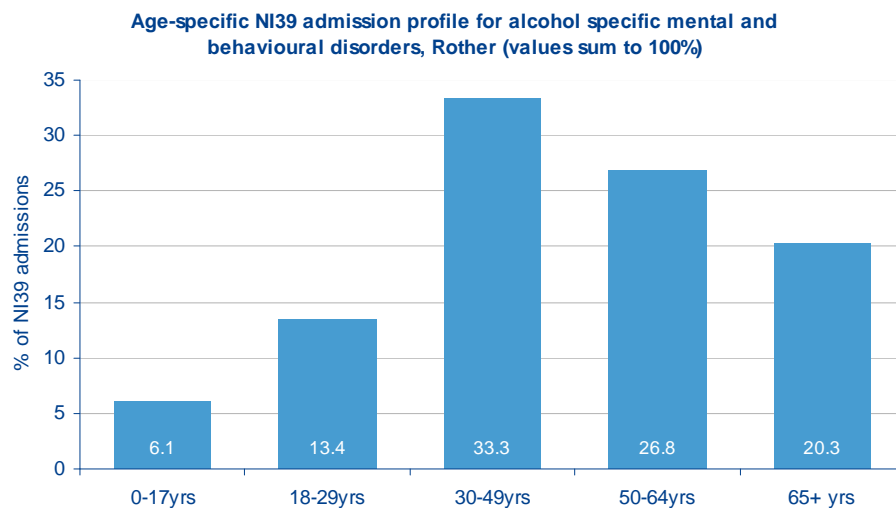
The breakdown by age group for NI39 chronic conditions for Rother is shown in Figure 42. The majority of cardiac arrhythmia admissions and hypertensive diseases are in those aged 65 years and over. Cancer and digestive conditions have an increasing contribution by age.

Figure 42: NI39 chronic conditions by age group, Rother



The highest relative contribution towards mental and behavioural disorders comes from those aged 30-49 years, with under 18's contributing the least (Figure 43).

Figure 43: relative contribution of age to mental and behavioural disorders due to use of alcohol, Rother



7.2 A&E attendances 8pm-7am due to assault

The top 5 wards in Rother with the highest rate of A&E attendances due to assaults is show in table 14 for 2008/09 to 2010/11 (for persons aged 15-59 years).

Table 14: Rother wards with highest A&E attendance rate due to assaults

Ward of residence	Number of attendances	Rate per 1,000 population
Sidley	43	5.2
Central	43	5.0
St Stephens	26	4.2
St Michaels	25	3.8
Crowhurst	12	3.1

7.3 Ambulance call outs

The top 5 wards in Rother with the highest rate of alcohol suspected ambulance call outs, July 10 to Jan 11 (for persons aged 15 years or over).

Table 15: Rother wards with highest alcohol suspected call outs, persons aged 15 years or over

Ward of residence	Number of call outs	Rate per 1,000 population
Central	38	13.2
Old Town	21	10.8
Sidley	19	7.4
Rye	15	6.7
Eastern Rother	17	6.6

8. Wealden

8.1 Alcohol related hospital admissions – NI39

Wealden has a lower rate of alcohol related hospital admissions than East Sussex and England, see Figure 44.

Figure 44: NI39 alcohol related hospital admissions, Wealden

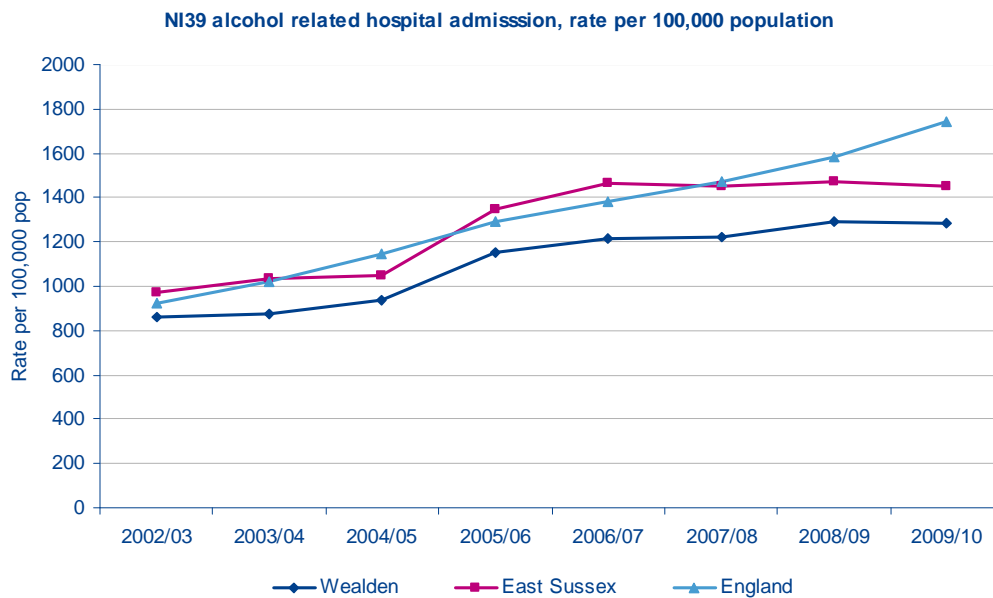
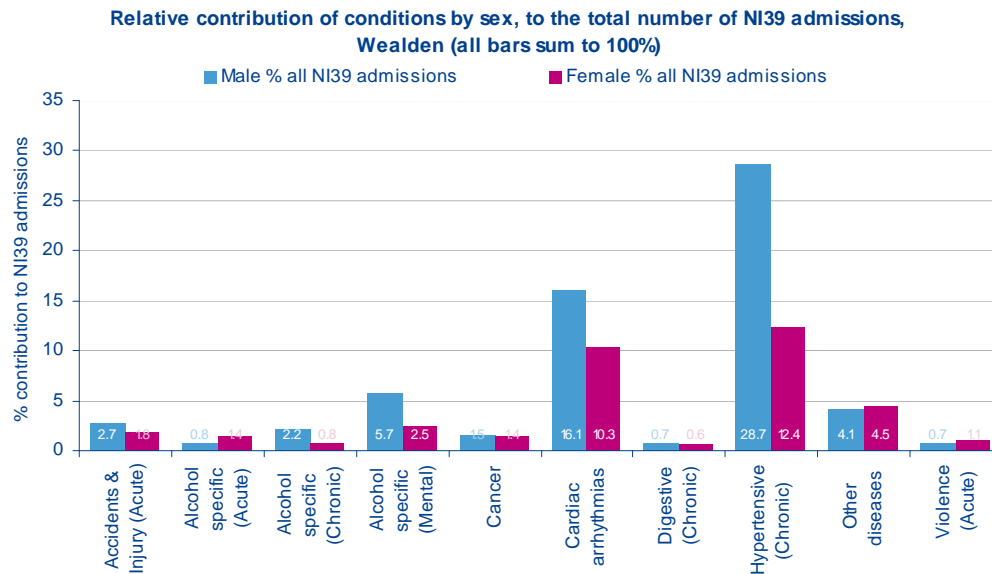


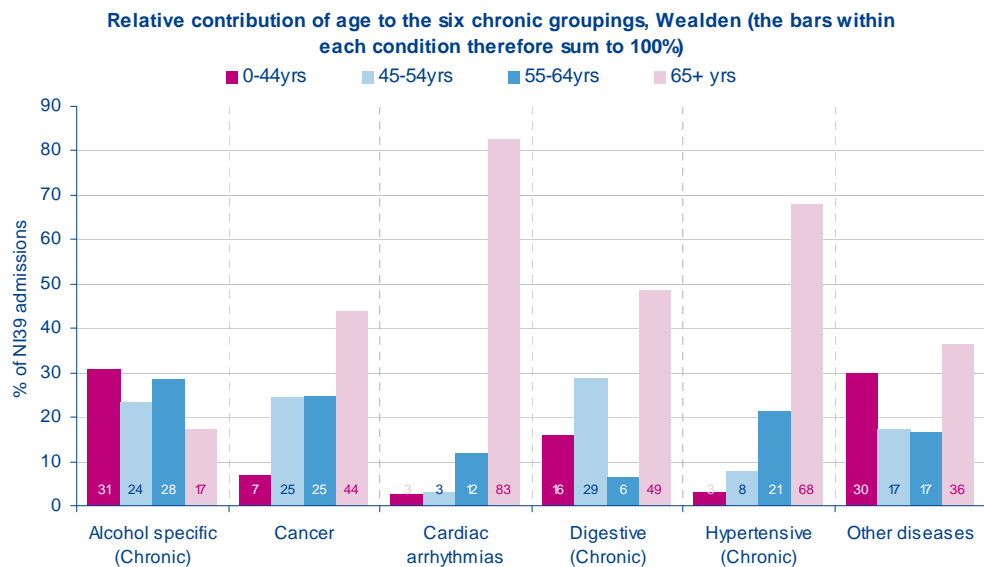
Figure 45 shows the relative contribution of conditions, by sex, to the NI39 indicator for Wealden in 2008/09 (all the bars total 100%). The highest contributor to NI39 admissions is hypertensive conditions in males (28.7%) followed by cardiac arrhythmias in males (16.1%). The highest contributor from females is hypertensive conditions (12.4%) followed by cardiac arrhythmias (10.3%).

Figure 45: relative contribution by condition and sex to NI39 admissions, Wealden



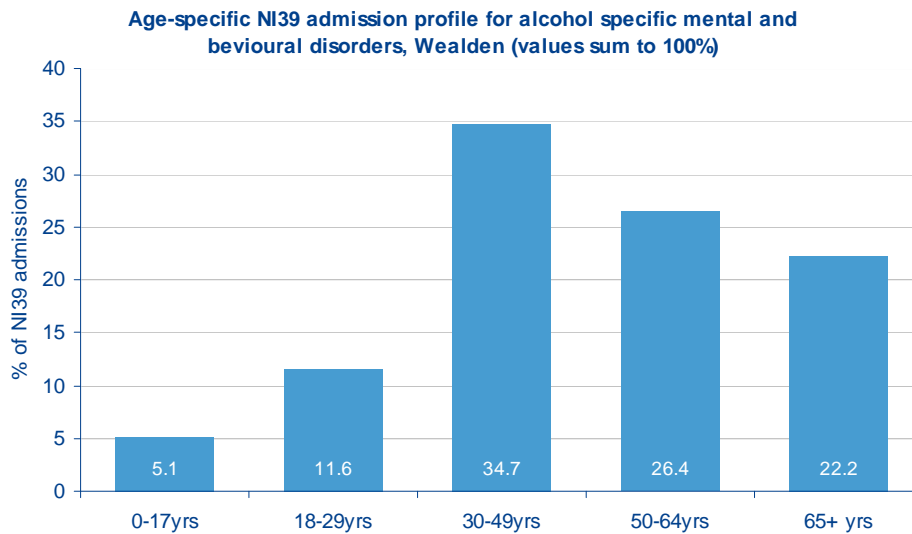
The breakdown by age group for NI39 chronic conditions for Wealden is shown in Figure 46. The majority of cardiac arrhythmia admissions and hypertensive diseases are in those aged 65 years and over.

Figure 46: NI39 chronic conditions by age group, Wealden



The highest relative contribution towards mental and behavioural disorders comes from those aged 30-49 years, with under 18's contributing the least (Figure 47).

Figure 47: relative contribution of age to mental and behavioural disorders due to use of alcohol, Wealden



8.2 A&E attendances 8pm-7am due to assault

The top 5 wards in Wealden with the highest rate of A&E attendances due to assaults is show in table 16 for 2008/09 to 2010/11 (for persons aged 15-59 years).

Table 16: Wealden wards with highest A&E attendance rate due to assaults

Ward of residence	Number of attendances	Rate per 1,000 population
Uckfield New Town	17	3.6
Willingdon	32	3.1
Hailsham South and West	38	2.9
Cross in Hand Five Ashes	11	2.9
Uckfield North	27	2.9

8.3 Ambulance call outs

The top 5 wards in Wealden with the highest rate of alcohol suspected ambulance call outs, April 10 to Jan 11 (for persons aged 15 years or over).

Table 17: Wealden wards with highest alcohol suspected call outs, persons aged 15 years or over

Ward of residence	Number of call outs	Rate per 1,000 population
Hailsham Central and North	17	6.0
Crowborough Jarvis Brook	7	5.7
Uckfield Central	9	5.7
Hailsham East	7	5.5
Uckfield New Town	7	5.5

Appendix

National Indicator technical detail (Source: NWPHO)

Indicator definition for VSC26 and NI39: Hospital admissions for alcohol-related harm

1. Identification of hospital admissions with alcohol related diagnoses

- Data source: Hospital Episode Statistics [www.hesonline.org.uk]
- The list of alcohol related ICD10 codes and associated age group and gender specific attributable fractions (AAFs) was taken from the findings of the recent DH review *Alcohol-attributable fractions for England* published in July 2008. Negative attributable fractions are not used (that is, they are set to zero).
- The following criteria were used to select records for analysis. The text in square brackets shows how the selection criteria were defined in terms of HES dataset fields. Further information can be found in the HES data dictionary [www.hesonline.org.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=571]:
 - It was a finished episode [*epistat* = 3]
 - It was an admission episode [*epiorder* = 1]
 - The primary diagnosis or any of the 13 secondary diagnoses [*diag_01* to *diag_14*] contained an ICD10 code that was in the list of alcohol related codes in Table 1.
 - The sex of the patient was valid [*sex* = 1 or 2]
 - A valid age at start of episode was recorded [*startage* between 0-120 or between 7001-7007]
 - The admission was an ordinary admission, day case or maternity [*classpat* = 1, 2 or 5]
 - The region of residence was one of the English regions, no fixed abode or unknown [*resgor* <= K or U or Y]

2. Estimating alcohol attributable admissions

- For each episode identified in step 1 above, an attributable fraction was applied, based on the diagnostic codes, age group and gender of the patient. Where there was more than one alcohol related ICD10 code among the 14 possible diagnostic codes, the one associated with the largest attributable fraction was selected. In the event of two or more codes with the same attributable fraction, the code from the earliest diagnostic position was used ['diagnostic position', takes an integer value between 1 and 14, corresponding to the 14 diagnosis fields *diag_01* to *diag_14*].
- Children aged under 16 were only included if they had an alcohol specific diagnosis i.e. where the attributable fraction = 1, meaning that alcohol consumption is a contributory factor in all cases. For other conditions, estimates of the alcohol attributable fraction were not available for children.
- In some cases, the PCT of residence is recorded in the Hospital Episode Statistics data set but the Local Authority is not. To ensure that the figures for coterminous PCTs and LAs are the same, details of the Local Authority were added where this information could be ascertained from PCT residency.

3. Standardised rate calculation

- Alcohol attributable admissions from step 2 above were aggregated by age group (5-year age bands to age 84, and 85years and over), gender and area of residence.
- Mid-year population estimates were used to derive age group and gender specific rates for each area.
- The directly age standardised rate is obtained as a weighted sum of the age-group and gender specific rates, where the weights are the proportion of the European Standard Population in each age and gender group.
[www.nchod.nhs.uk/NCHOD/Method.nsf/0/19bd7f5d961a822f65256cd2001eae50?OpenDocument]

Alcohol related harm: update for the East Sussex Alcohol Steering Group
21/06/11

ICD code	ICD name	Alcohol Attributable Fraction																	
		0-16		16-24		25-34		35-44		45-54		55-64		65-74		75+			
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
E24.4	Alcohol-induced pseudo-Cushing's syndrome	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00		
F10	Mental and behavioural disorders due to use of alcohol	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00		
G31.2	Degeneration of nervous system due to alcohol	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00		
G62.1	Alcoholic polyneuropathy	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00		
G72.1	Alcoholic myopathy	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00		
I42.8	Alcoholic cardiomyopathy	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00		
K29.2	Alcoholic gastritis	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00		
K70	Alcoholic liver disease	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00		
K88.0	Chronic pancreatitis (alcohol induced)	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00		
T61.0	Ethanol poisoning	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00		
T61.1	Methanol poisoning	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00		
T61.9	Toxic effect of alcohol, unspecified	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00		
X45	Accidental poisoning by and exposure to alcohol	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00		
C00-C14	Malignant neoplasm of lip, oral cavity and pharynx	0.00	0.00	0.50	0.40	0.50	0.35	0.49	0.38	0.53	0.35	0.50	0.33	0.44	0.28	0.38	0.20		
C16	Malignant neoplasm of oesophagus	0.00	0.00	0.32	0.23	0.31	0.20	0.30	0.20	0.34	0.20	0.32	0.18	0.28	0.14	0.20	0.10		
C18	Malignant neoplasm of colon	0.00	0.00	0.05	0.03	0.05	0.03	0.04	0.03	0.05	0.03	0.05	0.03	0.04	0.02	0.03	0.01		
C20	Malignant neoplasm of rectum	0.00	0.00	0.08	0.08	0.08	0.05	0.08	0.05	0.09	0.05	0.08	0.06	0.07	0.03	0.05	0.03		
C22	Malignant neoplasm of liver and intrahepatic bile ducts	0.00	0.00	0.18	0.11	0.15	0.10	0.15	0.10	0.17	0.10	0.18	0.09	0.13	0.07	0.10	0.05		
C32	Malignant neoplasm of larynx	0.00	0.00	0.34	0.25	0.33	0.21	0.32	0.22	0.36	0.21	0.34	0.20	0.28	0.15	0.22	0.11		
C50	Malignant neoplasm of breast	0.00	0.00	0.00	0.09	0.00	0.08	0.00	0.09	0.00	0.09	0.00	0.08	0.00	0.08	0.00	0.04		
G40-G41	Epilepsy and Status epilepticus	0.00	0.00	0.58	0.64	0.58	0.59	0.58	0.61	0.61	0.61	0.57	0.51	0.45	0.42	0.35	0.35		
I10-I15	Hypertensive diseases	0.00	0.00	0.34	0.24	0.33	0.19	0.32	0.20	0.37	0.20	0.34	0.18	0.27	0.13	0.20	0.09		
I47-I48	Cardiac arrhythmias	0.00	0.00	0.35	0.38	0.38	0.35	0.37	0.35	0.38	0.35	0.37	0.33	0.34	0.27	0.30	0.22		
I50-I51	Heart failure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
I60-I62, I69.0-I69.2	Haemorrhagic stroke	0.00	0.00	0.31	0.20	0.30	0.15	0.27	0.15	0.34	0.15	0.30	0.13	0.24	0.10	0.16	0.08		
I63-I66, I69.3, I69.4	Ischaemic stroke	0.00	0.00	0.16	0.03	0.13	0.00	0.08	0.00	0.18	0.00	0.12	0.00	0.08	0.00	0.00	0.00		
I85	Oesophageal varices	0.00	0.00	0.77	0.67	0.76	0.59	0.74	0.60	0.79	0.59	0.77	0.57	0.71	0.48	0.61	0.38		
K22.8	Gastro-oesophageal laceration-haemorrhage syndrome	0.00	0.00	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47	0.47		
K73, K74	Chronic hepatitis, not elsewhere classified and Fibrosis and cirrhosis of liver	0.00	0.00	0.77	0.67	0.76	0.59	0.74	0.60	0.79	0.59	0.77	0.57	0.71	0.48	0.61	0.38		
K85, K88.1	Acute and chronic pancreatitis	0.00	0.00	0.27	0.19	0.27	0.18	0.26	0.18	0.30	0.18	0.27	0.14	0.22	0.10	0.16	0.07		
L40 excluding cirrhosis L40.5	Psoriasis	0.00	0.00	0.34	0.33	0.34	0.33	0.36	0.33	0.36	0.32	0.35	0.31	0.33	0.28	0.30	0.22		
O03	Spontaneous abortion	0.00	0.00	0.00	0.23	0.00	0.21	0.00	0.22	0.00	0.21	0.00	0.20	0.00	0.15	0.00	0.12		
§§	Pedestrian traffic accidents	0.00	0.00	0.35	0.18	0.45	0.19	0.46	0.21	0.46	0.21	0.23	0.03	0.23	0.03	0.23	0.03		
§	Road traffic accidents (driver/rider)	0.00	0.00	0.21	0.09	0.33	0.15	0.24	0.12	0.24	0.12	0.09	0.03	0.09	0.03	0.09	0.03		
V90-V94	Water transport accidents	0.00	0.00	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20		
V95-V97	Airspace transport accidents	0.00	0.00	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18		
W00-W19	Fall injuries	0.00	0.00	0.22	0.14	0.22	0.14	0.22	0.14	0.22	0.14	0.22	0.14	0.12	0.04	0.12	0.04		
W24-W31	Work/machine injuries	0.00	0.00	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07		
W32-W34	Firearm injuries	0.00	0.00	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25		
W65-W74	Drowning	0.00	0.00	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34	0.34		
W78-W79	Inhalation of gastric contents/Inhalation and ingestion of food causing obstruction of the respiratory tract	0.00	0.00	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25		
X00-X09	Fire injuries	0.00	0.00	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38		
X31	Accidental excessive cold	0.00	0.00	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25		
X80-X84, Y10-Y33	Intentional self-harm/Event of undetermined intent	0.00	0.00	0.34	0.35	0.34	0.33	0.35	0.34	0.37	0.34	0.36	0.32	0.31	0.25	0.27	0.20		
X85-Y09	Assault	0.00	0.00	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27		

§ V12-V14 [-3, -9], V19.4-V19.6, V19.9, V20-V28 [-3, -9], V29-V79 [-4, -9], V80.3-V80.5, V81.1, V82.1, V82.9, V83.0-V86 [-0, -3], V87.0-V87.9, V89.2, V89.3, V89.9
§§ V02-V04 [-1, -9], V06.1, V09.2, V09.3

Table 1: alcohol related hospital admissions by PCT (actuals and targets)
– as in Figure 1

	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
H&R	1101.1	1198.7	1023.9	1505.4	1601.0	1505.0	1550.4	1506.1
ESDW	899.6	941.0	1063.3	1260.8	1396.6	1428.6	1453.2	1417.8

Table 2: alcohol related hospital admissions by district/borough, rate per 100,000 – as in Figure 2

	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Eastbourne	1194	1295	1480	1781	1892	1874	1754	1638
Hastings	1345	1472	1232	1802	1906	1729	1833	1751
Lewes	677	692	837	925	1136	1224	1340	1424
Rother	862	929	824	1239	1286	1284	1283	1281
Wealden	862	878	940	1149	1218	1221	1292	1286

Table 3: quarterly alcohol related hospital admission rates by PCT, rate per 100,000 – as in Figure 3

	2007/08				2008/09				2009/10				2010/11		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
ESDW	348	347	371	363	372	368	353	338	364	357	352	345	346	368	370
H&R	373	380	384	368	407	387	387	367	394	381	372	360	434	492	465

Table 4: percentage of NI39 admissions by cause for each PCT – as in Figure 4

Condition group	ESDW	H&R
Accidents & Injury (Acute)	4.1	5.0
Alcohol specific (Acute)	2.9	2.2
Alcohol specific (Chronic)	3.5	4.4
Alcohol specific (Mental)	12.0	19.9
Cancer	2.9	5.5
Cardiac arrhythmias	24.5	23.9
Digestive (Chronic)	1.6	1.6
Hypertensive (Chronic)	37.1	23.9
Other diseases	8.6	9.8
Violence (Acute)	2.6	4.0
<i>Total</i>	<i>100.0</i>	<i>100.0</i>

When considering the number of NI39 admissions, it is important to remember that due to the application of attributable fractions each admission may be made up of fractions of real admissions. Therefore the number of actual admissions and the number of NI39 admissions will be different. For example if an adult male is admitted once for ethanol poisoning and four times for assault, he will contribute 5 of the total admissions and 2.08 to the NI39 admissions (the attributable

fraction for assault ethanol poisoning is 1 and for assault is 0.27, therefore $1 + (0.27 \times 4) = 2.08$. (Example taken from Understanding NI39 in the East Midlands 2009 EMPHO Public Health Observatory). Source: NWPHO

Table 5: relative contribution by condition and sex to NI39 admissions,
ESDW PCT – as in Figure 5

Condition group	Male NI39 adms	Male % all NI39 adms	Male No. of adms	Female NI39 adms	Female % all NI39 adms	Female no. of adms
Accidents & Injury (Acute)	171.5	2.5	1057	110.7	1.6	1808
Alcohol specific (Acute)	75.0	1.1	75	122	1.8	122
Alcohol specific (Chronic)	171.0	2.5	171	67	1.0	67
Alcohol specific (Mental)	562.0	8.3	562	252	3.7	252
Cancer	103.9	1.5	598	91.6	1.4	1292
Cardiac arrhythmias	1001.3	14.9	3126	647.6	9.6	2701
Digestive (Chronic)	73.1	1.1	152	34.4	0.5	112
Hypertensive (Chronic)	1690.9	25.1	6591	808.8	12.0	6806
Other diseases	250.5	3.7	592	329.8	4.9	802
Violence (Acute)	78.6	1.2	248	94.2	1.4	286
<i>Total</i>	<i>4177.8</i>	<i>61.9</i>	<i>13172</i>	<i>2558.1</i>	<i>37.9</i>	<i>14248</i>

Table 6: relative contribution by condition and sex to NI39 admissions,
H&R PCT – as in Figure 6

Condition group	Male NI39 adms	Male % all NI39 admissions	Male No. of adms	Female NI39 adms	Female % all NI39 adms	Female no. of adms
Accidents & Injury (Acute)	108	3.1	642	68.4	1.9	1031
Alcohol specific (Acute)	30	0.8	30	48.0	1.4	48
Alcohol specific (Chronic)	84	2.4	84	69.0	2.0	69
Alcohol specific (Mental)	471	13.3	471	234.0	6.6	234
Cancer	104.7	3.0	649	86.7	2.5	1179
Cardiac arrhythmias	468.8	13.3	1441	374.7	10.6	1539
Digestive (Chronic)	34.6	1.0	70	21.6	0.6	81
Hypertensive (Chronic)	536	15.2	2011	308.9	8.7	2549
Other diseases	183.4	5.2	414	163.6	4.6	425
Violence (Acute)	72.4	2.1	232	65.9	1.9	200
<i>Total</i>	<i>2092.9</i>	<i>59.4</i>	<i>6044</i>	<i>1440.8</i>	<i>40.8</i>	<i>7355</i>

Table 7: NI39 acute conditions by age group, ESDW – as in Figure 7

Alcohol related harm: update for the East Sussex Alcohol Steering Group
21/06/11

Condition group	NI39 0-17	NI39% 0-17	adms 0-17	NI39 18-29	NI39% 18-29	adms 18-29	NI39 30-49	NI39% 30-49	adms 30-49	NI39 50+	NI39% 50+ yrs	adms 50+
Accidents & Injury (Acute)	7.5	2.7	45	41.6	14.7	222	54.5	19.3	309	178.6	63.3	2289
Alcohol specific (Acute)	10.0	5.1	10	49.0	24.9	49	105.0	53.3	105	33.0	16.8	33
Violence (Acute)	15.9	9.2	49	73.0	42.2	222	59.3	34.3	182	24.6	14.3	81

Table 8: NI39 chronic conditions by age group, ESDW – as in Figure 8

Condition group	NI39 0-44	NI39% 0-44	adms 0-44	NI39 45-54	NI39% 45-54	adms 45-54	NI39 55-64	NI39 % 55-64	adms 55-64	NI39 65+	NI39 % 65+	adms 65+
Alcohol specific (Chronic)	57.0	24	57	60.0	25	60	74.0	31	74	47.0	20	47
Cancer	15.4	8	161	47.4	24	325	60.4	31	462	72.3	37	942
Cardiac arrhythmias	33.6	2	94	54.4	3	147	168.8	10	474	1392.1	84	5112
Digestive (Chronic)	11.8	11	42	24.5	23	53	21.2	20	46	50.0	47	123
Hypertensive (Chronic)	83.4	3	321	207.1	8	711	526.7	21	1945	1682.4	67	10420
Other diseases	204.8	35	449	102.2	18	197	85.6	15	184	187.7	32	564

Table 9: NI39 chronic conditions by age group, H&R – as in Figure 9

Condition group	NI39 0-44	NI39% 0-44	adms 0-44	NI39 45-54	NI39% 45-54	adms 45-54	NI39 55-64	NI39 % 55-64	adms 55-64	NI39 65+	NI39 % 65+	adms 65+
Alcohol specific (Chronic)	31.0	20	31	45.0	29	45	42.0	28	42	35.0	23	35
Cancer	13.2	7	156	49.4	26	405	59.5	31	550	69.4	36	717
Cardiac arrhythmias	35.5	4	99	40.2	5	108	104.8	12	296	662.8	79	2477
Digestive (Chronic)	7.2	13	23	16.2	29	37	15	27	41	17.7	32	50
Hypertensive (Chronic)	35.1	4	137	93.0	11	324	201.6	24	761	515.1	61	3338
Other diseases	117.7	34	272	51.8	15	100	48.7	14	102	128.8	37	365