

Alcohol related hospital admissions data

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Target

Indicator

NI 39 and VSC26: Alcohol-related hospital admissions

Baseline

1342 (06/07)

Target 2010/11

1824 (a 1% reduction each year in the underlying upward trend)

Four year trend in admissions by attribution

Alcohol attributable	2004/05	2005/06	2006/07	2007/08	% change
Wholly	417	448	651	669	60%
Partially chronic	4360	4826	6336	7347	69%
Partially acute	974	1168	1217	1077	11%
All	5751	6442	8204	9093	58%

Wholly alcohol attributable admissions by diagnosis

Diagnosis	2004/05	2005/06	2006/07	2007/08	% Change
Mental and behavioural disorders due to use of alcohol	367	389	577	595	62%
Ethanol poisoning	19	34	35	39	105%
Toxic effect of alcohol, unspecified	3	6	10	15	400%

Partially attributable chronic admissions

Diagnosis	2004/05	2005/06	2006/07	2007/08	% Change
Hypertensive diseases	481	572	811	977	103%
Cardiac arrhythmias	182	214	256	297	63%
Epilepsy	153	164	195	213	39%

Partially attributable acute admissions

Diagnosis	2004/05	2005/06	2006/07	2007/08	% Change
Fall injuries	62	70	74	65	5%
Assault	60	65	60	56	-7%
Intentional self-harm	25	45	77	55	118%

Pattern of readmission for individual cases

Year of first (known) admission	2004/05	2005/06	2006/07	2007/08
2004/05	4210	684	569	502
2005/06		4071	572	444
2006/07			4425	797
2007/08				4319

Profile of patients

Gender - male rates for all attributable cases were higher than female

Age - highest admissions rates were found in the 45-64 age group (11.5 per 1,000 population) and 65-74 age group (9.9 per 1,000 population)

Ethnicity - highest overall rate was for those classifying themselves as Irish followed closely by 'any other Black background'.

Ward - highest in Hornsey, followed by Bruce Grove, and lowest in Fortis Green.

Mortality - alcoholic liver disease deaths predominate among the wholly attributable deaths. Hypertensive diseases deaths are the largest group of partially attributable – chronic deaths, with intentional self-harm/event of undetermined intent the largest for partially attributable – acute deaths.

Future work

Targeted health promotion activity
Patient pathway to reduce
readmissions (communication
between secondary care and
primary care)