# Local Alcohol Profiles for England (LAPE) 2012

## Stakeholder User Survey

### Introduction

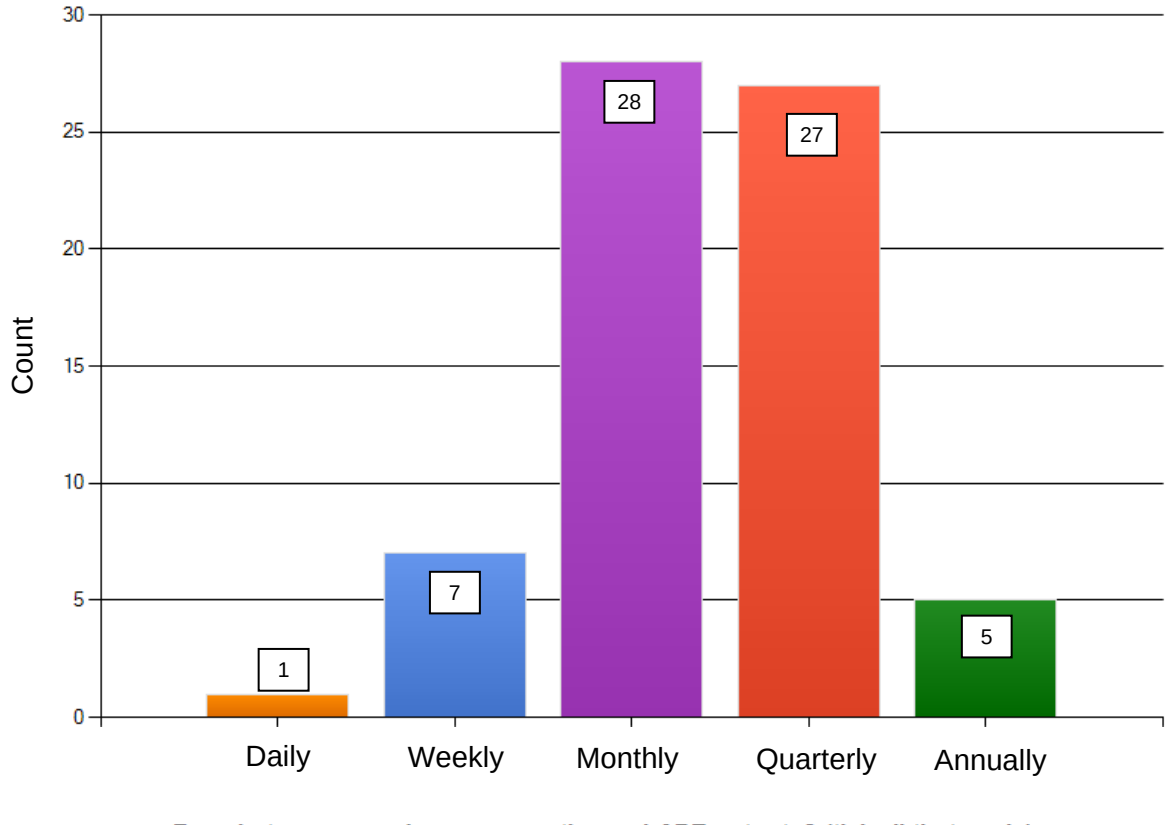
The Local Alcohol Profiles for England (LAPE) 2012 Stakeholder User Survey was accessible on the LAPE website (www.lape.org.uk) and collecting responses via 'SurveyMonkey' over the period: 14th August to 30th November 2012. Results indicated that 65 respondents completed the survey.

The survey was undertaken by the North West Public Health Observatory (NWPHO) in order to better understand user needs and identify how the LAPE website might be improved in future, both in terms of the functionality of the site and the usefulness of the indicators included. We encouraged participation in the survey through the Public Health Observatory Technical Group. Following the launch of the latest LAPE update, in August 2012, users who contacted the NWPHO with questions and comments were also invited to take part in the survey.

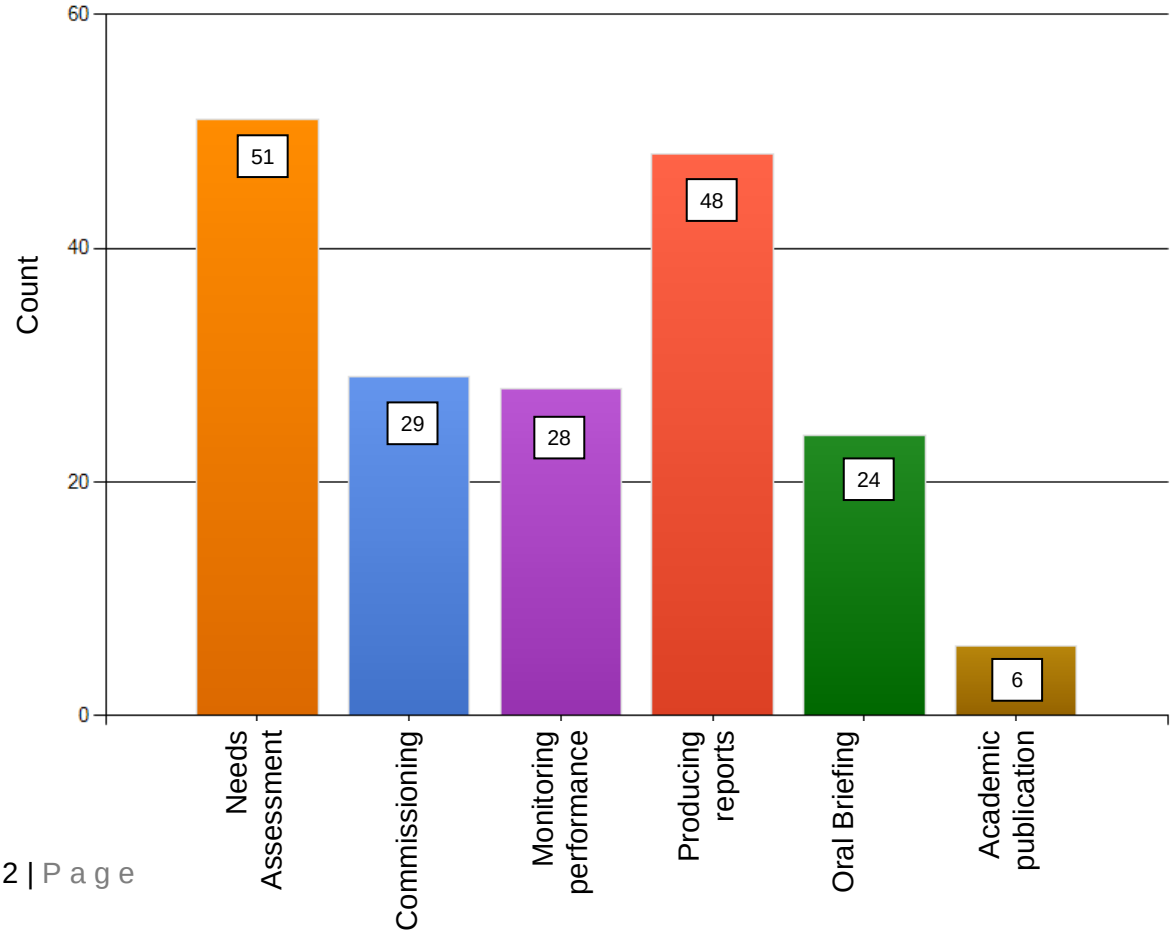
### Results

| 1. Which current LAPE indicators do you find most useful? | Count |
|---|---|
| Alcohol-specific hospital admission - under 18s | 54 |
| Alcohol-specific hospital admission - males | 53 |
| Alcohol-specific hospital admission - females | 53 |
| Alcohol-specific mortality - males | 50 |
| Alcohol-attributable mortality - females | 50 |
| Alcohol-attributable hospital admission - females | 50 |
| Alcohol-specific mortality - females | 49 |
| Alcohol-attributable hospital admission - males | 49 |
| Alcohol-attributable mortality - males | 48 |
| Admission episodes for alcohol-attributable conditions (previously NI39) | 47 |
| Binge drinking (synthetic estimate) | 43 |
| Higher Risk drinking (% of drinkers only) synthetic estimate | 41 |
| Alcohol-related recorded crimes | 39 |
| Alcohol-related violent crimes | 39 |
| Increasing Risk drinking (% of drinkers only) synthetic estimate | 38 |
| Alcohol treatment - prevalence per 1,000 population | 38 |
| Lower Risk drinking (% of drinkers only) synthetic estimate | 37 |
| Mortality from chronic liver disease - males | 35 |
| Mortality from chronic liver disease - females | 35 |
| Alcohol-related sexual offences | 33 |
| Abstainers synthetic estimate | 29 |
| Months of life lost - males | 25 |
| Months of life lost - females | 24 |
| Claimants of incapacity benefits - working age | 15 |
| Employees in bars - % of all employees | 14 |
| Mortality from land transport accidents | 11 |

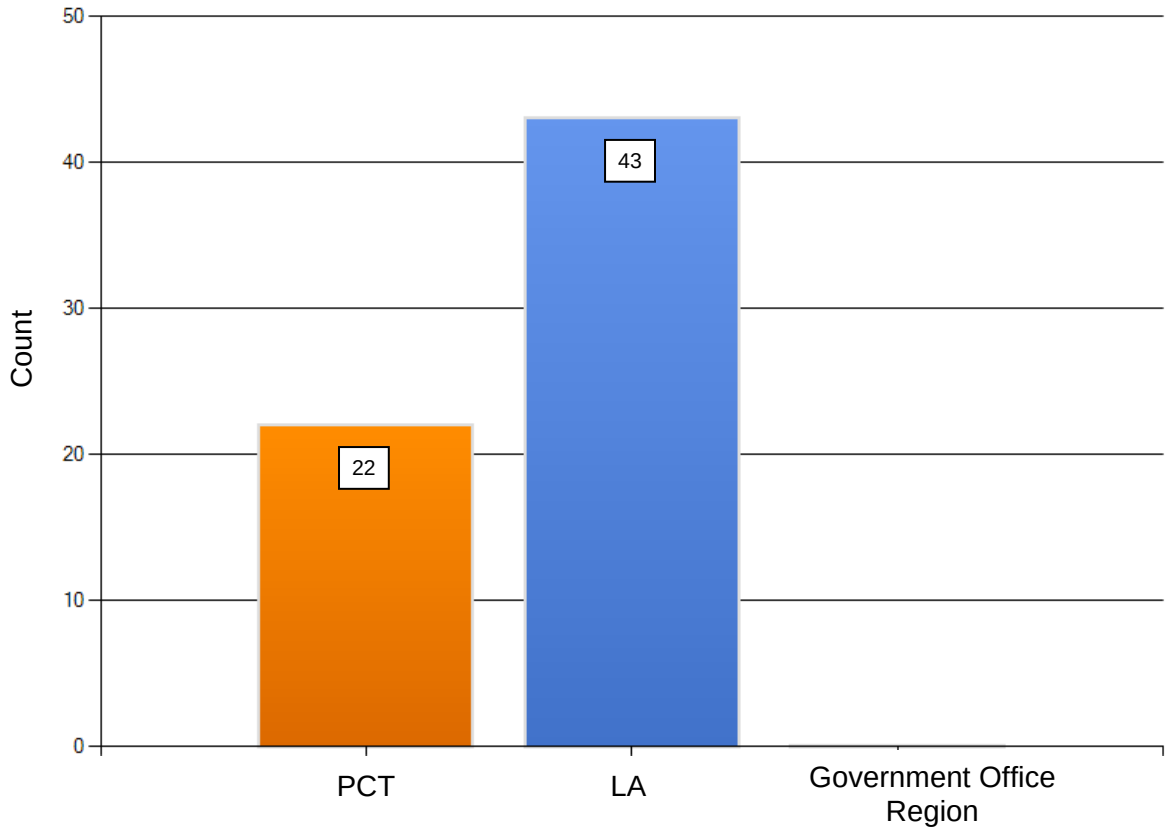
**2. In the last 12 months how often have you visited the LAPE site and / or used any of the resources you've downloaded?**



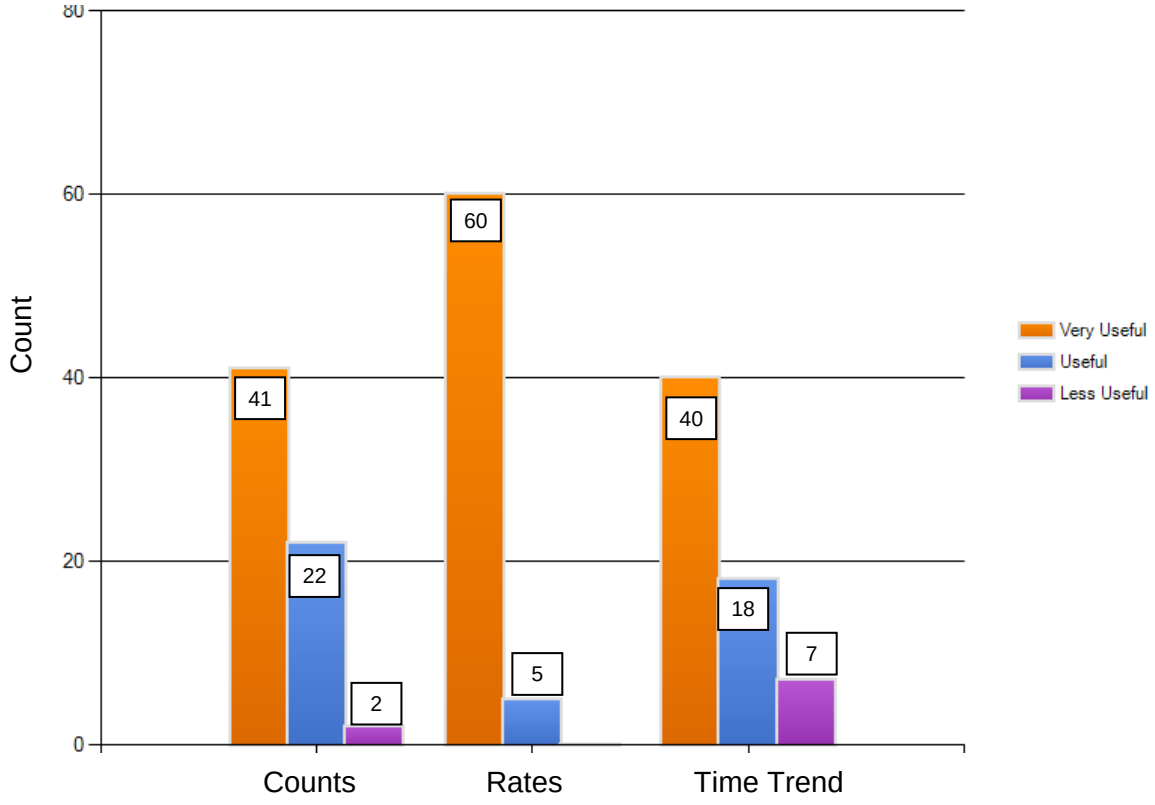

**3. For what purposes do you currently use LAPE outputs?**



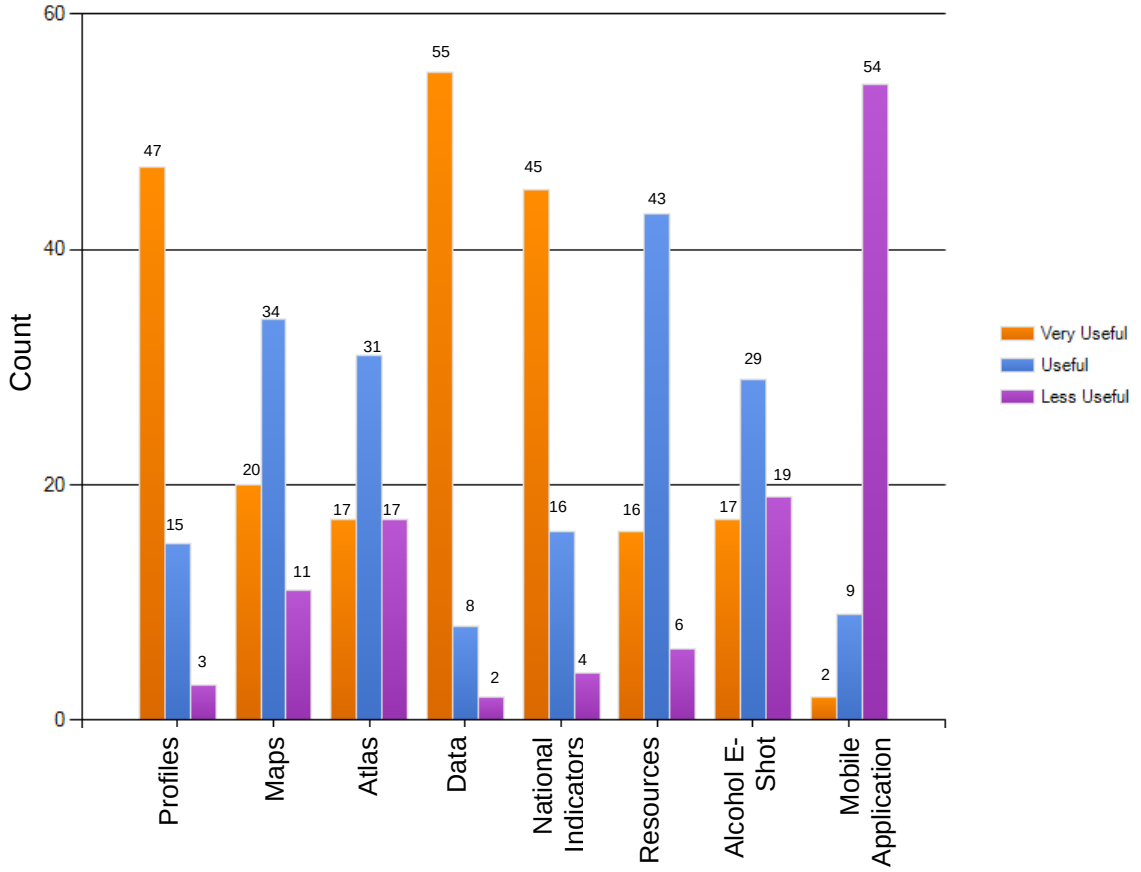
**4. Which output geography do you find most useful?**



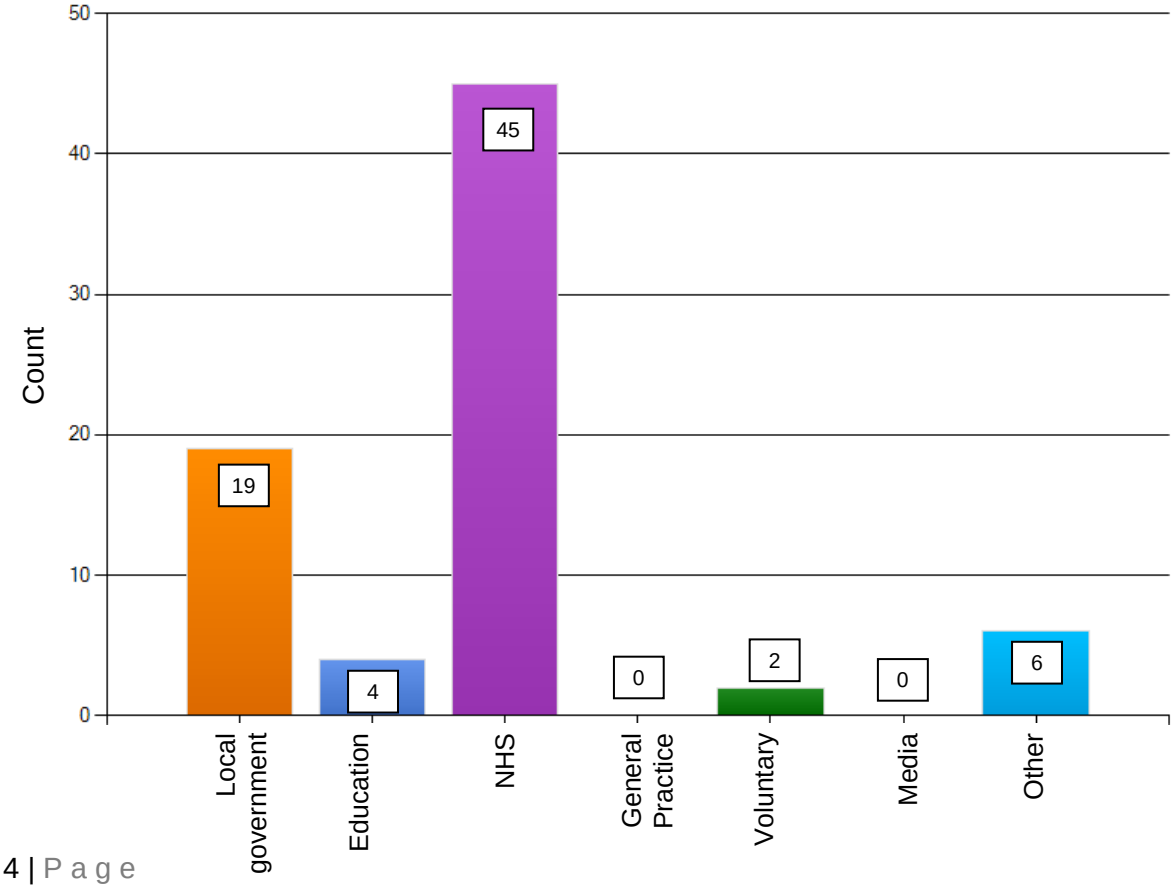

**5. Which level of aggregation do you find most useful?**



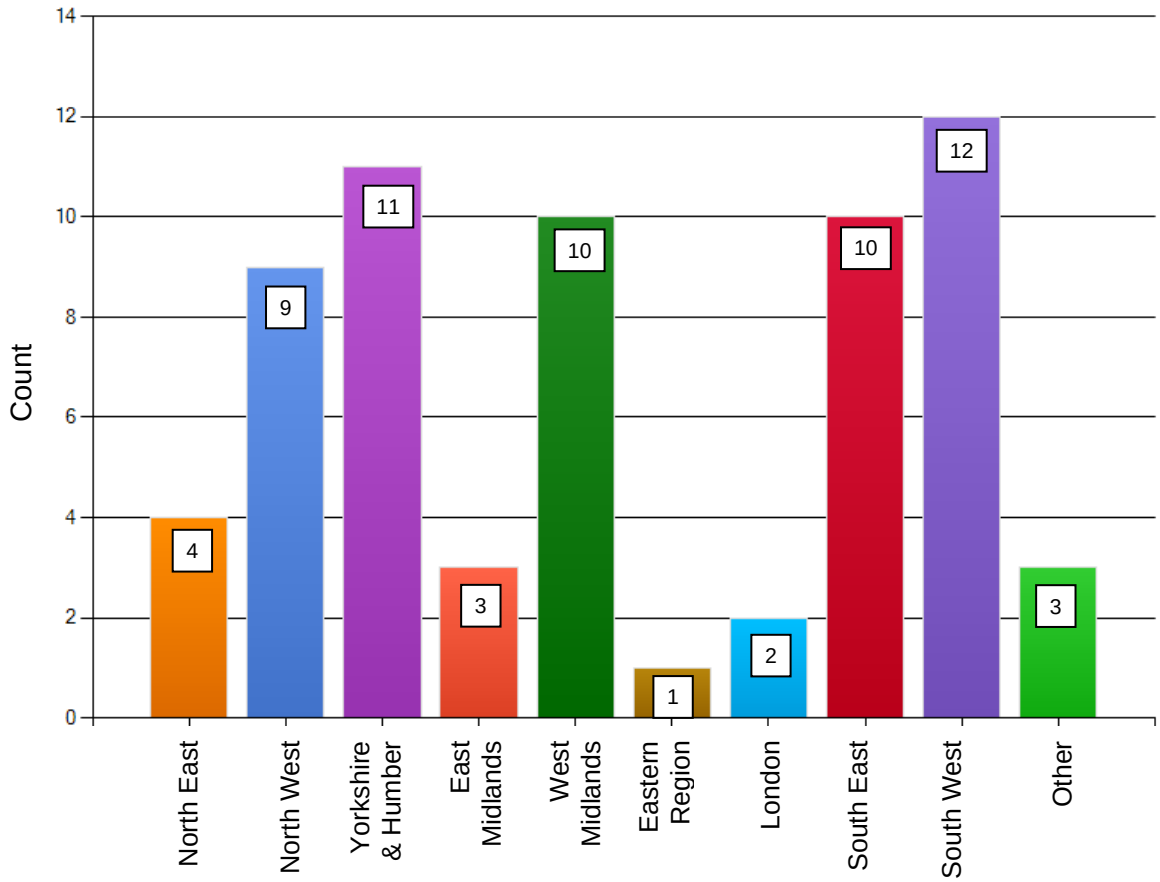
## 6. How useful do you find the different outputs?



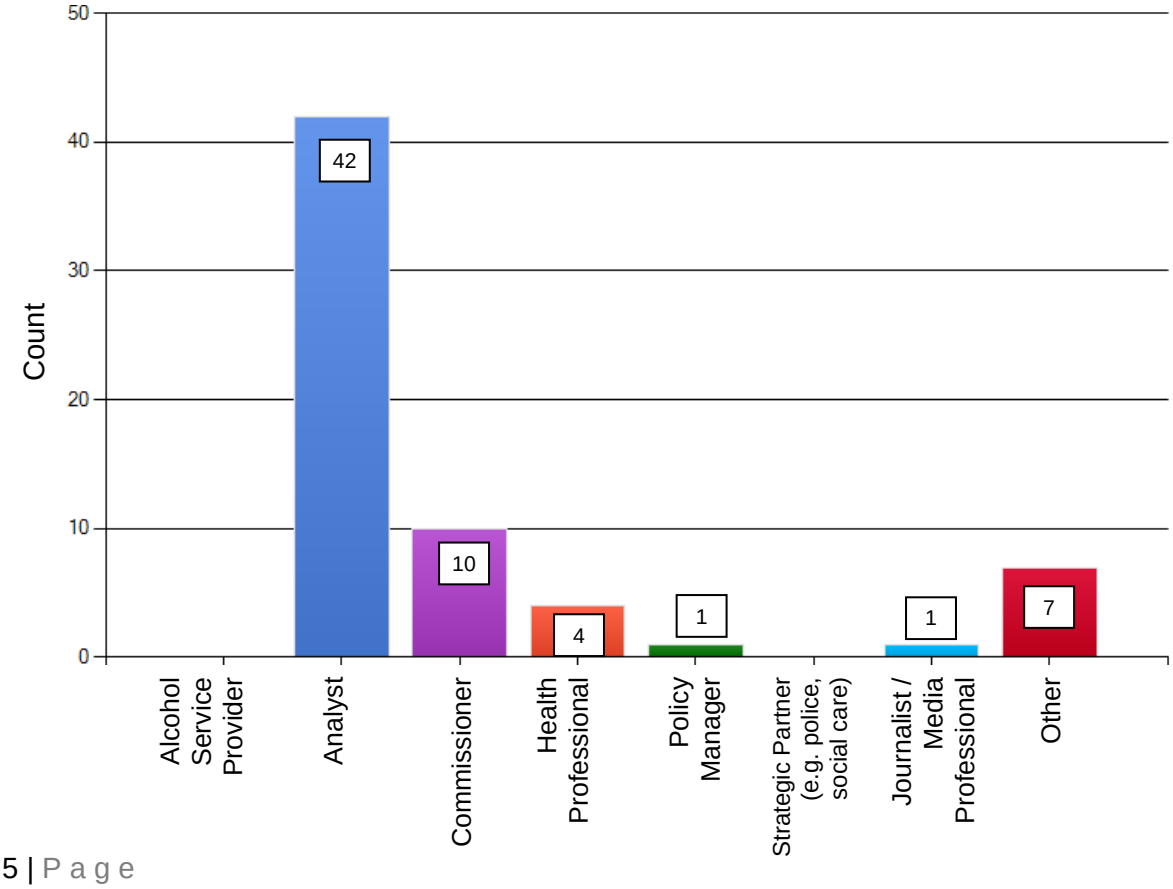

## 7. What kind of organisation do you work for?



**8. Where are you based geographically?**




**9. How would you best describe your role?**



**10. Are there any other indicators you would like to be included?**

Summary of free-text results included:

- "Under 18s data broken down by age group and gender would be useful"
- "Alcoholic liver disease mortality and admissions"
- "Alcohol admissions by quinary age group"
- "Mortality from alcoholic liver disease"
- "Alcohol specific and attributable admissions - primary diagnosis only (M, F and persons)"
- "It would be useful to have admission and mortality rates for persons as well as a male/female split."
- "It would be valuable for the drinking estimates to be updated more regularly or for a methodology that enables locally generation of this data set to be formulated."
- "Any primary care information (i.e. if alcohol is included into NHS health checks at practice level)"

  "Ambulance information (alcohol related pick up work refresh)"

  "I would find use of the synthetic estimates of drinking at different levels of risk more helpful if these were the figures expressed as a percentage of the whole population rather than as a % of drinkers. The alternative figures are also provided in the report "Topography of Drinking Behaviours"."
- "Something between alcohol-specific and alcohol-attributable in terms of alcohol's contribution to an admission / mortality, something akin to a mainly-alcohol-attributable admission / death."
- "A&E presentations rather than hospital admissions"
- "Alcohol treatment as a percentage of estimated dependent risk drinkers (link to ANARP recommendations)"
- "Alcohol-specific hospital admissions 65 and over."

**NWPHO response**

*We will consider the inclusion of new indicators and further age/sex breakdown of existing indicator data where appropriate.*

**11. Are there any other geography outputs that you would like to see added to LAPE?**

Overwhelmingly, the inclusion of Clinical Commissioning Groups (CCG) as an output geography. It was also commented that outputting indicators by small area geographies such as wards or MSOAs would be useful.

**NWPHO response**

*The next release of LAPE will include CCGs if the geographies have been finalised. Small area geographies often have numbers too small to provide a robust indicator and so are not currently being considered.*

**12. Are there any other formats that you would like to be included?**

Summary of free-text results included:

- "For excel it would also be useful to have them on one worksheet as well as separate indicators"
- "At the moment the individual data sets are displayed for all areas rather than just for my local authority it would be useful to access an Excel spreadsheet just containing data for my area."
- "Data over years on one excel would be useful: and one large dataset for the PCT against all PCT in the country would be useful"
- "Fingertips"

**NWPHO response**

*The current formats available will be reviewed before the next refresh however significant changes are not currently planned.*

**13. Beyond the metadata and user guide how can we help you further understand the indicators, either how they were calculated or how they may be interpreted?**

Summary of free-text results included:

- "As an analyst, the existing user guide and meta data are exactly what I want in order to replicate queries at a more local level. However, users of our JSNA have requested simple explanations of the difference between alcohol-specific and alcohol-attributable admissions, for example. Whether this is something that could be done through LAPE or is something that we need to do, I'm not sure. My only other comment is that it is sometimes difficult to find the time period to which the figures relate."
- "I would like to understand (in plain English) the difference in the methodologies between how you used to calculate the synthetic estimates or increasing / higher risk drinkers and the new method. Currently I can only find a very complicated version of how you do it now - I just want to know what has changed so I can use in my reports when I say why we can't backdate!"

- "Possibly making it clearer that not all the data is updated each year. I had a colleague call me last week to ask about the drinking estimates as she thought they were updated each year and she was surprised that the data actually related to 2008."

- "The sub analysis of indicator previously known as NI39 was really useful to help explain the indicator to partners, specifically the large contribution from persons with Long Term Conditions etc and therefore older people, and smaller contribution from alcohol-related violence"

- "The consultation paper on NI 39 noted caution in comparing time periods and geographical areas due to changes/differences in recording practices. There was mention of adjusting estimates to compensate for this which would be useful."

- "This will be key when/if new methodology for admissions is decided as it may be very complicated AND different from the current methods"

- "It would be useful to see some analysis of how the admission rates are affected by changes in coding. For instance many of the codes used fall in the secondary diagnosis fields which the completion of has improved over time. Therefore an increasing number of admissions maybe due to better coding rather than an increase in prevalence. It would be useful if some kind of indicator could measure this."

- "Being able to access the underlying data (anonymised) to allow for local interrogation into the make up of the indicators - we cannot replicate the data locally to get a true understanding of the underlying causes."

- "Comparator areas might be useful."

- "Have the numerator and denominator not just the rates otherwise have to calculate backwards what the raw number is."

**NWPHO response**

*In addition to the metadata, we will add a document to provide an explanation of key definitions in simpler terms. We will also make the data years covered by each indicator more explicit across the area profile pages and charts.*

**14. What improvements or developments would you most like to see included in the next version of LAPE?**

Summary of free-text results included:

- "CCG level profiles and statistics."

- "A number of the indicators are still considerably out of date, and more frequent updates would be very useful, though I appreciate that this is not always possible depending on how the information is collected."

- "More timely reporting if possible, and the incorporation of the 'mainly-alcohol-related' admissions / mortality data as suggested in response to a previous question."

- "It would be useful to receive a specific reminder a week before new data is released to the public."

- "A greater number of trend charts"
- **"**Access to underlying data rather than just the rates themselves."
- "I would like an estimate of when to expect the next updates to the quarterly data please."
- "Better presentation, more colour. PDF better quality, along the same lines as the APHO Health Profiles."
- "Using more recent data, the latest HES data is soon to be released so will be quite a time lag before the reports are updated if follow the publication schedule as per this year."
- "Maybe a few more trend bar charts as they can be really effective at illustrating issues in an area"

**NWPHO response**

*CCG level data will be included in the next LAPE release.*

**15. Please provide any other feedback about our Local Alcohol Profiles for England.**

- "A great and much needed source of alcohol data."
- "Very useful please continue to produce this valuable data set."
- "They are very useful tools"
- "It would be good if the press release for when LAPE is updated/published could be sent round to DPHs/all PHOs to disseminate prior to publication (advanced access), or at least to those areas that may have been named, as working in an area that was named as highest mortality rates for males, the first we knew about it was when a councillor was demanding a response just about a minute before the BBC were wanting to do short film/interview for local news, and given the profiles are released in the summer when a lot of people on leave, it would have been extremely helpful to have had a little notice about the press release/restricted access to the profiles prior to their publication"
- "Reliable, authoritative and well-used, one of the more useful national data sources in my experience and potentially an example that Public Health England could learn a lot from going forward."
- "Useful, clear and concise resource - please retain."
- "Generally a useful resource and I provide links from the Somerset Intelligence Network (SINe) website.
- "I find the graphs particularly useful as a visual aid to enhance trainee understanding of the issues our city is facing."
- "Excellent resource all round."

# Actions arising from survey

| Action | When? |
|---|---|
| Clinical Commissioning Group geographies to be added | August 2013 |
| Add a document to provide an explanation of key definitions in simpler terms (in addition to the existing metadata). | August 2013 |
| Make the years covered by each indicator more explicit across the area profile pages and charts. | August 2013 |
| Consider advance circulation to Directors of Public Health of the press release announcing the publication of new LAPE data (subject to PHE procedures and protocols as these become clear). | August 2013 |
| Review with DH and other stakeholders whether to continue with infrequently used indicators | April 2013 |

# LAPE 2012 Site User Statistics (mid August 2012 to March 2013)