

Using data to inform and evaluate public health policy in Scotland

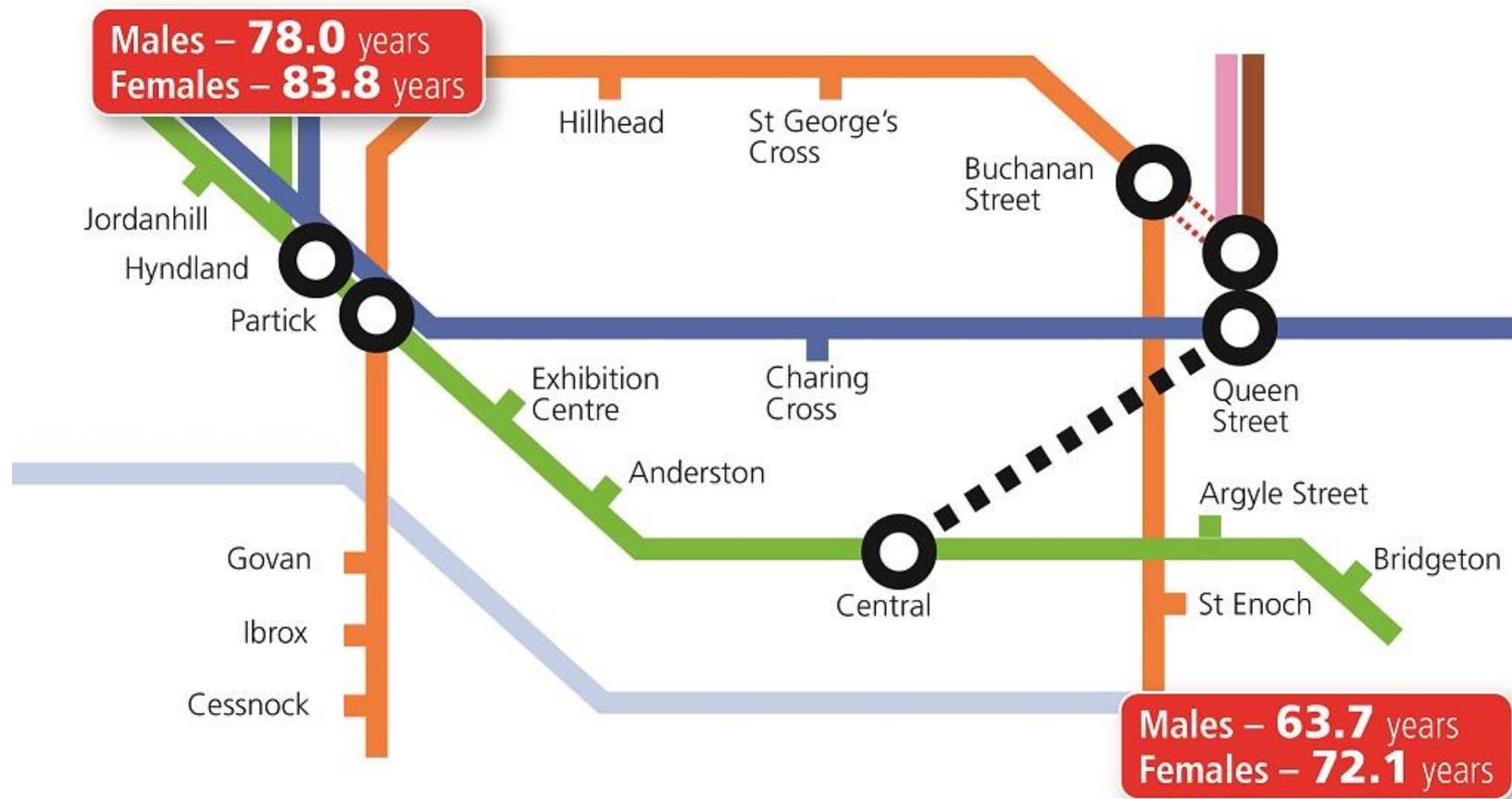
Shifa Sarica

shifa.sarica@nhs.net

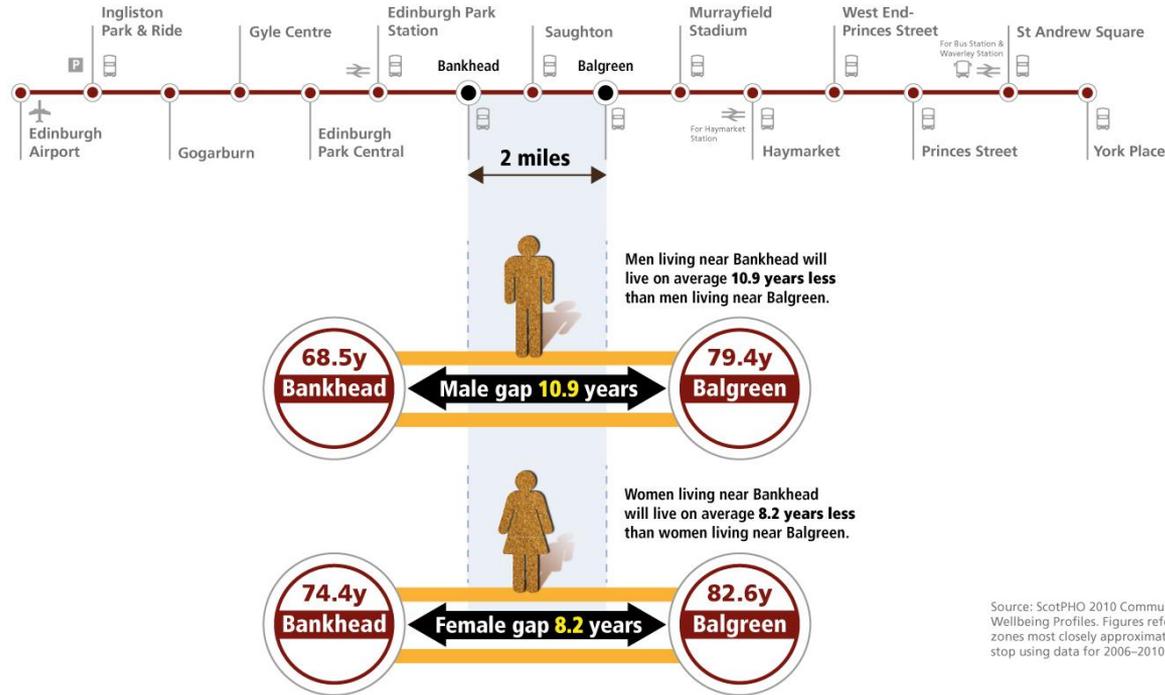
Public Health Intelligence Adviser

NHS Health Scotland





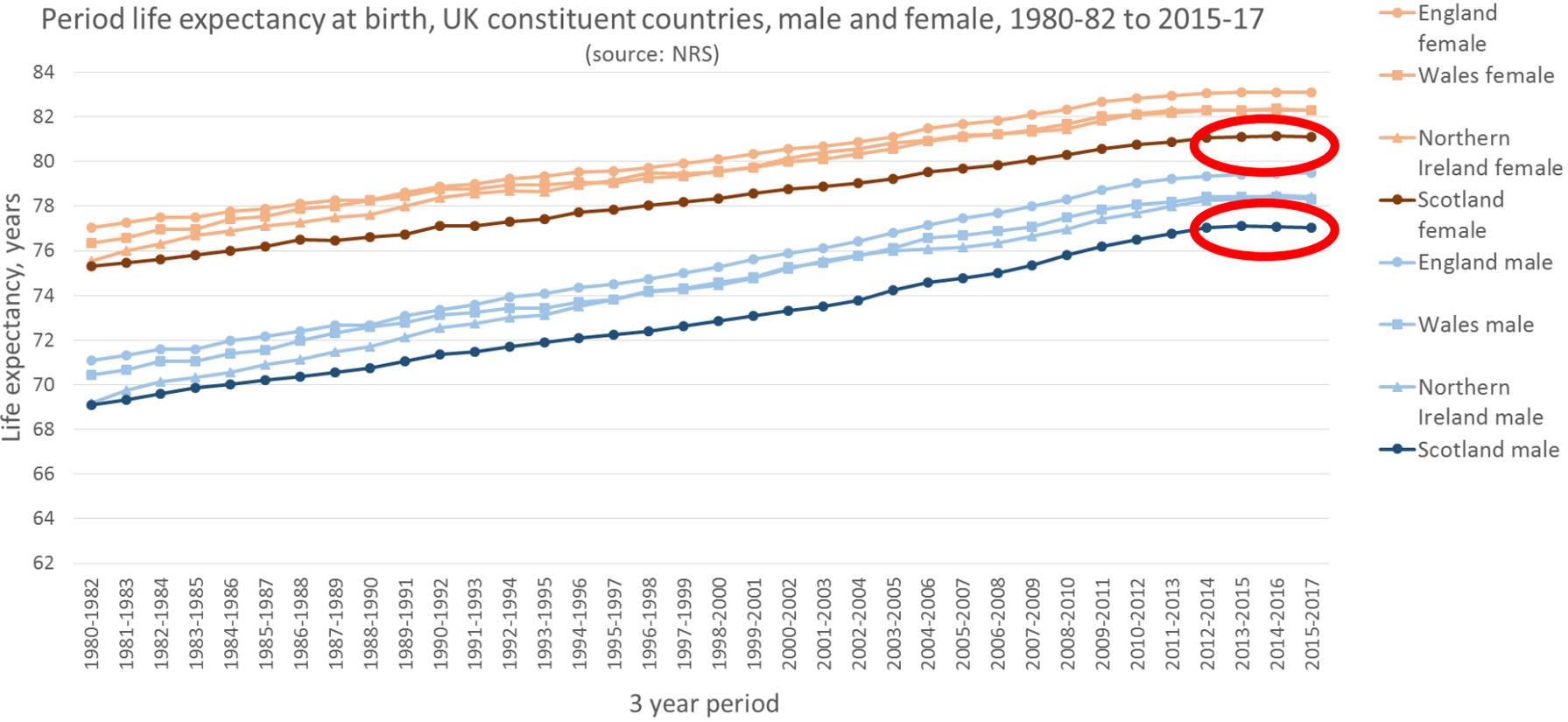
Mind the GAP: inequalities in life expectancy in Edinburgh



Source: ScotPHO 2010 Community Health and Wellbeing Profiles. Figures refer to intermediate zones most closely approximating to each tram stop using data for 2006–2010.

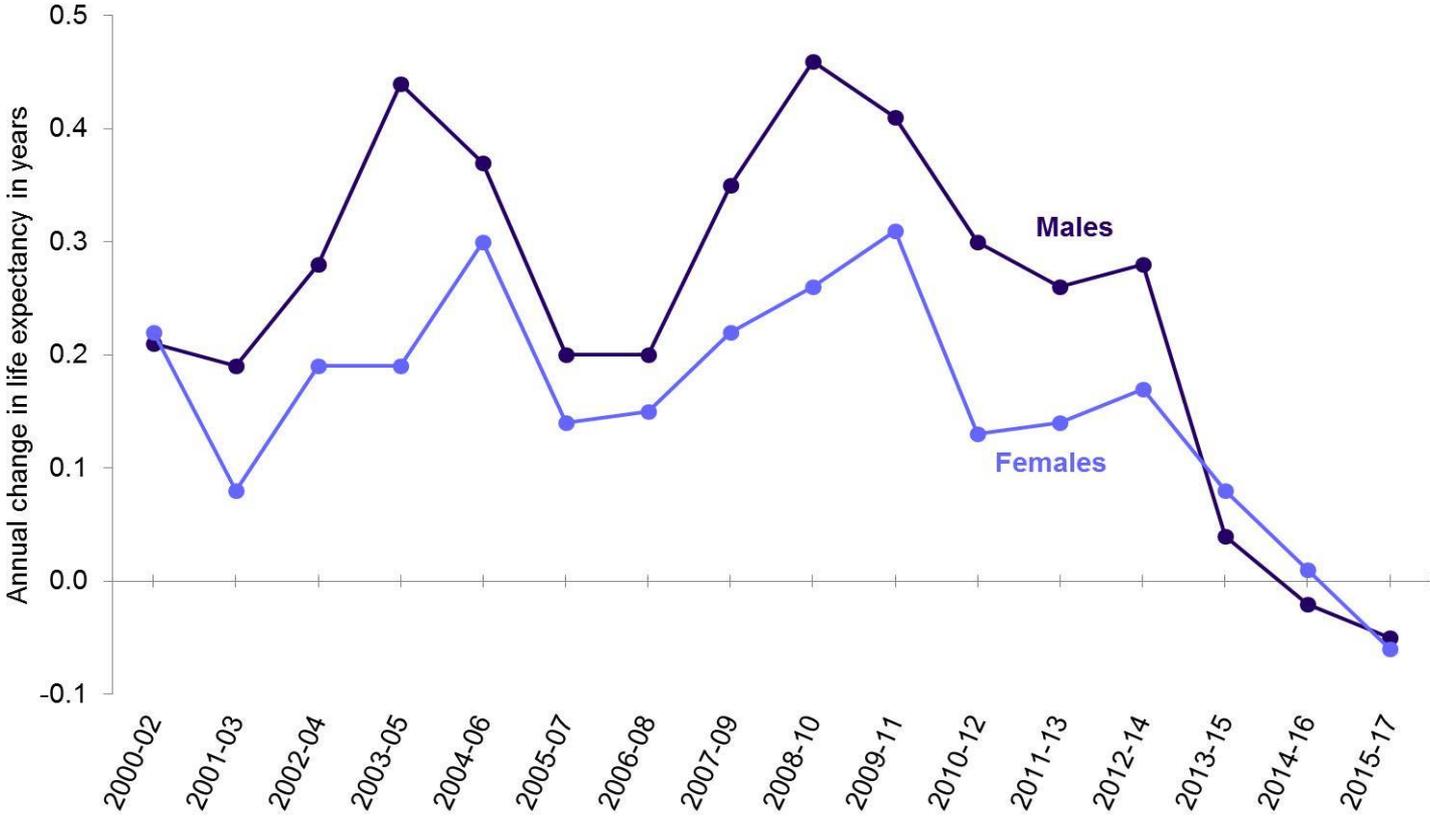
**“....the biggest public health
emergency of our careers”**

Recent trends in life expectancy in Scotland

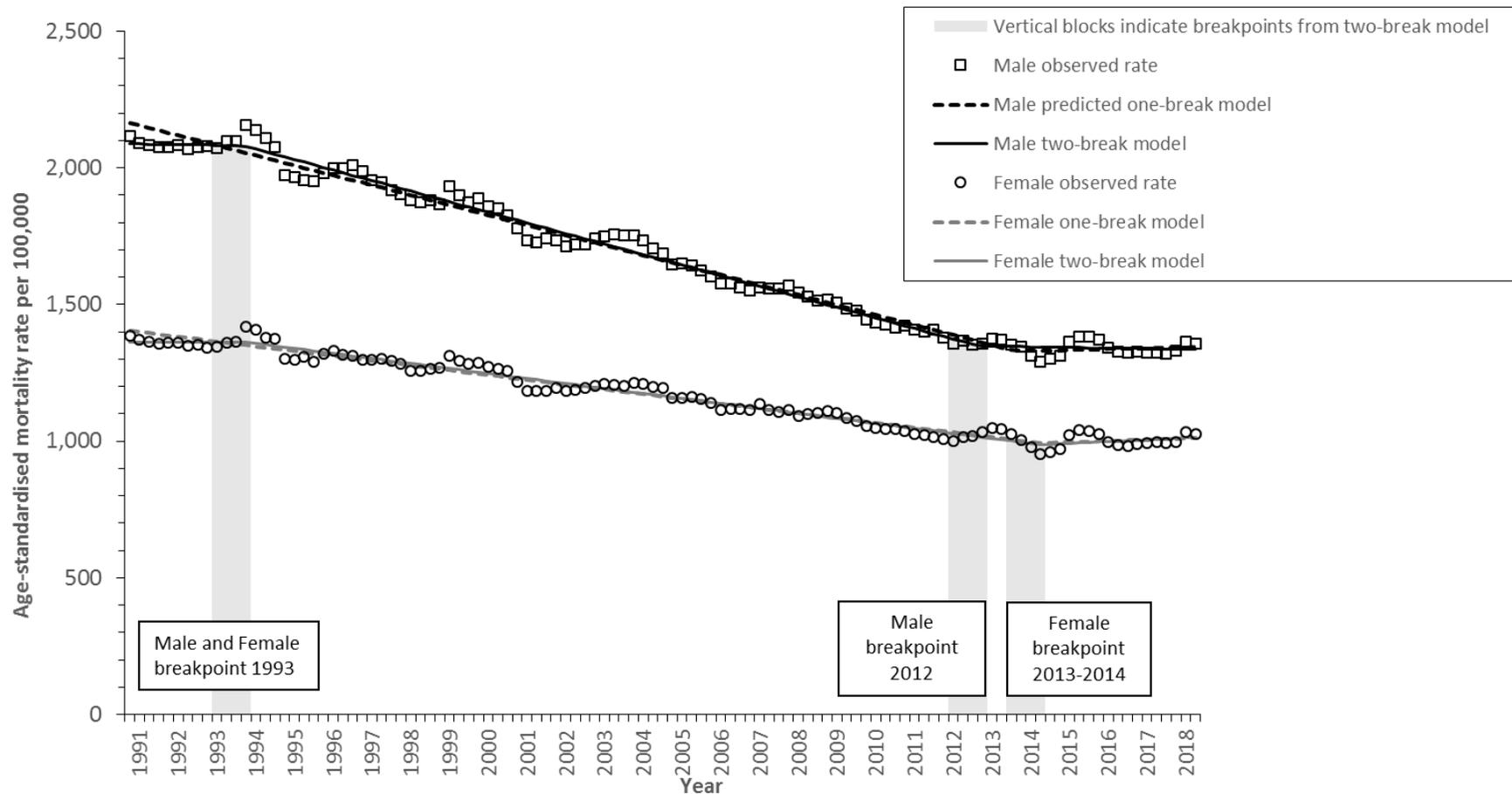


Recent trends in life expectancy in Scotland

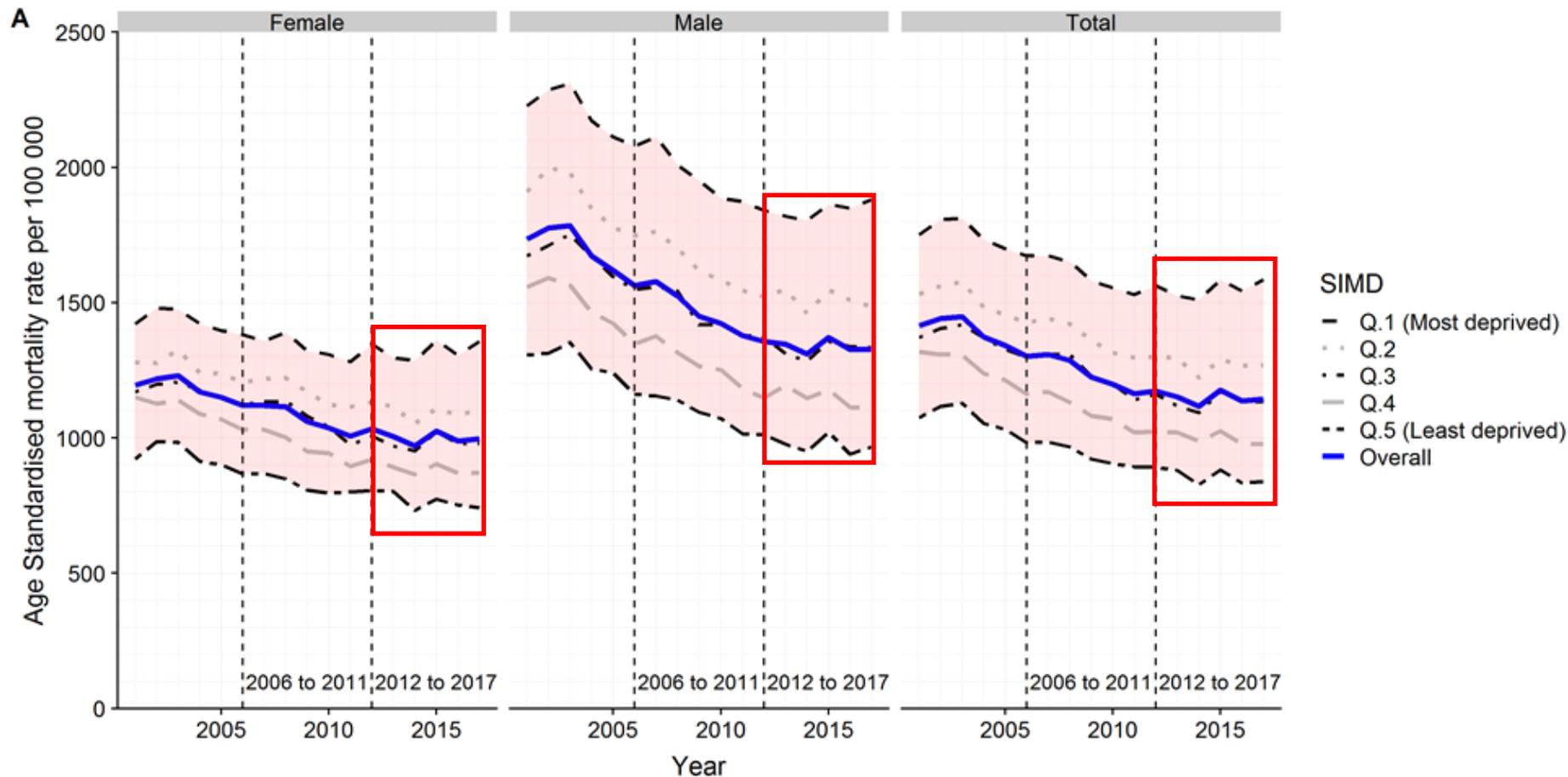
Annual change in life expectancy at birth in Scotland, 2000-02 to 2015-17

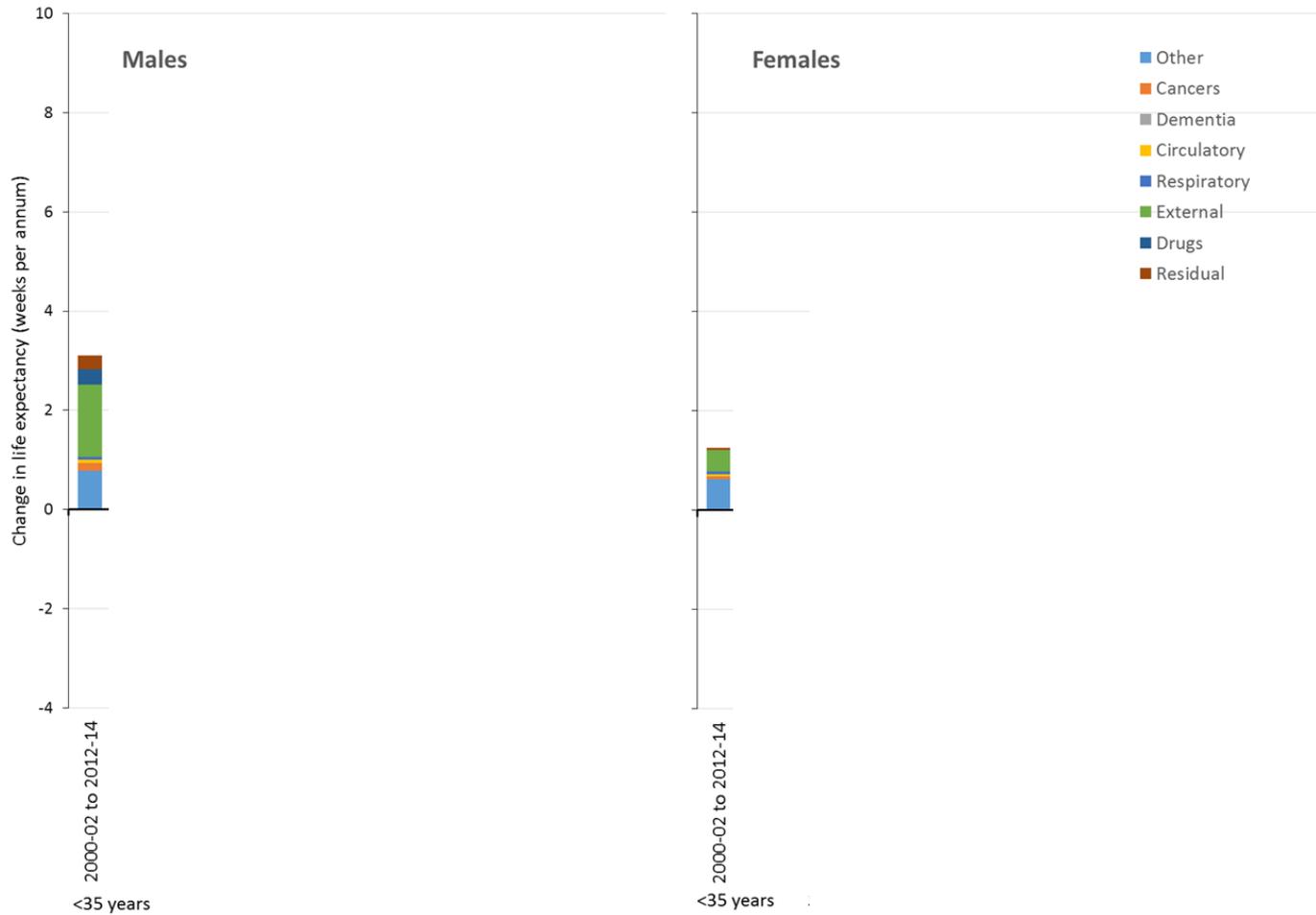


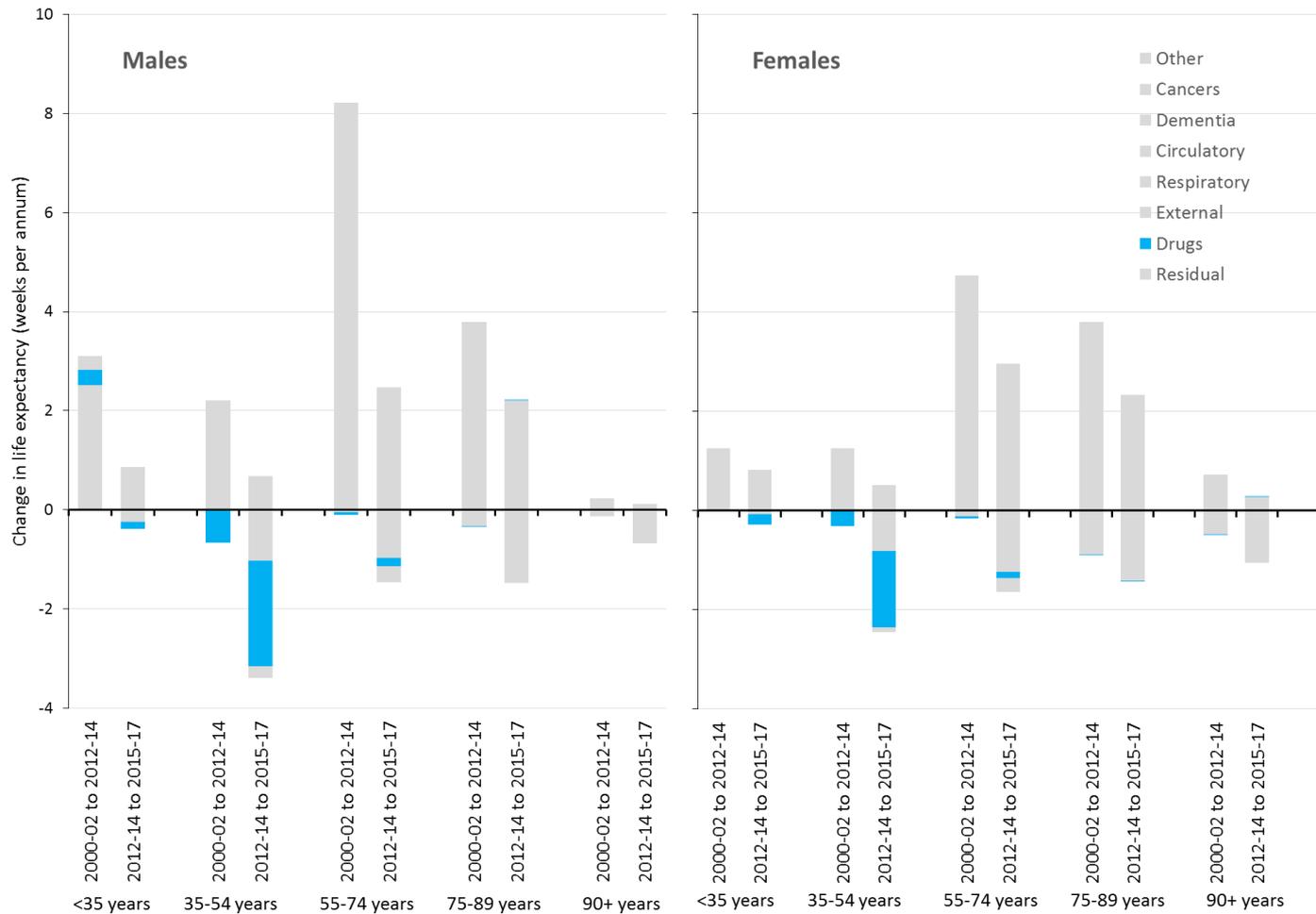
Age-standardised rolling four-quarterly mortality rates, with segmented regression models fitted, Scotland, 1990-2018



Inequalities in mortality







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NEWS

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Scotland Scotland Politics Scotland Business Edinburgh, Fife & East Glasgow & West

Life expectancy rise in Scotland grinding to a halt

8 February 2019



The rise in life expectancy in Scotland new reports.

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Scotland's Life Expectancy

Scotland's relationship with drugs has been under the spotlight of late following the release of new figures revealing the number of deaths has reached a record high. But the broader issue of overall mortality rates across Scotland and the UK poses fresh questions on where we are with life expectancy. In a special report for Good Morning Scotland, journalist and health specialist Pennie Taylor speaks to Dr. Gerry McCartney who leads the Public Health Observatory Team at NHS Health Scotland, and Danny Dorling, Professor of Geography at the University of Oxford.

15 minutes

This clip

Good Morning Scotland 21/07/2019

HOLYROOD Nightingale 2020 Transforming the Impact of Nursing on Glasgow
SCOTLAND'S AWARD-WINNING CURRENT AFFAIRS MAGAZINE

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Public health warning as death rates rise among Scotland's poor

Written by Tom Freeman on 8 February 2019 in News

Life expectancy gains in Scotland are 'unravelling' with continued austerity, experts warn

The Ferret

UK austerity blamed for people in Scotland dying earlier

Pennie Taylor on July 29, 2019

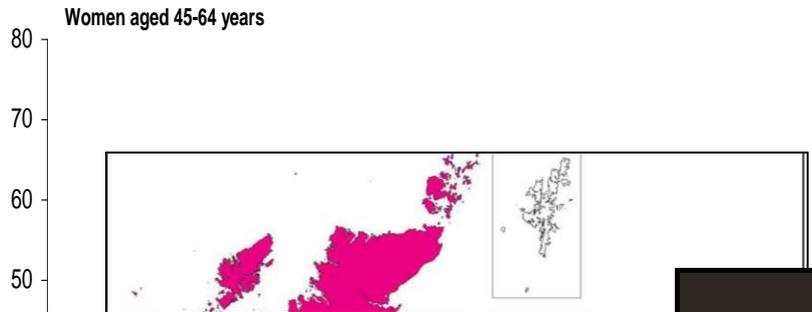
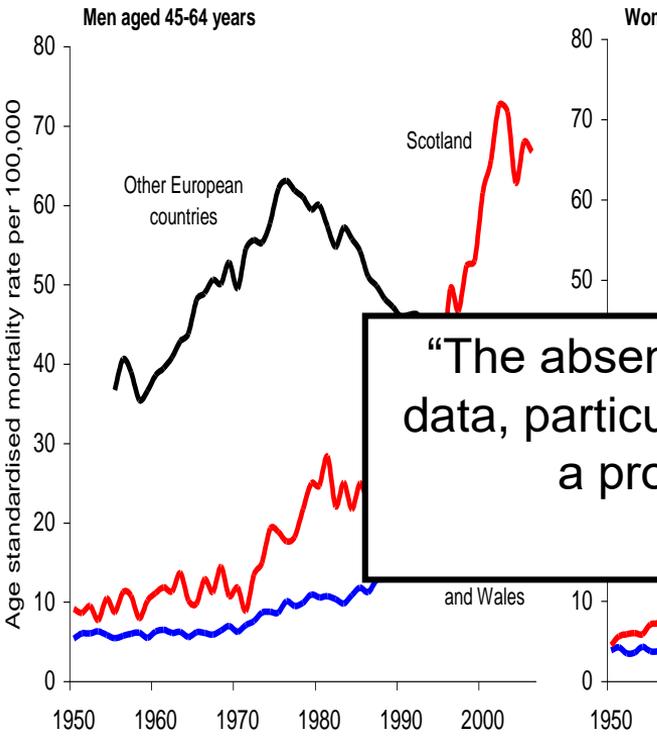
Summary of the mortality trends and the causes

- Trends improving until around 2012, now getting worse.
- Inequalities widening rapidly.
- All ages, men and women, most causes getting worse, but notable slowdown in circulatory improvements, worsening in drug-related deaths and dementia.
- Lots of hypotheses, but good evidence that austerity in its various forms and service pressures are important causes. Other factors may also be important.
- Causes are likely to be linked and interacting.



Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS)

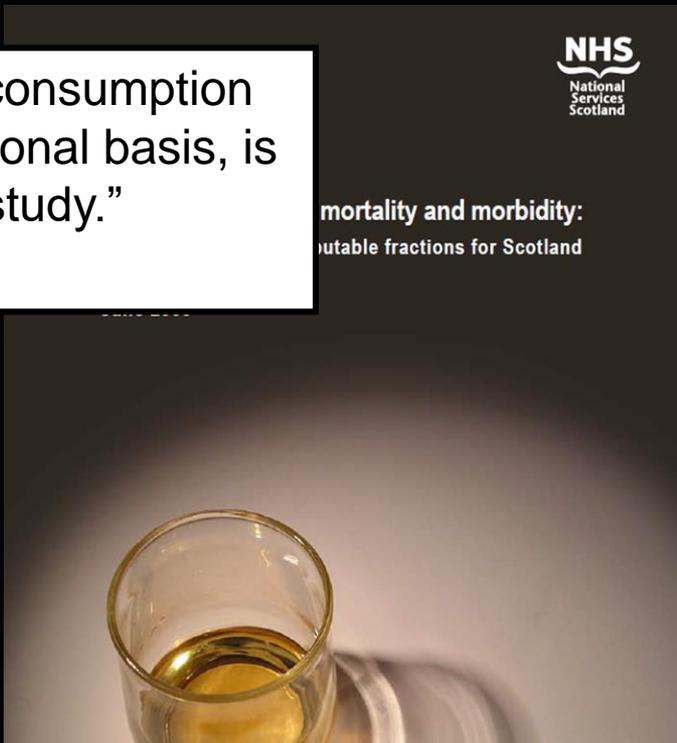
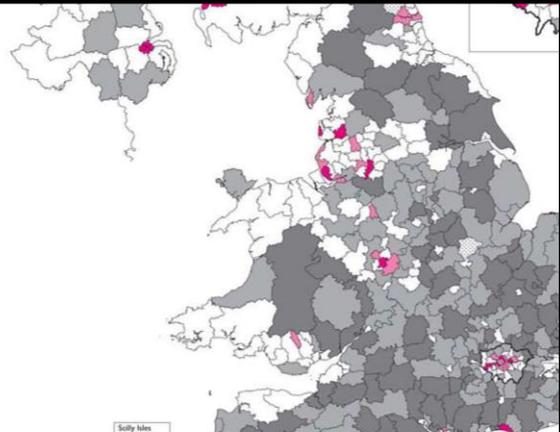
Minimum Unit Pricing: The (data) story so far....



“The absence of high-quality alcohol consumption data, particularly on a regional and national basis, is a profound handicap to further study.”

Leon & McCambridge, 2006

Source: Updated from Leon & McCambridge (2006)



Problem? What problem?



NEWS

24th May 2008

Double measures



THE level of alcohol consumption in Scotland could be twice as much as previously estimated because of the trend towards stronger drinks and bigger measures. Experts have reviewed how surveys of drinking are carried out amid concerns the alcoholic strength and serving size of certain drinks such as wine have been underestimated.

And they have warned that taking into account other factors such as evidence from sales figure and people underestimating or under-reporting how much they drink, the true scale of the alcohol problem Scotland is likely to be far more serious than previously thought.



ScotPHO
Public Health Information for Scotland

How much are people in Scotland really drinking?

A review of data from Scotland's routine national surveys

Conversion fac
revised to accc
for increased d
sizes and streng

The Scottish Health Survey

Revised Alcohol Consumption Estimates

20

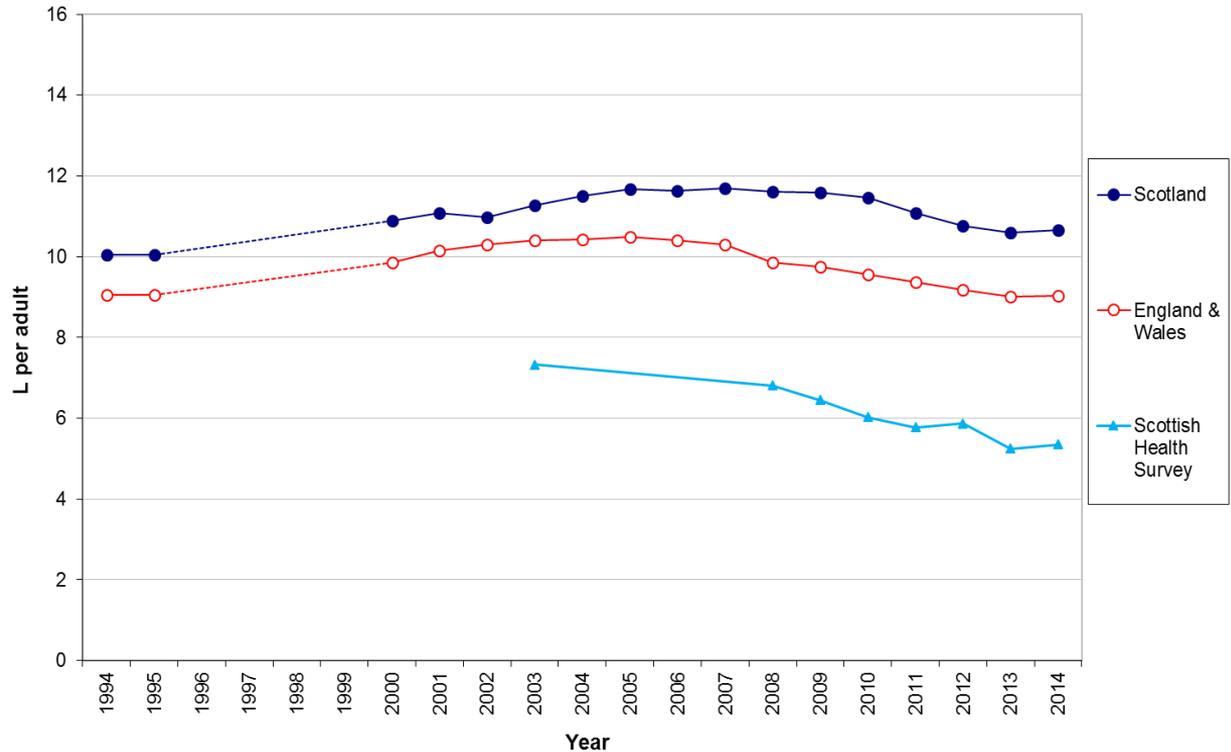
alcohol

cardiovascular



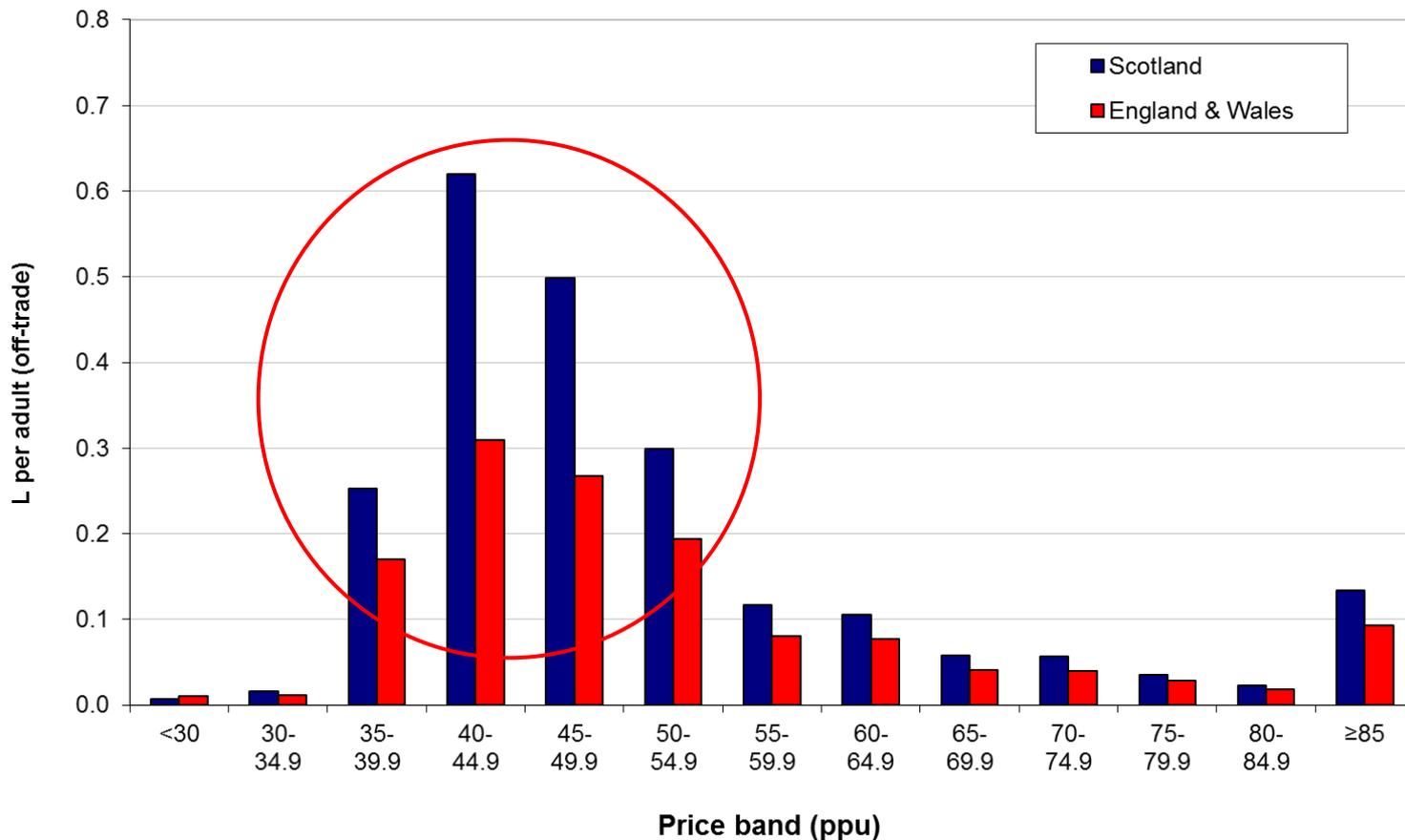
SCOTTISH GOVERNMENT

Estimated per adult consumption in Scotland and England & Wales



Source: Nielsen/CGA

Price distribution (L per adult) of spirits sold off-trade in Scotland and England & Wales, 2014



Alcohol sold in shops at 'pocket money prices'

LYNDSAY MOSS

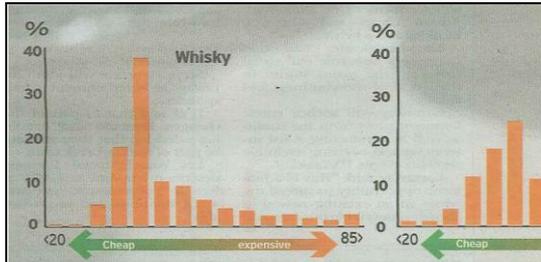
LARGE amounts of alcohol are being sold in Scotland for less than 20p a unit, figures reveal.

A report by NHS Health Scotland found that in so-called "off-sales" – alcohol bought in shops, supermarkets and off-licences – 16 per cent of alcohol was sold at less than 30p per unit. In addition, more than half (51 per cent) was sold below 40p per unit and 77 per cent below 50p.

But the report also revealed some types of drink were available much more cheaply than others. It found that 59 per cent of vodka sold in Scotland

was most likely to be sold at low prices – 48 per cent was sold at less than 30p per unit in 2009. This compared with 20 per cent

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15

Wednesday, July 21, 2010 Sun 29

SCOTS BIGGEST BOOZERS IN UK BY 100 PINTS

Alcohol in nur

24% is the extra amount of alcohol Scotland buys compared to the rest of Britain

2 is the number of pints of beer or 175ml glasses of wine more than other Britons that Scots drink per week

£1.31 is the average price of alcohol per unit in bars, pubs, clubs, restaurants and hotels in Scotland

32% of all drink sold in Scotland is sold in bars, pubs, clubs, restaurants and hotels

43p is cost per unit of alcohol sold in the off-trade

68% of sales are off-trade

16% of off-trade alcohol was sold at less than 30p per unit

51% was below 40p

77% of off-sales cost less than 50p per unit

59% 35p per unit

26%

£4.4 maximum r if it costs 20p

£3 cos recommend 20p per unit

THE HERALD WEDNESDAY 21.07.2010

Scotland's shame: 100 extra pints per person

Annual total exceeds UK average

An evaluation of the implementation of NHS delivered Alcohol Brief Intervention
Abstract
September 2011

An evaluation of the effectiveness and compliance with objectives of the Licensing (Scotland) Act 2005:
Final Report
May 2013

Monitoring and Evaluating Scotland's Alcohol Strategy
The impact of the off-trade alcohol
May 2013

Assessing the impact of and need for alcohol treatment in Scotland
November 2014

Monitoring and Evaluating Scotland's Alcohol Strategy
Final Annual Report
March 2016

Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS)

Alcohol and Alcoholism Vol. 48, No. 2, pp. 231-240, 2013
Advance Access Publication 26 August 2012

Addiction
RESEARCH REPORT

Robinson et al. BMC Public Health 2013, 13:1
http://www.biomedcentral.com/1471-2458/13/1

ADDICTION
RESEARCH REPORT

PUBLIC HEALTH 13 (2013) 14-17

PUBLIC HEALTH 13 (2013) 14-17

ORIGINAL ARTICLE
A Review of the Validity and Reliability of Alcohol Retail Sales Data of Alcohol Consumption: A Scottish Study

Mark Robinson^{1*}, Rachel Thorpe², Clam Benton³
¹Public Health Observatory, Public Health Science Directorate, NHS Health Scotland, Glasgow
²East Lothian Hospital, Berwick, UK
³Compassion Centre, Tel: +44 (0) 1546 2099; Fax: +44 (0) 1546 2042

Evaluating the impact of alcohol sales: a natural experiment

Mark Robinson¹, Claudia Grais², James Estler³, Corina Clark⁴ & Clare Beeson⁵
¹Public Health Science Directorate, NHS Health Scotland, Glasgow
²University of Glasgow, Glasgow, UK
³and PROSG, South and West

RESEARCH ARTICLE

Regional alcohol consumption and mortality in Great Britain: retail sales data

Mark Robinson¹, Deborah Shipston², David Wald³, Burt

The short-term impact of the alcohol related deaths and hospital admissions natural experiment

Mark Robinson¹, Janet Boutwell², James Lewsey³, Daniel Clare Beeson⁴
¹Public Health Science Directorate, NHS Health Scotland, Glasgow, UK
²and Institute of Health and

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Journal homepage: www.elsevier.com/locate/elsevier

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Abstract - Aim: To assess the validity and reliability of using alcohol retail sales data to estimate alcohol consumption. Methods: A natural experiment was conducted in which the off-trade alcohol retail sales data were identified and, where possible, the impact of each bar on alcohol consumption estimated in Scotland. Results: Consumption and substitution, and taking into account the potential for change of awareness of consumption during 2010 was then an overestimate of 51.1% This indicates the impact of alcohol consumption and alcohol will through certain data is a low overestimate for the alcohol retail sales data to be used in the future. Conclusion: The use of alcohol retail sales data to estimate alcohol consumption in Scotland is a low overestimate for the alcohol retail sales data to be used in the future.

Background and Aim: A test on multi-bar data to estimate alcohol consumption in Scotland. Methods: A natural experiment was conducted in which the off-trade alcohol retail sales data were identified and, where possible, the impact of each bar on alcohol consumption estimated in Scotland. Results: Consumption and substitution, and taking into account the potential for change of awareness of consumption during 2010 was then an overestimate of 51.1% This indicates the impact of alcohol consumption and alcohol will through certain data is a low overestimate for the alcohol retail sales data to be used in the future. Conclusion: The use of alcohol retail sales data to estimate alcohol consumption in Scotland is a low overestimate for the alcohol retail sales data to be used in the future.

Background: Regional differences in population health and mortality in Great Britain. Methods: The impact of alcohol consumption on mortality in Great Britain was estimated using retail sales data. Results: Alcohol consumption and mortality in Great Britain were estimated using retail sales data. Conclusion: The impact of alcohol consumption on mortality in Great Britain was estimated using retail sales data.

Background and Aim: The short-term impact of the alcohol related deaths and hospital admissions natural experiment. Methods: A natural experiment was conducted in which the off-trade alcohol retail sales data were identified and, where possible, the impact of each bar on alcohol consumption estimated in Scotland. Results: Consumption and substitution, and taking into account the potential for change of awareness of consumption during 2010 was then an overestimate of 51.1% This indicates the impact of alcohol consumption and alcohol will through certain data is a low overestimate for the alcohol retail sales data to be used in the future. Conclusion: The use of alcohol retail sales data to estimate alcohol consumption in Scotland is a low overestimate for the alcohol retail sales data to be used in the future.

Review Paper
Explaining trends in alcohol-related hospital admissions in Scotland, 1991-2011 (I): the role of income and socio-economic and political adversities and demographic change

Review Paper
Explaining trends in alcohol-related harms in Scotland 1991-2011 (II): policy, social norms, the alcohol market, clinical changes and a synthesis

G. McCartney¹, J. Boutwell², N. Craig³, P. Craig⁴, L. Graham⁵, F. Latta⁶, M. J. Parkin⁷, J. Parkin⁸, J. C. Beeson⁹

INTRODUCTION

The harmful use of alcohol has increased every year and is the global disease burden (WHO). Levels of alcohol-related morbidity and mortality in Scotland are strongly and consistently higher than in other countries (Wynne et al., 2009). As country incomes, so does alcohol consumption (Baker et al., 2010). Alcohol consumption in therefore countries with high income and high alcohol consumption. The harmful use of alcohol has increased every year and is the global disease burden (WHO). Levels of alcohol-related morbidity and mortality in Scotland are strongly and consistently higher than in other countries (Wynne et al., 2009). As country incomes, so does alcohol consumption (Baker et al., 2010). Alcohol consumption in therefore countries with high income and high alcohol consumption. The harmful use of alcohol has increased every year and is the global disease burden (WHO). Levels of alcohol-related morbidity and mortality in Scotland are strongly and consistently higher than in other countries (Wynne et al., 2009). As country incomes, so does alcohol consumption (Baker et al., 2010). Alcohol consumption in therefore countries with high income and high alcohol consumption.

Monitoring and Evaluating Scotland's Alcohol Strategy

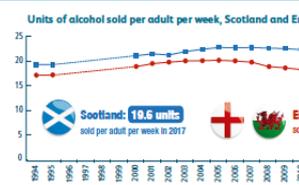
Excessive alcohol consumption causes harm to Scottish society, impacting on:



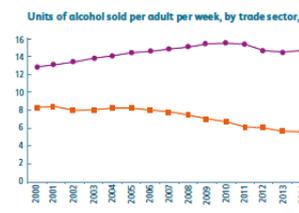
Scotland's alcohol strategy aimed to address this was comprehensive, evidence based, and included four key components.

- Licensing (Scotland) Act (2005)
 - Includes reform of licensing process and restrictions on licence-holders, for example:
 - Restrictions on displays in the off-trade
 - Restrictions on happy hour in the on-trade
- Change Alcohol:
 - Reduction in alcohol consumption
 - Promote attitudes positive to alcohol
- Alcohol etc. (Scotland) Act (2010)
 - Contains a number of measures designed to reduce alcohol consumption, including:
 - 18 Reducing underage selling
 - 25? Promote attitudes positive to alcohol
- Alcohol (NI)
 - Established alcohol brief intervention

Alcohol sales in Scotland in 2017



14% more alcohol sold per adult in Scotland/Wales in 2017... and almost was because of higher sales in supermarkets



In 2017, almost three-quarters of alcohol sold in Scotland was sold at less than 50p per unit.

Alcohol price in Scotland in 2017

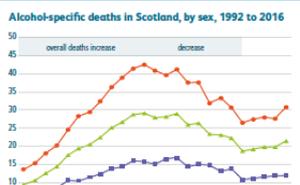


Average price per unit... pubs, clubs and restaurants

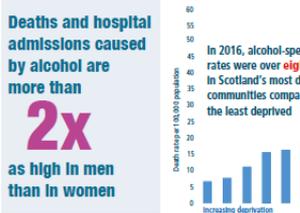


Nearly half (47%) of alcohol sold in supermarkets and off-licences was sold at less than 50p per unit.

Alcohol harm in Scotland in 2016



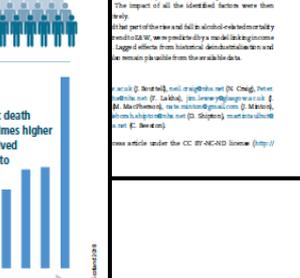
In 2016 in Scotland alcohol caused an average 22 deaths per week



In 2016/17 more than 24,000 people were

Alcohol harm in Scotland in 2016

Alcohol-specific deaths in Scotland, by sex, 1992 to 2016. In 2016 in Scotland alcohol caused an average 22 deaths per week. Deaths and hospital admissions caused by alcohol are more than 2x as high in men than in women. In 2016, alcohol-specific death rates were over eight times higher in Scotland's most deprived communities compared to the least deprived.



In 2016, alcohol-specific death rates were over eight times higher in Scotland's most deprived communities compared to the least deprived.

In 2011

Scotland introduced a ban on multi-buy discount offers



This led to



Find out more about the monitoring and evaluating Scotland's alcohol strategy programme here: healthscotland.com/mesas





“The system will be **experimental**, but that is a factor catered for by its provisions for **review and sunset clause**. It is a **significant factor** in favour of upholding the proposed minimum pricing régime.”



Michaelmas Term
[2017] UKSC 76
On appeal from: [2016] CSIH 77

JUDGMENT

Scotch Whisky Association and others (Appellants)
v The Lord Advocate and another (Respondents)
(Scotland)

before

Lord Neuberger
Lady Hale
Lord Mance
Lord Kerr
Lord Sumption
Lord Reed
Lord Hodge

JUDGMENT GIVEN ON

15 November 2017

Heard on 24 and 25 July 2017

The Minimum Unit Pricing (MUP) evaluation portfolio

MESAS-funded studies

Mid 2019

- Compliance
- Monitoring report (June)

Late 2019

- Economic impact on the alcohol industry
- Children and young people: own drinking and related behaviour
- Sales based consumption
- Children and young people: harm from others

Early 2020

- Small convenience stores

Mid 2020

- Harmful drinking
- Monitoring report (June)

Late 2020

- Public attitudes to MUP
- Alcohol price

Mid 2021

- Harmful drinking
- Monitoring report (June)

Late 2021

- Alcohol products and prices

Mid 2022

- Sales based consumption
- Monitoring report (June)

Late 2022

- Economic impact on the alcohol industry
- Crime, public safety and public nuisance

Early 2023

- Hospital admissions and deaths

Mid 2023

- Monitoring report (June)

Late 2023

- Final report (covering both MESAS and separately-funded studies)

————— 2019 ————— 2020 ————— 2021 ————— 2022 ————— 2023 —————

Separately-funded

Mid 2020

- Daily Survey (Nof1)
- Prescribing

Late 2020

- Consumption and health service impacts
- Homeless drinkers

Late 2021

- Self-reported consumption
- Ambulance call-outs

Scotland Scotland Politics Scotland Business

Alcohol minimum pricing 'implemented effectively'

By Reevel Alderson
BBC Scotland's social affairs correspondent

1 August 2019



Report suggests a high level of compliance with Minimum Unit Pricing (MUP) for alcohol has been implemented effectively, a report has found.

BBC Your account News Sport Weather iPlayer Sounds

NEWS

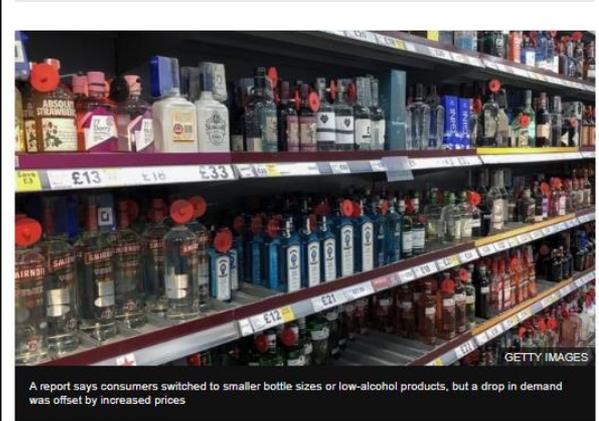
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Scotland Scotland Politics Scotland Business Edinburgh, Fife & East Glasgow & West

MUP had 'modest' economic impact on drinks industry

By Reevel Alderson
BBC Scotland's social affairs correspondent

2 October 2019



A report says consumers switched to smaller bottle sizes or low-alcohol products, but a drop in demand was offset by increased prices.

The introduction of minimum pricing for alcohol has had a modest economic impact on the drinks industry in Scotland, a report has found.

Scotland Politics Scotland Business Edinburgh

More research needed' on MUP and minimum pricing



Researcher said more research is needed into how MUP is affecting underage drinking.

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Alcohol off-sales fall in first year of minimum pricing

28 January 2020



A minimum price for alcohol was implemented in May 2018. The amount of alcohol sold in Scotland's shops fell during the first year of minimum pricing but sales increased south of the border.

Triple I: Using data to inform solutions

Informing Investment to tackle health inequalities in Scotland (III) - Smoking Cessation

What is the nature of the intervention? Scotland's national smoking cessation programme, which delivers universal smoking cessation services across all NHS Boards. The model assumes that the maximum number of smokers who could be reached is 74% (all those smokers who want to quit) (Source: Knowledge Attitudes and Attitudes to Health module of the Scottish Health Survey, 2006-2011).

1. Choose geography	Geography	Scotland
2. Enter number treated	Intervention name	Smoking cessation
3. Choose targeting strategy	Additional number of people treated	50000
	Targeting strategy	Proportionate to need
	Total direct cost of intervention (£m, 2012 prices)	5,900

Interventions target the pop. distribution of smokers

Baseline Information: Smoking Cessation		Model Outcomes (whole population)			
Baseline year	2012	2 years	10 years	20 years	
Age group	50+	Years of life gained	200	2490	4518
Estimated no. of smokers (2012)	992405	Continuous inpatient stays prevented	181	1535	2843
Of which, Q1 only:	288435	Model Outcomes (Most deprived SIMD quintile)			
Of which, Q1 & Q2:	538482	2 years	10 years	20 years	
Estimated no. smokers who want to quit	734394	Years of life gained	129	947	1638
Of which, Q1 only:	220842	Continuous inpatient stays prevented	69	528	933
Of which, Q1 & Q2:	389216	Model Outcomes (comparative health inequalities)			
Annual continuous inpatient stays (2012)	1082362	2 years	10 years	20 years	
Of which, Q1 only:	270251	RRI: Years of life lost (without intervention)	1,210	1,093	1,004
Of which, Q1 & Q2:	508745	RRI: Years of life lost (with intervention)	1,210	1,093	1,004
Annual cessation service quit attempts	1082362	RRI: Years of life lost (difference)	-0.0002	-0.0002	-0.0002
Of which, Q1 only:	270251	RRI: continuous inpatient stays (without intervention)	0.6888	0.5870	0.4735
Of which, Q1 & Q2:	508745	RRI: continuous inpatient stays (with intervention)	0.6888	0.5888	0.4734
		RRI: continuous inpatient stays (difference)	0.0002	0.0002	0.0001

Informing investment to reduce health inequalities (III) in Scotland: a commentary
December 2014



Informing Investment to Reduce Inequalities: A Modelling Approach

Andrew Mackay*, Cheryl Denny*, Martin Toubert*, Rory Mitchell*, Colin Fitchbacher*, Barbara Graham*, Ian O'Neil*, Paul O'Hagan*, David McAfee*, Gerry McCauley*

* Public Health Science Division, NHS Health Scotland, Glasgow, United Kingdom; 2. Himeketai Ariarapa, United Kingdom; 3. Centre for Population Health Sciences, University of Edinburgh, Edinburgh, United Kingdom

* andrew.mackay@nhs.uk

Abstract

Background

Reducing health inequalities is an important policy objective but there is limited quantitative information about the impact of specific interventions.

Objectives

To provide estimates of the impact of a range of interventions on health and health inequalities.

Materials and Methods

Literature reviews were conducted to identify the best evidence linking interventions to non-health and hospital admissions. We examined interventions across the determinants of health: a living wage, changes to benefits, taxation and employment, active travel, tobacco taxation, smoking cessation, alcohol/taxi interventions, and weight management services. A model was developed to estimate mortality and years of life lost (YLL) in intervention and comparator populations over a 20-year time period following interventions delivered only in the first year. We estimated changes in inequalities using the relative index of inequality (RII).

Results

Introduction of a living wage generated the largest beneficial health impact, with modest reductions in health inequalities. Benefits increases had modest positive impacts on health and health inequalities, while council tax increases had negative impacts on population health but reduced inequalities, while alcohol tax increases worsened both health and health inequalities. Active travel increases had primarily positive effects on population health and reduced health inequalities. Increases in employment reduced population health but benefited the most deprived groups. Tobacco taxation had modestly positive impacts on health but little impact on health inequalities. Alcohol brief interventions had modestly positive impacts on health and health inequalities only when strongly socially targeted, while

Aim

To provide national and local decision makers with practical tools and interpreted research findings that will inform decisions about investing in interventions to reduce health inequalities

What is scenario modelling?

- a form of policy appraisal which draws on multiple data sources to predict likely outcomes of particular scenarios.
- necessarily involves simplification and the extent to which the simplification is appropriate will be a matter of judgment (pragmatism vs sophistication)
- involves bringing together data and evidence from a variety of sources into a formal pre-specified conceptual framework and applying explicit analytical techniques

“It is far better to foresee even without certainty than not to foresee at all.”

Henri

ence



Modelled interventions

UNDO FUNDAMENTAL CAUSES

- Changes to income tax
- Changes to council tax
- Changes to benefits
- Changes to income

PREVENT ENVIRONMENTAL INFLUENCES

- 20 mph speed limits
- Tobacco taxation +10%
- Job provision
- Benefit uptake +1%

MITIGATE INDIVIDUAL EXPERIENCES

- Computerised CBT for depression
- Individual guided self-help for depression
- Group physical activity for depression
- Weight management service
- Pedometer-based walking intervention
- Physical activity brief intervention
- Smoking cessation service
- Alcohol Brief Intervention

How the tool works

Baseline scenario



Intervention



Intervention impact



Intervention scenario

Informing Interventions to reduce health Inequalities (Triple I)

Frequently asked questions

Triple I: Informing • Inequalities • Interventions

Comparing the potential population impact of interventions on health inequalities in Scotland

Practical application of Triple I

In what type of situations should Triple I be used?

- As a discussion aid to inform inequalities-focussed planning and decision-making
- To model interventions for local areas using the interactive Triple I modelling tools
- To assess the impact of changing the targeting strategy on the estimated impact of interventions on population health and inequalities



Home

Compare effects

Compare costs

Data

About

Take a tour

Income-based policies how would they affect health inequalities?

Triple I: Informing • Inequities

Comparing the impact of
improve health and reduce

Suggested actions

Local

- Explore opportunities to encourage payment of the real Living Wage
- Find ways to maximise income, including through the increased up by those who are entitled to receive them.
- Support the pilots of CBI.

National

- The level at which benefits are paid could substantially impact on health inequalities. This impact should be a consideration when setting the rates of devolved benefit payments and when advocating for changes to means-tested benefits.
- Continue to support the evaluation of the impact of CBI and support piloting at the higher levels of income of the options available.

Area of interest
Fife Health Board

Health outcome
Premature deaths

Year of follow up
5

Include these interventions
All types

For individual-level interventions
Targeting strategy
Proportionate to need

Number to treat
Percent: 10

(All 'Mitigate' intervention provisions)

Further info and

Intervention definition

Download data (X)

Options for changing the model:

Change the BLUE cells to recalculate the model
N.B. Results may take a few seconds to change.

Intervention: (defined on Data and Evidence tab)
Alcohol Brief Intervention

Choose the area to run the model for:
Fife Health Board

Choose the targeting strategy:
Proportionate to need

Max no. people available to be treated:
21,217

Choose the number of people to treat:
2,000

Calculate health impact after this many years:
5

Select options from the grey panel. Click an intervention's legend label to hide/unhide it, and click and drag on the graph to zoom in.

Comparing intervention effects on premature deaths for Fife Health Board

- 20 mph limits
- Alcohol Brief Intervention
- Benefit uptake +1%



Results summary:

[Check the Results tab for a detailed breakdown of the results](#)

Results shown as difference from baseline, with % difference given in brackets.

POLICY IMPACT ON HEALTH*	Whole population	SIMD Q1 & Q2	SIMD Q1
Hospital stays prevented	70 (0.02%)	28 (0.02%)	14 (0.02%)
Premature deaths prevented	2 (0.03%)	1 (0.02%)	0 (0.02%)
Years of life saved	38 (0.02%)	18 (0.02%)	10 (0.02%)

*N.B. a positive figure indicates an improvement in health outcomes.

POLICY IMPACT ON HEALTH INEQUALITIES**

Gap between most and least deprived	Absolute	Relative
Hospital stays	-3 (-0.006%)	0.0001 (0.008%)
Premature deaths	0 (-0.020%)	0.0003 (0.009%)
Years of life lost	-7 (-0.016%)	0.0003 (0.009%)

Population-wide inequalities slope	Absolute (SII)	Relative (RII)
Hospital stays	-3 (-0.005%)	0.0001 (0.016%)
Premature deaths	0 (-0.019%)	0.0001 (0.009%)
Years of life lost	-8 (-0.016%)	0.0001 (0.009%)

**N.B. Rates per 100,000 were used in these calculations. A negative figure indicates reduced inequalities / narrowing of the gap.

SELECTED COSTS AND SAVINGS***

	£
Direct financial cost of the intervention (£):	78,000
Direct financial savings from reduced hospitalisations (£):	
Whole population	175,825 (0.021%)
SIMD Q1 & Q2	71,087 (0.018%)
SIMD Q1	35,980 (0.018%)

***Costs/savings from changes to other health outcomes and to health inequalities have not been estimated.

Email: nhs.triple.i@nhs.net

Webpage: <http://www.healthscotland.scot/triplei>



Putting Triple I to work

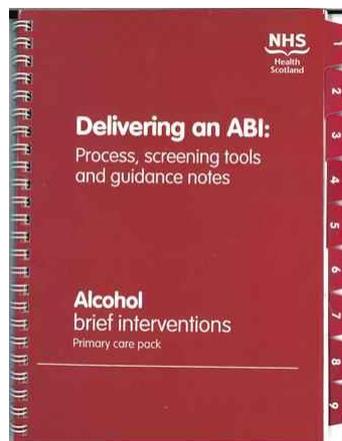
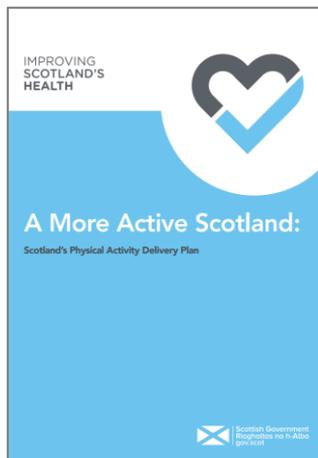


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Thanks for listening.