Finance Committee

Alcohol (Licensing, Public Health and Criminal Justice) (Scotland) Bill

Submission from NHS Greater Glasgow and Clyde

Consultation

NHS GGC provided comments on the proposal Shifting the Culture in 2012. There were no financial assumptions circulated at that time.

Costs

There is very little detail on the financial impact for the NHS. NHS GGC agrees that there may be a small cost saving from widening the off-trade discount and the addition of caffeine to alcohol, though it is anticipated that these costs will be small.

The removal of the age discrimination for off sales could potentially result in a cost to the NHS if it resulted in more teenagers requiring medical treatment as a consequence of alcohol misuse. If teenagers binge drink the medical consequences may have lasting effects which could have long term consequences for the NHS.

Notification of applications for premises licenses or to vary premises licenses may have a potential impact for the NHS if it results in more informed members of the public asking for support in submitting responses to the licensing board. This is likely as the public health statistics for the areas affected by high alcohol consumption are held by the NHS and members of the public may require assistance in interpretation and use of data for their localities.

There is insufficient information on the alcohol education policy to be able to interpret the impact that this would have on the NHS. It would depend on who the alcohol education was targeted at. Also, education on its own is unlikely to result in a change in attitudes to alcohol and consumption of alcohol, therefore, to be of benefit, this policy is very likely to require further work at NHS board level to deliver its objectives.

There is also lack of clarity on the form or delivery of alcohol awareness training. It may result in savings for the NHS in the long term but it will also require investment in delivery of this training. Details have not been provided on how this training will be delivered, who will be responsible for the content and quality assurance of this training and who will fund it.

Should the scheme to notify the general practitioner of offenders proceed, the general practitioner has the option of discussing this with the patient. It should be borne in mind than not all general practitioners deliver alcohol brief interventions, so it is reasonable to conclude that not all general practitioners will be willing to participate in this scheme. Usually general practitioners request funding for additional work, and this appears to be an additional task which the general practitioner is being required to do, particularly if the individual is referred by the court. Also, if an offence has been committed which involved alcohol; it is possible
that delivery of a brief intervention will be insufficient to enable the patient to address their alcohol problem. All of this cost would require to be met first before any potential savings could be realised.

From the foregoing account it should be clear that there is lack of clarity as far as funding is concerned, but it is anticipated that there will be requirement for additional funding for licensing support for communities, the alcohol education policy, alcohol awareness training and the scheme for notification of offenders. The financial impact cannot be properly assessed without further information. However, if the bill proceeds NHS GGC will require additional funding from Scottish Government to take on the responsibilities suggested in the bill. It appears that the costs and timescales over which they would be expected have not been properly thought through.