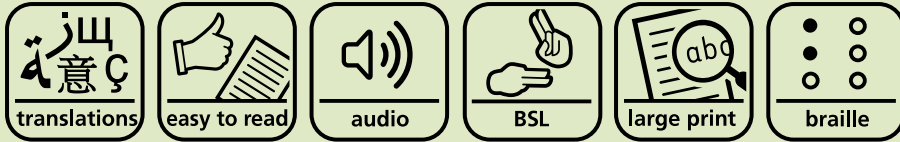





Minimum unit price for alcohol evaluation research protocol: Compliance (licensing) study

Elinor Dickie, Ruth Mellor and Clare Beeston
2019

This resource may also be made available on request in the following formats:



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Introduction

The Alcohol (Minimum Pricing) (Scotland) Act 2012 sets a floor price below which all alcohol sold in Scotland cannot be sold. The level is currently set at 50 pence per unit (ppu). The Minimum Unit Pricing (MUP) for alcohol legislation states it will expire before the end of a six-year period of implementation unless the Scottish Parliament makes provision for it to continue. This is often referred to as the 'sunset clause'. The legislation also requires a report on the operation and effects of MUP to be put before Parliament as soon as possible at the end of the fifth year of implementation. This review report needs to cover, among other things, the impact on alcohol licence holders and producers, and on the five licensing objectives set out in the Licensing (Scotland) Act 2005. NHS Health Scotland has been tasked with leading the independent evaluation of MUP that will form the basis of this review report.

The evaluation is taking a theory-based approach. In such an approach, the conclusion that the intervention has contributed to the desired long-term outcomes is drawn if:

- there is a plausible 'theory of change' that shows how the implementation of MUP links to the intended outcomes
- it can be demonstrated that the activities were implemented in a way likely to achieve the outcomes
- evidence is gathered which supports the theory of change, i.e. demonstrates the sequence of expected results is being realised
- external factors influencing outcomes have been assessed and accounted for.^{1, 2}

A description of the evaluation as a whole can be found in the evaluation protocol.³

Background and rationale

A theory of change for MUP has been developed (see [Appendix 1](#)). A portfolio of studies to gather evidence on the chain of outcomes in the theory of change has been established by NHS Health Scotland and includes studies to assess compliance and implementation, and changes in the alcohol market, alcohol consumption and alcohol-related harm. Other grant-funded studies will complement this portfolio.

It is expected that the chain of outcomes will only be realised if MUP is complied with and alcohol below 50ppu is largely no longer available in licensed premises in Scotland. The weekly price band data from Nielsen will provide a population-level assessment of the availability of alcohol below 50ppu in the off-trade. This study protocol will complement the price band data by providing evidence from local authority Licensing Standards Officers (LSOs) and other practitioners working in inspection and enforcement of MUP, on their experience of compliance and related issues among licensed premises. LSOs are responsible for monitoring and managing compliance with all mandatory licensing conditions and this now includes MUP. The LSO role is to support retailers in understanding and implementing the law i.e. liaison role between needs of the Act and needs of the retailer.

Scottish liquor licensing statistics on 'premises and personal licences in force, applications and reviews/proceedings' are released annually.⁴ As the regime operates by encouraging compliance, licensing-related issues are largely resolved operationally, and not escalated to Licensing Boards for review. While MUP is now a mandatory condition of licences, analysis of suspensions and prosecutions in this routine licensing data will provide only an incomplete picture of compliance as it is expected that most compliance issues will be resolved through mediation before suspension and/or prosecution and so will not appear in official Scottish Government statistics.

In order to supplement these data, the perspective and experience of those working in inspection and enforcement will be analysed. This study will provide important contextual information for the evaluation of MUP.

Working guidance for retailers on the application of MUP has been developed by Scottish Government.⁵

Evaluation aims and objectives

The aim of the study is to provide a broad overview of (non-)compliance, and related issues, with the Alcohol (Minimum Pricing) (Scotland) Act 2012 among licensed premises. The focus of this study is to describe experiences after implementation to contribute to understanding compliance as a critical point in the theory of change.

Research questions

- What are the perspectives and experiences of those working in inspection and enforcement of implementing MUP?
- What are the barriers and facilitators of MUP compliance and implementation?
- What is the extent of non-compliance with MUP for alcohol by licensed premises in the study areas?
- What are the perspectives and experiences of those working in inspection and enforcement of any change in the sale of unlicensed alcohol in Scotland and the introduction of MUP?

The enforcement regime operates by encouraging compliance among licensed premises, the intention is therefore that compliance is encouraged from the outset. As such, the research questions have been formulated to capture and understand the nature and extent of compliance-related issues.

Study design

This study will use mixed methods, primarily qualitative interviews with practitioners involved in the inspection and enforcement of MUP. These will be supplemented with descriptive analysis of the routine licensing statistics published annually by Scottish Government and of any compliance data published by councils, alcohol and drug partnerships (ADPs), etc.

Qualitative interviews will be targeted for a range of views. Given recruitment is non-random and the fact that LSO coverage, frequency of and reason for visits to licensed premises may differ temporally and geographically, the study will not be generalisable but is intended to provide context on compliance and related issues for the evaluation, and learning to inform future implementation.

Quantitative data

Within the evaluation portfolio there will be descriptive analysis of national routine licensing data (published annually by the Scottish Government). Within this study there will be descriptive analysis of any publically available data on MUP compliance from local authorities.

Limitations of this data is that:

- National data will not be able to drill down into whether a review of premises license was in relation to MUP implementation and publishing timescales of national licensing statistics for 2018/19 data are out-with the study's reporting period.
- We do not know how many local authorities will publish data on MUP compliance, nor what they will publish. There will also be variable timeframes for their publishing. This is out-with our control and will be reviewed as data is published.

Analysis

Where possible it is hoped that a snapshot of the following may be analysed:

- 1** The extent of MUP non-compliance (e.g. over time, by trade, and by SIMD) where data is published.
- 2** Patterns of MUP compliance within premises (i.e. always compliant; one-time non-compliant; multiple visits with non-compliance).
- 3** Changes in the number of applications for review of premises licenses.

Analysis will be conducted by the study team, Elinor Dickie and Debs Shipton. This will be reviewed over the course of the project as data emerges.

Qualitative data

Semi-structured interviews (over the phone) would be conducted with practitioners working in inspection and enforcement of MUP, primarily Licensing Standards Officers (LSOs) and secondarily Trading Standards Officers (TSOs) and Police Officers.

Recruitment

The recruitment is purposive based on a sampling frame. Email requests for participants will be sent through the National LSO Network and SOLAR* or other network where appropriate, outlining the job roles and locations we are looking for and an information sheet outlining the details of the study (see [Appendix 2](#)).

Interviews will be organised based on responses, prioritising potential participants with our desired characteristics, if necessary keeping a reserve list if there are more volunteers than categories.

The sampling frame for the study is shown in Table 1. It outlines the characteristics of participants we would like to capture. Based on this we aim to conduct a minimum of 15 interviews with practitioners working in inspection and enforcement of MUP. However if we cannot capture the key location characteristics within this interview number we will continue to recruit. Similarly we will keep recruiting until we reach saturation within the interviews, or have conducted a maximum of 30 interviews: more than that is likely to be out with our capacity to conduct and analyse. However we are mindful that there are only 72 LSOs employed throughout Scotland, and their decision to participate is voluntary. Furthermore we are aware that LSOs who are based within the National Institute of Health Research (NIHR) study[†] areas (Craigmillar (Edinburgh), Shettleston (Glasgow), Eastwood (East Renfrewshire)) may be interviewed as part of that project, so we would not anticipate their participation.

* Society of Local Authority Lawyers and Administrators in Scotland.

† The stakeholder interviews in the NIHR grant-funded study on consequences of MUP are concerned with alcohol consumption and its immediate social, health and economic impacts in the study areas. There is no anticipated duplication on compliance and related issues in licensed premises.

Table 1: Sampling frame

Characteristic	Category, and minimum number
Job role	Practitioners working in MUP inspection and enforcement LSO & TSOs =12 Police=3
Location of participant	Scottish Borders/D&G =3^ Covers urban (non-Border/D&G) Scotland =3 Covers rural (non-Border/D&G) Scotland =3
Retailer size and type that they work with	Irrelevant, all participants work with a range of small and large retailers, on and off-trade.
Experience of MUP (non-)compliance	We hope through conducting the interviews to capture a range of experiences in relation to compliance with MUP, but will not be able to select participants based on this.

^ A minimum of three participants is desirable in each category to protect anonymity of respondents, as well as getting a range of views.

The sample size has been kept flexible at this point to enable us to be led by what the interviews yield, in terms of themes raised. The minimum number has been chosen to ensure that the key sampling characteristics are gained, as it is through targeting these areas that we hope to encourage the espousing of a range of views and themes being raised. It may be that we get rather uniform perspectives, in which case we can stop recruiting when we have acquired these participant characteristics and they would be sufficient to generate typologies. However if as we interview an increasing number of new concepts, themes and/or perspectives arise, then we would want to continue interviewing until this stopped (reaches saturation) or we reach our maximum work capacity.

Any difficulties with recruitment will be managed in consultation with the study's Evaluation Advisory Group, which has appropriate representation and experience in its membership. Consideration has to been given to whether it would be difficult to recruit police. The guidance we received based on previous experience was that by going through a key person recruitment can go well, and named contacts were

shared. We were also advised to appeal to the chain of command and be clear that we will not be asking about particular case details. We hope that by using these strategies we will successfully recruit at least three participants from the Police. Similarly strategies were agreed to reach LSOs and TSOs. If we have two or fewer in any group we would not quote them, however the thematic analysis would still be influenced by their perspectives.

A sensitive approach will be taken for participants from locations with the potential for only a small number of recruits (e.g. Scottish Border/D&G). While we will collect demographic characteristics such as location the participant works in, and report these in aggregate in a table in the report, when it comes to referencing individual quotes, these will be attributed along the lines of 'LSO 4' or 'Police 2'. Similarly within transcripts locations will be anonymised i.e. 'Moffat' would be replaced with [town near border], Glasgow to [city]. However there might be points that are pertinent to the urban versus rural versus border location and we will consider carefully how we present these. It might be we choose not to have a quote related to the point.

Interviews

Interviews will be conducted by Ruth Mellor, an experienced qualitative researcher with over 5 years' experience, or Elinor Dickie, who will be trained and mentored in interviewing technique by Ruth Mellor. Mentoring will involve: learning about qualitative interview technique; practising this technique and the use of the topic guide; listening to each other's first few interviews and critiquing. Prior to becoming a public health registrar, Ruth Mellor worked in academia. Ruth Mellor will be available until mid-Nov. After this Fiona Myers (Public Health Intelligence Advisor in the Evaluation team) and members of the MUP project team with qualitative experience will provide support to complete the analysis. As with the rest of the evaluation portfolio, the project team will be providing operational support and review of the study throughout. This will ensure adequate briefing and consistency on understanding study needs.

Interviews will be conducted by telephone. While this presents potential limitations for data collection, as a pragmatic and proportionate approach it will ensure

consistency in methods and maximise resources given the range of geographical locations and views sought.

Interviews will follow a topic guide (see [Appendix 4](#)). The topic guide will be refined after the first few interviews to ensure emerging topics are captured. Interviews, with participants' permission, will be recorded and transcribed. Reflective notes will be kept, with a note written after every interview to highlight contextual issues or other insights that might not have been captured in the transcript. Participants will be asked whether they grant permission to be contacted again in the event a follow-up is required, and whether they wish to be sent a copy of the report.

In terms of meeting participant needs, telephone interviews will be organised at a time convenient to the participant, and they will be situated at a place of their own choosing. Prior to interview, contact with participants will be made over the telephone or by email. The people we are interviewing are professionals working in Scotland who deal with the public. For this job they would need to have a high standard of English and therefore we will not need to access interpreters in this situation. Other individual needs that may be a barrier to participation would be managed in liaison with participants directly.

Analysis plan

Our analytical interest is in the content of the interviews; therefore a method of thematic analysis, the Framework method, will be used. This has several steps, a summary of Gale et al⁶:

- 1 Transcription.
- 2 Familiarisation with the interview.
- 3 Open, line by line, coding of the first few transcripts. This may also inform further areas of development for the topic guide. This open coding will be done by two researchers independently.
- 4 The team will develop an analytical framework from the labels generated from coding the first few interviews, so that these codes can then be applied to

subsequent interviews. A tree diagram will be used to group interrelated codes together and definitions will be agreed for all codes.

- 5 The analytical framework will be applied to the other transcripts.
- 6 The data will be charted (summarised by category and interview) onto a matrix (spreadsheet), with location of the interview text referenced. Charting will be compared between coders for the first few interviews.
- 7 Interpreting the data – throughout the process a separate analysis log will be kept for ideas as they emerge, all researchers will contribute to this, and this will include reflective interview notes on contextual issues and insights. Then the whole matrix will be examined and interpreted by code or code group, with analytical notes written to highlight similarities and differences. These will help to either generate typologies or map connections between categories to better understand the situation. The team will work together to bring out a coherent picture, highlighting key themes of relevance to improve our understanding of MUP inspection and enforcement.

Triangulation and validation

Where possible, triangulation of the quantitative and qualitative data will happen. For example the frequency of different compliance patterns in the quantitative data will be enhanced by examining discussion around compliance patterns in the qualitative data.

Member checking of initial findings, to ‘explore whether results have resonance with the participant’s experience’⁷ will be done through review of draft themes from the study findings with the National LSO Network to see if they fit with their understanding and experience of the situation. This group represents and coordinates interests of all LSOs. Members have been supportive in scoping study developments and some members will likely be part of our participant sample. The project lead, Elinor Dickie, will facilitate this through attendance and discussion at a Network meeting.

Any highlighted areas of discrepancy could then be discussed with those members, analysis relooked at, more data collected if necessary, and if no agreement could be

reached, then the disagreement noted as new data. We recognise that perspectives change with time and that members' experience of MUP may have evolved since fieldwork interviews, which could have been several months prior to receiving the draft results.

Relationship of researcher to the analysis

The study team also critically examine our own role in the analysis and any potential bias influencing a) data collection, including sample recruitment and wording of interview questions; b) creating of the analytical framework; and c) final interpretation of the data. However at the outset, one of us is a Public Health Registrar (RM), and the other has a background in drug use research (ED), which will influence our perspectives towards framing this from a public health perspective, but our different lenses will enable us to challenge each other around data interpretation.

To better understand the context one researcher (ED) has already had several discussions with LSO and shadowed on inspection visits to licensed premises.

Where possible, the other researcher (RM) also intends to go on some premises visits.

Research ethics

Potential interview participants will have received the study information sheet (to keep) that explains the study's purpose, what their involvement in the study entails, and the reason for data collection. Potential participants will be given the opportunity to ask questions, prior to deciding whether or not to participate. If they do decide to participate, written consent will be gained (see [Appendix 4](#)). This will be gained prior to interview, and electronic signature will be acceptable. At the start of the interview participants will be asked to confirm their identity and verbally re-confirm whether they are happy to participate and be recorded. The ethical approval for this study will be requested from NHS Health Scotland's Research Development Group.

West of Scotland Research Ethics Service (WoSRES) has confirmed (June 2018) no further NHS ethical review is required. A written response stated: 'as it is understood this study will only involve professionals working in the field of inspection and enforcement and being interviewed because of their professional role. In this case

the research will not fall within the remit outlines in GAfREC for NHS Research Ethics Committees, therefore no NHS ethical review is required.'

Reporting and dissemination

As above a first draft of the qualitative results will be circulated to the LSO National Network for member checking, and correspondingly their perspective incorporated. On nearing completion of the project, a draft of the final report will be submitted in the first instance to the internal MUP evaluation project team for comment. A revised draft will then be peer reviewed by at least two academics from the Evaluation Advisory Group. The final report will then be submitted that incorporates the EAG feedback.

On completion of the research we anticipate that a final written report and briefing paper will be published on the NHS Health Scotland website. We will agree with Scottish Government and the EAG a plan for disseminating the study, including for example verbal presentations to key stakeholders, presentations at conferences and a journal article if appropriate.

Expected outputs

- Final study report and briefing paper.
- Verbal presentation(s) to LSOs, SG and other relevant stakeholders.
- Journal article where feasible.

Project timetable

- Project initiation (data scoping): March 2017
- Finalise study protocol: June 2018
- Establish robust research governance: June 2018
- Develop Interview schedule: May–June 2018
- Interviews: July–October 2018
- Progress update to EAG: November 2018
- Data analysis & interpretation: ongoing and during the 3 months following interview schedule

- Validation of thematic findings with LSO Network: November 2018 to January 2019, depending on meeting schedule
- Examination of routinely available data: at least 6 months after MUP implementation
- Reporting and dissemination plan: to be agreed by EAG, November 2018
- Final report published: expected April 2019

Project risks

1. Capacity and staff resource

As an in-house study roles and responsibilities have been defined as part of the project scoping phase, and requirements agreed with all parties in advance of initiating the study. The MUP Evaluation portfolio is an organisational priority, and this will facilitate managing capacity. In particular, additional qualitative experience and analytical support will be provided by members of the MUP project team upon the departure of Ruth Mellor. However, there are competing demands and the staff resource allocated to this study has to be proportionate to the study. A potential risk is a delay to reporting and publication of findings. This will be managed by the MUP Evaluation portfolio manager, Clare Beeston.

2. Variability in quantitative data

As detailed, quantitative data is likely to be limited and variable. It remains unknown what descriptive analysis will be possible in terms of the broader picture. As such the study design, sampling frame and qualitative thematic analysis proposed have been formulated to allow different experiences to be represented and a range of compliance-related issues to be captured. This should enable an appropriate snapshot of learning from the data.

3. Risk to participants

We imagine minimal risk to participants, however there could be if information was misconstrued, i.e. quotes misapplied and action taken against individuals. Two researchers will provide internal peer review, with governance and quality assurance supported by the Evaluation Advisory Group.

Governance and project management

The study lead is Elinor Dickie, Public Health Intelligence Adviser, working with Deborah Shipton (Evaluation team) and Ruth Mellor (specialty registrar). Clare Beeston will provide management and the internal MUP project team will provide peer support. Research quality, governance and progress will be overseen by the Evaluation Advisory Group (see [Appendix 5](#)).

Data protection

As a public body, NHS Health Scotland has legal responsibilities to comply with the new Data Protection Act 2018 (the DPA) and from 25 May 2018 the new EU General Data Protection Regulation (GDPR) in the processing of personal data. We will comply fully with the requirements of the DPA and its principles; NHS Health Scotland will be the data controller.

A confidentiality agreement will be signed with the transcription service procured for this study with data storage, management and transfer secured as described below. All software and operating systems used in the execution of the research is fully supported by NHS Health Scotland IT systems and protected against known security vulnerabilities.

Data storage and management

To ensure confidentiality, all hard copy documents and recordings containing personal data will be stored in locked cabinets at NHS Health Scotland offices. All electronic information that contains either personal identifiable data or information from participants will be stored in password-protected dedicated research project files on a secure server or in an encrypted state on any standalone or mobile device, or removable media.

Personal information datasets will be created and maintained separate to participants' non-identifiable research data, and linked using a unique identifier code, during collection, storage, management and transfer processes. All data will be accessible only to project staff and support staff transferring the file, who are subject to internal information governance. This system will be used for both hard copy and

electronic files, including interview schedules, information sheets, consent forms, audio recordings, reflective interview notes, transcripts, and all other documents, materials, and data produced as a result of this study.

Data transfer

Any required transporting or transmitting of data will ensure that personal or sensitive and wider data are transported separately to each other and in a secure manner. This includes transfer of interview recordings to a company for transcription as appropriate. Any requirement to pass any personal data to another organisation must be approved by NHS Health Scotland in advance.

Budget

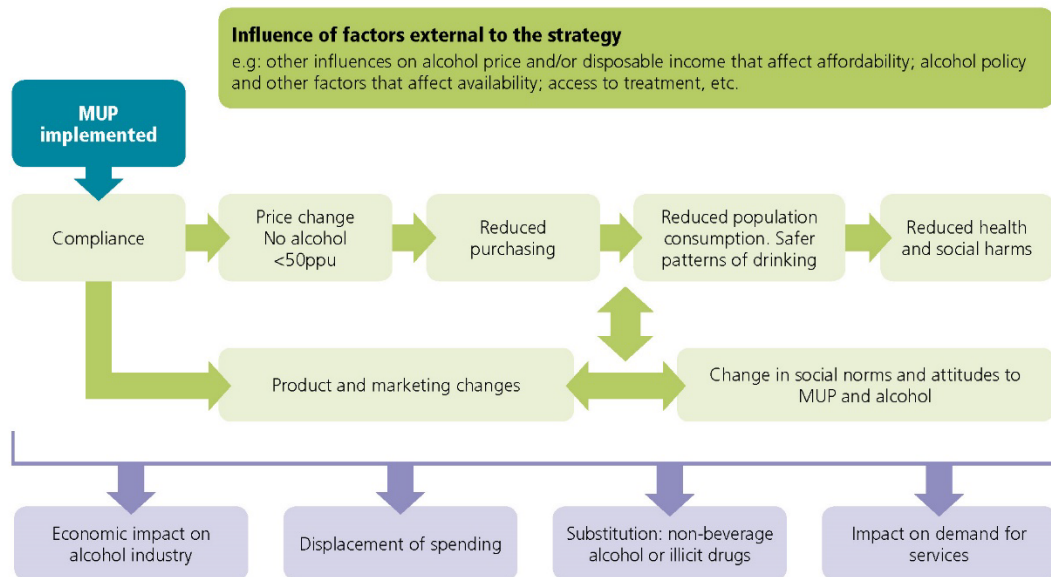
This study is being undertaken in-house and no additional financial resource is required for data collection, analysis or reporting, excepting for travel.

An estimated budget of between £900 and £1,800 will be secured for the transcription of 15 to 30 interview recordings lasting 60 minutes.

Collaboration with other scientists or research institutions

This study will be part of the overall MUP Evaluation portfolio. There will therefore be collaboration with other researchers undertaking MUP studies. In particular, a study funded by the National Institute for Health Research has a qualitative component that includes key informants interviews with practitioners in three urban communities to provide insight on implementation issues. We will liaise closely with these researchers to ensure there is no duplication. Similarly initial findings of this study will feed into a sister study (if successful) on legal avoidance of MUP that is currently being bid for, led by the University of Sheffield.

Appendix 1: Theory of change for MUP



Appendix 2: Interview topic guide (version with police revisions)

MUP Compliance Study interview topic guide

Confirm interviewers name and that you are working for NHS Health Scotland.

Confirm identify of participant.

The aim of the interview is to find out about perceptions and experiences of inspection and enforcement of Minimum Unit Pricing of alcohol (MUP).

The interview will be audio recorded and transcribed. Anonymised quotes from interviews will be used in the reporting of our findings.

Have you had a chance to read the information sheet? Do you have any questions?
Check the **completed consent form** has been received.

Are you happy for this interview to be audio recorded? Are you happy to participate in this interview?

Participant characteristics:

Job role: LSO/TSO/Police/ other _____

No. years worked as an LSO/TSO/Police:

Geographical area you cover:

Which of the following are in your remit (circle all that apply):

- on-trade small independent businesses
- on-trade big/chain businesses
- off-trade small independent businesses
- off-trade big/chain businesses

- mixed on- and off-trade.

Notes:

Monitoring = inspection

Managing = enforcement

On-trade = drinking on premises

Off-trade = buying to drink elsewhere

Other mandatory conditions:

Compliance with operating plan

Premises Manager

Authorisation of Sales of Alcohol

Staff Training

Pricing of Alcohol

Irresponsible promotion

Prov of Non-alcoholic drinks

Age Verification

Annual Fee

Under 18 Notice

Baby changing facilities

Display or promotion of alcohol

Topic guide

Can I ask you to confirm your role in inspection and enforcement of alcohol licensing?

- in relation to MUP specifically?
- in relation to illicit/ unlicensed sales of alcohol?

Introductory thoughts on MUP

What do you think of MUP?

Has that changed?

How does MUP compare to other mandatory conditions?

Experience of compliance MUP by trade type

What has been your experience of supporting compliance with MUP in on-trade?

- Talk through a positive experience – why easy/difficult or positive/negative?
- Talk through a negative experience.

What has been your experience of supporting compliance with MUP in off-trade with big premises i.e. chains?

- Talk through a positive experience.
- Talk through a negative experience.

What has been your experience of supporting compliance MUP in off-trade with small premises i.e. independent shops?

- Talk through a positive experience.
- Talk through a negative experience.

MUP enforcement

How does MUP compare to other mandatory conditions (in terms of enforcement)?

For premises with ongoing mandatory issues, how has the implementation of MUP been for them?

How easy is it for LSOs to help a premises not in line with MUP? What support did you provide? Verbal/notice

Have you had to submit a breach of compliance notice for the Licensing Board to consider a review of a premises in relation to MUP? If so can you describe the situation?

Have you noticed premises finding ways of getting around the spirit of MUP, while remaining compliant?

What was your experience of illicit/ unlicensed sales of alcohol prior to the introduction of MUP?

Has that changed since MUP was introduced? What is your experience of illicit/unlicensed sales since the introduction of MUP?

Are you aware of any intelligence that suggests illegal ways to get around MUP being used (e.g. under the counter, selling off the back of a van)?

More general questions around MUP implementation (to help pick up anything missed)

Has the introduction of MUP influenced your work? If so, how? If not, why do you think that is?

How prepared did you feel for implementation?

Benefits/problems of the implementation?

Unintended consequences of implementation?

Is there anything that could be done to improve the implementation of MUP?

Closing remarks

Is there anything further I should be asking you?

We will analyse the interviews and create a report.

The initial findings will be reviewed by the National LSO network, prior to our final write up, to see if they fit with their understanding and experience of the situation.

Would you like to receive a copy of the final report (in a year or so)? If so I assume your current contact details are the best to send it to.

Do you have any questions for me?

Thank you for your help.

Appendix 3: Participant information sheet

Evaluation of Minimum Unit Pricing (MUP) for alcohol

Research study on experiences of inspection and enforcement of compliance with MUP

Participant information sheet (July 2018)

We would like to invite you to take part in this study conducted and funded by NHS Health Scotland. Before you decide whether you would like to participate or not, we would like to explain why this study is being carried out and what your involvement would be.

If you have any questions about the study, please contact the study lead Elinor Dickie, Public Health Intelligence Adviser (contact details are at the end of the document).

What are we doing?

We are inviting staff involved in the inspection and enforcement of Minimum Unit Pricing (MUP) of alcohol to take part in interviews for this evaluation research study. This study aims to find out about perceptions and experience of inspection and enforcement of the implementation of MUP in Scotland.

This study is one component of a much broader evaluation of MUP. Research Governance for this study is being provided by the 'MUP Evaluation Compliance (Licensing) Study Advisory Group' and the research has had a favourable opinion from NHS Health Scotland's Research Development Group. We plan to interview a minimum of 15 people employed in inspection and enforcement of MUP.

Why have I been asked to participate?

You have been asked to participate in the context of your professional role supporting inspection and enforcement of MUP.

What would taking part involve?

The interview will last around one hour and will be done over the telephone at a time convenient to you. Interviews will be audio-recorded and transcribed, with your permission, to ensure an accurate record of the discussion. You will be asked about your experience of the implementation of MUP and supporting compliance with this mandatory licensing condition.

The recording and transcript will only be accessible to members of the research team and the transcription company, who will have signed a confidentiality agreement. The audio recording will be deleted on publication of the study report, in approximately one year. The transcript will be anonymous and be kept for a minimum of 5 years after publication of the study report. All data will be stored safely and securely.

Participation is voluntary; you do not have to participate if you do not want to. If you do wish to take part you will be asked to sign and return a consent form.

You can stop the interview at any time without giving a reason.

Will my information be kept confidential?

All data will be stored in a secure location and will be kept confidential. Only the research team, support staff transferring the file and the transcription company will have access to it. You will not be identified in the study report.

We will adhere to data protection legislation. The data controller for this study is NHS Health Scotland. Should you have any concerns regarding your privacy please contact our Data Protection Officer Duncan Robertson (telephone: 0131 314 5436. email: DuncanRobertson@nhs.net).

The legal basis for the processing of your personal information is that it is in support of a task in the public interest. Your personal data will be processed only so long as is required for this study. If we are able to anonymise or pseudonymise the personal

data you provide we will undertake this, and will endeavour to minimise the processing of personal data wherever possible.

How will the information be used?

The interview transcript will be analysed by the internal NHS Health Scotland study team, and anonymous quotations will be used in our report. Interim anonymised findings will be discussed with the Evaluation Advisory Group, LSO network, and other relevant stakeholders. The report will feed into the wider MUP evaluation results as well as being published and disseminated on its own, to audiences such as the Scottish Government and LSOs.

We will only keep your contact details if you indicate in your consent form that you are happy to be contacted after interview or that you would like a copy of the report.

How do I participate?

If you are interested in participating or have any questions about the study please contact us on: 0131 314 5452, elinor.dickie@nhs.net

Having read this information sheet, if you are happy to participate in this study please contact Elinor Dickie (elinor.dickie@nhs.net) for the consent form and to arrange your interview. The consent form must be initialled and signed (electronic signature is acceptable) before the date of your interview.

We are hoping to interview people from a range of geographical areas and roles, therefore please could you tell us:

- Job role
- Location you cover

What if I no longer want to participate?

If you do participate then decide you no longer want to carry on with the study, you can withdraw your participation up to one week after your interview by contacting Elinor Dickie. If you do withdraw from the study up to one week after your interview we will remove your data from our analysis and securely destroy the data. After that

period it will not be possible to remove your data from our analysis should you decide to withdraw at a later time.

If I am unhappy with how the study has been conducted who do I contact?

If you have any complaints in relation to how the study has been conducted please contact Rebecca Sludden, Research Services, NHS Health Scotland
0141 414 2760, Rebecca.Sludden@nhs.net

Appendix 4: Participant consent form

Evaluation of Minimum Unit Pricing (MUP) for alcohol

Research study on experiences of inspection and enforcement of compliance with MUP

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Consent form for participant interview

Please read each of the statements below, and initial where you are happy to grant consent. If you have any questions please contact Elinor Dickie (Telephone: 0131 314 5452 email: elinor.dickie@nhs.net).

This consent form is to ensure that you understand the nature of this research and have given your consent to participate in this study. Your participation is entirely voluntary and you are free to change your mind about taking part at any time.

The interview should take around an hour and with your permission be audio-recorded to ensure the information is accurately recorded. Your information will be stored safely and securely. Anything that could identify you will be changed or removed.

Before deciding whether to take part or not please read the attached information sheet, and feel free to ask us any questions you have. If you are happy to participate please complete this consent form and email to elinor.dickie@nhs.net before your interview. The consent form must be initialled and signed (electronic signature is acceptable).

Please initial box (do not tick):

Statement	Initial
<p>I confirm that I have read and understood the participant information sheet for the above study. I have had the chance to ask any questions and am satisfied with the answers given. I understand that I can contact the study team after the interview with any questions I may have in the future.</p>	
<p>I agree to the interview being audio recorded and transcribed (by an outside transcription company who will have signed a confidentiality agreement).</p>	
<p>I understand that anonymised quotations from my interview may be used in research reports, presentations and publications but my identity will not be revealed.</p>	
<p>I understand that the recording of the interview will be destroyed at the end of the project, but the anonymised transcript will be retained for a minimum of 5 years from publication of the study report. (We keep your personal data, such as name and contact details only for contacting you with study results if you express interest below.)</p>	
<p>I understand my participation is voluntary and that I am free to withdraw from the study at any time without giving a reason. I understand that I can stop the interview at any time and I do not need to answer any questions that I do not wish to without giving a reason.</p>	
<p>After the interview, I understand that if I want to withdraw from the study I can do this within one week of participation, by contacting the research team. If I do withdraw within one week my information will be removed and destroyed.</p>	
<p>I agree to my anonymous interview transcript being shared with the research team in Health Scotland and academic colleagues and researchers who we might collaborate with as part of the research process, including colleagues at the</p>	

Statement	Initial
University of Stirling and the University of Sheffield who are currently putting in a research bid for a sister study.	
I agree to be contacted after the interview if required, for example queries around interview content.	
Please indicate here if you would like us to send you a copy of the final report.	
I confirm I am signing for myself as the participant.	
I agree to take part in the above study.	

Participant name:

Participant signature:

Date:

Interviewer name:

Interviewer signature:

Date:

Appendix 5: Analytical framework

Coding framework

- 1** Participant role in relation to MUP – talking about their own role(s) in relation to MUP.
 - 1.1 My LSO role
 - 1.2 My TSO role
 - 1.3 My Police role

- 2** Perception of others role – perception of others' role(s) in inspection and enforcement in relation to MUP.
 - 2.1 Other LSO role
 - 2.2 Other TSO role
 - 2.3 Other Police role
 - 2.4 Other role

- 3** View of MUP as an intervention – how participant considers MUP as an intervention, whether or not they agree with it and why.

- 4** Other non-MUP tools to reduce alcohol consumption – views of, or comparison with MUP, other potential tools or interventions to reduce alcohol consumption.

- 5** Participant's own preparedness pre-MUP.
 - 5.1 Participant comms received pre-MUP – communication from whom and in what form, expect between colleagues, network and from Scottish Government.
 - 5.2 Participant readiness for MUP introduction – participant sense of whether they were ready for MUP.

- 6** Licensed premises preparedness for MUP.

6.1 Comms by participant to licensed premises pre MUP – communication from participant to licensed premises to help them prepare for MUP, what form was it in.

6.2 Comms to licensed premises from others pre MUP – communication to/between licensed premises and others to prepare for MUP, from whom and in what form.

6.3 Licensed premises readiness for MUP – participants' perception of licensed premises as to whether they were ready for MUP.

7 Impact of MUP on participant's work.

7.1 MUP impact on workload – impact on workload i.e. number of visits or revisits, duration of visits.

7.2 MUP impact on work practices – whether/how MUP has changed what they need to do in their job, including prioritisation.

7.3 Tasks involved to check compliance – process participant follows to check premises is compliant with MUP, please include summary if they refer to/describe checking other mandatory conditions.

8 MUP vs other mandatory conditions – how participants compare MUP in relation to other mandatory conditions – and include reference to commentary for other conditions.

8.1 Generic MUP vs 'other' condition – i.e. 'overall not particularly different to other conditions'.

8.2 Pricing of alcohol.

8.3 Promotion.

8.4 Age verification.

8.5 Signage.

8.6 Personal licence renewal.

8.7 Provision of non-alcoholic drinks (not a specific condition, but spoken about in a similar way).

8.8 Other condition specified.

9 Profile of MUP – participant's perception of the importance of MUP within their industry, or by the Scottish Government, or among the public.

10 Knowledge and awareness of MUP – participant’s perception of whether and to what extent the following categories of people were aware of MUP being implemented and how it would affect their work/life.

10.1 Licensed premises staff knowledge and awareness.

10.2 Public knowledge and awareness – general public, or alcohol consumers.

11 Implementation of MUP as a mandatory condition (actions by licensed premises to implement MUP).

11.1 Off-trade large/major trader, implementation (RECORD participant phrasing of retailer type).

11.2. Off-trade small/independent trader, implementation (RECORD participant phrasing of retailer type).

11.3 Off-trade (unspecified), implementation – unspecified which type of trader.

11.4 On-trade, implementation.

11.5 Mixed trade businesses, implementation.

12 Implementation in general – how participant felt the process went (asked at the end of the interview), including comparisons to other policies.

12.1 What helped the implementation process (benefits).

12.2 Difficulties/barriers to the implementation process (problems).

12.3 Improvements that could be made to the implementation process.

12.4 Unintended consequences of implementation process i.e. knock-on effects.

13 Impact on licensed premises – impact of MUP on premises, i.e. increased workload.

13.1 Off-trade large/major trader, impact on.

13.2 Off-trade small/independent trader, impact on.

13.3 Off-trade (unspecified), impact on – unspecified which type of trader.

13.4 On-trade, impact on.

13.5 Mixed (on- and off- trade), impact on.

- 14** Accounts of non-compliance (and/or resolution) with MUP – whether and the scale of non-compliance within individual premises, and reason and/or motivation behind it, how it was identified, and what the response was.
- 14.1 Off-trade large/major trader, non-compliance.
 - 14.2 Off-trade small/independent trader, non-compliance.
 - 14.3 Off-trade (unspecified), non-compliance.
 - 14.4 On-trade, non-compliance.
 - 14.5 Mixed, non-compliance.
 - 14.6 Ongoing/future non-compliance.
- 15** Identification of non-compliance – how participant finds out about non-compliance to MUP.
- 15.1 Identification of non-compliance on a (routine) visit – going to check on premises and spotting things.
 - 15.2 Intel via professional networks (own and others). Intelligence – information in relation to non-compliance which they then followed up.
 - 15.3 Intel via licensed premises reporting other licensed premises.
 - 15.4 Intel via members of the public reporting licensed premises.
- 16** Formal caution – experience of applying an enforcement notice to a premises.
- 17** Effectiveness of MUP.
- 17.1 Consumer behaviour re. MUP – view on whether and how MUP has influenced consumer purchasing/drinking, including substitution etc, please include information about subpopulations also.
 - 17.2 Licensed premises behaviour since MUP– whether Licensed premises have changed how they operate in relation to stocking/promotions, etc.
 - 17.3 On product/by producers since MUP – any change noted on products available, change in size/strength/branding etc.
 - 17.4 Additional unintended consequences of MUP – since MUP is in place have there been positive or negative effects that were unintended (note when analysing look at illicit activity and consumer behaviour codes).

- 18** Illicit trade associated with introduction of MUP.
- 18.1 Identification of illicit trade activity – how find out about illicit trade i.e. through tip-offs.
 - 18.2 Nature of illicit trade – for example back-of-the-van sales or adulteration of alcohol.
- 19** Cross-border activity in relation to alcohol following introduction of MUP – specifically reference to buying alcohol from outside of Scotland.
- 20** Other illegal activity related to alcohol – crimes/illegal/illicit activities related to alcohol but not specifically MUP i.e. theft, anti-social behaviour.
- 21** Other illegal activity NOT related to alcohol – any other crime mentioned that doesn't fall within one of the other codes.
- 22** View on the alcohol consumption in Scotland – participant's views on drinking patterns, behaviours and context, drinking in Scotland as a whole, for views on individual or groups of drinkers – not specific to MUP.
- 23** Miscellaneous – things that we think the evaluation would like to know about but do not fit in any of the other categories.
- 23.1 Wholesaler – any data in relation to wholesalers.
 - 23.2 Other miscellaneous but relevant to evaluation.
- 24** Attitude towards MUP evaluation (either this study or wider evaluation).
- 25** Interviewer chat – any sections where there is nothing of substance for analysis, i.e. the interviewer introducing themselves, speaking about the wider evaluation project, checking demographics etc.

References

- ¹ Craig P, Dieppe P, MacIntyre S et al. Developing and evaluating complex interventions: the new Medical Research Council guidance. Medical Research Council; 2008. Available at: www.mrc.ac.uk/documents/pdf/complex-interventions-guidance
- ² Mayne J. Contribution analysis: An approach to exploring cause and effect. ILAC Brief No.16. Rome, Italy: ILAC; 2008. Available at: www.innonet.org/resources/node/437
- ³ www.healthscotland.scot/publications/minimum-unit-pricing-mup-evaluation
- ⁴ www2.gov.scot/Topics/Statistics/Browse/Crime-Justice/PubLiquor
- ⁵ www.mygov.scot/minimum-unit-pricing/overview
- ⁶ Gale et al (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research, BMC Medical Research Methodology 13:117, www.biomedcentral.com/1471-2288/13/117
- ⁷ Birt et al (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? Qualitative Health Research, 26 (13) 1802–1811.

www.healthscotland.scot/MUPevaluation

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