

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	13 February 2024
Title:	Performance Report Quarter 3: Oct-Dec 2023
Agenda reference:	Board Paper 2023/24/62
Responsible Executive/Non-Executive:	Brian Chittick, Chief Executive
Report Author:	Lucy Flaws, Planning and Performance Officer

1. Purpose

This is presented to the Board/Committee for:

- Awareness

This report relates to:

- Annual Delivery Plan

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person-centred

2. Report summary

2.1. Situation

The Board is provided with a Quarterly Report on key performance indicators up to the end of December 2023, where published data is available, and additional appendices providing background and context related to performance.

2.2. Background

2.2.1. The Board adopted a Performance Management Framework in 2019, (Performance Management Framework 2019 - 2024 (scot.nhs.uk)) which described the following responsibilities; that the Board should:

- Drive a culture of performance
- Ensure performance against Strategic Objectives
- Review performance; challenge and problem solve actions being proposed to address problems
- Address cross-functional issues
- Adjust resource inputs to meet priority targets / measure

2.2.2. Work is ongoing to refine the content and format of performance reporting and this will continue as the local Strategic Delivery Plan is agreed and developed. Recent changes include:

- More comprehensive narrative
- Inclusion of improvement work
- Presentation of combined targets, where the full data is considered at Finance and Performance Committee (Diagnostics)

2.2.3. Included for noting and comment are:

- NHS Shetland Board Monthly Indicators
- NHS Shetland Board Quarterly Indicators
- Spotlight on:
 - Primary Care Multidisciplinary Team Bid
 - Dementia Voices – AHP Improvement Work
 - Good Mental Health for All – building our local evidence base

2.3. Assessment

2.3.1. RAG reports:

Monthly report has been grouped into sections/system areas to support interpretation. System limitations make combining quarterly/monthly data under sections/headings challenging but clearer reporting formats are being explored and this will be developed alongside the Strategic Delivery Plan to report progress and provide assurance.

2.3.2. Detailed narrative is included against areas which are not meeting targets – these are due to a few key factors, predominantly operational pressures in partner boards where services are provided or supported off-island, and workforce pressures within key services.

- Delayed Discharges: there remain challenges with staffing with community care services, multiagency work to facilitate discharge and to review and minimise delays is ongoing to optimise use of resources for best patient outcomes.
- Psychological Therapies: this continues to be a challenging target to meet due to staffing challenges. Increased activity in this quarter reflective of stability within the primary care part of the team is positive.
- Diagnostics: This target is not being met consistently across Scotland, and local rates are considerably higher than the Scottish average. Challenges related to specific testing pathways will be discussed in detail at Finance and Performance Committee.
- Waiting Times: there continue to be challenges where services are delivered in part or whole by partner boards. A recent national and regional sustainability review noted many shared challenges, and disproportionate impact for remote and rural boards, this work should support improvement in this area in the medium to longer term. Detail about specific pathways and services will be discussed at Finance and Performance Committee.
- Cancer Waiting Times: local pathways continue to perform well, while pathways that include regional partners continue to be challenging and are resulting in delays. These pathways and patients are closely monitored, and these challenges have also been considered in regional/national sustainability work.

2.3.3. Spotlight section:

Primary Care Multidisciplinary Team Successful Bid

The Scottish Government, supported by Healthcare Improvement Scotland, invited bids from HSCPs and NHS Boards for funding to become a demonstrator site for full implementation of Pharmacotherapy and Community Treatment and Care (CTAC) services in Primary Care, while maintaining high quality delivery of existing services. Shetland was one of three sites selected.

A project team from Primary Care, Community Nursing, Pharmacy, Planning/Projects and Finance were successful in securing funding after a rigorous application and interview process. The proposed work builds on existing service plans and detailed workload and workforce modelling to ensure change is feasible. The proposed changes would allow delivery of care closer to home, improved management of long-term conditions, with improved access and outcomes, and decreased inequalities.

Funding has not yet been confirmed, and the scale and scope of work and implementation timelines will be contingent on this.

Dementia Voices – AHP Improvement Work

A short report is shared at Appendix 3 detailing work undertaken by a local Occupational Therapist and Speech and Language Therapist in their role as Clinical Lead AHPs for

Dementia. A short-term project funded by Alzheimer Scotland sought to understand the experience of people with dementia, and their families, in accessing healthcare services in Shetland. The project built connections between services and highlighted a need for greater understanding of the role health services can play in supporting people living with dementia, both for the public, service-users, and our own staff. There was good local uptake for training about effective communication with people with dementia, to support people in having their health needs met.

Good Mental Health for All – building our evidence base

The Health Improvement Team, supported by funding from the IJB, have completed an extensive engagement project as a foundation for a local Public Mental Health Strategy. The project involved engagement with various groups across the community, workplaces, and professionals. Findings from this work was combined with national evidence, best practice information and national and local data to create a local mental health and wellbeing evidence base – the full report and a summary of findings can be accessed on the [Healthy Shetland website](#).

The next steps of the work will be to produce a Good Mental Health for All Strategy which will complement a Mental Health services strategy, and include strands for communities, workplaces and service providers.

2.3.4. Quality / patient care

Patient care is being maintained by the use of locum and agency staff at present, in order to maintain safe staffing models in essential services. Long term sustainable staffing models remain a top priority in order to provide more effective and efficient use of resources. This should improve the ability to create our objective of patient centred care through ensuring sufficient organisational capacity and resilience.

2.3.5. Workforce

A comprehensive programme of staff health and wellbeing support is ongoing, but our teams are often small with wide remits, which creates fragility. Recruitment remains challenging, both nationally and locally.

2.3.6. Financial

There is urgent need to redesign services to enable the Board to live within its means. There is a significant focus on sustainability of services in Scottish Government guidance for the Annual Delivery Plan.

2.3.7. Risk assessment/management

Risk is managed via the Executive Management Team as part of the Board's Risk Management Strategy.

2.3.8. Equality and Diversity, including health inequalities

Tackling inequalities is a theme that underpins and runs through our planning, the Planning team are engaged in a project with SIC colleagues looking at impact assessment and hope to share learning and good practice from this with NHS colleagues

in due course. However capacity and training to support effective impact assessment have been limited over recent years and will need to be considered.

2.3.9. Other impacts

N/A

2.4. Recommendation

- **Awareness** – For Members' information only.

3. List of appendices

The following appendices are included with this report:

Appendix No 1	NHS Shetland Performance Report – Monthly Indicators
Appendix No 2	NHS Shetland Performance Report – Quarterly Indicators
Appendix No 3	Dementia Voices – AHP Improvement Work


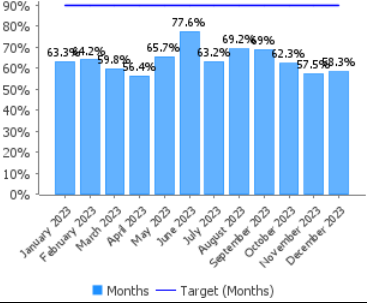

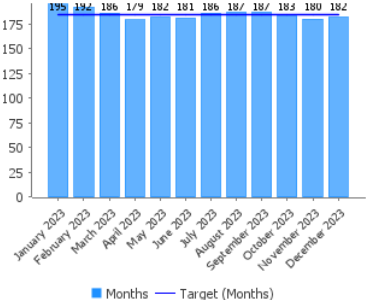

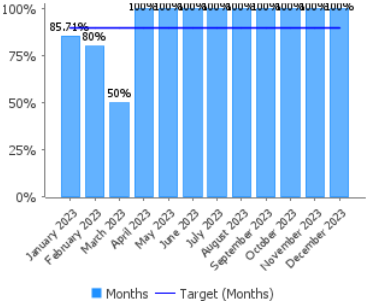
NHS Shetland Performance Report - Monthly Indicators


Generated on: 06 February 2024


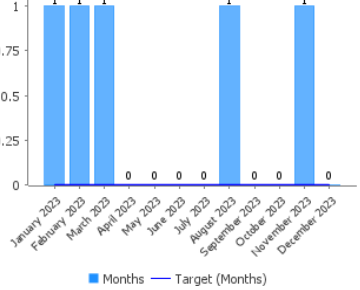

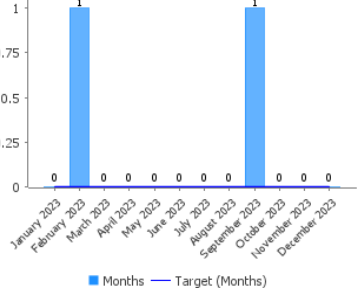



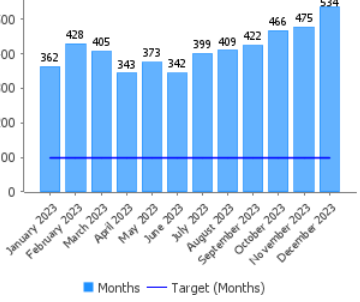

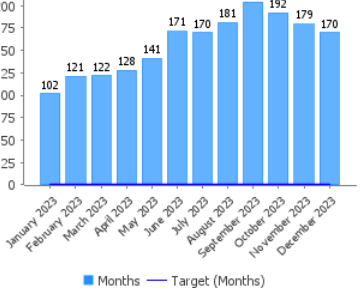
Indicator	Years		Quarters				Months			Target		Graphs	Note
	2021/22	2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	October 2023	November 2023	December 2023	December 2023			
	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
Unscheduled Care													
CH-DD-01 Delayed Discharges - total number of people waiting to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.	3	2	2	1	3	9	3	7	9	0			Delayed discharges continue to be monitored closely locally by the multiagency team. Capacity challenges within community care services can make it challenging to facilitate timely discharge. Each case is assessed and triaged to minimise risk to patients.
CH-DD-02 Delayed Discharges - number of people waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete, excluding complex needs codes.	8	43	3	5	5	5	1	0	4	0			


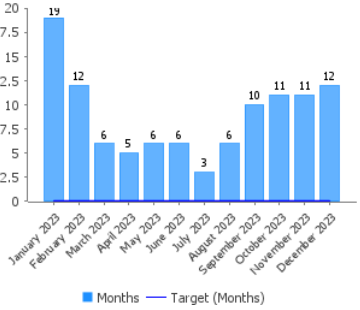

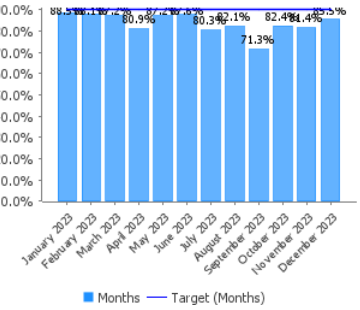
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MD-EC-01 Emergency bed days rates for people aged 75+	4,165	5,122	1,154	880	1,028	1,181	453	356	372	500	✔		
NA-EC-02 Rate of attendance at A&E (per 100,000 pop.)	2,422	2,724	2,724	3,393	3,380	3,223	2,882	2,763	3,223	3,061	✔		
Mental Health													
CH-MH-01 18 weeks referral to treatment for Psychological Therapies (percentage of completed waits less than 18 weeks)	50%	60.4%	52.2%	75.4%	78.4%	84.7%	84.6%	81.8%	90.9%	90%	✔		The number of patients seen for a first appointment increased in Q3 compared to Q2 (59 compared to 37) - while there is stability in some parts of the team challenges in others mean people may have

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													to wait longer for certain treatments.																										
CH-MH-02 18 weeks referral to treatment for Psychological Therapies (percentage of ongoing waits less than 18 weeks)	40.4%	59.8%	59.8%	77.6%	69%	58.3%	62.3%	57.5%	58.3%	90%		 <table border="1"> <caption>CH-MH-02 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>January 2023</td><td>63.3%</td></tr> <tr><td>February 2023</td><td>64.2%</td></tr> <tr><td>March 2023</td><td>59.8%</td></tr> <tr><td>April 2023</td><td>56.4%</td></tr> <tr><td>May 2023</td><td>65.7%</td></tr> <tr><td>June 2023</td><td>77.6%</td></tr> <tr><td>July 2023</td><td>63.2%</td></tr> <tr><td>August 2023</td><td>69.2%</td></tr> <tr><td>September 2023</td><td>69.9%</td></tr> <tr><td>October 2023</td><td>62.3%</td></tr> <tr><td>November 2023</td><td>57.5%</td></tr> <tr><td>December 2023</td><td>58.3%</td></tr> </tbody> </table>	Month	Value	January 2023	63.3%	February 2023	64.2%	March 2023	59.8%	April 2023	56.4%	May 2023	65.7%	June 2023	77.6%	July 2023	63.2%	August 2023	69.2%	September 2023	69.9%	October 2023	62.3%	November 2023	57.5%	December 2023	58.3%	Waiting list size has increased over Quarter 3, while activity has also increased after a decrease over the summer this has not matched referrals coming in. Staffing capacity challenges remain within the service.
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MD-MH-01 People with a diagnosis of dementia on the dementia register	206	186	186	181	187	182	183	180	182	184		 <table border="1"> <caption>MD-MH-01 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>January 2023</td><td>186</td></tr> <tr><td>February 2023</td><td>186</td></tr> <tr><td>March 2023</td><td>186</td></tr> <tr><td>April 2023</td><td>186</td></tr> <tr><td>May 2023</td><td>179</td></tr> <tr><td>June 2023</td><td>182</td></tr> <tr><td>July 2023</td><td>181</td></tr> <tr><td>August 2023</td><td>186</td></tr> <tr><td>September 2023</td><td>187</td></tr> <tr><td>October 2023</td><td>187</td></tr> <tr><td>November 2023</td><td>183</td></tr> <tr><td>December 2023</td><td>180</td></tr> </tbody> </table>	Month	Value	January 2023	186	February 2023	186	March 2023	186	April 2023	186	May 2023	179	June 2023	182	July 2023	181	August 2023	186	September 2023	187	October 2023	187	November 2023	183	December 2023	180	
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NA-CF-01 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (percentage of completed waits less than 18 weeks)	96.7%	89.09%	73.53%	100%	100%	100%	100%	100%	100%	90%		 <table border="1"> <caption>NA-CF-01 Monthly Data</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>January 2023</td><td>85.71%</td></tr> <tr><td>February 2023</td><td>80%</td></tr> <tr><td>March 2023</td><td>50%</td></tr> <tr><td>April 2023</td><td>100%</td></tr> <tr><td>May 2023</td><td>100%</td></tr> <tr><td>June 2023</td><td>100%</td></tr> <tr><td>July 2023</td><td>100%</td></tr> <tr><td>August 2023</td><td>100%</td></tr> <tr><td>September 2023</td><td>100%</td></tr> <tr><td>October 2023</td><td>100%</td></tr> <tr><td>November 2023</td><td>100%</td></tr> <tr><td>December 2023</td><td>100%</td></tr> </tbody> </table>	Month	Value	January 2023	85.71%	February 2023	80%	March 2023	50%	April 2023	100%	May 2023	100%	June 2023	100%	July 2023	100%	August 2023	100%	September 2023	100%	October 2023	100%	November 2023	100%	December 2023	100%	
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Diagnostics													
<p>Combined waiting times for 8 key diagnostic tests in Endoscopy and Imaging. % represents people waiting 6 weeks or less for key tests in that month/quarter Scottish average is given as a comparator in brackets.</p>	67.9%	82.7%	82.6%	84.8%	89.2%	86.8%	86.8% (50%)	87.4% (52%)	86.1% (48.5%)	100%			<p>Detailed waiting times, by type of test, are considered at Finance and Performance Committee - this combined measure is used by Scottish Government as a gauge of performance. Access to Diagnostics is an important part of the Referral to Treatment pathway.</p>

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Healthcare Associated Infection														
NA-IC-28 Number of Staphylococcus aureus bacteraemia infections (including MRSA)	5	9	3	0	1	1	0	1	0	0	0		 <p>■ Months — Target (Months)</p>	
NA-IC-29 Number of C Diff Infections	5	3	1	0	1	0	0	0	0	0	0		 <p>■ Months — Target (Months)</p>	

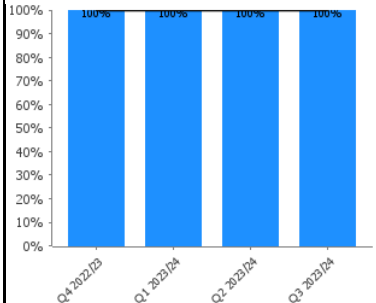
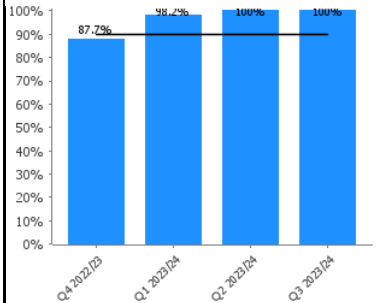
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Waiting Times																																							
NA-PL-01 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (consultant led services)	3,113	3,903	1,195	1,058	1,230	1,475	466	475	534	100		 <table border="1"> <caption>Monthly Data for NA-PL-01</caption> <thead> <tr> <th>Month</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>January 2023</td><td>362</td></tr> <tr><td>February 2023</td><td>428</td></tr> <tr><td>March 2023</td><td>405</td></tr> <tr><td>April 2023</td><td>343</td></tr> <tr><td>May 2023</td><td>373</td></tr> <tr><td>June 2023</td><td>342</td></tr> <tr><td>July 2023</td><td>399</td></tr> <tr><td>August 2023</td><td>409</td></tr> <tr><td>September 2023</td><td>422</td></tr> <tr><td>October 2023</td><td>466</td></tr> <tr><td>November 2023</td><td>475</td></tr> <tr><td>December 2023</td><td>534</td></tr> </tbody> </table>	Month	Value	January 2023	362	February 2023	428	March 2023	405	April 2023	343	May 2023	373	June 2023	342	July 2023	399	August 2023	409	September 2023	422	October 2023	466	November 2023	475	December 2023	534	Pressure remains with visiting services especially the Orthopaedic, ENT, Dermatology and Ophthalmology visiting Services and efforts continue to concentrate on long waits across all specialties. Reduction in planned care allocation compared to 2021/22 means delivery of a de minimis service where services not provided locally or via obligate network
Month	Value																																						
January 2023	362																																						
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NA-PL-03 Treatment Time Guarantee - 12 weeks from being added to Inpatient waiting list to having procedure	1,592	1,278	345	440	555	541	192	179	170	0		 <table border="1"> <caption>Monthly Data for NA-PL-03</caption> <thead> <tr> <th>Month</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>January 2023</td><td>102</td></tr> <tr><td>February 2023</td><td>121</td></tr> <tr><td>March 2023</td><td>122</td></tr> <tr><td>April 2023</td><td>128</td></tr> <tr><td>May 2023</td><td>141</td></tr> <tr><td>June 2023</td><td>171</td></tr> <tr><td>July 2023</td><td>170</td></tr> <tr><td>August 2023</td><td>181</td></tr> <tr><td>September 2023</td><td>204</td></tr> <tr><td>October 2023</td><td>192</td></tr> <tr><td>November 2023</td><td>179</td></tr> <tr><td>December 2023</td><td>170</td></tr> </tbody> </table>	Month	Value	January 2023	102	February 2023	121	March 2023	122	April 2023	128	May 2023	141	June 2023	171	July 2023	170	August 2023	181	September 2023	204	October 2023	192	November 2023	179	December 2023	170	All theatre for local and visiting services continue to be delivered in Shetland where possible. Clinical prioritisation continues to ensure patients are treated based on their clinical need as well as focus on longer waits as capacity allows.
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	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	Status		
NA-PL-04 Number of patients waiting more than 12 weeks from referral to a first outpatient appointment (Orthodontic Service)	230	384	37	17	19	34	11	11	12	0			Clinical prioritisation in place to maximise clinician time and prioritise those already in treatment, those awaiting treatment are informed of wait to commence treatment, following commencement this approach means people only spend the appropriate amount of time in treatment.
NA-PL-05 18 Weeks Referral to Treatment: Combined Performance	82.6%	87.3%	88.0%	85.2%	78.4%	83.0%	82.4%	81.4%	85.5%	90.0%			This represents an improvement against the target while delivering increased capacity - an extra 100 people seen over the course of Q3 compared to Q2.


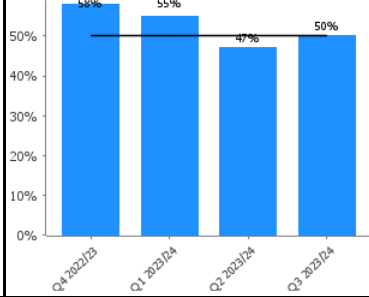

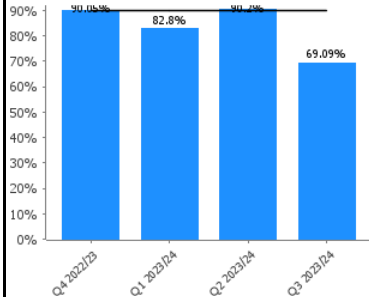

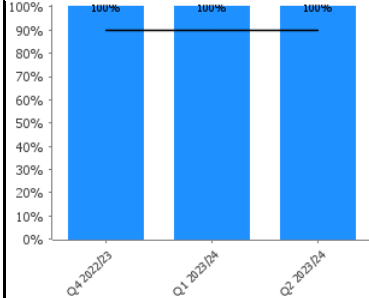
NHS Shetland Performance Report - Quarterly Indicators

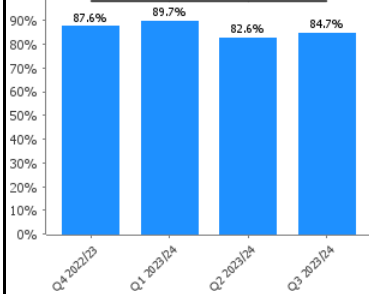

Generated on: 06 February 2024




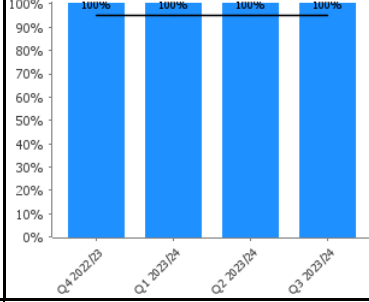

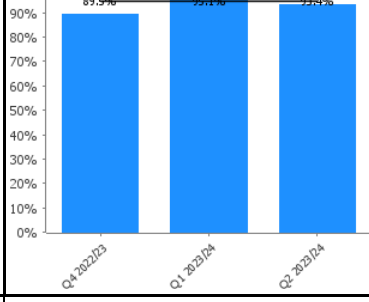

Indicator	Years		Quarters				Target		Graphs	Note
	2021/22	2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q3 2023/24			
	Value	Value	Value	Value	Value	Value	Target	Status		
CE-CS-05 Departmental Business Continuity Plans (BCPs) to be completed for all departments	100%	100%	100%	100%	100%	100%	100%			
CH-AO-01 Maximum Waiting Time from Referral to First Consultation for Physiotherapy Services - %age of patients seen within 18 weeks	100%	87.7%	87.7%	98.2%	100%	100%	90%			

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	2021/22	2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q3 2023/24											
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CH-DA-01 Clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery.	93.5%	100%	100%	100%			90%		<table border="1"> <caption>CH-DA-01 Performance Data</caption> <thead> <tr> <th>Period</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q4 2022/23</td> <td>100%</td> </tr> <tr> <td>Q1 2023/24</td> <td>100%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> </tbody> </table>	Period	Value	Q4 2022/23	100%	Q1 2023/24	100%	Target	90%	NHS Shetland/Shetland ADP was not included in the Q2 Public Health Scotland data publication due to issues completing the data checking and submission process in time. The process has been reviewed and the issue should be rectified in the next publication.
Period	Value																	
Q4 2022/23	100%																	
Q1 2023/24	100%																	
Target	90%																	
CH-DA-02 Clients will wait no longer than 3 weeks from referral received to appropriate alcohol treatment that supports their recovery.	92.6%	92.5%	66.7%	100%			90%		<table border="1"> <caption>CH-DA-02 Performance Data</caption> <thead> <tr> <th>Period</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q4 2022/23</td> <td>66.7%</td> </tr> <tr> <td>Q1 2023/24</td> <td>100%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> </tbody> </table>	Period	Value	Q4 2022/23	66.7%	Q1 2023/24	100%	Target	90%	Internal management data will be shared with the upcoming Finance and Performance Committee to provide assurance.
Period	Value																	
Q4 2022/23	66.7%																	
Q1 2023/24	100%																	
Target	90%																	
CH-DA-03 Clients will wait no longer than 3 weeks from referral received to appropriate co-dependency treatment that supports their recovery.	100%	100%	DIV/0	100%			90%		<table border="1"> <caption>CH-DA-03 Performance Data</caption> <thead> <tr> <th>Period</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q1 2023/24</td> <td>100%</td> </tr> <tr> <td>Target</td> <td>90%</td> </tr> </tbody> </table>	Period	Value	Q1 2023/24	100%	Target	90%			
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	2021/22	2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q3 2023/24			
CH-SC-01 Percentage of people that require intensive care (over 10 hours per week) that receive it in their own home.	54.5%	58%	58%	55%	47%	50%	50%			Indicator of complexity of care delivered by health and care team in community. will vary depending on individual needs.
HR-IT-02 The percentage of freedom of information requests responded to in the quarter which received a response within 20 working days	87%	85.55%	90.05%	82.8%	90.2%	69.09%	90%			<p>This quarter has seen significantly more FOI requests than the previous two, numbers are included for clarity:</p> <p>23/24: Q1: 154 of 186 Q2: 138 of 153 Q3: 152 of 220</p>
NA-CF-02 Eligible patients will commence IVF treatment within 12 months	100%	100%	100%	100%	100%	100%	90%			<p>Note - no Shetland patients commenced treatment this quarter</p> <p>(PHS publication 28 November 2023 – next release will be 27 February 2023))</p>

Indicator	Years		Quarters				Target		Graphs	Note
	2021/22	2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q3 2023/24			
NA-EC-01 A&E 4 Hour waits (NIPI03b)	97.5%	91.3%	87.6%	89.7%	82.6%	84.7%	98%		<p>There continue to be more clinically challenging and complex patients presenting to the Emergency Department. The clinical team triage and treat based on clinical need and each breach of waiting targets is reviewed. Where breaching the waiting target can avoid admission and result in better outcomes for a patient this decision is made to optimise patient outcomes.</p>	
Emergency readmissions within 28-days (expressed as a percentage of total emergency admissions, vs Scottish average)	7.3% vs 10.9%	6.9% vs 10.5%	7.1% vs 10.5%	9.3% vs 10.8%	9.2% vs 10.3%			 <p>Tester inclusion - no locally set target. Note small number variation, interpret monthly figure with caution - variation is expected. May be moved to quarterly data section.</p>	<p>Q3 data not yet complete enough to be meaningful. Some readmissions are unavoidable and clinically appropriate so a zero target is not appropriate. Appropriate discharge planning, post-discharge support and communication across Health and Social Care system should support lower rates of readmission.</p>	

Indicator	Years		Quarters				Target		Graphs	Note
	2021/22	2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q3 2023/24			
NA-IC-26 Staphylococcus aureus bacteraemia infections (including MRSA) (rate per 1,000 acute occupied bed days)	0.44	0.82	0.82	0.49	0.92				Q3 data not yet published	
NA-IC-27 Clostridium difficile infections in patients aged 15 and over per 1,000 total occupied bed days	0.55	0.41	0.41	0	0.92				Q3 data not yet published	
NA-PL-06 Urgent Referral With Suspicion of Cancer to Treatment Under 62 days	85.1%	68.5%	44.4%	83.3%	69.6%		95%		<p>Q3 data not yet published</p> <p>System pressures within partner boards continue to impact on performance where investigation and/or treatment take place off-island. Scotland average for same period was 72%</p>	

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	2021/22	2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q3 2023/24			
NA-PL-07 Decision to treat to first treatment for all patients diagnosed with cancer - 31 days	100%	100%	100%	100%	100%		95%			Q3 data not yet published Scotland average for same period was 94.9%
PH-HI-01 Immunisation Uptake - MMR1 at 2 yrs	83%	89.5%	89.5%	95.1%	93.4%		95%			Q3 data not yet published. Scotland average for same period is 93.3%
Smoking Cessation: Number of successful smoking quits at 12 weeks post quit for people residing in the 60 per cent most-deprived datazones in Shetland. Figure in brackets is performance against cumulative target.	26 (68.4%)	14 (36.8%)	14 (36.8%)	5 (52.6%)	n/a	n/a	Q1 9.5			Data now drawn from Public Health Scotland published data

Dementia Voices

Led by Karis Irvine & Eleanor Morris - Clinical Lead AHPs for Dementia

Dementia Support in Shetland:

Diagnosis and Medical

- GPs and a few specialist nurses
- Psychiatrist support

Care

- Community and residential care
- Self-directed support options
- Alzheimer Scotland part-time advisors, information, groups, activities

Additional Support

- Other third-sector services
- Allied Health Professionals (AHPs) including Dietitians, Physiotherapists

How can AHP's support?

- Supporting families and carers
- Enhancing daily living
- Adapting everyday environments
- Maximising psychological and physical wellbeing

'Connecting People Connecting Support' in Shetland

The service we provide for people with dementia in Shetland

About The Allied Health Professionals service (AHP) in Shetland carried out a healthcare project to achieve 3 outcomes; *Lived Experience - Promoting Excellence - Local Context* to support the delivery of the ambitions of the Connecting People, Connecting Support (CPCS)*. This was funded by the charity Alzheimer Scotland, to look at people's experiences of some of the health services in Shetland and how they provide care to people with dementia.

*It is calculated that **around 80 Shetlanders per year** will receive a new dementia diagnosis, and **by 2024 up to 429 people could be living with dementia in Shetland****

What the project found To find out what people with dementia and their families need from AHP services, the team collected information using an online questionnaire, met people for a conversation, met people at groups run by Alzheimer Scotland and spoke to staff. The team found that while access to some services is good, it was felt there are gaps in information, support, and AHP expertise.

The outcomes The project implemented several initiatives to improve dementia care in Shetland, focusing on support for people with dementia and empowering AHPs with resources and training.

- Pocket directory: list of relevant services and support
- Alzheimer Scotland leaflet: provided information about Allied Health Professions' roles.
- Remote AHP presence: Made an application for funding to improve AHP accessibility for remote areas
- Electronic resource: Developed a central hub with training materials, national guidelines, and inter-departmental referral information.
- Communication training: Sessions on effective communication with people with dementia.



The intended project outcomes

Lived Experience - Engagement with people with lived experience to understand the support needs of those in Shetland

Promoting Excellence - A local scope of the skills of the AHP workforce from across both health and social care as mapped to Promoting Excellence

Local Context - Development of local engagement events, integrating appreciative inquiry and review current delivery of ambitions

Feedback from the project

“Knowing where this information is will ultimately save a lot of time”

“Having this collated in one place makes it easier to access the most up to date information”

“the training really helped my knowledge and understanding in communicating with people with dementia”

“It will help our team as a whole provide a more person-centred service”

The Next Steps The project raised the profile of AHP within the People with Lived Experience of Dementia, with further expansion of AHP presence and alignment with SIGN guidelines* identified as key next steps. Some actions from this project will be implemented via the creation and sharing of information and training; however to achieve the recommendations further action is required. Work is needed to determine how the recommendations can be applied in Shetland, including what resources or changes would be ideal to bring services in line with the recommendations.

Key Points

- Dementia is a major public health issue impacting individuals and their families
- Creating supportive environments for people with dementia is crucial
- Early detection, prevention, and confident care are essential
- People with dementia should have access to skilled professionals with specific dementia expertise
- Post-diagnostic support (PDS) plays a vital role, addressing both practical and emotional needs
- AHPs are well-equipped to deliver high-quality PDS due to their diverse skills and knowledge
- PDS can be provided by various professionals, including Alzheimer Scotland Link Workers, peer support groups, and AHPs
- AHPs should be empowered to play a leading role in implementing the dementia strategy and achieving its vision