Dementia Post-Diagnostic Support

NHS Board Performance 2016/17

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5 February 2019
This is a Management Information publication

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Users should therefore be aware of the aspects of data quality and caveats surrounding these data, all of which are listed in this document.

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Introduction

This release by Information Services Division (ISD) reports on NHS Board performance against the Scottish Government’s Local Delivery Plan (LDP) standard that all those newly diagnosed with dementia should have a minimum of twelve months post-diagnostic support. Performance against the LDP standard is reported in two parts. Firstly the percentage of people estimated to be newly diagnosed with dementia who were referred for post-diagnostic support and secondly the percentage of people referred who received a minimum of one year’s support. Figures reported in this release are for 2016/17. They are published as management information because of variable data quality.

In 2010’s ‘Scotland’s National Dementia Strategy’, the Scottish Government made a commitment to improving post-diagnostic support for individuals receiving a diagnosis of dementia. The Scottish Government endorsed a 12 month post-diagnosis support model that used The Five Pillars methodology developed by Alzheimer Scotland, and concluded with a person-centred support plan. The Scottish Government published their third national dementia strategy in 2017 which continues to support the post-diagnostic support entitlement.

Local Delivery Plan (LDP) standard

In order to effectively monitor performance of post-diagnosis support delivery, a national Local Delivery Plan (LDP) standard was introduced in April 2013 for all those newly diagnosed with dementia to receive a minimum of one year’s post-diagnostic support.

ISD Data Collection and Dataset Development

NHS Boards currently provide quarterly data submissions to ISD containing information on individuals referred for post-diagnostic support within their local services and this dataset forms the basis of the LDP standard calculation. This is the third publication to report on performance against the LDP standard, and reports on individuals who have a recorded diagnosis of dementia within the 2016/17 financial year.

In order to improve the quality and consistency of post-diagnostic support information revised definitions and guidance were issued in November 2018 to be effective from 1 April 2019. These were designed in consultation with stakeholders to further improve the quality and consistency of the post-diagnostic performance data gathered and published; and to reflect the refinements made to the service offer in Scotland’s National Dementia Strategy 2017-2020. Further information on the revised dataset can be found on the Dementia Post-Diagnostic Support section ISD’s website.
Main Points

- 8,178 people were referred for dementia post-diagnostic support in 2016/17. This equates to 46.7% of people estimated to be newly diagnosed with dementia within that year.

- Of those referred to dementia post-diagnostic support in 2016/17, 83.9% received one year's support as proposed in the LDP standard.

- Those aged 80-84 years accounted for the largest percentage of people referred to dementia post-diagnostic support services (26.4%).

Age distribution of referrals to dementia post-diagnostic support; 2016/17

- In 2016/17, nine of the fourteen NHS Boards had the same or a higher percentage of people newly diagnosed with dementia referred for post-diagnostic support compared to 2015/16.
Results and Commentary

1. Dementia Post-Diagnostic Support: LDP standard 2016/17

Performance against the LDP standard is reported in two parts, each addressing a separate element to the standard:

1. The percentage of people estimated to be newly diagnosed with dementia who were referred for post-diagnostic support.

2. The percentage of people referred for dementia post-diagnostic support who received a minimum of one year's support. This should be coordinated by a named link worker.
1.1 Percentage of people estimated to be newly diagnosed with dementia who were referred for post-diagnostic support

In December 2016 the Scottish Government published the research paper ‘Estimated and Projected Diagnosis Rates for Dementia in Scotland: 2014-2020’. In the paper it was estimated that 17,097 people would be diagnosed with dementia in 2015, steadily increasing to 19,473 people by 2020. As the LDP standard states that everyone newly diagnosed with dementia should be receiving post-diagnostic support, referral numbers to post-diagnostic support services were compared with the estimated dementia incidence figures (Table 1).

Table 1. Estimated number of people newly diagnosed with dementia referred for post-diagnostic support (PDS) services, by NHS Board; for financial year 2016/17

<table>
<thead>
<tr>
<th>NHS Board</th>
<th>Estimated Number of People Newly Diagnosed with Dementia</th>
<th>Number of People Referred to PDS</th>
<th>% of Estimated Number of People Newly Diagnosed with Dementia Referred to PDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Ayrshire &amp; Arran</td>
<td>1,386</td>
<td>494</td>
<td>35.6%</td>
</tr>
<tr>
<td>NHS Borders</td>
<td>467</td>
<td>173</td>
<td>37.0%</td>
</tr>
<tr>
<td>NHS Dumfries &amp; Galloway</td>
<td>648</td>
<td>390</td>
<td>60.2%</td>
</tr>
<tr>
<td>NHS Fife</td>
<td>1,250</td>
<td>746</td>
<td>59.7%</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>955</td>
<td>419</td>
<td>43.9%</td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>1,798</td>
<td>335</td>
<td>18.6%</td>
</tr>
<tr>
<td>NHS Greater Glasgow &amp; Clyde</td>
<td>3,429</td>
<td>1,930</td>
<td>56.3%</td>
</tr>
<tr>
<td>NHS Highland</td>
<td>1,232</td>
<td>400</td>
<td>32.5%</td>
</tr>
<tr>
<td>NHS Lanarkshire</td>
<td>1,972</td>
<td>1,209</td>
<td>61.3%</td>
</tr>
<tr>
<td>NHS Lothian</td>
<td>2,512</td>
<td>1,119</td>
<td>44.5%</td>
</tr>
<tr>
<td>NHS Orkney</td>
<td>84</td>
<td>9</td>
<td>10.7%</td>
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<tr>
<td>NHS Shetland</td>
<td>75</td>
<td>54</td>
<td>72.0%</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>1,567</td>
<td>868</td>
<td>55.4%</td>
</tr>
<tr>
<td>NHS Western Isles</td>
<td>120</td>
<td>32</td>
<td>26.7%</td>
</tr>
<tr>
<td>Scotland</td>
<td>17,496</td>
<td>8,178</td>
<td>46.7%</td>
</tr>
</tbody>
</table>


Notes
1. The estimated number of people newly diagnosed with dementia is subject to the limitations detailed within the ‘Estimated and Projected Diagnosis Rates for Dementia in Scotland: 2014-2020’ publication. Estimates for calendar year 2016 have been used.
2. Due to rounding within boards, the sum of the boards may not equal the Scotland total.

In 2016/17, at Scotland level, referrals to dementia post-diagnostic support services were made for 46.7% of the estimated number of people newly diagnosed with dementia. NHS Lanarkshire had the highest percentage of referrals compared to the estimated number of people with a new dementia diagnosis (61.3%). NHS Grampian had the lowest percentage (18.6%) of the mainland boards.
1.2 Percentage of people referred for dementia post-diagnostic support who received a minimum of one year’s support

This section of the report provides information on how many individuals referred for dementia post-diagnostic support received their entitled care over the minimum twelve month period. Figures presented in this section should be interpreted in conjunction with section 1.1.

The timeframe for the delivery of post-diagnostic support was agreed to commence on the first substantive contact between a link worker and the patient and had to occur within twelve months of diagnosis.

Table 2 presents numbers of service users who were provided with twelve months post-diagnostic support; who are still undergoing post-diagnostic support; or who didn’t complete their post-diagnostic support.

The criteria for each of the categories are as follows:

- Post-diagnostic support was considered still ongoing if the service user was still receiving post-diagnostic support.
- Post-diagnostic support was considered not complete if a first substantive contact had not occurred twelve months after diagnosis or where post-diagnostic support was stopped prior to the twelve month time period where this was within the service’s control.
- Post-diagnostic support was considered complete if none of the above criteria were met, or if the person was removed from their post-diagnostic support treatment due to death or no longer living in Scotland.

Using this information a percentage is calculated for each NHS Board indicating their performance against the LDP standard to deliver twelve months post-diagnostic support to those people who were referred for dementia post-diagnostic support. Service users still undergoing post-diagnostic support are excluded from the performance calculation and therefore performance figures for the latest year are currently provisional until those individual’s have completed their treatment.
Table 2: Completion of dementia post-diagnostic support for those referred to the service, by NHS Board; for financial year 2016/17

<table>
<thead>
<tr>
<th>NHS Board</th>
<th>Number of People Referred to PDS</th>
<th>PDS Still Ongoing¹</th>
<th>PDS Completed</th>
<th>PDS Not Completed</th>
<th>% of LDP Standard Achieved²ᴾ</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Ayrshire &amp; Arran</td>
<td>494</td>
<td>0</td>
<td>482</td>
<td>12</td>
<td>97.6%</td>
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<tr>
<td>NHS Borders</td>
<td>173</td>
<td>0</td>
<td>152</td>
<td>21</td>
<td>87.9%</td>
</tr>
<tr>
<td>NHS Dumfires &amp; Galloway</td>
<td>390</td>
<td>4</td>
<td>361</td>
<td>25</td>
<td>93.5%</td>
</tr>
<tr>
<td>NHS Fife</td>
<td>746</td>
<td>4</td>
<td>654</td>
<td>88</td>
<td>88.1%</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>419</td>
<td>7</td>
<td>271</td>
<td>141</td>
<td>65.8%</td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>335</td>
<td>2</td>
<td>307</td>
<td>26</td>
<td>92.2%</td>
</tr>
<tr>
<td>NHS Greater Glasgow &amp; Clyde</td>
<td>1,930</td>
<td>3</td>
<td>1,617</td>
<td>310</td>
<td>83.9%</td>
</tr>
<tr>
<td>NHS Highland</td>
<td>400</td>
<td>0</td>
<td>351</td>
<td>49</td>
<td>87.8%</td>
</tr>
<tr>
<td>NHS Lanarkshire</td>
<td>1,209</td>
<td>3</td>
<td>1,067</td>
<td>139</td>
<td>88.5%</td>
</tr>
<tr>
<td>NHS Lothian</td>
<td>1,119</td>
<td>8</td>
<td>622</td>
<td>489</td>
<td>56.0%</td>
</tr>
<tr>
<td>NHS Orkney</td>
<td>9</td>
<td>0</td>
<td>7</td>
<td>2</td>
<td>77.8%</td>
</tr>
<tr>
<td>NHS Shetland</td>
<td>54</td>
<td>0</td>
<td>50</td>
<td>4</td>
<td>92.6%</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>868</td>
<td>2</td>
<td>859</td>
<td>7</td>
<td>99.2%</td>
</tr>
<tr>
<td>NHS Western Isles</td>
<td>32</td>
<td>0</td>
<td>30</td>
<td>2</td>
<td>93.8%</td>
</tr>
<tr>
<td><strong>Scotland</strong></td>
<td><strong>8,178</strong></td>
<td><strong>33</strong></td>
<td><strong>6,830</strong></td>
<td><strong>1,315</strong></td>
<td><strong>83.9%</strong></td>
</tr>
</tbody>
</table>

Source: Quarterly post-diagnostic support data submissions by NHS Boards as at September 2018.

Notes

1. Those still undergoing post-diagnostic support are excluded from the performance figure.
2. When interpreting this information consideration should also be taken of the percentage of people estimated to be newly diagnosed with dementia being referred to post-diagnostic support (see section 1.1).

ᴾ Figures for 2016/17 are provisional subject to all service users completing their support.

Overall, at Scotland level, 83.9% of those referred for dementia post-diagnostic support received 12 months support (LDP standard). NHS Tayside had the highest percentage of people receiving 12 months post-diagnostic support (99.2%) and NHS Lothian had the smallest percentage (56.0%).
2. Demographics and Inequalities

This section provides information on the demographics of individuals who have been referred to dementia post-diagnostic support services. Age and deprivation have been identified as two of the main areas of interest.

Figure 1 below presents the age distribution of those referred to dementia post-diagnostic support services.

**Figure 1: Age distribution of referrals to dementia post-diagnostic support; 2016/17**

Source: Quarterly post-diagnostic support data submissions by NHS Boards as at September 2018.

**Notes**
1. The age group for five records is unknown due to incomplete date of birth.

Those aged between 80 to 84 years accounted for the largest percentage of referrals to dementia post-diagnostic support services in 2016/17 (26.4%). In contrast the lowest percentage of referrals (1.3%) was for those aged 59 years and under. Unknown ages accounted for less than 1% of the percentage of referrals. The age distribution is similar to that reported in the 2015/16 publication.
Figure 2 presents the information by deprivation quintile. The deprivation quintiles indicate levels of deprivation using a scale of 1 (most deprived) to 5 (least deprived).

**Figure 2: Distribution of referrals to dementia post-diagnostic support by deprivation quintile; 2016/17**

Source: Quarterly post-diagnostic support data submissions by NHS Boards as at September 2018.

**Notes**

1. Deprivation is calculated by matching postcodes to the Scottish Index of Multiple Deprivation (SIMD) quintiles.
2. 2,159 individuals were not allocated a deprivation quintile due to incomplete postcodes. Please note that 1,930 (89%) of these are from NHS Greater Glasgow & Clyde Health Board.

The lowest percentage of referrals (11.2%) was within the most deprived (Deprivation quintile 1). Deprivation quintile 2 accounted for the highest percentage of referrals with 17.1%. Cases where deprivation levels were unknown accounted for 26.4% of referrals. Of these referrals where postcode is missing, 89.4% (1,930) are from NHS Greater Glasgow & Clyde Health Board.
Figures 3 and 4 present further analysis on the relationship between age and deprivation for referrals that completed 12 months dementia post-diagnostic support.

**Figure 3:** Percentage of people referred that received 12 months dementia post-diagnostic support, by age group, 2016/17

![Bar chart showing percentage of people within each age group meeting the LDP standard](chart.png)

% of People Within Each Age Group Meeting the LDP Standard

Source: Quarterly post-diagnostic support data submissions by NHS Boards as at September 2018.

**Notes**

1. The age group for five records is unknown due to an incomplete date of birth.

The percentage of referrals receiving 12 months post-diagnostic support ranged from 89.2% for those aged 59 years and under to 80.9% for those aged 90 years and over.
Figure 4: Percentage of people referred that received 12 months dementia post-diagnostic support, by deprivation quintile, 2016/17

Source: Quarterly post-diagnostic support data submissions by NHS Boards as at September 2018.

Notes
1. Deprivation is calculated by matching postcodes to the Scottish Index of Multiple Deprivation (SIMD) quintiles.
2. 2,159 individuals were not allocated a deprivation quintile due to incomplete postcodes. Please note that 1,930 (89%) of these are from NHS Greater Glasgow & Clyde Health Board.

In terms of deprivation, 86.2% of referrals within deprivation quintile 3 received post-diagnostic support that met the LDP standard. Referrals in the least deprived (deprivation quintile 5) area had the lowest percentage that met the standard (77.6%). Referrals where deprivation quintile was unknown had 84.9% of referrals completing 12 months of dementia post-diagnostic support.
3. Trend

Figures 5 and 6 present trend information from 2014/15 to 2016/17. Revisions have been made to previously published figures for 2015/16 to account for individuals who were still undergoing their post-diagnostic support and have now completed.

Figure 5 below presents the percentage of people referred for dementia post-diagnostic support compared to the estimated number of people newly diagnosed with dementia by NHS Board from 2014/15 to 2016/17.

Figure 5: Percentage of estimated number of people newly diagnosed with dementia referred for post-diagnostic support in 2014/15, 2015/16 and 2016/17; by NHS Board

Notes
1. 2015/16 data is limited for NHS Western Isles due to the service being temporarily closed.

R Figures for 2015/16 are revised based on most recent data submission by NHS Boards.

P Figures for 2016/17 are provisional subject to all service users completing their support.

Of the mainland Boards, NHS Greater Glasgow & Clyde had the largest increase of 10.8 percentage points between 2015/16 and 2016/17 in the percentage of referrals to post-diagnostic support compared to the estimated number of people newly diagnosed with dementia. NHS Borders had the largest decrease of 13.8 percentage points between 2015/16 and 2016/17. Nine out of the fourteen NHS Boards maintained or improved the percentage of estimated diagnoses of dementia referred for post-diagnostic support between 2015/16 and 2016/17. Overall, Scotland increased by 2.9 percentage points between the two years.

Compared to 2014/15, three out of the fourteen NHS Boards improved consistently across the three financial years to 2016/17. NHS Fife had the largest increase of 27.6 percentage points between 2014/15 and 2016/17. Overall, Scotland improved by 8.7 percentage points over the three years.
Figure 6 shows a comparison of performance against the LDP standard that dementia post-diagnostic support should be received for 12 months by NHS Board for 2014/15, 2015/16 and 2016/17.

**Figure 6: Percentage of referrals achieving the LDP standard of 12 months dementia post-diagnostic support; 2014/15 to 2016/17; by NHS Board**

Source: Quarterly post-diagnostic support data submissions by NHS Boards.

**Notes**

1. There is limited 2015/16 data for NHS Western Isles due to this service being temporarily closed.

*R Figures for 2015/16 are revised based on most recent data submission by NHS Boards.

*P Figures for 2016/17 are provisional subject to all service users completing their support.
Overall Scotland improved its performance against the LDP standard between 2015/16 and 2016/17 with an increase of 1.3 percentage points although the 2016/17 percentage is 1.3 percentage points lower than 2014/15. Of the mainland boards, NHS Lanarkshire showed the largest increase of 5.0 percentage points between 2015/16 and 2016/17 in the percentage of people referred to dementia post-diagnostic support receiving 12 months support. NHS Borders showed the largest decrease of 4.8 percentage points; however they still had 87.9% of referrals receiving 12 months support.

Five of the fourteen NHS Boards improved their performance against the LDP standard consistently across financial years 2014/15, 2015/16 and 2016/17. Of the mainland boards, NHS Ayrshire & Arran had the largest increase of 21.2 percentage points between 2014/15 and 2016/17. NHS Lothian had the largest reduction with a decrease of 15.5 percentage points between 2014/15 and 2016/17.
Information Services Division

Glossary

**Five Pillars Model** – This is a model developed by Alzheimer's Scotland that is used to help support those diagnosed with dementia. The five pillars are: supporting community connections, peer support, planning for future care, understanding the illness and managing symptoms, and planning for future decision making. Further information on each of the pillars can be found on the Alzheimer Scotland website.

**Incidence** – Incidence refers to the number of new cases of a particular illness or disease during a defined time period. For the purposes of this publication we are looking at the number of new diagnoses of dementia.

**LDP Standard** – Formerly known as HEAT Targets, Local Delivery Plan (LDP) Standards are priorities agreed between Scottish Government and NHS Boards. Performance on Dementia PDS is one of the current LDP Standards. Further information can be found on the Scottish Government website.

**Link worker** – A specialist in providing post-diagnostic support for those with dementia. Link workers could be employed by the NHS or by Alzheimer's Scotland.

**Post-Diagnostic Support (PDS)** - Support commissioned by Scottish Government that anyone diagnosed with dementia as of April 2013 would be entitled to a 12 months worth of post-diagnostic support. This support would follow the Five Pillars methodology set out by Alzheimer's Scotland and would conclude with a person-centred support plan.

**Referral** – When someone has received a new diagnosis of dementia, they would then be referred to a service that provides post-diagnostic support in order for them to be allocated a link worker who will provide this post-diagnostic support.

**Deprivation Quintile** – The Scottish Index of Multiple Deprivation Quintiles. Deprivation for individuals is estimated from aggregate data derived from the census and other routine sources. These are used to estimate the deprivation of small geographical areas. The Scottish Index of Multiple Deprivation (SIMD) has seven domains (income, employment, education, housing, health, crime, and geographical access) at datazone level, which have been combined into an overall index to pick out area concentrations of multiple deprivation. Deprivation has been grouped into five categories with SIMD Quintile 1 being those in the most deprived areas up to SIMD Quintile 5 for those least deprived.
## List of Tables

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<thead>
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<tr>
<td>Dementia Post-Diagnostic Support 201617 Tables</td>
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Contact

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Further Information

Data from this publication are available to download in Excel tables.

For more information on Dementia Post-Diagnostic Support see the Dementia Post-Diagnostic Support section of our website.

For information on the Dementia Benchmarking toolkit see the Quality Indicators web pages.

For related topics, please see ISD’s Mental Health and Health and Social Care web pages.

The next release of this publication will be February 2020.

Rate this publication

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## Appendices

### Appendix 1 – Publication Metadata

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<th>Description</th>
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<td>Dementia Post-Diagnostic Support: NHS Board Performance 2016/17</td>
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<tr>
<td>Description</td>
<td>Reporting on NHS Board performance in delivering 12 months post diagnosis support to those newly diagnosed with dementia during the 2016/17 financial year. The figures are reported as management information and have limitations due to data quality.</td>
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<td>Theme</td>
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<td>PDF Report with Excel Tables</td>
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<td>Data source(s)</td>
<td>NHS Boards</td>
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<tr>
<td>Date that data are acquired</td>
<td>Data submission as at September 2018</td>
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<tr>
<td>Release date</td>
<td>05 February 2019</td>
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<tr>
<td>Frequency</td>
<td>Annually</td>
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<tr>
<td>Timeframe of data and timeliness</td>
<td>Data has been collected from NHS Boards from April 2013 until present.</td>
</tr>
<tr>
<td>Continuity of data</td>
<td>Data collection for Dementia Post-Diagnostic Support began in April 2013.</td>
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<tr>
<td>Revisions statement</td>
<td>ISD aims to continually improve the interpretation of the data and therefore analysis methods are regularly reviewed and may be updated in the future.</td>
</tr>
<tr>
<td>Revisions relevant to this publication</td>
<td>N/A</td>
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<tr>
<td>Concepts and definitions</td>
<td>Concepts and definitions for the Dementia Post-Diagnostic Support work can be found within the introduction and glossary of this report.</td>
</tr>
<tr>
<td>Relevance and key uses of the statistics</td>
<td>Relevant to monitoring performance of dementia Post-Diagnostic Support services since the implementation of the LDP Standard. Statistics are used to inform NHS Boards so as to better improve delivery of Post-Diagnostic Support services to those newly diagnosed with dementia.</td>
</tr>
<tr>
<td>Accuracy</td>
<td>This is a management information publication and may not comply with the UK Statistics Authority’s Code of Practice with regard to high quality data. They are published as management information because of variable data quality. NHS Boards have the responsibility of accurately collecting and submitting information on the delivery of Dementia Post-Diagnostic Support to support the LDP standard. It is expected by ISD that quality assurance methods and measures are in place and implemented to ensure information is accurate and correct. ISD conduct quality checks upon receipt of data and feedback data queries to NHS Boards where there is uncertainty in data quality. Some data queries remain outstanding as at September 2018.</td>
</tr>
<tr>
<td>Completeness</td>
<td>Overall, submissions from NHS Boards are submitted on time. Until November 2016 only 13 out of 14 NHS Boards were submitting data due to lack of funding in NHS Western Isles. Some data queries remain outstanding as at September 2018.</td>
</tr>
<tr>
<td>Comparability</td>
<td>Comparability between NHS Boards should be done so with caution as services can provide different models of care; have varying resource issues; and different cultural beliefs with regards to Dementia diagnoses.</td>
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<tr>
<td>Accessibility</td>
<td>It is the policy of ISD Scotland to make its web sites and products available for people to access.</td>
</tr>
<tr>
<td>Information Services Division</td>
<td></td>
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<td>-----------------------------</td>
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accessible according to published guidelines.

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<th>The report is available as a PDF File with tables clearly linked for ease of use</th>
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Appendix 2 – Early access details

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD is obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads
Appendix 3 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

**Purpose:** To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

**Mission:** Better Information, Better Decisions, Better Health

**Vision:** To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of ‘Official Statistics’. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD’s statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD’s statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the ISD website.