Dementia Post-Diagnostic Support
Local Delivery Plan Standard; Figures for 2016/17 and 2017/18

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About this release
This release by Information Services Division (ISD) reports on the Scottish Government’s Local Delivery Plan (LDP) standard that all those newly diagnosed with dementia should receive a minimum of one year’s post-diagnostic support. The LDP standard is reported in two parts. The percentage of people estimated to be newly diagnosed with dementia who were referred for post-diagnostic support and, of those referred, the percentage who received a minimum of one year’s support. This report presents finalised figures for 2016/17 and provisional figures for 2017/18 which are subject to some service users completing their support.

Main Points
• There were 7,605 people diagnosed and referred for dementia post-diagnostic support in 2017/18, compared to 7,807 in 2016/17.

• Of those referred in 2017/18 for post-diagnostic support, 72.5% received a minimum of one year’s support. In 2016/17, the percentage was 75.5%.

• In 2017/18, those aged 80-84 years accounted for the largest percentage of people referred for post-diagnostic support (27.5%). This is similar in 2016/17 (26.9%).

Age distribution of referrals to dementia post-diagnostic support; 2017/18

P Figures for 2017/18 are provisional subject to all service users completing their support.

• In Scotland, 42.3% of those people estimated to be newly diagnosed with dementia in 2017/18 were referred for post-diagnostic support, compared to 44.6% in 2016/17.
Background

The Scottish Government published their third national dementia strategy in 2017. This included the commitment to extend and embed dementia post-diagnostic support. In order to effectively monitor the delivery of post-diagnostic support a national local delivery plan (LDP) standard was introduced for all those newly diagnosed with dementia to receive a minimum of one year’s post-diagnostic support.

NHS Boards provide quarterly data submissions to ISD on individuals diagnosed and referred for post-diagnostic support within their local areas and this dataset forms the basis of the LDP standard calculation.

Revised data definitions and reporting processes were effective from 1 April 2019 and designed in consultation with stakeholders to improve the quality and consistency of the data reported. The Scotland level error rate for both 2016/17 and 2017/18 is around 3%.

Information presented in this publication is not comparable to previously published information relating to the dementia post-diagnostic support LDP standard. This is due to a combination of the change in definitions, improvements to data quality and refinements to the method used to calculate the standard which are detailed in the main publication report.

Part of the LDP standard calculation requires the number of referrals for post-diagnostic support to be compared against an estimated number of newly diagnosed dementia cases each year. Health Board level estimates of people newly diagnosed with dementia (incidence) used for this calculation are from the paper ‘Estimated and Projected Diagnosis Rates for Dementia in Scotland 2014-2020’ published by the Scottish Government in 2016.

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Further Information

Data from this publication, along with the full report are available to download from our web page.

For further information please see the Dementia Post-Diagnostic Support web page.

For information on the Dementia Benchmarking toolkit please see the dementia publications web page.

For related topics, please see the mental health and health and social community care web pages.

The next release of this publication will be March 2021.

ISD and 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 Statistics. Further information about our statistics.