Health & Social Care Integration Planning Localities – West Mainland –

If you have any questions regarding the document please contact any of those listed below

David Kerr david.kerr2@nhs.net 01595 743065
Andy Hayes andy.hayes@nhs.net 01595 743624
Kim Govier kim.govier@nhs.net 01595 743340

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Introduction

This report presents a profile of data about health, care and wellbeing in the West Mainland. It is produced from available data, and is designed to be used for work within Locality Planning. Data sources available at locality level are developing rapidly as the work on Health and Social Care Integration and on Community Planning at locality level develops, so the profile will be updated as new information becomes available. This version is mainly based on data held at GP practice level, so has a focus on the diseases commonly seen in primary care. Data will become available from the newly introduced Health and Social Care Dataset (which will include data such as hospital, community health and care service usage and cost, and analysis for a range of care groups such as dementia, substance misuse, last 6 months of life), and this will be added to the profile.

The West Mainland locality is made up of two general practice areas: Bixter and Walls. Some of our data is presented separately for each practice (e.g. where there are significant differences between the practices), and some is presented for the whole area.
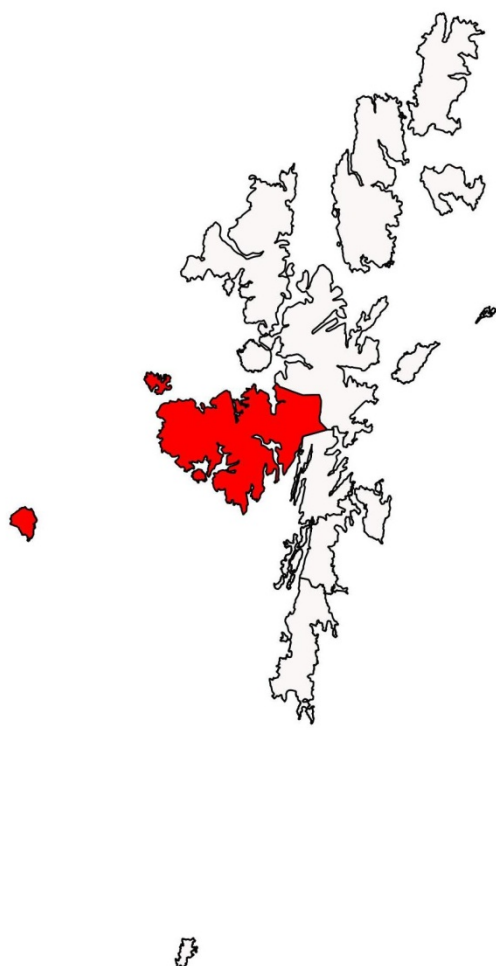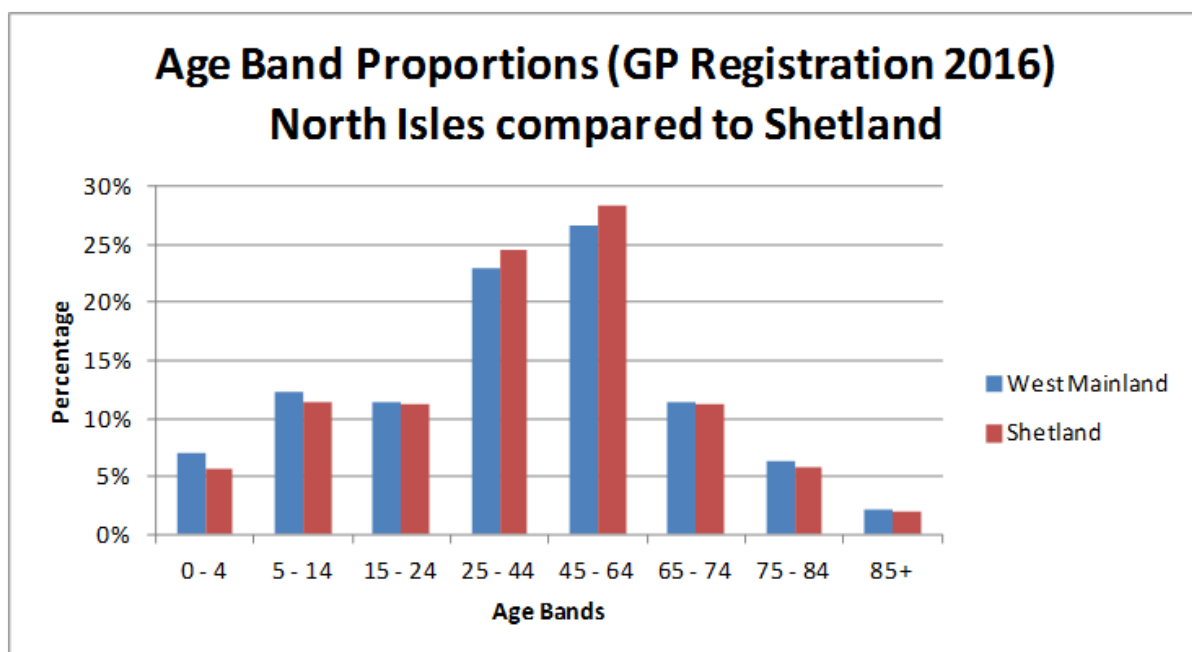
Map of Shetland with the West Mainland locality highlighted.

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Age Profile of the West Mainland Population

The information below is based on GP practice registrations: it shows the number of people registered with the Walls and Bixter practices within a number of different age groups, and compares these figures with the rest of Shetland. This is not exactly the same as looking at the whole population of West Mainland because some people who live in the geographical area shown in the map above are registered with practices other than Walls and Bixter.

	0 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 - 74	75 - 84	85+	Total
Bixter	90	140	132	278	309	131	70	17	1167
Brae	146	252	318	627	751	273	96	29	2492
Hillswick	59	77	86	198	212	95	32	19	778
Lerwick	436	962	1078	2263	2495	944	538	178	8894
Levenwick	128	323	286	592	815	321	164	48	2677
Scalloway	248	456	346	993	949	338	156	72	3558
Unst	28	70	37	100	178	118	49	18	598
Walls	46	94	85	160	199	86	52	24	746
Whalsay	59	132	122	251	274	139	97	32	1106
Yell	43	116	93	192	347	149	94	26	1060
Total	1283	2622	2583	5654	6529	2594	1348	463	23076

The chart above shows that the age profile of the patients registered with the West Mainland practices is similar to the rest of Shetland with slightly fewer adults in the 25-44 and 45-64 age groups.

Age Group	0 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 - 74	75 - 84	85+	Total
West Mainland	136	234	217	438	508	217	122	41	1913

 Bixter has a similar rate, or less, in the older age groups compared to the rest of Shetland, and more in the youngest age groups. Walls has a higher rate of people in the older age groups, and more in the very youngest age groups. Having a slightly larger population of older people and a slightly smaller population of working age people could mean that the implications of an aging population

for the provision of health and care services in the Walls practice area in particular could be even more marked in this area compared to the rest of Shetland. The above data is from 1st July 2016.

Smoking Prevalence

These figures are taken from GP records of the smoking status of patients.

West Mainland has 195 patients recorded as current smokers.

The proportion of people in West Mainland who smoke is similar to the Shetland average. However, more of them are in the 65-75+ age group than younger age groups compared to the rest of Shetland. This means that smoking cessation resources might be best targeted at these older age groups, rather than focusing on young people and working age adults, which we might do in other parts of Shetland.
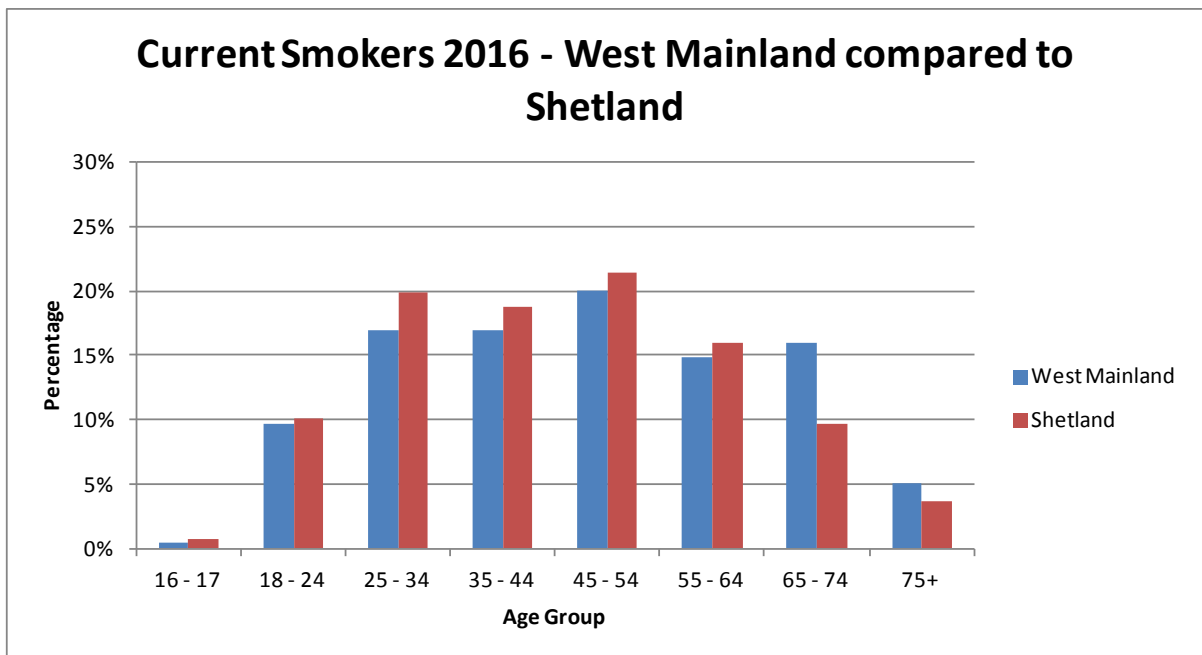
Smoking is a risk factor for a number of chronic conditions including chronic lung disease, heart disease, stroke and cancers, which are described in more detail below.

QOF - Obesity Prevalence

Obesity is a term used to describe people who are extremely overweight with too high a proportion of body fat. Body mass index (BMI) is used as a formula to measure and classify people. It is not foolproof as it may consider those with very high muscular proportion as overweight or obese. Overweight people are classified as follows: -

Overweight – BMI = 25 – 29.9

Mildly obese – BMI = 30 – 34.9

Moderately obese – BMI = 35 – 39.9

Morbidly obese – BMI = 40+

Obesity is cause by taking in more calories (fuel) through eating than what you burn off through activity. The excess fuel turns is stored as fat in the body. To avoid or reduce obesity eat a healthy balanced diet and exercise more. Weight will be lost when you are burning more calories than you are consuming. Obesity causes other risks to your health such as type 2 diabetes, coronary heart disease, breast cancer, bowel cancer and stroke.

The information below is based on GP practice records **(QOF[1])** for 2013/14. Obesity wasn't measured in QOF 2014 – 15.

The Bixter practice had 158 patients recorded as being obese, and the Walls practice had 49 in 2013/14. This gives obesity rates of 17% and 8% respectively.

The graph below shows how these numbers compare with the rest of Shetland over time, using rate per 100 so that populations of different sizes can be compared. The Walls practice appears to have a relatively low proportion of people with obesity compared to the other practices in Shetland. The Bixter rate appears to be within the middle range, but is increasing. It should be noted that this is the number of patients who are *recorded* as being obese, and practices with higher numbers may be finding and recording more patients rather than actually having more patients who are obese.

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[1] QOF (Quality Outcomes Framework) is the system used in general practice to measure activity and fund GPs for a range of services that focus on prevention and early intervention to improve the health of patients.

Obesity Prevalence 2007 - 14 by Practice
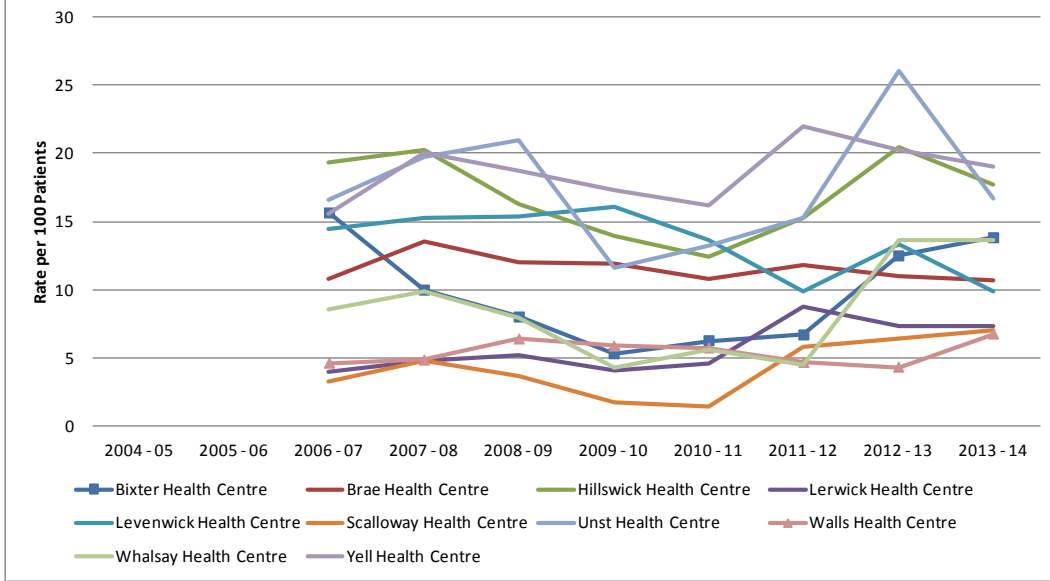
Obesity Prevalence Funnel Plot

Because we are looking at relatively small numbers, within small populations, it can be difficult to see if differences between practices are due to a real difference in the prevalence of obesity between the populations, or due to a natural fluctuation in the figures over time with the underlying rate being the same. A funnel plot takes the small numbers into account. Any practice population that falls 'within' the funnel has a statistically similar rate to the other practices. Practices that fall above the top line have a higher rate, and those below the bottom line have a lower rate.

All the funnel plots in this document show data from 2014 – 15, except for obesity, which was not measured in QOF 2014-15.

The funnel plot below shows that Bixter has a realitively high proportion of patients recorded as obese, and the figure for Walls is just within the average range for Shetland.
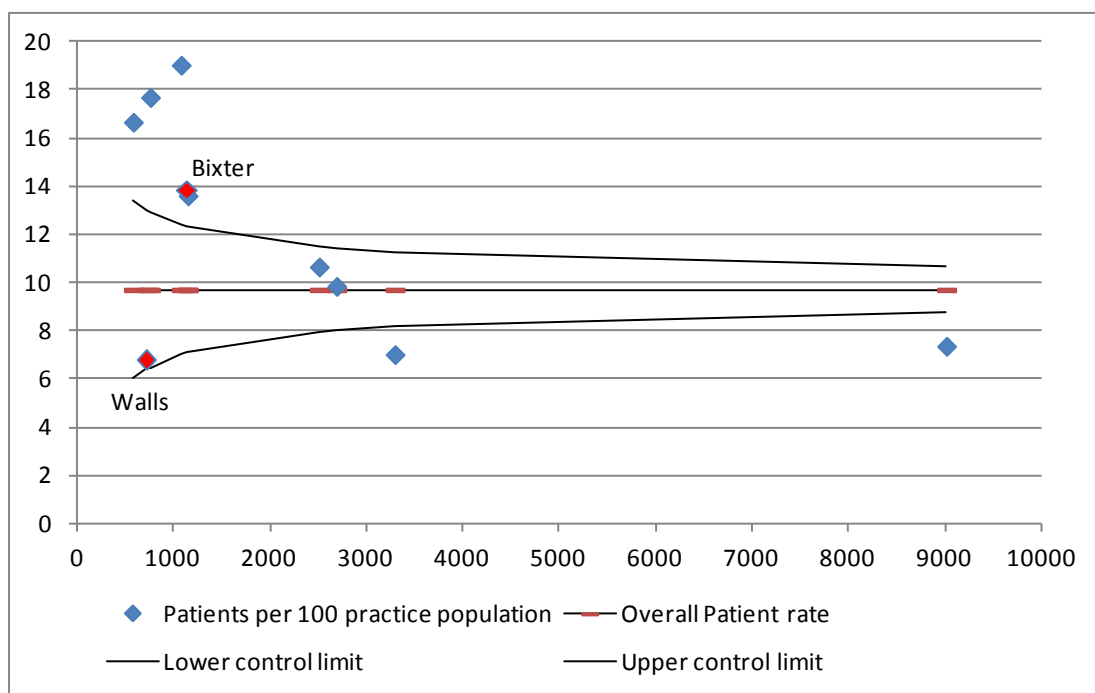
The map below is another way of showing obesity prevalence across Shetland. Because the figures are averaged out across geographical areas, it shows that Shetland splits into three broad areas in relation to obesity. The Northern Isles have the highest rates - with about one fifth of all adults being obese , the North and South have a low to moderate rates, and central, west and Lerwick have the lowest rates overall.

Obesity

	7.0 - 9.3
	9.3 - 11.5
	11.5 - 13.7
	13.7 - 16.0
	16.0 - 18.2
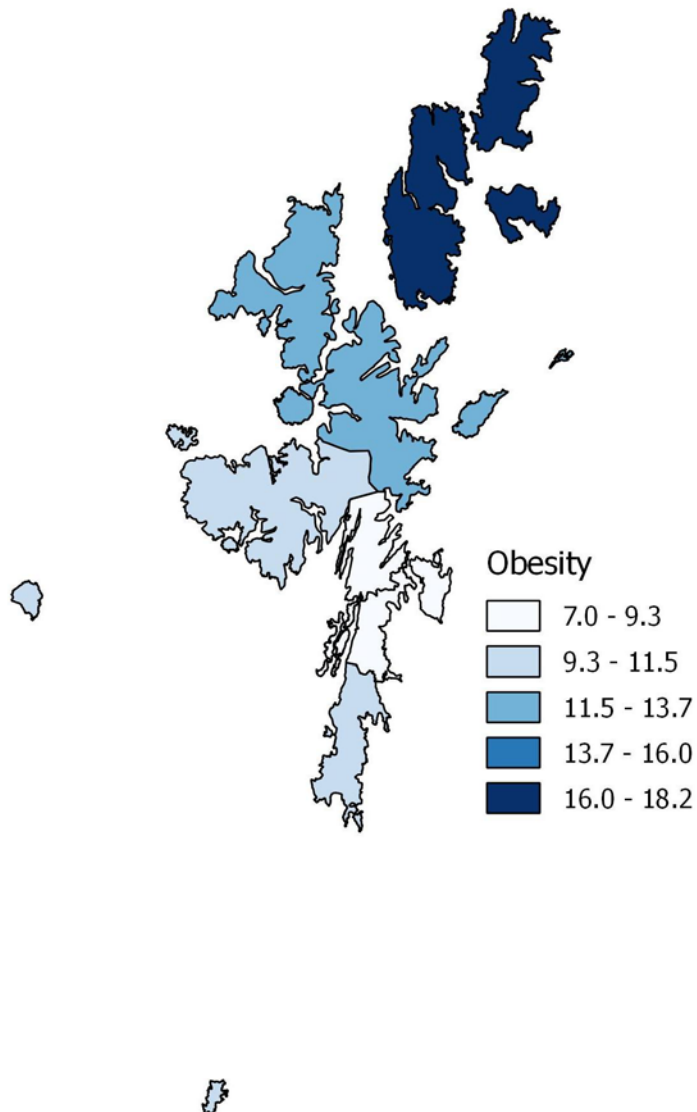
Rate per 100 patients**.**

All maps in this document show data from 2014 – 15, except for obesity, which was not measured in QOF 2014-15.
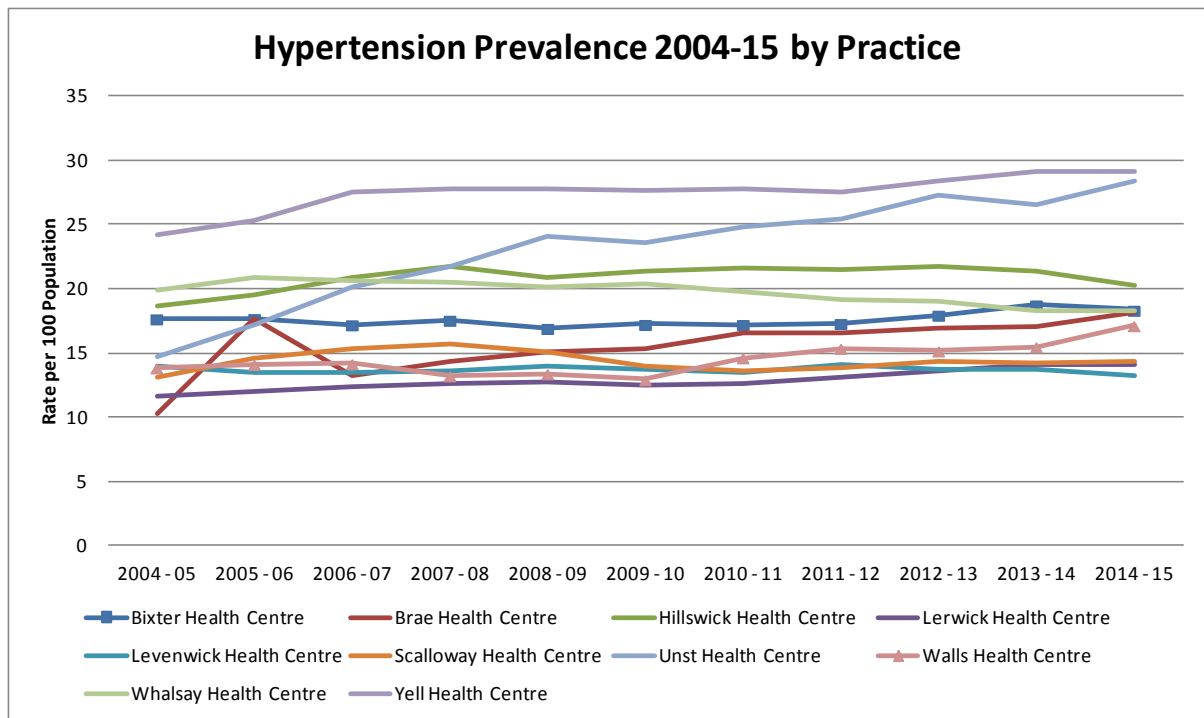
QOF - Hypertension Prevalence

Hypertension is also known as high blood pressure, which is recorded as the systolic (the blood pressure when the heart beats) 'over' the diastolic (the blood pressure when the heart rests). Generally blood pressure is said to be high if the reading is over 140/90. Hypertension is more common as you get older and can be reduced by eating healthily, including eating less salt and drinking less coffee, exercising regularly, maintaining a healthy weight and limiting alcohol intake. People of African or Caribbean background are more at risk of hypertension due to genetic factors.

The information below is based on GP practice records **(QOF)** for 2014/15

The Bixter practice currently had 212 patients recorded as having high blood pressure, and the Walls practice has 127.

The graph below shows how these numbers compare with the rest of Shetland over time, using rate per 100 so that populations of different sizes can be compared. The rate of hypertension amongst Bixter patients is in the middle compared to the other practices, and the rate at Walls is one of the lowest.


Hypertension Prevalence 2004-15 by Practice

Hypertension Prevalence Funnel Plot

The graph below confirms that the populations registered with the Bixter and Walls practices are not significantly diferent to the rest of Shetland in terms of high blood pressure.
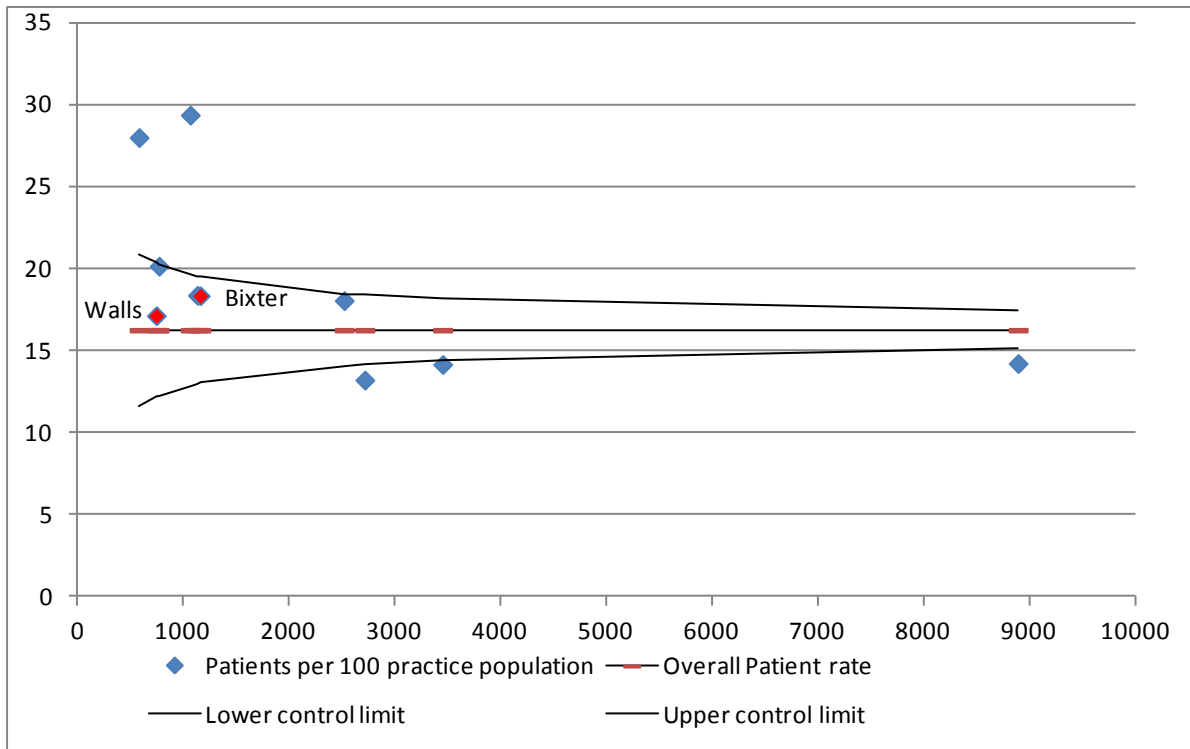
The map shows that Shetland splits into three broad areas in relation to hypertension. The Northern Isles have the highest rates, with about one quarter of all adults being obese, the North and West having a lower rate (about one fifth) and central, South and Lerwick having the lowest rates overall (about one sixth).

Hypertension

|	
	13.2 - 16.4
	16.4 - 19.5
	19.5 - 22.6
	22.6 - 25.8
	25.8 - 28.9
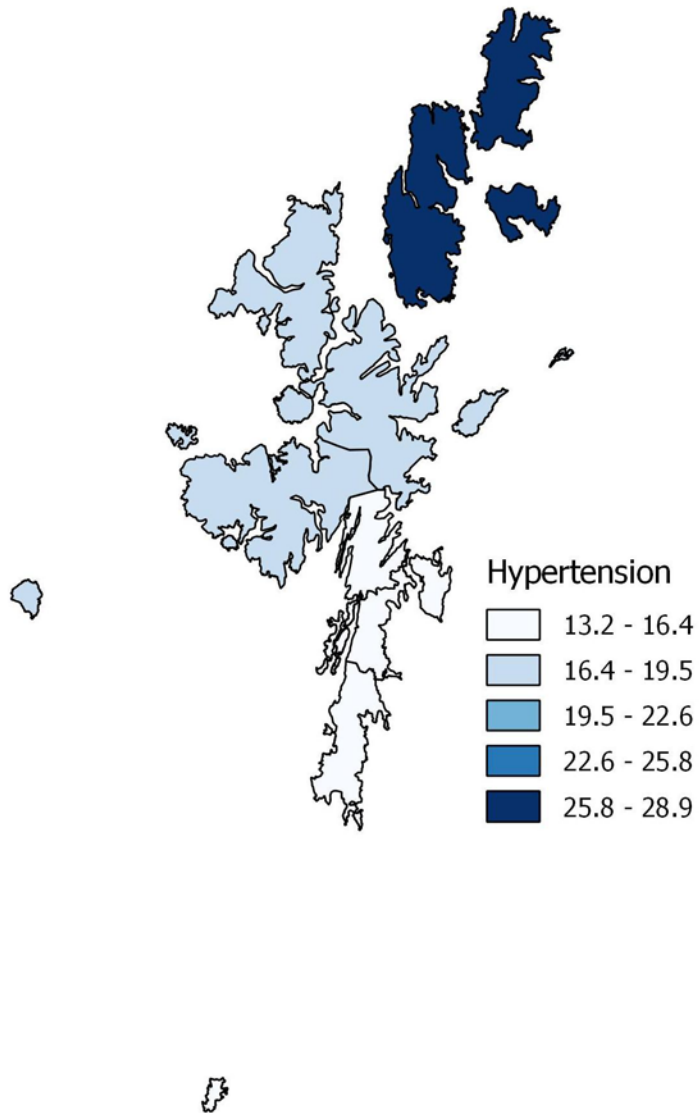
Rate per 100 patients

QOF - Asthma Prevalence

Asthma is a common respiratory disorder that can affect all age groups although childhood asthma may disappear through the teenage years, but could return later in life. The reasons for asthma are not known, but each person will have one or more triggers such as cigarette smoke, dust mites, exercise etc. These triggers will cause a constriction of the airways. Asthma is normally treated by two types of inhaler: preventers containing steroids, or relievers containing chemicals to open up the restricted airways. Once people with asthma learn what their triggers are they generally avoid them if possible.

The information below is based on GP practice records **(QOF)** for 2014/15

The Bixter practice had 103 patients diagnosed with asthma, and the Walls practice had 60.

The graph below shows how these numbers compare with the rest of Shetland over time, using rate per 100 so that populations of different sizes can be compared. The Bixter practices has a relatively high rate of asthma compared to most of the other Shetl;and practices, Walls sits in the middle.

Asthma Prevalence 2004 - 15 by Practice
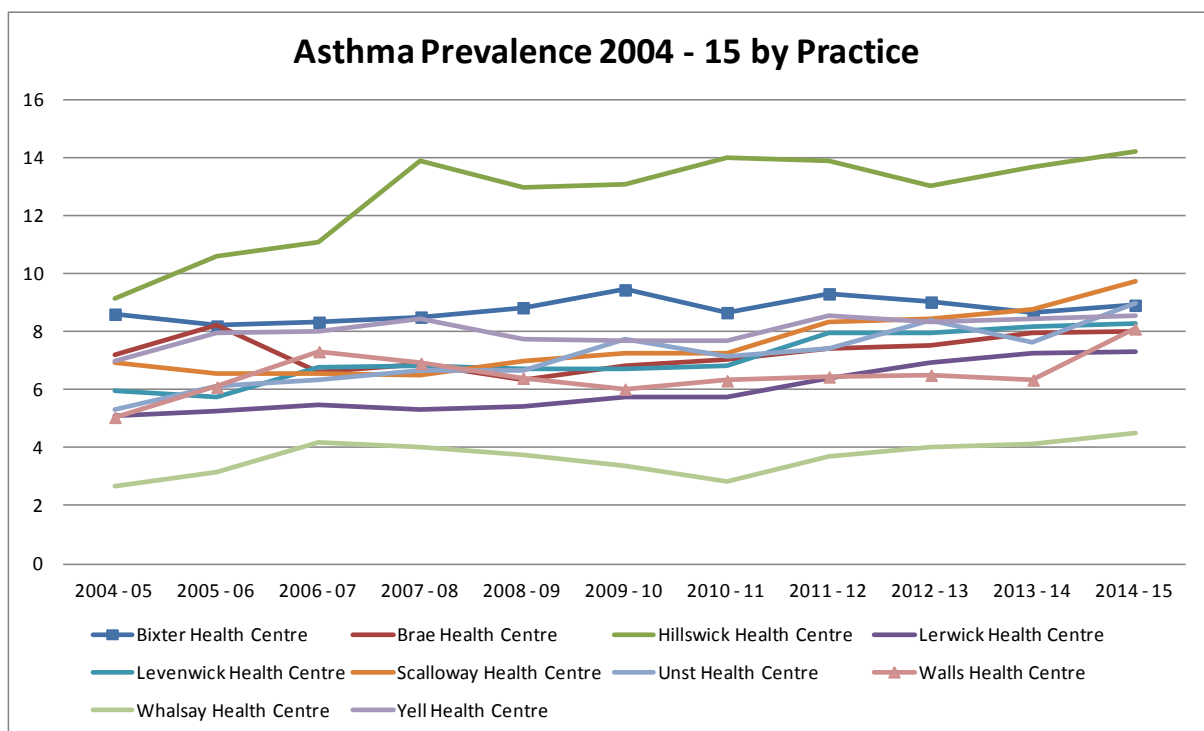
Asthma Prevalence Funnel Plot

The funnel plot below shows that, taking small numbers into account, that the populations registered with the Bixter and Walls practices are not significantly different to the rest of Shetland in terms of asthma.
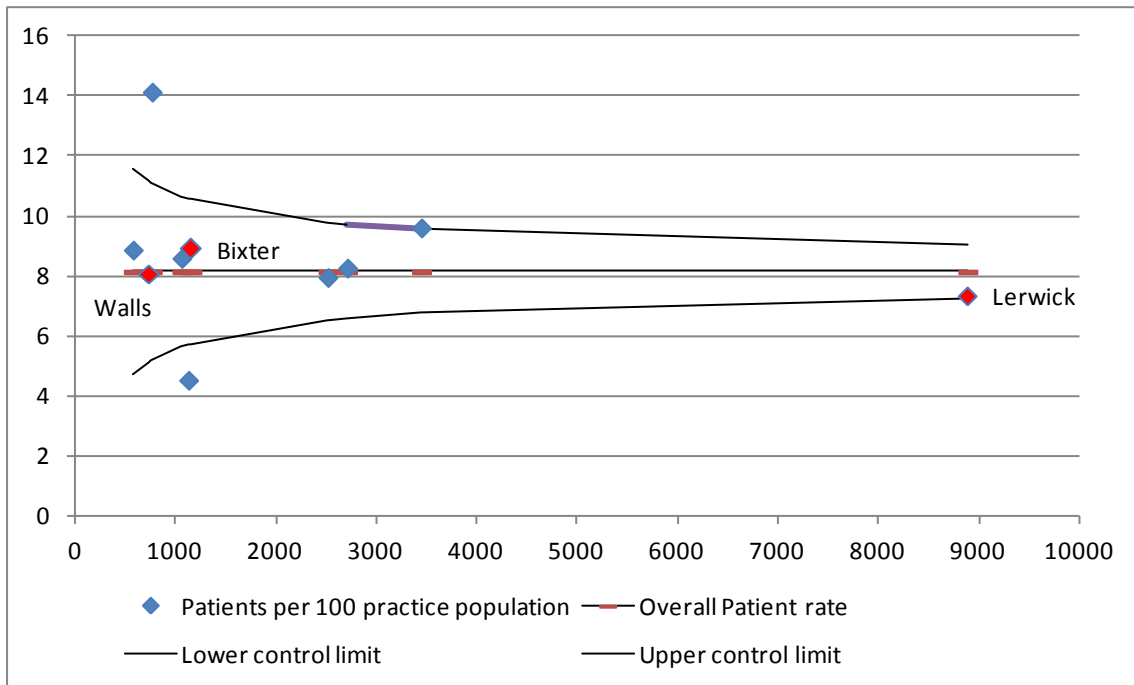
The map below is another way of showing asthma prevalence across Shetland. Because the figures are averaged out across geographical areas, all it shows is that the lowest rate is in Whalsay, followed by Lerwick and everywhere else, including West Mainland, is fairly similar.

Asthma
- 4.5 - 5.5
- 5.5 - 6.6
- 6.6 - 7.6
- 7.6 - 8.6
- 8.6 - 9.6
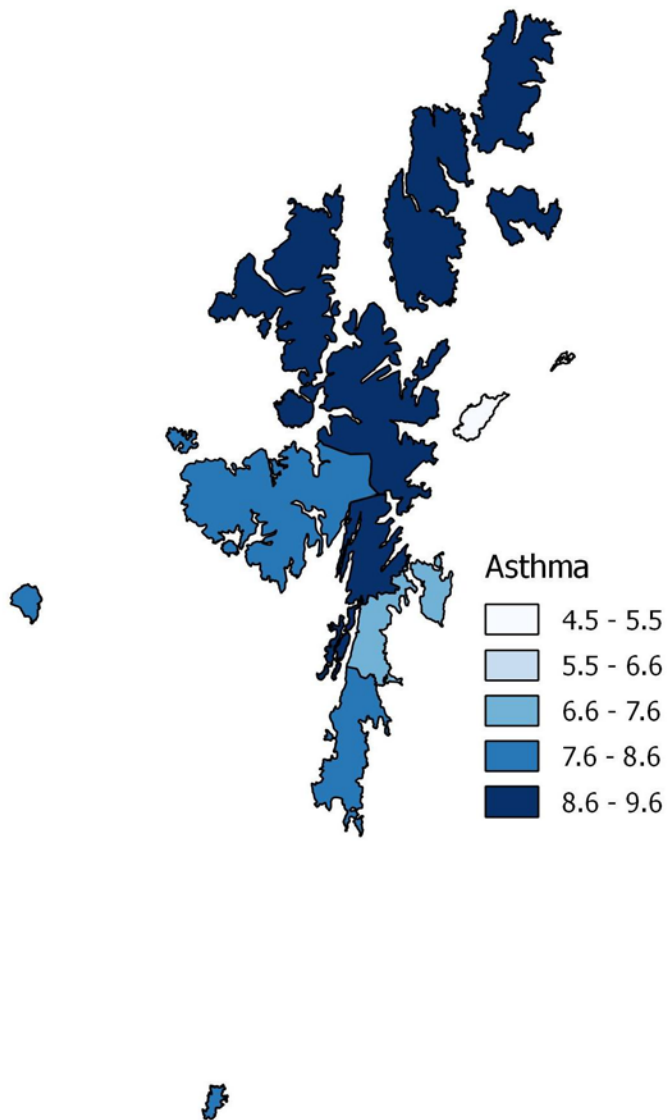
Rate per 100 patients
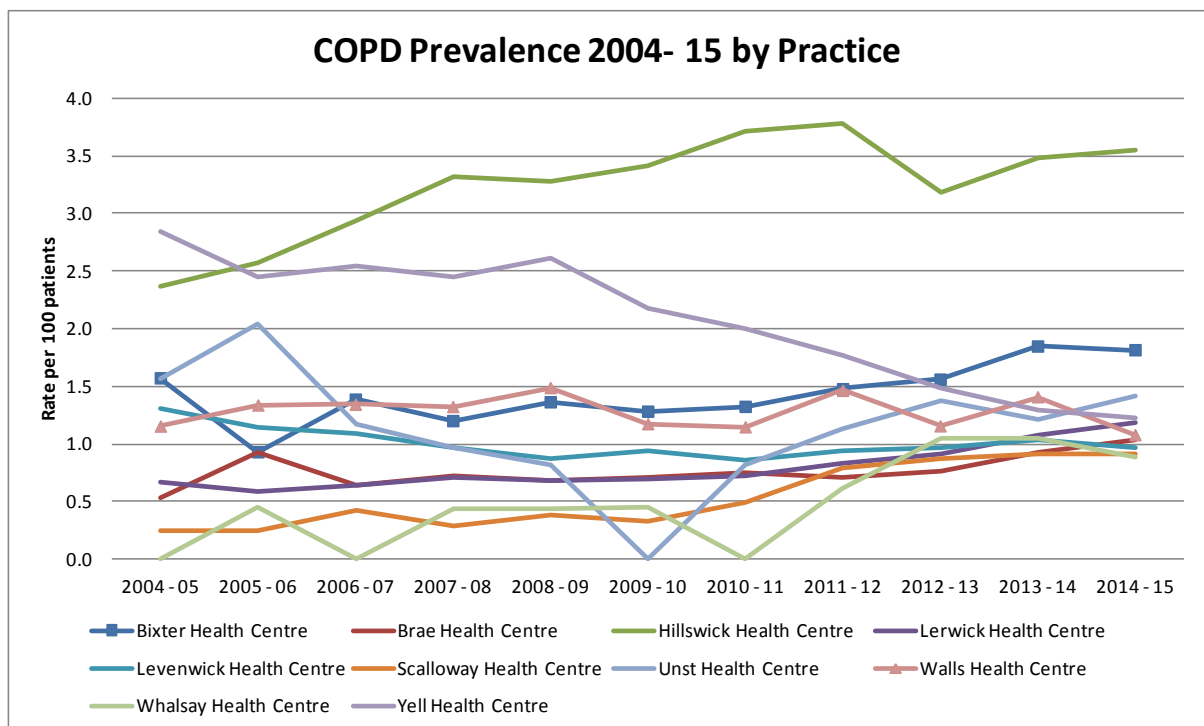
QOF - COPD Prevalence

Chronic obstructive pulmonary disorder (COPD) is one of the most common respiratory disorders in Scotland, usually affecting people over 35, and more commonly males than females as historically, smoking rates have been higher among the male population. That trend has started to reverse as more men quit smoking, whilst more women take up smoking and continue to smoke. COPD is usually caused by smoking, (though other factors including air pollution and some work place exposures may contribute), and the more and longer that someone smokes, the more likely they are to develop the disease. It can also be caused by passive smoking. You can reduce COPD risk by giving up smoking, and smoking cessation services along with nicotine reduction therapy (NRT) medicines help people to give up at a rate 4 times more successful than if you try on your own.

The damage that has been done by COPD cannot be reversed, though treatment can help with symptoms. COPD is usually diagnosed in people in their fifties or sixties.

The information below is based on GP practice records **(QOF)** for 2014/15

The Bixter practice has 21 patients diagnosed with COPD, and the Walls practice had 8.

The graph below shows how these numbers compare with the rest of Shetland over time, using rate per 100 so that populations of different sizes can be compared. Both practices have an average rate of COPD comapred to the rest of Shetland, which is remaining fairly consistent over time.

COPD Prevalence 2004- 15 by Practice

COPD Prevalence Funnel Plot

The funnel plot below shows that, taking small numbers into account, that the populations registered with the Bixter and Walls practices are not significantly diferent to the rest of Shetland in terms of COPD.
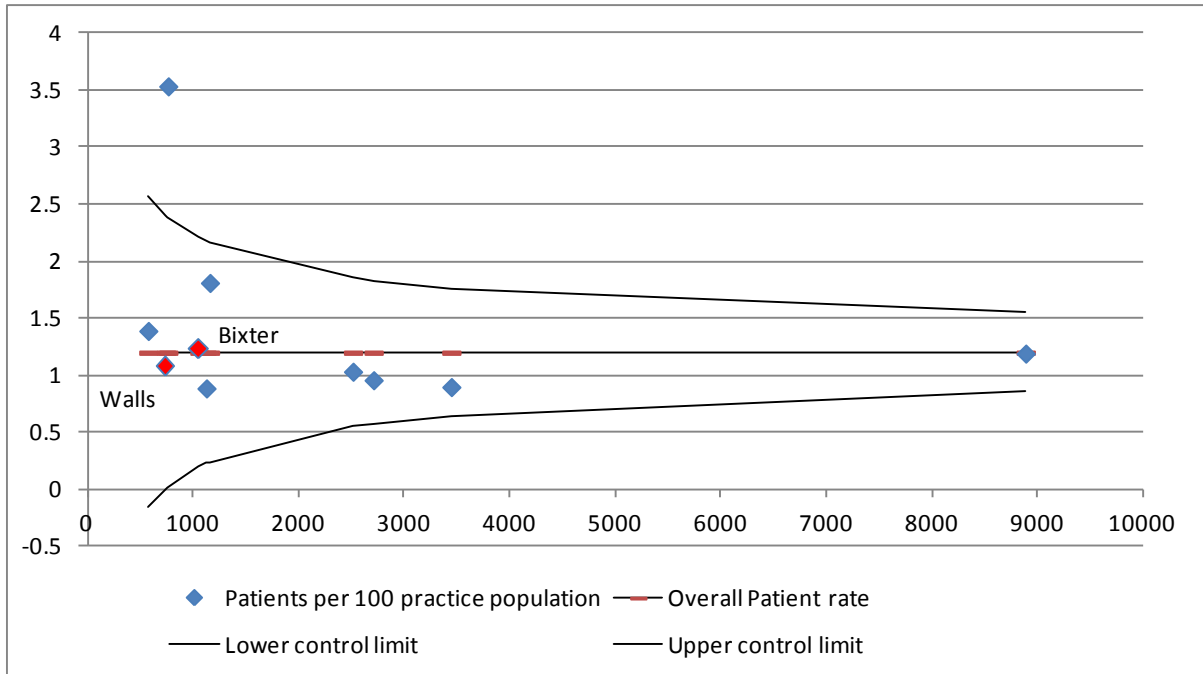
QOF - Coronary Heart Disease Prevalence

Coronary heart disease (CHD) kills more people in Scotland than any other disease, generally affecting men more than women. The disease is caused by fatty deposits building up in the coronary arteries, usually from lifestyle choices such as smoking, lack of exercise and poor diet, though in some people there is a strong genetic component. CHD is a long term condition though may present as a very acute problem (e.g. heart attack or angina), and may be prevented or stopped from worsening by stopping smoking, taking more exercise, choosing a better diet, and treated through surgery and medications. Symptoms are usually chest pain, heart attacks and heart failure. CHD is more common in the over 50s, although becoming more common in younger people due to increasing obesity.

The information below is based on GP practice records **(QOF)** for 2014/15

The Bixter practice had 37 patients diagnosed with CHD, and the Walls practice had 16.

The graph below shows that Bixter has an average rate of CHD compared to most of the other practices, and Walls has the lowest rate, but the funnel plot shows that neither is statistically significantly different to the rest of Shetland. Both rates are consistent over time.
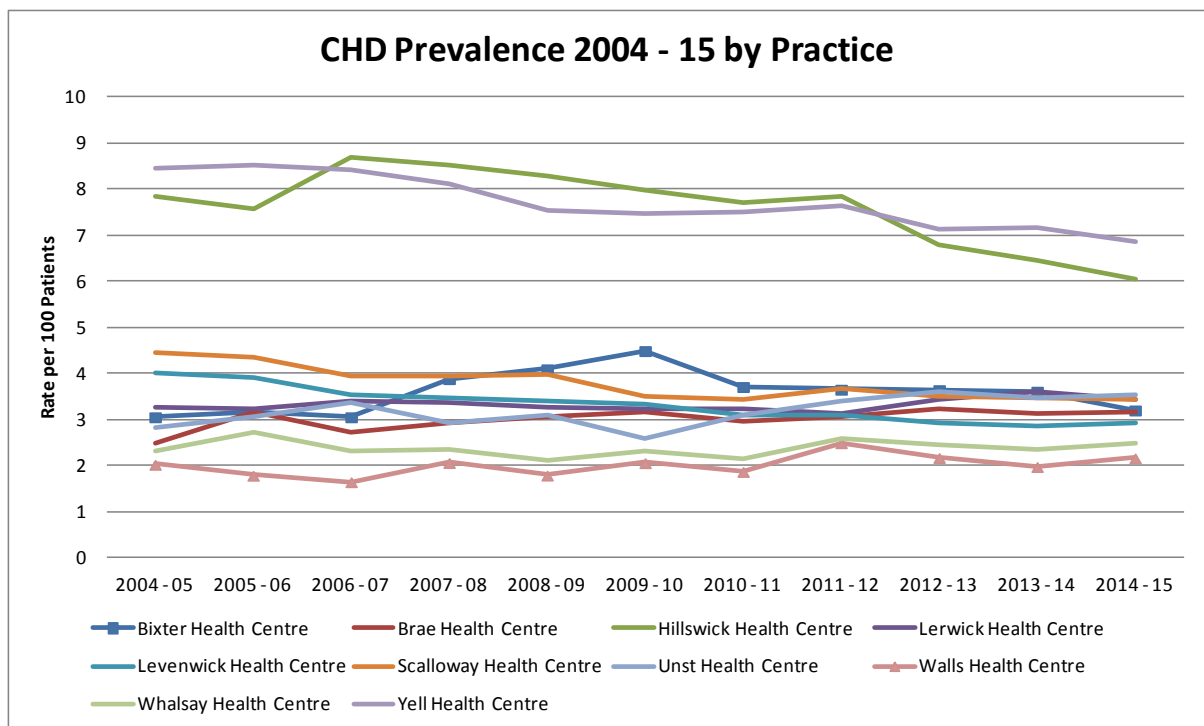
CHD Prevalence Funnel Plot

The funnel plot below shows that, taking small numbers into account, that the populations registered with the Bixter and Walls practices are not significantly diferent to the rest of Shetland in terms of coronary heart disease.
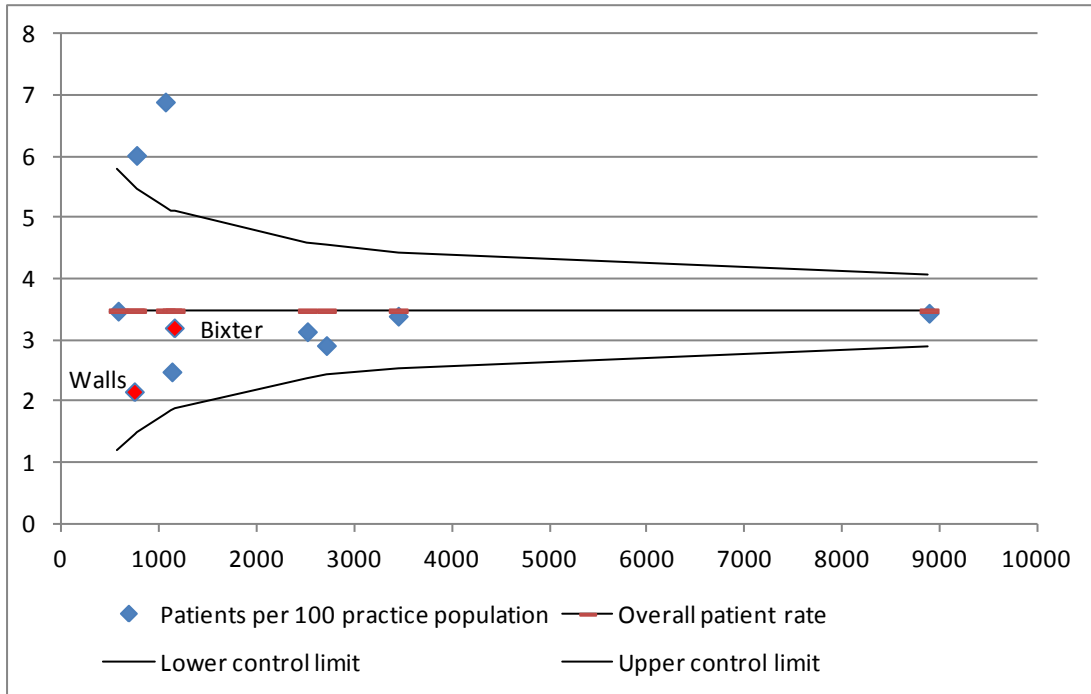
The map below shows where other areas of Shetland have higher CHD rates than the West Mainland and the South Mainland.

Rate per 100 patients

CHD

☐	2.5 - 3.1
☐	3.1 - 3.8
☐	3.8 - 4.4
■	4.4 - 5.0
■	5.0 - 5.7
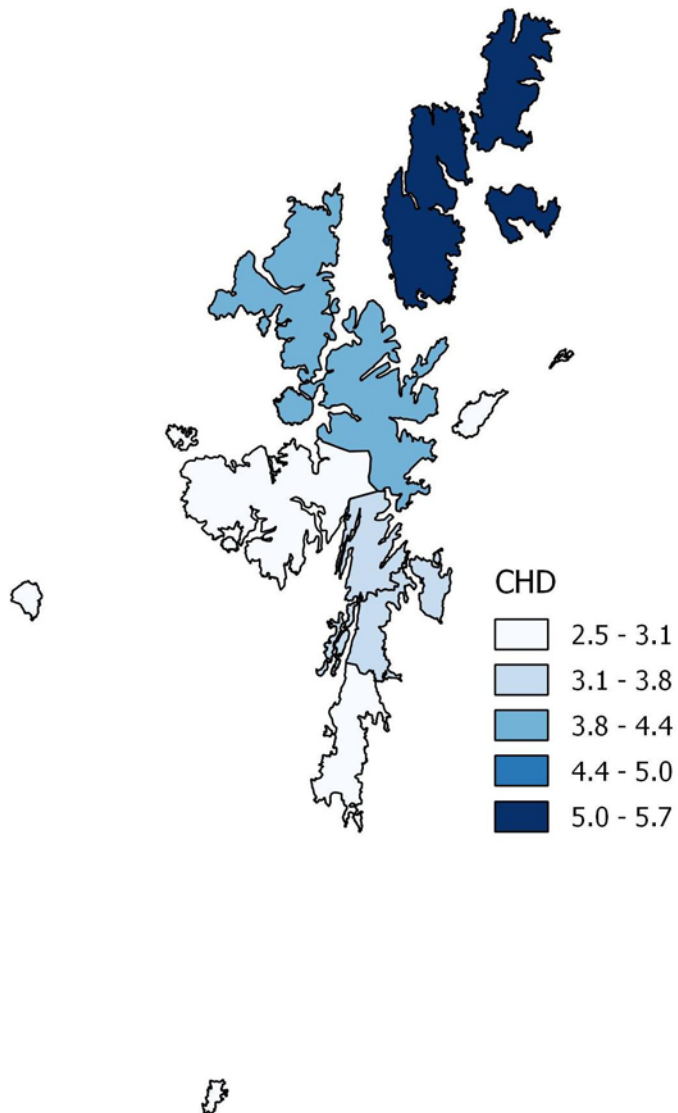
Rate per 100 patients

QOF - Heart Failure Prevalence

Heart failure is usually caused by a number of risks at the same time including any two or more of the following: high blood pressure, coronary heart disease, heart muscle weakness, heart rhythm disturbance or heart valve disease. Heart failure is a long term condition, but the situation may be improved by lifestyle changes, medications or surgery, such as heart valve replacement. To keep the heart healthy we should stop smoking, exercise regularly, eat healthily, limit alcohol intake, manage cholesterol levels and keep our blood pressure within healthy guidelines through exercise and diet.

The information below is based on GP practice records **(QOF)** for 2014/15

The Bixter practice had 10 patients diagnosed with COPD, and the Walls practice had 12.

The graph below shows that the rate of heart failure in the Walls practice was very low but has increased significantly over the past few years (i.e. from 0 to 13 patients), which may well be about when the practice started recording this within its QOF system. The rate in Bixter is slightly higher than the Shetland average but has remained fairly consistent over time.

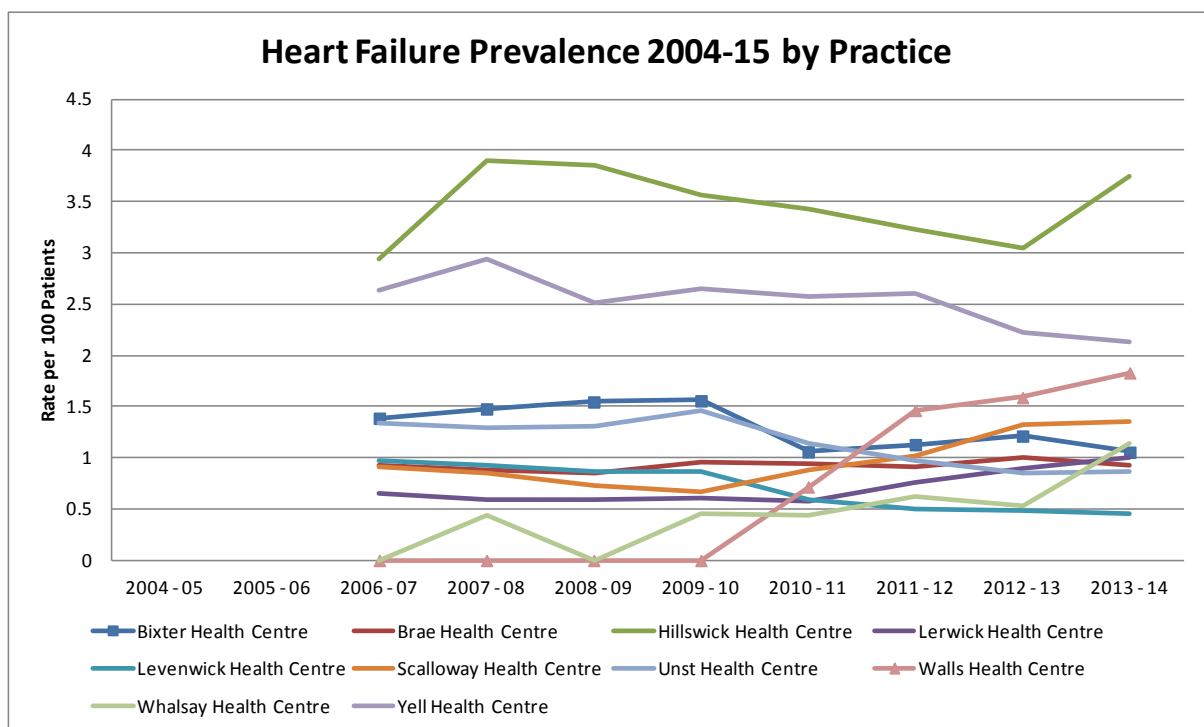Heart Failure Prevalence 2004-15 by Practice

Heart Failure Prevalence Funnel Plot

The funnel plot below shows that, taking small numbers into account, that the populations registered with the Bixter and Walls practices are not significantly diferent to the rest of Shetland in terms of COPD, despite the increase in Walls.
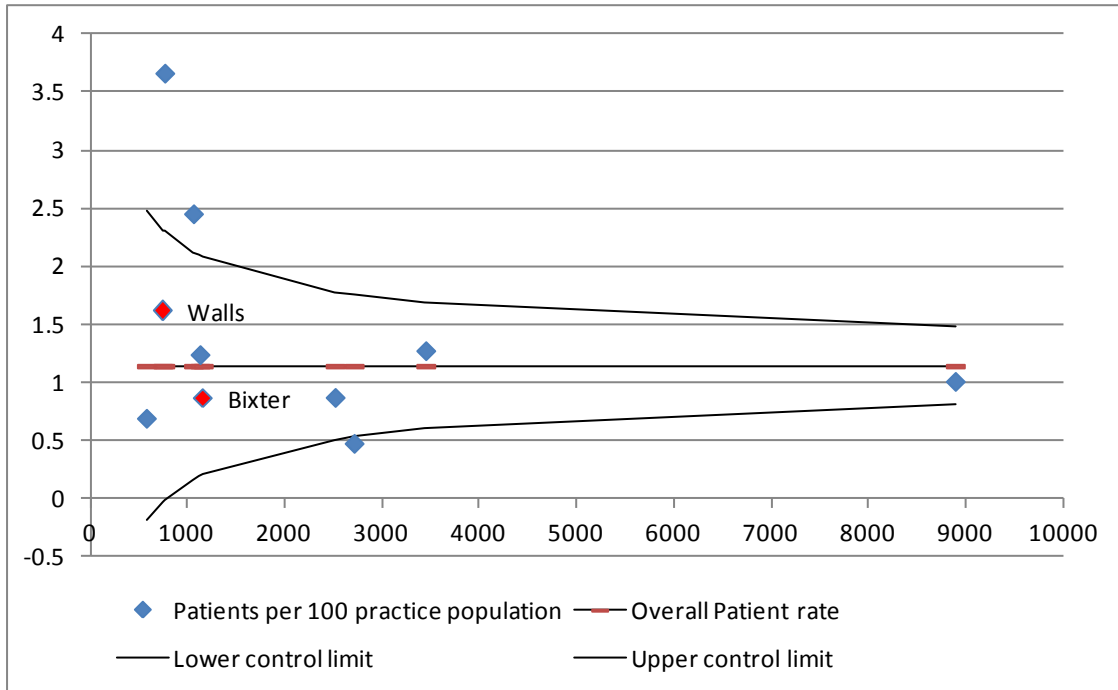
The map below shows that the North isles have the highest rates of heart failure, followed by the North, West and Central mainland, with Lerwick and Bressay then the South mainland being respectively lower still.

Heart Failure

☐	0.5 - 0.8
☐	0.8 - 1.0
☐	1.0 - 1.3
☐	1.3 - 1.6
☐	1.6 - 1.8

Rate per 100 patients

QOF - Diabetes Prevalence

There are two variations of diabetes: type 1 and type 2. Type 1 diabetes is caused by the immune system killing the cells that produce insulin. This is incurable and results in needing to take insulin injections for the rest of your life along with blood glucose monitoring and having a healthy diet. Type 2 diabetes is largely caused by lifestyle factors though there is a genetic component. People who are overweight or obese are significantly more likely to develop type 2 diabetes, and its effects can be limited, and often the disease itself managed by diet and weight loss. Sometimes people also need medication to control the disease. We are seeing an increase in type 2 diabetes generally in the adult population because of a rise in obesity. The split of type 1 to type 2 is 10% to 90% respectively.

The information below is based on GP practice records **(QOF)** for 2014/15

The Bixter practice had 50 patients diagnosed with diabetes, and the Walls practice had 22.

The graph below shows Bixter has an average rate of diabetes compared to the rest of Shetland, and the rate in Walls is the lowest.

The key risk factor for type 2 diabetes is weight and diet, and these figures tie in with the high rates of obesity noted above.

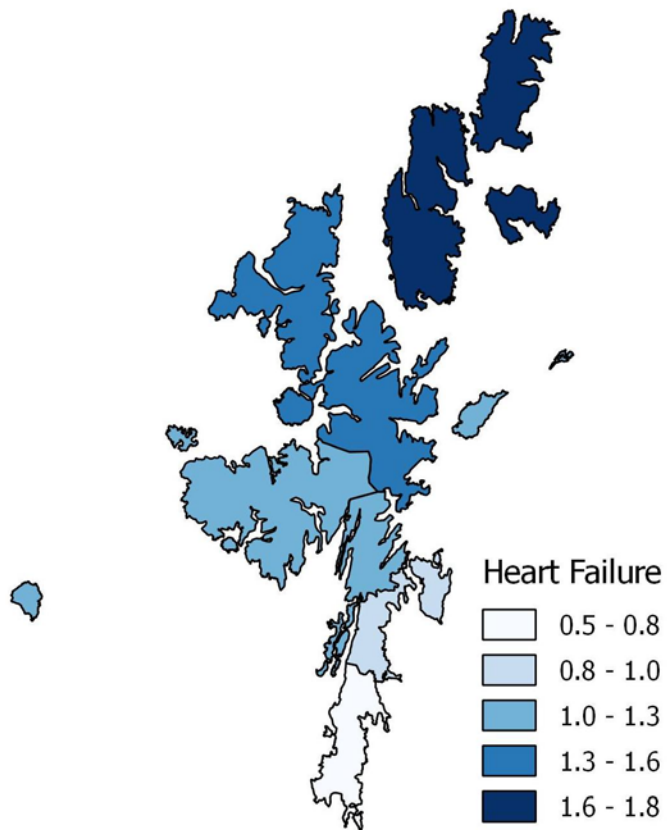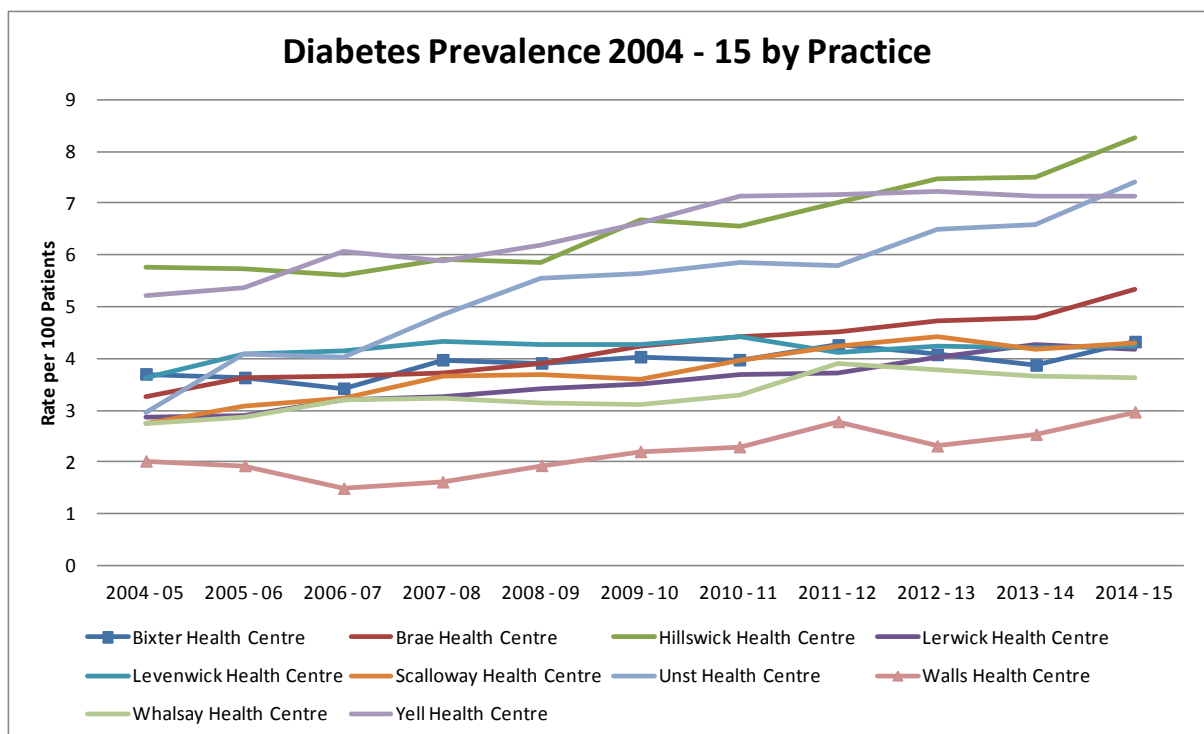**Diabetes Prevalence Funnel Plot**

The funnel plot below shows that, taking small numbers into account, that the populations registered with the Bixter and Walls practices are not significantly diferent to the rest of Shetland in terms of diabetes.
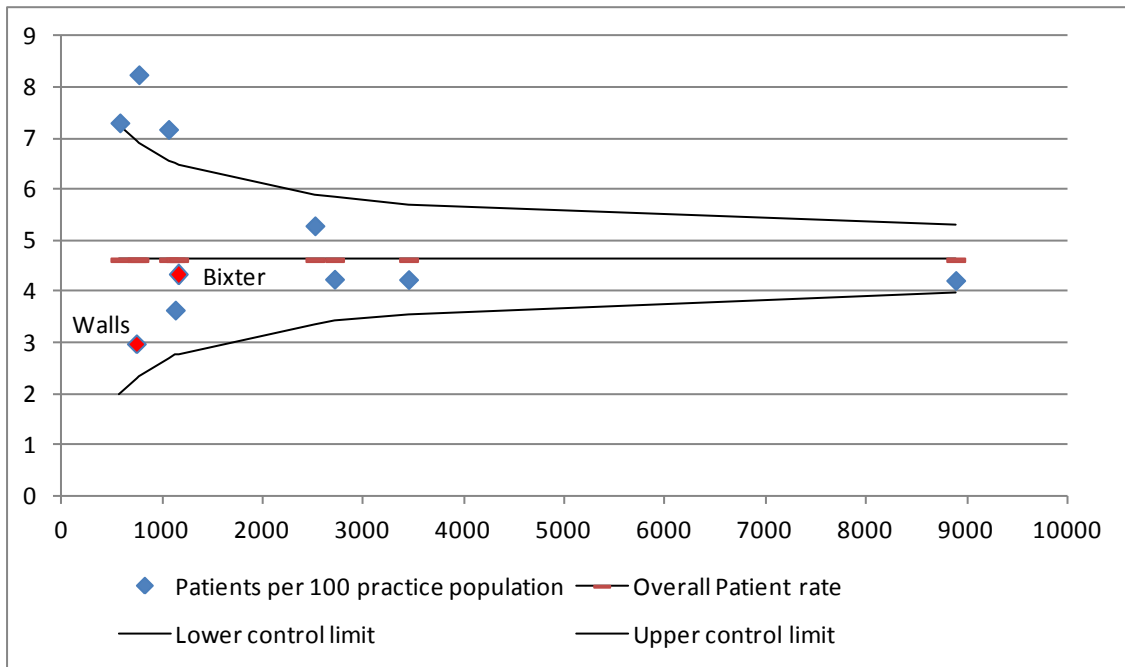
The map below shows that the West Mainland as a whole has the lowest rate of diabetes along with Lerwick, Whalsay and South mainland.

Diabetes

☐	3.6 - 4.4
☐	4.4 - 5.1
☐	5.1 - 5.8
☐	5.8 - 6.5
■	6.5 - 7.2
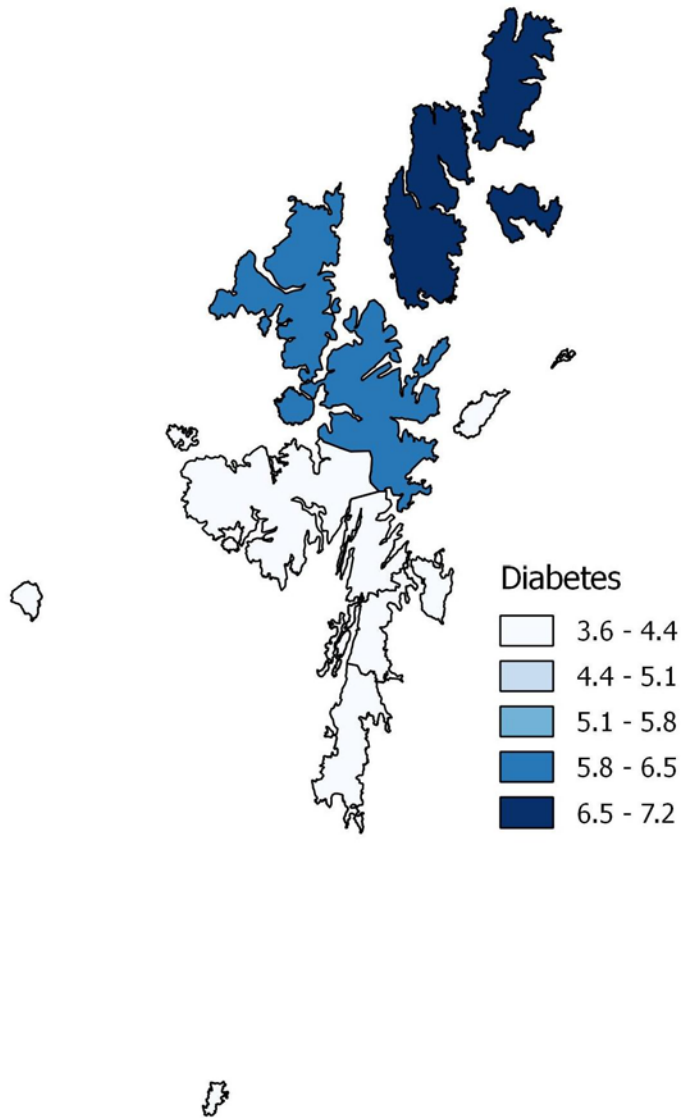
Rate per 100 patients.

QOF - Stroke TIA Prevalence

Strokes and transient ischaemic attacks (TIAs) are caused by a blood clot or bleed from blood vessels in the brain that causes loss of brain function, often one-sided weakness or paralysis affecting the face, arm or leg. Strokes can be fatal, and urgent action can help people survive acutely. A TIA is when blood supply to the brain is reduced temporarily and can be a warning sign of underlying disease. They are more likely to occur with older age, and in people who have uncontrolled high blood pressure. Smoking, being overweight, lack of exercise and a poor diet and diabetes are also risk factors for stroke. Stroke is the third most common cause of death in the UK, after heart disease and cancers, and the major cause of long term disability, so a focus on prevention is really important.

The information below is based on GP practice records **(QOF)** for 2014/15

The Bixter practice had 22 patients who have had a stroke or TIA, and the Walls practice had 28.

The graph below shows that the number of people in the Walls practice who have had a stroke or TIA has been increasing, and is now at one of the highest rates for Shetland. The Bixter practice has a lower rate.
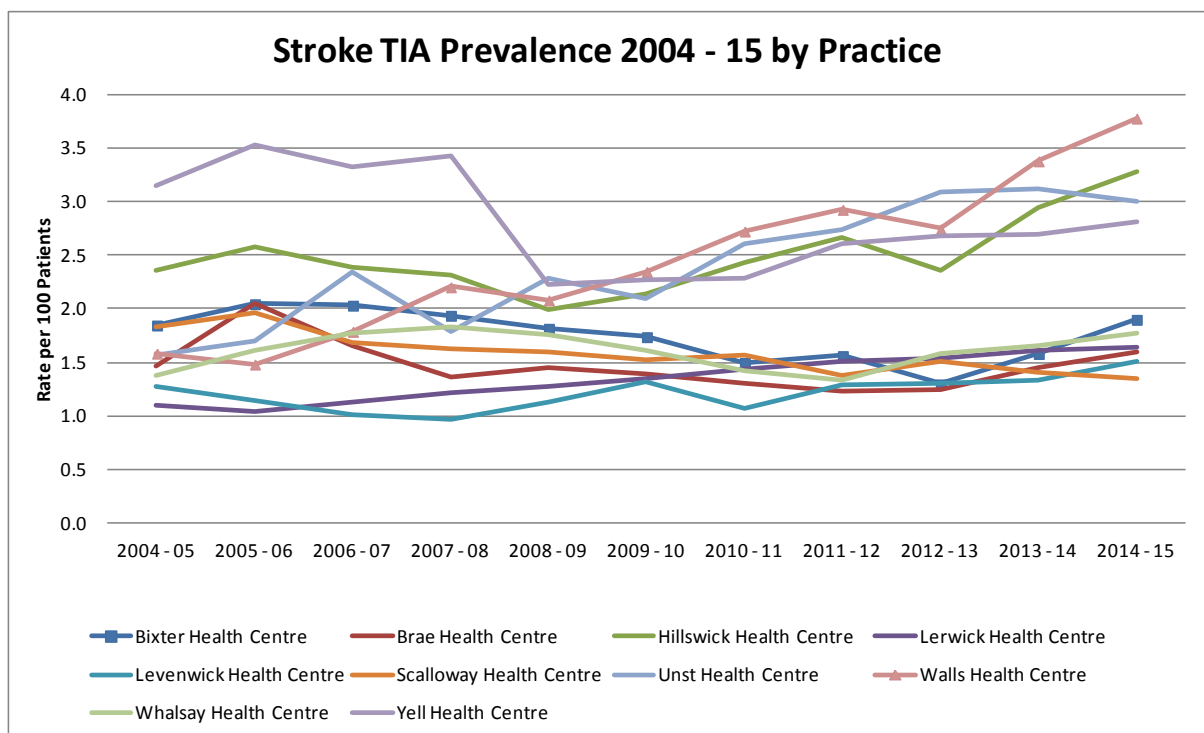
Stroke TIA Prevalence Funnel Plot

The funnel plot below shows that the Bixter practice has an average number of patients with a history of stroke or TIA, but the Walls practice has the highest rate in Shetland, once the small size of population is taken into account.
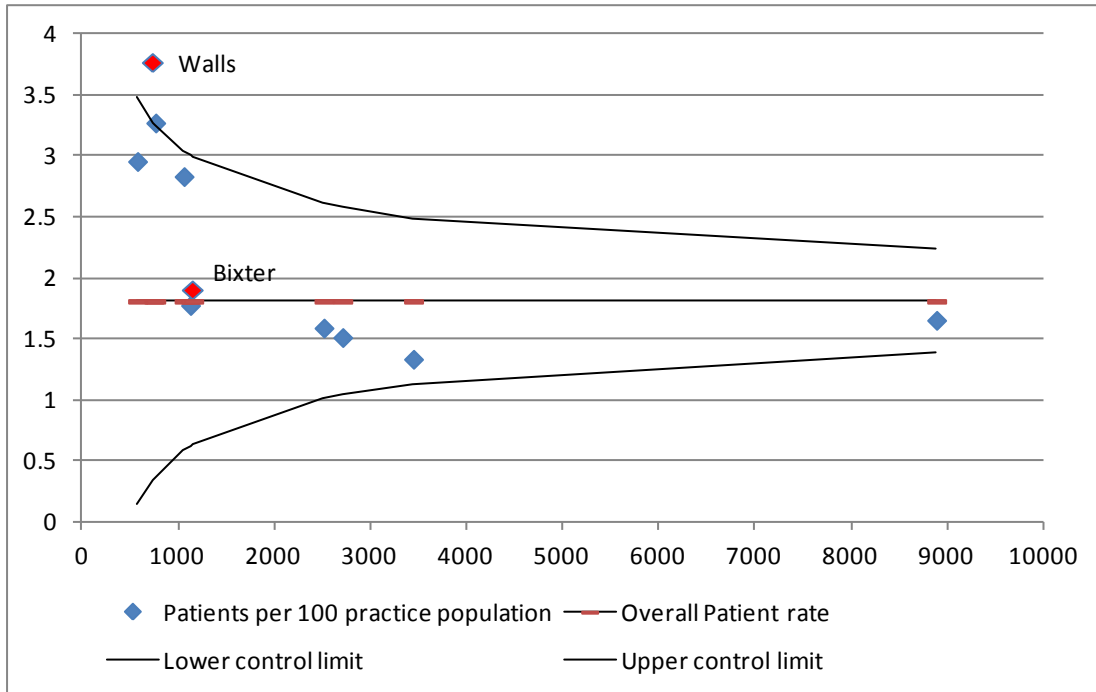
The map below shows that whilst overall the North Isles and West mainland have the highest rates of Stroke and TIA, which, in the case of the West mainland is likely due to the high rate in Walls.
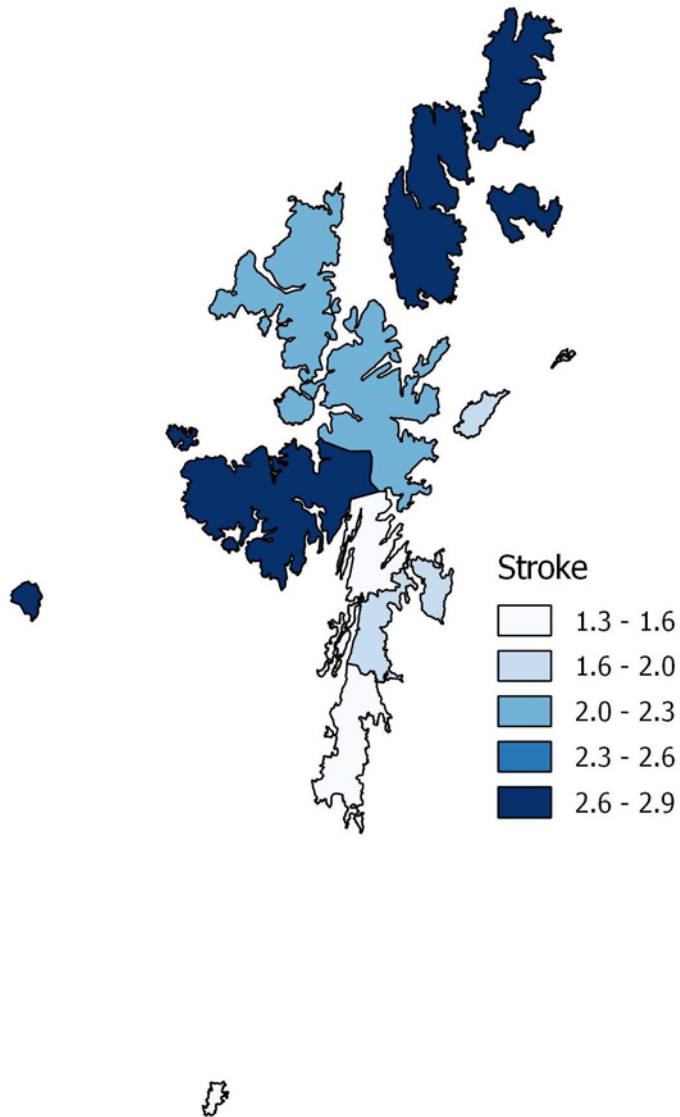
Rate per 100 patients.

QOF - Chronic Kidney Disease Prevalence

Chronic kidney or renal disease (CKD) and is another disease for which GPs keep a register of patients so they can make sure that long term treatment is provided or risk factors that might prevent deterioration are managed where possible. CKD can be assoicated with high blood pressure and with diabetes.

The information below is based on GP practice records **(QOF)** for 2014/15

The Bixter practice had 81 patients diagnosed with CKD, and the Walls practice had 12.

The graph below shows that both practices have low rates of CKD compared to the other practices.

CKD Prevalence 2004 - 15 by Practice

Legend:
- Bixter Health Centre
- Brae Health Centre
- Hillswick Health Centre
- Lerwick Health Centre
- Levenwick Health Centre
- Scalloway Health Centre
- Unst Health Centre
- Walls Health Centre
- Whalsay Health Centre
- Yell Health Centre
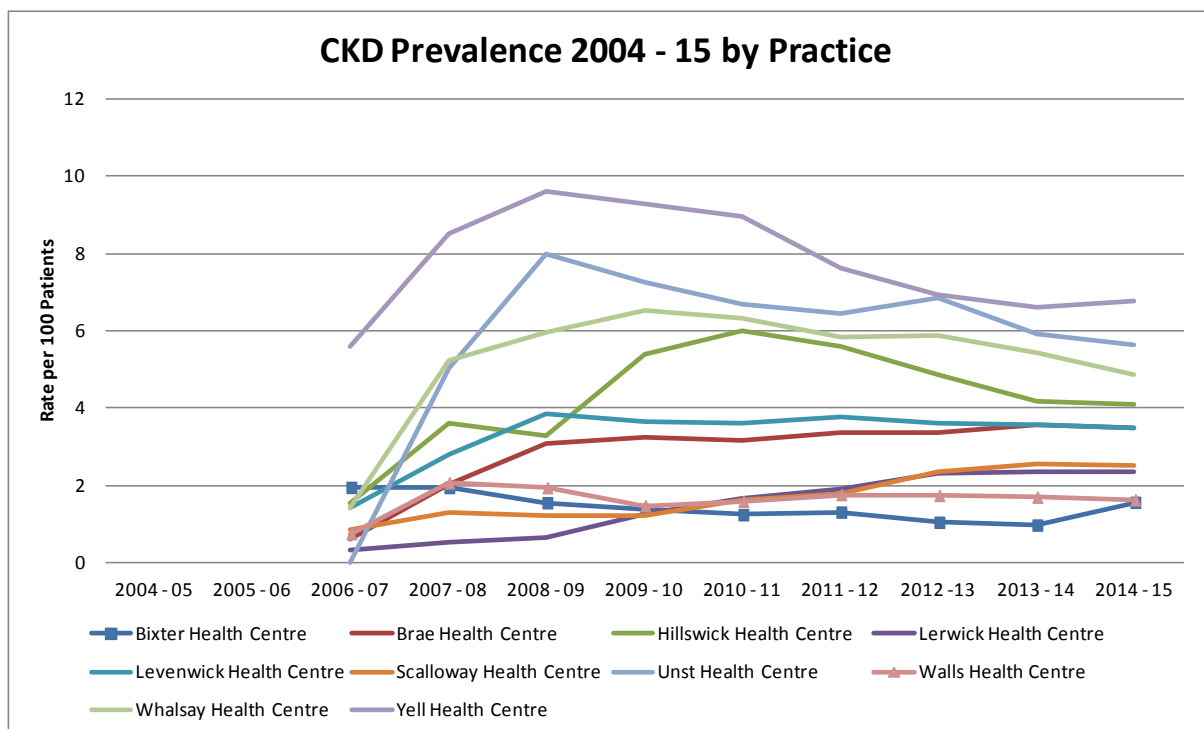
CKD Prevalence Funnel Plot

The funnel plot shows that both Walls and Bixter have a lower rate of CKD compared to most of Shetland.
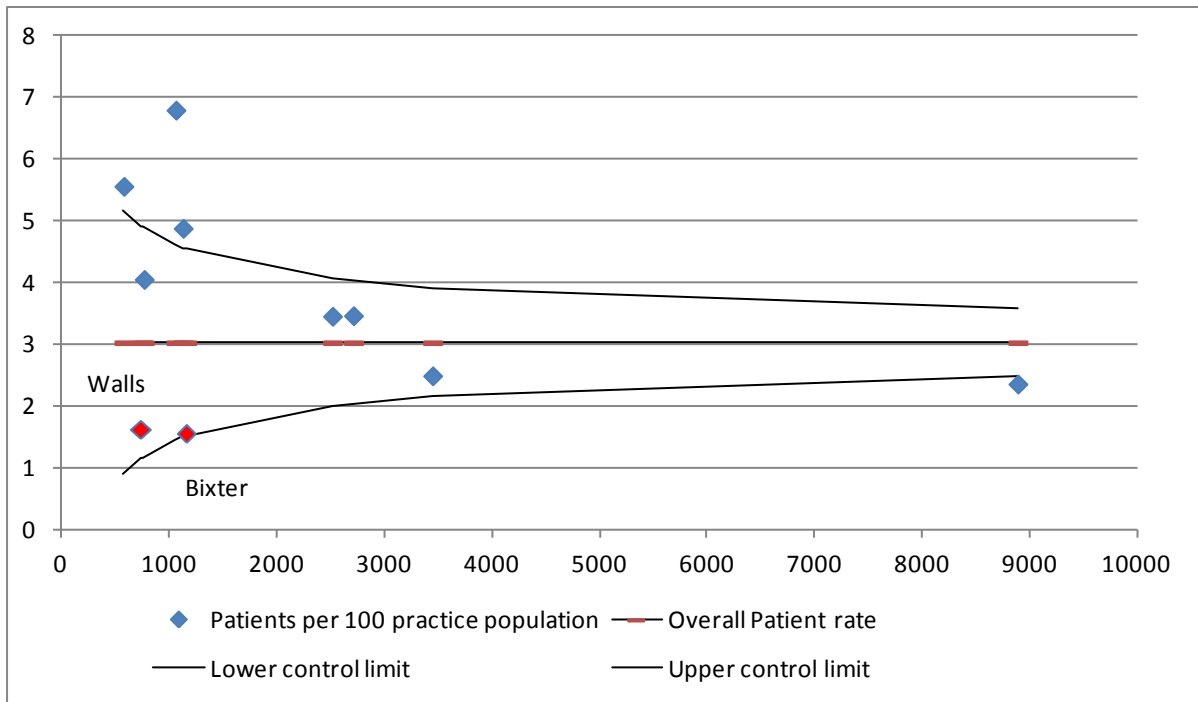
The above figures are confirmed in the map below.

CKD

☐ 1.6 - 2.5
☐ 2.5 - 3.5
☐ 3.5 - 4.4
☐ 4.4 - 5.4
■ 5.4 - 6.4
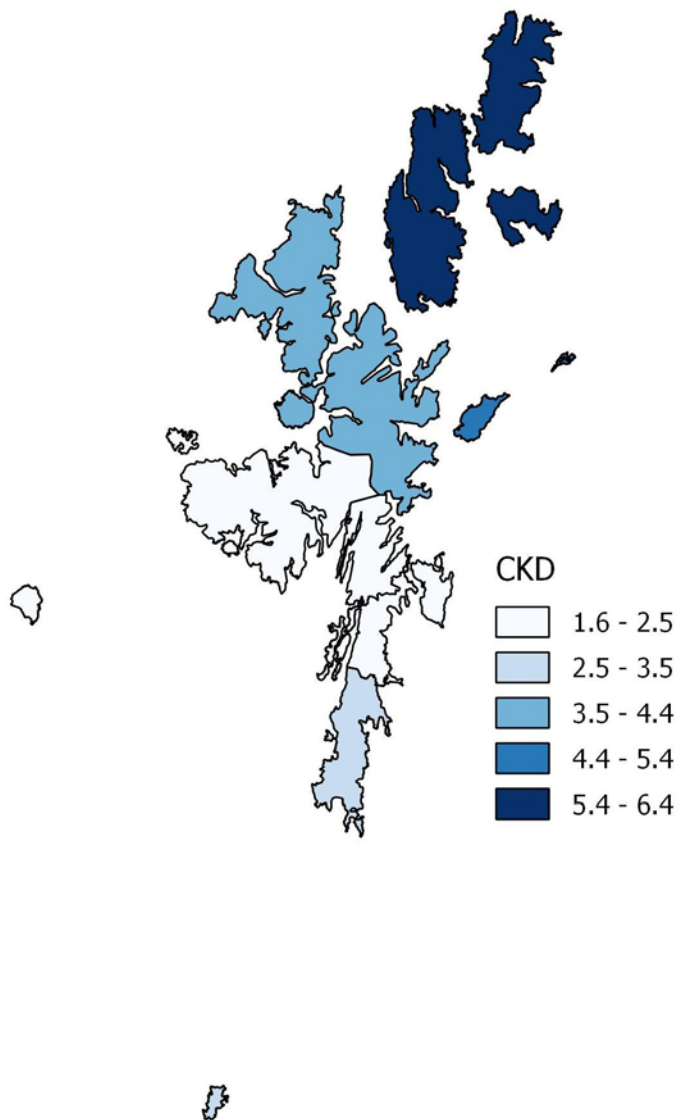
Rate per 100 patients.

QOF - Cancer Prevalence

Cancer is a condition where cancerous cell multiply in the body, invading and destroying healthy tissue and organs. This is a common condition that 1 in 3 people in Scotland will contract in their lifetime. Rates of most cancers continue to increase due to people living longer and having more available lifetime in which to contract this condition. The most common cancers are lung, breast and bowel cancers. Treatment of cancer is type dependant and includes chemotherapy, radiotherapy and surgery. People can reduce their chances of developing cancer by taking regular exercise, eating healthily and not smoking.

The information below is based on GP practice records **(QOF)** for 2014/15

The Bixter practice had 40 patients who have been diagnosed with cancer, and the Walls practice had 17.

The graph below shows that the rate of cancer diagnoses has increased across all the practices, including Bixter and Walls, though the rate in Walls has been the lowest in Shetland in recent years.

Cancer Prevalence 2004 - 15 by Practice
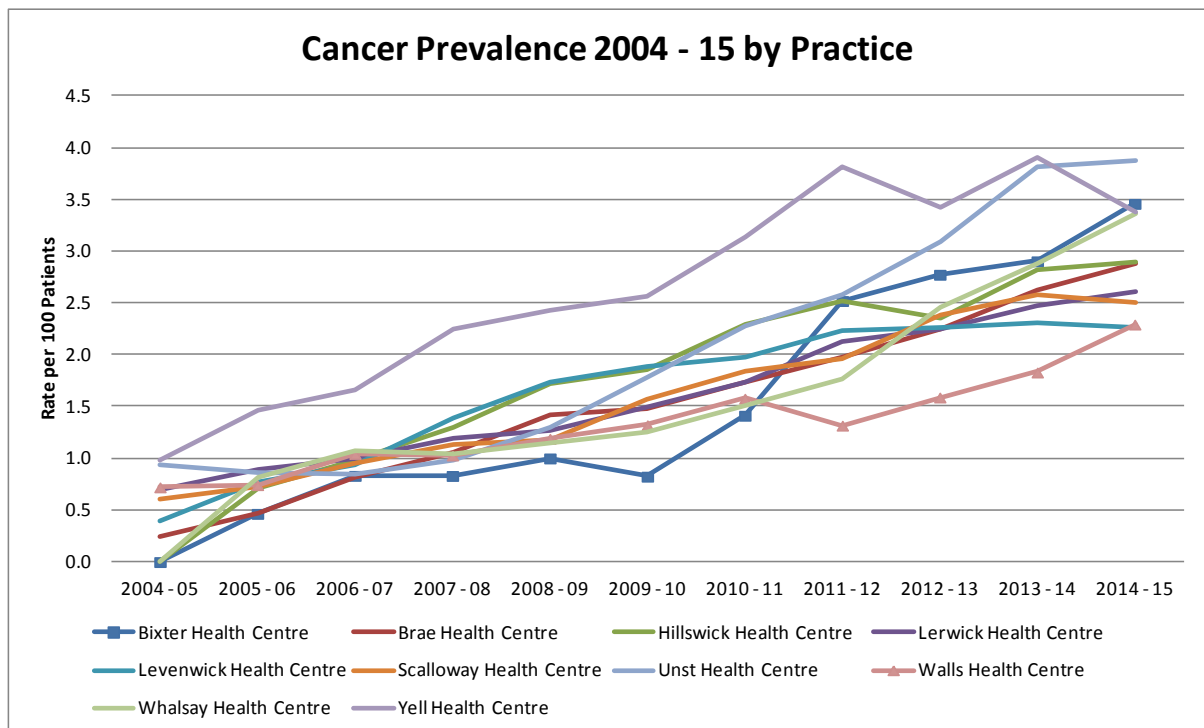
Cancer Prevalence Funnel Plot

The funnel plot below shows that, once small population size has been taken into account, that the populations registered with the Bixter and Walls practices are not significantly diferent to the rest of Shetland in terms of cancer diagnoses.
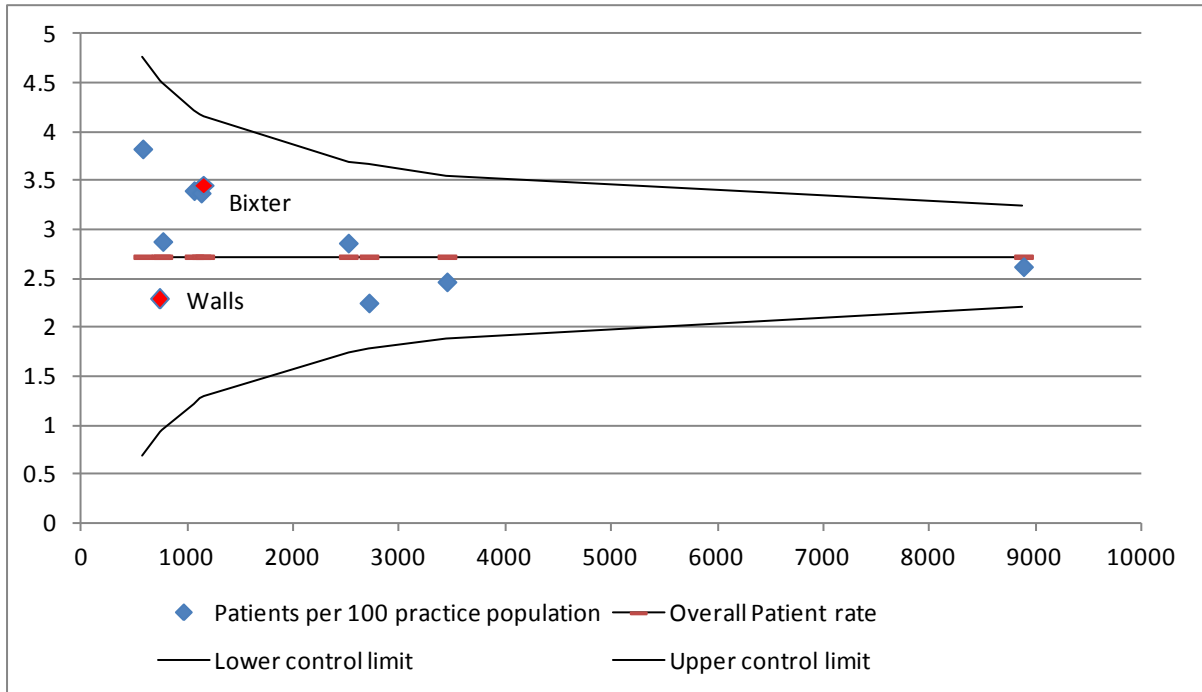
The map shows rate of cancer, with the North Isles being highest and West mainland being moderate compared to the rest.

Rate per 100 patients.

Figures below are given for one type of cancer – prostate cancer, and show the small numbers occurring in any one locality.

Prostate cancer by practice by year per 1000 patients.

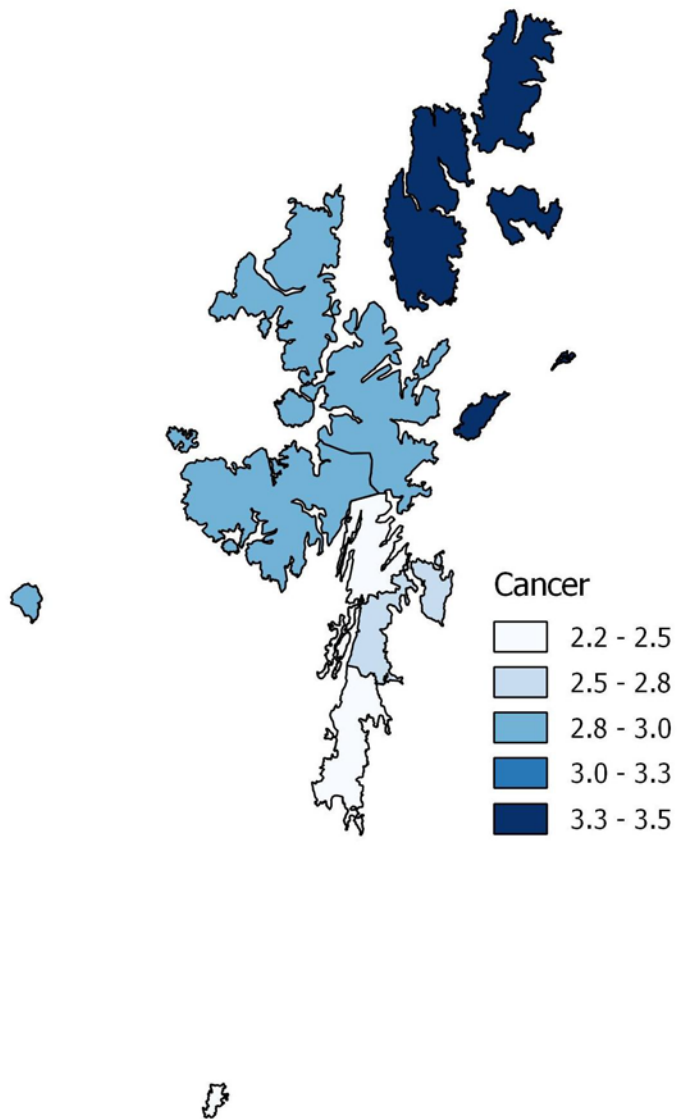| Health Centre	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
BIXTER	0	0	0	0.9	2.6	0.9	2.6	0.0	1.7
BRAE	0	0.4	0.8	0	0.4	0.4	1.2	1.2	0.0
HILLSWICK	0	0	1.4	0	1.4	2.9	0	4.1	0.0
LERWICK	0.4	0.2	0.6	0.7	0.6	0.8	0.7	0.7	0.6
LEVENWICK	0	1.1	0.4	1.1	0.4	1.1	0	0.7	0.4
SCALLOWAY	0.9	1.2	0.6	1.2	1.6	1.2	0.3	1.2	0.0
UNST	0	0	0	0	0	3.4	0	0.0	0.0
WALLS	0	0	0	0	0	0	1.4	2.9	0.0
WHALSAY	0.9	0	0	0	0	0	0.9	0.0	4.4
YELL	0.9	0	0	0.9	1.8	1.8	0	3.7	0.0

Actual numbers of prostate cancer diagnosis by practice by year

Health Centre	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	Total
BIXTER	0	0	0	1	3	1	3	0	2	10
BRAE	0	1	2	0	1	1	3	3	0	11
HILLSWICK	0	0	1	0	1	2	0	3	0	7
LERWICK	4	2	5	6	5	7	6	6	5	46
LEVENWICK	0	3	1	3	1	3	0	2	1	14
SCALLOWAY	3	4	2	4	5	4	1	4	0	27
UNST	0	0	0	0	0	2	0	0	0	2
WALLS	0	0	0	0	0	0	1	2	0	3
WHALSAY	1	0	0	0	0	0	1	0	5	7
YELL	1	0	0	1	2	2	0	4	0	10
SHETLAND	9	10	11	15	18	22	15	24	13	137

Rates of death from Cancer for under 75s by Locality and Year per 100 Patients

	2011-12	2012-13	2013-14	2014-15
North Isles	0.12	0.48	0.24	0.18
North Mainland	0.40	0.34	0.12	0.06
West Mainland	0.11	0.33	0.21	0.21
Central Mainland	0.66	0.41	0.39	0.12
South Mainland	0.15	0.33	0.6	0.26
Lerwick & Bressay	0.56	0.3	0.34	0.17
Whalsay & Skerries	0	0.35	0.17	0

The death rate due to cancer, amongst under 75s, varies due to small numbers, but appears to be similar or lower in the West Mainland compared to most other parts of Shetland over these three years.

There are three cancer screening programmes which aim to identify cancers that benefit from very early diagnosis and treatment. These are bowel cancer; breast cancer and cervical cancer. There is also a national 'Detect Cancer Early programme' which aims to encourage earlier presentation of worrying symptoms and cancer diagnosis at an early stage.

Care Homes

In the West Mainland locality there is one care home, Wastview Care Centre, Walls, ZE2 9PF. This is run by the SIC and has 15 beds and 12 day support places.
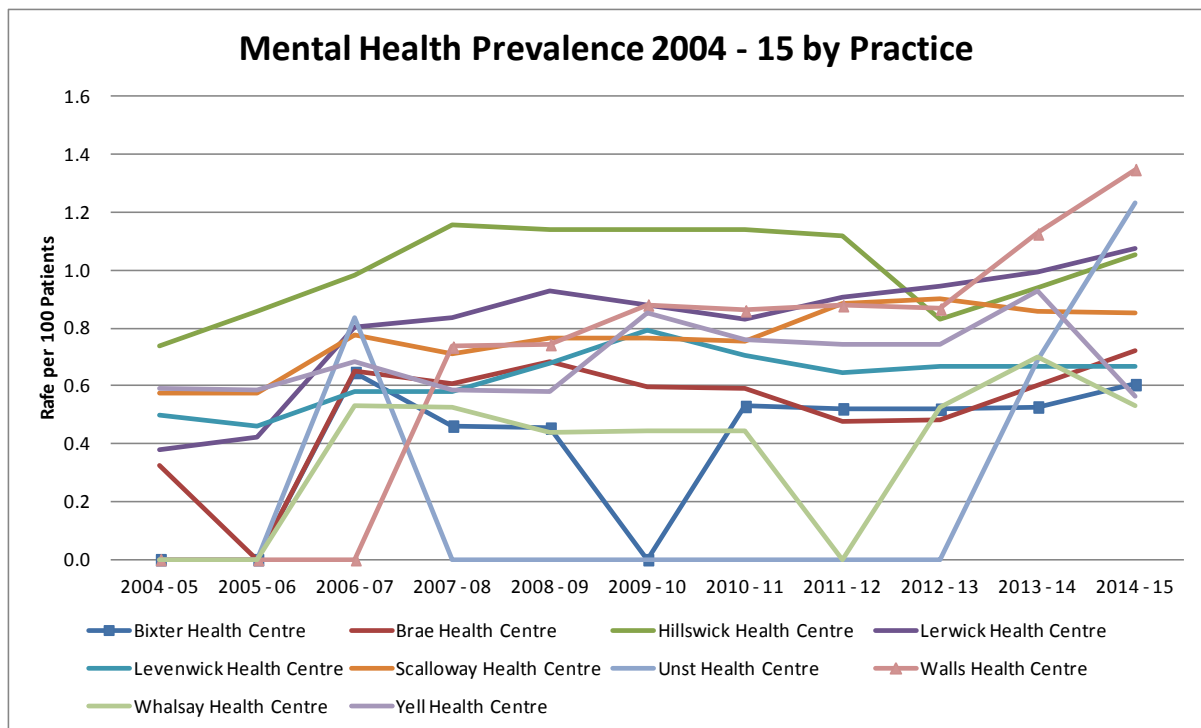
QOF - Prevalence of Mental Health Problems

GPs record the number of people attending with a range of mental illness that includes depression, and the severe and enduring illnesses of schizophrenia, bipolar disorders (such as manic depression) and other psychoses. These severe illnesses usually need treatment with medication, though talking therapies (psychological treatments) are increasingly used effectively to help people with depression. The numbers of people living with these conditions as recorded by their GPs is shown on the following graphs.

There are a range of other mental health problems such as anxiety and stress related problems that account for a lot of attendances in general practice. Increasingly we understand how to help people help themselves to deal with these problems, and how to prevent repeat episodes, and sometimes also use talking therapies such as Cognitive Behavioural Therapy (CBT) or medication.

The information below is based on GP practice records **(QOF)** for 2014/15

The Bixter practice currently had 7 patients diagnosed with severe mental illness and the Walls practice had 10.

The graph below shows that the number of people identified as having a severe mental health problem varies considerable year on year in most of the practices. The rate in Walls appears to have been increasing, which may be related to how well it is recorded in the practice using the QOF system.

Mental Health Prevalence 2004 - 15 by Practice

Legend:
- Bixter Health Centre
- Brae Health Centre
- Hillswick Health Centre
- Lerwick Health Centre
- Levenwick Health Centre
- Scalloway Health Centre
- Unst Health Centre
- Walls Health Centre
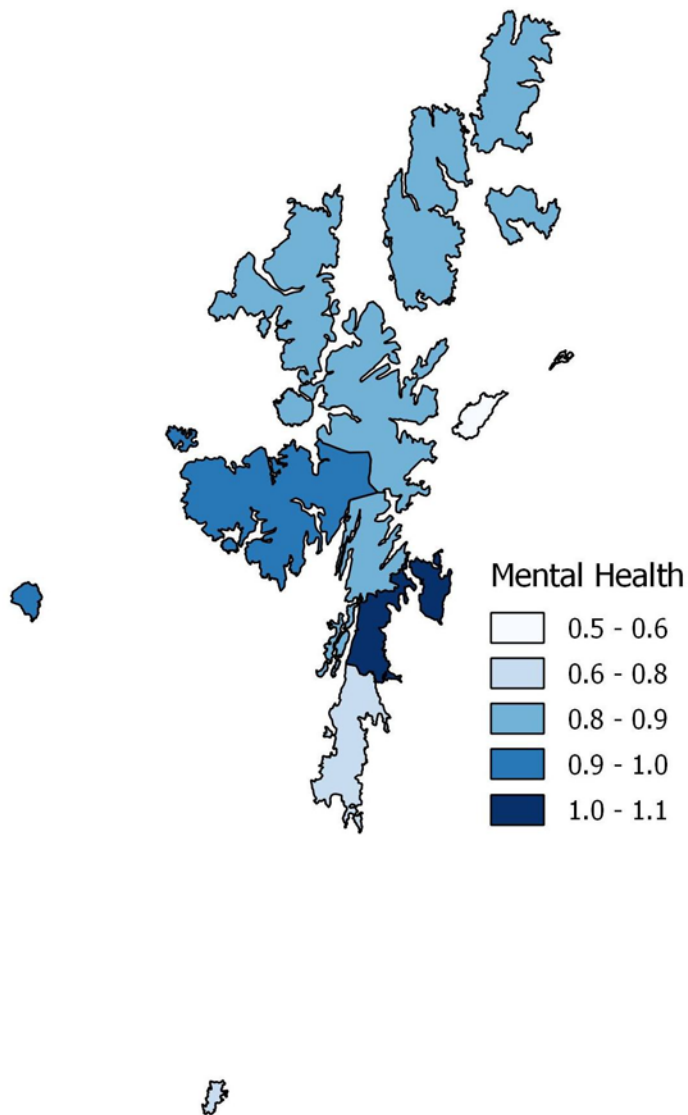- Whalsay Health Centre
- Yell Health Centre

Mental Health Problems Prevalence Funnel Plot

The funnel plot shows that the rates for the two practices are average for Shetland.
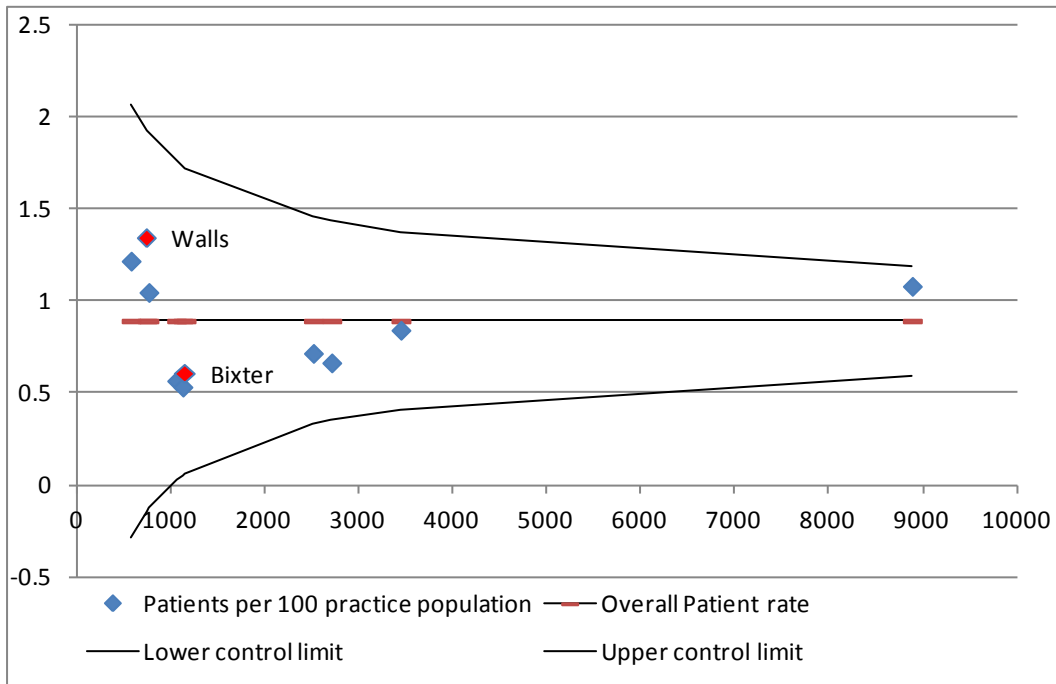
The map below shows that the highest rates of mental health problems are in Lerwick, followed by West mainland then the rest with the South mainland being the least.

Rate per 100 patients.

Dementia

2016	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
West Mainland	16	15	17	18	17	20	22	22	23	21	21	22

The above table shows the number of patients diagnosed with dementia each month in 2016. The population in West Mainland at the end of 2016 was 1,886.

## QOF - Depression - Incidence (new diagnosis) Prevalence

We can also look at specific types of mental illness e.g. depression, these figures show new diagnosis as opposed to prevalence which is the number of people living with a condition.

Depression is a mental illness where someone feels a persistent sadness / deep melancholy and inability to live a normal life over weeks and months. It affects people of all ages and both genders. The scale of illness is wide, from feeling perpetually unhappy to feeling suicidal. Treatments for depression include talking therapies and prescribed medicines, although exercise, reducing alcohol intake and eating more healthily can help a person to recover.

The information below is based on GP practice records **(QOF)** for 2014/15

The Bixter practice had 89 patients with a new diagnosis of depression and the Walls practice had 22. These figures are not included in the register of severe mental illness described above.

The graph below shows that there is a wide variation between the practices, with Bixter having one of the highest rates and Walls the lowest.

Depression (New Diagnosis) 2004 - 15 by Practice
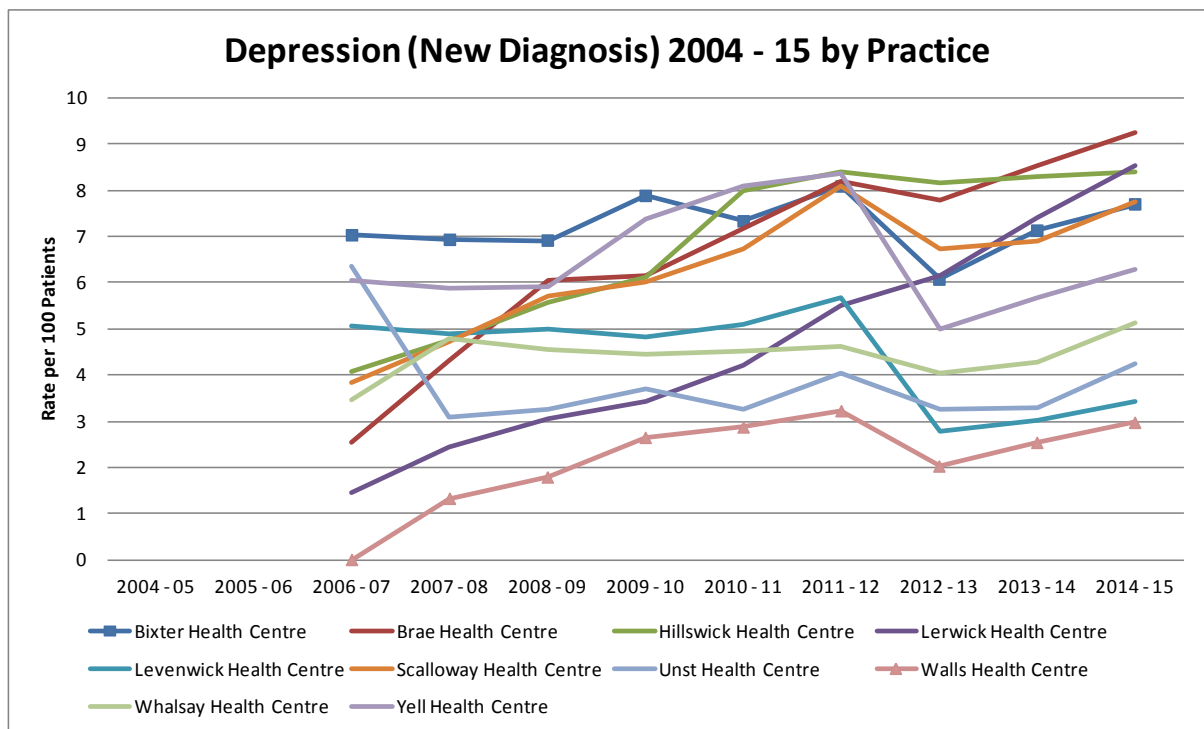
**Depression – New Diagnosis Funnel Plot Prevalence**

The graph shows that the rates of new diagnoses of depression are within the expected range in the Bixter practice, taking small populations into account, and significantly lower in the Walls practice.
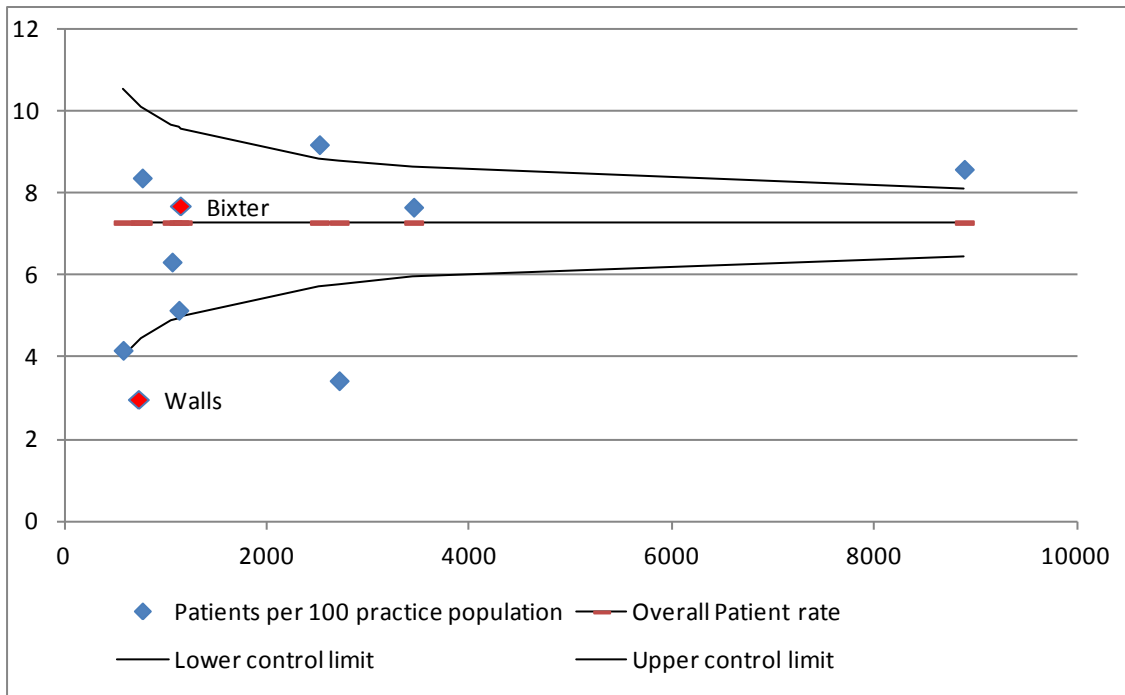
QOF – Dementia Prevalence

There are currently 18 patients on the dementia register in the West Mainland 3 at Bixter, 15 at Walls.

In contrast to most of the other conditions, for dementia, Walls has the highest rate of patients recorded as having dementia and Bixter the lowest.   This looks like Bixter has only just started using the QOF system to record its dementia cases, rather than that it had no people living with dementia before 2012/13.

Dementia Prevalence 2004 - 15 by Practice
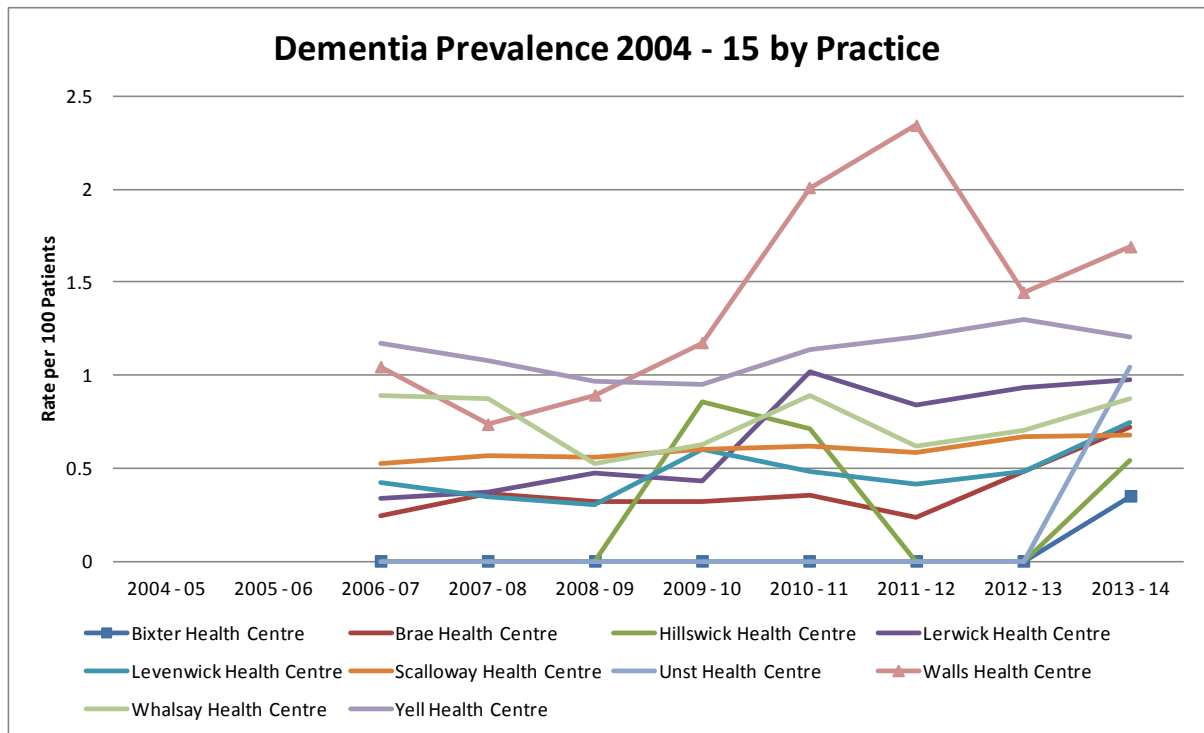
Hospital Admissions 2013 - 14

Total Admissions

	Elective	Emergency	Maternity	Total
Bixter	26	22	10	58
Walls	21	21	3	45
Total	47	43	13	103

There are similar numbers of planned and emergency admissions to hospital for people from West Mainland. Emergency admissions are more common as people get older, and one of the challenges we have is whether we can prevent some hospital admissions particularly in older people and those with chronic conditions, by different care in the community closer to home or by prevention.

For most people a hospital stay is short, but for some people their stay ends up being prolonged, sometimes because of severe illness and the need for rehabilitation, and sometimes because of delays in getting the right care set up in their own home or a care setting.   There are people from Bixter and Walls who have been in hospital for three months (90 days) or more.

Maximum Length of Stay

	Elective	Emergency
Bixter	55	106
Walls	93	90

We also know that, as people get older, they are more likely to be admitted to hospital more frequently, and we can see that about 30% of the admissions to hospital from Walls and Bixter are people admitted more than once.

Patients with >1 Admission and Type of Admission (no of admissions)

	Elective	Emergency	Total
Bixter	11	8	19
Walls	5	9	14
Total	16	17	33

The number of admissions for individuals, from a locality, for individual conditions, are small in any one year, which shows some of the difficulties of analysing data down to locality level – these numbers will vary from year to year without any significance just because the numbers are so small.

There have been only a small number of admissions to hospital last year for the commonest conditions shown below.

Condition and Type of Admission (no of admissions)

		Elective	Emergency	Total
Bixter	Heart Attack	1	1	2
Walls	Heart Attack	0	0	0
Bixter	Stroke	0	0	0
Walls	Stroke	1	0	1
Bixter	CHD	2	2	4
Walls	CHD	0	0	0

Early Deaths (<75)

As well as hospital admissions, we can analyse deaths from individual causes, but again the numbers are small at locality level (and even smaller at practice level).

However, some of them mean a lot in their own right, for instance looking at death from suicide, we know that since 2010 there have been 2 suicides or death of undetermined intent in the West Mainland (Suicide is categorised together with deaths of undetermined intent because it is often difficult to determine the motivation of intentional suicide in a sudden death).

We can also look at premature deaths from causes that are potentially preventable, which links to the earlier data on how common these diseases are in the area, and the prevalence of risk factors, to give a sense of the number of early deaths that might be avoided.

		2012 - 13	2013 - 14	2014 - 15	Total
Bixter	Cancer	1	2	2	5
Walls	Cancer	0	1	0	1
Bixter	CVD	0	0	0	0
Walls	CVD	1	0	0	1
Bixter	CHD	0	3	0	3
Walls	CHD	0	1	0	1
Bixter	Respiratory	0	0	1	1
Walls	Respiratory	0	0	0	0

Deprivation - SIMD Classifications

The Scottish Index of Multiple Deprivation (SIMD) is a measure used nationally to describe the features and amount of deprivation in households, combining individual measures on employment, income, crime, housing, health, education and access. This is usually shown as quintiles – the whole distribution is divided into 5, so we see the areas with the best and worst 20%, and those in the middle.

The following maps show the 5 quintiles within Shetland for each separate domain and finally for the combined index. Nationally there are also 5 quintiles, as you would expect, however no area of Shetland is within the lowest two national quintiles. The quintiles are from 1 (most disadvantaged) to 5 (least disadvantaged).

Access is measured as a combination of drive time to key facilities such as GP, petrol station, schools, post office; and public transport to GP, retail centre and post office. Unsurprisingly, the more remote parts of Shetland are worse, including the West Mainland, and the population centres around Lerwick and Brae show as best.
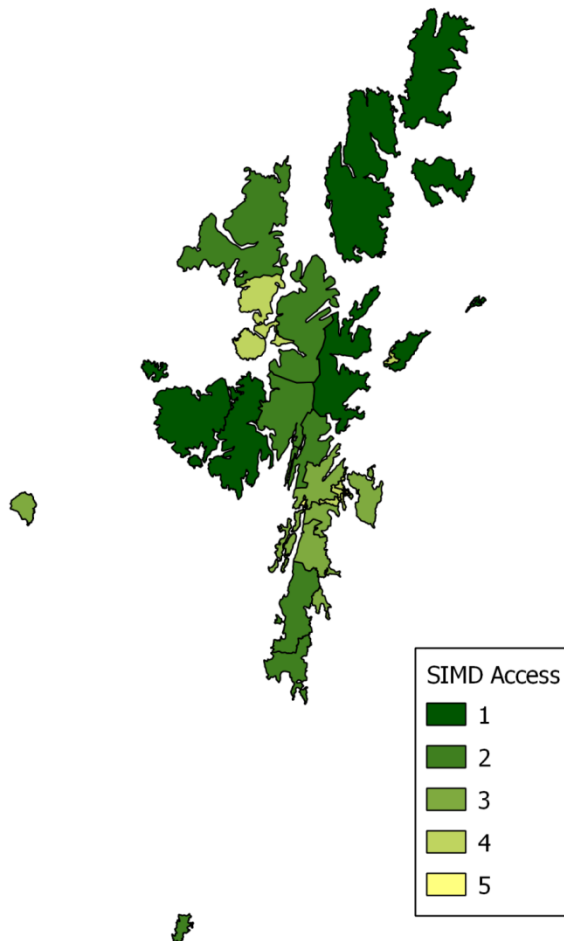
Crime - this shows recorded crime rates for**:**

- Domestic house breaking
- Drug offences
- Common assault
- Crimes of violence
- Vandalism
- Sexual offences
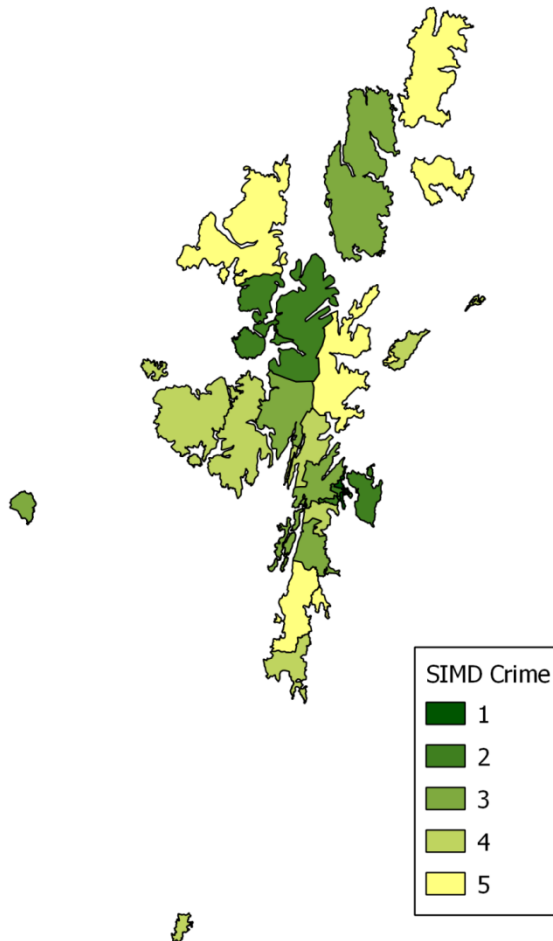
The West mainland has a relatively low level of crime, as do other rural areas.

Education - shows:

- School pupil absences
- Pupil performance on SQA at stage 4
- Working age people with no qualifications
- 17-21 year olds enrolling into full time higher education
- School leavers aged 16-19 not in education, employment or training

The data is made up from the postcode of pupils' homes within each datazone – which are areas smaller than wards, so shows variation within a locality.
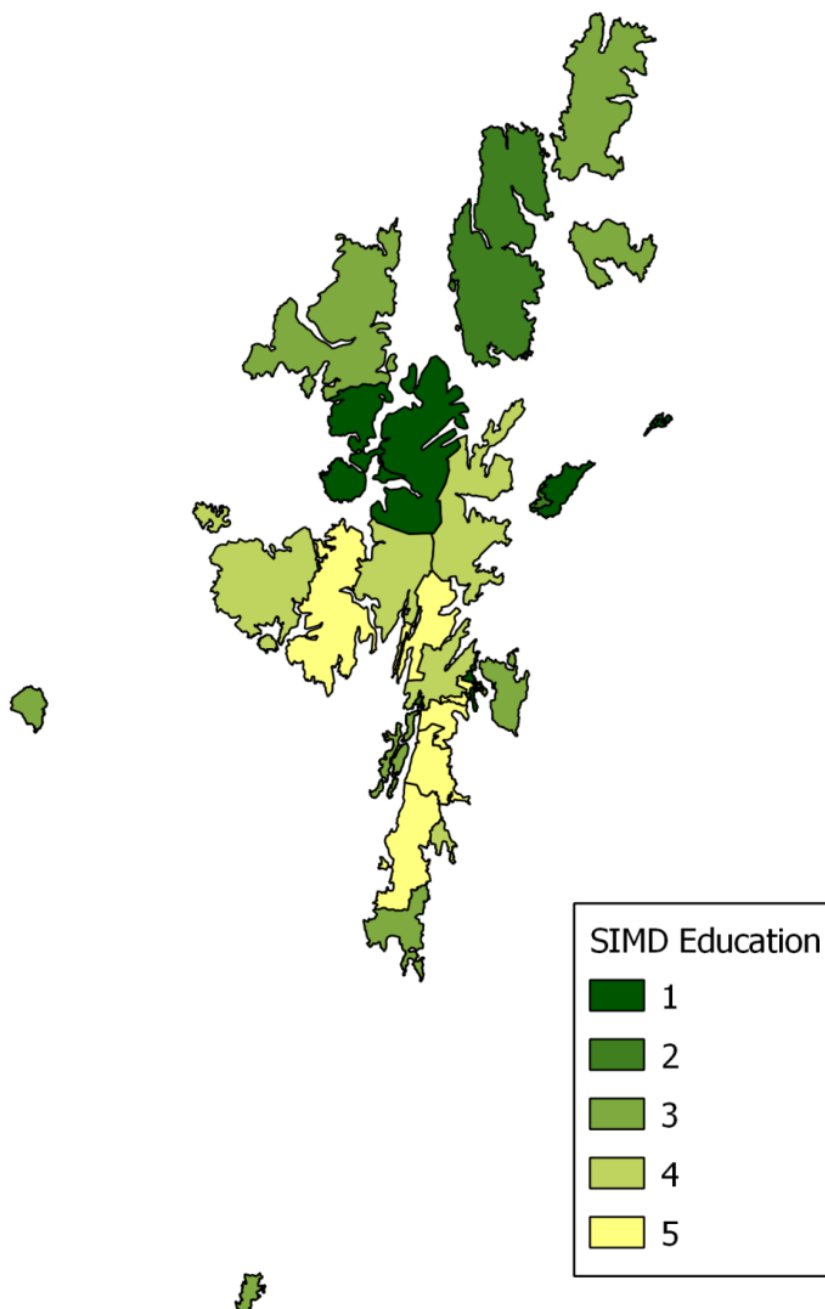

For Education, the West Mainland , along with South, Central and Lerwick appear to better than the North Mainland and isles.

Employment - this is made up of unemployment figures and related benefits: Incapacity Benefit, Employment Support Allowance and working age Severe Disablement Allowance recipients. Again the West Mainland shows a similar pattern to Central and South mainland, with variations in te datazones within it.

SIMD Employment
- 1
- 2
- 3
- 4
- 5
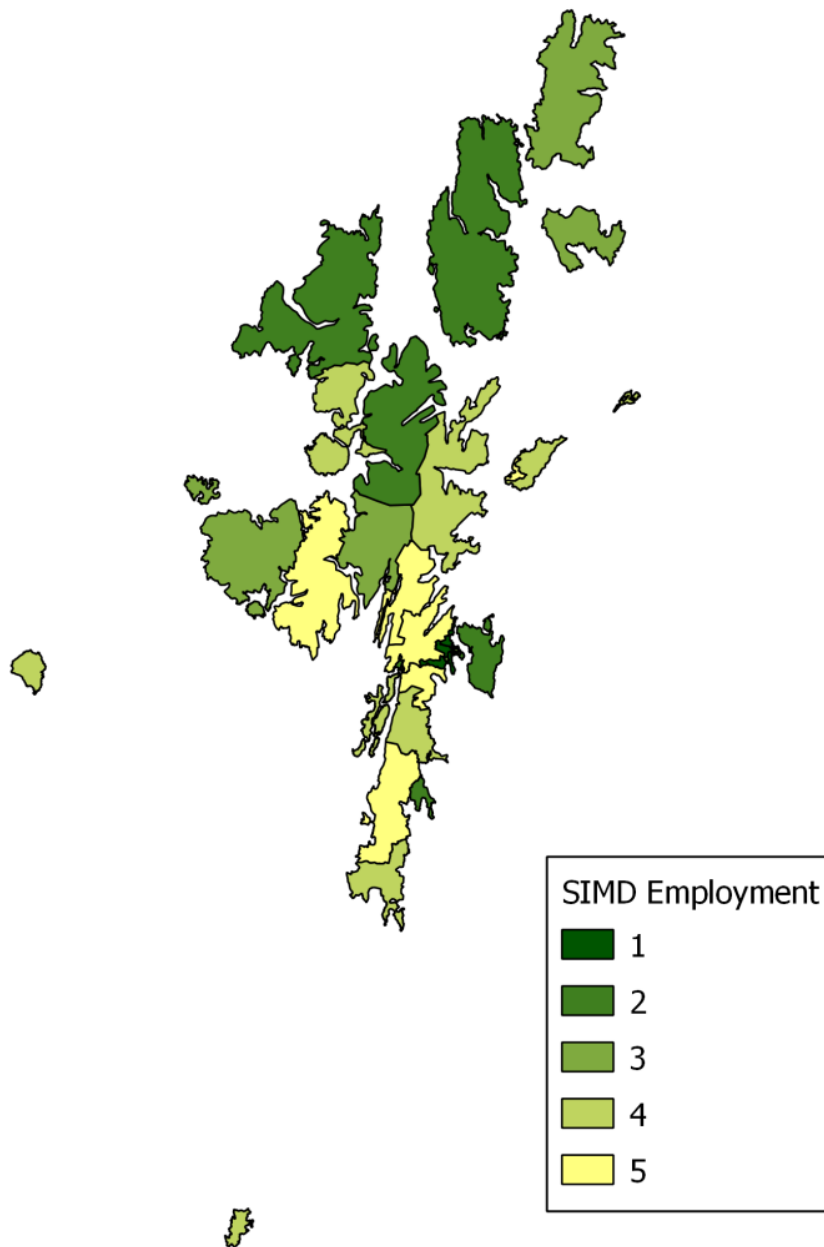
Health - the health domain is made up of a combination of mortality data, hospital stays related to alcohol and drug misuse, emergency stays in hospital, an estimated proportion of population being prescribed drugs for anxiety, depression or psychosis and low birth weight babies which are all signs of deprivation at a population level. (This does not mean that every individual experiencing these things is living in deprivation, but you are more likely to experience these things if you are living in poverty and less likely if you are well paid, in employment, have a permanent home etc.)

According to the SIMD figures for health, the West Mainland tends to experience good health overall.
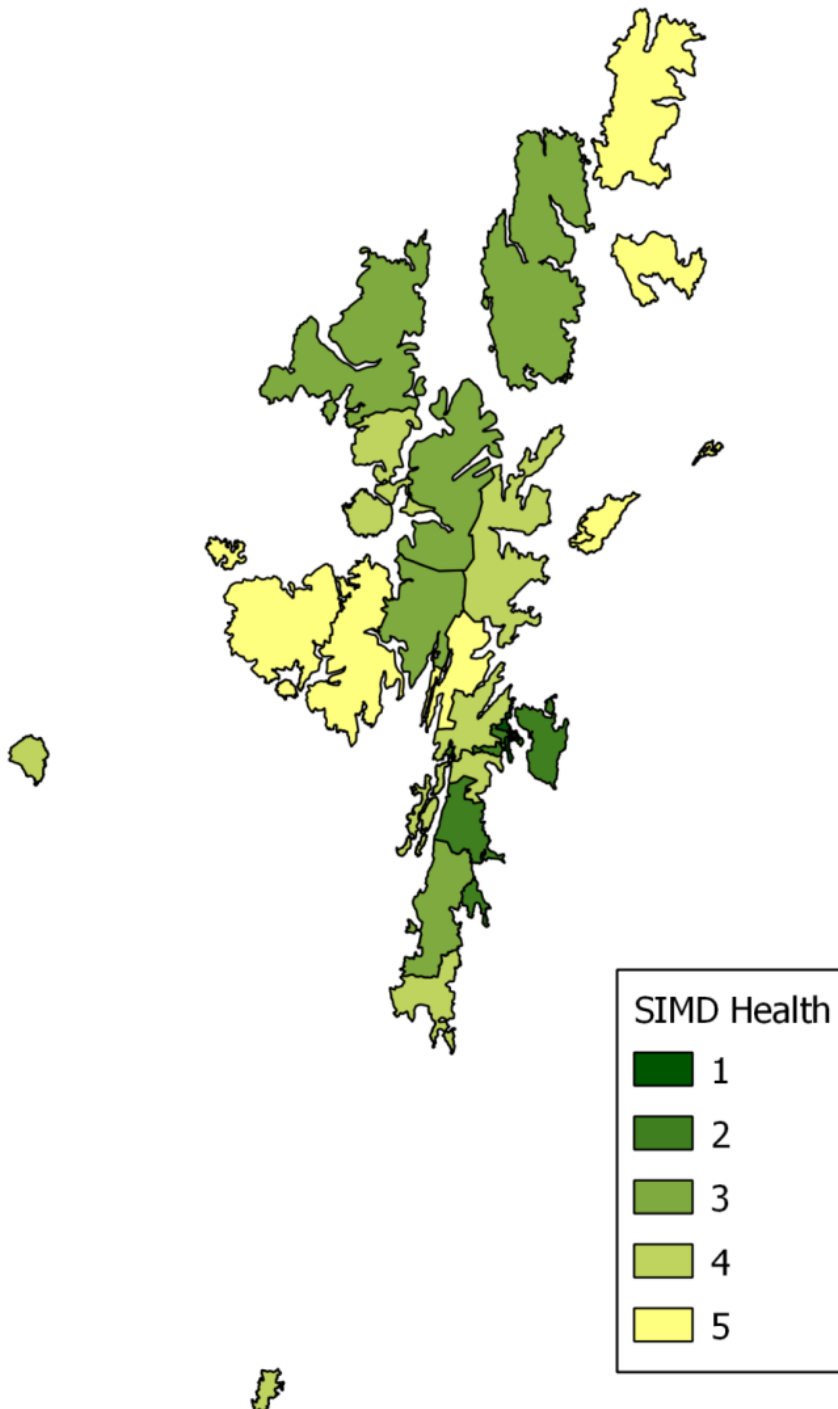
Housing - measures people living in overcrowding, and those living without central heating as a measure of deprivation. Fuel poverty is a well established indicator that is overall high in Shetland (and highest in the more remote parts of Shetland) and in other remote and rural areas compared to Scotland as a whole.
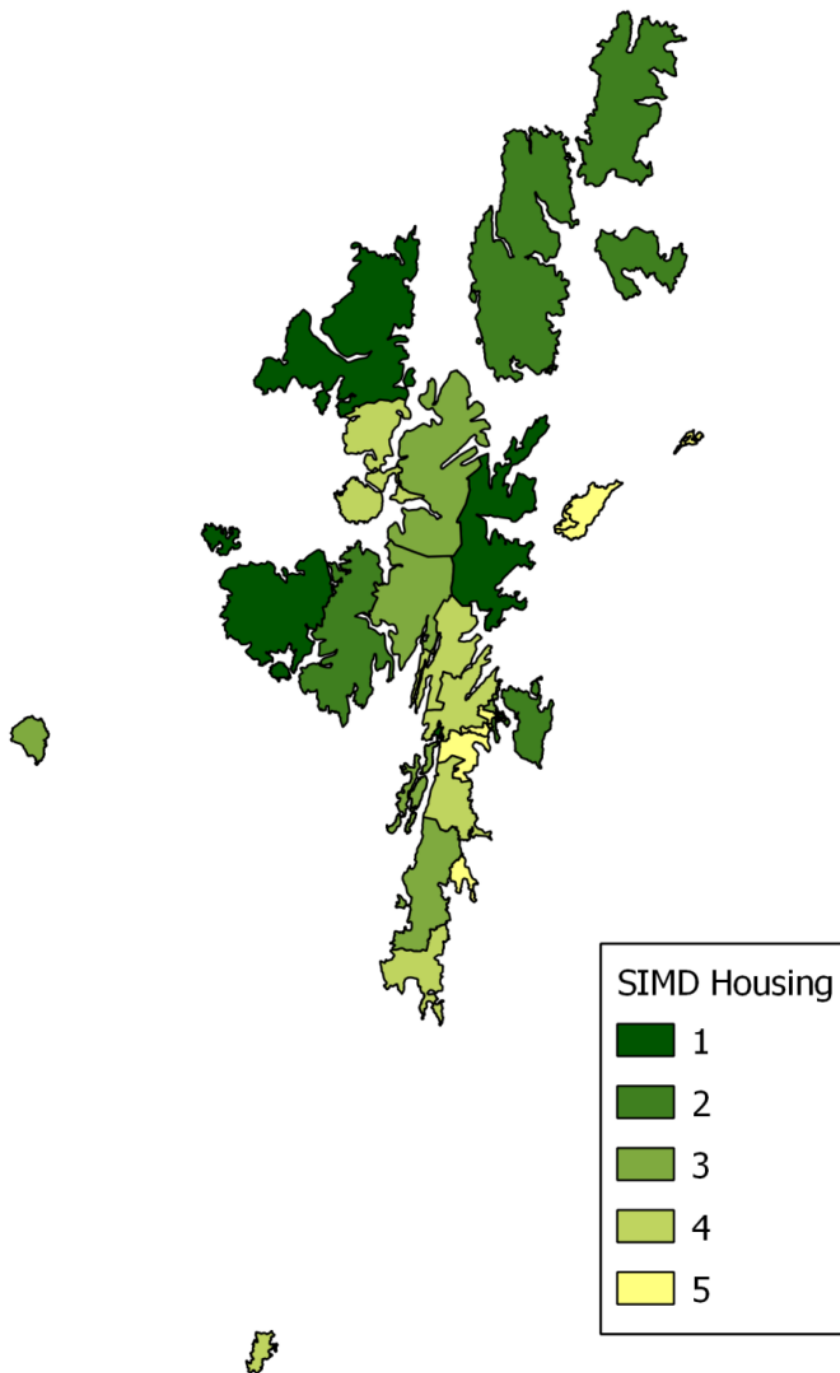
Income - the index measures a number of specific benefits related to low income:

- Adults and children in Income Support or Income-based Employment Support Allowance households
- Adults in Guarantee Pension Credit Households
- Adults and children in Job Seekers Allowance households
- Adults and children in Tax Credit Families

Low income appears to be a particular problem in the most remote areas, including the furthest West of Shetland.
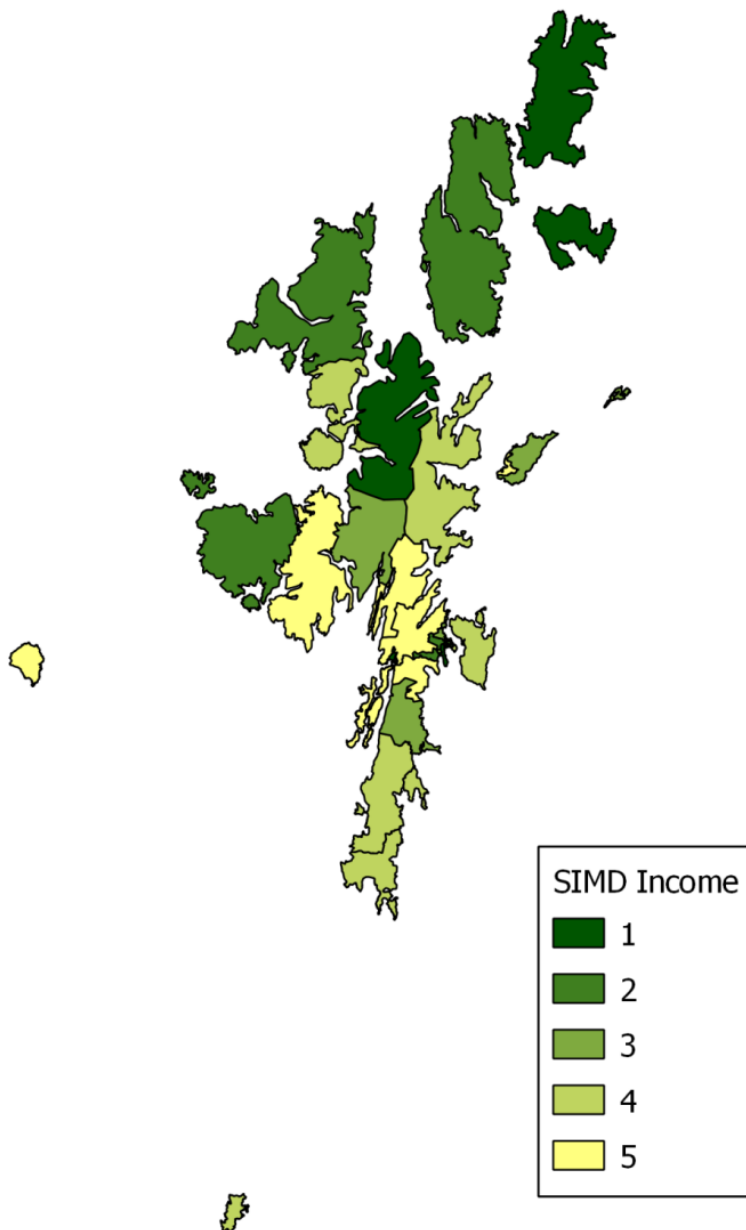
Overall - these measures are combined with a weighting to make an overall SIMD indicator that is used to compare local areas across Scotland. Shetland has no areas in the worst two quintiles for Scotland, but this map shows the overall variation across Shetland. As with most of the measures, the furthest West part of Shetland fairs worse than the areas closer to the Central Mainland / Lerwick, along with the other more remote areas.

SIMD Overall
- 1
- 2
- 3
- 4
- 5
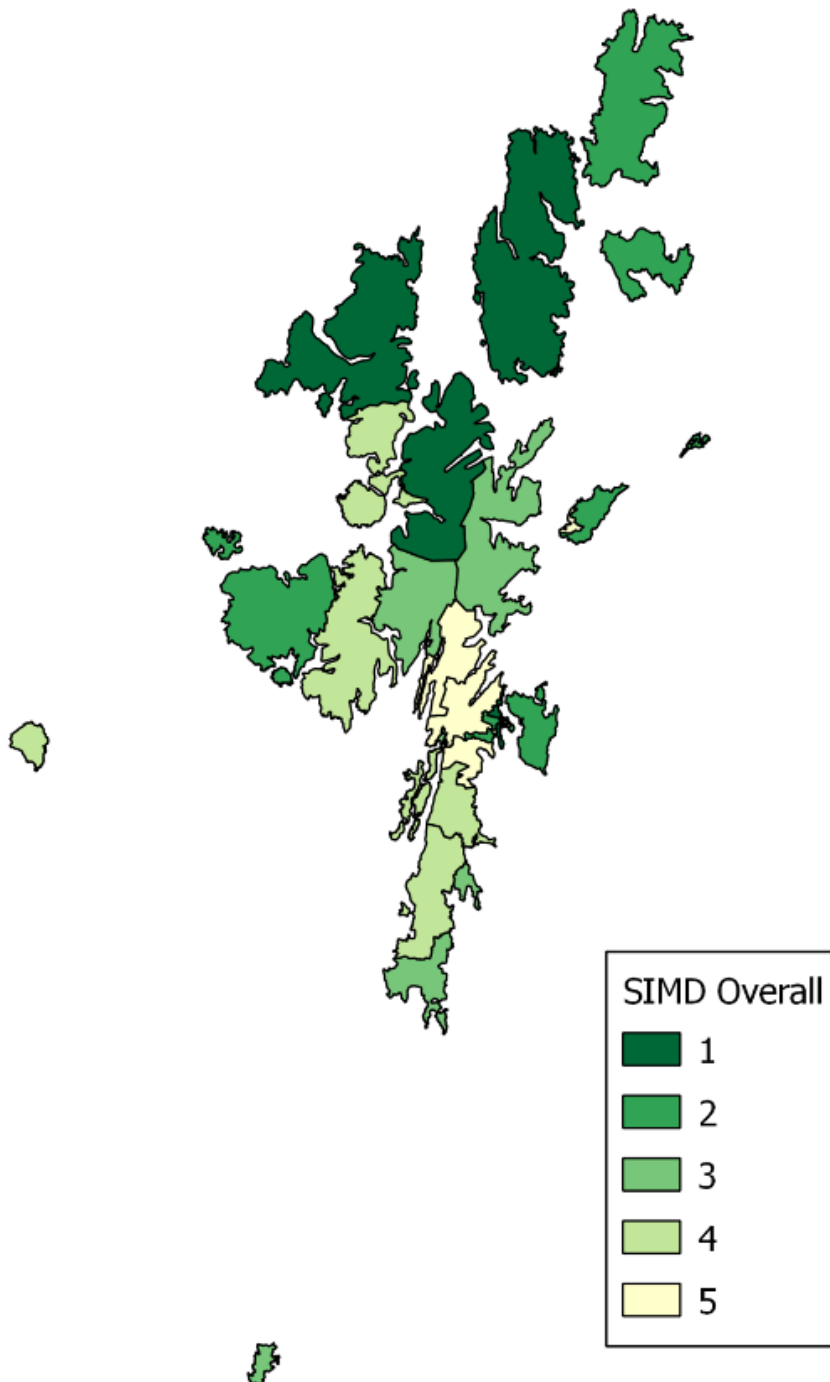
Fuel Affordability Report

In November 2015 a Domestic Fuel Affordability Survey was sent out to all Shetland homes, 10,800 in total. 2425 were returned for processing, a 22% return. The results confirm that the fuel poverty level in Shetland in 2015/16 is 53%, with the North Isles having the highest level of poverty with a rate of 64%. This was an increase of 10% since 2010 and demonstrates that more than half of all Shetland homes are now living in fuel poverty.

The detailed analysis breakdown of data has been undertaken to try and understand the factors contributing to Fuel Poverty in Shetland and develop a more proactive action plan to address it.

In summary, people are more likely to be in fuel poverty: -

- due to low incomes, especially below £16,500 pa
- if they are in receipt of benefits
- if they live in social housing
- if their homes are heated by solid fuel or electricity
- if their water is heated by electricity
- if their home is of solid wall or cavity wall construction
- if their property was built before 2012
- if their property had less than 100mm of loft insulation
- if the property is under-occupied
- if they paid for their electricity on a payment card
- if the residents are over 65

The full report is available and further related documentation is here