

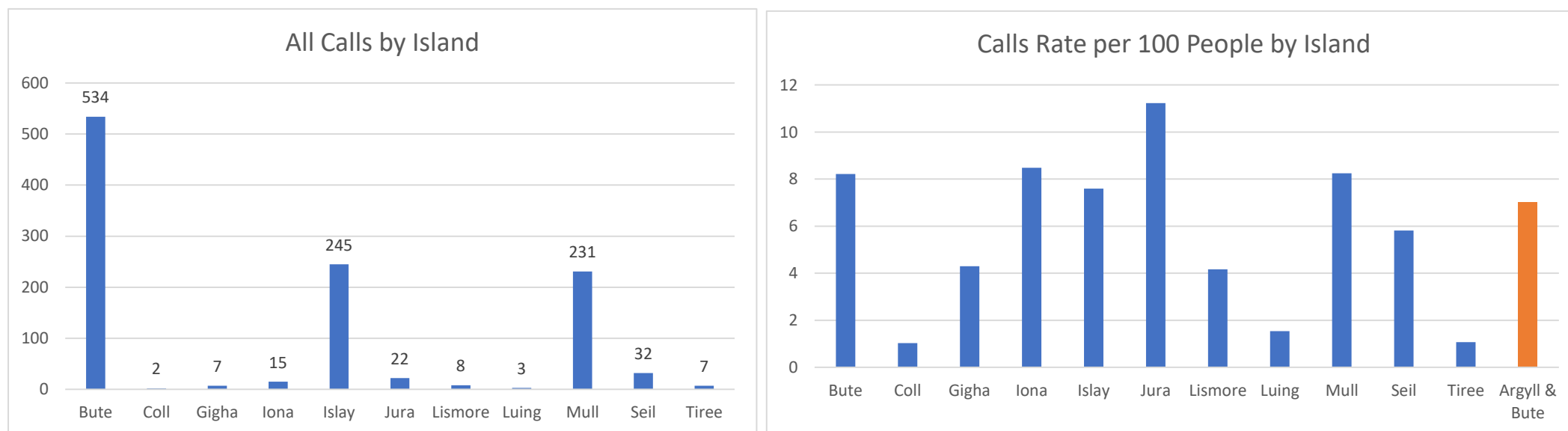
1. ADASTRA

Source: Adastra as at September 2023

Adastra is a patient management system designed to support the specific and unique requirements of urgent and unscheduled care. It is used to manage and record the out of hours response within NHS Highland where NHS 24 (111) is utilised. As will be discussed further during this analysis, the usage of NHS 24 varies across the islands.

Data was extracted covering the date period 1st April 2022 to 31st March 2023.

The below graphs show the overall number of calls per island and the rate per 100 population. It also provides comparative data for Argyll & Bute as a whole.



Bute saw the largest overall number of calls through Adastra during the reporting period. Mull and Islay also saw a large number of calls¹. Many islands saw very low numbers of calls including Coll and Luing which saw only 2 and 3 calls respectively.

Island	Calls rate per 100/population	Calls rate per head/population
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¹ A total of 690 calls were identified during the reporting period for Mull. More than 65% of these were however identified to have been made by one frequent caller. Following checks that relevant care packages were in place and that the caller was known to services, the decision was made to exclude these calls from analysis.

All islands saw 11 in 100 people or less making calls². Jura had the highest levels of call per head. The rate of calls are notably lower for Coll, Luing and Tiree with only 1 or 2 in 100 people making calls. The low numbers per head/population seen in Tiree reflects the manual recording processes used by the GP practice for OOHs on this island. Within Argyll and Bute (including both mainland and island populations), 7 in 100 people made calls to NHS 24.

When looking at call rate per head population, 1 in 12 people on Bute made calls. For Coll the rate was 1 in 84 and for Tiree 1 in 106. For Argyll and Bute, the figure was 1 in 14.

While Aداstra may provide a slight indication of the out of hours demand on each island, it is arguably far from a complete picture. In some island communities, it is commonplace for patients to disregard more formal procedures for OOHs.

Bute	8	1 in 12
Coll	1	1 in 84
Gigha	4	1 in 27
Iona	8	1 in 13
Islay	8	1 in 13
Jura	11	1 in 11
Lismore	4	1 in 22
Luing	2	1 in 58
Mull	8	1 in 14
Seil	6	1 in 18
Tiree	1	1 in 106
Argyll & Bute	7	1 in 14

Information was sought from GP practices across the islands which highlighted that on many islands, patients are more likely to contact the local doctor or practice nurse during out of hours and 111/NHS 24 is not routinely utilised. There will also be cases where the use of NHS 24 is not favoured by island medical staff due to time lag issues with the processes. For example, if a patient phoned NHS 24 at 8pm, by the time they have completed the processes then it may be hours later before they are directed to the GP. Had this patient contacted the GP directly then time would have been saved and late night working avoided. Therefore the use of NHS 24 may not be actively encouraged.

Some islands, such as Tiree, have their own out of hours systems in place including the use of an out of hours phone linked to a medical practice or GP and calls are manually recorded. This may be reflected in the lower number of calls seen through Aداstra for some islands including Tiree and Coll. No calls were recorded for Colonsay where it is noted that OOHs activity is coordinated by local doctor and practice nurse. Some islands including Mull do however report that 111 is utilised well and that most out of hours activity will be captured by Aداstra.

It is clear that OOHs activity across many of Argyll and Bute's islands – particularly those with resident medics - is not accurately reflected, if reflected at all, through Aداstra.

² PHI population figure estimates used

2. A&E/MIU ATTENDANCES – ISLAND HOSPITAL SITES

Source: HSCP Performance and Improvement Team A&E Dashboard (collated from figures submitted by hospitals from Hospital Casualty Books, Cards etc.)

The Scottish Government has set a target that 95% of people attending Accident and Emergency (A&E) should be seen, admitted, discharged or transferred within 4 hours. Island hospital A&E sites are subject to the same standards.

Islay Hospital is categorised as a Minor Injuries Unit (MIU), Mull and Iona Community Hospital as an Accident & Emergency Department and Victoria Hospital has both an MIU and A&E department. MIUs are equipped to deal with a range of non life-threatening conditions including strains and sprains and wounds and minor burns. However, due to the remote nature of these island MIUs, it may be the case that they are faced with more A&E appropriate injuries.

The analysis focusses on both new and return, planned and unplanned attendances at Victoria Hospital in Rothesay, Mull and Iona Community Hospital and Islay Hospital. Due to the manual recording of attendances at the island hospital sites, there is no patient demographic data available such as age or locality.

There are notable seasonal aspects to A&E/MIU attendances across the three island hospital sites with an increase in attendances over Summer months. There is a great deal of complexity that contributes to this increase and goes above the usual weather and heat related ailments such as sunburn and heatstroke and an increase in cuts and sprains that are generally seen over the summer months nationally³. An increase in visitors to the island at this time of year will place increased demand on A&E/MIU departments. This influx of people may include for example, holiday makers who have forgotten to bring essential medication with them or those receiving palliative care and who choose the islands of Argyll & Bute as a holiday destination.

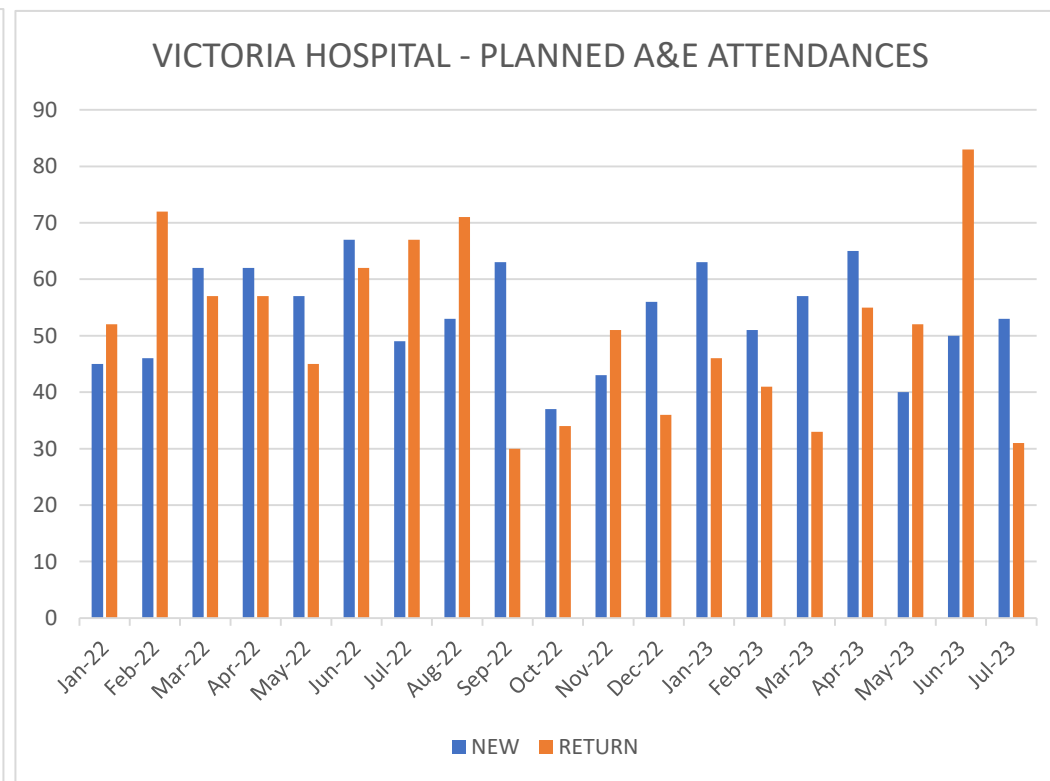
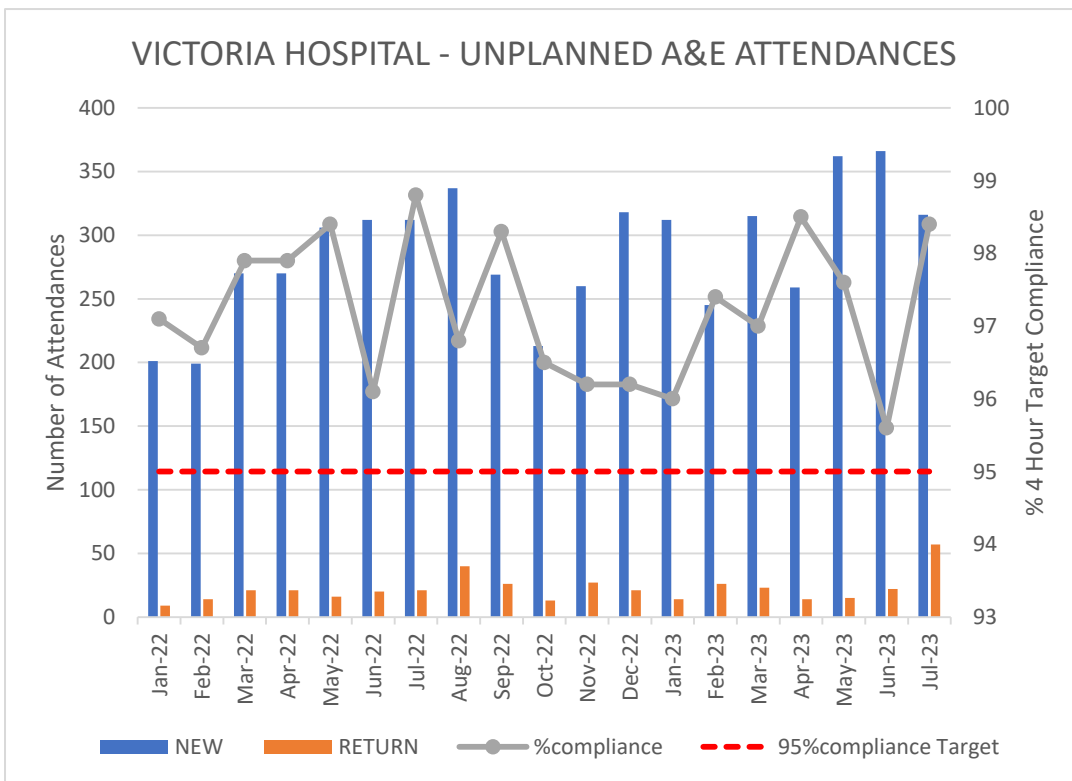
Weather conditions and transport availability are likely to have an impact on breach figures at island hospital sites. If weather conditions are poor, then it might not be possible to have someone transferred out of the island timeously which may then result in a breach. Furthermore, a lot of transport routes in and out of the islands stop at a certain time of night which will raise issues with patient transfers. Bed availability may also have an impact as if patients cannot be transferred out due to the reasons explained above and there are no beds available, this may result in a breach.

Therefore, while the following data provides a useful overview, it should be borne in mind that the often exceptional circumstances faced by island communities and hospital sites may affect the overall picture.

It should also be noted at this stage that this data only captures A&E/MIU activity that occurs at the island hospital sites. It does not consider A&E activity that occurs on islands that do not have MIUs or A&E departments for example, if someone broke their leg in Tiree. Anecdotal evidence suggests that local GPs will be responsible for providing A&E care in many instances however this is not captured by any data highlighting a notable gap in the information.

³ [A&E waiting times | Nuffield Trust](#)

VICTORIA HOSPITAL



New unplanned attendances at the Victoria Hospital were highest in August 2022, May 2023 and June 2023. In 2022, there was a general increase in the number of new planned attendances towards the summer months. These then decreased generally in the Autumn before increasing in December 2022 and January 2023. New unplanned attendances then peaked again in May and June 2023.

Return unplanned attendances were highest in July 2023 and August 2022. The number of attendances across all other months fluctuated slightly but overall remained relatively constant.

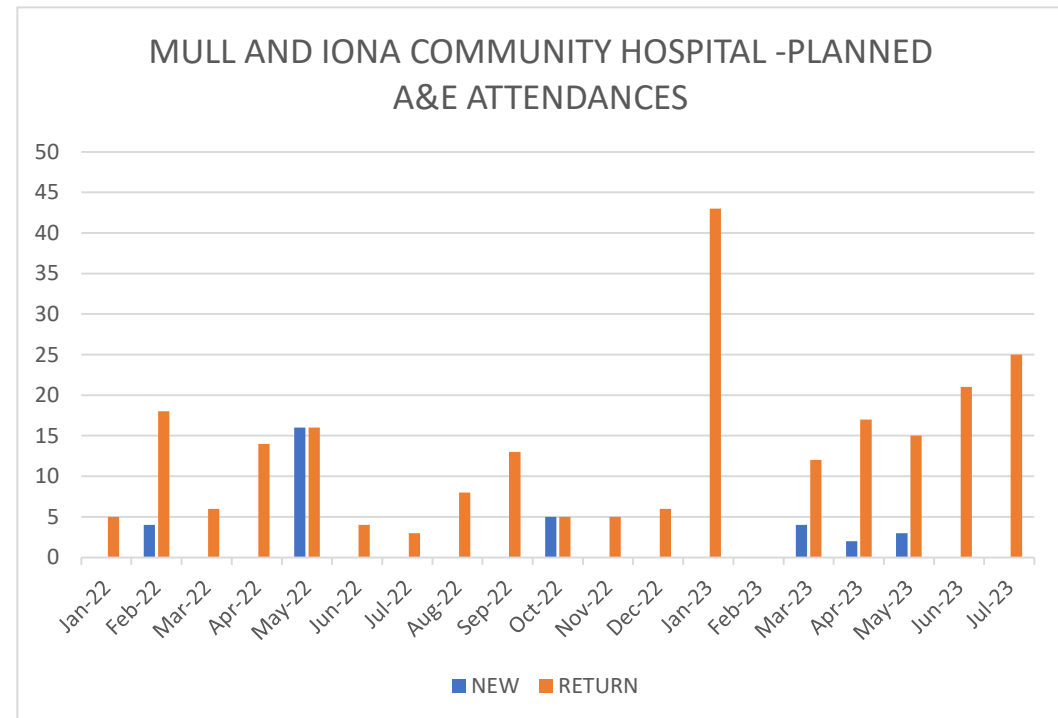
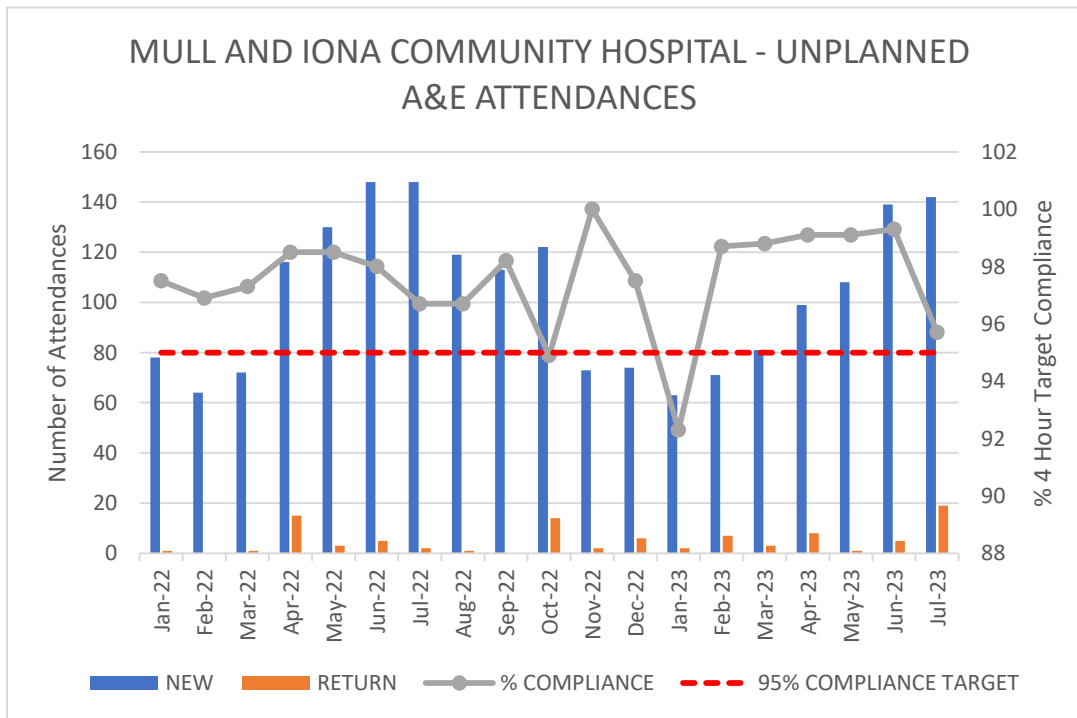
The number of attendances seen within 4 hours was high and all months saw compliance with the 4 hour target greater than the 95 percent standard. The best performance was seen in July 2022 and the poorest performance was in June 2023 however 95.6% of attendances were still seen within 4 hours.

There was little seasonal variation seen in planned attendances – both new and return – with numbers fluctuating from month to month. Notably high return attendances were seen in June 2023.

MULL AND IONA COMMUNITY HOSPITAL

New unplanned attendances in Mull and Iona Community Hospital were highest in June and July 2022 and June and July 2023 indicating an increase in activity over Summer months. Return unplanned attendances were overall low with the majority of months seeing 8 or less unplanned return attendances.

Overall, compliance with the 95% target was high. January 2023 saw compliance drop to 92.3% before returning to 98.7% in February 2023. The reasons for this are unknown however it could have been due to staffing levels, illness, Covid-19 etc.

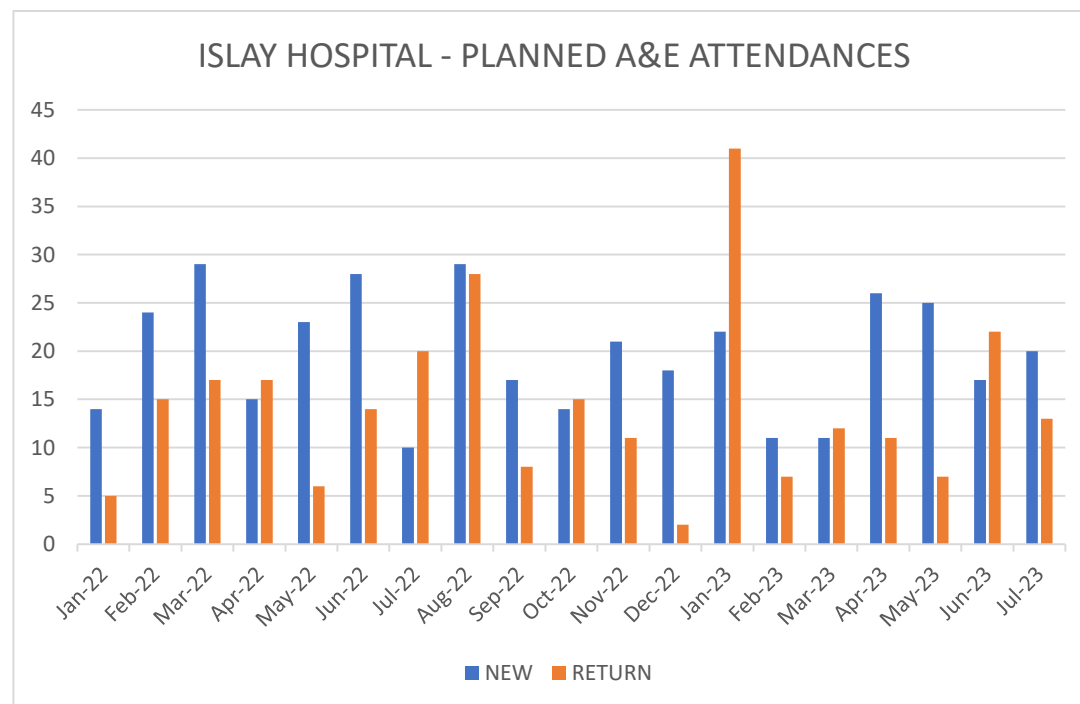
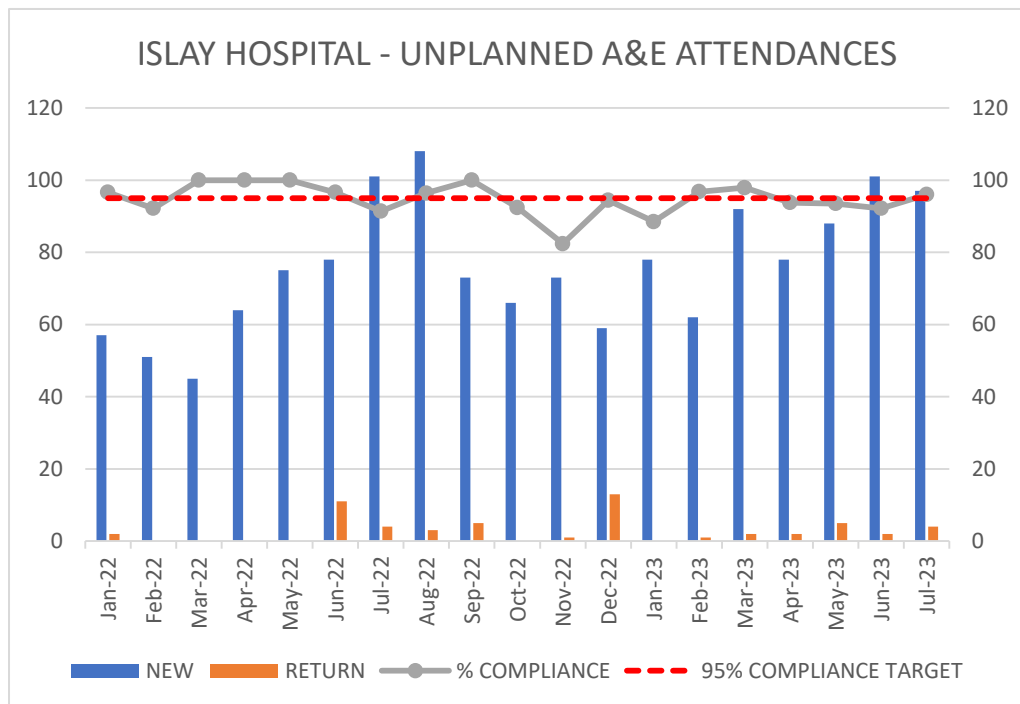


The number of new planned attendances were low with 68% of months seeing no attendances. Return planned attendances were more common with a notable spike in January 2023. There are no identified seasonal trends.

ISLAY HOSPITAL

Islay Hospital saw general increases in new unplanned attendances in the summer months - July and August 2022 and June and July 2023. The number of return unplanned attendances was generally low with almost 90% of months seeing 5 or less attendances.

More than 40% of months saw compliance to the 4 hour target fall below the 95% target line. The poorest performance was in November 2022 when compliance was 82.4%. Four months however saw 100% compliance (March, April, May and September 2022).



New and return planned attendances were seen across all months with a notable peak in return attendances in January 2023. This was also the case in Mull and Iona Community Hospital during the same month.

3. DELAYED DISCHARGES

Source: HSCP Performance and Improvement Team (collated from DD1003 Delayed Discharge Census)

ARGYLL & BUTE HOSPITALS

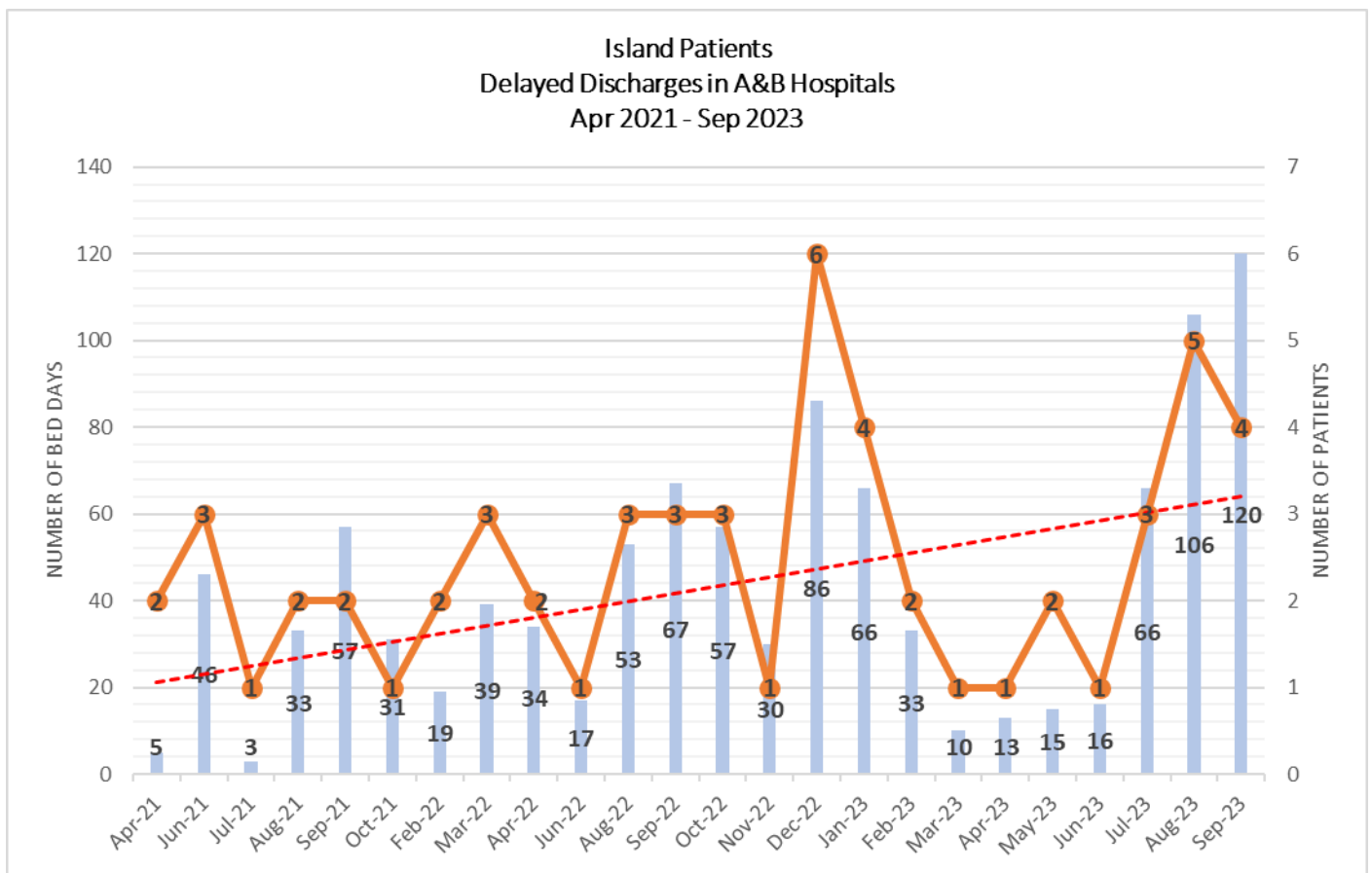
ALL ISLANDS

Patients from Bute, Islay, Lismore, Mull and Tiree were delayed discharges in A & B hospitals.

The largest number of bed days lost in a month due to delayed discharges for patients across the islands was 120 days in September 2023. The lowest number of bed days lost was 3 in July 2021.

The highest number of delayed discharge patients was 6 in December 2022.

There has been an overall upward trend in the number of bed days lost across the reporting period for island patients.

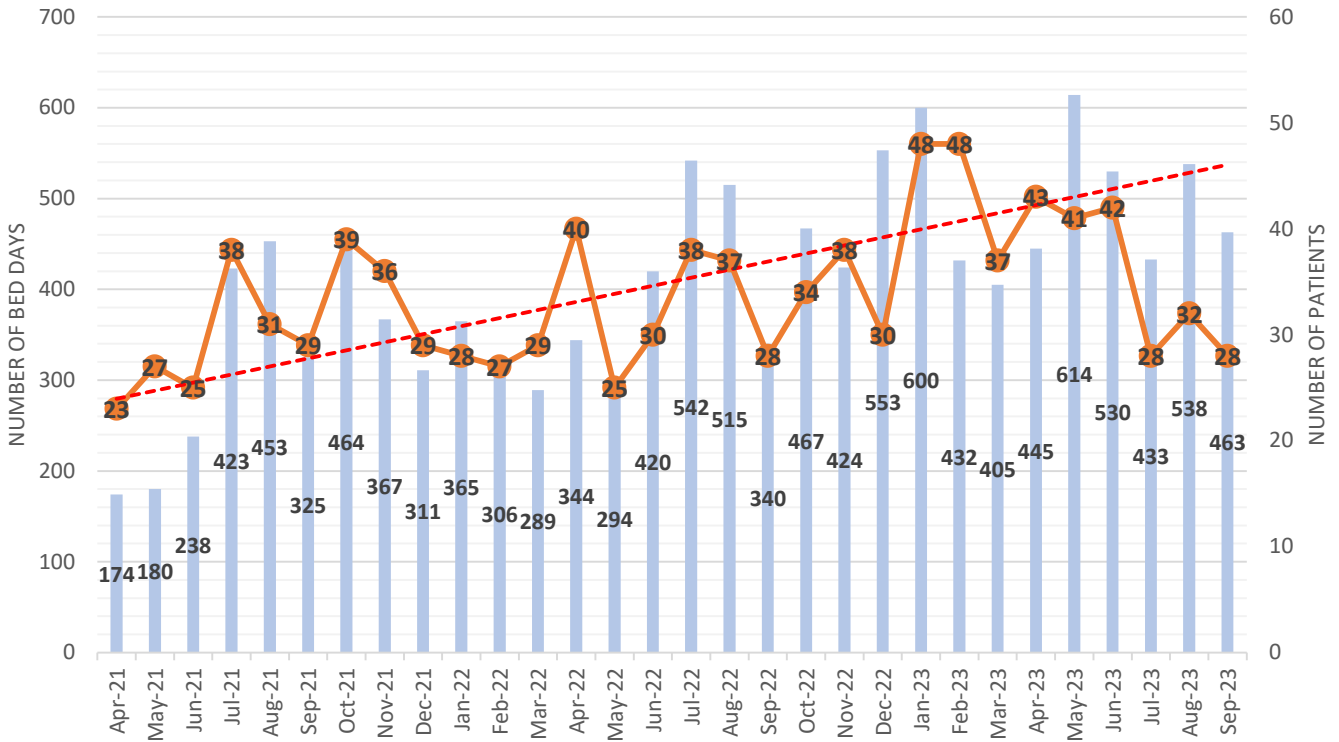


For non-island patients who were delayed discharges in A&B hospitals, the largest number of bed days lost in a month was 614 in May 2023. The lowest number of bed days lost was 174 in April 2021.

The highest number of delayed discharge patients was 48 in both January and February 2023.

As is the case with island patients, there has been an overall upward trend in the number of bed days lost across the reporting period.

**Non-Island Patients
Delayed Discharges in A&B Hospitals
Apr 2021 - Sep 2023**

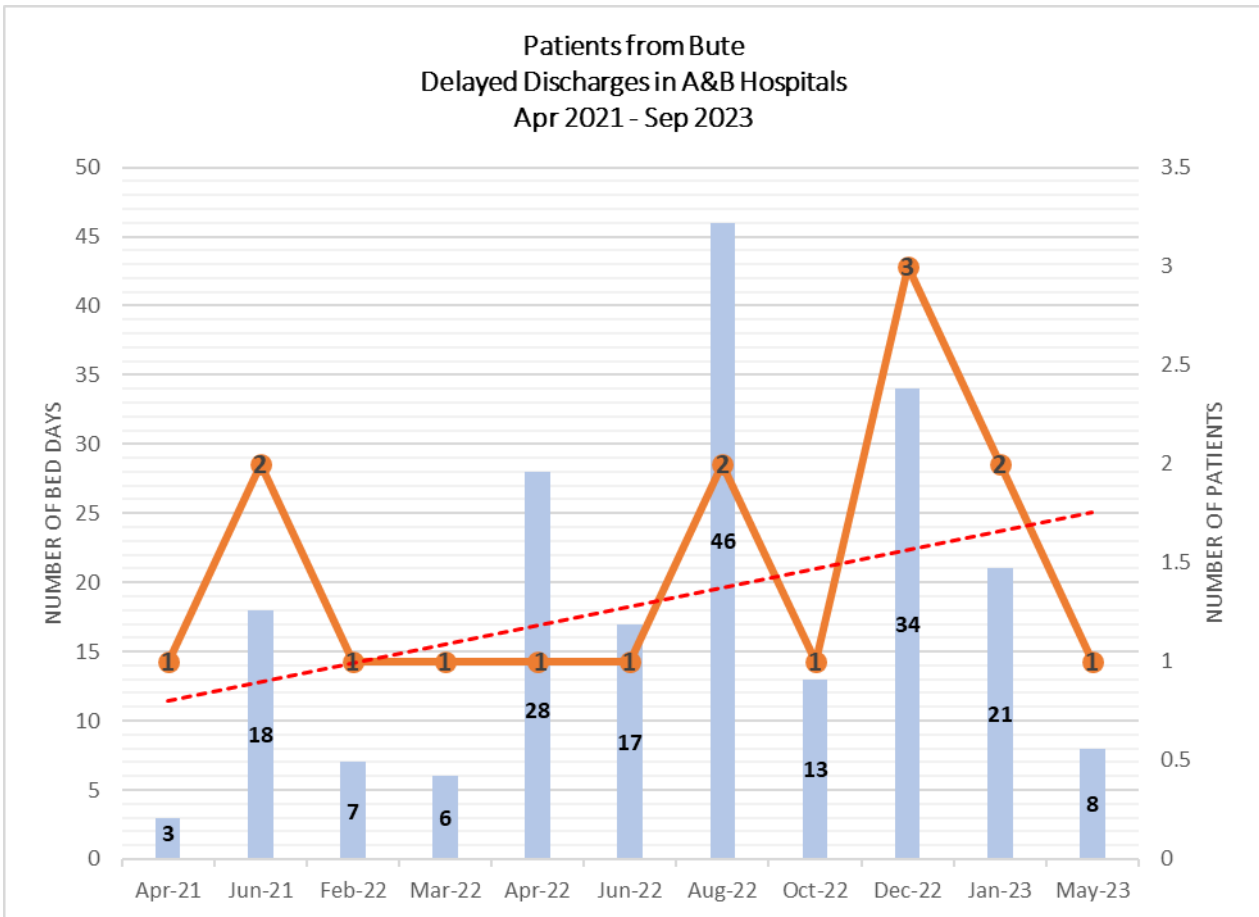


BUTE

The largest number of bed days lost in a month due to delayed discharges for patients from Bute was 46 days in August 2022. The lowest number of bed days lost was 3 in April 2021.

The highest number of delayed discharge patients was 3 in December 2022.

There has been an overall upward trend in the number of bed days lost across the reporting period for patients from Bute.

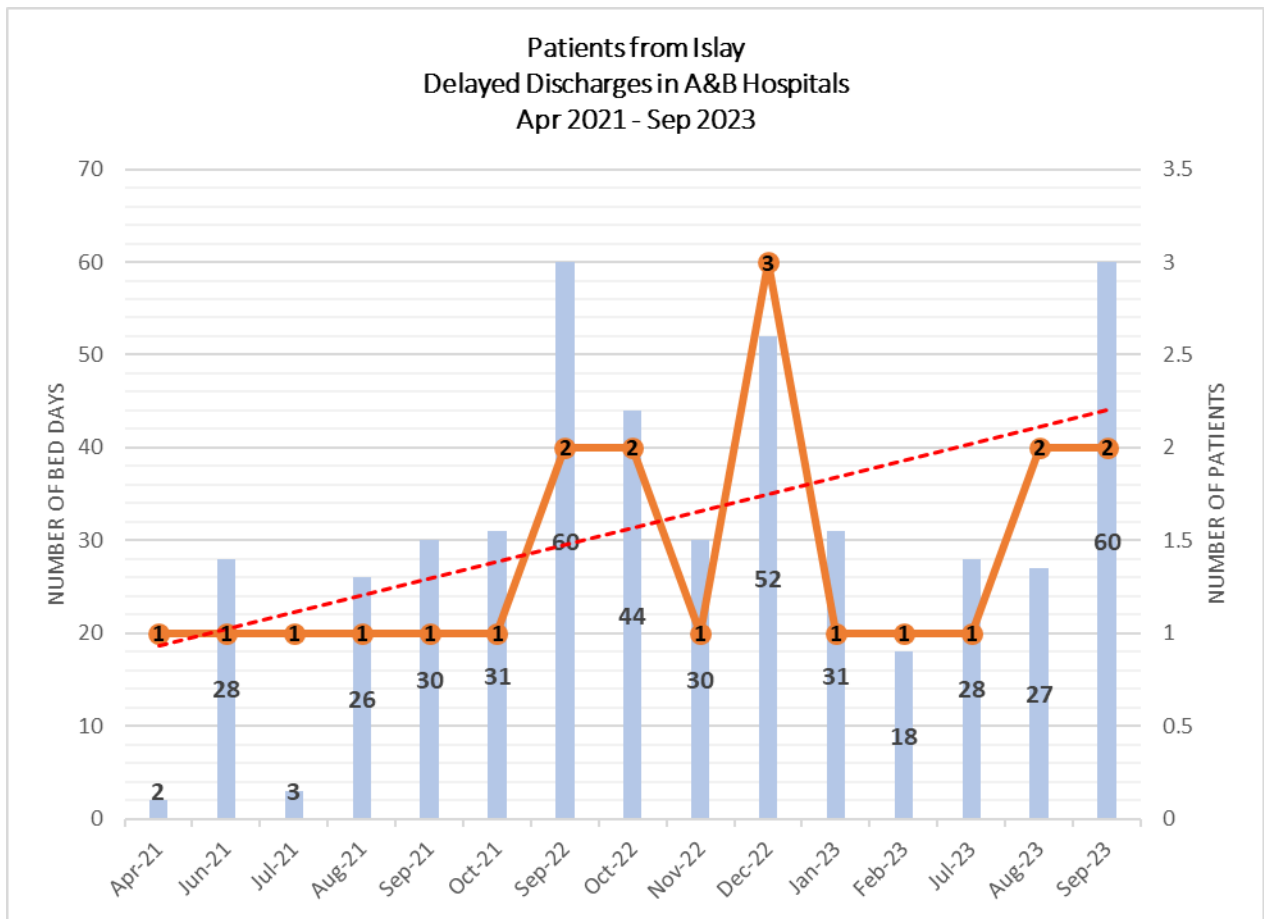


ISLAY

The largest number of bed days lost in a month due to delayed discharges for patients from Islay was 60 days in September 2022 and September 2023. The lowest number of bed days lost was 2 in April 2021.

The highest number of delayed discharge patients was 3 in December 2022.

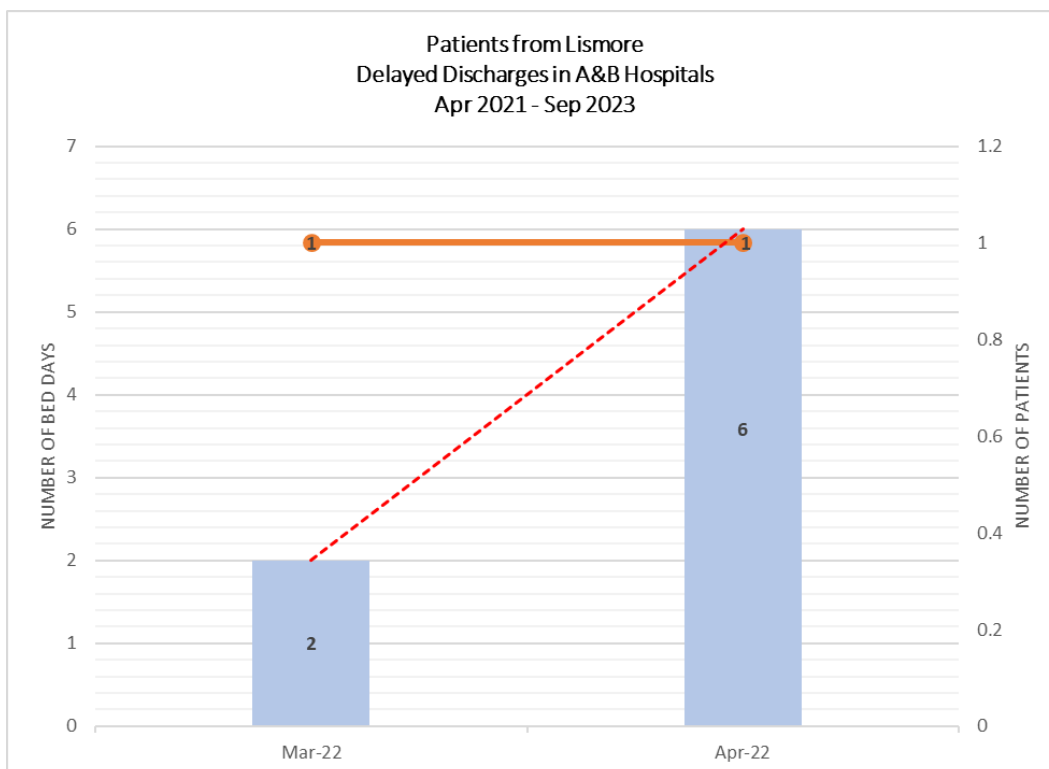
There has been an overall upward trend in the number of bed days lost across the reporting period for patients from Islay.



LISMORE

The number of delayed discharge patients from Lismore was low during the reporting period.

The largest number of bed days lost in a month for patients from Lismore was 8 days in April 2022. The lowest number of bed days lost was 2 in March 2022.

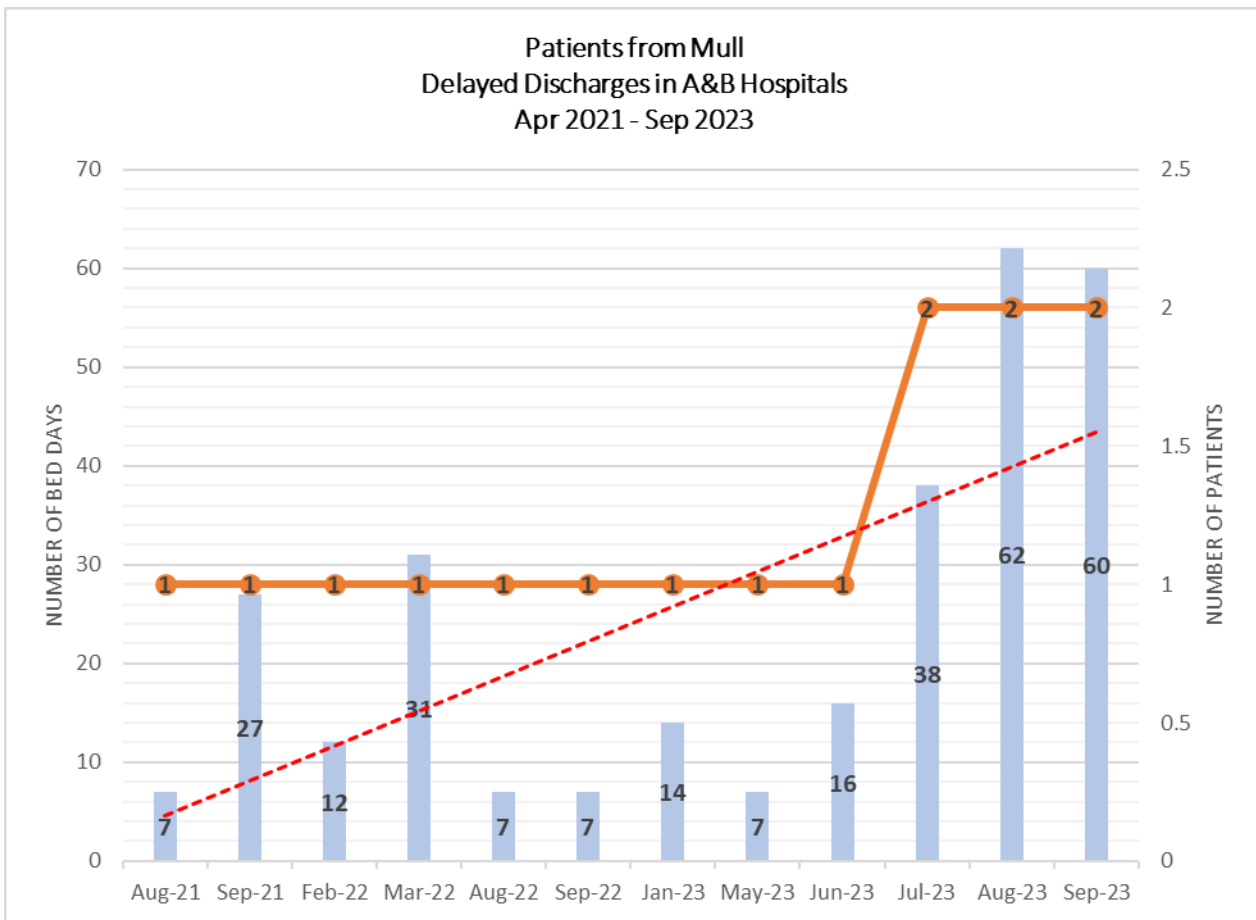


MULL

The largest number of bed days lost in a month due to delayed discharges for patients from Mull was 62 days in August 2023. The lowest number of bed days lost was 7 on four occasions – August 2021, August 2022, September 2022 and May 2023.

The highest number of delayed discharge patients was 2 in July 2023, August 2023 and September 2023.

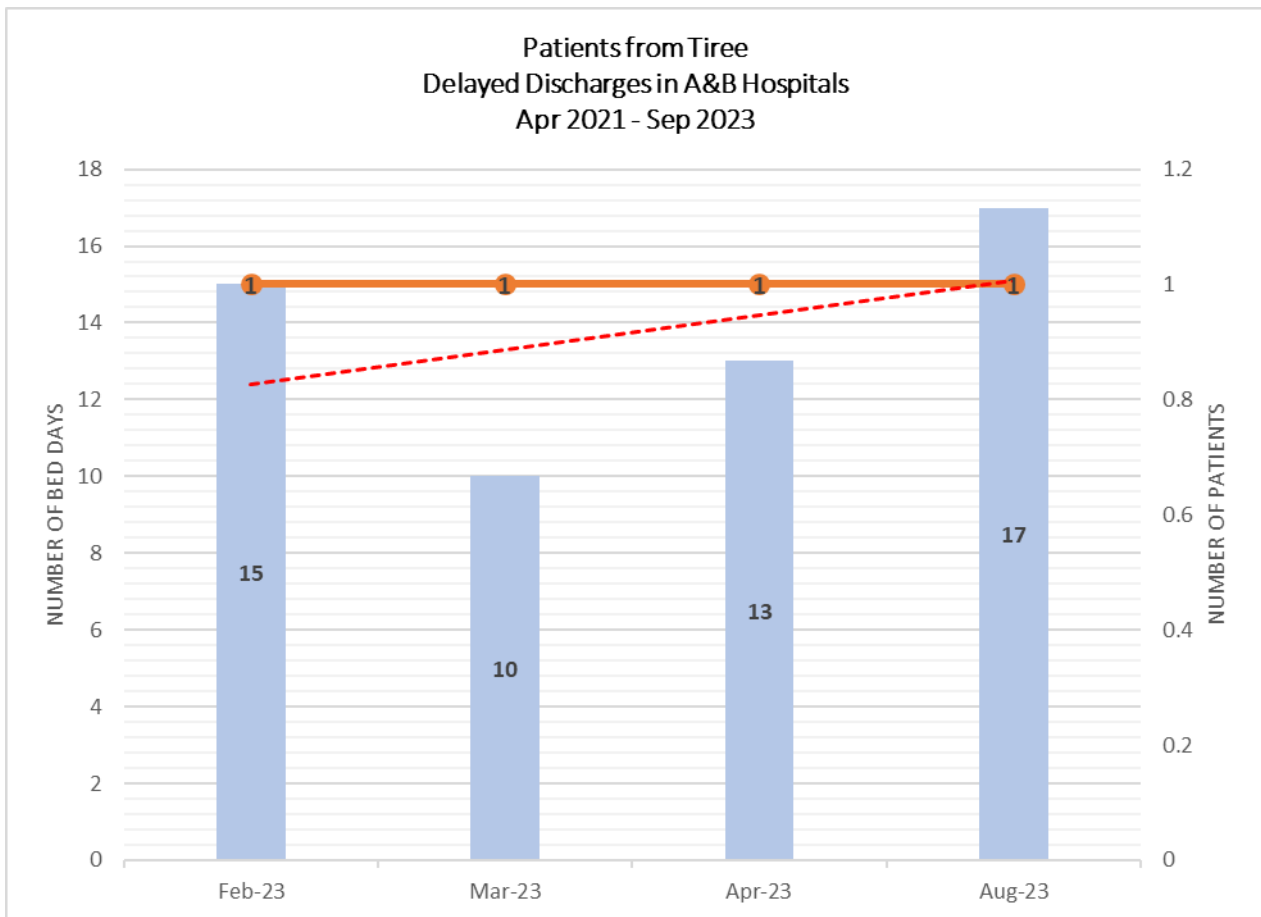
There has been an overall upward trend in the number of bed days lost across the reporting period for patients from Islay.



TIREE

The largest number of bed days lost in a month due to delayed discharges for patients from Tiree was 17 days in August 2023. The lowest number of bed days lost was 10 in March 2023.

There has been an overall upward trend in the number of bed days lost across the reporting period for patients from Tiree.



DISCHARGE DESTINATION

There were a variety of discharge destinations for island residents including care homes and various forms of private residences.

	Bute	Islay	Lismore	Mull	Tiree
Care Home	✓	✓	✓	✓	
Private Residence - Living Alone	✓	✓	✓	✓	✓
Private Residence - Living with relatives or friends	✓	✓		✓	
Private Residence - Supported	✓			✓	
Death		✓		✓	✓
Unknown		✓			

For mainland A&B residents, the below discharge destinations were recorded:

Death	✓
Home (not specified if package of care)	✓
Home with package of care	✓
Placement (Nursing/Care Home)	✓
Not Discharged in Reporting Month	✓
Not Medically Fit For Discharge	✓

DELAYED DISCHARGE REASON

The below table outlines the reasons island patient's discharge from A&B hospitals were delayed. These related primarily to awaiting placements within suitable accommodation. The completion of a variety of assessments and paperwork were also noted to be prevalent.

	Bute	Islay	Lismore	Mull	Tiree
Awaiting commencement of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT.	✓	✓			✓
Awaiting completion of arrangements - In order to live in their own home - awaiting social support (non-availability of services)	✓	✓		✓	✓
Awaiting completion of arrangements - Re Housing provision (including sheltered housing and homeless patients)	✓	✓		✓	
Awaiting completion of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT.	✓	✓	✓	✓	✓
Awaiting place availability in an Intermediate Care facility.	✓	✓			
Awaiting place availability in Specialist Residential Facility for younger age groups (<65)	✓				
Complex Needs - Awaiting Case Conference	✓				
Complex Needs - Awaiting Solicitor (Local Authority Application)	✓				
Family/Relatives arranging care.	✓				
Awaiting completion of arrangements for Care Home Placement.		✓			
Awaiting place availability in Local Authority Residential Home.		✓			
Complex Needs - Consideration of S13za of the Social Work (Scotland) Act 1968 (Private Application)			✓		
Awaiting place availability in Nursing Home.				✓	
Disagreement between patient/carer/family and health and social care.				✓	
Legal issues (including intervention by patients lawyer) - eg. Informed consent and/or adult protection issues.				✓	

For mainland A&B patients, delayed discharges were also due to various reasons including awaiting the completion of care arrangements, a lack of available places and legal or financial issues.

GG&C HOSPITALS

Source: HSCP Performance and Improvement Team (collated from GGC Microstrategy and GGC TrakCare)

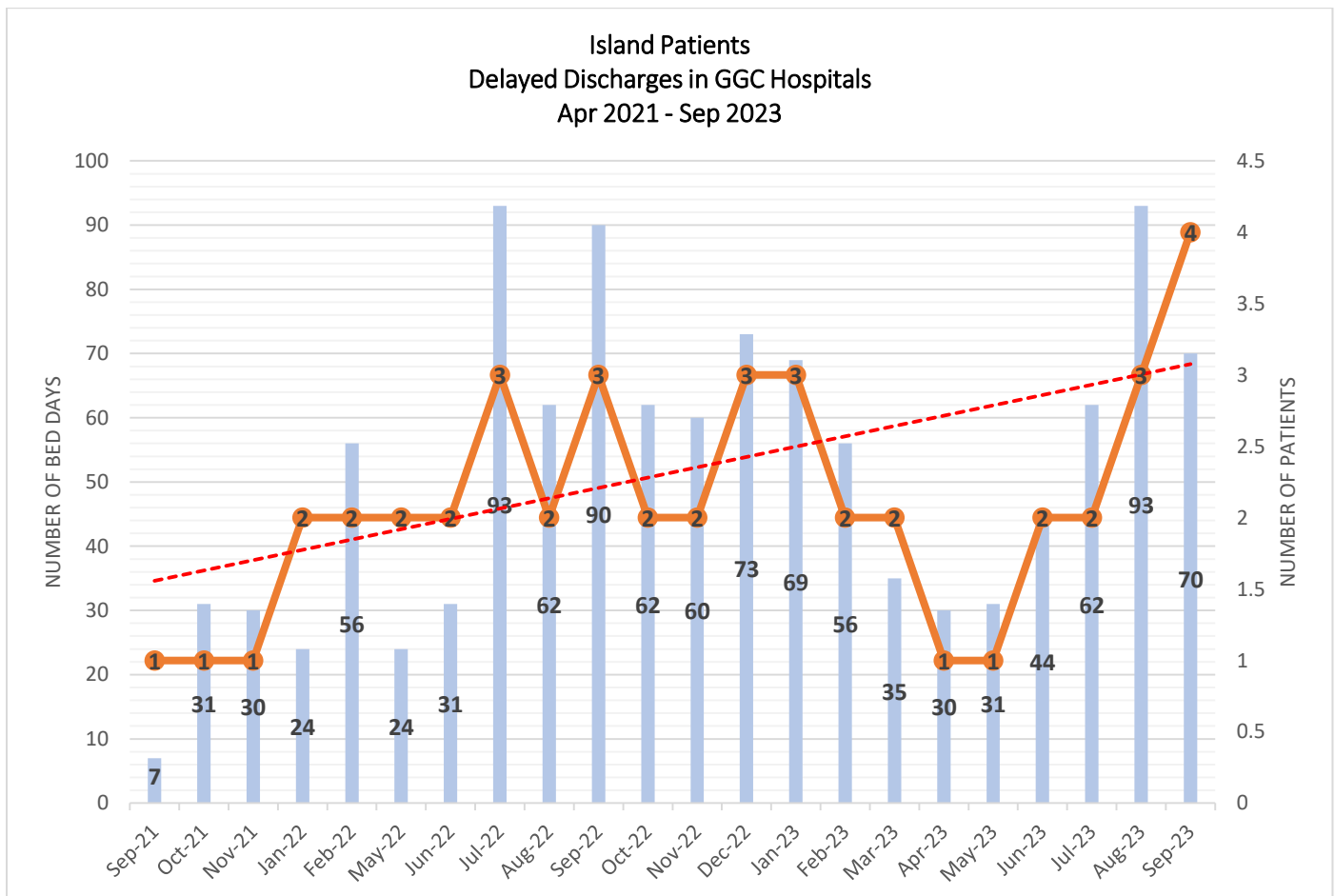
ALL ISLANDS

Patients from Bute, Islay and Tiree were delayed discharges in GGC hospitals between April 2021 and September 2023.

The largest number of bed days lost in a month due to delayed discharges for patients from Bute was 93 days in July 2022 and August 2023. The lowest number of bed days lost was 7 in September 2021.

The highest number of delayed discharge patients was 4 in September 2023.

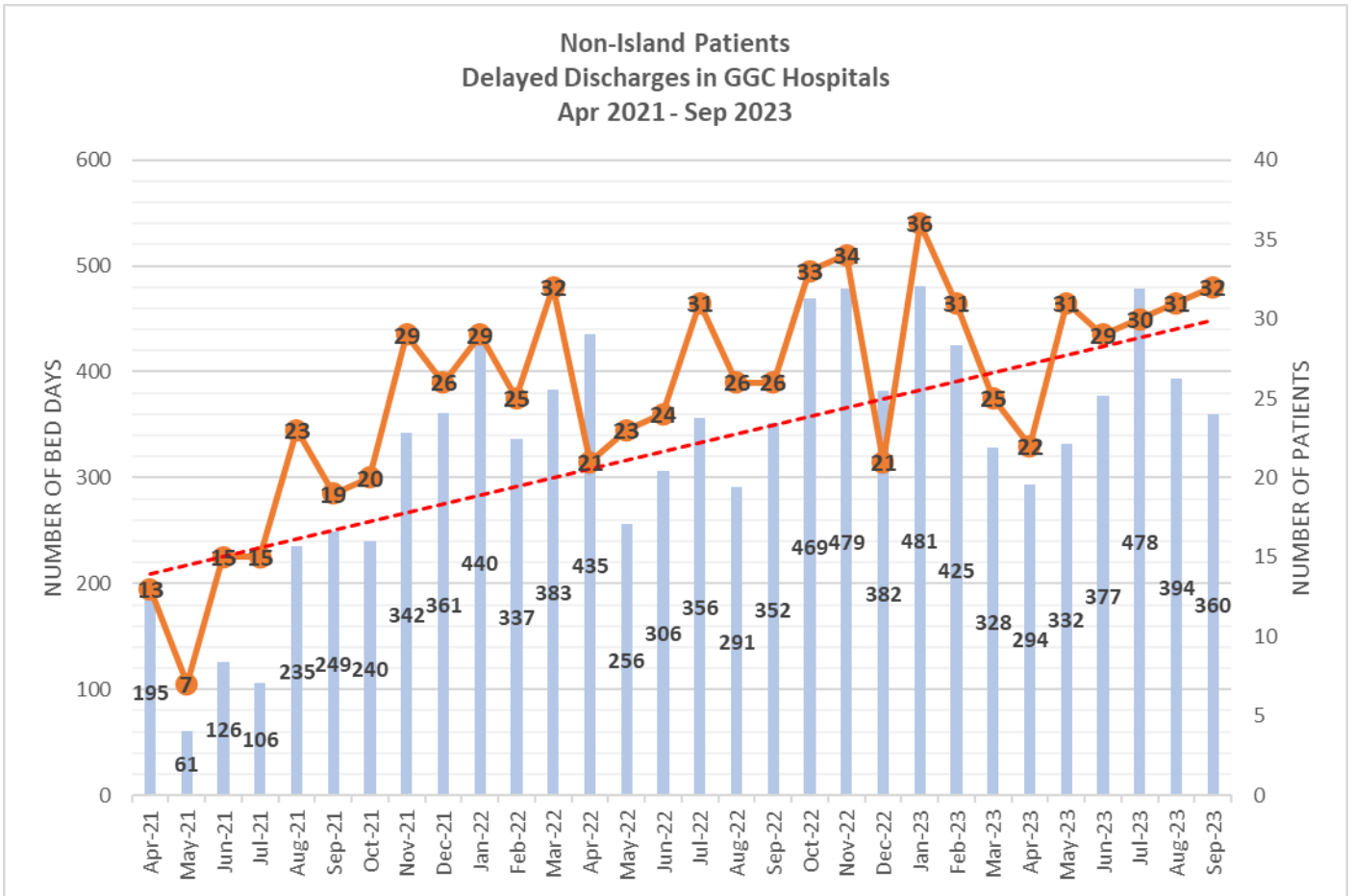
There has been an overall upward trend in the number of bed days lost across the reporting period for patients from Bute.



For non-island patients who were delayed discharges in GGC hospitals, the largest number of bed days lost in a month was 481 in January 2023. The lowest number of bed days lost was 61 in May 2021.

The highest number of delayed discharge patients was 36 in January 2023.

As is the case with island patients, there has been an overall upward trend in the number of bed days lost across the reporting period.

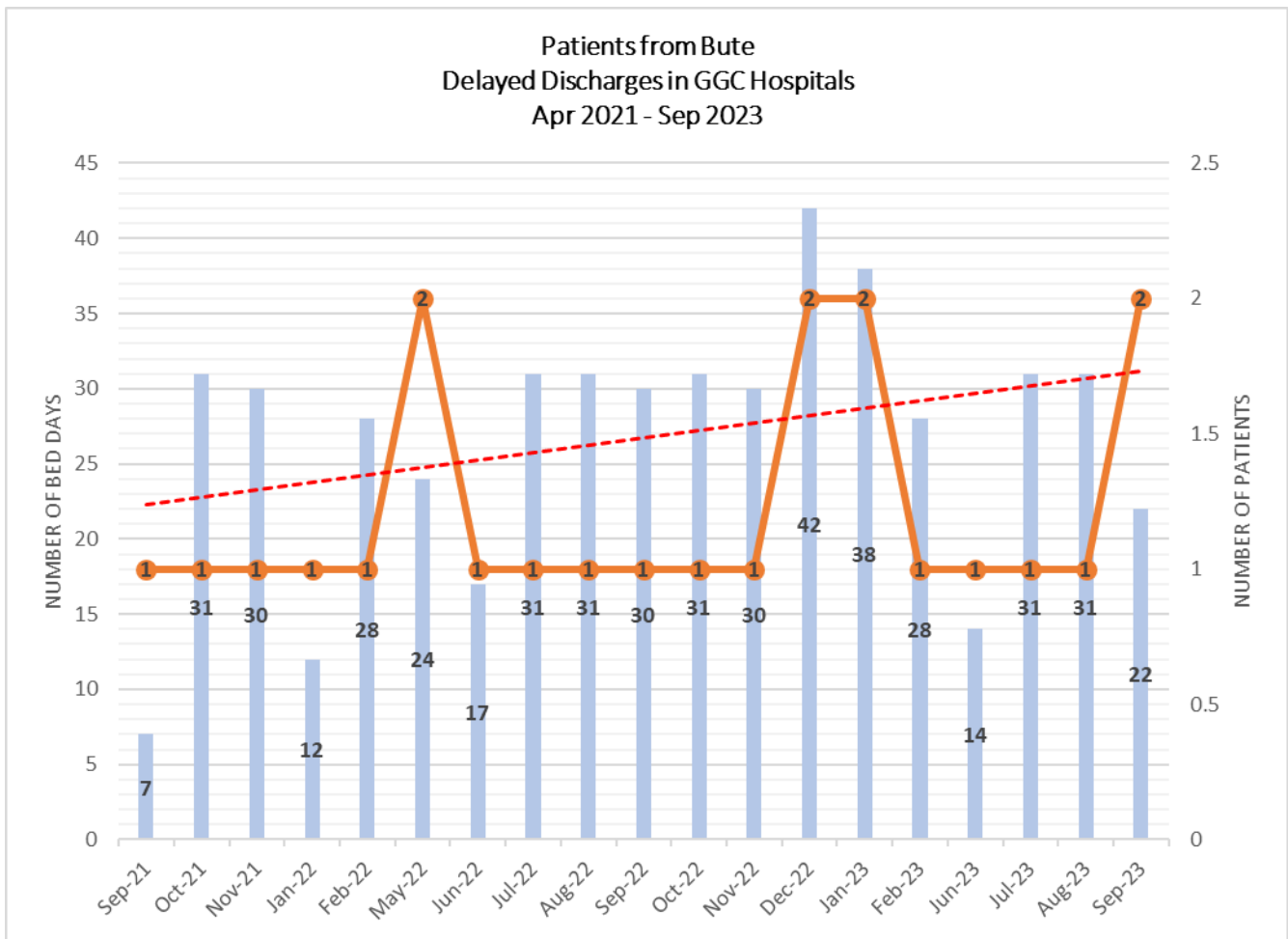


BUTE

The largest number of bed days lost in a month due to delayed discharges for patients from Bute was 42 days in December 2022. The lowest number of bed days lost was 7 in September 2021.

The highest number of delayed discharge patients was 2 in May 2022, December 2022, January 2023 and September 2023.

There has been an overall upward trend in the number of bed days lost across the reporting period for patients from Bute.

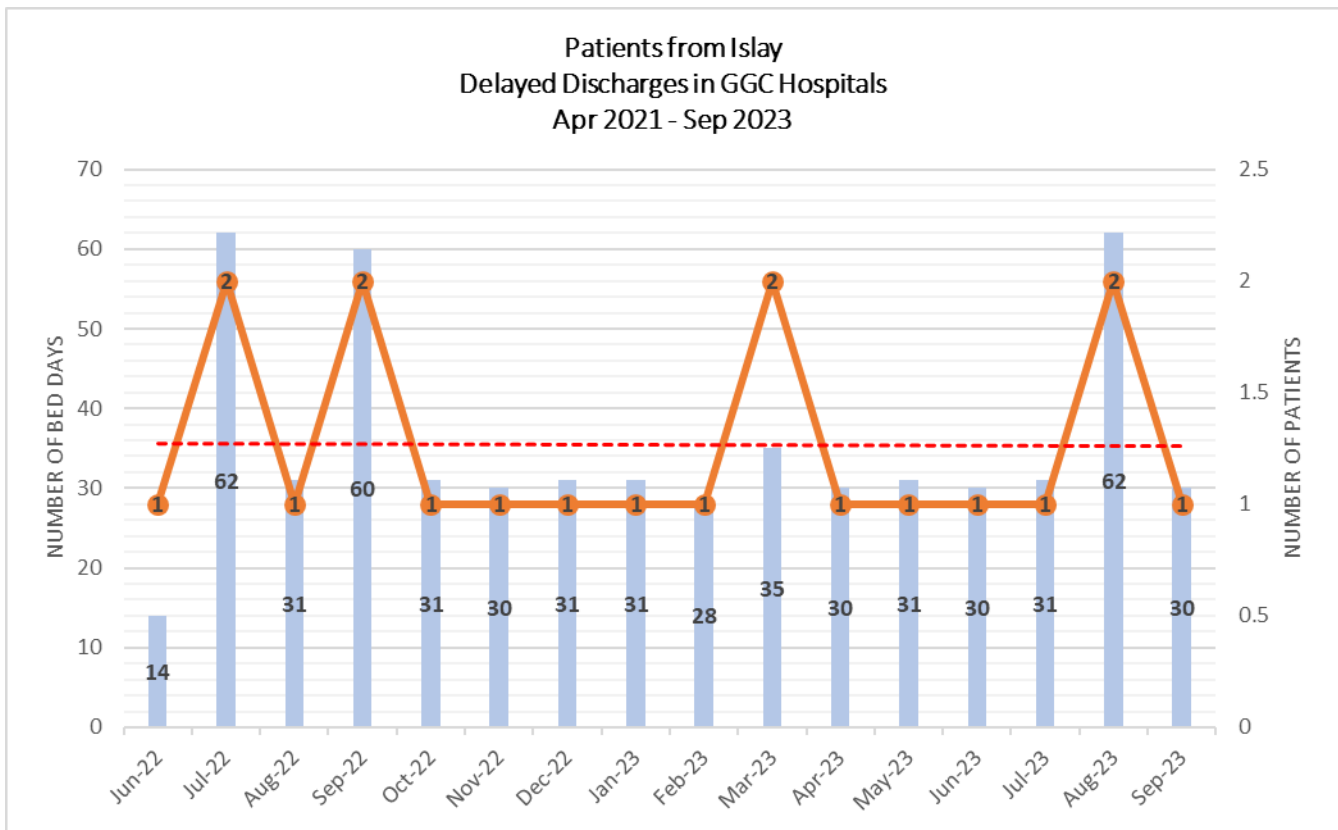


ISLAY

The largest number of bed days lost in a month due to delayed discharges for patients from Islay was 62 days in July 2022 and August 2023. The lowest number of bed days lost was 14 in June 2022.

The highest number of delayed discharge patients was 2 in July 2022, September 2022, March 2023 and August 2023.

There is no identifiable trend in number of bed days lost over the reporting period.

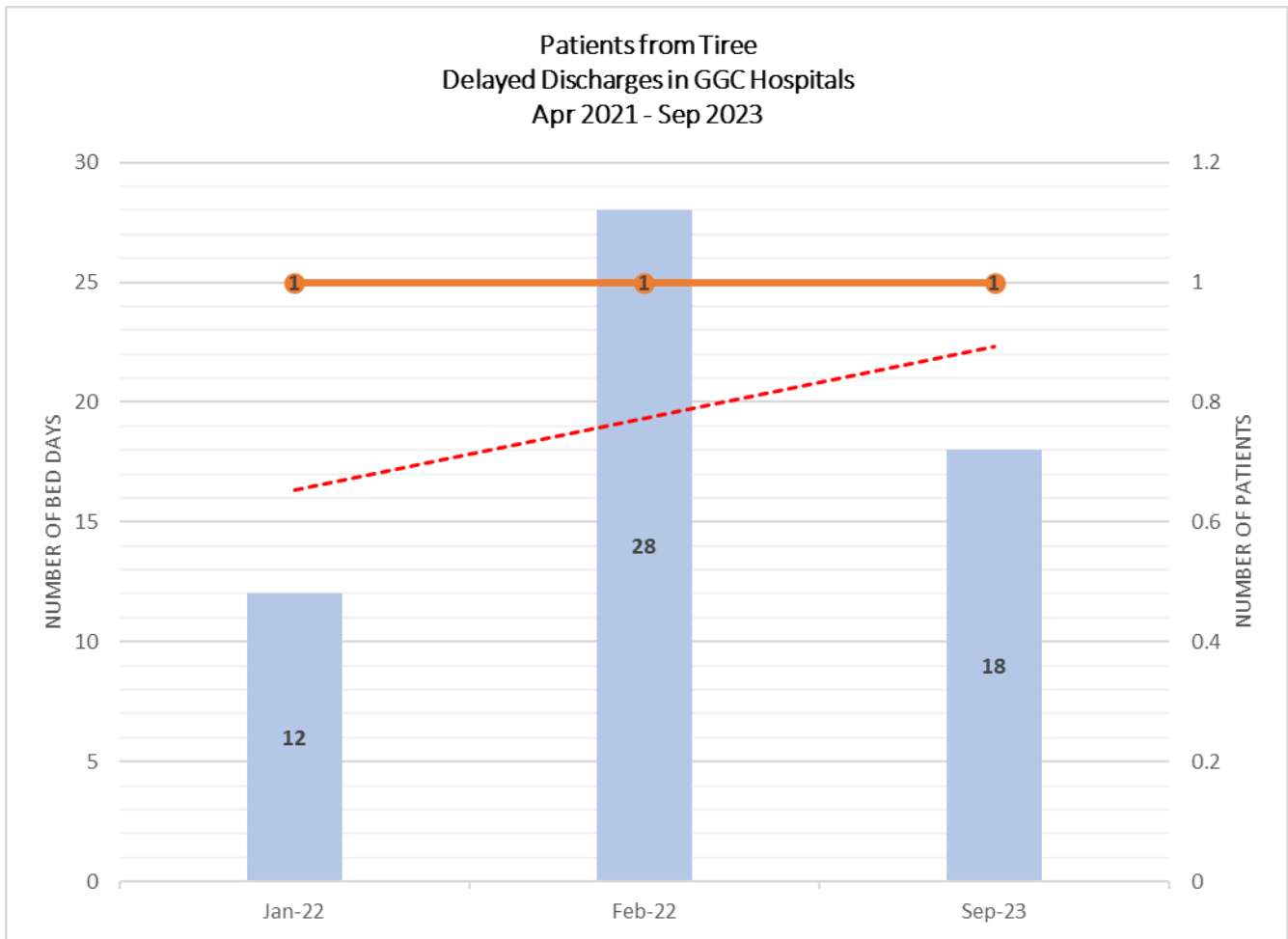


TIREE

Patients from Tiree were only delayed discharges during three months of the reporting period. The largest number of bed days lost in a month due to delayed discharges for patients was 28 days in February 2022. The lowest number of bed days lost was 12 in January 2022.

There was only one patient with a delayed discharge during each of the three months.

There has been an overall upward trend in the number of bed days lost across the reporting period for patients from Tiree.



DISCHARGE DESTINATION

Patients from Bute and Islay were awaiting discharge to care homes and to their own homes with a homecare package. Patients from Tiree were awaiting discharge to their own homes with a homecare package only.

	Bute	Islay	Tiree
Care Home	✓	✓	
Discharged Home with Homecare	✓	✓	✓

Patients from mainland Argyll and Bute were discharged to the below destinations:

Death	✓
Home (not specified if package of care)	✓
Home with package of care	✓
Interim Placement	✓
Not Discharged in Reporting Month	✓
Not Medically Fit for Discharge	✓
Placement (Nursing/Care Home)	✓
Self Discharged	✓
Transfer to another hospital/specialty/care provider or ward	✓

DELAYED DISCHARGE REASON

The below table outlines the reasons island patients discharge from GGC was delayed. These related primarily to awaiting completion of a variety of assessments and paperwork. Issues around the availability of suitable support services and placements within suitable accommodation were also noted to be prevalent.

	Bute	Islay	Tiree
Awaiting application to be lodged (LA application)	✓	✓	
Awaiting completion of arrangements - In order to live in their own home - awaiting social support (non availability of services)	✓	✓	✓
Awaiting completion of medical reports (Private application)		✓	
Awaiting completion of post-hospital social care assessment (including transfer to another area team). Social care includes home care and social work OT.	✓		✓
Awaiting court date (LA application)	✓		
Awaiting Legal Aid (Private application)	✓	✓	
Awaiting Mental Health Officer completion of reports (LA application)	✓		
Awaiting Mental Health Officer completion of reports (private application)		✓	
Awaiting place availability in Care Home (EMI/Dementia bed required)	✓		
Awaiting place availability in Independent Residential Home		✓	
Awaiting place availability in nursing home		✓	
Awaiting Solicitor (Private application)	✓	✓	
Complex Needs - Awaiting Case Conference	✓		
Consideration of S13za of the Social Work (Scotland) Act 1968 (LA Application)	✓	✓	
Consideration of S13za of the Social Work (Scotland) Act 1968 (Private Application)	✓	✓	
Ward Closed but cannot be discharged due to closure	✓		

For mainland A&B patients, delayed discharges were also due to various reasons including awaiting the completion of care arrangements, a lack of available places and legal or financial issues.

4. NHS GREATER GLASGOW AND CLYDE ACTIVITY

Source: SMR01 AcaDMe PHS Datamart as at 27th November 2023

INPATIENT/DAY CASES

Data was obtained for the financial years 2021/22, 2022/23 and 2023/24 (as at November 2023).

Island residents are required to travel to Greater Glasgow and Clyde (GGC) Health Board area for treatment under a large number of specialties. Patients were seen as both day cases and admitted as inpatients. Overall, the majority of were admitted as inpatients however this was specialty specific with some specialties such as Gastroenterology and Urology having higher numbers of day cases.

Patients from Bute and Islay accounted for 75% of island residents treated in GGC across the full reporting period. Mull residents accounted for a further 11% and Tiree 8%. Patients from the smaller island communities made up the remaining 6%. This is in keeping with the population volumes on each of the islands.

The most common specialties that island residents were treated for in GGC were General Medicine, General Surgery and Orthopaedic Surgery (see tables for further speciality breakdowns)

When looking at the projected appointment numbers for island residents in 2023/24 (based on the first 8 months of data), there has been an 8% drop in activity since 2021/22. This may be due to overall national service pressures and a pandemic related backlog in inpatient activity.

General Medicine and General Surgery see the largest number of patients overall however both specialties are projected to see slight decreases in activity in 2023/24. Ophthalmology is however projected to see a 22% increase.

OUTPATIENTS

Data was obtained for the financial years 2021/22, 2022/23 and 2023/24 (as at November 2023).

Island residents are required to travel to Greater Glasgow and Clyde (GGC) Health Board area for Outpatient treatment under a large number of specialties.

Patients from Bute and Islay accounted for more than 75% of island residents treated in GGC across the full reporting period. Mull residents accounted for a further 11% and Tiree for 5%. Patients from the smaller island communities made up the remaining 7%. This is in keeping with the population volumes on each of the islands.

Trauma and Orthopaedic Surgery, Ophthalmology and Dermatology provided the largest number of appointments to island residents (see tables for further speciality breakdowns).

When looking at the projected appointment numbers for island residents in 2023/24 (based on the first 8 months of data for 23/24 and on the number of appointments attended), almost all islands are projected to see an increase in the number of outpatient appointments since 2021/22. The exceptions to this are Lismore and Seil which are projected to see a 14% and 1% decrease in appointment numbers respectively.

The majority of specialties are also projected to see an increase in the number of outpatient appointments provided to island residents. A number of specialties who already provide a large number of appointments are projected to see notable increases including 24% increase for Dermatology and a 52% increase for Urology.

5. NHS HIGHLAND OUTPATIENT ACTIVITY – NORTH HIGHLAND

Source: *TrakCare PMS as at 2nd April 2024*

Please read analysis in conjunction with associated tables.

Data was obtained for the financial years 2021/22, 2022/23 and 2023/24 (as at July 2023).

Island residents attended NHS Highland sites out with Argyll and Bute for Outpatient appointments. Overall, across the full reporting period, patients from Mull accounted for 70% of those attending Outpatient appointments at NHS Highland sites. This is assessed to be largely due to both geography and transport links with it being easier for Mull residents to reach these sites easier than those from other islands.

Raigmore Hospital provided 45% of the appointments and Belford Hospital for a further 26%. Pain Management and General Psychiatry (Mental Illness) were the specialties which provided the largest number of appointments to island residents (see tables for further specialty breakdown).

When looking at the projected appointment numbers for island residents in 2023/24 (based on the first 4 months of data for 23/24), almost all specialties are expected to see a decline since numbers seen in 2021/22. Exceptions to this are General Psychiatry (Mental Illness), Gynaecology, Pain Management and Urology. Overall, there is a projected 4% decrease in all appointments.

6. ISLAND RESIDENT NEAR ME APPOINTMENTS

NEAR ME APPOINTMENTS – NHS HIGHLAND

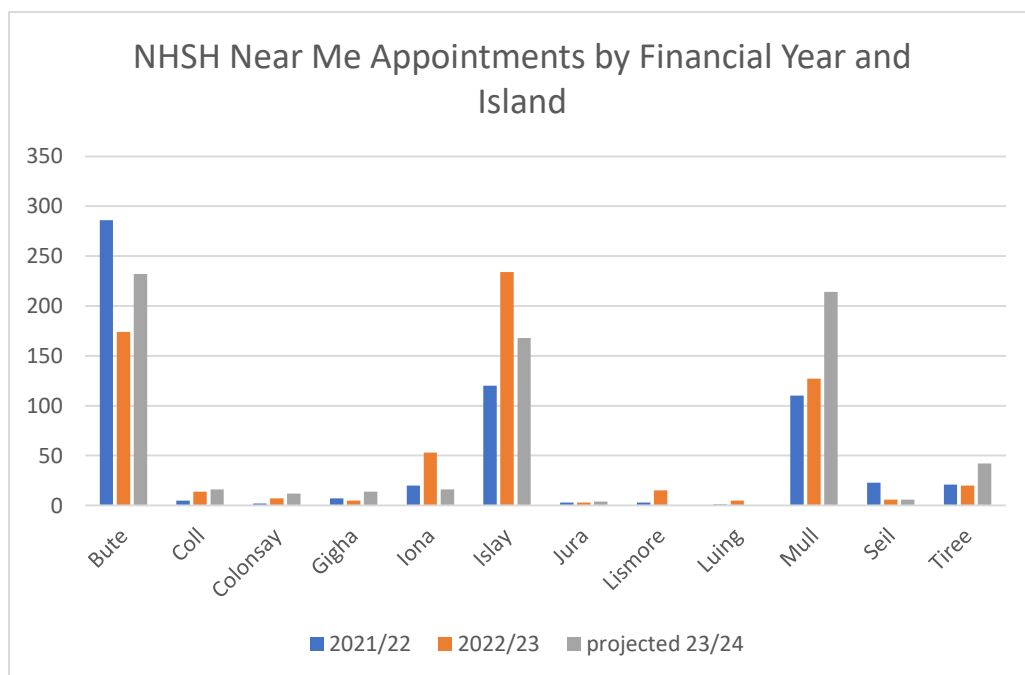
Source: TrakCare PMS as at 20th December 2023

Near Me is utilised by NHS Highland across the islands.

Based on projected figures for 2023/24, Coll, Colonsay, Mull and Tiree have seen an increase in Near Me appointments over the full reporting period. Mull is projected to see a 95% increase in appointments from 2021/22 to 2023/24.

Bute is projected to see a 33% increase from 2022/23 to 2023/24. This is however an overall reduction of 19% in activity since 2021/22.

Islay saw a 95% increase in Near Me appointments from 2021/22 to 2022/23. Activity is then projected to reduce by 28% in 2023/24.



Coll and Colonsay have the highest projected appointment rate for 2023/24. 1 in 9 residents in Colonsay are projected to attend a Near Me appointment as are 1 in 11 in Coll. Islands such as Jura and Seil have much lower projected rates with 1 in 68 and 1 in 96 residents respectively projected to attend a Near Me appointment.

For Argyll and Bute as a whole, 3 in 100 people were projected to attend a Near Me appointment in 2023/24. This is lower than most of the islands.

It is therefore clear that there are varying levels of usage of Near Me across the islands. Reasons for this may include geographical proximity/access to the mainland. Seil for example is linked to the mainland by a bridge and residents may be able to travel more easily and attend in-person appointments are therefore more favourable.

Island	Projected no. of Appointments in 2023/24	Rate per 100/population	Rate Per Head
Argyll & Bute	2986	3	1 in 30
Bute	232	4	1 in 27
Coll	16	10	1 in 11
Colonsay	12	11	1 in 9
Gigha	14	8	1 in 13
Iona	16	8	1 in 12
Islay	168	5	1 in 20
Jura	4	2	1 in 68
Lismore	0	-	-
Luining	0	-	-
Mull	214	7	1 in 15
Seil	6	1	1 in 96
Tiree	42	6	1 in 18

Please see associated tables in spreadsheet in conjunction with below analysis

Near Me has been used most frequently for island patients requiring mental health support and treatment. Specialties including Clinical Psychology, CAMHS, and Mental Health Nursing account for more than 50% of all Near Me Appointments across the full reporting period. There has been a notable increase in CAMHS Near Me appointments with 0 recorded in 2021/22 increasing to 101 in 2023/24. Clinical Psychology and Psychological Services have however seen a decline in activity.

Dietetics was also noted to be a dominant specialty for Near Me appointments accounting for 22% of all appointments during the reporting period. Activity has however declined with projected figures for 2023/24 showing a 37% decrease.

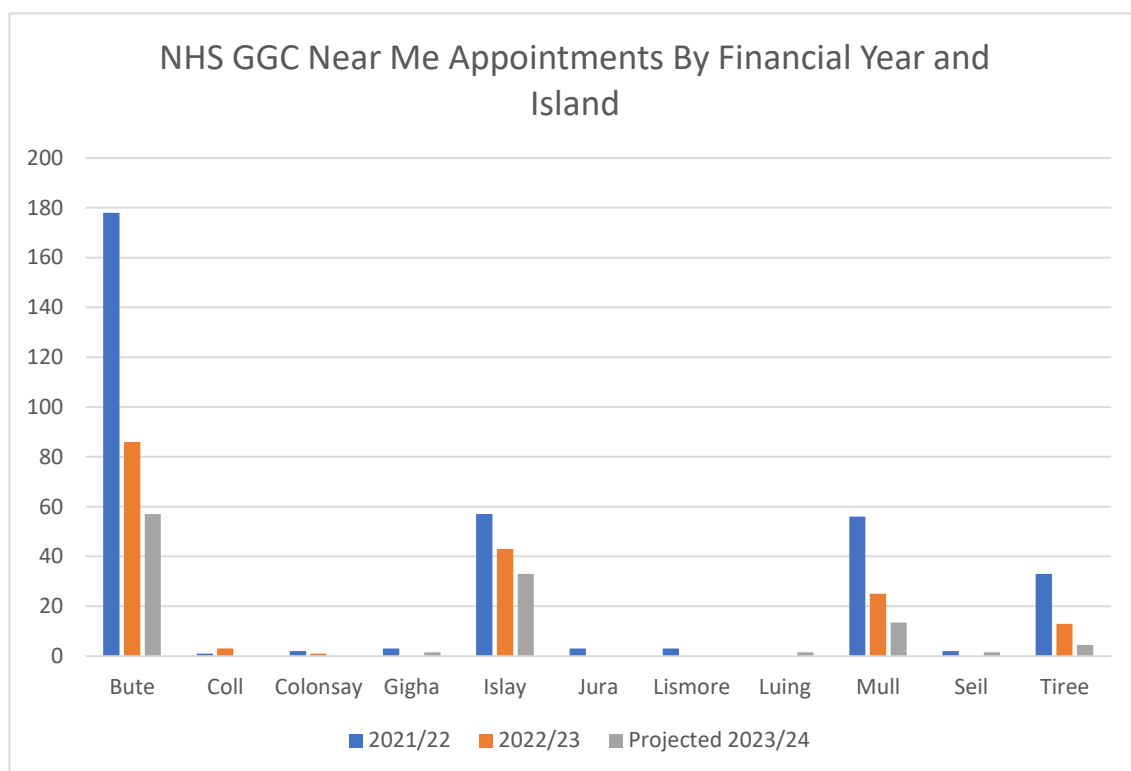
The majority of Near Me appointments were for patients from Bute, Islay and Mull – these are the islands with the largest populations.

All Near Me appointments for Community Paediatrics were for patients from Bute.

NEAR ME APPOINTMENTS – NHS GREATER GLASGOW & CLYDE

Source: SMR01 AcaDMe PHS Datamart as at 21st December 2023

Data was obtained in respect of island residents who had received a 'Videolink' clinical interaction from a Greater Glasgow & Clyde health professional. While these were not necessarily defined as 'Near Me' appointments, they provide a valuable insight into the virtual consultation services provided by GG&C.



Based on projected figures for 2023/24,

it can be seen that almost all islands have seen a decline in the number of Near Me appointments since 2021/22. There were no recorded videolink appointments for patients from Iona.

This decline in videolink appointments since 2021/22 may be a direct result of activity returning to pre-pandemic processes with an increasing number of patients being seen in GG&C in person.

Islay is projected to see 1 in 100 residents attending a video link appointment in 2023/24. All other islands are projected to have fewer than 1 in 100. Islay and Bute have the highest projected appointment rate per head for 2023/24 with 1 in every 116 residents in Bute projected to attend a videolink appointment. Islands such as Seil and Mull have much lower projected rates with 1 in 383 and 1 in 244 residents respectively projected to attend a videolink appointment. These rates are notably lower overall than those seen for Near Me appointments facilitated by NHS Highland.

For Argyll and Bute as a whole, 1 in every 100 residents are projected to attend a videolink appointment with GGC in 2023/24. This is a similar rate to a number of the islands including Islay, Bute and Luing.

Island	Projected no. of Appointments in 2023/24	Rate per 100/population	Rate per Head
Argyll & Bute	859	1	1 in 104
Bute	57	0.9	1 in 111
Coll	0	0	-
Colonsay	0	0	-
Gigha	2	0.8	1 in 124
Islay	33	1	1 in 100
Jura	0	0	-
Lismore	0	0	-
Luing	2	0.9	1 in 116
Mull	14	0.4	1 in 244
Seil	2	0.3	1 in 383
Tiree	5	0.6	1 in 165

Please see associated tables in spreadsheet in conjunction with below analysis

Videolink appointments were utilised by NHS Greater Glasgow & Clyde for island patients across a variety of specialties. Oral Surgery saw the greatest level of activity over the full reporting period. Respiratory Medicine and General Surgery also saw a larger number of patients overall however this is largely accounted for due to higher numbers of patients seen in 2021/22. Consultant led clinics across most specialties have seen a notable decline in the number of island patients seen via videolink appointments over the last three years. There is a projected 72% overall decrease in activity from 2021/22 to 2023/24.

7. SCOTTISH AMBULANCE SERVICE

Please read this analysis in conjunction with the SAS Tables spreadsheets.

Source: Scottish Ambulance Service as at October 2023

	No. of road transfers in 2023/24 (Apr to Sept)	Rate per 100/ population	Rate per head/population
Bute	687	11	1 in 9
Coll	0	-	-
Gigha	3	2	1 in 62
Iona	4	2	1 in 50
Islay	336	10	1 in 10
Jura	4	2	1 in 63
Lismore	1	1	1 in 173
Mull	275	8	1 in 12
Seil	33	6	1 in 17
Tiree	51	7	1 in 15

Table X: SAS Road transfers – numbers and rates

1. ISLAND ROAD AMBULANCE TRANSFERS

This data covers all road journeys from the stated island location regardless of destination. Of note, the patients transferred by road in Tiree, Lismore, Gigha and Iona will have been transferred from locations such as their home address or a GP surgery to the airstrip or helicopter landing pad.

Overall, the number of patients transferred by road were generally in keeping with the population levels on each island with Bute seeing the largest number of transfers followed by Mull and Islay. Lismore and Iona saw the lowest numbers.

The types of transfer (i.e. Emergency; HCP Scheduled; Routine) varied from island to island. For example, more than half of transfers from Bute were 'Emergency' whereas transfers from Islay were most likely to be 'Routine'.

2. ISLAND HOSPITAL SITES ROAD AMBULANCE INTER HOSPITAL TRANSFERS

Only 9 patients were recorded as being transferred by road ambulance from Islay Hospital during the reporting period. The most common transfer location was to Islay Hospital. Where the patients are recorded as being transferred within the same hospital, this usually reflects a transfer from the hospital to a transit point (e.g. helicopter landing pad or airstrip). Occasionally, patients may be transferred from one part of the hospital to another due to extenuating circumstances.

Almost all patients transferred by road ambulance from Mull and Iona Community Hospital were transferred to LIH. Other locations included QEUH and The Royal Alexandra Hospital (RAH).

Nearly half of all patients transferred from Victoria Hospital were transferred to Inverclyde Royal Hospital in Greenock. A large number were also transferred within Victoria Hospital and to the Queen Elizabeth University Hospital (QEUH).

3. ISLAND HOSPITAL SITES AIR AMBULANCE INTER HOSPITAL TRANSFERS

The majority of Islay Hospital IHT patients were transferred to the RAH in Paisley and the QEUH in Glasgow. Other transfer locations included the Royal Hospital for Children in Glasgow and the Glasgow Royal Infirmary.

Mull and Iona Community Hospital patients were most frequently transferred to Lorn & Islands Hospital (LIH) in Oban and to the RAH. Other transfer locations included the QEUH and the Royal Hospital for Children.

The RAH was the most common transfer location for patients at Victoria Hospital. During the reporting period, other notable transfer locations included the QEUH and the Royal Hospital for Children.

4. ISLAND LOCATIONS AIR AMBULANCE ADMISSIONS

This covers admission journeys from island locations that are not categorised as IHTs

The most common transfer location differs from island to island. This will be dependent on a number of factors including pick up location, patient condition, bed availability at destination hospital locations and weather conditions.

8. ISLAND MATERNITY FIGURES

Source: Argyll & Bute Midwifery Teams – December 2023

9. Table X shows the total number of births for birthing people from the islands since 2021. All islands have had people giving birth since 2021. Few islands had births that occurred locally or at home with around 90% of birthing people travelling to hospitals on the mainland e.g. Lorn and Islands Hospital or Greater Glasgow & Clyde hospitals to give birth. For Argyll & Bute as a whole, the majority of births also did not occur locally with only 13% of births occurring in Argyll & Bute in 2023. The most common location for births was the Royal Alexandra Hospital in Paisley with 60% of births occurring here.

Lismore had the highest birth rate with 2.9 births for every 100 residents followed closely by Tiree with 2.8 births. Gigha and Seil had the lowest birth rates with 0.5 and 0.7 births for every 100 island residents respectively. The overall birth rate for Argyll and Bute was 1.3.

Island	Births since 2021 (to Dec 2023)	Local births/Community Maternity Unit	Home Births	Birth rate per 100 population
Argyll & Bute	✓	✓	✓	1.3
Bute	✓	✓	✓	1.5
Coll	✓	x	x	2.4
Colonsay	✓	x	x	0.9
Gigha	✓	x	x	0.5
Iona	✓	x	x	2.0
Islay & Jura	✓	✓	✓	1.8
Lismore	✓	x	x	2.9
Luing	✓	✓	x	1.7
Mull	✓	✓	✓	2.1
Seil	✓	x	x	0.7
Tiree	✓	x	✓	2.8

Table X: Island Residents Births

Information was also obtained on the midwifery teams covering each of the islands. In addition to the three teams listed below, the wider Argyll & Bute Midwifery Team provide support for island births if necessary.

Midwifery Team	Number of midwives	Islands covered
Bute	7	Bute
Oban	11 (3 on islands as at Dec 2023)	Coll, Colonsay, Iona, Lismore, Luing, Mull, Seil, Tiree
Kintyre & Islay	9 (2 on Islay as at Dec 2023)	Gigha, Islay, Jura

Table X: Island Midwifery Teams

10. ISLAND RESIDENT CARE HOME PLACEMENTS

Source: HSCP Performance and Improvement Team (collated from CareFirst management information system)

Data was obtained on the number of island residents within care homes at three census points in the March of financial years 2020/21, 2021/22 and 2022/23.

There were no residents from Colonsay, Gigha, Iona, Lismore, Luing or Seil recorded as being resident within care homes at any of the census points.

Table X shows that with the exception of Coll, all other islands had residents within care homes at all three of the census points. The numbers of islands within resident care homes fluctuated across the islands and across the census points. Bute saw the largest number of people within care homes which may be expected due to Bute having the largest population.

Island	2020/21	2021/22	2022/23
Bute	✓	✓	✓
Coll	x	✓	✓
Islay	✓	✓	✓
Jura	✓	✓	✓
Mull	✓	✓	✓
Tiree	✓	✓	✓

Care home residential placement locations varied from island to island. Overall, across all three census points, nearly half of all island care home residents were situated on the mainland out with Argyll & Bute. The reasons for placement locations will vary: it may be due to a lack of availability of care home places on the islands or within Argyll & Bute or individuals may choose to be located in areas to be closer to family.

All residents from Coll or Mull situated within care homes were located out with the islands due to a lack of care homes in these locations. By comparison, due to the Gortonvogie Residential Home in Islay, the majority of Islay residents within care homes were situated in Islay.

Island	Year	Mainland out with A&B	Mainland within A&B	On Island
Bute	2020/21	✓	✓	✓
	2021/22	✓	✓	✓
	2022/23	✓	✓	✓
Coll	2021/22	x	✓	x
	2022/23	✓	✓	x
Islay	2020/21	✓	x	✓
	2021/22	✓	x	✓
	2022/23	✓	x	✓
Jura	2020/21	✓	x	x
	2021/22	✓	x	✓
	2022/23	✓	x	✓
Mull	2020/21	✓	✓	x
	2021/22	✓	✓	x
	2022/23	✓	✓	x
Tiree	2020/21	✓	x	✓
	2021/22	✓	✓	✓
	2022/23	✓	x	✓

11. CARE AT HOME

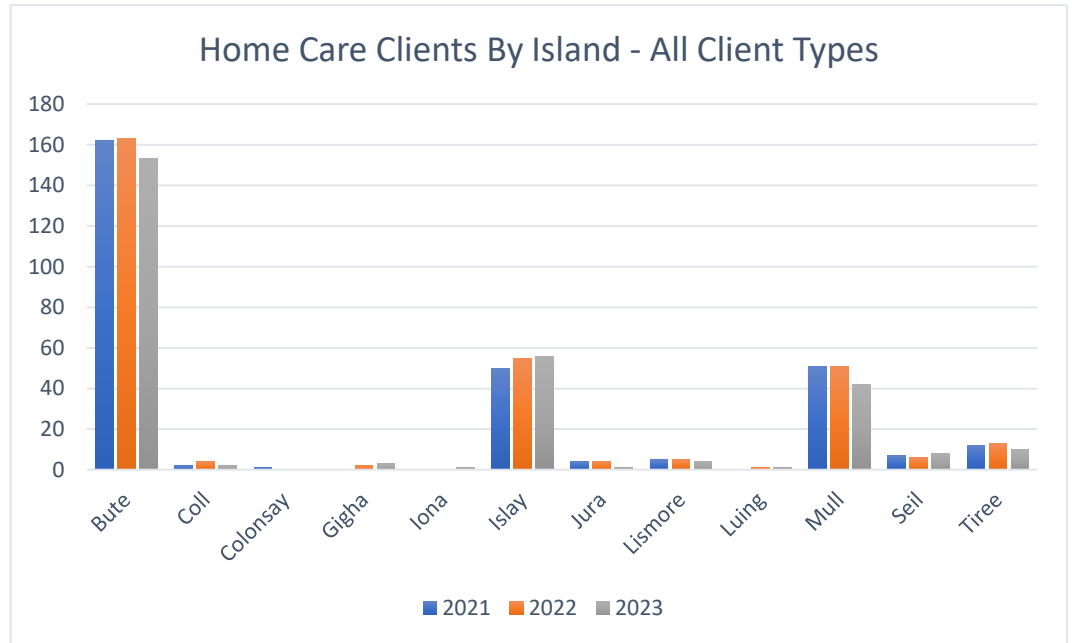
Source: HSCP Performance and Improvement Team

This analysis will show the provision of home care across the island communities. This covers packages in place for Older People, Physical Disability, Learning Disability and Mental Health.

OVERALL

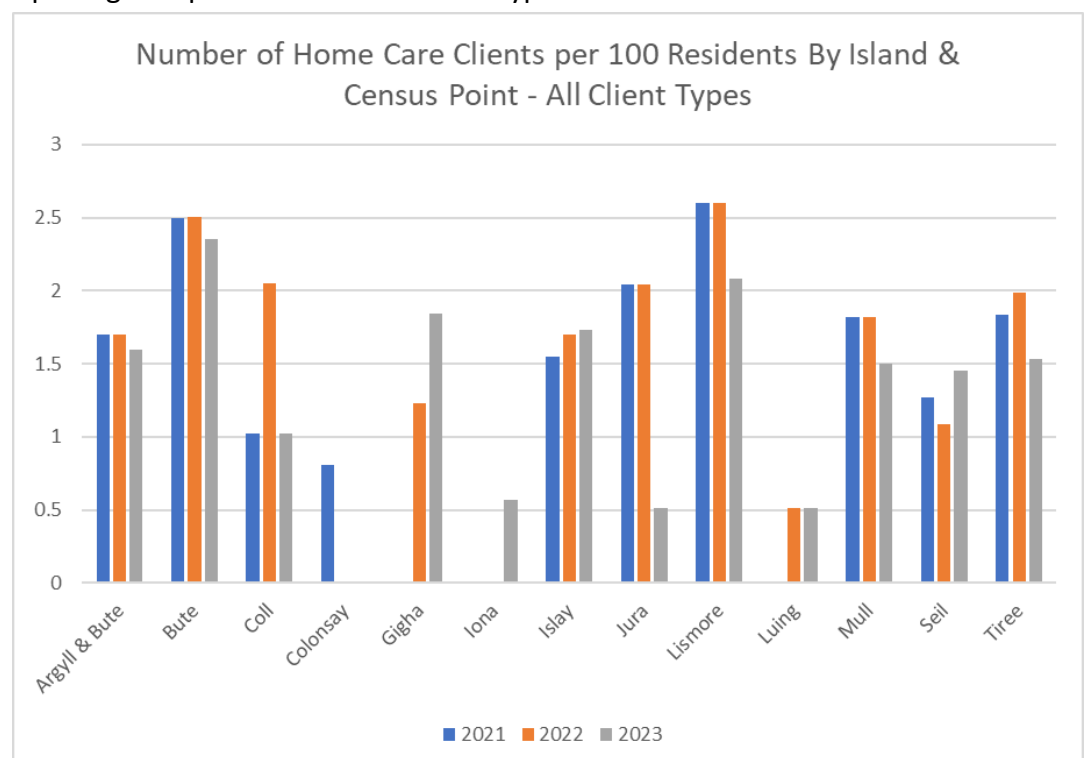
Data was obtained at three annual census points – 31st March 2021, 31st March 2022 and 31st March 2023. This will allow for identification of the service demands at different points in time.

The majority of islands had some requirement or demand for home care at all three census points. The exceptions to this were Colonsay, Gigha, Iona and Luing who had clients at only one or two of the census points.



The above graph shows the overall number of clients who required any type of home care at each of the census points. It should be noted that some clients may have multiple home care packages in place at one time, for example receiving home care for both physical disability and learning disability and therefore numbers in the graphs further on in this analysis may equal more than the total number of clients. Some clients may also have multiple packages in place for the same care type.

Bute had the highest number of clients receiving some form of home care followed by Islay and Mull. As these islands have the largest overall populations, it would be expected that they would have the most clients. There were also fluctuations in the number of clients across the three census points for each island.



1. The number of home care clients per 100 residents for each island

highlights notable differences. Lismore had the highest rates in 2021 and 2022 with 2.6 clients for every 100 residents on the island. Bute had the highest rate in 2023 at 2.4 clients. These were higher rates than for Argyll and Bute as a whole which was at 1.7 clients in 2021 and 2022 and 1.6 clients in 2023.

Home care for older people was the most common care type and was in place across all of the islands. Physical Disability and Learning Disability had a total of 47 and 49 clients respectively and Mental Health had 36.

Three islands had clients from all four client types while seven had only clients receiving home care. It is unknown if this is because there is no demand for these services on these islands or if they are unavailable.

	Client Type			
	Older People	Physical Disability	Learning Disability	Mental Health
Bute	✓	✓	✓	✓
Coll	✓	✓	x	x
Colonsay	✓	x	x	x
Gigha	✓	x	x	x
Iona	✓	x	x	x
Islay	✓	✓	✓	✓
Jura	✓	x	x	x
Lismore	✓	x	x	x
Luing	✓	x	x	x
Mull	✓	x	✓	✓
Seil	✓	x	x	x
Tiree	✓	✓	✓	✓

The provision of home care services also varies across the islands⁴. Colonsay, Gigha and Jura had home care that was solely internally provided. Bute, Iona, Lismore, Luing and Seil clients received solely externally provided services. The remaining islands saw a combination of both internal and external services.

	External	Internal
Bute	✓	x
Coll	✓	✓
Colonsay	x	✓
Gigha	x	✓
Iona	✓	x
Islay	✓	✓
Jura	x	✓
Lismore	✓	x
Luing	✓	x
Mull	✓	✓
Seil	✓	x
Tiree	✓	✓

⁴The number of clients reflected in the external/internal provision graphs presented throughout this document may be greater than the total number of clients as some clients will receive multiple care packages.

OLDER PEOPLE

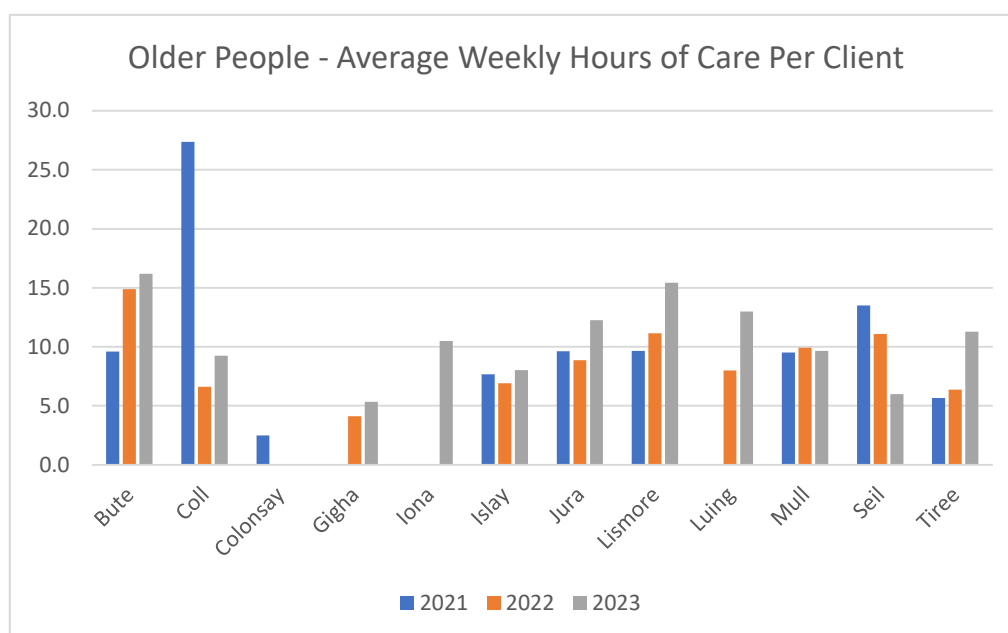
All islands had older people receiving home care on at least one of the census point dates.

Bute had the largest number of older people in receipt of home care followed by Islay and Mull. The populations are larger in these islands so there are likely to be more older people requiring home care than in many of the smaller island communities.

	External	Internal
Bute	✓	x
Coll	✓	✓
Colonsay	x	✓
Gigha	x	✓
Iona	✓	x
Islay	✓	✓
Jura	✓	x
Lismore	✓	x
Luining	✓	x
Mull	✓	✓
Seil	✓	x
Tiree	✓	✓

Overall, across all three census points, the majority of home care for older people across the islands was externally provided. There are however notable differences in provision across the islands. All clients in Bute, Iona, Lismore, Luining and Seil received externally provided care while all clients in Colonsay, Gigha and Jura received internally provided care. The remaining islands - Coll, Islay, Mull and Tiree - saw clients receiving a mix of both internally and externally provided care however the majority was from internal providers.

The average weekly hours of home care per client required for older people fluctuate across the islands and from year to year. Coll saw the largest average hours in 2021 despite having a very small number of clients. This therefore highlights that the demands for home care will vary depending on the needs of clients at that time.



PHYSICAL DISABILITY

Only four islands – Bute, Coll, Islay and Jura – saw clients receiving home care for physical disability at any of the three census points. Coll had a physical disability client at only one of the census points. It is unknown if the absence of physical disability home care on the other islands is due to there being no demand or requirement or if there is a lack of home care provision and therefore other care packages and options have been implemented.

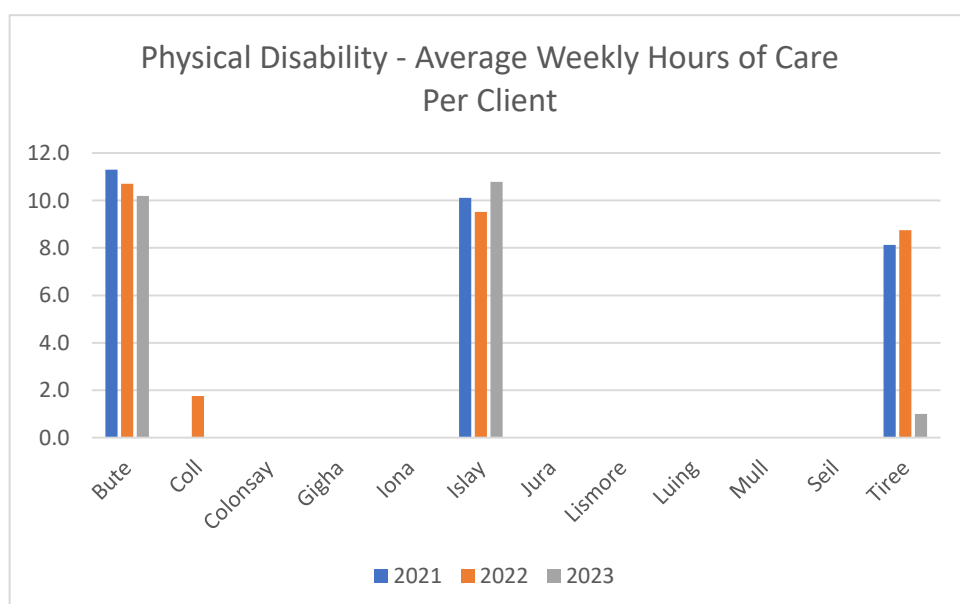
	External	Internal
Bute	✓	x
Coll	x	✓
Islay	✓	✓
Tiree	✓	✓

Islay has seen a gradual reduction in clients from 2021 to 2023. Tiree saw a reduction in clients from 2022 to 2023. It is unknown if this is due to the home care packages no longer being required or suitable or if the services that were previously in place are no longer available. Bute has seen a gradual increase in the number of physical disability clients.

The majority of physical disability home care provision came from external sources. Provision differs across the islands with Islay and Tiree having a mixture of both external and internal provision while Bute had only externally provided home care and Coll only internal.

The average weekly hours of care for physical disability per client remained relatively constant in Bute and Islay across the three census points.

There was a significant drop in average weekly hours in Tiree from 8.8 hours in 2022 to 1 hour in 2023.



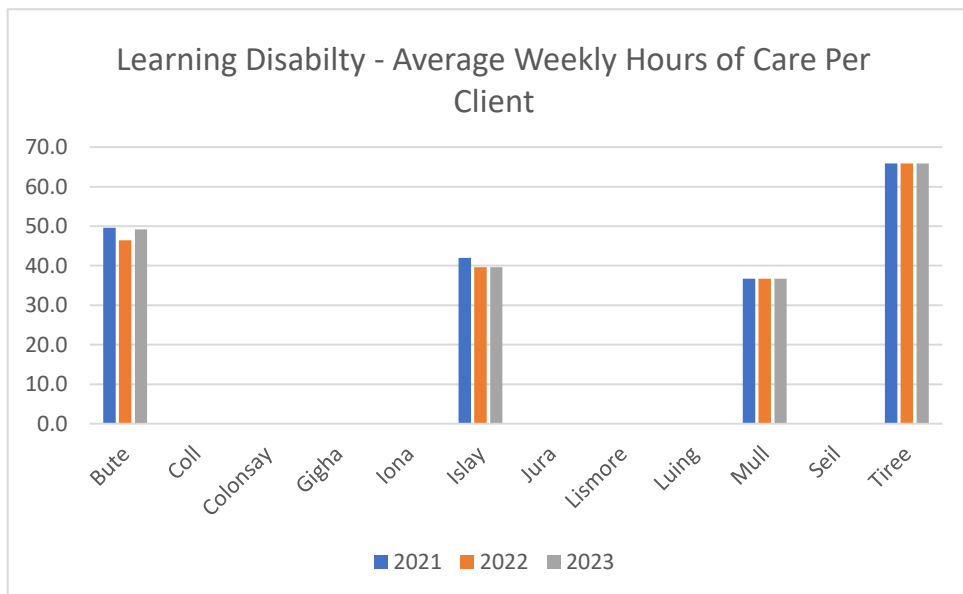
LEARNING DISABILITY

Home care for learning disability was seen across four islands – Bute, Islay, Mull and Tiree – and packages were in place at all three census points. The number of clients were the same in Mull and Tiree across all three census points while there was an increase from in Islay. Bute client numbers were the same in 2021 and 2022 before falling in 2023.

All provision for learning disability home care across all four islands was external.

The average weekly hours of care for physical disability per client remained relatively consistent across the three census points for each island. Tiree had the highest weekly average hours of care per client.

	External	Internal
Bute	✓	x
Islay	✓	x
Mull	✓	x
Tiree	✓	x



MENTAL HEALTH

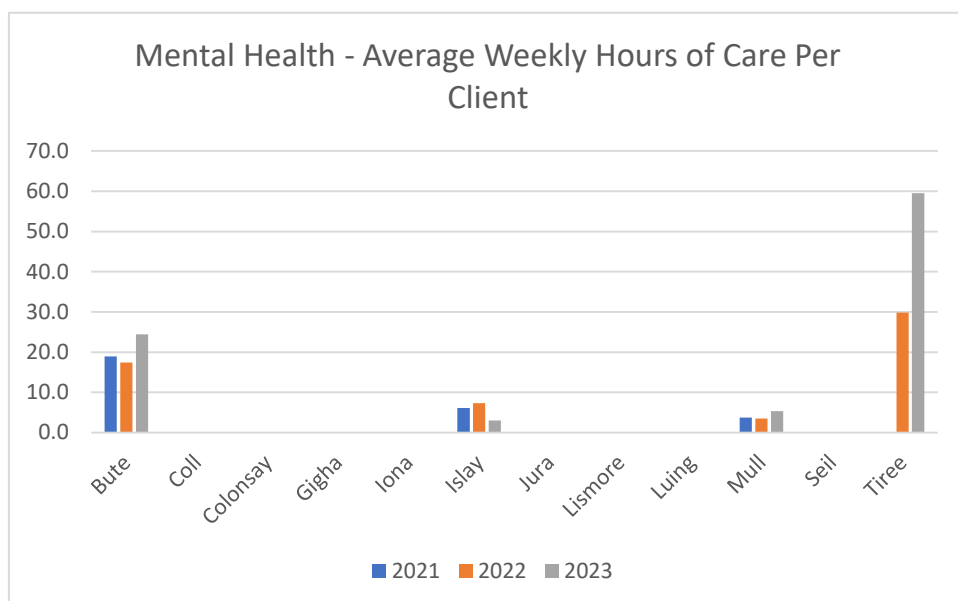
Mental health home care packages were in place across the four largest island communities - Bute, Islay, Mull and Tiree. This may highlight a lack of provision in the smaller islands.

Islay saw a reduction in the number of clients receiving mental health home care between 2022 and 2023 while Mull saw a reduction from 2021 to 2022. It is unknown if this is due to care no longer being required or if the services were no longer available.

	External	Internal
Bute	✓	x
Islay	x	✓
Mull	x	✓
Tiree	✓	x

Mental health home care provision varies across the islands with Bute and Tiree being solely externally provided while services in Islay and Mull were internally provided.

The average weekly hours of care vary across the islands with notably more hours in Tiree. There was a significant increase in the average weekly hours in Tiree from 30 hours in 2022 to 60 hours in 2023. This exemplifies that demands for mental health home care will vary across different periods of time.



12. UNMET NEED

Source: HSCP Performance and Improvement Team (collated from CareFirst management information system and Operational Excel template)

Data around unmet need was obtained for the period April 2022 – September 2023.

Unmet need in social care in Scotland can be broadly defined as: '(a) the number of adults in Scotland that need any, more, or amended, social care to enable them to achieve and sustain independent living, and (b) the range of those unsatisfied care and support needs.'⁵

Almost all islands documented some level of unmet need during the reporting period. The exceptions to this were Coll and Tiree. It is unknown if this is because of a lack of demand or if sufficient resources were available to meet the need on these islands.

	New clients	Existing Clients	Total number of hours of unmet need - new clients	Total number of hours of unmet need - existing clients	Clients with unmet need for more than 1 week
Bute	✓	✓	371.25	5.25	✓
Colonsay	✓	x	8.75	0	✓
Gigha	✓	✓	4.75	20.5	✓
Islay	✓	✓	118	116	✓
Jura	x	✓	0	15.75	✓
Lismore	x	✓	0	6	x
Luining	✓	x	12.25	0	x
Mull	✓	✓	1.75	22	✓
Seil	✓	x	50.75	0	✓

Islay had the largest overall number of clients with unmet need followed by Bute. 'New' clients were more likely to have unmet needs than 'existing' clients. 'New' clients are assessed individuals in the community for whom care is yet to be provided. 'Existing' clients are those already in receipt of a care package for whom additional care was assessed as needed but not provided.

There were 1.6 clients with unmet need for every 100 residents in both Islay and Gigha and 1.4 clients in Seil. The lowest rate was in Mull where there were 0.1 clients with unmet need for every 100 residents.

The hours of unmet need differed across the islands. The hours of unmet need per client for 'new' clients were highest in Bute and Islay. For 'existing' clients, the most hours of unmet need per client were in Islay. It should be noted that the hours of unmet need will relate largely to individual circumstances and the level of care required as well as the overall number of clients requiring care. However it may give an indication of a lack of suitable provision on these islands and gaps in social care services.

Island	Number of clients with unmet need per 100 residents
Bute	0.4
Colonsay	0.9
Gigha	1.6
Islay	1.6
Jura	0.4
Lismore	0.6
Luining	0.6
Mull	0.1
Seil	1.4

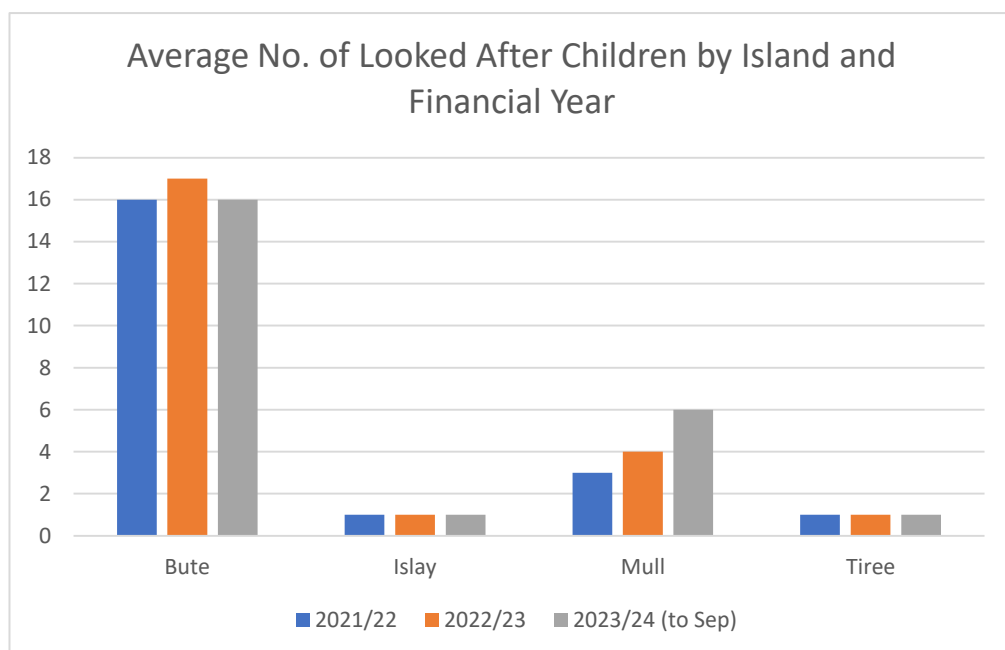
⁵ [297288.pdf \(gla.ac.uk\)](#)

13. CHILDREN AND FAMILIES

LOOKED AFTER CHILDREN

Source: HSCP Performance and Improvement Team (collated from CareFirst management information system)

Looked after children from Bute, Islay, Mull and Tiree were recorded during the reporting period. The average number of looked after children on each island was calculated for each financial year. Based on these figures, it can be seen that the number of looked after children has remained relatively constant in Bute, Islay and Tiree. Mull has seen a continued increase in the number of looked after children.



Care placement type varies across the islands. Looked after children in Bute, Mull and Tiree were placed in a range of different settings during the reporting period. Looked after children on Islay were placed only with foster carers provided by the Local Authority.

	Bute			Islay			Mull			Tiree		
	21/22	22/23	23/24	21/22	22/23	23/24	21/22	22/23	23/24	21/22	22/23	23/24
At home with parent(s)	✓	✓	✓	x	x	x	x	✓	✓	x	✓	✓
Local Authority home	✓	✓	✓	x	x	x	x	x	x	x	x	x
Residential School	✓	✓	✓	x	x	x	x	x	x	x	x	x
With Foster Carers provided by Local Authority - PRE 2000	✓	✓	✓	x	x	x	✓	✓	✓	x	x	x
With foster carers provided by the Local Authority	✓	✓	✓	✓	✓	✓	x	x	✓	x	x	x
With friends/relatives	✓	✓	✓	x	x	x	✓	✓	x	✓	✓	x

Table X:

The majority of looked after children were placed within their local area, however a small number of children from Bute and Mull were in placements out with their local areas.

	Bute			Islay			Mull			Tiree		
Placement out of area:	21/22	22/23	23/24	21/22	22/23	23/24	21/22	22/23	23/24	21/22	22/23	23/24
No	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yes	✓	✓	✓	x	x	x	x	x	✓	x	x	x

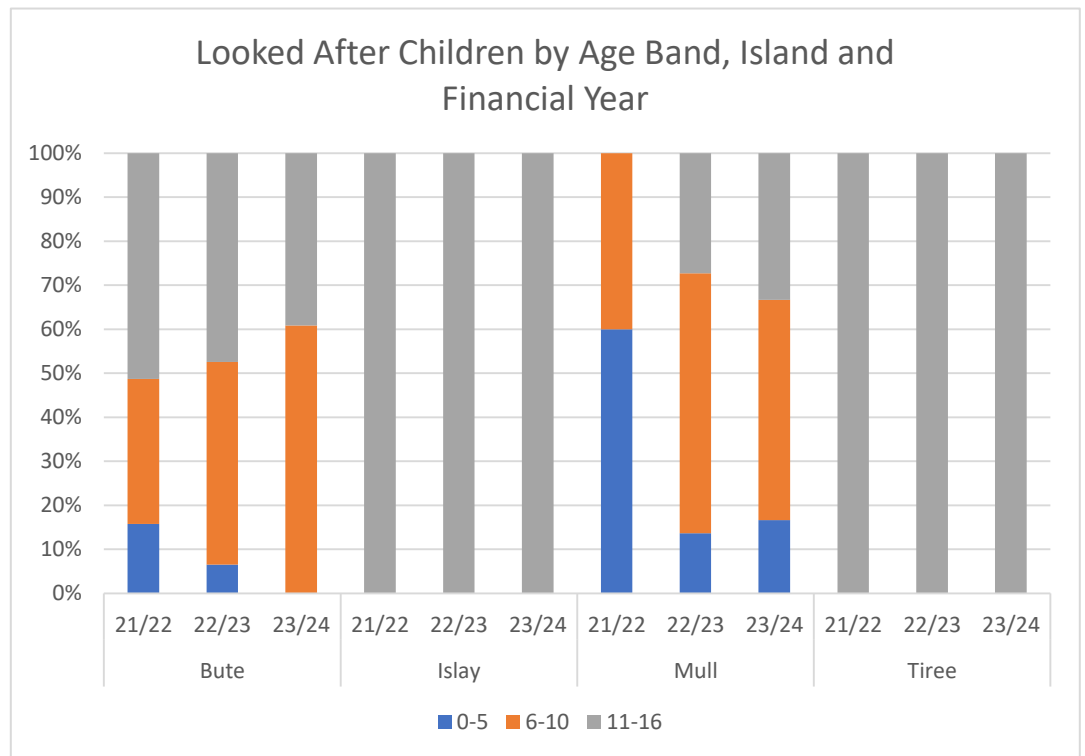
Table X:

Different childcare teams are responsible for looked after children across the islands. Oban – Child Care team is responsible for children in Bute, Mull and Tiree. Looked after children in Bute are the responsibility of various teams across Argyll & Bute.

		Allocated Team						
		Dunoon - Child Care	Helensburgh - Child Care	Islay - Child Care	Lochgilphead - Child Care	Oban - Child Care	Rothesay - Child Care	Unknown
Island	Bute	x	✓	x	✓	✓	✓	✓
	Islay	x	x	✓	x	x	x	✓
	Mull	✓	x	x	x	✓	x	x
	Tiree	x	x	x	x	✓	x	x

Table X:

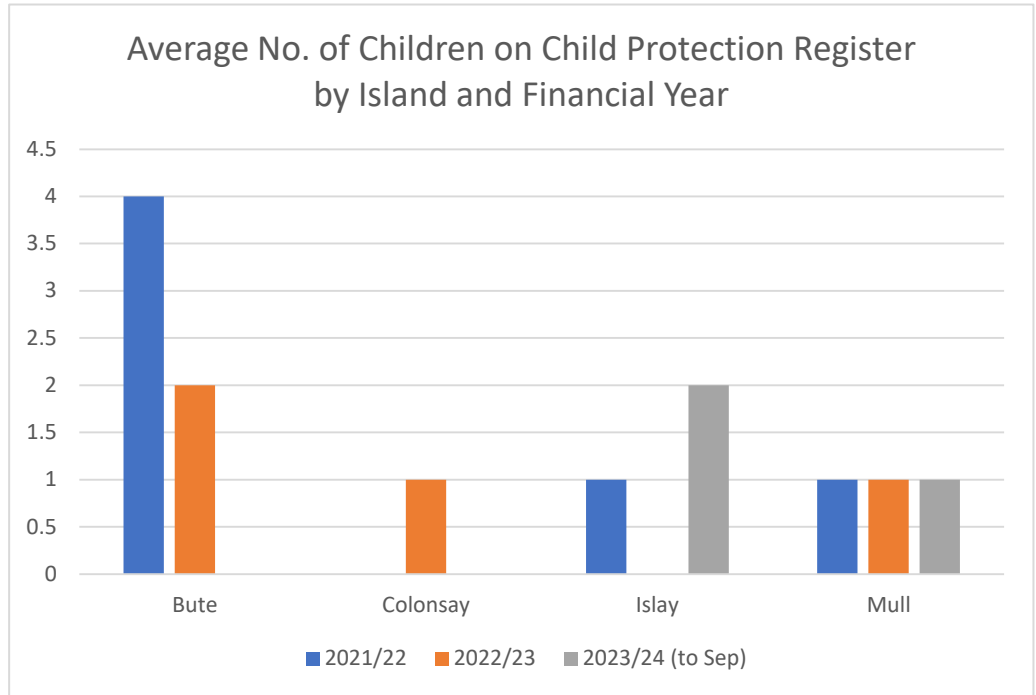
The age of looked after children varied across the islands. Children from the ages of 0-5 were the least likely to be looked after. Islay and Tiree only have looked after children aged 11-16. There has been a continued increase in the number of children aged 6-10 in Bute who have been looked after across the reporting period.



CHILD PROTECTION REGISTER

Source: HSCP Performance and Improvement Team (collated from CareFirst management information system)

Bute, Colonsay, Islay and Mull had children on the Child Protection Register (CPR) during the reporting period. The average number of children on the CPR for each island was calculated for each financial year. Based on these figures, it can be seen that the number of the children on the CPR has fallen steadily in Bute while numbers have remained consistent in Mull. Colonsay only had children on the CPR in 2022/23. The number of children on the CPR in Islay fell to none in 2022/23 before increasing again in 2023/24.

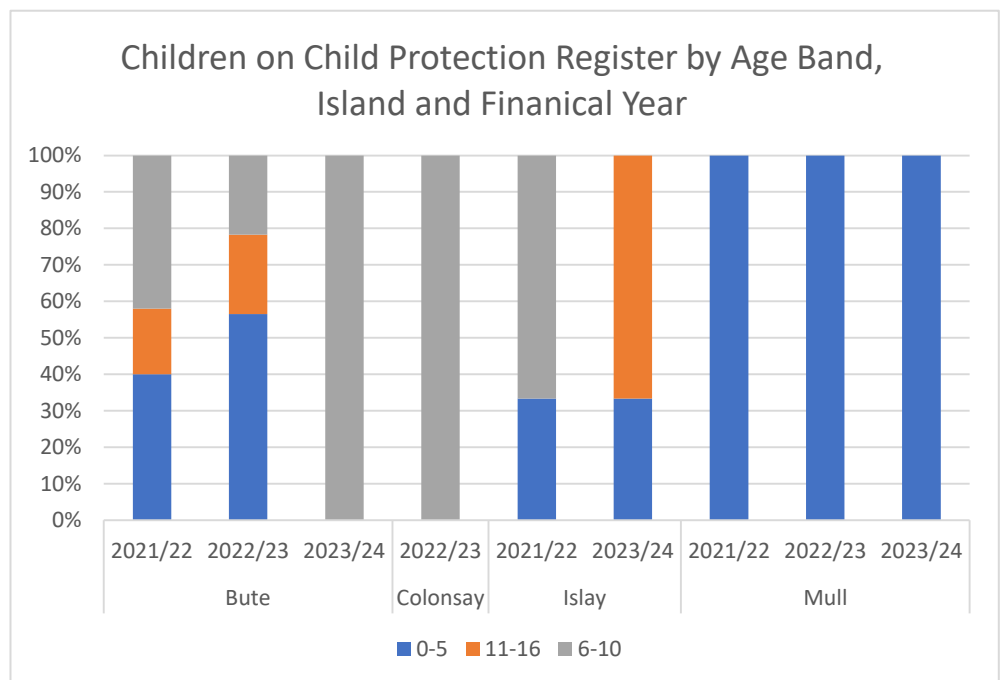


Different childcare teams are responsible for children on the CPR across the islands. Oban – Child Care team had responsibility for children on all four of the islands. Children on Bute and Islay were also the responsibility of internal Child Care teams on these islands.

		Allocated Team			
		Islay - Child Care	Oban - Child Care	Rothesay - Child Care	Unknown
Island	Bute	x	✓	✓	x
	Colonsay	x	✓	x	x
	Islay	✓	✓	x	✓
	Mull	x	✓	x	x

Table X:

The age of children on the CPR varied across the islands. Mull had only children aged between 0 and 5 years and Colonsay had only children aged 6-10. Bute had children in all age bands on the CPR in 2021/22 and 2022/23 however during the first half of 2023/24 only children aged 6-10 were on the CPR.



	Bute			Islay			Mull		
	2021/22	2022/23	2023/24 (to Sep)	2021/22	2022/23	2023/24 (to Sep)	2021/22	2022/23	2023/24 (to Sep)
NUCA - Child	✓	x	x	✓	x	x	✓	✓	✓

14. CHILDREN AND FAMILY ASSESSMENTS

Assessment									
Child Assessment	x	x	✓	x	x	✓	x	x	✓

Source: HSCP Performance and Improvement Team (compiled from Eclipse data)

The above table shows the children and family assessments that have been completed. Only three islands – Bute, Islay and Mull – had assessments completed during the reporting period. Mull had assessments completed in all three financial years while Bute and Islay did not have assessments completed in 2022/23.

15. MENTAL HEALTH COMMUNITY ASSESSMENTS

Source: HSCP Performance and Improvement Team

Table X shows a breakdown of mental health community assessments by island, financial year, and assessment type. There were a range of mental health community assessments carried out across the

2021/22					✓	✓	✓	✓			✓	✓
2022/23			✓		✓		✓	✓			✓	✓
2023/24 (to end of June)					✓	✓	✓	✓				
Seil												
2021/22				✓	✓		✓	✓				✓
2022/23					✓		✓					
Tiree												
2021/22					✓		✓	✓			✓	✓
2022/23					✓		✓				✓	
2023/24 (to end of June)					✓		✓				✓	

Island	No. of assessments per 100 population
Bute	1.5
Coll	14.3
Colonsay	8.1
Gigha	0.5
Iona	4.5
Islay	0.8
Jura	0.4
Lismore	3.5
Luing	3.4
Mull	3.6
Seil	2.4
Tiree	12.4

Table X shows that Coll and Tiree have the highest assessment rate over the full reporting period with 14.3 and 12.4 assessments carried out for every 100 residents on the islands respectively. It should however be noted that some individuals may have multiple assessment types carried out which will impact on the overall figures.

16. TELECARE

Source: Handover Scotland

A total of 4134 calls were made by Telecare clients across the island communities from 1st April 2022 to 31st March 2023. These calls were made by a total of 247 clients.

Island	Number of calls	Number of clients making calls	Number of Kits (as at August 2023)	Max calls per client	Average calls per client
Bute	3718	147	175	473	25.3
Coll	12	2	2	10	6.0
Colonsay	20	3	3	15	6.7
Gigha	33	5	4	10	6.6
Iona	0	0	0	0	-
Islay	121	37	19	15	3.3
Jura	11	4	0	7	2.8
Lismore	8	2	203*	7	4.0
Luing	4	2	203*	3	2.0
Mull	124	24	26	25	5.2
Seil	26	8	203*	10	3.3
Tiree	57	13	9	18	4.4
All Calls	4134	247	238	593	-

*figure relates to larger geographical area which covers multiple islands and some mainland areas

The largest volume of calls were made by Telecare clients in Bute. This is largely accounted for by a number of frequent callers on the islands – more than 50% (n=1960) of all calls were from only six clients. Bute also had the largest total number of clients who made calls (n=147).

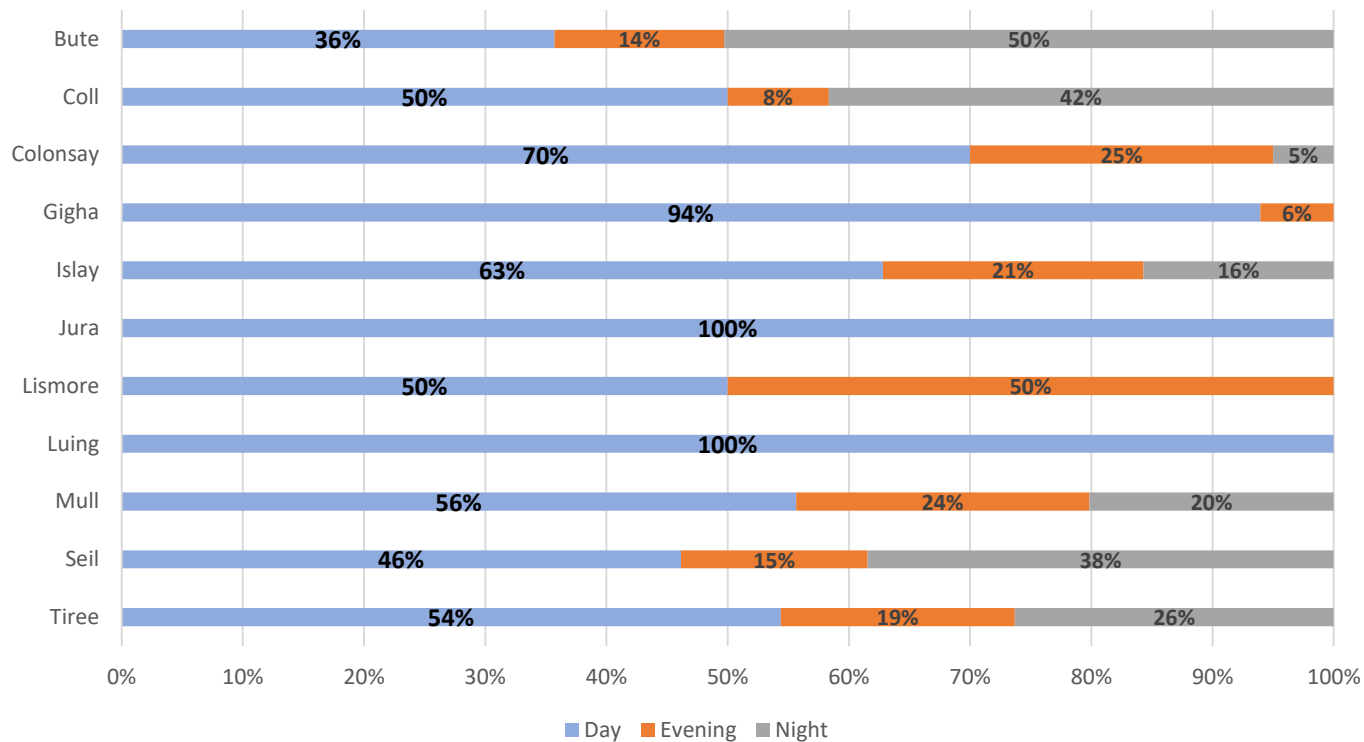
Figures for the number of Telecare kits in the community across the islands were available for August 2023. As this relates to the number of kits in place at this static point in time, it is not directly comparable with the number of clients who had access to kits during the full reporting period. The number of clients will fluctuate as clients no longer require the equipment and as new clients have equipment installed. For example, the above table shows that there were 19 kits in Islay in August 2023 but there were 37 clients who had access to kits across the reporting period. Nevertheless, the figures have been included in the above table to provide an approximate indication of the levels of usage.

Bute had the highest call rate with 1 in 2 per head of resident population. As previously highlighted, this will be largely attributed to the large number of calls made by frequent callers. Colonsay and Gigha also saw high call rates with both islands having a rate of 1 in 6 per head of resident population. Rates were much lower in Luing with a rate of 1 in 44 per head of resident population.

Island	Call rate per 100/population	Call rate per head/population	% population who made calls
Bute	59	1 in 2	2.3
Coll	7	1 in 14	1.2
Colonsay	18	1 in 6	2.7
Gigha	18	1 in 6	2.7
Iona	-	-	-
Islay	4	1 in 27	1.1
Jura	4	1 in 23	1.6
Lismore	5	1 in 22	1.2
Luing	2	1 in 44	1.1
Mull	4	1 in 27	0.7
Seil	5	1 in 22	1.4
Tiree	8	1 in 13	1.8

* PHI 2023 population figure estimates used

Telecare Calls by Time of Day and Island



*Day: 08:00 to 17:59; Evening: 18:00 to 23:59; Night: 00:00 to 07:59

Clients from Bute made a high number of calls at night with 50% of calls occurring during this time. Almost all other islands saw the largest proportion of calls being made through the day. A lower number of calls were made overall by residents in Jura and Luing and these were made solely during the day.

Due to the large volume of calls and the way in which the data is recorded, it is not possible to review the call content within the timeframes for this piece of work. Review of the call content would be beneficial in identifying themes and trends across the different islands in terms of call type and responder service. It is recommended that the recording procedures for Telecare calls should be further developed to improve analysis.