Multimorbidity and Access to Social Care Exploiting emerging adminsitrative datasets in Scotland

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Introduction

- Personal Background
- Project funding and supervision
- Project outline
- Progress



Personal Background









people-doing-phds-admit-its-just-an-excuse-to-fanny-about-201709261364

- Scottish Government
- ESRC
- UBDC
- Nick Bailey, Colin McCowan, Stewart Mercer



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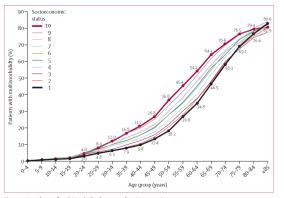
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Background (a) Multimorbidity



 $\label{eq:Figure 2: Prevalence of multimorbidity by age and socioeconomic status On socioeconomic status scale, 1=most affluent and 10=most deprived.$



Background (b) Social Care

Proportion of over 65s receiving home care 2016 & 2007 Highland Orkney Islands Perth & Kinross West Lothian Angus Aberdeenshire East Renfrewshire Aberdeen City Scottish Borders Edinburgh, City of Stirling South Lanarkshire East Dunbartonshire Argyll & Bute South Ayrshire Scotland Dumfries & Galloway Moray Midlothian Renfrewshire Fast Lothian North Lanarkshire North Avrshire Clackmannanshire Eilean Siar Glasgow City Dundee City Falkirk East Avrshire Shetland Islands 83.1 West Dunbartonshire 20 120 0 40 60 80 100

Standardised rate per 1000 people over 65



Aims

- Describe and and compare social inequalities in the use of social care services using linked health and social care data.
- Explore the effects of social care use for those with multimorbidity on;
 - unscheduled health care use
 - mortality
- Assess how measures of multimorbidity and health & social care service use can be operationalised by linking existing health & social care administrative data



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Research questions:

In people over the age of 65 in Scotland:

- 1. (a) What are the socioeconomic, demographic, and geographic patterns in the use of social care?
 - (b) Is there an association between multimorbidity status and the amount and type of social care use over time? Does this vary by the patterns described in 1(a)?
- 2. (a) Is there an association in the use of social care services, multimorbidity status and unscheduled health care use?
 - (b) Do multimorbidity status and social care use predict mortality?



Data sources

- Demographics, Deaths, and SIMD (CHI database and NSS)
- Social care survey (Scottish Government)
- Prescribing information (ISD)
- Unscheduled Care Data Mart (ISD)
- SMR01, SMR04, A & E, and USC LTC diagnoses

Study period

1st April 2011 to 31st March 2016

Cohort

Everyone born before 31st March 1951 (over 65s)



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Measures

- 1. Multimorbidity
 - (a) Count of regular medicines
 - (b) Count of prescibing from BNF chapters
 - (c) Cross reference with diagnoses data
- 2. Social Care
 - (a) Any social care (yes/no)
 - (b) Weekly hours of home care
 - (c) Telecare (yes/no)
- 3. Unscheduled health care use
 - 3.1 Any USC (yes/no)
 - 3.2 Count of USC episodes
 - 3.3 Count of USC category (A&E, Admissions)



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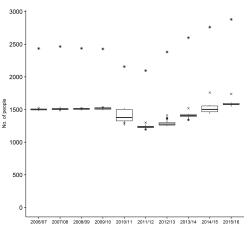


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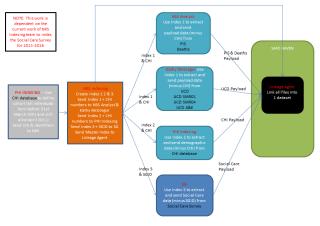


Weekly variation in number of individuals receiving home care in Renfrewshire council area





Data Linkage



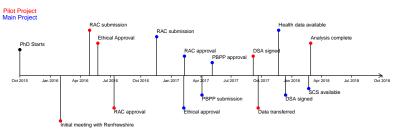
Linkage process for 1617-0304 - Using linked data to understand the relationships between Multimorbidity and the use of Health and Social Care – David Henderson



	n	Total number of records
Total Cohort	1,134,445	
Total Deaths	274,011	
At least one prescription	1,109,168	134 million
Captured by social care survey	227,345	663,809
At least one episode USC	845,893	3,772,402



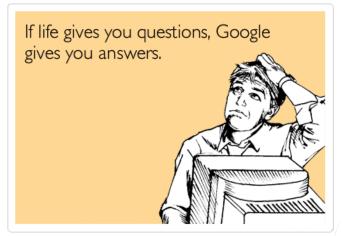
Progress



RAC = Research Approvals Committee PBPP = Public Benefit and Privacy Panel DSA = Data Sharing Agreement



Any Questions ??





References

Barnett, K., S. W. Mercer, M. Norbury, G. Watt, S. Wyke, and B. Guthrie. 2012. "Epidemiology of Multimorbidity and Implications for Health Care, Research, and Medical Education: A Cross-Sectional Study." Journal Article. *Lancet* 380 (9836): 37–43. doi:10.1016/S0140-6736(12)60240-2.

