

**Table 3.** Summary statistics – utilisation per person and average costs (£), 2012–2013

	(1)	(2)	(3)	(4)	(5)
	Population ( <i>N</i> = 114,874)		3+ group ( <i>N</i> = 1458)		<i>t</i> -test
	% utilising	Av costs* (£)	% utilising	Av costs* (£)	<i>p</i> -value***
<i>Primary care</i>	81.70	241	99.73	895	<0.001
Prescriptions	66.08	194	99.66	631	<0.001
GP	78.92	87	99.73	264	<0.001
<i>Acute</i>	37.80	1339	85.80	4269	<0.001
Inpatient	14.90	2549	64.81	4842	<0.001
Outpatient	30.19	351	71.81	567	<0.001
A&E	13.77	148	48.90	239	<0.001
<i>Community</i>	1.64	2158	9.05	7476	<0.001
Inpatient	0.36	9556	7.34	9194	0.63
Outpatient	0.33	181	0.62	174	0.80
A&E	0.99	79	1.17	89	0.59
<i>Mental health</i>	1.51	4633	12.07	3922	0.42
<i>Social care</i>	2.64	5684	31.48	5622	0.88
Home care	0.69	3359	12.35	3000	0.20
Placement	0.77	9887	10.43	9065	0.42
Day care	0.20	3981	2.13	1565	<0.001
Direct pay	0.19	7064	0.96	4449	0.18
Equipment	0.87	183	10.63	186	0.90
Other services	0.04	2684	0		
Professional support	2.64	1140	31.48	1140	
<i>Continuing care</i>	0.58	11,529	8.71	7773	0.04
CHC nursing home	0.34	4160	5.21	4152	0.97
Funding for home care	0.27	19,983	3.77	12,211	0.04
<i>Total</i>	83.57	1227	99.86	8163	<0.001
<i>Total**</i>		1026		8152	<0.001

\*average costs calculated averaging over those with positive costs; \*\*average total costs calculated averaging over the whole sample; \*\*\**p*-values of independent *t*-tests comparing costs for those with positive costs in the 3+ group and the rest of population.

Figure 3 shows the prevalence and costs associated with combinations of conditions among the 3+ group. The average annual cost of £8152 for all 1458 people in this group is indicated by the dashed circle. Costs vary from the average according to particular conditions. Most notably, costs are about £14,000 if dementia is among the conditions and £12,000 if CKD/renal is a co-morbidity, but there is little difference to the overall average for the other conditions.

We applied our GLM regression model to explain variation in positive costs (i.e. after excluding those with zero costs) in each setting for the full population (Table 4) and for the 3+ group (Table 5). Explanatory power, as indicated by the  $R^2$  from the regression of actual costs on the predicted scores on the raw scale, varies markedly by setting. The model explains 7% of variation in total costs for the full population and 14% for the 3+ group. Explanatory power is highest when explaining primary care costs, this being the setting in which most people were seen at least once during the year. At the other extreme, the model is able to explain very little of the variation in mental health care costs, whether for the full population or the 3+ group.

The specific factors that explain costs differ between the full population and the 3+ group and according to the setting under consideration. For the full population, costs increase significantly with age, but for the 3+ group age was positively associated only with community care costs for those under 55. In the general population, men have lower total, primary care and social care costs, but this is true only for social care costs among the 3+ group. Those among the whole population living in more deprived areas had higher total, primary care and A&E costs, but deprivation was not