

Care Home Addresses

Why are they so hard to identify...
...and what can we do to fix it?

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Definitions

'Identifying' care home residency – being able to differentiate care home residents from those living in other residences

Relevant in practice, evaluation, research and policy.....particularly COVID

Routinely-collected linked data – collected as part of everyday health and care services which can be joined and analysed on an anonymised basis in secure environments

Some of my work has used **identifiable data** (e.g. name, address, CHI) **ONLY** with appropriate data safeguards and privacy protection in place

Context

- **SIZE** – 3 x more beds in Scotland’s care homes than in our hospitals
- **POPULATION** – vulnerable, frail and often complex - needs cannot be met elsewhere
- **DIFFICULT TO REACH** – challenging to recruit and must balance intrusion with respect for home environment

ROUTINE DATA offers a potential method for inclusive research and evaluation at scale

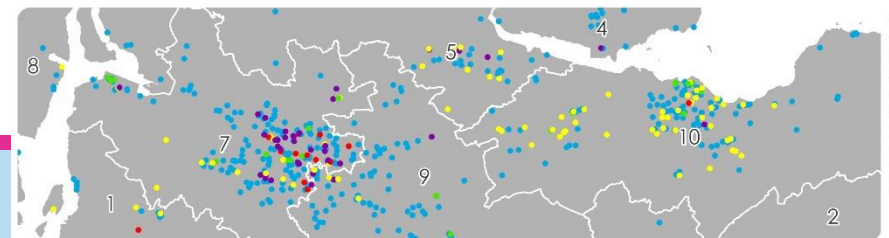
Location of Adult Care Homes in Scotland 2012-2016

- Older People
- Learning Disabilities
- Mental Health Problems
- Physical and Sensory Impairment
- Other

Health Board Boundaries

1. Ayrshire & Arran
2. Borders
3. Dumfries & Galloway
4. Fife
5. Forth Valley
6. Grampian
7. Greater Glasgow & Clyde
8. Highland
9. Lanarkshire
10. Lothian
11. Orkney
12. Shetland
13. Tayside
14. Western Isles

 Scottish Government
Riaghaltas na h-Alba
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EDITORIAL

Identifying who lives in a care home—a challenge to be conquered

No UK jurisdiction can currently identify their whole adult care home population in routine data sources



Care home data sources in Scotland

ALL Care Homes are registered with Care Inspectorate

- Master CHI – address fields
- ‘Flags’ in national data (e.g. CHI Institution Flag, Prescribing Flag)
- SMR Hospital admission/discharges – coded fields & admission postcode
- NRS Death Records – institution codes
- Scottish Care Home Census – long-stay residents only

Postcode matching

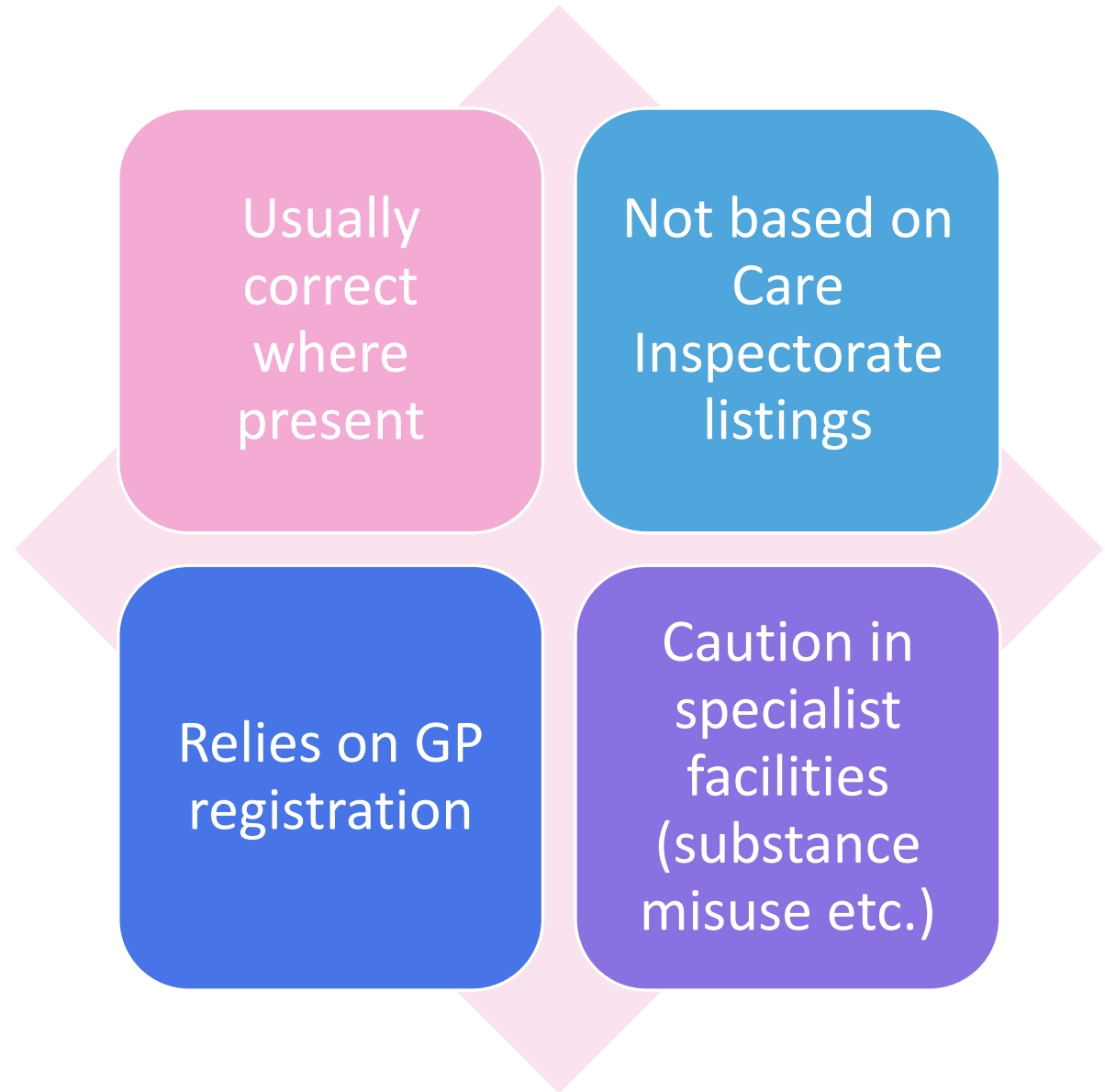
NHS Fife ≥65yr-olds N=5,000 CHI records 556 (11.1%) Care Home Addresses		NHS Tayside ≥65yr-olds N=5,000 CHI records 431 (8.6%) Care Home Addresses	
Postcode match	580	Postcode match	454
Sensitivity	89.2%	Sensitivity	89.6%
Specificity	98.1%	Specificity	98.5%
Positive predictive value	85.5%	Positive predictive value	85.0%
Negative predictive value	98.6%	Negative predictive value	99.0%

CHI Institution Flag

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CHI Institution Flag	327	CHI Institution Flag	394
Sensitivity	58.6%	Sensitivity	89.3%
Specificity	99.9%	Specificity	99.8%
Positive predictive value	99.6%	Positive predictive value	97.7%
Negative predictive value	95.1%	Negative predictive value	99.0%

Acceptable method depends on question of interest

Summary CHI Institution flag



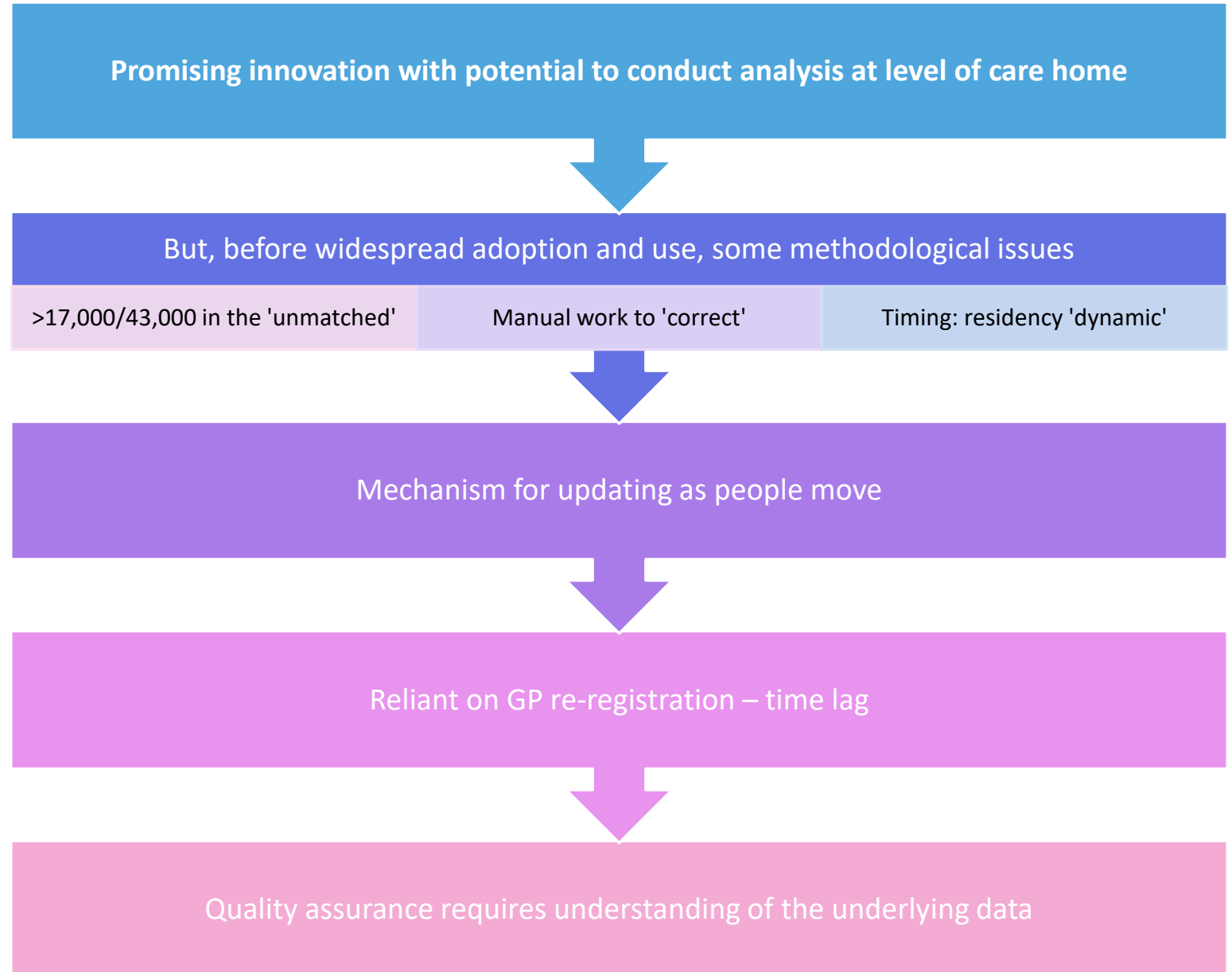


“finding care home addresses is easy”

Address matching is **not** the answer

- Lack of structured address lookups across NHS
- Heterogeneous format of presentation
 - E.g. room number, house, care home name, street name
- Care home service changes (e.g. new ownership): never reflected in CHI address multiple 'valid' addresses for same home (& residents)

UPRN on CHI for Care Homes





Why does this matter?

We do not understand needs of those living and working in care homes

So many questions data could help us address:

- Model of care to support
- Interactions with primary, community and secondary care
- Changing role of care homes – intermediate care, respite etc.
- Pathways into care
- Outcomes and experiences

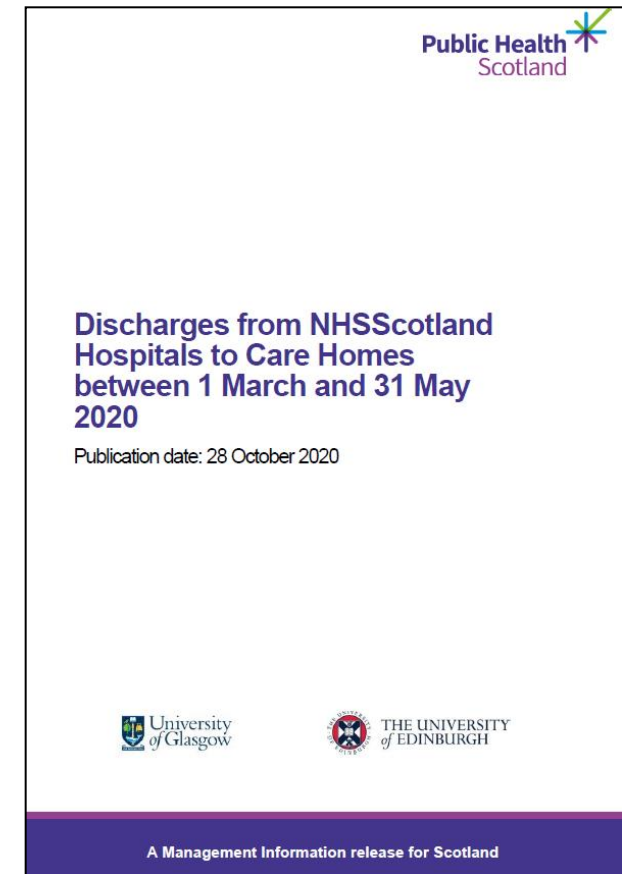
Need to tackle our 'data quality issues'

Care home questions too long in the too difficult box

- Parliamentary questions – **unable to be answered**
- Health and social care outcome – **under development**

Then came COVID and so many live questions of interest in relation to care homes

- **3 in 10** hospital discharges not identified routinely
 - Multiple linkages
 - Address matching
 - Manual allocations



We can and must do better
moving forwards

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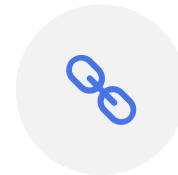
Key elements for change



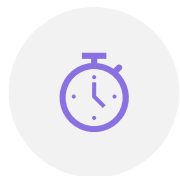
Collaboration and partnership working



Ensuring context of data collection and meaning retained



Shared identifiers to facilitate linkage



Time for methodological work



Dynamic data collection systems to reflect practice



Investment: technologies & analytical capacity

Ensure people collecting data derive benefit to improve quality, care and utility to society

MY VISION

Evidence-based services, care pathways and policies to support older people informed by real data from the people of Scotland

#DATACHANGESLIVES



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