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
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

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<th>NHS Fife ≥65yr-olds</th>
<th>NHS Tayside ≥65yr-olds</th>
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<td>N=5,000 CHI records</td>
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<td>556 (11.1%) Care Home Addresses</td>
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<td>Postcode match</td>
<td>580</td>
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https://doi.org/10.1093/ageing/afy137
### CHI Institution Flag

#### NHS Fife ≥65yr-olds
- **N=5,000 CHI records**
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Acceptable method depends on question of interest
Summary
CHI Institution flag

- Usually correct where present
- Not based on Care Inspectorate listings
- Relies on GP registration
- Caution in specialist facilities (substance misuse etc.)
“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

Promising innovation with potential to conduct analysis at level of care home

But, before widespread adoption and use, some methodological issues

>17,000/43,000 in the 'unmatched'
Manual work to 'correct'
Timing: residency 'dynamic'

Mechanism for updating as people move

Reliant on GP re-registration – time lag

Quality assurance requires understanding of the underlying data
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
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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