Scottish Government Health Directorates Chief Scientist Office

FOCUS ON RESEARCH

Pathways through Health and Social Care for Older People with Dementia

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Aim:

In this project, we aimed to explore the interactions of health and social care service for older people in Scotland. More specifically, we set out to examine the influence of receiving social care on hosptial readmisssion and hosptial discharge to care homes for older people. We had a particular interest in investigating the differences between older people with and without dementia.

Project Outline/Methodology

This project was solely based on secondary data analysis of the linked health and social care data, which was developed by the Scottish Government, in collaboration with the Information Services Division (ISD) Scotland, Scottish health boards and local authorities. This data provide the information on hospital admissions, prescriptions, and social care service.

Key Results

We find no evidence that receiving social care reduces the risk of emergency readmissions for patients without dementia, or for patients who live with others. However, our results have shown that receiving social care is an effective way of reducing the risk of emergency readmission for patients living with dementia and for older people who live alone. We also find that dementia patients are more likely to be discharged from hospitals to care homes; and this can be partially explained by the fact that they are more likely to be admitted to hospitals due to injury and to have long hospital stays. In addtion, our results suggest that the influence of receiving social care on discharge to care homes differ for patient with and without dementia.

Conclusions

Our findings provide empirical evidence that social care can play an effective role in easing the pressure faced by the health system, particularly for older people with specific conditions and in helping older peope to remain living in their own homes.

What does this study add to the field?

First of all, our analyses were based on large scale population-based administrative datasets. This provided us with more accurate and detailed measures on dementia, hosptial admissions and discharges compared with studies which used survey data. It also allowed us to draw a wider inference than studies based on clinical samples. To the best of our knowledge, no study has been done to examine the effect of social care on hospital readmission using such as large scale dataset. Further, our investigation of the intermediate role of injury and long hospital stay contribute to a better understanding of the relationship between dementia and institutionalisation.

Implications for Practice or Policy

This project highlights the importance of good coordination between health and social care services. It also demonstrates the potential for linked health and social care data to be used by policy makers and practitioners in informing policy decisions and in achieving a better use of resources in providing health and social care services.

Where to next?

In this project, the health data we used were collected from 1 April 2010 to 31 March 2011. This is a relatively short period of time. In future research, we will extend the follow-up period by adding additional years from the health data, as well as the social care data which can be linked together. In addition, the data linkage is currently available for only 5 local authorities. In future, we are planning to include data from other local authorities.

One limitation of the linked health and social care data is that it does not contain direct information on informal care. To obtain a more complete picture of the interaction between different systems in providing care for older people, we are hoping to link the health and social care data to the Healthy Ageing in Scotland (HAGIS) survey data in near future.

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