Using Administrative Data for Social Research: An Example from the Linked Health and Social Care Data



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Overview

Project Summary

Linked Health and Social Care Data

Results

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In Scotland, it is projected the number of older people aged 65 or over will increase by 53% from 2014 to 2039 and those aged 80 or over will be doubled over the same period of time (National Records of Sotland, 2015).

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Backgrounds: Health and Social Care Integration

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- An effective understanding of how the health and social care system interact at the present

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- Understand the interaction of health and social care services using population administrative data
- Develop an understanding of the practicalities and challenges in working with linked health and social care data

• Does social care play a role in reducing the risk of hospital readmission for older people?

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Linked Health and Social Care Data

- The Scottish Government, in collaboration with Information Services Division (ISD) Scotland, Scottish health boards and Scottish local authorities have developed a linkage of specific social care, housing support and health data in order to produce improved analytical evidence to enhance the delivery of these services
- Further information about the project can be found here: http://www.gov.scot/Topics/Statistics/Browse/Health/ Datalinking/HealthSocialCareandHousin

Data Components

Personal ID

allows data to

be linked across all datasets

Hospital Admission Data Hospital episode data for 2010/11 from SMR01 & SMR04

Social Care Data Home care and self-directed support data for 2010 & 2011

Prescribing Data Dataset containing counts of items dispensed in 2010/11 Demographics Data Demographics & deaths data

Flags Data Service contacts for all clients across all datasets

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Data linkage is available for five local authorities:

- Edinburgh
- Stirling
- Clackmannanshire
- South Ayrshire
- South Lanarkshire

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- The dataset contains patient identifiers (such as name, date of birth, Community Health Index number, NHS number), postcode and ethnicity, admission date, admission type, waiting time, patients' conditions, diagnoses, operations, discharge date, discharge destination etc.

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- Annual census of all individuals receiving social care services in one reference week. Completed by local authorities
- The dataset contains local authority, ethnicity, living alone, home care/personal care, housing support, meals on wheels, frozen meals, shopping, laundry, IoRN score, community alarm, other telecare

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- This dataset contains CHI number, prescriber and dispenser details, costs and drug information

Data Linking Process



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- Further information can be found here: www.isdscotland.org/Products-and-Services/EDRIS/

Data Access

- Remote desktop access
- Secure access points (data safe havens)
 - Currently, Scotland has regional safe havens located within Aberdeen, Dundee, Edinburgh and Glasgow, and a National safe haven at NSS
 - Research co-ordinators will be assigned
 - The researcher will be given a username and password to log on to a secure area to access your linked data file
 - Access only to named researchers
 - All outputs approved by disclosure committee before release

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- Provides historical information and allows time-series data to be built up

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- Inconsistency of data across health boards, local authorities or across time

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Table: Results from survival analysis

				95% CI	
	Coef.	SE	Haz. R	Lower	Upper
Dementia	0.42	0.03	1.52	1.42	1.62
Live alone	0.37	0.05	1.45	1.31	1.60
Social care	0.07	0.04	1.08	1.00	1.14
Dementia*Social care	-0.37	0.07	0.69	0.61	0.79
Live alone*Social care	-0.31	0.11	0.74	0.59	0.92
Other control variable omitted	_	_	_	_	_

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 - Is there any difference between older people with and without dementia?
- Answers:
 - We find no evidence that receiving social care reduces the risk of hospital readmissions for patients without dementia.
 - However, receiving social care is an effective way of preventing emergency readmissions for patients living with dementia.

Thank you!







