

## Multimorbidity and access to social Care: exploiting emerging administrative data sources in Scotland.

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### Introduction

Integration of health and social care services is a potential solution to improving care despite budgetary constraints and increased demand for services. Little is known about how having two-or-more long-term conditions (multimorbidity) and socioeconomic status affect social care use, or how all these factors affect unscheduled health care use.

### Objectives and Approach

The project aims to describe the demographic, geographic, and socioeconomic differences in the receipt of social care for over 65s in Scotland and how multimorbidity status influences amounts of social care received. Additional analyses will consider the influence receipt of social care has on use of unscheduled health care services and mortality.

Social Care Survey (SCS) data collected by the Scottish Government is linked to administrative health and mortality records. Linkage includes; prescribing information service and USC data which records episodes of A & E attendance, emergency admission to hospital, GP out-of-hours attendance, Scottish Ambulance Service use, and NHS24 contact

### Results

The cohort includes 1.1million individuals over the age of 65 (54.8% Female), of which 274,011 (24.2%) people died during the study period.

The linkage rate of the SCS to records with a CHI number in the National Records of Scotland population spine was 90.5%, with one local authority removed for very low linkage rates and the remaining 31 with rates between 76.7% and 97.9%.

As of February 2018, all requested data has been transferred to the National Safe Haven and data cleaning and analysis has begun. Significant results are expected to have been produced by August 2018.

### Conclusion/Implications

This research will help understand if receipt of social care is equitably distributed among the population of Scotland after allowing for multimorbidity and socioeconomic status. Understanding the influence health status has on social care receipt and the influence social care has on unscheduled healthcare use has important implications for policy development.

