

# CLAHRC BITE

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A bite-sized summary of CLAHRC research



**How should health care resource use  
data be collected in care homes?**

## What?

The study compared health resource use data about patients in care homes, collected in GP and care homes records.

## Who?

As the UK ages, the NHS, local authorities and care homes themselves will be under increasing pressure to stretch already limited budgets to look after increasing numbers of residents in care homes.

## Why?

To establish the best format for collecting and evaluating data about patients in care homes. This should help to determine cost effective treatments and programmes of care for this population.

## Background

Economic evaluations often use self-report questionnaires to collect information about resource use. Unfortunately, this is often not appropriate for care-home residents (for reasons such as cognitive impairment). Thus, the CLAHRC researcher used data from the CAREMED trial (see Desborough et al (2011) and Sach et al (2015) for further details) to compare resource use between GP records and care home records, for 362 residents from 15 care homes over a seven month period.

The two record sources gave different amounts of use for the same resource (eg numbers of GP visits). The level of agreement between the two record systems differed by the type of resource. Neither system consistently reported more or less use. The level of agreement between the sources also differed by care home.

Some of the differences may be attributable to GPs doing weekly visits to care homes to see a large number of patients consecutively; compared to care home records, GPs may make a better note of contacts with each individual resident. Conversely, GP records may not always capture contacts from certain health care professionals e.g. district nurse / podiatrist visits to a care home.

The data from this research highlights the main resources and drivers of costs in care homes, and about which resource items the different data sources vary most. This information can be used to conduct better resource use measurement and, consequently, improved costings for future economic evaluations; in turn, better economic evaluations will lead to better use of limited health and social care budgets for the growing area of care homes.

## References

Desborough J., Houghton J., Wood J., Wright D., Holland R., Sach T., Ashwell S., and Shaw V. Multi-professional clinical medication reviews in care homes for the elderly: study protocol for a randomised controlled trial with cost effectiveness analysis. *Trials*. 2011; 12, 218

Sach T., Desborough J., Houghton J., and Holland R. Resource Use Measurement In Trials Conducted In Care Homes: A Study Of Level-Of-Agreement Between Data Collected From GP Records And Care Home Records. *Value Health*. 2015 Nov;18(7):A689

## What is NIHR CLAHRC East of England?

The National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) East of England is a five year programme of applied health and social care research which focuses on the needs of people with complex problems, often vulnerable, when multiple agencies are involved in their care: young people, frail older people, those with dementia, learning disabilities, acquired brain injuries or mental ill health.

The CLAHRC East of England collaboration encompasses some thirty-six organisations, with research hubs in the Universities of Cambridge, Hertfordshire and East Anglia working closely with individuals and organisations involved in the whole care pathway.

Service users and carers are at the heart of what we do, in parallel with an ambitious public health research programme.

Co-production and collaboration at all stages of the research process are fundamental to making a positive impact through applied health research.

### For more information:

Website: <http://www.dahrc-eoe.nihr.ac.uk/2014/03/a-comparison-of-data-collected-from-gp-records-versus-care-home-records/>

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