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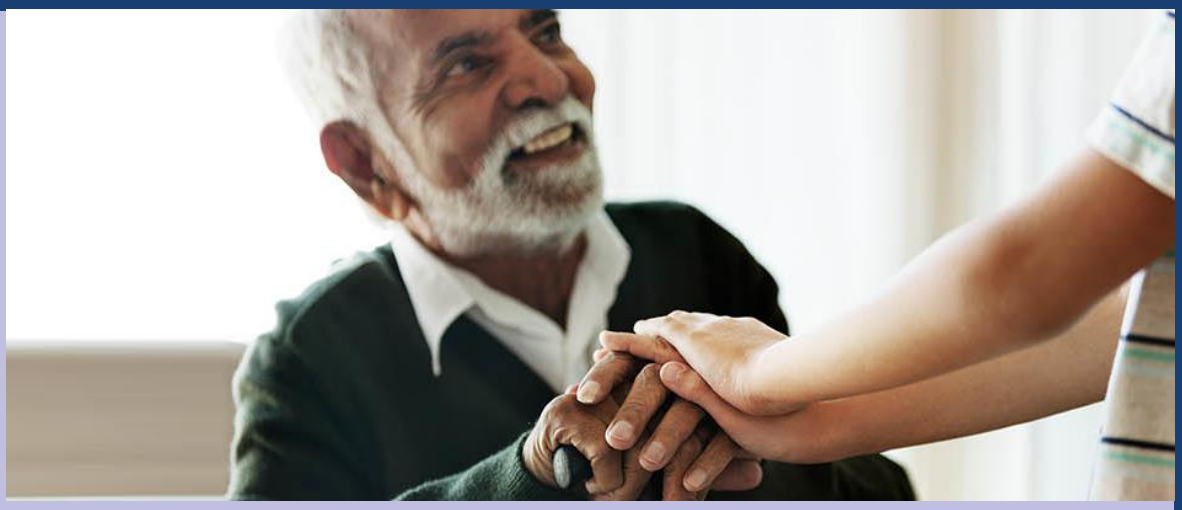

# Using individual and neighbourhood profiles and trends to understand frailty with nationally representative population data

## Part 4: The effect of mapped mismatch between levels of frailty and receipt of care on unplanned admission, admission due to falls, pressure ulcer, and fractures

Asri Maharani, David Sinclair, Tarani Chandola, Peter Bower, Barbara Hanratty, James Nazroo, Neil Pendleton, Gindo Tampubolon, Chris Todd, Raphael Wittenberg, Terence W O'Neill, Fiona Matthews

Briefing Summary

June 2023

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## Briefing Summary

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# Executive Summary

## The problem

Our previous report estimated that around 0.7 million and 1.6 million people aged 65+ in England were frail and prefrail, respectively, in 2018, but only 0.5 million adults in the same age group received government paid for care. The key question is whether receiving care was associated with the risk of hospitalisation.

## What did we do?

We examined to determine the impact of frailty, frequency of care and also need for care on the risk of unplanned admission to hospital for any cause and for conditions associated with frailty, specifically, falls, fractures and pressure ulcers.

## Key Findings

Frequency of care was associated with higher risk of unplanned admission independent of frailty status. Older people who received care had a higher risk of hospitalisation due to falls and pressure ulcer, but not fractures, than those who did not receive care independent of frailty status

Our analysis showed the following specific findings:

- Frailty and prefrailty were associated with a higher risk unplanned hospital admissions, hospital admissions were due to falls, fractures and also pressure ulcers.
- Older people who received infrequent and frequent care had higher risk of unplanned admission independent of frailty status.
- Unmet need for care was not significantly associated with an increased risk of unplanned admission compared to those receiving no care.
- Among older people after adjustment for covariates including frailty status, compared to those who received no care, those who received care was associated with an increased risk of hospitalisation due to falls and pressure ulcer, but not fractures.

## Caveat

Questions about care were only asked when a respondent reported having difficulties in mobility, activity daily living (ADL) or instrumental ADL and only participants who were in receipt of care who were asked about whether it met their needs. There may be people with care needs who were not in receipt of care and did not answering questions on need for care.

## Conclusion

Older people in receipt of care have worse outcomes than those who do not receive care with a trend towards worse outcomes among those receiving frequent (vs infrequent) care. The findings highlight that comprehensive needs assessment and person-centred care planning may be needed in order to maximise quality of life.

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