



Exploring the content of a minimum data set for homecare

Vanessa Davey, Kimberly Lazo Green, Alex Inskip,
Fiona Beyer, Gemma Spiers, Barbara Hanratty

Briefing Summary

December 2024

Exploring the content of a minimum data set for homecare

Briefing Summary

Vanessa Davey¹, Kimberly Lazo Green², Alex Inskip¹, Fiona Beyer¹,
Gemma Spiers¹, Barbara Hanratty¹

NIHR Older People and Frailty Policy Research Unit

¹ Population Health Sciences Institute, Newcastle University

² School of Health Sciences, University of Manchester

December 2024

This research was funded through the National Institute for Health and Care Research (NIHR) Policy Research Unit in Older People and Frailty (funding reference PR-PRU-1217-2150). As of 01.01.24, the unit has been renamed to the NIHR Policy Research Unit in Healthy Ageing (funding reference NIHR206119). The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

Context

In England, there are over 8000 registered homecare agencies, providing support to almost one million older people in their own homes. However, little is known about who uses home care or what sort of care they need. There is also no systematic approach to sharing data as people access different health and care services. A need to define a minimum dataset (MDS) for homecare has been identified following the pandemic, and as part of the digitalisation of social care. An MDS would provide a core set of information to be collected and collated on home care clients and potentially shared across care settings. In this project we build on previously funded NIHR research to develop a Minimum Data Set (MDS) for care homes (<https://dachastudy.com>), and explore the potential content of an MDS for homecare.

Our aim was: To **explore potential content for an MDS for homecare** that is feasible and acceptable to relevant stakeholder groups.

Methods

We developed three strands of work to identify potential content for a homecare MDS:

- Desk-based review to identify relevant items and gaps in the care home MDS developed by the NIHR funded DACHA study
- Two scoping reviews of published evidence to identify research tools in key areas for home care identified as missing from the care home MDS (home environment and support by unpaid carers)
- Stakeholder consultation on potential content for a MDS for home care (care providers and commissioners)

Findings

Comparison with care home MDS content: Much of the care home MDS could be relevant for collection with home care clients, with the exception of detailed medical history and health care use and some clinical measurements. Information on the home environment and unpaid, family care are potential gaps.

Scoping review of home environment measurement tools: Short, validated items were identified that measure older adults' perception of home suitability, and objective measures of the condition of, and modifications required to, the home environment.

Scoping review of unpaid care measurement tools for home care: Questions to capture unpaid care are available in UK longitudinal and repeated cross-sectional studies. One measure in routine use in home care was identified from the international literature (Inter-RAI-HC). Validated and simple questions are available on receipt of home care, number of unpaid intra/extra-household caregivers. Further work with older people and care providers is needed to assess the feasibility of estimating the volume and frequency of unpaid care, especially when needs may fluctuate.

Home care providers and commissioners stakeholder consultation: Participants highlighted the importance of information on client quality of life, nutritional status, unpaid caregivers, and the home environment. Caution was expressed around the use of lengthy or complex measurement tools and avoiding potentially intrusive questioning of home and family circumstances. Future data collection would ideally align with existing requirements and digital systems.

Conclusions

The content of a home care MDS could be drawn from a care home MDS, with modest amendments. The proposed content would require collection of some data, not routinely measured in home care, such as quality of life and nutritional status. Additional data on the home environment and unpaid care may also be particularly relevant to home care. Further consultation with home care clients and providers is required to ensure acceptability of proposed content of an MDS for home care.

This document is available in large print.

Please contact the NIHR Older People and Frailty PRU for assistance.

Email: pru-manager@manchester.ac.uk

Telephone: 0161 306 7797