

Developing a minimum data set for older adult care homes in the UK: Key principles

Summary written by: Liz Jones

Email: liz.jones@nationalcareforum.org.uk

Designed and edited by: Jo Morton, Chloe Bennett & Gizdem Akdur



Introduction

The DACHA study seeks to develop agreement between care homes and those that work with care homes (e.g., commissioners, inspectors, regulators, external health providers) about the most useful information (data) that needs to be collected, held, and shared about older people living in care homes (a minimum data set). This summary explains why a minimum data set (MDS) is needed and identifies some key principles for its success.



Definitions



What is administrative burden?

The time and effort to gather and keep information up to date.

What is duplication of effort?

The same tasks being completed more than once.

Why is an MDS needed?



A streamlined, shared data collection that is mutually beneficial to both care homes and external organisations offers the chance to provide a better all-round service, across health & social care.

It would enable staff to have more time to dedicate to direct care, rather than responding to multiple and overlapping data requests; and better analysis, management and use of the data can bring important insights to improve services for older people in care homes.

What are the key principles?



- 1 The MDS must focus on measuring what matters most to support those living in care homes.
- 2 The MDS must be informed by evidence and experience.
- 3 The MDS must reduce administrative burden due to duplication of effort.
- 4 Digital care records are vital.
- 5 The MDS should record the care home staffing model.
- 6 The MDS must bring together different sources of information.
- 7 Data sharing with external users of the MDS must have an agreed purpose.
- 8 Care homes must be supported to access and use MDS data.
- 9 The MDS requires investment and integration with existing systems.

What does this mean?



COVID-19 has highlighted the urgent need for better data and information about social care, especially in care homes. Indeed, the government in England has mandated this to happen by 2024.

Policy makers and those who commission care, as well as those who provide care and use care, all agree that it is essential to work together to agree what information should be gathered about people in care homes and how it should, or should not, be used and shared. This must be done together.

A minimum data set must be relevant, useful, of good quality, easy to collect and easy to use. It must include clear consent and have agreement and rules about how and when it is used and shared and for what purposes. It must bring benefit to all including those whose data it is, those who collect it, as well as those who are able to see it and use it and analyse it.