



Developing resources And minimum data set for Care Homes' Adoption



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Bringing Care Homes into a broader data landscape

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On Behalf of the DACHA team

# Care homes for older people

**Apart from research, little known about population**

**Long history of residents' inequitable and unpredictable access to health care**

**A solution and a problem for the NHS**

**> 2x as many beds as secondary care**

*“Currently, social care data is not always accessible or shared at the right time or with the right people”.*

**Average:** 28 beds with nursing and 30 without nursing. **Range 1-215** Source SCIE

**Self funders 47%** : care homes for older people (varies by region) Source ONS 2022

**NHS CHC** approx. 8%

33% of care homes for older people: small businesses with 1-2 care homes

Source LaingBuisson 2019



Department  
of Health &  
Social Care

Guidance

**Care data matters: a roadmap for better data for adult social care**

Updated 4 May 2023

# DACHA Aims

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To establish what data need to be in place to support research, service development and uptake of innovation in care homes.

To synthesise existing evidence and data sources **with** care home generated resident data to deliver an agreed data set - **(Minimum Data Set)** - usable and authoritative for different user groups.

Study  
Deliverables for  
working in and  
with care  
homes

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**Guidance** on resident assessment, outcome measurement and implementation of innovation

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**New methods** to support staff and resident engagement in research

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**Trial repository** for secondary data analysis  
(currently 6000+ older people, 340 care homes)

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**Prototype MDS** tested in three Integrated Care Systems (ICS)

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**Recommendations** on implementation of MDS for social care



# Work Package 3: Development and implementation of an MDS

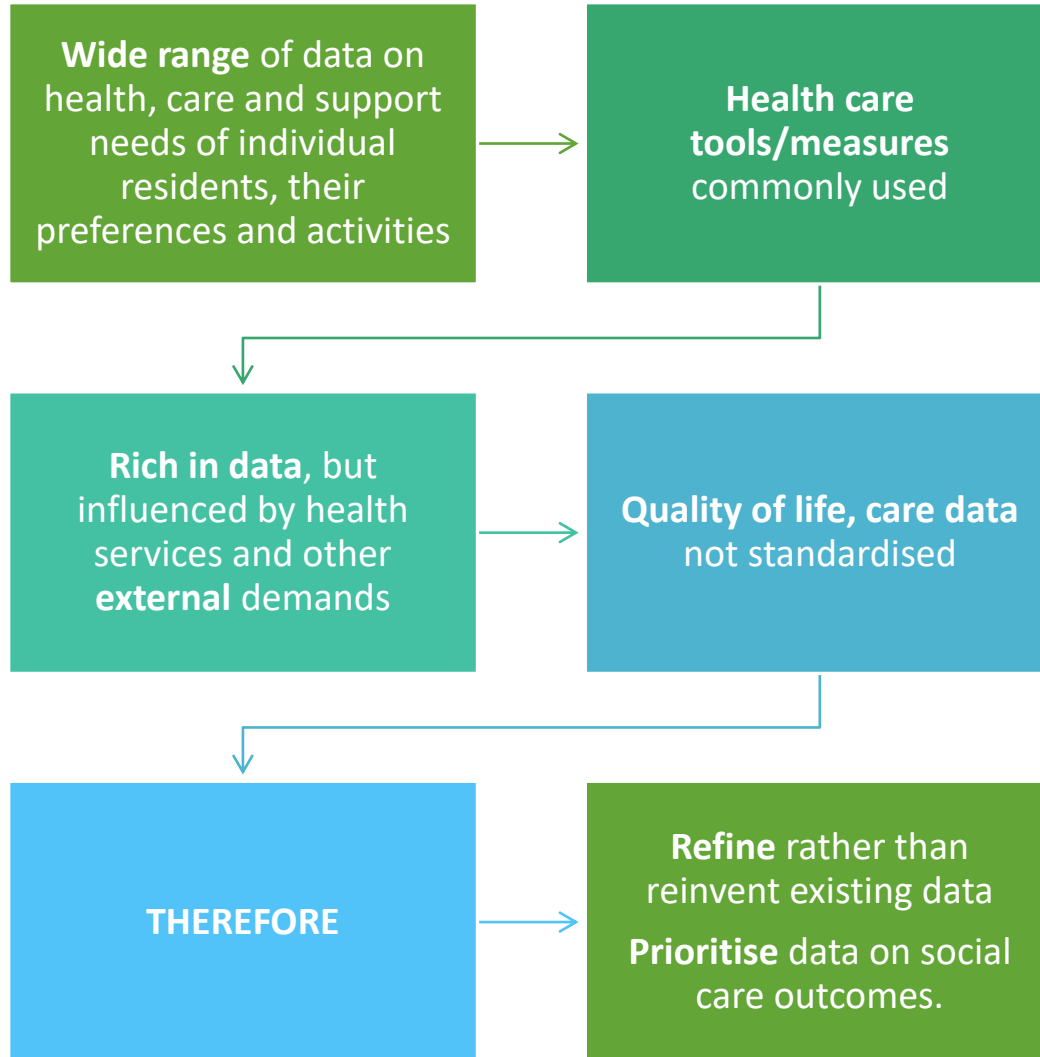
## **SURVEY** of 273 providers representing 5000 care homes

- **Care home resident data**
  - Collection (what, why, how)
  - Storage (what, how, where)
  - Sharing (who, how, barriers)
- **COVID accelerated adoption of technology**
- **Data on medications, health conditions, frailty, cognition, and NEWS (National Early Warning Score) updated monthly**
- **Limited use of quality of life measures**

**REVIEW OF MDS CONTENT** of existing MDS used routinely in care homes e.g., North America, NZ and regions of Belgium, Netherlands and Australia

**REALIST REVIEW.** What works when and in what circumstances at the resident level of care?

- **Mandate** needed to initiate uptake **BUT**....for quality data:
- **Basis** for within care home and cross care home conversations
- **Digital literacy and ongoing support** key to staff engagement
- **Asset for care** not an administrative distraction
- Addressing **what matters** to care home staff



# Implications for MDS



## Work Package 4: Data linkage of existing routine data sources

Building	Building on work and expertise with NHS England Vanguards e.g., identifying residents
Linking	Linking relevant administrative health and social care records centred around the care home resident
Using	Using routinely collected data aim to minimise burden on care homes to collect data.
Working	Working with 3 Integrated Care Systems (ICSs), to build a prototype resident Minimum Data Set

- Focus:

Link data sources to create a proof-of-concept minimum data set (MDS) that is usable and informative for different user groups

Demonstrate value of a linked dataset by conducting analyses of relevance to stakeholders





# Work Package 5: Testing a Minimum Data Set in Care Homes in England

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A **longitudinal pilot** of the minimum data set (MDS) completed by care homes in two ICS sites

Data from care home software (Nourish, PCS) + additional measures

- 984 care home residents from 46 care homes consented across three ICS sites.

- Assess feasibility of collecting data **directly** from care homes and **linking** this to **routinely** collected health and social care data to populate a complete MDS;
- Assess the quality of MDS data, to **create a MDS with the minimum number of scales/attributes required**;
- Evaluate the utility of the matched MDS data to stakeholders (ICSs, providers, residents and their families);



	<b>DACHA</b> (Developing research resources And minimum data set for Care Homes' Adoption and use)	<b>Digital Social Care Records</b>	<b>Provider data project</b>
<b>Purpose</b>	National Institute of Health and Care Research (NIHR) study 2019-2024 being undertaken by a collaboration of academics, practitioners, analysts and care sector representatives. Aims to explore and enhance how resident quality of life and care data are more systematically shared between the multiple health and social care organisations working with care homes, for mutual benefit.	Work led by NHSE to develop two minimum datasets for what data should be held in a digital social care record: one captures operational data on people in receipt of care, the second collects provider level data. Supporting social care providers to capture uniform real-time information and view/share relevant information with NHS records, and to enable more effective person centred care to be delivered.	A joint project between DHSC and NHSE to develop a minimum dataset for what data needs to be collected from care providers to meet the needs of national government, councils, CCGs, care providers themselves, and any other organisations who capture data from care providers.
<b>Scope</b>	Residential care homes and nursing homes for older people, registered by CQC. (Separately funded project has since commenced for domiciliary care)	Residential and domiciliary care from CQC registered care providers	Residential and domiciliary care from CQC registered care providers
<b>Desired output</b>	Piloted minimum dataset that combines data held on residents in routine datasets (NHS,LA) with data completed by care home staff to create a resident MDS reflecting the interests and priorities of social care and health care policy makers commissioners and providers	80% of care providers using digital social care records by April 2024. The minimum data sets will result in data and interoperability standards for DSCRs that help to standardise social care information sharing across the health and care system.	Agreed minimum dataset for long term data capture from care providers that meets the needs of groups listed above. The intent is for changes to data collections to implement the minimum dataset to begin from 2023, though it will likely take a few years to phase in.
<b>Stakeholder engagement plans</b>	Working with <b>ICS</b> (Surrey Heartlands, Nottinghamshire, North East and Cumbria) to create routine data resident dataset. <b>PPiE activities:</b> a) resident one-to-one or group discussions, facilitated by activity co-ordinators and b) relatives and staff, online PPiE Panel meetings. <b>Three national consultations</b> with care home managers and staff, commissioners, regulators, NHS clinicians and researchers on: (1) data capture priorities (complete); (2) care related Quality of Life <b>outcome</b> measures (complete); (3) study findings and recommendations for practice (online consensus methodology 2023/4).	Working with care providers and DSCR IT suppliers to help develop a data set that is co-produced with people using services and other key stakeholders. The operational data set engagement will be supported by Socitm and programme managed by NHSE. The DSCR provider level data set engagement will be delivered jointly with the DHSC provider data project, and through their prescribed timetable.	Advisory group set up with stakeholders from across the sector including care provider representatives, LGA, CQC, and software suppliers. A series of workshops was held in 2022 to get initial input from care providers, LAs and ICSs, and further workshops will be held in early 2023 focusing on specific data themes.
<b>Overlaps with other projects</b>	DACHA will pilot and test an evidence-informed MDS and demonstrate how to link routine data (NHS/LAs/Care Providers) in an ethical way. An extension to DACHA is looking at the implications of MDS for home care. Findings will be used by NHSEI and DHSC to inform their related work.	NHSE will work closely with DHSC to ensure that data needs of national govt, councils, ICS, etc, can be met where possible through data from DSCRs without requiring additional data collection. <b>NHSE will draw on the findings of the DACHA study to inform the creation of the DSCR minimum datasets.</b>	<b>For residential care, DHSC and NHSE intend to draw on the findings of the DACHA study to inform the work, though also ensuring that providers and other stakeholders have opportunities to provide feedback directly.</b> The intent is to ensure that where possible data for reporting can be aggregated and automatically reported from data held in DSCRs without requiring burdensome manual data collection.





# Summary

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- ❑ The heterogeneity of care homes and residents
- ❑ Data used for multiple purposes and not standardised
- ❑ Linkage of unaligned data to establish a core dataset as basis for shared (and equal) review and decision making
- ❑ Potential of a Minimum Data Set for improving the commissioning and delivery of residents' care
- ❑ Data available and accessible for future research
- ❑ DACHA findings feeding in to DHSC Minimum Operating Data Set (MODS)

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Thank you!

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@HDEMCOP @DACHA\_Study

Project website: [www.dachastudy.com](http://www.dachastudy.com)

**Work package 2** Trial Repository [Lisa Irvine](#) University of Hertfordshire

**Work package 3** survey and review of MDS [Professor Barbara Hanratty](#)

**Work package 4** [Therese Lloyd](#)

**Work package 5** [Ann-Marie Towers](#) University of Kent, [Adam Gordon](#) University of Nottingham

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