

Further information

Publications include two books (a third in advanced draft), journal papers, and several papers in the professional press. Details of these can be found on the PSSRU website, which also has two downloadable bulletins on the programme.

Evaluating Community Care for Elderly People

Bleddyn Davies and José Luis Fernández

Evaluating Community Care for Elderly People (ECCEP) is the second stage of a multi-faceted before-after study of community social services for older people, the first stage collection having commenced in 1983. Collection and analysis foci have been user and carer needs, utilisation and costs, benefits of services for persons in different circumstances; costs of outcomes, service productivities and efficiencies. The policy argument has been about influences on fairness, effectiveness and efficiency, and how to improve outcomes.

Publications (including Bulletins 12 and 13) illustrated how community services are achieving substantial impacts on important goals, such as preventing institutionalisation, reducing caregiver burden or improving user satisfaction. They illustrate how the impacts of services (including carer inputs) differ between outcomes and depend on user and carer circumstances. Service contributions are particularly large for the most dependent users, many of whom received more intensive service packages than pre-reform.

Findings about the effects of community service inputs on health care utilisation have not previously been reported. Here we describe service productivities for the reduction in the demand for inpatient care.

The results suggest community care services are having a significant impact. Overall, the cost-reducing effect of community-based services is estimated to account for approximately a fifth of community package costs and in excess of one half of inpatient care costs in the two years following assessment by social services. As in previous analyses, the intensity of the effect has been found to vary considerably with the characteristics of the recipients of the services, the most dependent cases exhibiting the greatest potential for substitution in both absolute terms and relative to the cost of community care packages.

The analysis investigated separately service effects on the probability of admission and on the length of stay. Not surprisingly, the effects of community services on inpatient care were found to be, although substantial, less important than that of the characteristics of older persons.

The main service effects on admissions to inpatient care were that:

- Home care reduces admissions for stroke victims and for users with significant problems undertaking IADL tasks.
- Although day care services lower the probability of admission for all recipients, they are most effective for users living alone.
- Respite care reduces the probability of admission for older people who had come into contact with social services following an inpatient care episode.
- Community nursing inputs reduce admissions for users with informal care.

Overall, the combined effect of all services for the average case in the sample was estimated to reduce the probability of admission into hospital in the two years subsequent to assessment by over 20%. Unsurprisingly, few service effects on the length of stay were identified. Only respite care reduced how long users stayed in hospital.

These results illustrate the importance of designing financing mechanisms for inpatient care on the one hand and home and community social and nursing services on the other which create incentives that secure the most effective and efficient balance of resources to the two sectors. However, they beg important questions. In particular, how do the patterns differ between disease and ward types? What process features affect them? For instance, what are the effects of different arrangements for hospital discharge and health/social care coordination?