OPUS: A Measure of Social Care Outcome for Older People

BACKGROUND

An essential element of identifying Best Value and monitoring cost-effective care is to be able to identify the outcomes of care. OPUS (Older People’s Utility Scale for Social Care) is a unique measure of outcome of social care that reflects older people’s preferences. It was developed as part of the Department of Health’s Outcomes of Social Care for Adults Initiative. OPUS provides a tool for evaluating social care interventions in both research and service settings. This summary outlines the development of the instrument and the results of the conjoint analysis used to identify the preferences of older people.

METHOD

A reference group of about 70 individuals was drawn from local authority senior and middle managers, the Department of Health, academics, representatives of voluntary organisations and care managers. Two waves of consultation took place with this group: first about the key domains or objectives and second about the structure of the measure. The measure itself was based partly on previously developed measures: the Camberwell Assessment of Need for people with mental health problems (CAN) and Camberwell Assessment of Need for Elderly people (CANE). In addition, care managers and social workers completed draft versions of the instrument. Findings from these exercises and the views of care managers contributed to the development of the measure and associated guidance.

After extensive pre-pilot and pilot exercises a sample of 356 older people were interviewed to establish their preferences. Discrete choice conjoint analysis was applied to a set of 27 scenarios that reflected different levels of unmet need in each key domain. Checks were included in the questionnaire for consistency and an additional scale used to rate the same scenarios in order to allow tests of validity. Fifty-eight of those people interviewed repeated the exercise in order to allow us to investigate test-retest reliability. Forty-nine were interviewed using the same descriptions, but with an additional attribute included to indicate a hypothetical level of monetary benefits that the individual was receiving, in order to investigate whether — and if so at what rate — people would be prepared to trade money against levels of unmet need.

In order to test the measure itself, 58 older people who were receiving services were interviewed. In nine cases the interview was conducted with the carer. A sub-sample of 27 people were re-interviewed two weeks later in order to identify whether results using the measure were stable over a limited period of time.

DEFINING DOMAINS OF OUTCOME

Social care is concerned with managing or reducing the effect of impairment on people’s daily lives. Outcomes should reflect the primary objective of social care services, which is to meet needs created by impairment by helping people with personal care tasks or providing company for those who might otherwise be socially isolated. The outcome is the improvement in welfare (which can be called the ‘utility’) which results from services provided. As the measure is intended to be applicable across all social care settings, the domains had to reflect the key areas of people’s lives addressed by both community and care home services.

Five domains were identified as the key areas of outcome of social care:
- food and nutrition
- personal care
- safety
- social participation and involvement
- control over daily life.

THE INSTRUMENT

For each of these five domains the instrument asks about:
- current levels of unmet need
- whether informal carers and/or services play a role in meeting needs
- what the level of need would be in the absence of any service intervention.

An additional section addresses specific safety concerns by identifying serious events that have occurred over the previous month. The instrument can be completed as part of the assessment process or in a separate interview. There is scope for the instrument to be completed on behalf of the older person by a carer or a member of staff who knows the individual well, such as the care manager or key worker.

OLDER PEOPLE’S PREFERENCES

As figure 1 shows, the order of importance of the domains for our sample as a whole was (most important first):
- personal care
- social participation and involvement
- control over daily life
- food
- safety.

Although rated highly by respondents

The Research Team

The PSSRU staff who conducted this study were Ann Netten, Paul Smith, Andrew Healey and Martin Knapp, with Mandy Ryan and Diane Skatun (Health Economics Research Unit, University of Aberdeen) and Til Wykes (Institute of Psychiatry). The project secretary was Lesley Cox (01227 823963; e-mail L.A.Cox@ukc.ac.uk).
on a simple ranking exercise, the domain of ‘sense of safety’ was insignificant for several of the analyses and showed an inconsistent pattern of preferences in the main model. A follow-up study suggested that in part this could be due to the generalised nature of the description of unmet need for this domain compared with other domains. Nevertheless, when a more specific description was used, relating to falls, the domain was still ranked lowest of all the domains.

Preferences were not associated with gender, but they were associated with age, living circumstances, reported impairment and current receipt of services. Compared to younger respondents, people aged 85 and over were more concerned about food and nutrition and less concerned about social contact. People who lived with others weighted social participation and involvement much higher than those who lived alone. Disabled people in receipt of services ranked food and nutrition highest, followed by social participation (see figure 2).

The inclusion of a monetary domain allowed the estimation of a monetary value of ‘willingness to accept’ associated with each domain. These were relatively high (summing to over £1,300) suggesting that there is considerable surplus benefit associated with receipt of services.

Initial investigations of the psychometric properties of the measure suggested it was both valid and reliable and reflected genuine differences in perceived needs and outcomes. More work is needed to investigate the most appropriate ways to investigate differences in perceptions, to incorporate objective risks and sense of safety and to identify utility weights with nationally representative samples. It would also be of substantive interest to explore the properties of the instrument for specific populations, such as people in black and minority ethnic groups, which may result in alternative utility indexes reflecting the perspectives of these groups.

MEASURING OUTCOME

The results of the conjoint analysis were used to identify weightings for each level of need in each domain to reflect older people’s preferences. Adding the weighted score provided a utility index that indicated the level of welfare of the individual on a scale between 0 (high unmet needs in all domains) and 100 (all needs met in all domains). Two indexes were estimated: one that reflects all levels of met need and all domains, and one that just includes statistically significant domains and levels. The latter does not include a weight for safety.

The indices can be used in a number of ways to measure outcome:

- An outcome index can be computed for individuals and groups following the introduction of a care package. Such outcome measures can be compared across social care packages and conclusions made concerning which packages of care have the greatest effect on welfare or utility.
- The difference between the index based on current levels of met need and the index based on expected levels of met need reflects the expected utility gain from all services received.
- Incorporation of scale measures in assessments and reviews would allow local authorities and others to monitor levels of unmet need in individuals approaching them and the subsequent levels of benefit accruing as a result of interventions. This could be done from the perspective of the individual, the carer and the assessor.
- Independent evaluations of service users would also allow comparison of levels of welfare among existing clients across areas, local authorities, or providers.
- Included in economic evaluations, the measure would allow the estimation of cost utility ratios.
- In large enough samples the probability of the serious events listed in the instrument could be established and compared between groups of interest. This would facilitate a more objective evaluation of risk when considering service interventions.

Figure 1. Utility weights for domains and levels of met need

Figure 2. Effect of service use on utility weights

High unmet needs has a weight of zero for all domains. The scale is standardised so that all needs met in all domains total to 1.

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