

SCoOP

Scottish Care of Older People (SCoOP): Scoping Survey of Acute Sector Services

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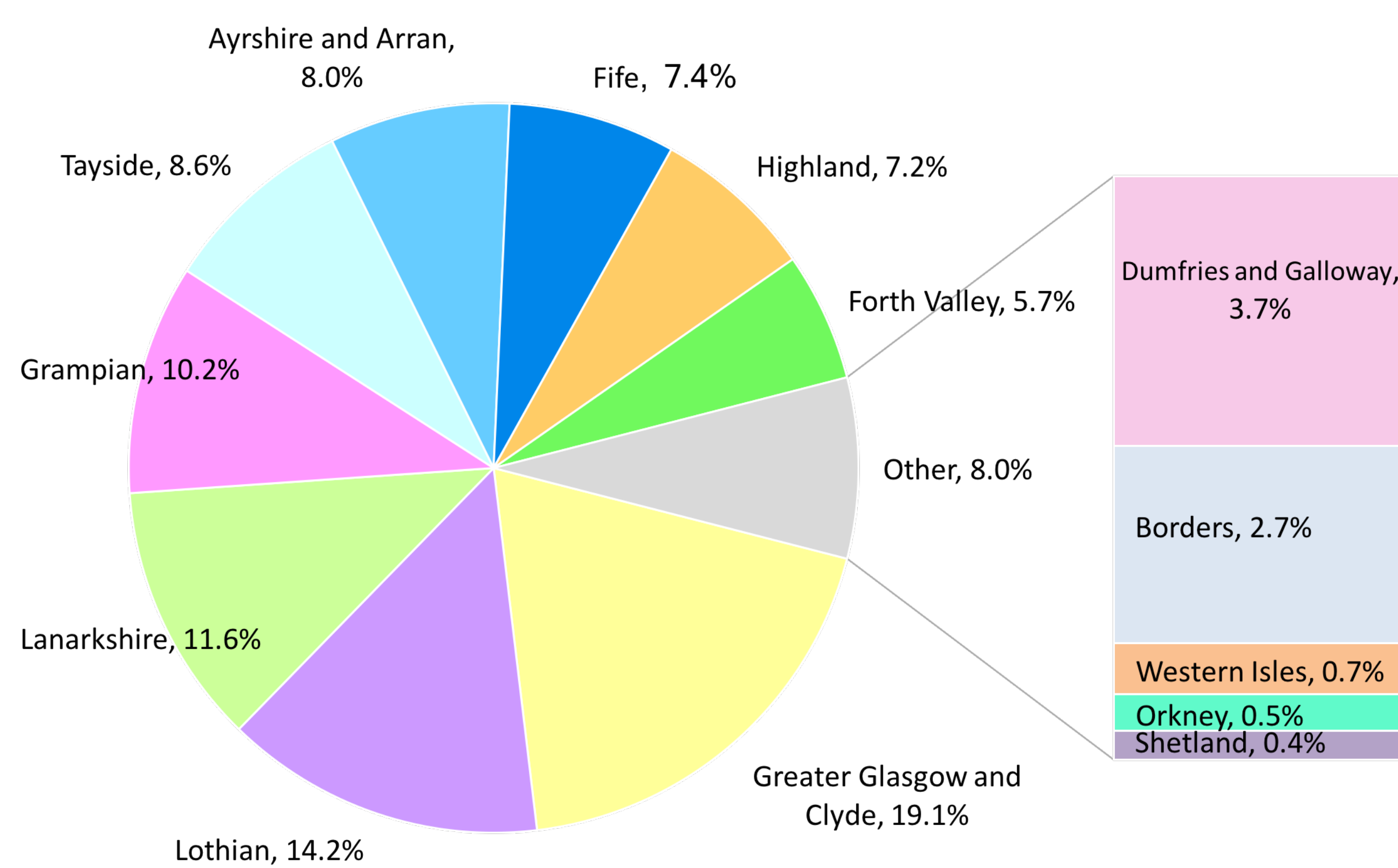
Background

Whilst older people (aged ≥ 65 years) are a major group of patients who use acute medical and surgical services, the speciality service provision for older people with frailty has not been systematically assessed throughout Scotland. The Scottish Care of Older People (SCoOP) national audit was launched in November 2017 and will provide benchmarking tools to further improve the care standards for older people across the nation, benefiting patients, the public, the National Health Service and policy makers alike. An initial scoping survey was carried out in early 2018 and the results of consultant workforce data and acute service provision are presented.

Methods

- A Microsoft Excel spreadsheet was designed and tested in two hospitals prior to distribution in February 2018 to the SCoOP Steering Group. A nominated geriatrician from each health board completed data entry based on ‘best of their knowledge’ information.
 - Data on consultant workforce were calculated based on sessional commitment, with 10 sessions equalling one full-time equivalent (FTE). Data on health board catchment population¹ were used to calculate the number of FTE geriatric consultants per 10,000 population aged over 65 years for each health board.
 - Other specialty doctor provision was based on numbers employed.
 - Multidisciplinary service provision was based on four service components:
 1. Number of days a care of the elderly unit was in operation;
 2. Multidisciplinary meeting frequency;
 3. Availability of physiotherapy services;
 4. Availability of occupational therapy services.
- A score for each service component was calculated for each hospital of a health board by dividing the number of days each service was in operation per week by seven. For those units where physiotherapy and occupational therapy are available ‘on request,’ this was counted as being available 2 days a week.
- The total acute service provision score was then calculated by adding the service component scores together and dividing by 4, giving a number from 0.0 to 1.0.
- A service provision score of 1.0 represents the hypothetical ideal where full acute geriatric services were delivered on a unit on every day of the week.
- Mean service provision scores were calculated across each health board, allowing comparison.

Figure 1: Share of Scottish population aged >65 years covered by each health board



SCoOP Steering Group

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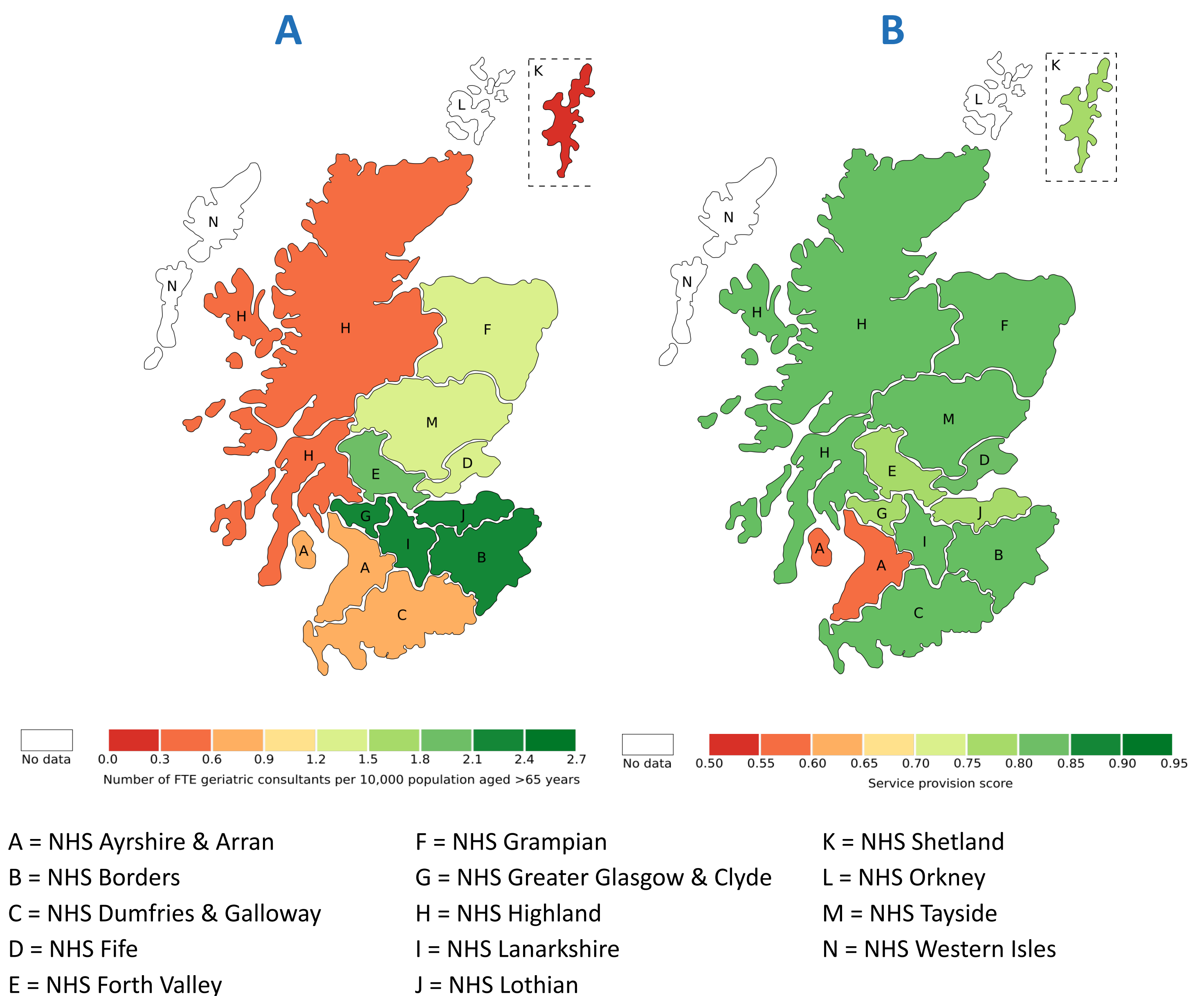
(1) University of Aberdeen; (2) NHS Lanarkshire; (3) NHS Tayside; (4) Grampian DASH; (5) NHS Forth Valley; (6) HIS; (7) BGS Scotland; (8) NHS Dumfries & Galloway; (9) NHS Lothian; (10) NHS Shetland; (11) NHS Grampian; (12) NHS Highland; (13) NHS Glasgow & Clyde; (14) University of Glasgow; (15) University of Edinburgh; (16) NHS Fife; (17) NHS Ayrshire & Arran

References

1. National Records of Scotland. *Mid-2016 Population Estimates Scotland*. National Records of Scotland; 2017. Available at: <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2016>. Accessed April 5, 2018.

Figure 2

- A:** Number of FTE consultant geriatricians employed by each health board per 10,000 population aged over 65 years.
- B:** Acute service provision score for each health board.



Results

- Responses were received from 12 out of 14 (86%) health boards, accounting for 98.8% of the Scottish population over 65 years old. NHS Orkney and the Western Isles were excluded from the analysis as they have no known geriatricians employed, and hence no data was supplied.
- There is a wide variation in the size of the population aged over 65 served by each health board with mean population of 71,347 (**Figure 1**).
- Similarly, the number of FTE geriatric consultants per 10,000 older people aged >65 years varies widely across the Scottish health boards (**Figure 2A**), with a median (IQR) of 1.45 (0.71-2.28) FTE geriatric consultants per 10,000 population >65 years.
- The greatest consultant provision among responding health boards was in **NHS Lothian** (2.40), **NHS Greater Glasgow & Clyde** (2.39) and **NHS Lanarkshire** (2.25).
- **NHS Shetland** (0.00), **NHS Highland** (0.54), **NHS Dumfries & Galloway** (0.65) and **NHS Ayrshire & Arran** (0.73) had the lowest consultant provision, all with less than 1 FTE geriatrician per 10,000 older people
- The median (IQR) national service provision score was 0.81 (0.75-0.85), as shown in **Figure 2B**.
- Service provision scores were highest in **NHS Borders** and **NHS Grampian** (0.89 in both), and lowest in **NHS Ayrshire & Arran** (0.50).

Conclusion

In this initial scoping study, we can already see variation in acute specialist service provision for older adults across Scotland. Each health board serves a very different population, not just in terms of number, but in geographical area, and it is important to bear this in mind when considering the impact of results. This provisional analysis has not included any adjustment for the baseline health of the population of over 65s in each board, which would be expected to influence the demand for specialist geriatric services.

Since the data were largely based on ‘best of knowledge’ information from representative members from each Health Board there may be inaccuracies. Future surveys will build on this preliminary information to accurately audit and improve care standards for older people across the nation, with an ultimate aim to make Scotland a centre of excellence which sets the benchmark internationally for the care of older people.



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