**TAGRA Acute MLC Sub-group**

**Minutes of 12th meeting – 15th March 2016 – Atlantic Quay, Glasgow**

**Present**Sarah Barry (University of Glasgow)
Angela Campbell (Scottish Government)Pauline Craig (NHS Health Scotland)
Karen Facey (Chair)

David Gardner (NHS Highland)
Lynne Jarvis (NHS NSS) (Minutes)Alisdair McDonald (NHS Lothian) Chris Mueller (NHS NSS)

Peter Martin (NHS NSS)Paudric Osborne (Scottish Government)
Evan Williams (Scottish Government)Sarah Touati (NHS NSS)
Diane Skatun (HERU)

**Apologies**

Andrew Daly (NHS GG&C)

Frances Elliot (NHS Fife)

Fiona Ramsay (NHS Forth Valley)

Matt Sutton (University of Manchester)

1. **Welcome and apologies**

KF welcomed the group.

1. **Minutes from previous meeting**

The minutes from the meeting on 20th January 2016 were approved.

1. **Matters arising**

It was agreed that all items in the Matters Arising paper (TAMLC42) were adequately addressed.

1. **Indicator selection results part 2 (paper TAMLC43)**

An addendum to TAMLC43, detailing very recent additional analysis, was circulated and the group were given time to read it. This described an indicator selection process which looked for the best performing index options rather than constructing indexes from the best-performing separate variables. These two approaches give different results.

Lynne, Sarah and Chris presented paper TAMLC43 and the addendum, which described the methodology and results of the next stages in the indicator selection process, following on from TAMLC40.

The first sections of the paper gave an update on the exploratory analysis which was carried out following discussions at the 11th meeting, on outpatient activity, prisons and ethnicity variables, and the decisions that had been taken:

* to keep Outpatients as a separate group for the purposes of modelling healthcare need, rather than combining Outpatients into the diagnostic groups as the coding for speciality was not sufficiently precise to allow mapping to diagnostic groups
* to implement the ‘prison dummy’ variable (i.e. an indicator of a data zone containing a prison) for Outpatients only, as this was the only regression in which this dummy variable was significant
* to include several ethnicity variables, of which three are retained from the near-duplicates analysis in stage 1: Gypsy/Traveller populations, Pakistani populations (both at intermediate zone level), and a count of all ethnic populations with better than average health in the ScotStat report.

The discussion then focussed on the new analysis to reduce the retained variables list down to a common restricted set, and then to just a few variables that perform well as indicators. The analysts presented the methods and results in a PowerPoint presentation, and the group discussed some of the questions raised.

It was suggested to “invert” the ‘Ethnic populations with better than average health’ variable so that the count used is the total population minus those with better than average health (i.e. a count of the populations with average to poor health). This improves the face validity, and it may work better with other variables in an index since it will predict need rather than being a predictor of lower need.

It was agreed to exclude Dementia, as suggested in paper TAMLC43. The indicator used is based on the prescription of anti-dementia medicine. However, these are only licensed for mild to moderate dementia and it is likely that these patients would be treated in the community and not require a high level of acute services. No indicator for advanced dementia is available.

The group also decided to exclude HRI, due to concerns that it is not independent of past costs; and to exclude General health, due to its high correlation with LLTI (retaining LLTI since it performs better overall).

Finally, it was agreed that the order of preference for the index options should be determined primarily by their performance as indexes (rather than their performance as separate variables), since an index will be used in the Acute MLC adjustment.

Analysts were asked to rerun the analysis to produce the best-performing index options for 1, 2, 3 and 4 variables, taking into account the above decisions. This analysis will be more straightforward than that of paper TAMLC43, since all that is required is to test every possible combination of variables from the retained list, as a combined index. The group agreed to an additional meeting on the 15th April to discuss the results of this further analysis and to agree a final index.

**Action – AST to produce a simpler paper presenting analysis to find the best index options, based only on their performance as indexes; with Dementia, HRI and General health excluded from the analysis; and with the Ethnicity variable ‘inverted’ as described above.**

It was confirmed that following this review, the new coefficients would be set for 2018/19 until 2020/21, as these are only updated every three years. This emphasised the importance of selecting the best possible indicators for the needs index.

1. **Draft of final report to TAGRA (TAMLC44)**

Drafting of the final report is underway and the first draft will be presented to TAGRA at its next meeting.

1. **Work plan (TAMLC45)**

This will be updated to take account of the further indicator selection analysis described above and clarification of the HIIA reporting.

1. **A.O.B.**

Nothing else was raised.

1. **Date of next meeting: Friday 15th April, 1pm; Atlantic Quay, Glasgow.**