**TAGRA Acute MLC Sub-group**

**Minutes of 14th meeting – 5th May 2016 – Gyle Square, Edinburgh**

**Present**
Roger Black (NHS NSS)
Angela Campbell (Scottish Government)
Andrew Daly (NHS GG&C)
Frances Elliott (NHS Fife)
Karen Facey (Chair)
Lynne Jarvis (NHS NSS) (Minutes)
Peter Martin (NHS NSS)Alisdair McDonald (NHS Lothian)
Ciaran McCloskey (NHS NSS)Chris Mueller (NHS NSS)Paudric Osborne (Scottish Government)
Sarah Touati (NHS NSS)
Diane Skåtun (University of Aberdeen)
Evan Williams (Scottish Government)

**Apologies**

Matt Sutton (University of Manchester)

David Garden (NHS Highland)

Sarah Barry (University of Glasgow)

Fiona Ramsay (NHS Forth Valley)

1. **Welcome and apologies**

KF welcomed the group.

1. **Minutes from previous meeting**

The minutes from the meeting on 15th April 2016 were approved.

1. **Matters arising**

It was agreed that all items in the Matters Arising paper (TAMLC50) were adequately addressed.

1. **Indicator selection results and analysis of new acute model**

LJ presented the paper TAMLC49, which had been previously discussed via email, outlining the most recent decisions made in the indicator selection process. This focussed on the discussion around the inclusion of the Unpaid Care variable in the needs index.

**The group agreed to eliminate index options including Unpaid Care for the following reasons:**

* The nature of the association between unpaid care and acute costs is not well understood. There is evidence for poorer reported health in unpaid carers, however unpaid care activity might be preventing some people from requiring acute care.
* It is difficult to infer causation, no dose response relationship was observed, suggesting that we are seeing an association rather than a directly causal relationship. Unpaid care may be a proxy for higher health needs in a population, reflecting a higher number of people requiring care.
* Stability / responsiveness – Unpaid care status of an individual may change in a short period of time (e.g. rapid change to health of the cared for person) whereas LLTI, although also a census variable, could be expected to be more stable.

There may be better ways to capture unpaid care in the future and the final report to TAGRA will recommend that this is kept in mind and examined if information becomes available.

There was a discussion on the recommended needs index of LLTI, All-cause SMR <75 and Ethnicity. It was clarified that the ethnicity variable analysed in TAMLC49 is a count of ‘populations with average to poor health’ and that this included White Scottish. There was concern about this definition of ethnicity and its face validity, given that it included the vast majority of the population, and the discussion concluded with a decision to exclude this variable.

It was agreed to produce a further paper, looking at alternative ethnicity variables, some of which had previously been eliminated in the ‘near-duplicates’ analysis and now needed to be reconsidered.

One concern with ethnicity in general was that it comes from the census and therefore is only updated every ten years. It was agreed to note as a recommendation to TAGRA that improved sources of ethnicity should be encouraged.

**ISD analysts agreed to examine the performance of four models with the following variables and seek feedback from the sub-group on the results.**

* [LLTI, All-cause SMR <75]
* [LLTI, All-cause SMR <75, Ethnic populations with poorer than average health]
* [LLTI, All-cause SMR <75, Pakistani populations]
* [LLTI, All-cause SMR <75, Gypsy/Traveller populations]

It was noted that the ethnicity variables in these would be calculated at intermediate zone level to avoid large numbers of zero counts at datazone level, as had been agreed previously.

It was noted that if the index without an ethnicity variable was selected, ethnicity would be still be investigated in the unmet need analysis.

1. **Draft report**

Any comments on the draft report should be emailed to Lynne Jarvis by 19 May.

1. **Work plan**

LJ went over the current work plan. Meetings for June and July have been arranged and the August meeting will be arranged shortly.

1. **AOB**

Nothing was added.

**Date of next meeting: Thursday 6th June, 1pm - 3pm, Gyle Square, Edinburgh.**