**TAGRA Acute MLC Sub-group**

**Minutes of 15th meeting – 6th June 2016 – Gyle Square, Edinburgh**

**Present**   
Roger Black (NHS NSS)   
Angela Campbell (Scottish Government)  
Pauline Craig (NHS Health Scotland)  
Andrew Daly (NHS GG&C)  
Frances Elliot (NHS Fife)  
Karen Facey (Chair)  
David Garden (NHS Highland)  
Lynne Jarvis (NHS NSS) (Minutes)  
Peter Martin (NHS NSS)Ciaran McCloskey (NHS NSS)Chris Mueller (NHS NSS)Paudric Osborne (Scottish Government)  
Diane Skåtun (University of Aberdeen)  
Evan Williams (Scottish Government)

**Apologies**

Alisdair McDonald (NHS Lothian)

Matt Sutton (University of Manchester)

Sarah Barry (University of Glasgow)

Fiona Ramsay (NHS Forth Valley)

Sarah Touati (NHS NSS)

1. **Welcome and apologies**

KF welcomed the group.

1. **Minutes from previous meeting**

The minutes from the meeting on 5th May 2016 were approved.

1. **Matters arising**

It was agreed that all items in the Matters Arising paper (TAMLC54) were adequately addressed. KF reminded the group that we have agreed to retain LLTI and All-cause SMR <75 as the recommended Acute needs index. This decision and the analysis behind it was circulated in paper TAMC53 by email prior to this meeting.

1. **Unmet need analysis**

CM presented the paper TAMLC55, which described the results of the unmet need analysis, looking for evidence of unmet need in data zones relating to the high end of the Acute needs index, ethnicity and rurality. The following decisions were made:

1. **Unmet need relating to the needs index**

Evidence of unmet need was found in two diagnostic groups: Heart and Other.

There was some discussion around ‘Other’ and what diagnostic groups this included. It was agreed that it will be difficult to make a decision around unmet need without understanding what makes up the ‘Other’ group. A table was shown illustrating the ICD10 codes included (see Appendix). ‘Other’ is a mixture of ICD10 coding groups, some of which are non-specific (e.g. the largest group is made up of ‘Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified’),

It was agreed that some further work was required on the Other diagnostic group, to investigate the regression fit in figure 4 of TAMLC55 and also to examine the list of diagnostic codes included in ‘Other’ to inform the decision on whether unmet need should be accounted for in this diagnostic group.

**It was agreed to keep the unmet need adjustment in the Heart diagnostic group, with a cut off point of 30% of the data zones with the highest values of the Acute needs index. Unmet need in the Other diagnostic group will be examined further.**

**Action: ISD to produce a further paper clarifying the unmet need analysis in the other diagnostic group and detailing the ICD10 groups this includes.**

1. **Unmet need relating to ethnicity**

The analysis examined unmet need in datazones with higher percentages of Pakistani & Gypsy/Traveller ethnic groups in the population. These groups were chosen because they were identified as having worse than average health outcomes in the ScotStat report[[1]](#footnote-1). No evidence was found of unmet need relating to ethnicity. This does not necessarily mean that unmet need does not exist in these populations, just that it cannot be identified using the available data.

**The subgroup agreed not to include an adjustment for unmet based on the census ethnicity data.**

1. **Unmet need relating to rurality.**

It is not clear which, if any, end of the urban-rural spectrum would show more unmet need so the analysis was carried out to examine evidence of unmet need at both ends. No evidence of unmet need was found in either urban or rural datazones.

**The subgroup agreed not to include an adjustment for unmet need due to rurality.**

1. **SIMD2016**

LJ presented a paper outlining options for using SIMD 2016 to assess unmet need due to deprivation, as had been discussed at AST the week before. The group agreed that it would be worth waiting for the SIMD2016 data that are due to be released in August and that it would be remiss to not consider it. It was agreed that the subgroup should ask TAGRA if they could present the final report to TAGRA in August as already planned, but with an additional analysis of unmet need relating to SIMD2016 to be reported to TAGRA in December 2016. This would then delay the assessment of the impact of the formula changes on health boards until April 2017, but this would still be in time for the formula run in the summer of 2017.

**Action: ISD to produce a paper for the July meeting outlining the work required to examine unmet need due to deprivation, using SIMD2016.**

**Action: Angela Campbell to discuss the potential report addendum on unmet need and delayed impact analysis with Christine McLaughlin**.

1. **Draft report to TAGRA**

The report is almost complete and the subgroup were asked to read it and submit any comments to Lynne Jarvis by 20th June. In particular, KF asked the group to consider data issues to include in Chapter 10. Pauline Craig is working on the HIIA chapter.

**Action: Subgroup to feed back comments on the draft report to LJ by 20th June.**

**Action: PC will send LJ a draft of the HIIA chapter.**

1. **Work plan**

LJ presented the work plan. It was agreed to discuss the further unmet need analysis (including plans for the inclusion of SIMD2016) and the draft report at the next meeting in July. An August meeting will be planned to finalise the report to TAGRA. If the additional unmet need analysis is approved by TAGRA, an additional subgroup meeting will be required in the autumn.

**Action: Organise autumn meetings, if needed.**

1. **AOB**

LJ informed the sub group of the new model analysis paper (TAMLC51), which checked the age and urban-rural splits, was rewritten following the final agreement about the Acute needs index. The conclusions did not change from the previous version. The group was happy for this to be put on the TAGRA website.

**Date of next meeting: 21st July, 1pm - 3pm, Meridian Court, Glasgow.**

**Appendix:**

*Table 1. Acute expenditure and activity by high-level ICD10 classification (with Outpatients included as a whole group). The figures in blue are those included in the ‘Other’ diagnostic group.*

|  |  |  |
| --- | --- | --- |
| **Diagnostic**  **Group**  **Symbol** | **2014 Actual spend in millions**  **£** | **2014 Number of episodes** |
| **Acute Outpatients** | 769 | 1,466,760 |
| **Cancer** | 414 | 199,940 |
| **Injury** | 407 | 124,769 |
| **Heart** | 404 | 157,121 |
| **Digestive** | 343 | 189,768 |
| **Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified** | 319 | 204,912 |
| **Respiratory** | 291 | 135,354 |
| **Diseases of the musculoskeletal system and connective tissue** | 221 | 92,259 |
| **Diseases of the genitor-urinary system** | 198 | 101,434 |
| **Diseases of the nervous system** | 92 | 38,272 |
| **Certain infectious and parasitic diseases** | 87 | 40,811 |
| **Factors influencing health status and contact with health services** | 81 | 57,698 |
| **Diseases of the skin and subcutaneous tissue** | 71 | 32,433 |
| **(missing)** | 70 | 25,176 |
| **Diseases of the eye and adnexa** | 70 | 50,347 |
| **Endocrine, nutritional and metabolic diseases** | 51 | 28,893 |
| **Mental and behavioural disorders** | 38 | 16,406 |
| **Congenital malformations, deformations and chromosomal abnormalities** | 30 | 9,669 |
| **Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism** | 28 | 21,625 |
| **Diseases of the ear and mastoid process** | 9 | 6,653 |
| **Certain conditions originating in the perinatal period** | 2 | 1,281 |

1. <http://www.gov.scot/Publications/2015/08/7995/downloads> [↑](#footnote-ref-1)