Chronic morbidity, deprivation and primary medical care spending in England in 2015-16: a cross-sectional spatial analysis

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Introduction

Primary care provides the foundation for most modern health-care systems, and in the interests of equity, it should be resourced according to local need. We aimed to describe spatially the burden of chronic conditions and primary medical care funding in England at a low geographical level, and to measure how much variation in funding is explained by chronic condition prevalence and other factors.

Methods

We investigated the overall morbidity burden across 19 chronic conditions and its regional variation, spatial clustering and association with funding and area deprivation. A linear regression model was used to explain local variation in spending using patient demographics, morbidity, deprivation and regional characteristics.

Results

Levels of morbidity varied within and between regions, with several clusters of very high morbidity identified. At the regional level, morbidity was modestly associated with practice funding, with the North East and North West appearing underfunded and London overfunded. The regression model explained 39% of the variability in practice funding, but even after adjusting for covariates, a large amount of regional variability remained. High morbidity and, especially, rural location were very strongly associated with higher practice funding.

Discussion

Primary care funding in England does not adequately reflect the contemporary morbidity burden. More equitable resource allocation could be achieved by making better use of routinely available information and big data resources. Similar methods could be deployed in other countries where comparable data are collected, to identify morbidity clusters and to target funding to areas of greater need.

A mixed methods systematic review to explore the impact of advanced care planning for older people on reducing unplanned hospital admissions and improving quality of life

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Introduction

Advance Care Planning (ACP) is a series of discussions, sometimes culminating in a written document, between a patient and health care professionals about their wishes for their future care. It has been shown to improve end of life care. We will gather the views of adults aged ≥ 65 years, their families and the healthcare professionals involved in the ACP process. We will also explore the effectiveness of ACP in this population in reducing unplanned hospital admissions and improving quality of life.

Methods

We searched 18 databases for studies published before May 2018. We included systematic reviews (SR) and randomised controlled trials (RCT) evaluating the effectiveness of ACP; SRs, qualitative and mixed methods studies exploring the views of participants. Critical appraisal tools will vary depending on study type. We will carry out a narrative synthesis of quantitative studies, complimented where feasible with a meta-analysis, a thematic synthesis of qualitative studies, and integrate the totality of these evidence using a narrative side-by-side comparison.

Results

For the effectiveness element of the research a total of 2,729 records were retrieved, of which following title and abstract screening by two reviewers, 49 studies were retrieved for full text screening. Of these, 14 met the inclusion criteria. Results from the qualitative searches are pending.

Discussion

A full discussion of the findings and conclusions will be available for presentation at the SPCR showcase in November 2018, this will include the evidence of effectiveness of ACP and the perspectives of all participants.