

Understanding the relationship between access to social care and healthcare utilisation by older adults: development of an existing theoretical framework

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Abstract

Background

Theoretical models of access to care describe the factors that influence take up and outcomes of care. Such models are well established. However, they do not account for complex interdependency between separate social care and healthcare sectors. A theoretical model of the relationship between access to social care and healthcare utilisation is needed to clarify our understanding of this and optimise the provision, delivery and receipt of care. This is especially important for older populations who may need support from both sectors in later life.

Methods

Two systematic reviews and an analysis of cohort data (Newcastle 85+) examined the relationship between access to social care and healthcare utilisation by older adults. Findings were synthesised and a theoretical framework of this relationship developed, expanding upon two established models of access to healthcare.

Findings

Findings indicated that greater access to social care was associated with lower healthcare utilisation by older adults. This relationship was nuanced depending on the type of social care and how 'access' was measured. The theoretical framework developed posits that this relationship may be best understood as an interaction between the factors that influence access to each social care and healthcare sectors. The mechanisms of care, and the differing structural conditions of access (e.g. universalism) imposed on both sectors, may be particularly important for shaping the relationship between access to social care and healthcare utilisation by older adults.

Conclusions

This new theoretical framework can be used to shape future research and policy debates around care for older populations.

Patient and Public Involvement (PPI)

Members of Voice North were consulted at the start of this research about the best ways to engage patients and the public. Later in the project, further members were recruited to gather contextual information about the use of health and social care in later life, which facilitated thinking around the data used.