

Clustering by health and social care need in Multiple Long-Term conditions (MLTC)

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Research funded by:
NIHR | National Institute for Health and Care Research

PRIMARY CARE RESEARCH CENTRE



A qualitative interview study to explore the views of professionals and people living with MLTC.



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The problem

People living with multiple long-term conditions (MLTC) often experience challenges with their day-to-day social care needs such as finances, shopping, and personal care (1).

Our team have used artificial intelligence (AI) to identify clusters of people with similar health and social care needs. These clusters could identify people with highest risk of poor outcomes and better co-ordinate support services.

In this study we explored patients and care professionals views on using these clusters to identify feasible, acceptable and valuable ways to co-ordinating care for health and social care needs.



Methods

We conducted 44 remote qualitative interviews with:

- 20 health and social care professionals (including carers) involved in the care of people living with MLTC
- 24 people living with MLTC

Data was analysed using Reflexive Thematic analysis (2).



Findings

Theme 1: Primary care is the 'starting point' for discussing social care needs

We have social prescribers now. We have a whole range of healthcare workers who work now in primary care, in GP practices, and I think that is a good thing. (HS20)

Maybe a GP would have an important role there because a good GP would know their patient and would know what they struggle with and probably be able to speak to them. (P17)

It is a nightmare to get a GP appointment and there is no way you'd be getting a GP appointment to discuss anything that wasn't absolutely, your arm's hanging off, because other than that, they're just up to their eyeballs. (P04)

Theme 2: Existing ways of working are not efficient to enable discussions about social care needs

I find the training is definitely reduced ... You don't know what you don't know in terms of services that are out there for people or support that people can access. (HS06)

I think I like the idea that the GP would have that information on hand, but I think it's a big ask of GPs to be up-to-date with all of it. (P07)

Sometimes GPs don't know what support is available, so if a computer were to tell the GP, 'Offer this person this support,' then that could be helpful. (P20)

Theme 3: AI may improve efficiency but there are some concerns about its use in primary care

If we can cluster patients together and provide support that's appropriate between us, it's only going to benefit the patients. (HS05)

It is the future. It is going to happen, but I still think that humans are still needed. (P16)

I think the only thing I would have pause is if that data falls into the hands of, for example, insurance companies. (HS07)

Theme 4: AI should be used as an addition tool alongside effective, clinical conversations

I think as human beings, we're all totally unique, but there's so many situations where we do need to be put into boxes and categories and to some extent that can be harmful (P24)

I think that often, people aren't necessarily listened to about the support that they actually need. I think if we listened to the people that were struggling, it would be a lot better. (P11)

As long as those people aren't defined by the groups that they've been put into because they're all individuals. (HS04)

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Conclusion and recommendations

- The primary care setting is seen as a good starting point for conversation about social care needs.
- Patients and care professionals see promise in using an AI-cluster approach to identify at-risk patients if it is supported by a person-centred conversation that acknowledges patient's individual differences.
- Any new intervention to enable discussion of social care need must fit within rather than add to current workload.

What next? We will design sources of support based on these findings, and publish these findings in a scientific journal.

REFERENCES

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