Factors influencing effective data sharing between health care and social care regarding the care of older people: a qualitative evidence synthesis

Siân de Bell,[1*] Zhivko Zhelev,[1] Alison Bethel,[1] Jo Thompson Coon[1] and Rob Anderson[1]

[1]Exeter HS&DR Evidence Synthesis Centre, Department of Health and Community Sciences, University of Exeter Medical School, University of Exeter, Exeter, UK

[*]Corresponding author s.c.de-bell@exeter.ac.uk

Published May 2024
DOI: 10.3310/TTWG4738

Plain language summary

Factors influencing effective data sharing between health care and social care regarding the care of older people: a qualitative evidence synthesis

Health and Social Care Delivery Research 2024; Vol. 12: No. 12
DOI: 10.3310/TTWG4738

NIHR Journals Library www.journalslibrary.nihr.ac.uk

Plain language summary

What is this review about?

Health and social care organisations and professionals need to share data about older people. Data – for example, details of medication – can be shared in different ways, for example electronic records systems, team meetings. Sharing data is important, especially for people with multiple or long-term conditions as they may need co-ordinated help from health and social care services. However, professionals often find it difficult to share data. For example, they may have concerns about confidentiality or may not have access to the same electronic record systems. This review investigated factors that influence data-sharing between health and social care.

What studies are included?

We found 24 studies that used methods such as focus groups or interviews.

What are the main findings?

We found five main purposes of sharing data in the studies:

- to assess people's need for health and social care
- to co-ordinate care for people with existing needs
- to help people move from hospital to home
- to care for people living in care homes
- to support end-of-life care.

Factors that help health and social care professionals share data include:

- having trust and respect for each other
- having suitable policies and processes in place between their organisations
- having an awareness of why other professionals need data.

New technologies can help professionals share data, but they need to be part of the normal way that people work.

What do the findings mean?

These findings could help to improve data-sharing as they show that professionals need multiple ways of sharing data. They also suggest more research is needed so that new technology supports data-sharing.

Stakeholder and public and patient involvement

Stakeholders – for example, doctors, social workers, and public and patient representatives – provided feedback throughout the project.

How up to date is this review?

The review contains studies published between 1995 and March 2023.

Copyright © 2024 de Bell *et al.* This work was produced by de Bell *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This is an Open Access publication distributed under the terms of the Creative Commons Attribution CC BY 4.0 licence, which permits unrestricted use, distribution, reproduction and adaptation in any medium and for any purpose provided that it is properly attributed. See: https://creativecommons.org/licenses/by/4.0/. For attribution the title, original author(s), the publication source – NIHR Journals Library, and the DOI of the publication must be cited.

Health and Social Care Delivery Research

ISSN 2755-0079 (Online)

A list of Journals Library editors can be found on the NIHR Journals Library website

Health and Social Care Delivery Research (HSDR) was launched in 2013 and is indexed by Europe PMC, DOAJ, INAHTA, Ulrichsweb™ (ProQuest LLC, Ann Arbor, MI, USA), NCBI Bookshelf, Scopus and MEDLINE.

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) (www.publicationethics.org/).

Editorial contact: journals.library@nihr.ac.uk

This journal was previously published as *Health Services and Delivery Research* (Volumes 1–9); ISSN 2050-4349 (print), ISSN 2050-4357 (online)

The full HSDR archive is freely available to view online at www.journalslibrary.nihr.ac.uk/hsdr.

Criteria for inclusion in the *Health and Social Care Delivery Research* journal
Manuscripts are published in *Health and Social Care Delivery Research* (HSDR) if (1) they have resulted from work for the HSDR programme, and (2) they are of a sufficiently high scientific quality as assessed by the reviewers and editors.

HSDR programme

The HSDR programme funds research to produce evidence to impact on the quality, accessibility and organisation of health and social care services. This includes evaluations of how the NHS and social care might improve delivery of services.

For more information about the HSDR programme please visit the website at https://www.nihr.ac.uk/explore-nihr/funding-programmes/health-and-social-care-delivery-research.htm

This article

The research reported here is the product of an HSDR Evidence Synthesis Centre, contracted to provide rapid evidence syntheses on issues of relevance to the health service, and to inform future HSDR calls for new research around identified gaps in evidence. Other reviews by the Evidence Synthesis Centres are also available in the HSDR journal.

The research reported in this issue of the journal was funded by the HSDR programme or one of its preceding programmes as award number NIHR135660 as part of a series of evidence syntheses under award NIHR130538. The contractual start date was in October 2022. The draft manuscript began editorial review in August 2023 and was accepted for publication in January 2024. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HSDR editors and production house have tried to ensure the accuracy of the authors' manuscript and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this article.

This article presents independent research funded by the National Institute for Health and Care Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the HSDR programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, the HSDR programme or the Department of Health and Social Care.

This article was published based on current knowledge at the time and date of publication. NIHR is committed to being inclusive and will continually monitor best practice and guidance in relation to terminology and language to ensure that we remain relevant to our stakeholders.

Copyright © 2024 de Bell *et al*. This work was produced by de Bell *et al*. under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This is an Open Access publication distributed under the terms of the Creative Commons Attribution CC BY 4.0 licence, which permits unrestricted use, distribution, reproduction and adaptation in any medium and for any purpose provided that it is properly attributed. See: https://creativecommons.org/licenses/by/4.0/. For attribution the title, original author(s), the publication source – NIHR Journals Library, and the DOI of the publication must be cited.

Published by the NIHR Journals Library (www.journalslibrary.nihr.ac.uk), produced by Newgen Digitalworks Pvt Ltd, Chennai, India (www.newgen.co).