

Needs assessment in long-term care: Expression of national principles for priority setting in service allocation

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Background

- Long-term care services to **older adults** are characterized by increasing needs and **scarce resources**.
- Political strategies have led to an increased focus on "ageing in place" and **efficient use of resources**.
- **Aim:** Explore how three political principles for prioritisation in long-term care; **resource, severity and benefit principle** are expressed in the process of **service allocation** to older adults.

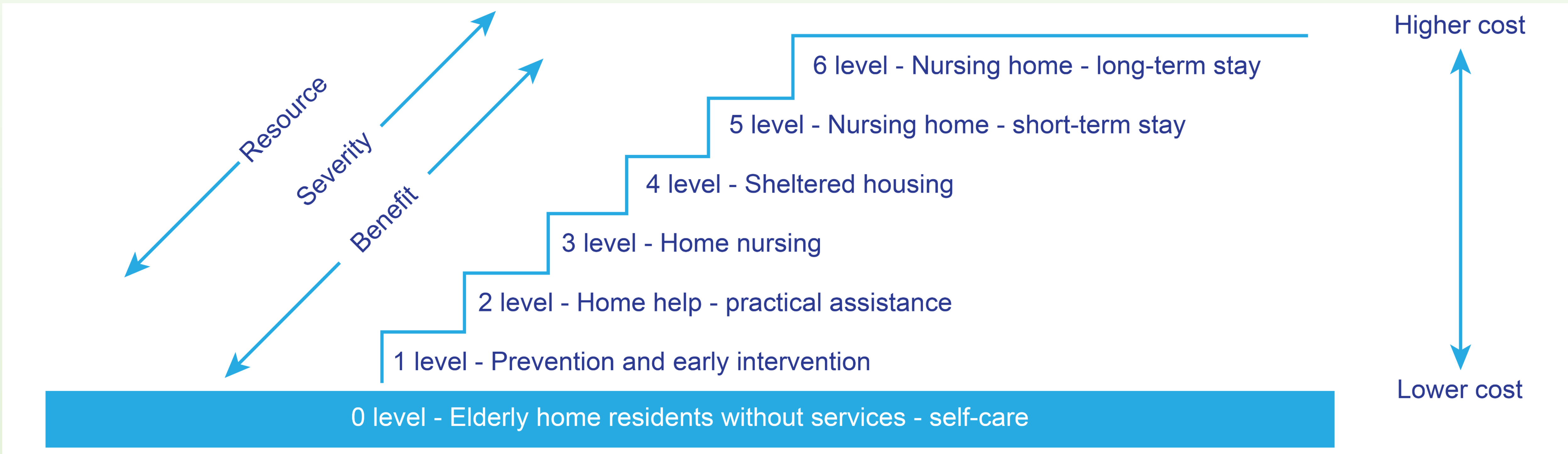
Methods

- Qualitative study design with data from **interviews, observations** and **individual decision letters** where service allocators grant or refuse long-term care services.
- The data were analyzed using **thematic analysis**.

Results

Themes related to service allocators' expression of the principles:

Resource principle	Severity principle	Benefit principle
1) Lowest effective level of care as a criterion for service allocation	3) Severity of medical and rehabilitation needs	5) Benefit of generous service allocation
2) Blanket allocation of low-cost care services	4) Severity of care needs	6) Benefit of avoiding services



The three principles **worked together** when long-term care services to older adults were allocated.

- The **resource principle** is expressed through the allocation of **low-cost services**, thus pushing the allocation of services to a lower level of care.
- In cases of **unsafe and undignified** situations for older service recipients, the **severity principle** pushed the allocation of services to a higher level.
- In cases where services would potentially lead to the **recovery** of function, the **benefit principle** was expressed, pushing the allocation of services to a higher level.
- In contrast, the **benefit principle** was also expressed when it was perceived that older adults would **profit** from not receiving (more) services.

Conclusions

Increased focus on **improvement potential** in addition to difficulties in defining the severity of older adults’ complex needs actualizes debates regarding **worse off versus potentiality** in future long-term care services allocation.



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