Ageing Well

Quality Healthcare in Later Life

National Frailty Approach

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Newcastle Upon Tyne **4th September 2018**

Set the scene: ‘Fit for Frailty’

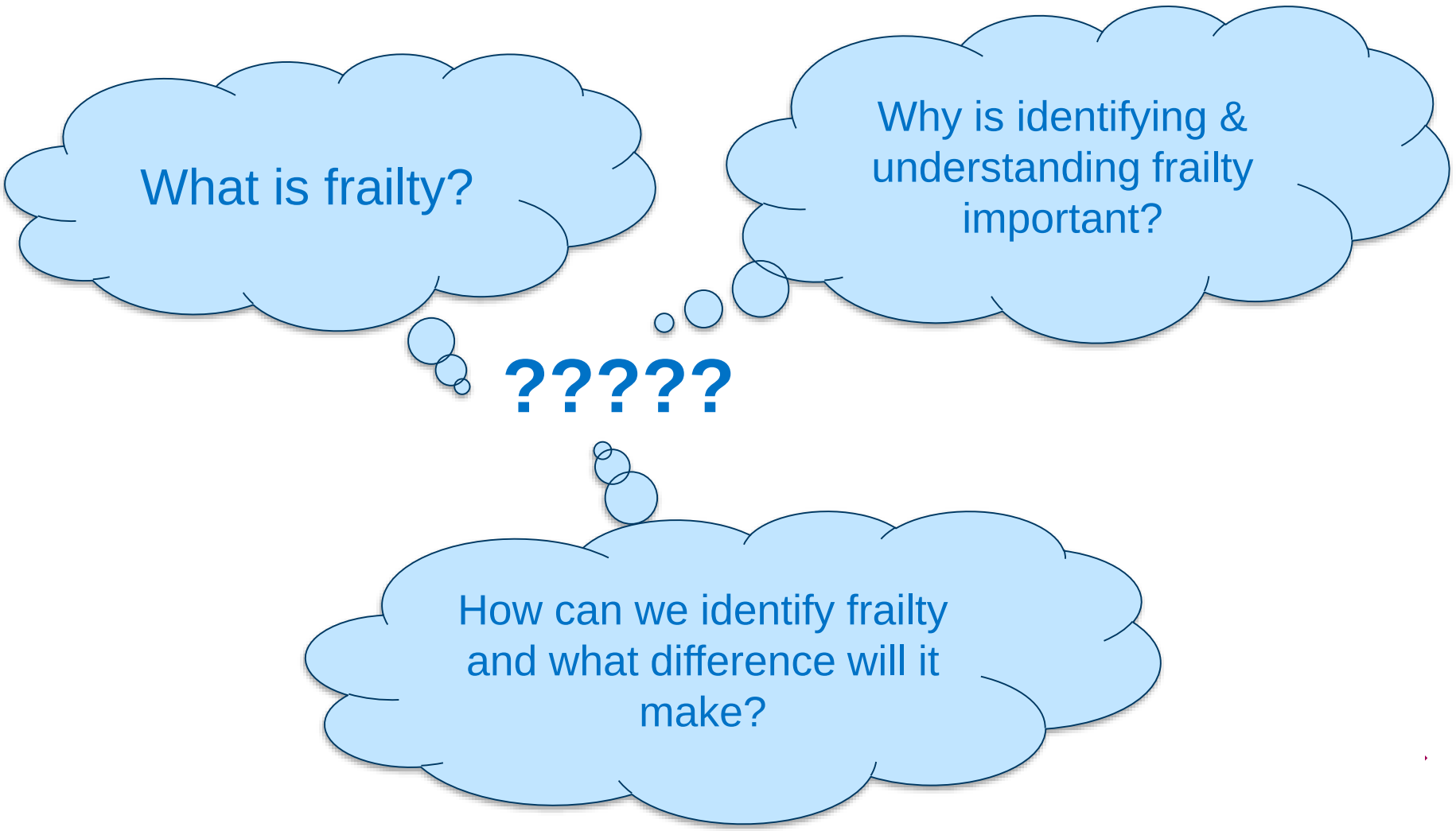
December 2016

- Advice and guidance on the **recognition and management of frailty in community and outpatient settings**

- Advice and guidance on the **development, commissioning and management of services for people living with frailty in community settings**

December 2016

Considered some questions:



December 2016

Described the opportunity…

Understanding the multi-dimensional nature of frailty in primary care enables the delivery of holistic, integrated, person centred care.

Population based approaches to the identification of frailty offer new opportunities to systematically deliver evidence based interventions to people with frailty.

By combining these approaches we can reduce inequalities and improve the quality and effectiveness of our care and support for older people and their carers.

September 2018

Realising the opportunity…

- **Key Principles**
  - Why frailty matters
  - Frailty identification
  - Managing frailty as a long term condition
  - People, populations and communities

- **National Approach**
  - GP Contract
  - Research and Innovation
  - Frailty Economic Modeling
  - Workforce development

September 2018

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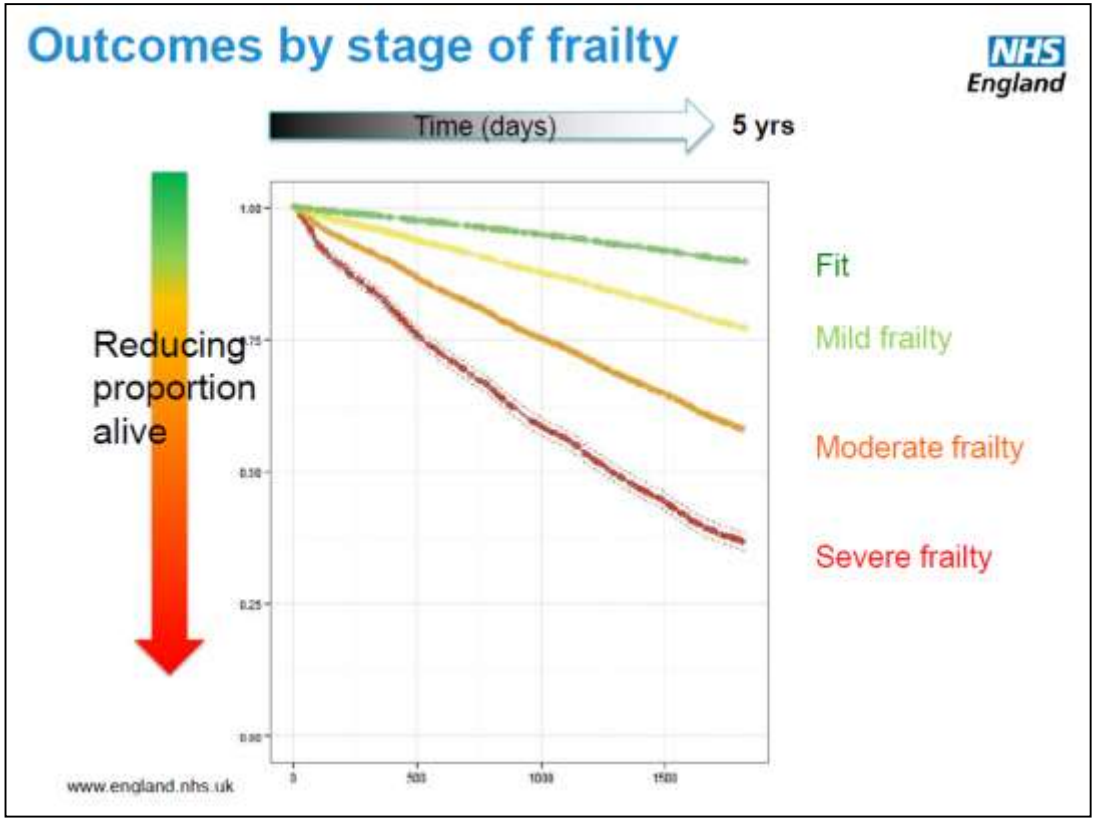
Why is frailty important?

Population ageing 2015-2025

- **Number of people age 65+ will increase by 19·4%**: 10·4M to 12·4M
- **Number with disability will increase by 25·0%:** from 2·25M to 2·81M
- **Total life expectancy at 65 will increase by 1·7 yrs** (to 21·8 yrs)
- **Disability-free life expectancy at 65 increase by 1 yr** (to 16·4 yrs)
- **Life expectancy with disability** will **increase** from 4·7 yrs to 5·4 yrs

Forecasted trends in disability and life expectancy in England and Wales up to 2025: a modelling study: *Guzman-Castillo et al, Lancet Public Health 2017*

Why is frailty important?



1 year outcome (HR)	Mild	Moderate	Severe
Mortality	1.92	3.1	4.52
Hospitalisation	1.93	3.04	4.73
Nursing home admission	1.89	3.19	4.76

Impact of frailty on hospital mortality & LOS

- **Severe frailty adversely impacts mortality in acute care**
- **Severe frailty, acute illness, delirium and dementia all lead to longer LOS**

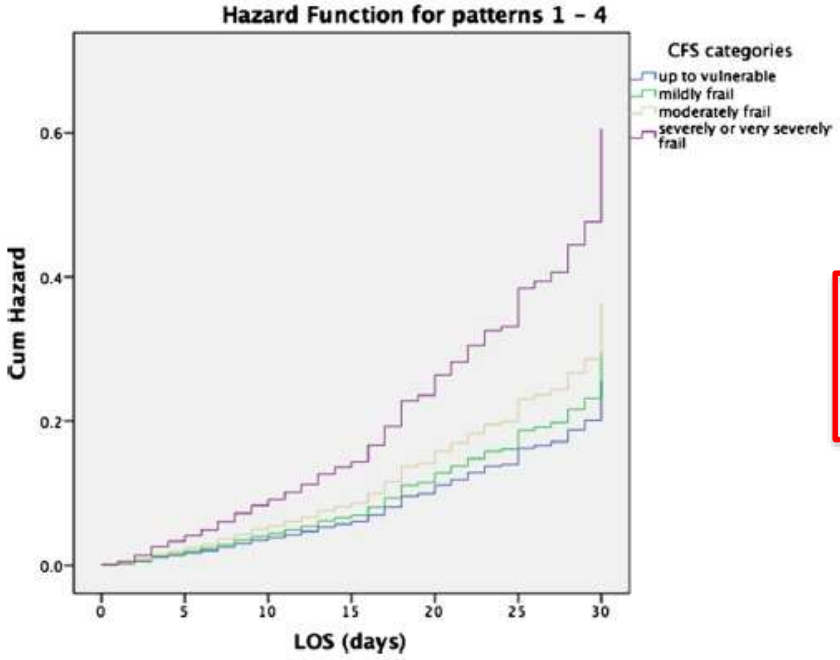


TABLE 4. Results of Multivariate Regression Models

Dependent variable: LOS ≥10 d (n = 5648); chi-square = 708.1; $P < 0.001$; AUC = 0.71)

	Unstandardized coefficients			95% CI for OR		
	B	Std. error	OR	Lower bound	Upper bound	P
Age	0.01	0.01	1.01	1.00	1.03	0.009
Gender	0.07	0.06	1.08	0.95	1.22	0.234
ED-MEWS	0.11	0.02	1.12	1.08	1.16	<0.001
CCI	0.09	0.01	1.09	1.07	1.11	<0.001
CFS ≥6	0.44	0.07	1.55	1.36	1.77	<0.001
HxD	0.77	0.10	2.16	1.79	2.61	<0.001
ACS	1.20	0.12	3.31	2.64	4.15	<0.001
Dc gen med	-0.87	0.09	0.42	0.35	0.51	<0.001
Dc gen med	0.00	0.10	1.00	0.83	1.21	0.995
Dc surgery	0.08	0.10	1.09	0.89	1.32	0.411

NOTE: The reference category for gender is male (male = 0; female = 1). Abbreviations: ACS, acute confusional state; AUC, area under the curve; CFS, Clinical Frailty Scale; CCI, Charlson Comorbidity Index; CI, confidence interval; Dc, discharge; ED-MEWS, Emergency Department Modified Early Warning Score; Gen Med, General Medicine; Geri Med, Geriatric Medicine; HxD, history of dementia; LOS, length of stay; n, number; OR, odds ratio.

Clinical frailty adds to acute illness severity in predicting mortality hospitalized older adults: An observational study☆

Roman Romero-Ortuno [a,b,*], Stephen Wallis [a], Richard Biram [a], Victoria Keevil [a,b]

[a] Department of Medicine for the Elderly, Addenbrooke's Hospital, Cambridge, United Kingdom
[b] Clinical Gerontology Unit, Department of Public Health and Primary Care, University of Cambridge, United Kingdom

The Association of Geriatric Syndromes with Hospital Outcomes

Roman Romero-Ortuno, PhD[1,2], Duncan R. Forsyth, MA[1], Kathryn Jane Wilson, MBBS[1], Ewen Cameron, MD[2], Stephen Wallis, MB BChir[1], Richard Biram, MBBS[1], Victoria Keevil, PhD[1,3]

Frailty identification

Frailty as a Long Term Condition

Managing frailty as a long-term condition FREE

Jennifer K. Harrison ✉; Andrew Clegg; Simon P. Conroy; John Young

Age Ageing (2015) 44 (5): 732-735. **DOI:** https://doi.org/10.1093/ageing/afv085
Published: 13 July 2015 **Article history** ▾

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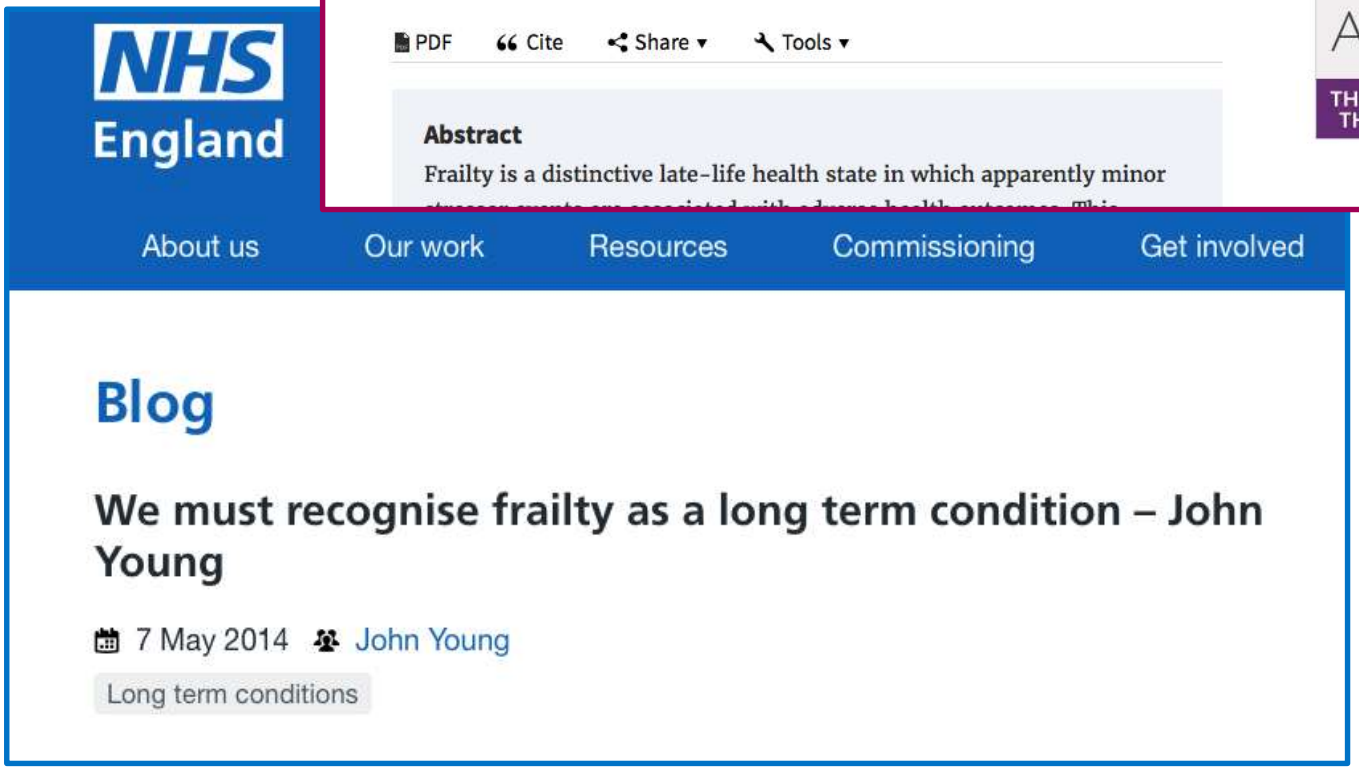
Abstract

Frailty is a distinctive late-life health state in which apparently minor

BGS
British Geriatrics Society
Improving healthcare for older people

Age and Ageing

THE INTERNATIONAL JOURNAL OF THE BRITISH GERIATRICS SOCIETY



NHS England

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Blog

We must recognise frailty as a long term condition – John Young

7 May 2014 John Young

Long term conditions

Realising the opportunity…

- **Key Principles**
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GP Contract

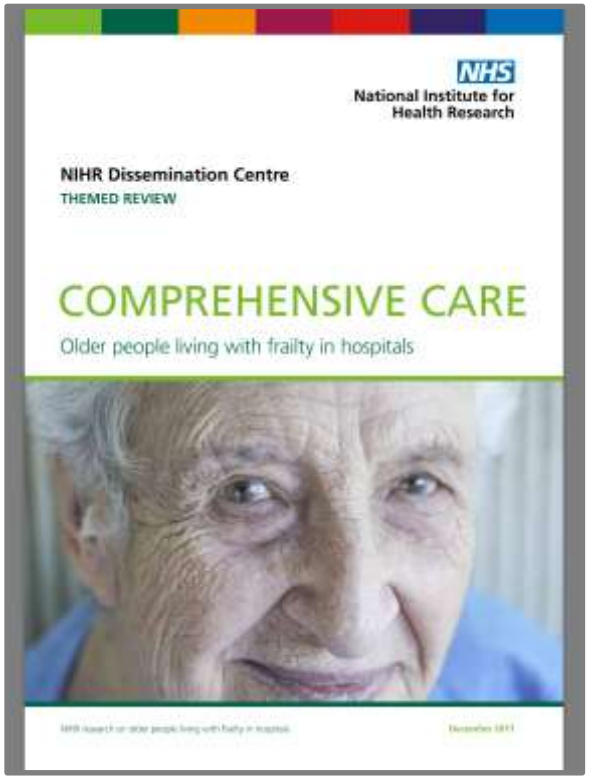
Identification and management of patients with frailty

From 1 July 2017 at the earliest, practices will use an appropriate tool eg Electronic Frailty Index (eFI) to identify patients aged 65 and over who are living with moderate and severe frailty. For those patients identified as living with severe frailty, the practice will deliver a clinical review providing an annual medication review and where clinically appropriate discuss whether the patient has fallen in the last 12 months and provide any other clinically relevant interventions. In addition, where a patient does not already have an enriched Summary Care Record (SCR) the practice will promote this, seeking informed patient consent to activate the enriched SCR.

GP Contract 2017/18 Data

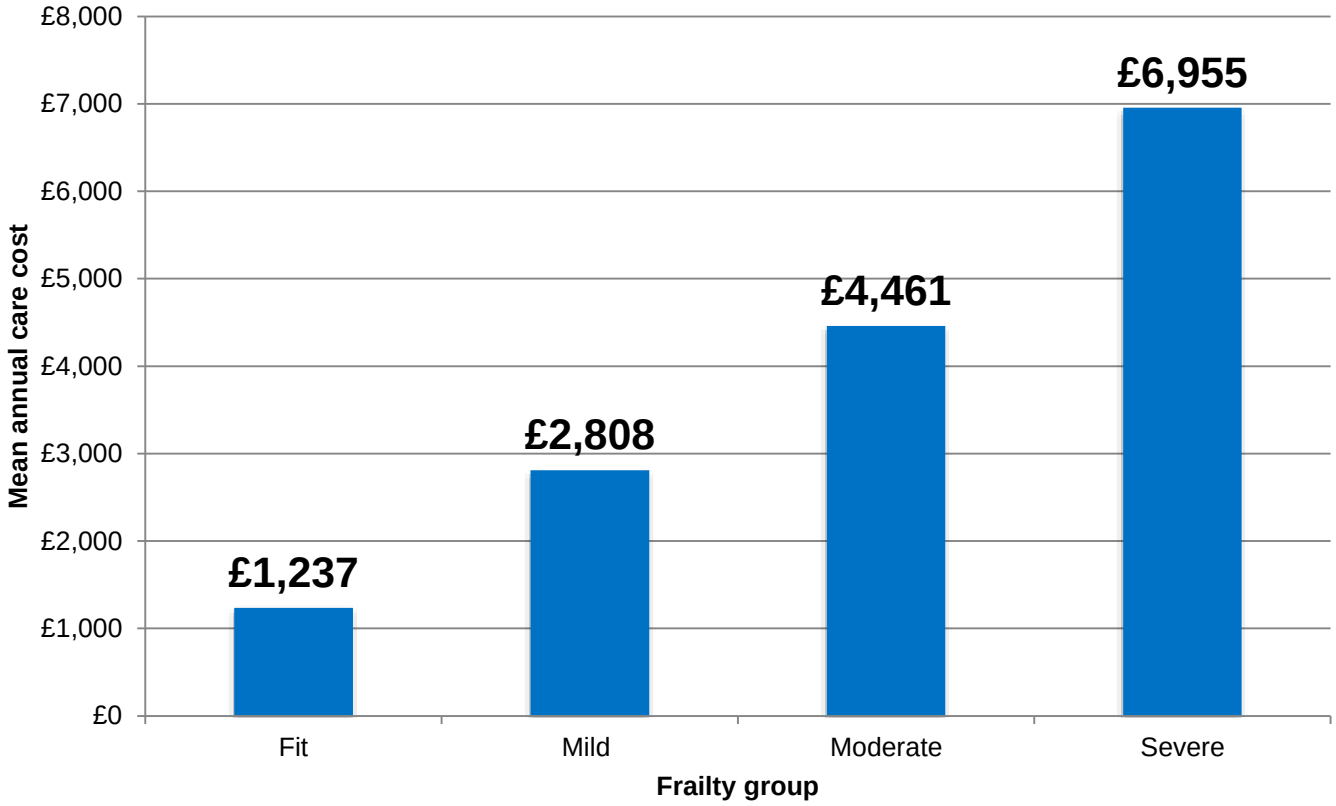
Definition	Q4	
Count 65+ with frailty assessment	2,612,133	26% 65+
65+ without frailty assessment	7,434,535	74% 65+
Total with moderate frailty	630,921	6.3% 65+
Total with severe frailty	320,262	3.2% 65+
Total moderate and severe frailty	**951,183**	**9.5% 65+**
Severe frailty w/medication review	210,687	66% (severe frailty)
Moderate or severe frailty w/fall	102,378	11% (moderate/severe frailty)
Moderate or severe frailty w/falls clinic	25,570	2.7% (moderate/severe frailty)
Moderate or severe frailty w/consent to SCR	140,000	15% (moderate/severe frailty)

Research and Innovation

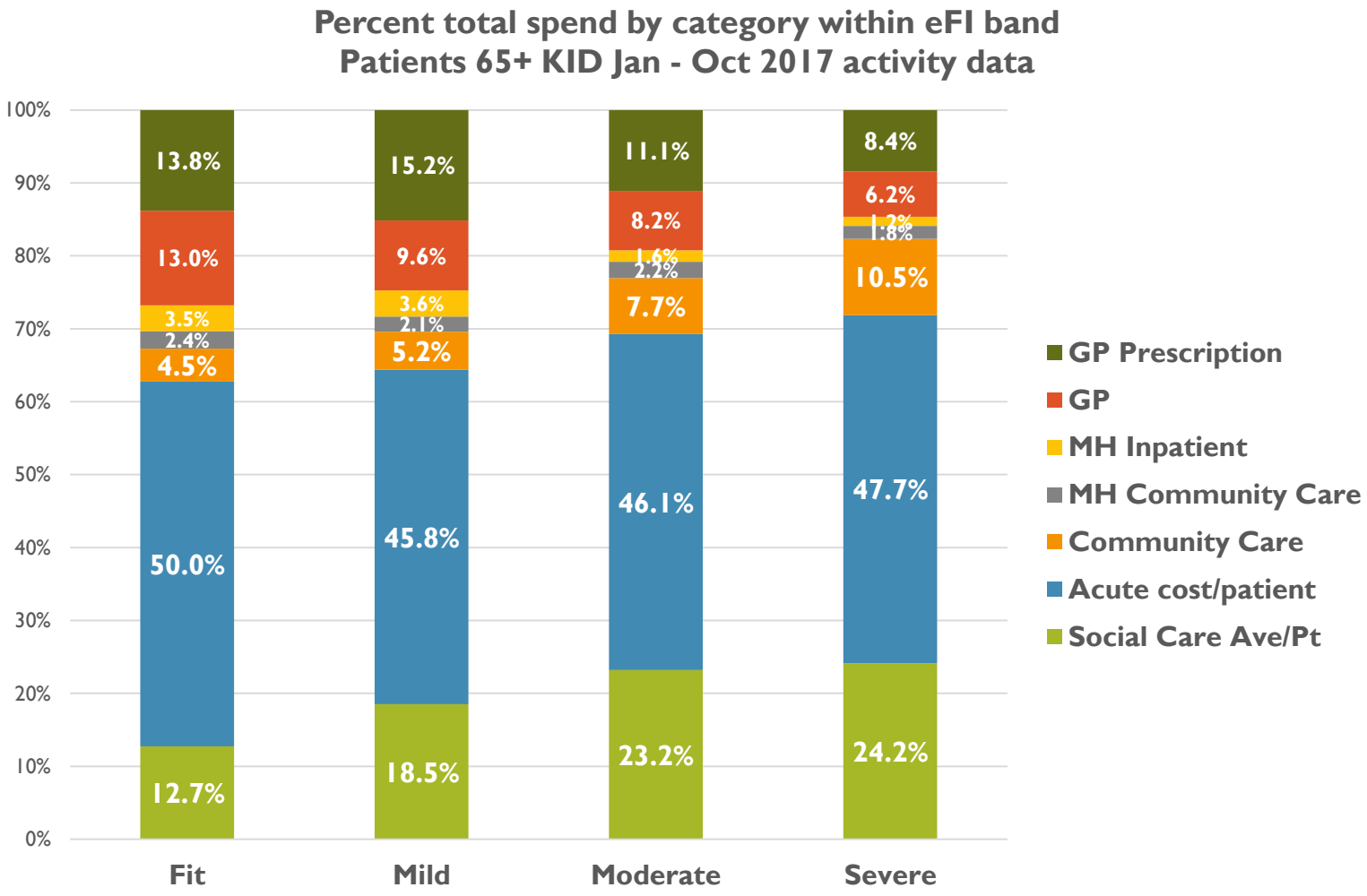


Frailty resource modeling

Mean annual cost of care by frailty category, KID population aged 65+, Jan – Dec 2017 (excluding deceased patients)



Costs distribute differently as frailty progresses



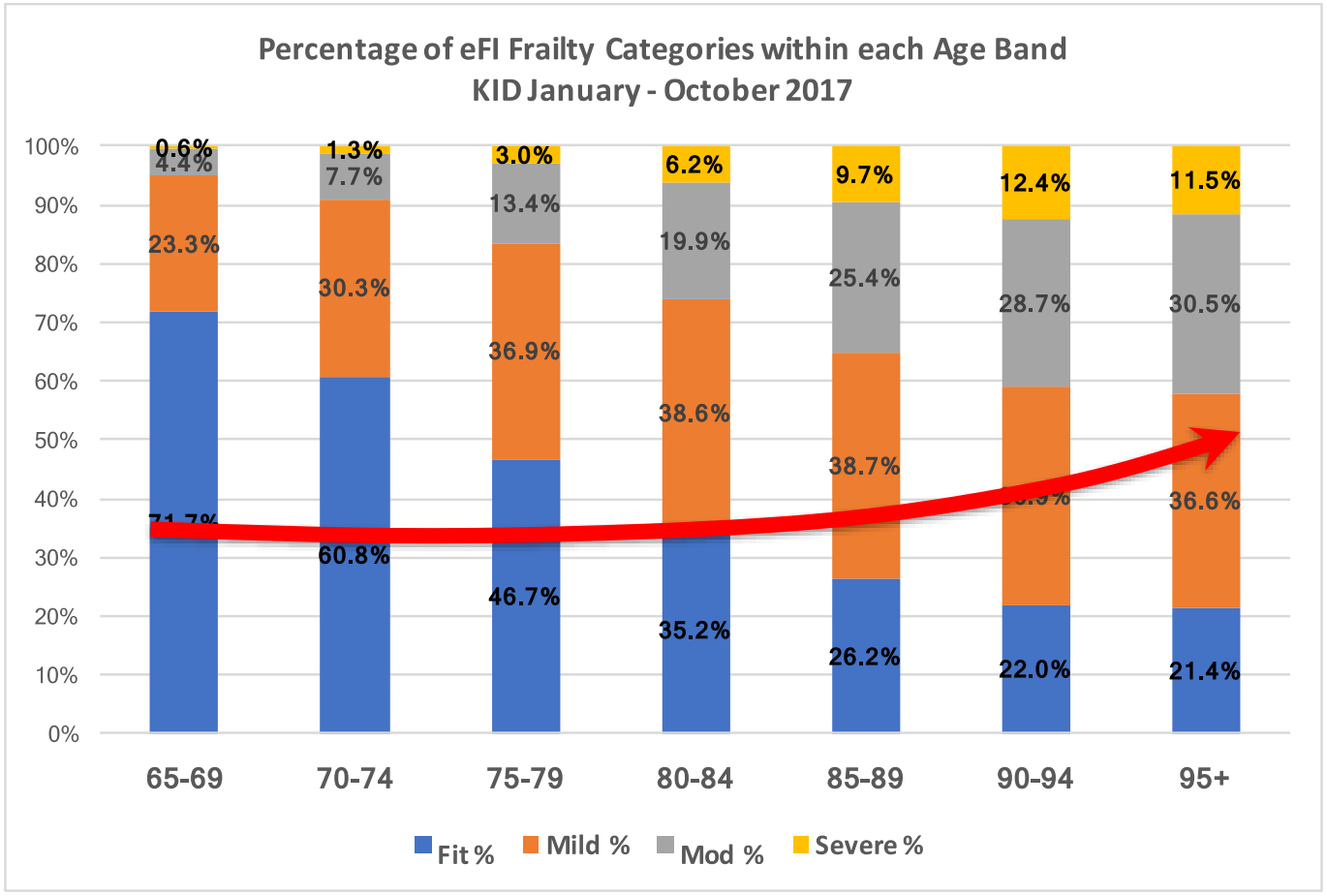
Preventing frailty progression: Potential cost impact

Adjusting for age, gender and deprivation:

- If **10% of those with severe frailty had remained with moderate frailty** the **gross savings** in Kent would be **£1.6m over 10 months**
- If **10% of those with mild frailty had remained fit**, **gross savings** would be **nearly £9m** (owing to higher patient numbers)
- *NB: Gross estimates- these figures do not account for the costs of interventions to prevent frailty progression*

Gross cost savings if 10% of cohort were less frail by one EFI stage		
	Per patient	For 10% of Kent cohort
Mild	£1,117	£8,878,776
Moderate	£1,228	£3,682,197
Severe	£1,982	£1,644,832

Bending the fitness curve



Also, consider inequalities carefully:

Lowest economic quartile frailty commences **earlier** in the life course and **progresses more rapidly**, contributing to **reduced life expectancy**

Frailty prevention through active ageing

- Lack of physical activity is costing the UK an estimated £7.4 billion/year
- Including £0.9 billion to the NHS alone.
- **Long term conditions such as diabetes, cardiovascular and respiratory disease** lead to greater dependency on home, residential and ultimately nursing care. Some of this is avoidable, as is the personal strain it puts on families and individuals.

Does prevention work in established frailty?

Effectiveness of exercise programs to reduce falls in older people with dementia living in the community: a systematic review and meta-analysis

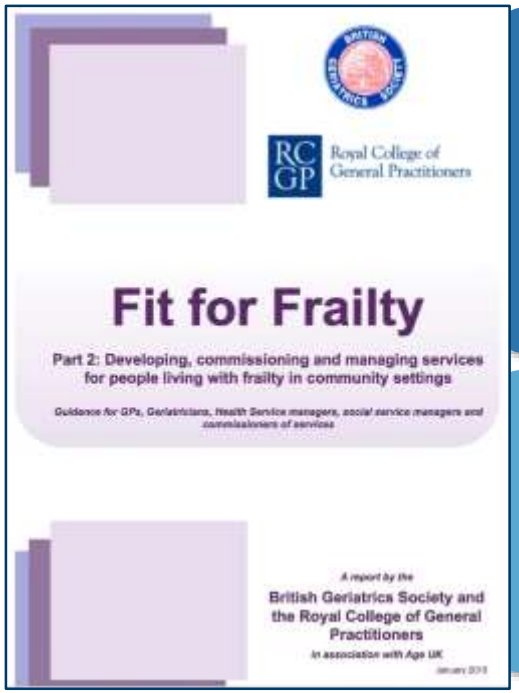
- Four studies (3 RCTs and a single-group pre- and post-test pilot study).
- The study quality of the three RCTs was high.
- On completion of the intervention period, the **mean number of falls was lower in the exercise group** compared to the control group: mean difference= -1.06 falls [95% CI -1.67 to -0.46]
- **The exercise intervention reduced the risk of being a person with falls by 32%**: risk ratio =0.68 [95% CI 0.55–0.85].

Burton et al Clinical Interventions in Aging 2015:10 421–434

Frailty…

- **Enables timely identification of those at risk** with **complex care needs**
- Permits **sub-stratification by needs**, not age
- Provides opportunity to **standardise care** for people with similar needs
- Is **predictive:** finding those who benefit from **active and healthy ageing**
- Helps focus on key outcomes: **maintained functional ability & wellbeing**
- Can **guide & track commissioning, design & service delivery**
- Crosses health & social care, **so can drive integration**

Workforce Development is needed

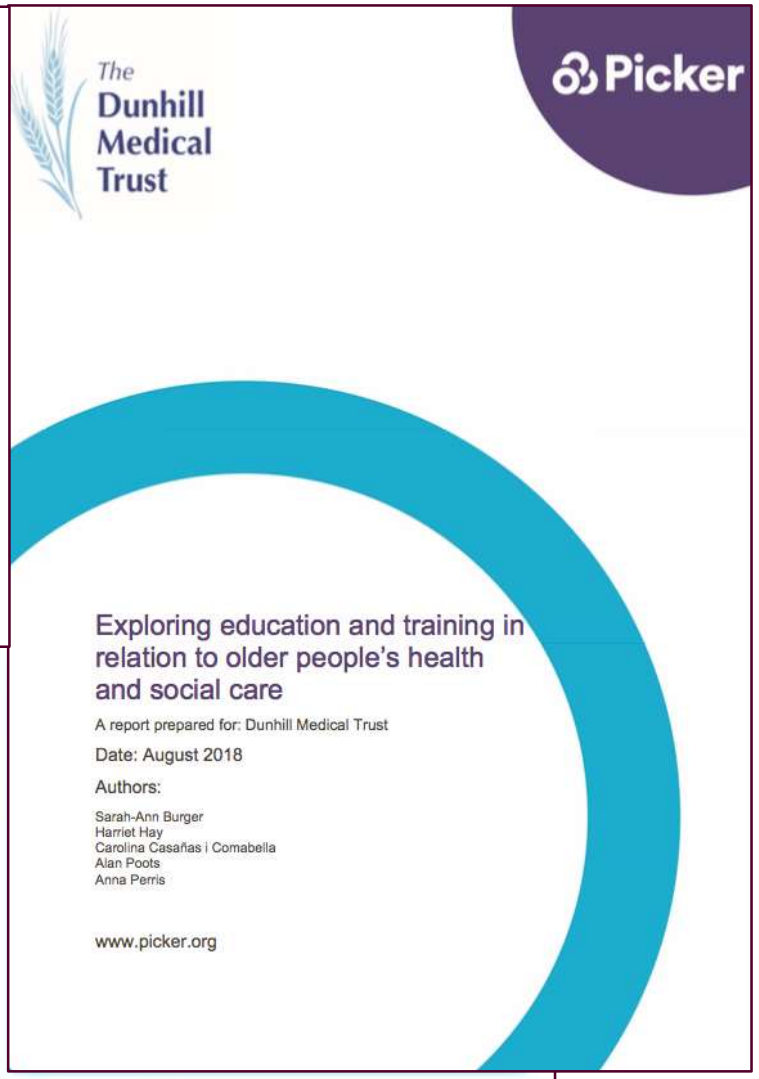


Develop **training and education** packages for local needs, to enable multi-professional and cross-organisational delivery of care for frailty

Develop 'whole system' frameworks using new structures & **flexible workforce development** to overcome traditional boundaries in care

‘Current state’ education & training

- Education & training can impact outcome
- Inconsistency across geographies & professions
- Traditional models of training hinder holistic approach
- Systemic issues hinder education & training
- Need to go beyond clinical care



Areas for focus in training

There is a general consensus about some of the key things that potentially impact outcomes in older people's care, and therefore should be encompassed in training and education. These include:

- Person-centred or relationship-centred care
- Multi- or interdisciplinary working and learning
- Integration of health and social care services
- Care co-ordination and planning
- Complex health education
- Practical (rather than virtual or didactic) learning initiatives
- Continuing professional development and education for community carers
- Comprehensive Geriatric Assessment (CGA)

Skills, training & education frameworks

Dementia Core Skills Education and Training Framework

This Framework was commissioned and funded by the Department of Health and developed in collaboration by Skills for Health and Health Education England in partnership with Skills for Care.

Person-Centred Approaches:

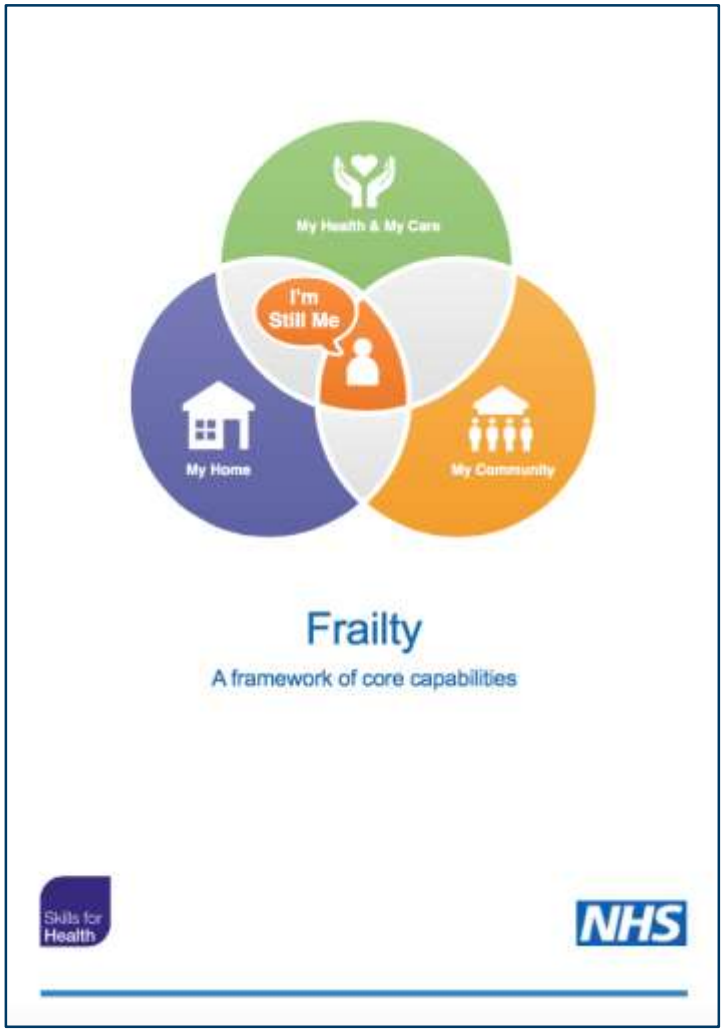
Empowering people in their lives and communities to enable an upgrade in prevention, wellbeing, health, care and support.

A core skills education and training framework

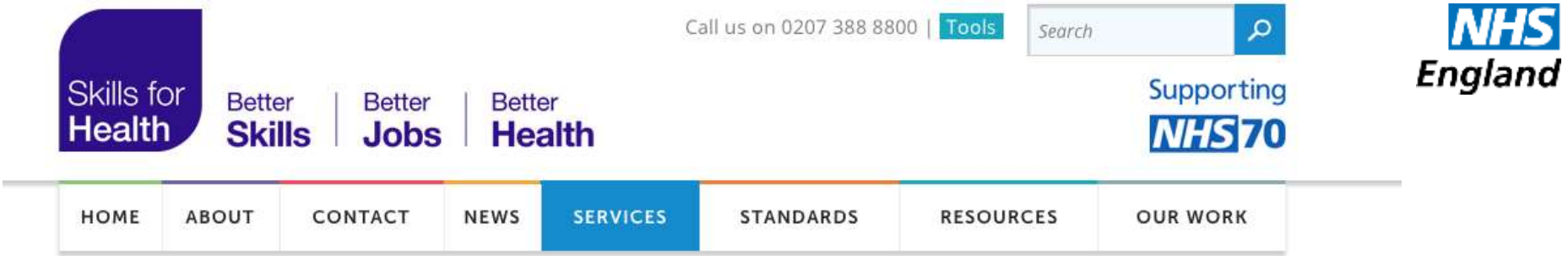
End of Life Care Core Skills Education and Training Framework

This framework was commissioned and funded by Health Education England and developed in collaboration with Skills for Health and Skills for Care.

Frailty Core Capabilities Framework



Released today!



Frailty Core Capabilities Framework

Health Education England (HEE) and NHS England have commissioned the development of a Frailty Core Capabilities Framework. The framework will aim to identify and describe the skills, knowledge and behaviours required to deliver high quality, compassionate care and support. It will provide a single, consistent and comprehensive framework on which to base review and development of staff.

Frailty remains a new area for much of the workforce and as such work is now needed to position frailty as a long term condition and underpin it with the upskilling of the workforce. The framework will build on, and be cross-referenced to existing core skills frameworks such as those for statutory/mandatory subjects, dementia, end of life care and person-centred approaches.

The framework aims to describe **core capabilities** i.e. knowledge, skills and behaviours which are common and transferable across different types of service provision – including health, social care, local government and housing sectors. The framework will be applicable to employees, patients, carers, the community, the public and also to educational organisations which train students who will subsequently be employed in the workforce.

Register and download the framework here

www.skillsforhealth.org.uk/frailty-framework

To register your interest, please complete the form below. You will then be informed when the completed framework is launched (expected by September 2018).

‘I-Care about Frailty’ offers you the opportunity…

To coordinate your approach to

- Frailty prevention
- Frailty identification
- Frailty interventions
- Frailty ‘pathways’
- Workforce development

To share your enthusiasm and commitment!

Enjoy your day

Thank You!

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www.england.nhs.uk/ourwork/ltc-op-eolc