



A Regional Approach to Ageing Well Community of Practice

COVID-19 and Frailty: discussion through ICARE

4th June 2020





Welcome and Introductions

involve consider assess respond evaluate

Intro... we are learning daily!!!!!

- Older people and co-morbidity (e.g. diabetes) are markers for worse outcomes – 80s and over 70 times likely to die than under 40s
- 13.4% people 80 and older die 4% & 1.25% in 60s & 50s respectively
- People aged >65 years represent half of admissions to hospital, more than half of the admissions to ICU and account for 80% of deaths [1]
- COVID Spiralling Frailty mortality in older patients with specific comorbidities
- Frailty and mortality is not yet well understood may not be good indicator [2]
- Social distancing and shielding not social isolation consequences
- Must guard against implicit ageism and protect human rights!

Impact on elderly ... long lasting!

FIGURE 1: COVID-19 IMPACT ON OLDER PERSONS

COVID-19 AND OLDER PERSONS

Economic well-being

The pandemic may significantly lower older persons' incomes and living standards. Already, less than 20% of older persons of retirement age receiving a pension

Mental health

Physical distancing can take a heavy toll on our mental health. Living alone and being more digitally included than others, the risks are higher for older persons

Responders

Older persons are not just victims. They are also responding. They are health workers, carers and among many essential service providers



Life and Death Fatality rates are five times higher than global average. An estimated

than global average. An estimated 66% of people aged 70 and over have at least one underlying health condition

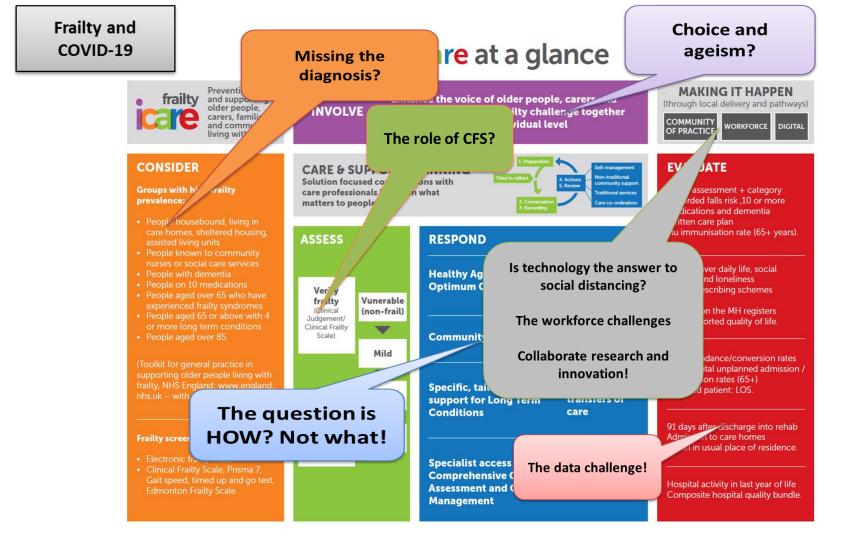
Vulnerability

Essential care that older persons often rely on is under pressure. Almost half of COVID-19 deaths in Europe occurred in long term care settings. Older women often provide care for older relatives increasing their risk to infection

Abuse and neglect

In 2017, 1 in 6 older persons were subjected to abuse. With lockdowns and reduced care, violence against older persons is on the rise Policy Brief: The Impact of COVID-19 on older persons

United Nations



Involve – choice and ageism?

Key recommendations

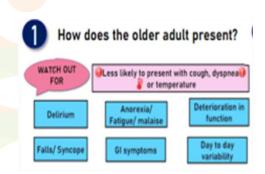
- Age should not be used for the allocation of services
- Special measures to ensure protection from discrimination, prevention of abuse, inclusion and access to essential services for people in vulnerable situations
- Health and social care staff should be reinforced, to ensure continuity of care
- Support and safety for formal and informal caregivers
- Information fully accessible, including to people that can be digitally excluded or experiencing cognitive difficulties
- Older persons must have an equal say to contribute to efforts for post COVID19 recovery



https://academic.oup.com/ageing/advanc earticle/doi/10.1093/ageing/afaa097/58312 06

Consider – missing the diagnosis?

- Typical COVID-19 symptoms (fever, cough and breathlessness) despite underlying respiratory disease are less common
- The common symptoms include delirium (hypo and hyperactive), diarrhoea, nausea, abdominal pain, lethargy, falls and reduced appetite – soft signs
- Clusters abdominal pain including delirium and headaches.
- Threshold for diagnosing fever should be lower, i.e.
 37.5°C or an increase of >1.5°C from usual temperature
- Older adults may present with mild symptoms disproportionate to severity



AHSN NENC. Is my patient unwell communciation tool https://www.ahsn-nenc.org.uk/ahsn-nenc-launch-ismy-resident-unwell-communication-tool/

Assess – the role of CFS?

- Use in decision making about ceilings of treatment
- Frailty is a continuum rather than a dichotomous variable
- The type and severity of the presenting illness are important variables independently associated with the clinical outcome
- Higher CFS (e.g. frailty) is linked with higher deaths in ICU settings and worse outcomes in hospital and post discharge
- NICE Critical care guidance controversy (amended) for younger people and people with LD as well as timing of CFS scoring

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https://www.ncbi.nlm.nih.gov/pmc/arti cles/PMC7239250/

Respond – The question is HOW? Not what!/

Healthy Ageing - Stay at home – keep active, don't smoke, eat well

Community Connectivity - Enable VSCE services to go 'virtual' and embrace remote 'social prescribing link working'

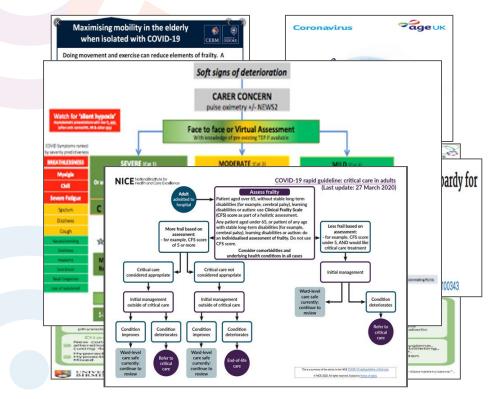
Long Term Conditions - Advice on specific LTC risks, watching for anxiety and depression and medicine challenge

CGA + care planning - Remote CSP shared decision making and care planning (e.g. TEP)

Community Crisis Response + Recovery

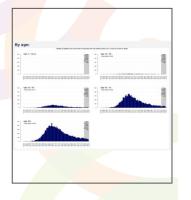
 virtual assessments
 (NEWS2/RESTORES2) and selfmonitoring (e.g. oxygen)

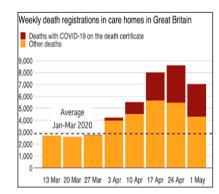
Hospital Care - Front door 'frailty' care and discharging safely

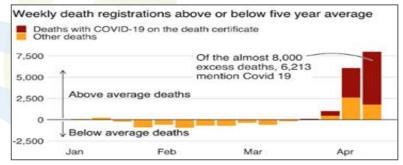


Evaluation – the data challenge!

- Inaccuracies timing, recording, contraindications
- Public health and surveillance systems rely on manually collected and coded data, which are slow to collect and difficult to disseminate.
- Visualizations (can inform) but have the potential to incite fear and alarm
- As a society, what are we prepared to accept in order to ensure our health and safety?
- Remember behind those numbers are human lives – little 'qualitative' information







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https://www.ncbi.nlm.nih.gov/pmc/article s/PMC7144860/

Making it happen

- Workforce under pressure pre-COVID-19 [1]
- Nearly half of those 75 and over do not use or have access to the internet and technology [2]
- BGS 'older people must be involved in research studies' [3]

1. <u>https://www.health.org.uk/sites/default/files/upload/publications/2019/S05_Falling%20short_The%20NHS%20workforce%20challenge.p</u>df

<u>https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb_july16_older_people_and_internet_use_stats.pdf</u>
 <u>https://www.bgs.org.uk/resources/covid-19-bgs-statement-on-research-for-older-people-during-the-covid-19-pandemic</u>

The National Care Home (NHS mutual aid support offer)

- LA local returns (CCG via local resilience forums)
- IPC training (600M infection control fund) + PPE
- Testing all patients and staff
- Workforce professional returnees and volunteers
- Capacity tracker + NHS mail
- Clinical offer (based on EHCH model)
 - Clinical lead
 - 24/7 helpline (pilot with Airedale)
 - 'Check in' rounds 'virtual ward' protocol
 - Medicines SMR, proxy prescribing, used-medicine protocol

Updates

- Jackie's story Version 2 : www.rawtest.co.uk
- Frailty ICARE website <u>http://frailtyicare.org.uk/frailty-i-care/in-</u> detail/respond/
 - COVID-19 section
 - 'Respond' section in-detail
 - Frailty 'risk factors'
 - Working on evidence, resources and data/impact

Updates: research

- ARC EnCOP submitted [data retrieval to set baseline associated with workforce initiative]
- ARC Frailty Pathways evaluation submitted [builds on RCF year 1]
- ARC Social Prescribing [lit review] submitted
- RCF submitted understanding ageing in assisted living facilities submitted
- Dunhill large evaluation of EnCOP, ready for submission postponed deadline
- RCGP Covid 19 Impact on Primary Care just started drafting, submission due 31 July
- Care home Covid 19 Impact prepared for submission, looking for funding stream

Updates: digital

Resident Profile Tool

- Draft tool prepared
- Volunteers to pilot
- Evaluation to be planned

Regional CGA Tool

- 1st stage agreed to develop digital CFS
- Scoping out pilot e.g. small but whole system or one part of system

Useful COVID-19 and frailty - websites, papers and guidance

- Sites <u>https://covid.joinzoe.com/post/frailty</u> (symptom trackers and <u>https://www.cebm.net/oxford-covid-19-evidence-service/</u> (rapid evidence summaries)
- Guidance BGS EoL in frailty <u>https://www.bgs.org.uk/resources/resource-series/end-of-life-care-in-frailty</u>
- Papers The COVID-19 rehabilitation pandemic <u>– https://academic.oup.com/ageing/advance-article/doi/10.1093/ageing/afaa118/5848215</u> and <u>https://www.nature.com/articles/s41591-020-0916-2</u> (Real-time tracking of self-reported symptoms to predict potential COVID-19)
- Videos ASHN videos supporting patients <u>https://www.ahsnnetwork.com/new-online-video-training-launched-for-care-home-staff</u> and Better Health Caring for people with COVID-19 [out of hospital] <u>https://vimeo.com/423176181/8abd9b5422</u>

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Conclusion – *hopes!*

- Accelerated and funded research and learning opportunities
- New WAYS of delivering care and support tested
- Accelerate technology solutions (that work), breaking down IG hurdles
- True integrated leadership and funding
- Recognition for carers, VSCE and volunteers in the Ageing well challenge
- Water-shed moment for investment in social care, care homes and domiciliary care/home care providers
- Re-set the 'system'?

Conclusion

*NoGoingBack

https://fabnhsstuff.net/campaigns/nogoingback