Specialised Clinical Frailty Programme

Establishing the Specialised Clinical Frailty Network

A number of questions and queries have been received following the initial correspondence to participating trusts. The following brief will help add clarity regarding the development of the Specialised Clinical Frailty Network.

What is this programme trying to achieve? The objective of this programme is to explore how we can integrate frailty assessment & management into specialised services, supporting shared decision making processes and leading to frail older patients accessing the most appropriate care.

Who has established this Programme? NHS England, in its role as commissioner of Specialised Services, has established this programme. James Palmer, Medical Director for Specialised Commissioning is the Senior Responsible Officer for the Programme, and other national Clinical Leaders of Specialised Services have helped shape the direction of the programme.

Why are we focussing on this area now? As you will already know, better identification of frailty and better understanding of how to support people to live well with frailty is one of the key challenges for health systems in the 21st century (NIHR, 2017). Frailty is a very significant issue for today’s NHS, including for our specialised services.

Who are NHS Elect and why are they involved? NHS Elect is a national members’ network organisation. They are part of the NHS and have been providing NHS organisations with high-quality support and training since 2002. They are hosted by Imperial College Healthcare NHS Trust and work regularly with NHS England, NHS Improvement, the Department of Health and other national bodies. NHS Elect have established the Acute Frailty Network, which aims to optimise acute care of frail older people in England, using a collaborative improvement approach. As a result of this experience NHS England has commissioned NHS Elect to jointly develop the Specialised Clinical Frailty Network.

What exactly do we hope to gain from this? An enhanced focus on frailty within specialised care pathways could lead to ensuring frail older patients receiving more appropriate support to fully meet their healthcare needs, improve quality of life, support patients to stay as healthy as possible, reduce risk of unplanned admission to hospital and improve discharge arrangements from specialised services. It could also help enhance “shared decision” processes to ensure that frail older patients are supported to choose the most appropriate treatment options. There is significant support from clinical leaders to explore this approach further.

Which Specialised Services are included? The programme will initially focus on six specialised services: Renal, Chemotherapy, Cardiac Service, Neurosurgery, Spinal Surgery and Adult Critical Care. For each service, clinical teams from five different trusts will be involved in testing approaches. In the majority of cases, a participating trust will focus on just one of these service areas.
A broad scope of the objectives of the Network specific to each specialised service area has been developed by clinical leaders. These are attached for your information and can be discussed further at the initial site visit. It is expected that the operating principles will evolve as learning progresses.

**Why are we using a Quality Improvement approach?** We don’t know much about how this focus on frailty might best be done practically in different service areas or what sort of quality impact we might expect to see. Therefore, we are looking to test this in 30 participating sites who will work together to test the practical application of using an agreed frailty tool (specifically the ‘Rockwood clinical frailty scale’) in specialised service settings. The clinical leadership of specialised commissioning have agreed that the clinical frailty scale could offer a rapid, easy to use and valid screening tool.

The focus will be improving individual services and generating a set of national principles – this is not research that is intended to generate generalisable findings, but an opportunity for services to develop.

We are using the skills and support of NHS Elect, who bring specific expertise in both quality improvement and managing frailty.

**How much flexibility do we have to focus on the issues that matter to us?** As a collaborative improvement programme we will want the test sites to be able to shape this work further (and different test sites will be starting this from different levels of existing experience in this area). Different test sites are likely to adopt different approaches (e.g. to how they utilise and apply the clinical frailty scale into care pathways). Sharing of best practice will inform the development of a set of national principles for each speciality,

**What are the expectations of participating Trusts?** Participating Trusts are invited to be part of this programme. Teams are expected to engage with the programme, attending national workshops and making the most of the offer of support from NHS Elect. Teams will be expected to plan and test small changes to their service models and measure the impact of these changes. To coordinate engagement for the duration of the programme, you may find it helpful to identify a project manager role within the team, at an early stage.

**What is the offer to participating Trusts?** Participating Trust Teams will be invited to two national collaborative learning events designed to support them to test ideas and share experience with other participating teams. Team will have access to masterclasses and webinars to support clinical leads to further develop skills required to lead improvement locally and have an allocated quality improvement coach and access to measurement expertise, site-visits and 1:1 help as required. There will also be access to a web resource repository for all test sites for outputs to be recorded and shared by all participating test sites.

**What is the purpose of the initial site visit?** The initial site visits offers an opportunity for the participating team to discuss their service and what they would like to achieve through the Network. It offers a chance for the Specialised Clinical Frailty Network team to hear more from you about
what your team would like to achieve and to clarify more about the Network, the aims of the programme and the support that will be offered. Some teams will have their site visit prior to the first national workshop, however this is by no means essential and other teams will arrange their site visit to take place after the first workshop.

**What do we need to do to get started?**

- A letter has been sent to your CEO, Director of Finance and Medical Director asking for confirmation that your Trust would like to participate in the programme and to confirm this to networksinfo@nhselect.org.uk by 20 July (providing the contact names of the lead clinician and a key contact/project manager for the project).
- Respond to Emma Backhouse’s email of 9 July inviting you to select a date for your initial site visit.
- Begin thinking about forming a small core team to focus on this improvement project within your specific specialised service area. This core team is likely to include: an Exec Sponsor, Clinical Lead, Nurse Lead, Therapist Lead, Management lead, representative(s) from your Geriatric/Frailty team, an Analyst and Specialised Commissioner representative.
- Put the date for the first national event (Wednesday 26 September 2018 in Central London) in your teams’ diaries (you will have up to 8 spaces at this event).

If you have any questions or queries on the detail of any of the above please contact networksinfo@nhselect.org.uk in the first instance. This will ensure that the appropriate person from the NHS Elect and NHS England programme team will respond to you.

**Nathan Hall**

Head of Specialised Clinical Frailty Programme  
NHS England  
nathanhall@nhs.net