‘Finding Frailty’
System benefits of frailty identification

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The 3rd National Frailty Conference
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Frailty identification - who benefits?
I’m still me
...a narrative for coordinated support for older people

The I statements

Community interactions
- I can maintain social contact as much as I want

Independence
- I am recognised for what I can do rather than assumptions being made about what I cannot
- I am supported to be independent
- I can do activities that are important to me
- Where appropriate, my family are recognised as being key to my independence and quality of life

Care and support
- I can build relationships with people who support me
- I can plan my care with people who work together to understand me and my care(s), allow me control, and bring together services to achieve the outcomes important to me
- Taken together, my care and support help me live the life I want to the best of my ability

Decision making
- I can make my own decisions, with advice and support from family, friends or professionals if I want it
Recognising a spectrum of need that overlaps, rather than duplicates long-term conditions management is an important message. As a system, this means that having frailty in mind when identifying, assessing and planning care needs will be vital to achieving better outcomes for older people and preventing the need for crisis or emergency care.

A foundation of good practice will mean coordinating older people’s support needs across all of the agencies and people involved in their care, including informal care and support as well as that provided by voluntary and community sector groups.

“The frailty’ challenge

As discussed in the introduction we have an ageing population, and across England local authorities are discussing care and support for older people. To help improve health and poor health outcomes, considerable effort is now put into better defining ‘frailty’, in the hope of managing it as a long-term health condition.

The British Geriatrics Society (BGS), in association with Age UK and the Royal College of GPs (RCGP), has produced guidance on recognising and managing frailty outside of hospital.

A key feature of frailty is that it describes a person at a higher risk of a sudden deterioration in their physical and mental health. This will include people who could otherwise be very stable and low users of health services. It will also include people who require high levels of support and may be at the end of their lives.

Recognising a spectrum of need that overlaps, rather than duplicates long-term conditions management is an important message. As a system, this means that having frailty in mind when identifying, assessing and planning care needs will be vital to achieving better outcomes for older people and preventing the need for crisis or emergency care.

A foundation of good practice will mean coordinating older people’s support needs across all of the agencies and people involved in their care, including informal care and support as well as that provided by voluntary and community sector groups.

“I identify with getting older I’m not frail.”
‘Fit for Frailty’
The British Geriatric Society, 2014/2015

- 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
Fit for Frailty

- Identifying Frailty
- Managing Frailty
- Managing services for people with frailty
- Developing and commissioning services for people with frailty
Fit for Frailty

- Identifying Frailty
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Identifying frailty

Opportunistic

Older people should be assessed for frailty during all encounters with health and social care personnel
Identifying frailty

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Systematic
Identifying frailty at practice level using existing health record data is an emerging possibility’
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Older people should be assessed for frailty during all encounters with health and social care personnel

Systematic
Identifying frailty at practice level using existing health record data is an emerging possibility

The future is here!
Fit for Frailty

- Identifying Frailty
- Managing Frailty
- Managing services for people with frailty
- Developing and commissioning services for people with frailty
Managing frailty as a long-term condition

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

Published: 13 July 2015 Article history

Abstract
Frailty is a distinctive late-life health state in which apparently minor stressors or events are associated with a higher risk of morbidity, mortality, and hospitalisation. This paper reviews evidence on the aetiology, natural history, assessment, and management of frailty in old age.
Fit for Frailty

Identifying Frailty

Managing Frailty

Managing services for people with frailty

Developing and commissioning services for people with frailty
Managing services for people with frailty

‘Education & Evaluation’

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

Evaluation must be an integral part of service design and delivery
Education

- Providers
- Commissioners
- System wide
- Professional groups
- Academic
Evaluation

Mouth Care Matters

West Midlands Primary Care Workforce Development and Improved Access Project
[Prime Minister’s GP Access Fund Wave 2 Scheme]

Report on the Frailty Workstream

Allied Health Professions into Action

Using Allied Health Professionals to transform health, care and wellbeing.
2016/17 - 2020/21
#AHPintoAction

New care models

The framework for enhanced health in care homes

Our values:
clinical engagement, patient involvement, local ownership, national support

www.england.nhs.uk/vanguard
Identifying Frailty

Managing Frailty

Managing services for people with frailty

Developing and commissioning services for people with frailty
Developing and commissioning services for people with frailty

Develop ‘whole system’ frameworks using new structures and flexible workforce development to overcome traditional boundaries in care

Establish integrated contractual frameworks and collaborative commissioning to support and/or reinforce provider innovation
Whole system frameworks

Dementia Core Skills Education and Training Framework

End of Life Care Core Skills Education and Training Framework

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
Whole system frameworks

Dementia Core Skills Education and Training Framework

End of Life Care - Core Competencies Framework

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

Under development......

Frailty Skills / Capabilities Framework
Integrated contracting & collaborative commissioning

Developing more engaged relationships with patients and carers to promote well being and prevent ill health
• Good organisations cannot deliver the required care redesign in silos.

• Only through a system-wide set of changes will we be able to deliver the right care, in the right place, with optimal value.

• The solutions will not come solely from the NHS, but from patients and communities, and wider partnerships including local government and the third sector.

• Effective public engagement will be essential to their success.
NHS RightCare Resources

NHS RightCare Intelligence materials, e.g. case scenarios:

NHS RightCare scenario: The variation between standard and optimal pathways
Clara's story: Multimorbidity
July 2017

RightCare scenario: Janet's story: Frailty
August 2016

NHS RightCare scenario: Getting the dementia pathway right
Tom and Barbara's story: Dementia
April 2017
Summary

The ‘frailty’ challenge

As discussed in the introduction we have an ageing population, and across England local areas are prioritising care and support for older people. To help identify older people at risk of poor health outcomes, considerable effort is now put into better defining ‘frailty’, in the hope of managing it as a long-term health condition.

Call for a national dialogue on frailty:

This research has focused on asking older people what matters most to them and it has reminded us that the older person’s perception of what constitutes good health or frailty is often very different to the clinician’s perspective.
Benefits of Identifying Frailty

- Identifies individuals who can most benefit from support
- Help to better understand frailty trajectories and impacts of interventions for both individuals and populations
- Supports service development and planning by enabling better modeling than demographic data alone
- Promotes system and workforce capability to support increasing number of older people living with frailty
Thank You!
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