West of England
Academic Health
Science Network

#FrailtyFridays

16 June 2017

@WEAHSN #FrailtyFridays

1 Overview

About the West of England Academic Health Science Network

The West of England AHSN is delivering positive healthcare outcomes locally and nationally by driving the development and adoption of new innovations and making a meaningful contribution to the economy.

Established by NHS England in 2013, we are one of 15 AHSNs across England established to spread innovation at pace and scale.

As the only bodies that connect NHS and academic organisations, the third sector and industry, we are catalysts that create the right conditions to facilitate change across whole health and social care economies, with a clear focus on improving outcomes for patients.

About the event

Following a request from the Patient Safety Collaborative Board, an expert reference group was arranged to discuss the potential scope of a frailty safety project in the region.

2 Input from the room

14 attendees from member organisations in the region including acute trusts, CCGs, community providers and mental health.


Group photo of attendees

The group discussed different stages of frailty:

- Pre-frail

- Identifying
  - Issues: there is variable level of knowledge for identifying frailty, there is not a consistent response, comprehensive geriatric assessment (CGA) often done when people are ill/ in crisis – is there evidence for using it proactively.
- Living with frailty in the community
  - Frailty envelopes several presentations including falls, dementia, hydration
  - Some GP clusters are using risk-stratification to hold multi-disciplinary team (MDT) meetings, covers six practices two hours per week.
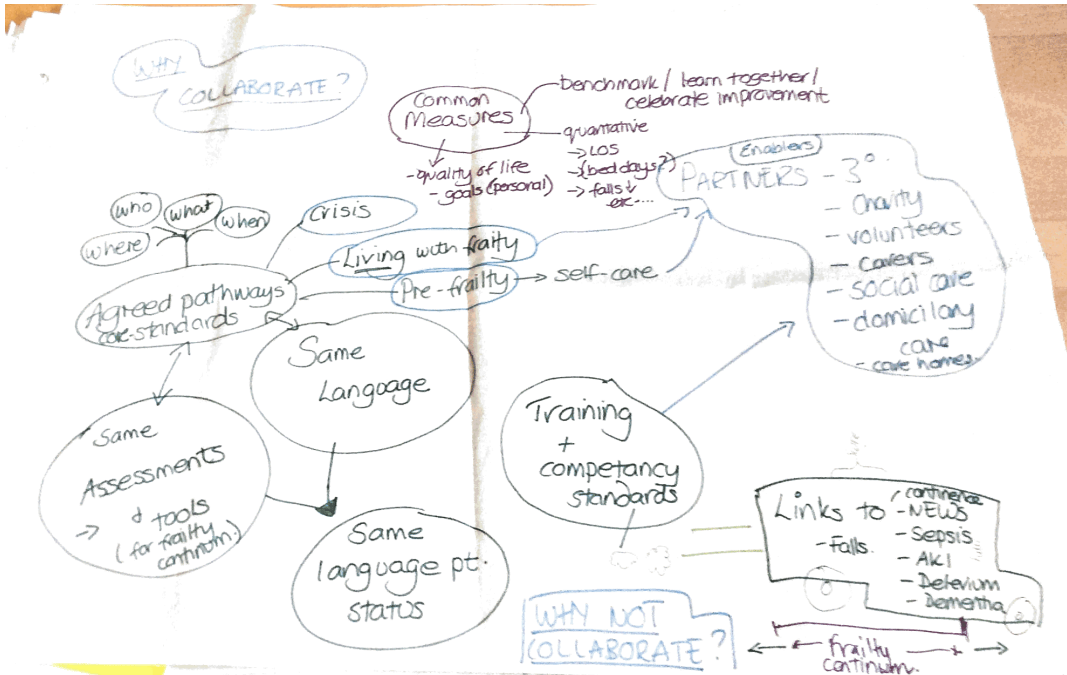
The group discussed that there was a pyramid of intervention majority of people will not need a specialist acute intervention. Self-assessment and support for people presenting with frailty.
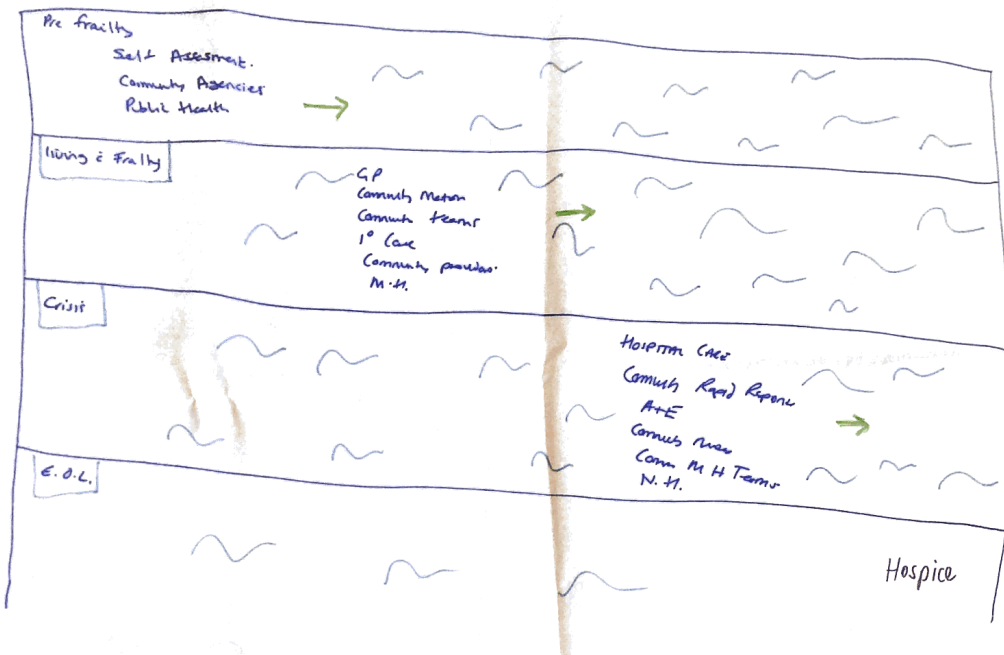
The group also discussed that there is no standardised assessment tool or scoring approach used across the region.

RUH and UHBristol are part of the acute frailty network for learning and sharing.

The group carried out a MOSCOW assessment to identify priorities:

Must do	Pinch with pride.
	Agree common concepts and language
	Share education resources: assessment of competencies and training packages
	Agree principles for topics (education, CGA and service structure were suggested in the first instance). These can be taken back for implementation within own organisations and STP regions. Network to provide boosted authority (cf. NEWS network)
	Agree what training model and what training is needed at different levels.
	Share documentation used for CGA with an aim to develop standardised comprehensive geriatric assessment framework i.e. agree common data points that are collected across the region
	Share measuring tools and collect baseline data, track and audit to see how improves. Agree five or six measures to use as common system measures.
	Share templates e.g. EMIS, SystemOne, etc.
Should do	Identify red flags for people who go from pre-frail direct to crisis
	Align standards of training and develop common standards across the STP region e.g. a "passport" so training is accredited by each other and do not need to repeat when changing organisation.
	Regionally standardised tools across the setting
	Create a QI project list so you can contact people doing similar work, with their contact details
Could do	Support and spread MDT to get it consistent at a practice, cluster and hospital level across the patch
	Support shared information structures for electronic CGAs as a dynamic document
	Map out what's happening, what's working and where are the gaps
	Training campaigns, cf 600 in 60 used in sepsis, where all organisations focus on training for frailty at same time.
	Investigate a bundle approach for when patients are admitted; if an emergency and they present accompanied get that person's contact details before they leave
	Ensure that when patients are assessed in community they are given a frailty score as well as a NEWScore and that this is handed over along

	with their baseline frailty score
Won't do	Reinvent the wheel
	Reinvent Connecting Care
	Set up a frailty service

Some principles discussed:

- Frailty does not stand alone – needs to be integrated with other projects including falls, dementia, delirium, continence etc. in a holistic approach
- Not to "over medicalise" frailty – holistic assessments are based around patient goals and consideration of issues such as social isolation, loneliness, etc.
- Is "frailty" a good term? Some people find it off-putting.
- Frailty is "everyone's business".

The largest cohort of patients is those "living with frailty" in the out of hospital setting.
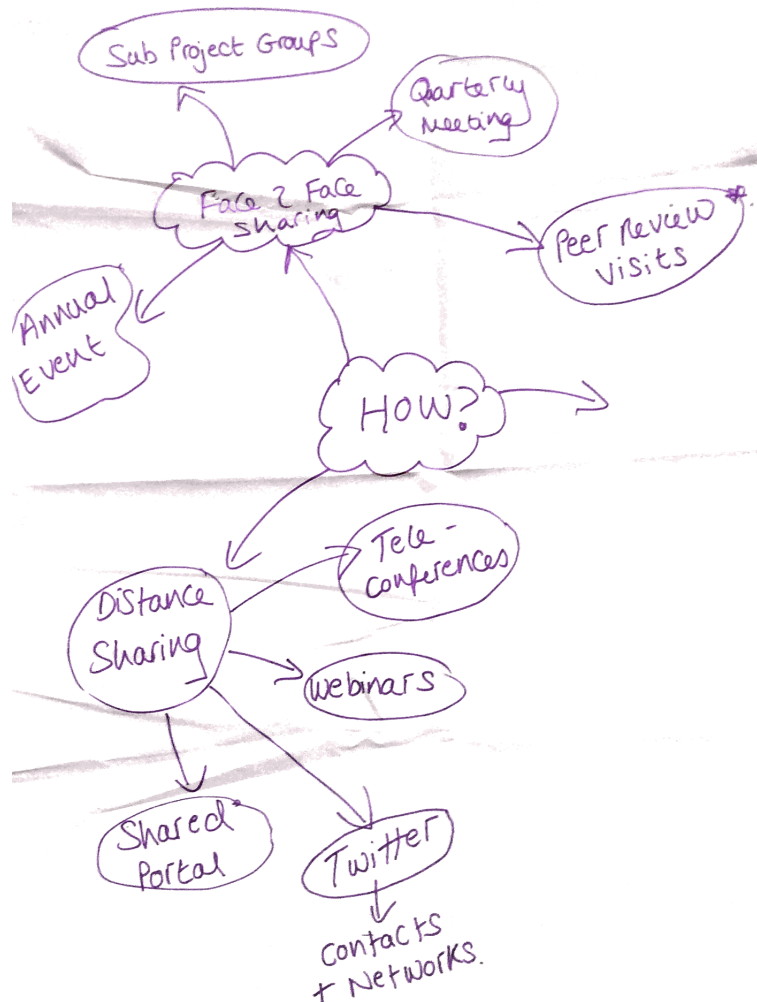
The group discussed the importance of involving the right stakeholders, other representatives mentioned to include in future meetings: patients, hospice, end-of-life, ambulance, voluntary sector, care homes, emergency department, community education

provider networks. Also, to involve the "ologists" for their perspective on a frail older person in their speciality.

Resources: linking into existing resources e.g. sim network, GP evidence fellow, Q community; shared portal e.g. email list, website, document repository.

3   Outcomes and next steps

Actions:

- **NJD** to summarise discussions and share with group.
- **Those present** confirmed they were happy to share email addresses. **NJD** to contact others who had expressed an interest and check they are happy to share contacts.
- **NJD** arrange venue for 1 September and invite representatives from stakeholders missing at meeting.
- **AR/NJD** to confirm what support available from AHSN.

Suggested next steps:

- Quarterly meetings – next one general "show and tell" on where we are; future topic focuses including education, service structure, CGA.
- An annual event more widely – TBC.
- Offer to peer review visits to each other.
- Webinars on topics?
- Twitter links – let's catch up if going to same event. Use **#FrailtyFridays** to share
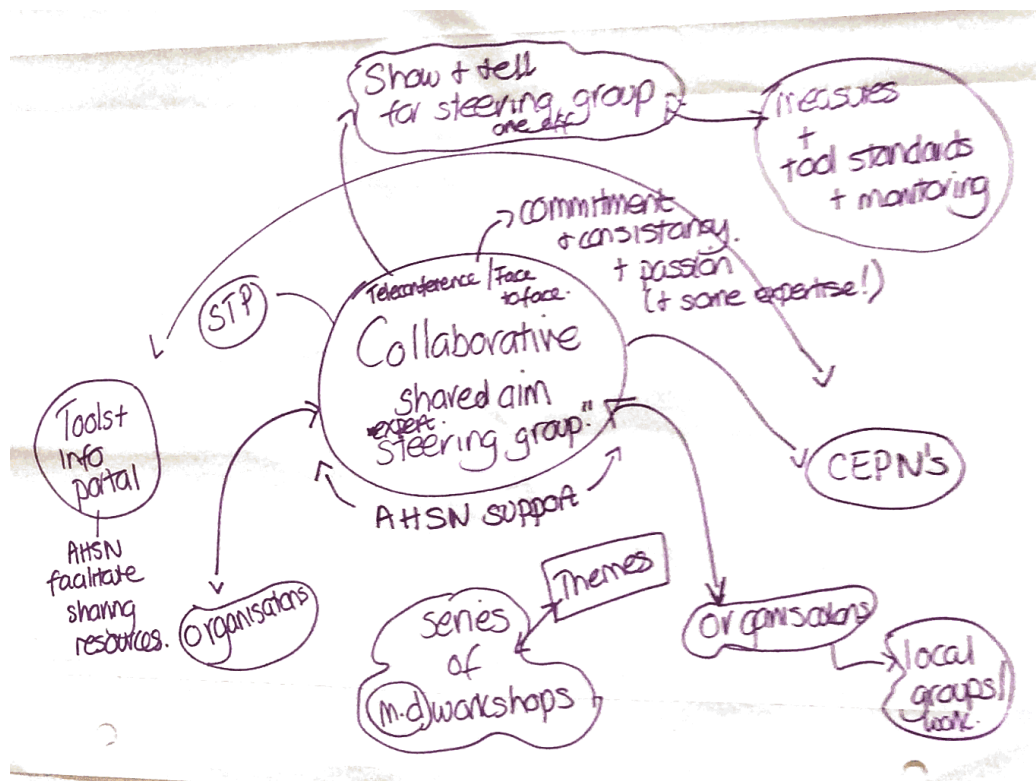
Future events:

- **Friday 1 September,** 1:30pm – 4:00pm, venue Bevan Room, South Plaza, Bristol

Thank you to everyone involved in the session!