

From Frailty to Resilience

Friday 23 February 2018

 @WEAHSN

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 meeting

The West of England Patient Safety Collaborative Board asked the Patient Safety Collaborative team to discuss and scope out the potential to incorporate a project on frailty into the Patient Safety Collaborative work plan for 2017/18.

A focus group was held on 16 March and the project lead attended the national AHSN sharing day on frailty. Discussions have taken place with individuals who have expressed an interest in working on improving safety for people with frailty.

Following an expert reference group meeting on 16 June the first frailty Community of Practice meeting was held on 1 September 2017 and saw 14 attendees from 11 member organisations including acute Trusts, CCGs, community providers and mental health Trusts. 16 attendees from 10 organisations attended on 3 November in Gloucester with a topic focus on MDTs.

The group agreed the Community of Practice would be called "From Frailty to Resilience" and agreed to share resources and experience via meetings every two to three months. Further meetings in 2018 will be held on 22 June and 5 October (TBC).

There are currently 57 members of the frailty community of practice distribution list covering 19 member organisations. The Bristol, North Somerset and South Gloucestershire CCG representative has recently changed organisations to work at Sirona so we will be seeking a new representative for that STP region. An invitation has been sent to South West Ambulance Services to be involved.

We are working with SW AHSN to support a regional frailty event via the NHS England Long Term Conditions team on 26 April in Taunton.

2 What is Frailty?

NHS England have defined frailty as a progressive, long term condition characterised by a loss of physical and/or cognitive resilience that means people living with frailty do not bounce back quickly after an acute stressor event such as a physical illness, an accident or other stressful event.

Why Frailty is Important

The population of England is ageing. By 2040, nearly one in seven people are projected to be over 75. Whilst frailty is associated with age it is not the same: not all older people live with frailty and not all people living with frailty are old. Many of the factors that cause people to age differently are amenable to population-level interventions based on lifestyle choices and exercise. Frailty (rather than age) is effective as a means of identifying people who may be at greater risk of future hospitalisation, care home admission or death. For example, people living with severe frailty have a four times greater one-year hazard ratio for these outcomes. This means population-level frailty identification can help anticipate future health and social care demand.

Accelerating population ageing coupled with existing health system pressures means it is important for local areas to take action to provide a more sustainable, whole-system approach to managing frailty that ensures that we have the right types of services in the right quantities to meet demand. For example, the number of people aged 65 to 69 has grown by 34% in the last 10 years, with corresponding hospital admissions growing by 57%.

3 Input from the room

10 attendees from 6 organisations were in the room with a topic focus of **training and workforce development**.

Gloucestershire

A screening test has been developed in Gloucester and they are using orange folders. They have developed a SystemOne template to support.

Rockwood is used for diagnosing not scoring.

Developing case studies for training, e.g. 99-year old, 7 year history of falls, dependent but independent of interventions due to support from the frailty team without further falls.

Gloucestershire just about to launch frailty service in South Cotswolds aim at reducing length of stay, reducing acute admissions.

Gloucester are doing a primary care offer – some practices nurses are doing fantastic work, they are working with identified leads in pharmacies carrying out joint visits and medicine reviews, aligning with the front door of acute. They are testing a light CGA on SystemOne.

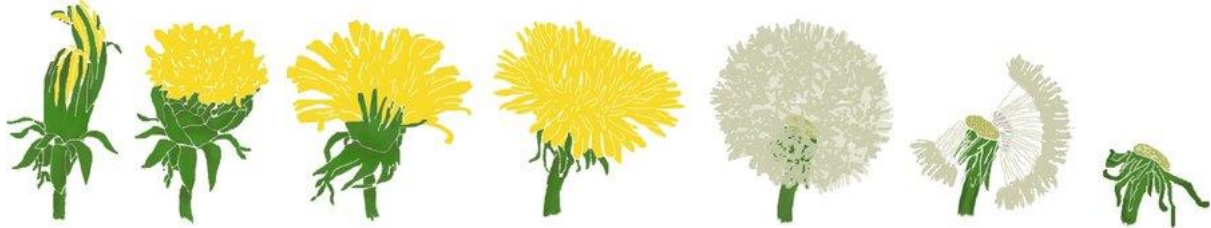
Weston Hospital

“Admiral” nurses are coming to Weston General Hospital and the Great Western Hospital.

Looking at intergenerational work – inviting patients to a tea party, matching people up, pen pals from hospital, Christmas and Valentine’s cards made by children in the hospital nursery distributed by three children in high viz jackets to patients.

One gentleman called up the nursery – he had found out which is it – it was his first Valentine card in 50 years.

Weston also use an orange folder. It would be helpful if these transfer tools could include a way to transfer dentures, hearing aids, glasses etc safely and in a way that is visual to reduce the risk of loss. Orange came from the image of a dandelion.



<https://missa389.deviantart.com/art/stages-of-a-dandelion-in-color-163018587>

They have a front door frailty team with integrated discharge team who provide on-the-shop-floor training for junior doctors. The team try and get in there for emergency and medical on-call, and have developed a body of presentations on current subjects e.g. falls. Triage now includes Rockwood scale under sepsis and all patients are assessed on Rockwood regardless of age. They have also printed Rockwood on lanyards with referral criteria and the ambulance crews are able to bleep them directly.

They are also involved in end pyjama paralysis and fit to sit campaigns, teaching at junior induction and presenting at grand round.

Volunteers with Twiddlemuffs have been really successful – it really works! Everyone in the CCG has been knitting them, they need more.

Bath and North East Somerset

There is emerging evidence of Rockwood as an identifier and this is in use in B&NES CCG. They are using in care homes with patients whose score is reviewed every 6 months.

Swindon

Swindon have just started the red bag pathway but doesn't cover patients in their own homes. Using orange folders in home. They are specifically not recommending GPs print out full summary care record as sometimes there is past medical history that patients do not want other people in their home to know (e.g. past mental health issues).

When is the orange folder started? It is started at evaluation and under evaluation by the University of Gloucester. There are links to similar schemes e.g. message in a bottle.

The group discussed whether some patients could have nominated 24-48 hours rapid response emergency carer, e.g. son or daughter and shared with their care team. Finding carers to provide support in an emergency is often a reason for admission, and NHS England are looking at this.

North Somerset

Rockwood is used as an identification trigger, and the score is validated on identification.

They have identified some patient stories to highlight in training it is not just older people who can experience frailty, but also people with chronic diseases. There is a need to include

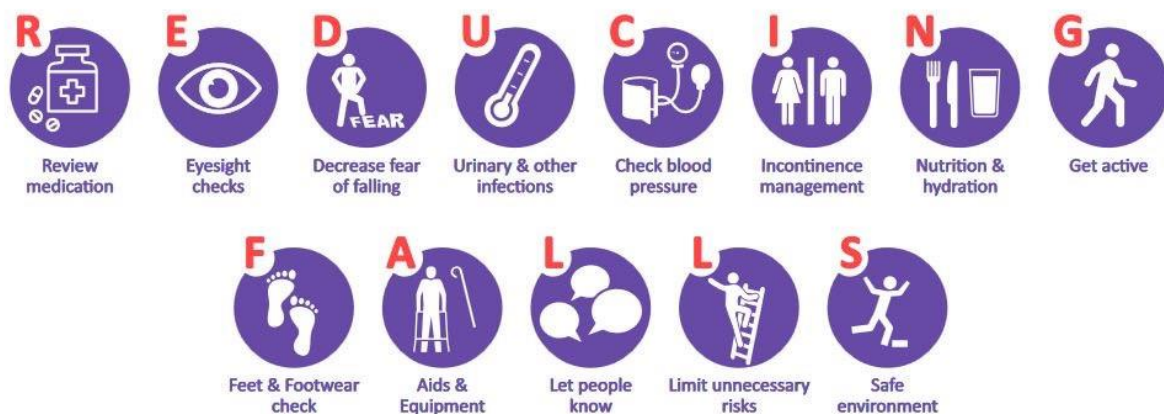
a range of photos onto Rockwood that is more inclusive. Start talking about frailty as a “syndrome,” a “vulnerability” rather than an inevitability of aging.

The group also discussed that certain patients are not “deteriorating” patients but are end of life, and it is about identifying the right pathway and language. A common currency with common language is being developed by NHS England, linking to the eFI. In general there is a 3% progression rate through the frailty spectrum p.a., and so maintaining status can be seen as an important outcome of an intervention. Patients with severe frailty need to be linked into end-of-life treatment planning decisions.

Vee has been reviewing NSCP training into an interactive bite-sized training bundle; what is frailty, understanding core concepts, tools for assessment, interpretation of tools and linking into AWP mental health team. Could open up this training (1 hour training package) to acuet and vice versa. SWAST linking in with joint session with rapid response. Aimed at Bands 3 and above.

4 Resources shared

Falls can be prevented.



Frailty Core Capabilities Framework Consultation Survey.

The project, chaired by Dawn Moodey is inviting comments and feedback via an online survey. Further details and a link to the survey are available from the Skills for Health web site here: <http://www.skillsforhealth.org.uk/services/item/607-frailty-core-capabilities-framework> Please do complete the survey with your own comments/feedback.

Copy of the draft framework:

<http://www.skillsforhealth.org.uk/images/standards/Frailty%20Fwk%20DRAFT%2009%20Feb%202018.pdf>

<https://youtu.be/LcEGLEH98Ts> – Frailty Focus

<https://youtu.be/QvwwEPDA7Yg> – Risking Happiness

Musculoskeletal, Falls, Fractures & Frailty. A summary of projects across the AHSN network <https://www.swahsn.com/wp-content/uploads/2018/02/MSK-Falls-Fractures-Frailty-AHSN-summary.pdf>

Alex Rotas photographer in Bristol challenging the image of ageing <http://alexrotasphotography.co.uk/postcards/> (free to use with credit)

NICE Red Bag pathway <https://www.nice.org.uk/sharedlearning/hospital-transfer-pathway-red-bag-pathway>

Message in a Bottle <https://www.scas.nhs.uk/news/campaigns/message-in-a-bottle/>

End Pyjama Paralysis <https://www.england.nhs.uk/2018/03/70-days-to-end-pyjama-paralysis/> and Fit to Sit <https://improvement.nhs.uk/resources/are-your-patients-fit-sit/>

Last 1000 days <http://www.last1000days.com/>

Twiddlemuffs <http://www.theyarnloop.com/article/knit-for-dementia-patients-free-twiddlemuff-pattern>

Admiral nursing <https://www.dementiauk.org/get-support/admiral-nursing/>

5 Outcomes and next steps

- **Nathalie** to ask South Gloucestershire CCG for new contact details for Ann Sephton.
- **Nathalie** to find out what status is of BNSSG Frailty Strategy from Jarrod and Ann
- **Arvind** to share slides with their service data outcomes.
- **Vee** to share tool she has developed for conversion scale to Rockwood and Edmonton.

Next meeting focussing on “what’s in your bag?”

Friday, 22 June 2018, 1:30pm – 4pm

Venue: TBC

Save the date: 26 April 2018, 9am – 4:15pm, Cricket Ground, Taunton NHS England West Regional Frailty STP event, register at <https://www.surveymonkey.co.uk/r/swfrailty>

Thank you to everyone involved in the session and to North Somerset Community Partnership for hosting us – please do share details of the discussion forum with colleagues and encourage them to join the mailing list!