The AHSN Network

NHS Improvement

From Frailty to Resilience

Wednesday 28 November 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. Four meetings have been held so far.

There are currently 60 members of the frailty community of practice distribution list covering 25 organisations.

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 rights 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 Discussions

Participants on the WebEx reviewed the topics discussed over the last year:

- September 2017: Frailty scoring tools and comprehensive geriatric assessments (CGAs)
- November 2017: Multi-disciplinary teams
- February 2018: Training and workforce development
- April 2018: NHS England regional frailty event
- June 2018: “What’s in your bag?”
- October 2018: ReSPECT/ NEWS2 event “The facts of death”

The group suggested topics for 2019 as follows:

- Recap on progress made in the last 18 months against the topics above, along with a review of the 10 year forward plan (to be published) on Health Aging.
- A focus on issues relating to mental health and the role of mental health support.
- Aging Well and other aspects of prevention and developing resilience / Living well with frailty linking into the new competency framework for providers.

Nathalie shared key headlines from the survey of the community practice carried out earlier in the year. Participants valued:

- Good to speak to other agencies
- Discussion and sharing
- Enthusiasm
- Networking and thinking collaboratively
- Written summaries

Suggestions made on the survey were:

- Dial in option / slack channel
- Sharing data
- Timing of meetings and locations
- From discussion to action

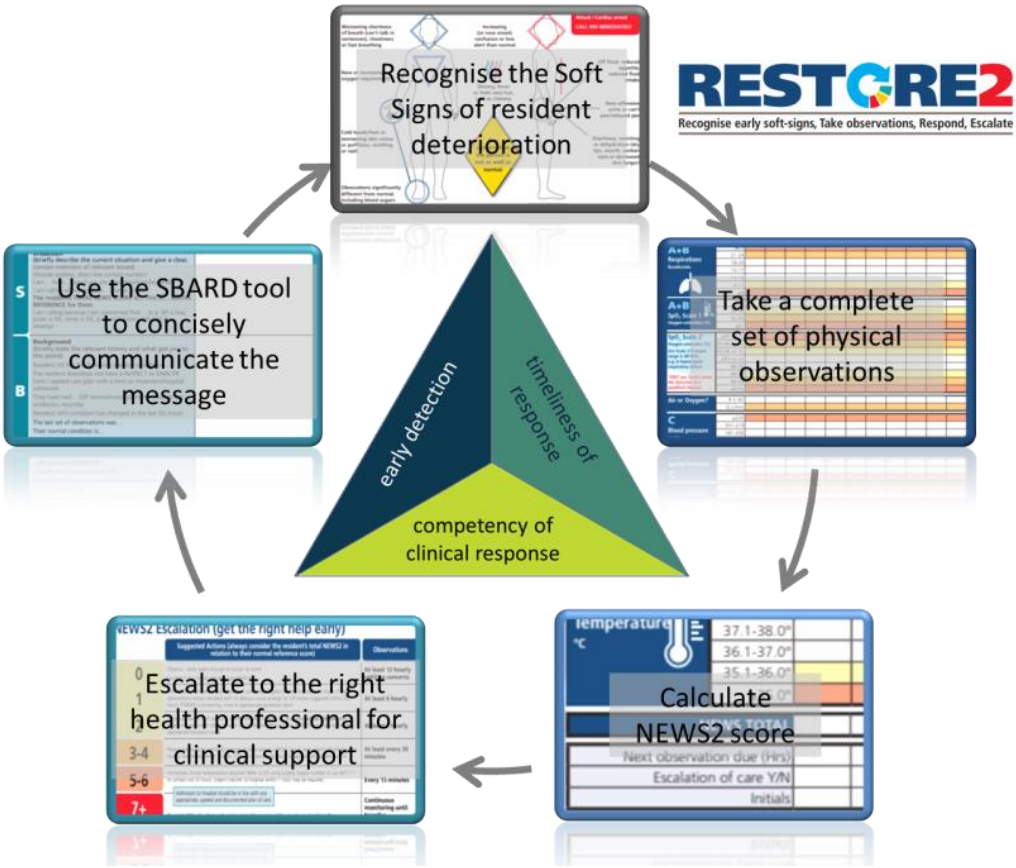
The group discussed that they preferred face-to-face but maybe a follow-up telecon for members of the community of practice who are unable to attend the session.

The group discussed timing and suggested either mid-week (Wednesday) or earlier in the day (Friday am).

Nathalie highlighted that there is a platform for discussion and sharing in the West of England that may be a way to share documents in between meetings; to register visit https://www.hyvr.co.uk/ and look for the frailty hive. There are also some groups on Kahootz (FutureNHS) workspace.

The group discussed sharing data i.e. outcomes in the spirit of improvement and that the first step would be to share what data is being collected, e.g. Jane mentioned the SAR data for 65+ and using ambulance “hot spot” data to identify where to target their info bus. Jane also mentioned that the info bus had surveyed members of the public on their views on frailty and there were some interesting outputs that she was happy to share. Their next step is to overlay this hotspot data with areas of deprivation.

In terms of working on projects together, Nathalie shared details of the RESTORE2 workstream at the West of England AHSN in 2019/20 which will be working with care homes to implement RESTORE2 which includes NEWS2 and ReSPECT. More details on RESTORE2 at https://www.westhampshireccg.nhs.uk/restore-2 and when events are set up for this details will be shared with the group. Nic to share details of B&NES CCG nurses working on this project locally.



Nathalie also updated that a polypharmacy workstream is starting under the Medicines Safety arm of the Patient Safety Collaborative. Gloucestershire had previously shared their guidance on polypharmacy and de-prescribing developed by Ian Donald at Gloucestershire

Royal Hospitals and would be happy to update the group on this. Nathalie connect Jane and Ian with Ali Mann, project lead for polypharmacy.

The group also discussed that it would be helpful to explore how supportive the use of eFI (electronic frailty index) had been in practice, as although it is identifying people not all of those identified as “frail” according to the eFI are frail when reviewed.

4 Resources shared

Output reports from previous meetings including resources shared are available at www.weahsn.net/frailty

5 Outcomes and next steps

- **Nathalie** to set up doodle poll with suggested dates for 2019 both face-to-face and follow-up telecon:
    - **Spring 2019**: https://doodle.com/poll/fpmksk2dh6w3uv3t
    - **Summer 2019**: https://doodle.com/poll/46x73srxqw2idzbq
    - **Autumn 2019:** https://doodle.com/poll/rxd37w4yuw7msz2c
- **All** to sign up for the frailty hive on HYVR https://www.hyvr.co.uk/

Thank you to everyone involved in the session – please do share details with colleagues and encourage them to join the mailing list and hyvr!