How new models of care can help support older people with frailty

Helen Lyndon
Nurse Consultant Older People
Clinical Lead for Frailty
NHS England

Dr Maggie Keeble
Clinical Lead Proactive Care
South Worcestershire CCG
How new care models can help support older people living with frailty

- Building on the Five Year Forward View
- How New Care Models will re-design services for older people with frailty
- Update on NHS England’s Work: Frailty as a long term condition
- New care models in action in South Worcestershire
A New Care Paradigm for Older People Living with Frailty

**TODAY**

- ‘The Frail Elderly’ (i.e. a label)

  - Presentation late & in crisis (e.g. delirium, falls, immobility)

  - Hospital-based: episodic, disruptive & disjointed

**TOMORROW**

- “An older person living with frailty” (i.e. a long-term condition)

  - Timely identification for preventative, proactive care by personalised care and support planning

  - Community-based, person centred, co-ordinated care & support

With thanks to John Young

www.england.nhs.uk
Frailty as a Long Term Condition?

A Long Term Condition is:
“A condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies” (DH 2012)

Frailty is:
• Common (25-50% of people over 80 years)
• Progressive (5 to 15 years)
• Episodic deteriorations (delirium; falls; immobility)
• Preventable components
• Potential to impact on quality of life
• Expensive
Five Year Forward View

Managed systems – networks of care – not just organisations.

Out-of-hospital care needs to become a much larger part of what the NHS does.

Services need to be integrated around the patient.

We should learn much faster from the best examples.

And as we introduce them, we need to evaluate new care models to establish which produce the best experience for patients and the best value for money.
New Care Models - Vanguards

9 Integrated primary and acute care systems (PACs): joining up GP, hospital, community and mental health services

14 Multispecialty community providers (MCPs): moving specialist care out of hospitals into the community

6 Enhanced care in care homes: older people better, joined up health, care and rehabilitation services

8 Urgent and Emergency Care: new approaches to improve coordination of services and reduce pressure on ED

13 Acute Care Collaborations: linking hospitals to improve clinical and financial viability

www.england.nhs.uk
New for 2015/16

- New National Clinical Director shortly in post
- Local CQUIN for frailty
- EU Frailty Joint Action
- Older Peoples Outcomes Set
- Summary Care Record – Frailty Scenario
- Rightcare Frailty Optimal Pathway

Now – new care models in action…..