NHS England & Frailty in Primary Care

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A LTC rarely travels alone ...........

The Challenge of Multi-Morbidity

<table>
<thead>
<tr>
<th>Frailty: why important?</th>
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<tbody>
<tr>
<td>Some bad news</td>
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<td>Some more bad news</td>
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<tr>
<td>Even more bad news</td>
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<tr>
<td>The worst of news</td>
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So people living with frailty provide an ideal target group to re-align our health & social care system for people with complex needs.
The House of Care

Organisational and clinical supporting processes

Engaged, informed individuals and carers

Person-centred coordinated care

Health and care professionals committed to partnership working

Commissioning
Click on the links for more information about each component and use this to build your own house.
The Frailty Paradox

<table>
<thead>
<tr>
<th>National Audit of Community Rehab 2012</th>
<th>N = 3,150</th>
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<tbody>
<tr>
<td>Mean age</td>
<td>82y</td>
</tr>
<tr>
<td>One or more LTC</td>
<td>77%</td>
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<tr>
<td>Two or more LTC</td>
<td>41%</td>
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The frailty paradox:

We know it’s out there, but where exactly?
Mrs Greenaway was found on the floor ("FLOF") with new confusion by the home care staff and taken to hospital where it was found to be poorly mobile.
Frailty as a long-term condition?

A LTC 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
A view of Mrs Greenaway .......

85 years
Lives alone
Recently in hospital following a fall
Broken hip 2011
Chronic heart failure
Diabetes
Chronic Kidney Disease
Taking 10 medications

System designed to fragment care into packages

...... And the frailty???
Mrs Greenaway was found on the floor (“FLOF”) with new confusion by the home care staff and taken to hospital where it was found to be poorly mobile.

- Fall
- Delirium
- Immobility

“She was a fall waiting to happen.”
Home care staff
Frailty as a LTC
(Global loss of physiological reserve)

Clegg, Young, Iliffe, Olde-Rikkert, Rockwood. Frailty in elderly people. Lancet 2013; 381: 752-762
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Earlier (more timely) diagnosis of frailty

Two approaches:

1. The simple way: empowering patients

2. The very simple way: empowering professionals

Which one shall we choose??

“Fit for Frailty” BGS/RCGP 2014
http://www.bgs.org.uk/campaigns/fff/fff_full.pdf
The 4m walking speed test detects frailty

Taking more than 5 seconds to walk 4m predicts future:

- Disability
- Long-term care
- Falls
- Mortality

Van Kan et al JNHA 2009; 13:881
Systematic Review of 21 cohorts
Development of an NHS Primary Care Electronic Frailty Index (eFI)

Existing EHR ("SystmOne")

Read Codes (>80,000 $\rightarrow$ 8,000 $\rightarrow$ 2,200)

Read codes map onto 43 Candidate ‘DEFICIT’ Variables

Tested in ResearchOne (n=226,988 >65y)

Validation Process (n=227,063 >65y)
Deficits constructed for the eFI

- Memory & cognitive problems
- Cerebrovascular disease
- Dizziness
- Parkinsonism & tremor
- Mono/hemiparesis
- Weakness
- Sleep disturbance
- Visual impairment
- Hearing impairment
- Hypertension
- Ischaemic heart disease
- Atrial fibrillation
- Heart valve disease
- Hypotension/syncope
- Heart failure
- Peripheral vascular disease
- Dyspnoea
- Respirator disease
- Peptic ulcer
- Faecal incontinence
- Weight loss & anorexia
- Urinary incontinence
- Urinary system disease
- Chronic kidney disease
- Osteoporosis
- Fragility fracture
- Arthritis
- Diabetes
- Thyroid disease
- Skin ulcer
- Anaemia & haematinic deficiency
- Falls
- Foot problems
- Housebound
- Problems with bathing
- Problems carrying out personal grooming and toileting
- Mobility and transfer problems
- Unable to manage medications
- Activity limitation
- Social vulnerability
- Environment problems
- Requirement for care
- Polypharmacy
Primary care electronic Frailty Index (eFI): survival plots ($n=227,648$; $>65y$)

Proportion alive

Supported self-management
Case & Support Planning
Case Management/EoL care

Fit
Mild frailty
Moderate frailty
Severe frailty
Candidate Preventable Components for “Frailty”

- Alcohol excess
- Cognitive impairment
- Falls
- Functional impairment
- Hearing problems
- Mood problems
- Nutritional compromise
- Physical inactivity
- Polypharmacy
- Smoking
- Social isolation and loneliness
- Vision problems

(Systematic review of 78 studies)

Additional topics:
- Look after your feet
- Make your home safe
- Vaccinations
- Keep warm
- Get ready for winter
- Continence
............others.......??

Supported-Self Management Plan for Healthy Living in Later Life
Try this at home

Have you noticed it’s taking longer to get to the bus stop than it used to? Or that your weekly supermarket shop takes longer than before?

These can be signs that you’ve started slowing down.

If you’ve noticed you’re a little slower than you used to be, or even if you haven’t, you may want to try this simple test which will let you know if the ‘slow-down’ process of later life is affecting you. It is called the Walking Speed Test. You can do it easily at home. All you need is a tape measure and a watch with a second hand or mobile phone with a stopwatch function.

Using a tape measure, mark out on the ground two lines 4 metres (13 feet) apart.

Stand next to the first line.

Walk at your usual speed (using a walking aid if you usually use one) until a few steps past the 4-metre mark (don’t slow down as you approach the mark).

Your friend/helper should say “Go” and start timing you.

As you pass the 4-metre mark, your friend/helper should stop timing you.

Repeat three times, allowing sufficient time to recover between tests.

If you take more than 5 seconds to walk, at normal speed, a measured distance of 4 metres (13 feet), then it is likely you are affected by the slowing down process of later life. Of course, some people walk slowly for other reasons – perhaps knee or hip arthritis, for example. But the test will give you a good indication of your general fitness. If you have slowed down you may want to try some simple exercises. If you have any concerns, you may wish to see your GP or nurse to discuss things further.
Look after your eyes

Your eyes should give you a lifetime’s service, but sometimes they can be affected by conditions that develop as you grow older.

You can help keep your eyes healthy by:

• not smoking – smoking damages the eye making it more likely to develop age related macular degeneration and cataracts
• eating lots of fruit and vegetables
• protecting them from the sun by wearing sunglasses.

It’s easy to neglect your eyes because they rarely hurt when there’s a problem. Having an eye test will not only tell you if you need new glasses, it also checks the health of the eye and can pick up eye conditions before you may be aware of them so they can be treated early. If you have a low income, you may be eligible for help with the cost should you need glasses or contact lenses.

An eye test can pick up eye conditions, such as glaucoma and cataracts, as well as general health problems, such as diabetes and high blood pressure.

The good news is that if you’re 60 or over, you can have a free NHS eye test every two years. You can have a free test every year if you’re 70 or over.

Make your home safe

Have a look round your home and check for some simple things you can do to make your home as safe as possible:

• Remove any clutter on the stairs that might trip you up.
• Use plug-in night lights that turn on automatically at night. They provide a low light so you can see your way to the bathroom or stairs.
• Loose rugs and mats can be a trip hazard and should be avoided if possible.
• Replace frayed carpets or repair with double-sided carpet tape.
• Coil up any long or trailing electric leads, particularly around doorways or stairs, or tape them close to the wall.
• Don’t walk on slippery floors in socks or tights. Wear well-fitting slippers.
• Don’t wear loose-fitting, trailing clothes that might trip you up, such as a long dressing gown.
• Make sure you have good lighting, especially on the stairs.
• It’s easy to slip in the bathroom. Consider getting a non-slip bath mat and a handrail to help you feel more stable.
• Consider getting and wearing a personal alarm, particularly if you live on your own. This will let you contact a 24-hour response centre at the touch of a button should you fall or become unwell. Don’t be afraid or embarrassed to push the button if you need to. The response centre will be glad to reassure you or call for help.
• Check fire & carbon monoxide alarms are installed and working correctly. The fire brigade may be able to fit and check free fire alarms.
• If you have an electric blanket, get it tested at least every three years and replace it every ten years. Check for danger signs such as frayed fabric and scorch marks. You can ask the shop where you bought it about testing and servicing, or contact the trading standards department at your local council – they often have free testing days.
What is care and support planning?
Care and support planning encourages clinicians and people with long-term conditions to work together to clarify and understand what is important to that individual. They agree goals, identify support needs, develop and implement action plans, and monitor progress. This is a planned and continuous process, not a one-off event.

http://coalitionforcollaborativecare.org.uk/
Care Plan vs Care Planning

Care plan: focus on *disease or problem management*

Care planning: the focus on *person management*

When I make a care plan:

1. I make an assessment of the patient  True / False
2. I pass on lots of information to the patient  True / False
3. I do most of the talking  True / False
4. I follow a template very closely  True / False
“It’s Care Planning Jim, but not as we know it!”
Care & Support Planning:
Evidenced-based medicine or Evidenced-informed practice?

Guideline medicine

Care & Support Planning

Single LTC

Standardised care

Multiple LTCs/Frailty

Individualised care
Care and Support Planning
(?2% ES → 10% LES?)

Person’s Story

Professional Story

Information gathering

Information Sharing

Goal Setting and Action Planning

Agreed & shared ‘care plan’

Consultation 1

Consultation 2

© Year of Care
What are the most important things you’d like to discuss today?

1. The pain in my feet
2. Difficulty sleeping
3. Getting out for a chat
4. I don’t like all these tablets; do I really need them all?
Understanding frailty as a LTC

Supported self-management for frailty

Care & support planning

Advanced care planning
Ignored for so long;
Frailty bites back!!
New Care Concepts for Older People & 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 supported self-management & personalised care planning

Community-based: person-centred & co-ordinated
(Health + Social + Voluntary + Mental Health)