

Frailty at the acute front door

Prof David Oliver

Vice President, RCP, London

Past President, British Geriatrics Society

Senior Visiting Fellow, King's Fund

Consultant in Geriatrics & Internal Medicine

Columnist, British Medical Journal

Hong Kong Hospital Authority Convention

May 16th 2017

TheKing'sFund

Ideas that change
health care



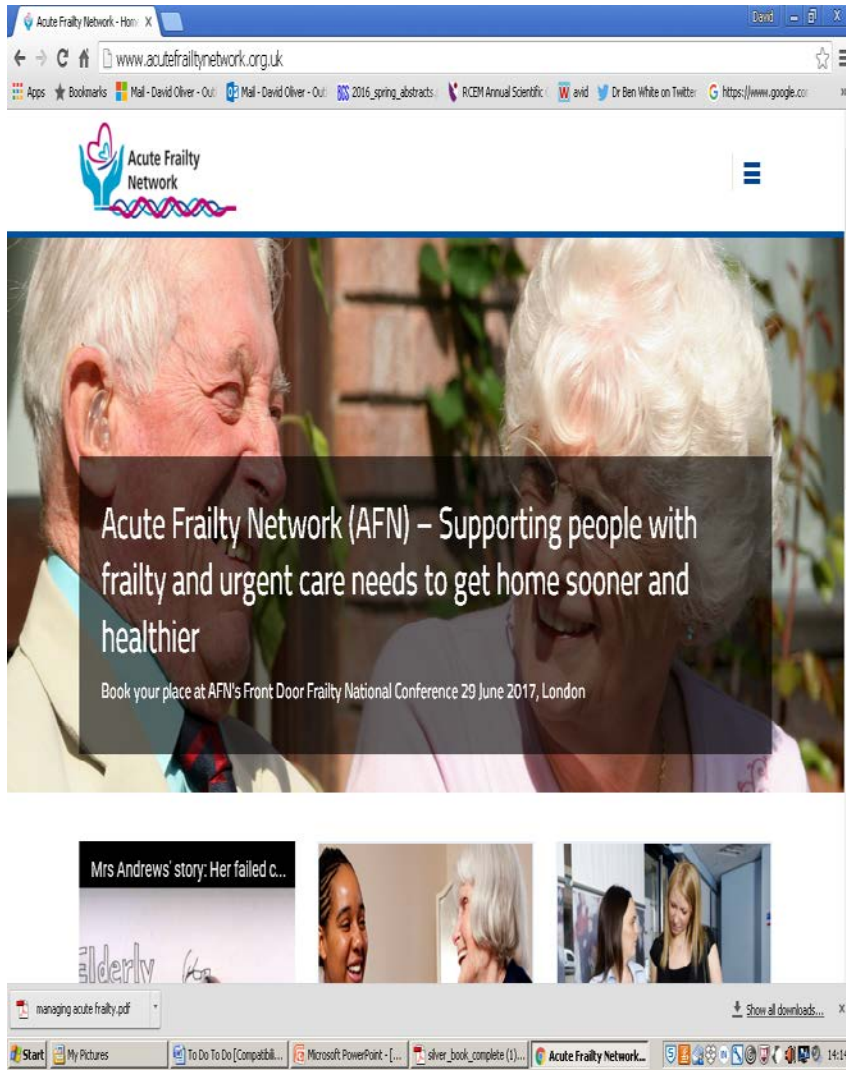
I: Some key resources

Including many practical examples of
service redesign and improvement

Acute Frailty Network

"Silver Book"

QUALITY CARE FOR
OLDER PEOPLE WITH
URGENT &
EMERGENCY CARE
NEEDS



The Kings Fund >

Ideas that change health care



RCP "Future Hospital"

The screenshot shows the website for the Future Hospital Programme. The header includes the RCP logo and navigation links for Home, Events, Education & Practice, Guidelines & Policy, Projects, My RCP, About RCP, and News. The main content area is titled "Future Hospital Programme" and includes a "Details" section with the status "In progress" and date "1 January 2016". A "Get involved" section features a "Join the FH Partners Network" button. The "What we are doing" section describes the programme's goal to improve care for medical patients by bringing specialist care closer to the patient. It lists 11 principles of patient care, including fundamental standards, patient experience, responsibility, access to care, and movement of patients.

Royal College of Physicians

Future Hospital Programme

Details

Status: In progress
Date: 1 January 2016

Get involved

[Join the FH Partners Network](#)

Future Hospital Programme

Telephone: +44(0)20 3075 1583
Email: futurehospital@rcplondon.ac.uk

Associated projects

- Future Hospital chief registrar scheme
- Future Hospital development

What we are doing

The Future Hospital Programme, developed from the [Future Hospital Commission](#) (September 2013), aims to implement the vision of improving care for medical patients by bringing medical specialist care closer to the patient wherever they are, in hospital or in the community.

Our work is underpinned by the [11 principles of patient care](#) around which future healthcare services should be designed:

1. fundamental standards of care must always be met
2. patient experience is valued as much as clinical effectiveness
3. responsibility for each patient's care is clear and communicated
4. patients have effective and timely access to care
5. patients do not move wards unless this is necessary for their clinical

Scottish OPAC Pro

The screenshot shows the website for the Older People in Acute Care Improvement Programme (OPAC Pro). The header includes the Healthcare Improvement Scotland logo and navigation links for Home, About us, News and events, Evidence, Improvement, Scrutiny, Resources, and Our work. The main content area is titled "Older People in Acute Care Improvement Programme" and includes a "Programme overview" section with a video player. The video player shows the text "Improving the care for older people in acute hospitals" and "Programme overview".

Healthcare Improvement Scotland

Older People in Acute Care Improvement Programme

OPAC impact report
Delirium report
Delirium toolkit
Falls prevention leaflet
Frailty report
Frailty pathway: Data review
Video: Programme overview
Video: OPAC tools are working

Improving the care for older people in acute hospitals

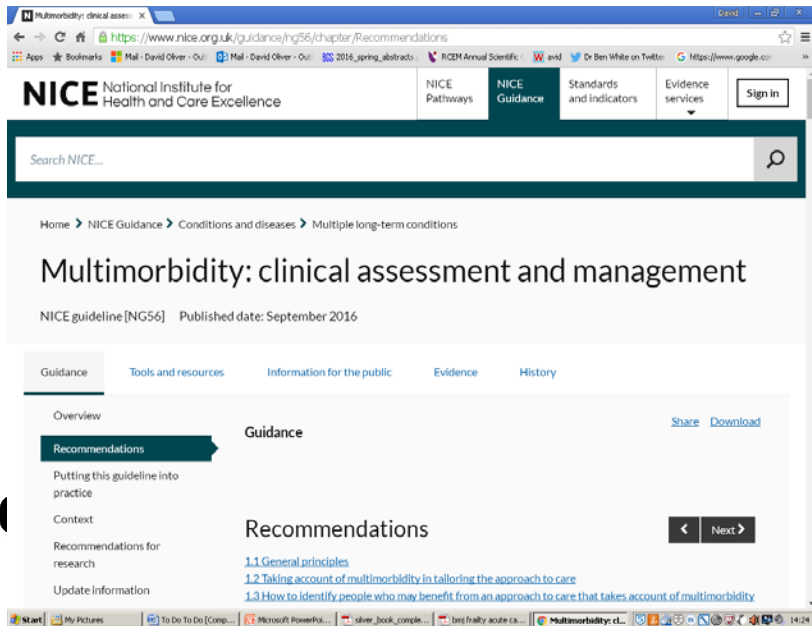
Programme overview

VIEWS AND REVIEWS



ACUTE PERSPECTIVE

David Oliver: Frailty in acute care



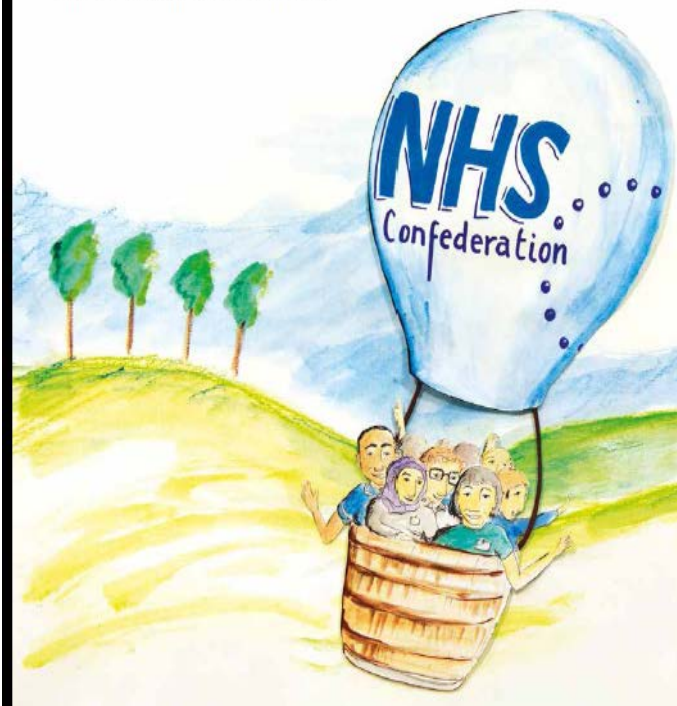
The

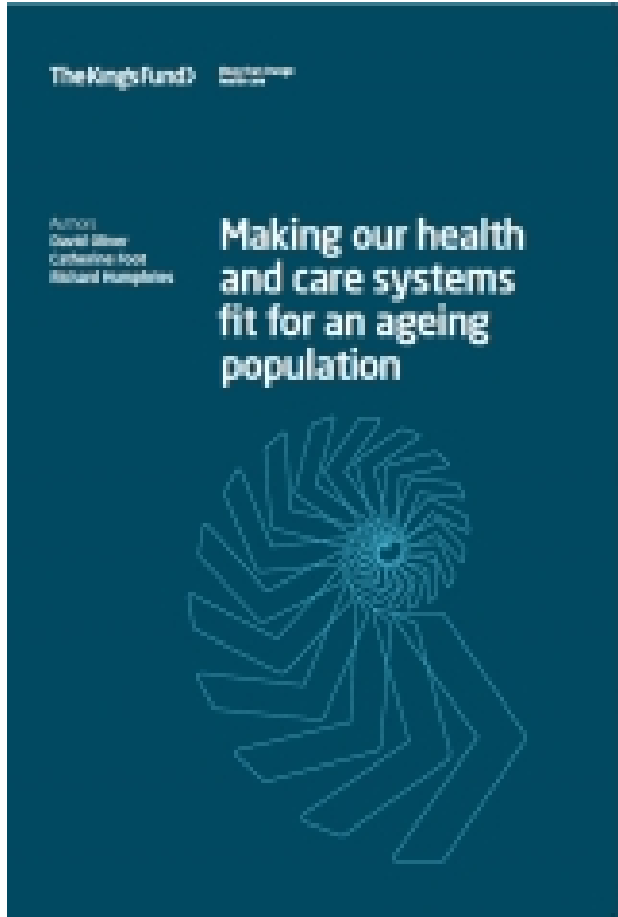


Growing old together

Sharing new ways to support older people

A report by the independent Commission on Improving Urgent Care for Older People





The Kings Fund

Ideas that change health care



National Audit
of Intermediate Care
Summary Report
2015

Older People in acute settings
Benchmarking report
April 2015

NHS
Benchmarking Network

Raising standard
through sharing
excellence



II: Why this matters

Following the money.

NHS Constitution Technical Annex 2013

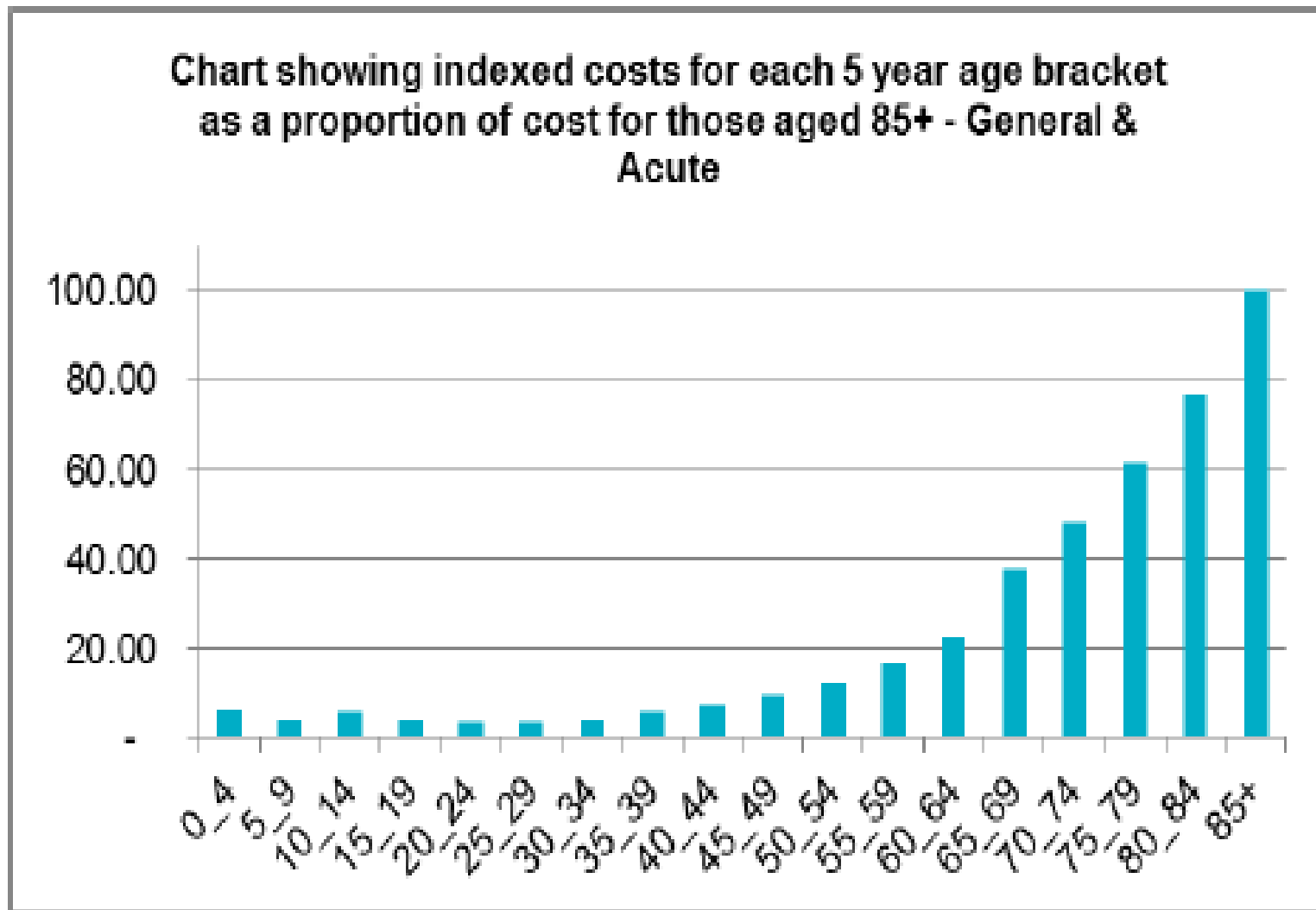
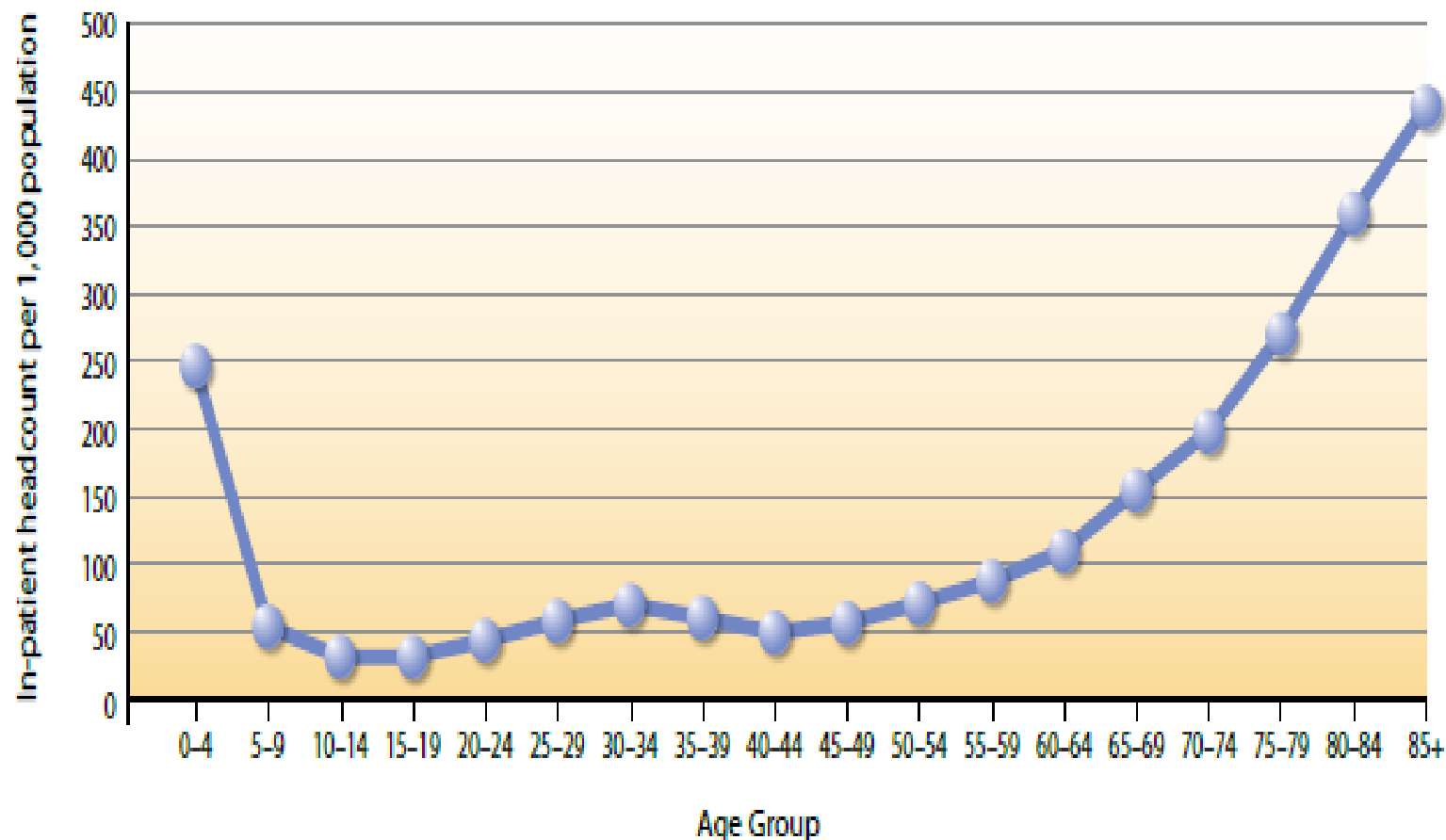


Figure 13 - Chart showing indexed costs for each 5 year age bracket as a proportion of those aged 85+ (General and Acute)



Figure 3: Population ageing increases healthcare services consumption – Average number of in-patients in HA hospitals by age (2010)



Source: Hospital Authority Administration System, 2010



Multimorbidity (Scotland)

(Scottish School of Primary Care Barnett et al Lancet May 2012)

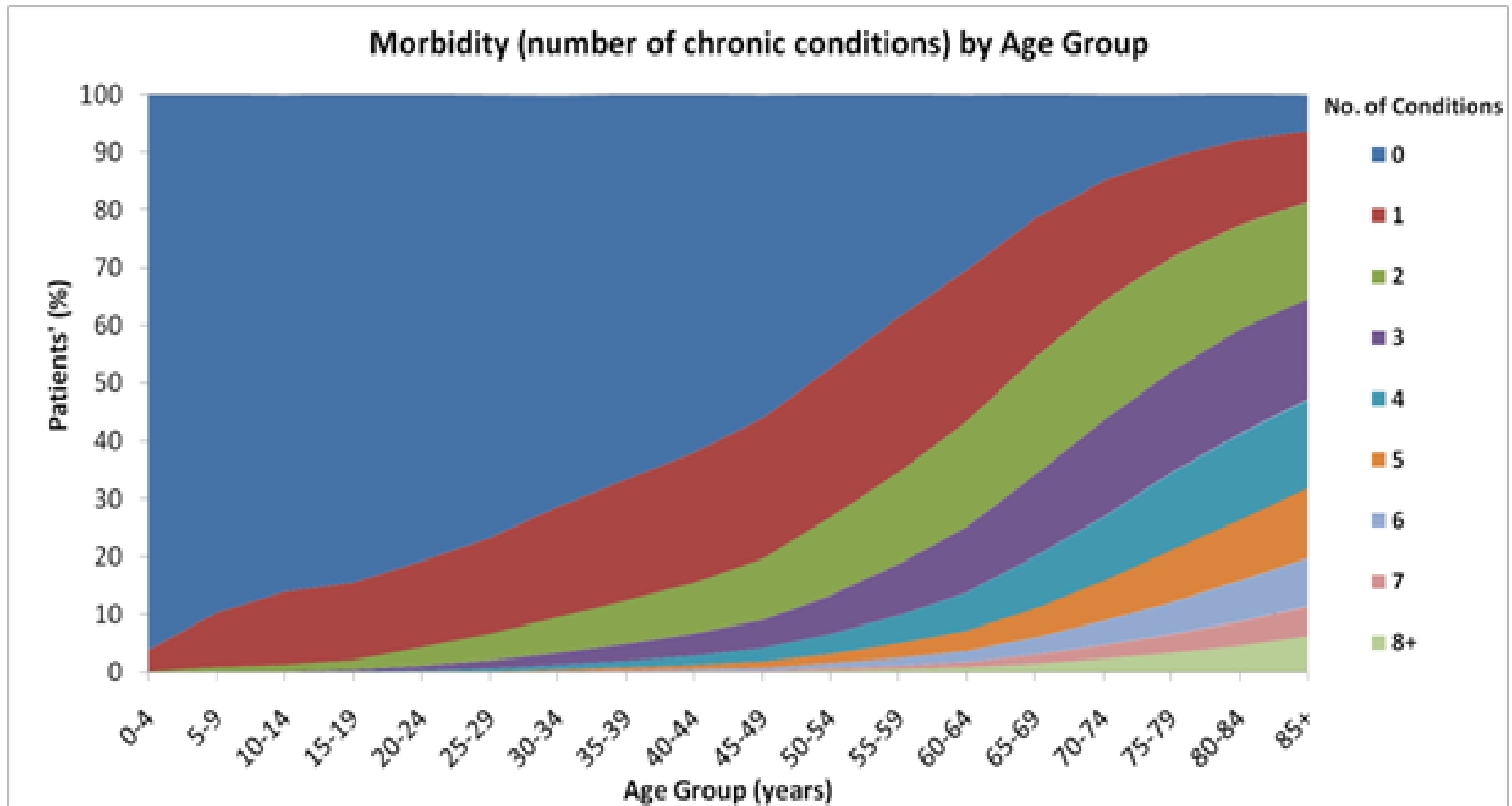
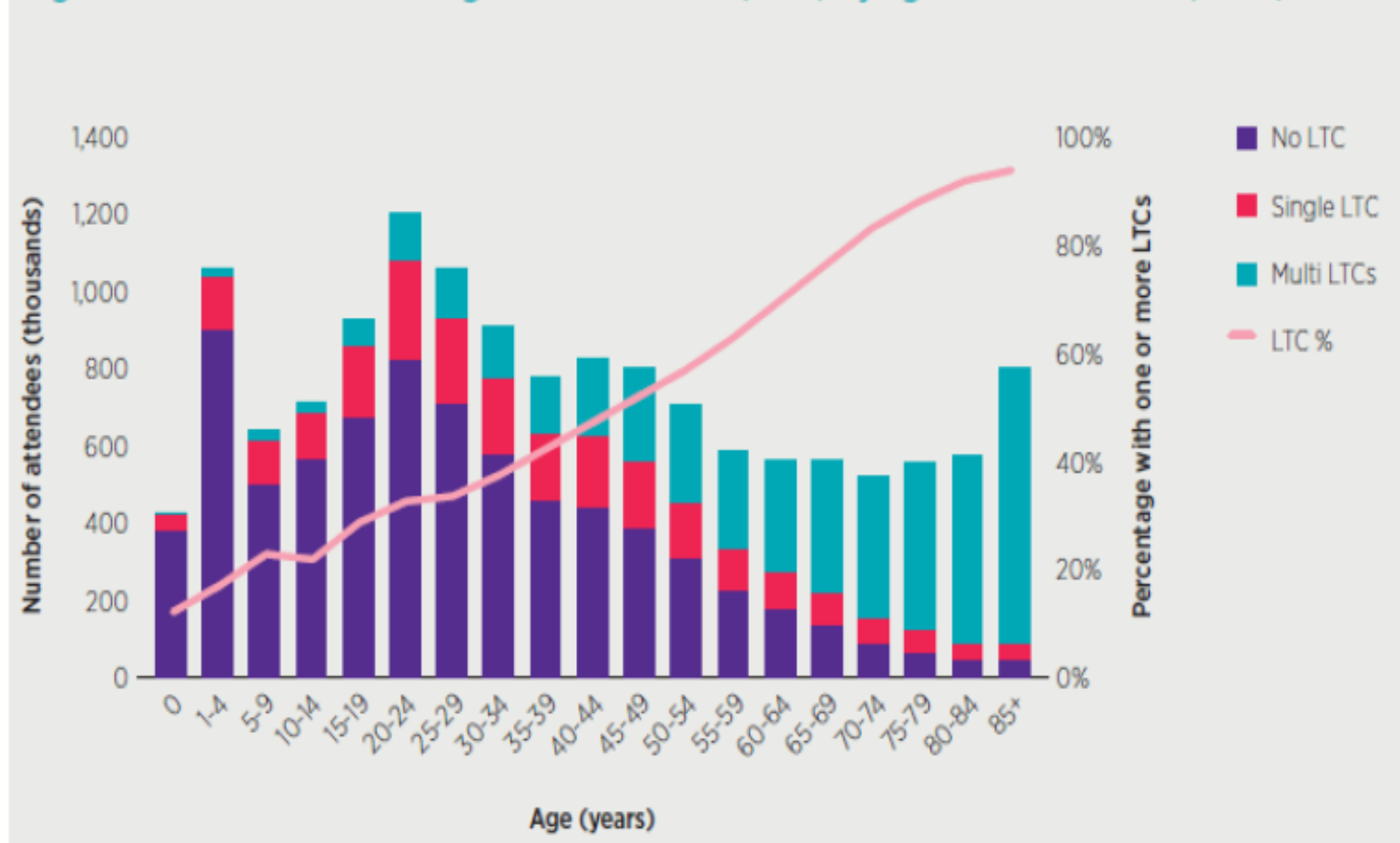


Image 1: Distribution of long-term conditions by age of A&E attendee 2012/13, Focus on A&E attendances, QualityWatch¹⁰⁶

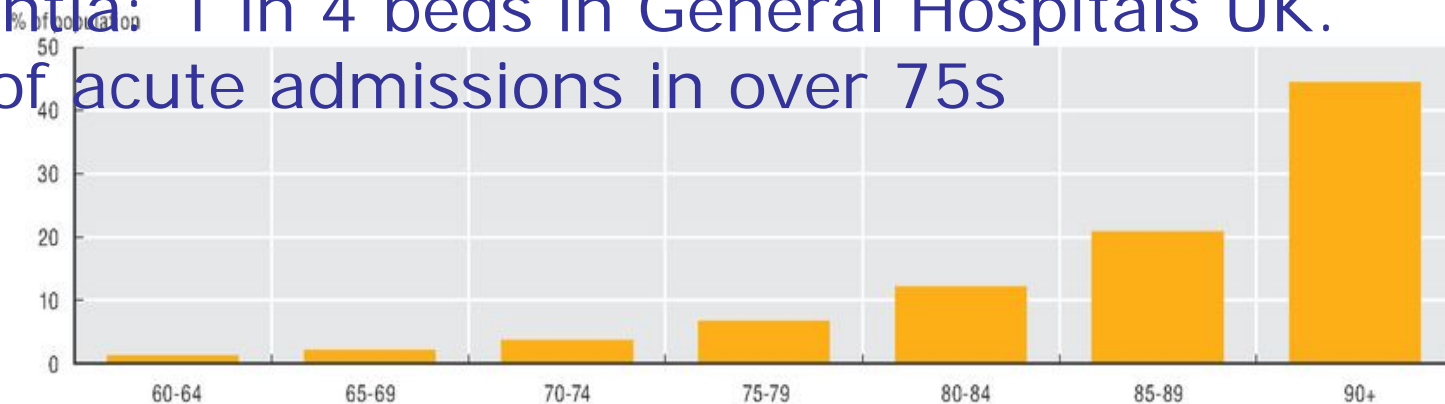
Figure 4.3: Distribution of long-term conditions (LTCs) by age of A&E attendee, 2012/13



Source: Nuffield Trust and Health Foundation (2014)

11.10. Age-specific prevalence of dementia across all OECD countries, 2015

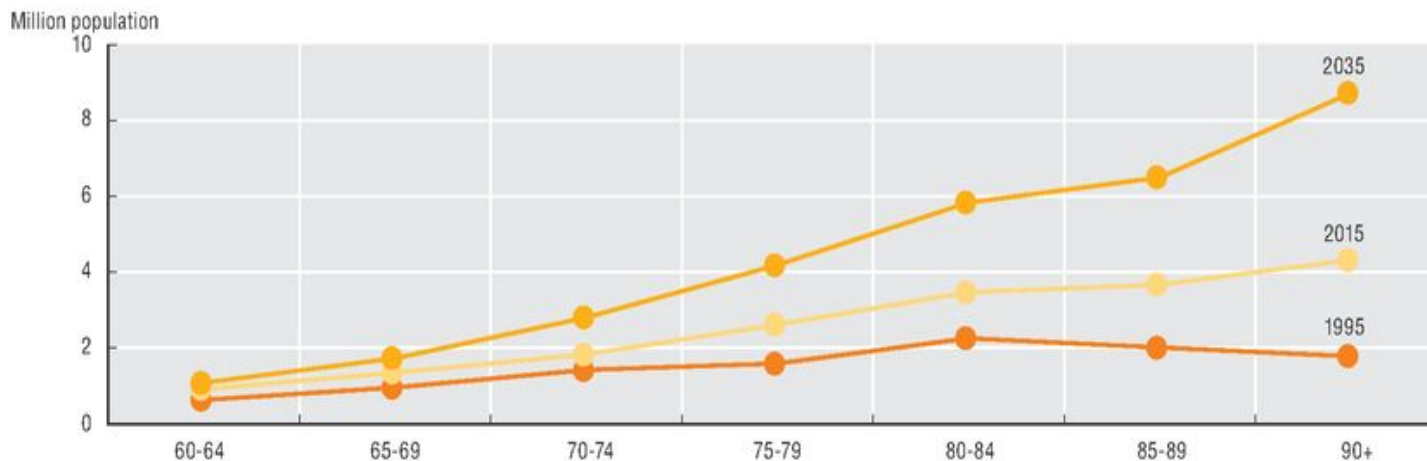
Dementia: 1 in 4 beds in General Hospitals UK.
40% of acute admissions in over 75s



Source: OECD analysis of data from Prince et al. (2013) and the United Nations.

StatLink <http://dx.doi.org/10.1787/888933281401>

11.11. Estimated number of people with dementia in all OECD countries, by age, 1995, 2015 and 2035



Source: OECD analysis of data from Prince et al. (2013) and the United Nations.

StatLink <http://dx.doi.org/10.1787/888933281401>

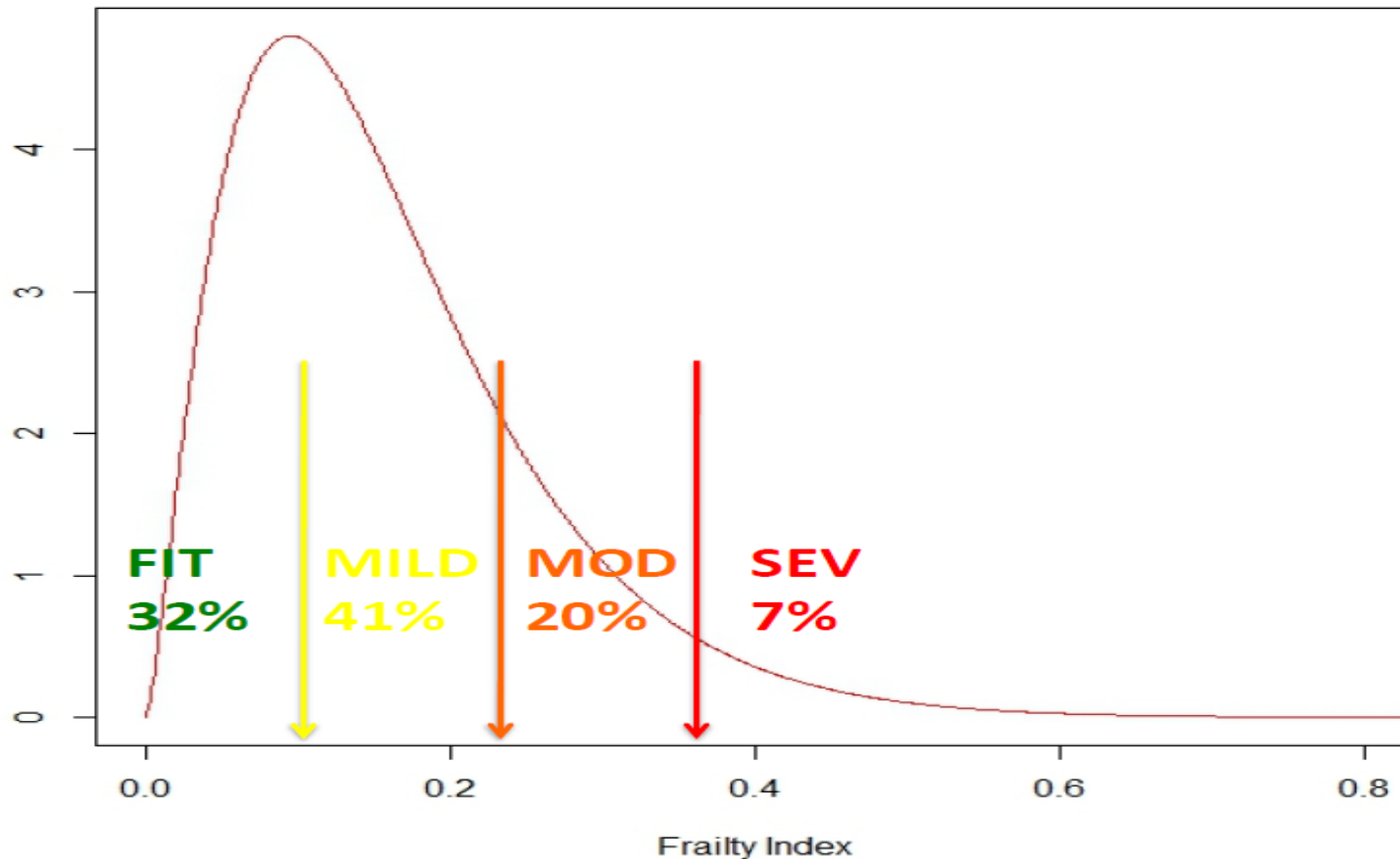
Information on data for Israel: <http://oe.cd/israel-disclaimer>



Distribution of Electronic Frailty Index Codes (England) pop. C 227,000 >65

Clegg, Young et al Age Ageing 2016

Frailty Index - Gamma Distribution



Electronic Frailty Index (England) n = c 227,648 (Clegg et al Age Ageing 2016)

Outcome	Mild frailty (HR, 95% CI)	Moderate frailty (HR, 95% CI)	Severe frailty (HR, 95% CI)
1 yr care home admission	2.00 (1.68 to 2.39)	2.70 (2.41 to 3.04)	5.94 (4.61 to 7.64)
3 yr care home admission	1.52 (1.37 to 1.69)	2.70 (2.41 to 3.04)	3.42 (2.84 to 4.12)
5 yr care home admission	1.56 (1.43 to 1.70)	2.34 (2.10 to 2.61)	3.00 (2.42 to 3.70)
1 yr hospitalisation	1.85 (1.81 to 1.88)	2.96 (2.90 to 3.02)	4.62 (4.50 to 4.74)
3 yr hospitalisation	1.71 (1.69 to 1.73)	2.54 (2.51 to 2.58)	3.64 (3.57 to 3.70)
5 yr hospitalisation	1.63 (1.61 to 1.64)	2.43 (2.40 to 2.46)	3.59 (3.54 to 3.65)
1 yr mortality	1.91 (1.78 to 2.04)	3.39 (3.15 to 3.65)	5.23 (4.73 to 5.79)
3 yr mortality	1.74 (1.68 to 1.81)	3.02 (2.90 to 3.14)	4.56 (4.29 to 4.84)
5 yr mortality	1.66 (1.62 to 1.71)	2.73 (2.64 to 2.81)	3.88 (3.68 to 4.09)

Clegg et al Lancet 2013 Frailty Review

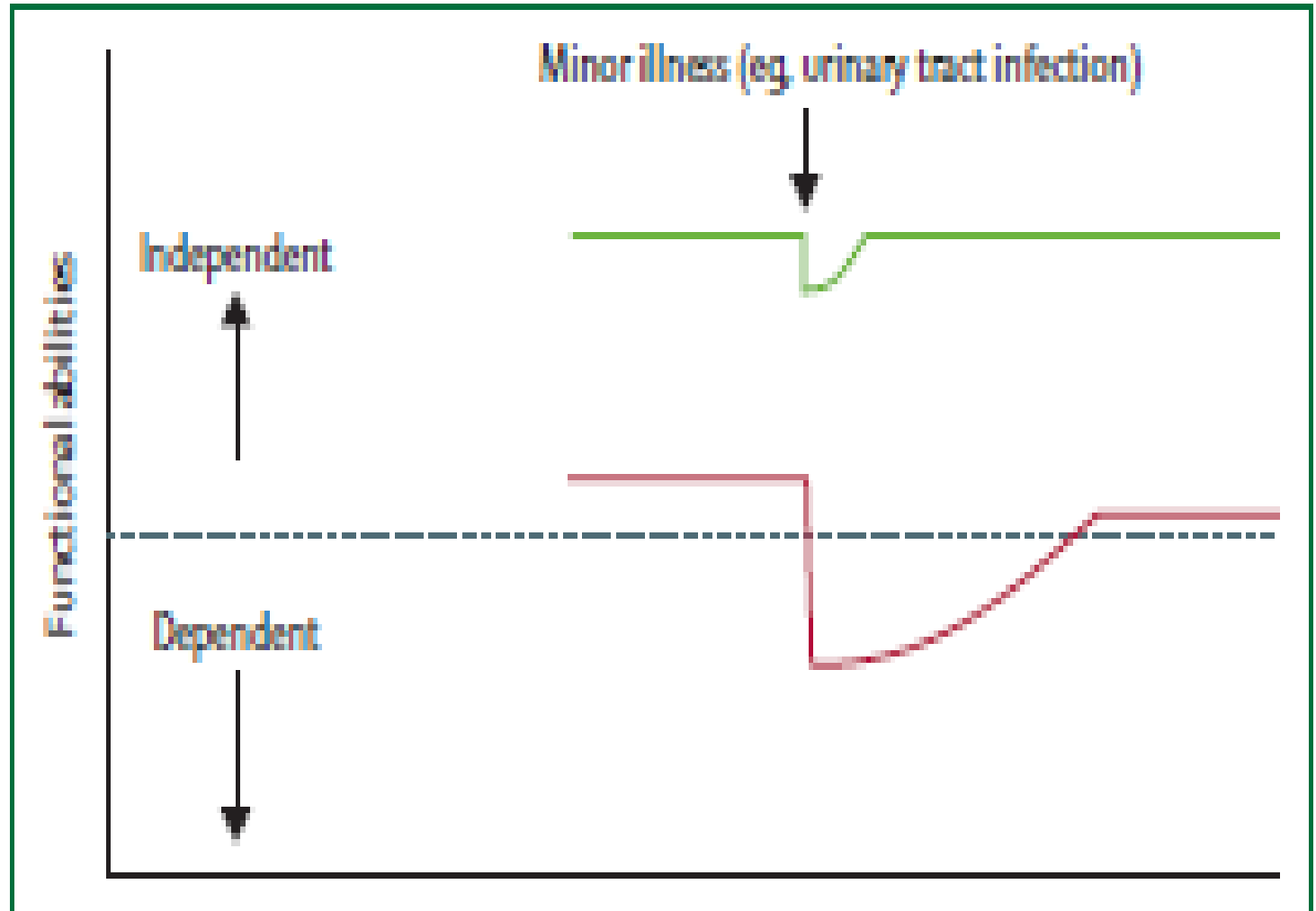


Figure 1: Vulnerability of frail elderly people to a sudden change in status after a minor illness



Frailty Syndromes (how people with frailty present acutely).

Clegg A et al Lancet

- › “Non-specific”
 - e.g. fatigue, weight loss, recurrent infection
- › Falls/Collapse
- › Immobility/worsening mobility
- › Delirium (“acute confusion”)
- › Incontinence (new or worsening)
- › Fluctuating disability
- › Increased susceptibility to medication side effects
 - e.g. Hypotension, Delirium

Functional decline in acutely admitted patients > 75

So post acute rehab in and out of hospital Core

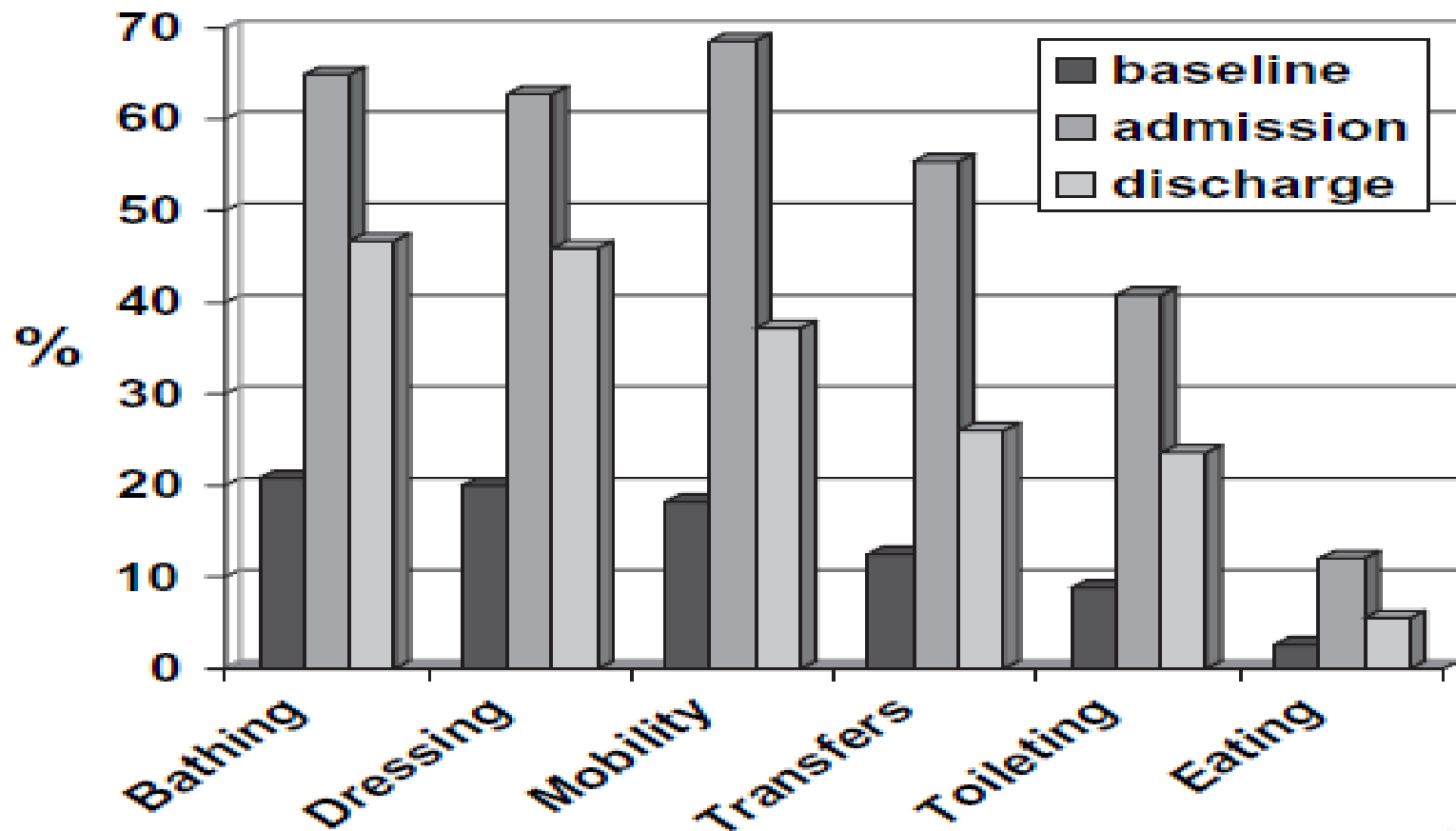
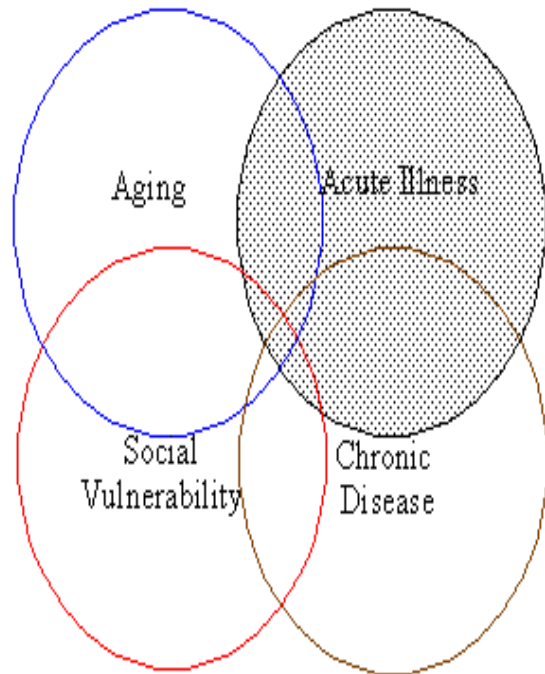


Figure 1. Percentage of study participants ($n = 615$) requiring help in each activities of daily living, at baseline, hospital admission and hospital discharge.



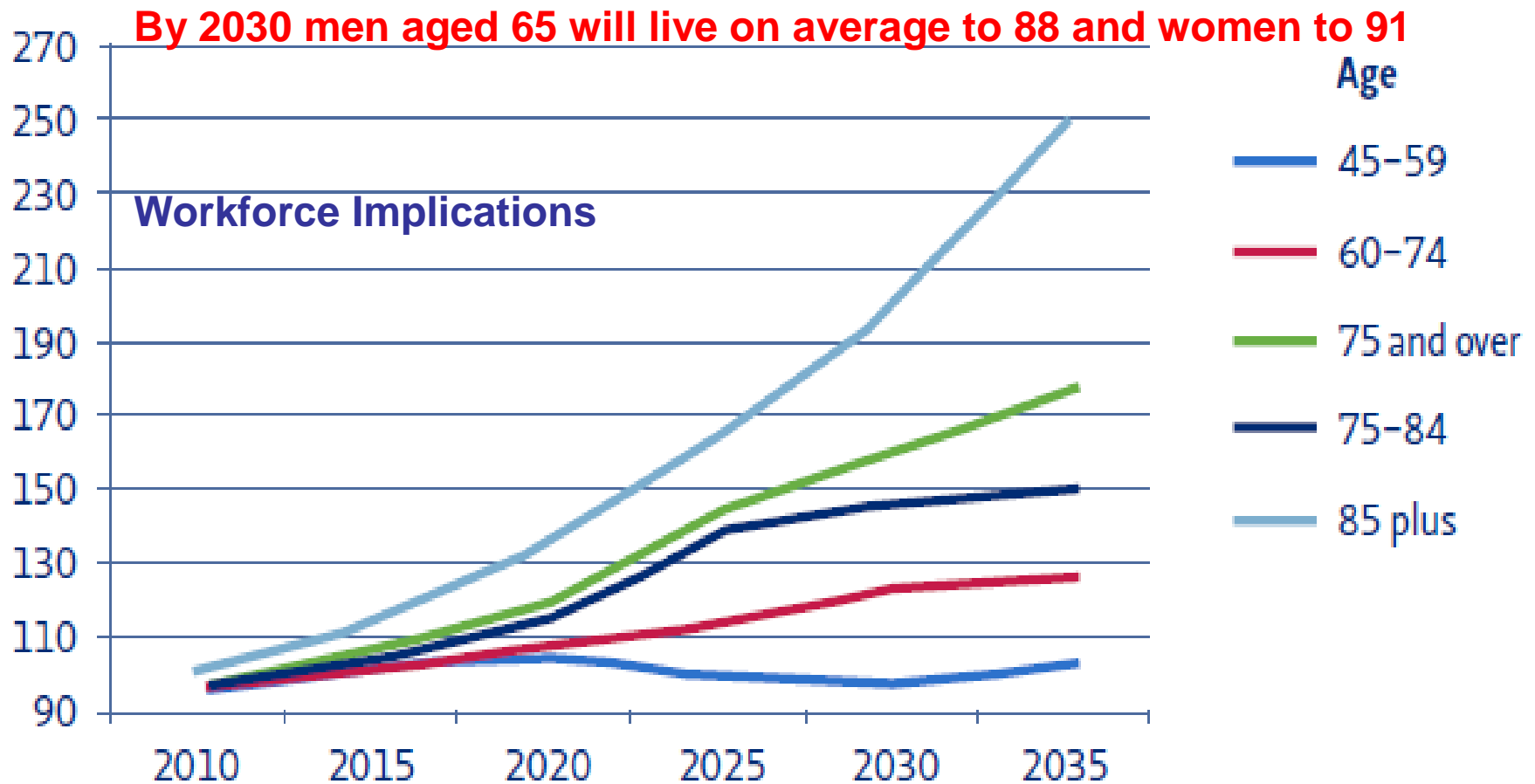
Modern Hospital Case mix

Interaction of Aging, Environment and Disease



- › Family Caregivers also crucial to many
- › Older people suffer most poorly co-ordinated care
- › Multiple care transitions poor communication & information-sharing
- › Potential benefits from integration

Figure 1. Projected population by age, United Kingdom, 2010-35 (2010 = 100)



Source: Office for National Statistics (Oct 2011) National Population Projections 2010-
Statistical Bulletin.



III: How we have to change

Hospitals not Islands: wider system



Oliver D et al
King's Fund 2014



Interventions outside hospital

- › Patients with complex needs identified, care planning & care co-ordination “anticipatory care”
- › Support for carers
- › End of life care planning and support
- › Rapid access multidisciplinary ambulatory care models
- › Medical support in nursing homes to prevent admission
- › Rapid crisis assessment & multidisciplinary support at home
- › Intermediate care (home or community hospital)
- › “Discharge-to-assess” and community “in-reach”
- › Joint working with ambulance practitioners to prevent conveyance to hospital (e.g. for falls)

NHS Acute Frailty Network 10 principles

1. Establish a mechanism for early identification of people with frailty
2. Put in place a multi-disciplinary response that initiates Comprehensive Geriatric Assessment (CGA) within the first hour
3. Set up a rapid response system for frail older people in urgent care settings
4. Adopt a 'Silver phone' system
5. Adopt clinical professional standards to reduce unnecessary variation
6. Strengthen links with services both inside and outside hospital
7. Put in place appropriate education and training for key staff
8. Develop a measurement mind-set
9. Identify clinical change champions
10. Identify an Executive sponsor and underpin with a robust project management structure



To explore the “conventional” evidence further.....

Age and Ageing 2015; **44**: 724–725
doi: 10.1093/ageing/afw104
Published electronically 10 August 2015

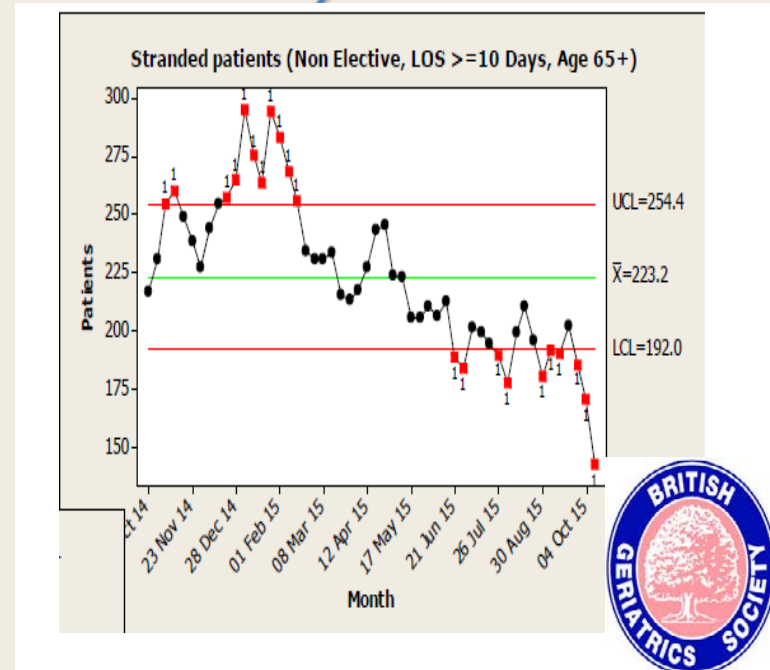
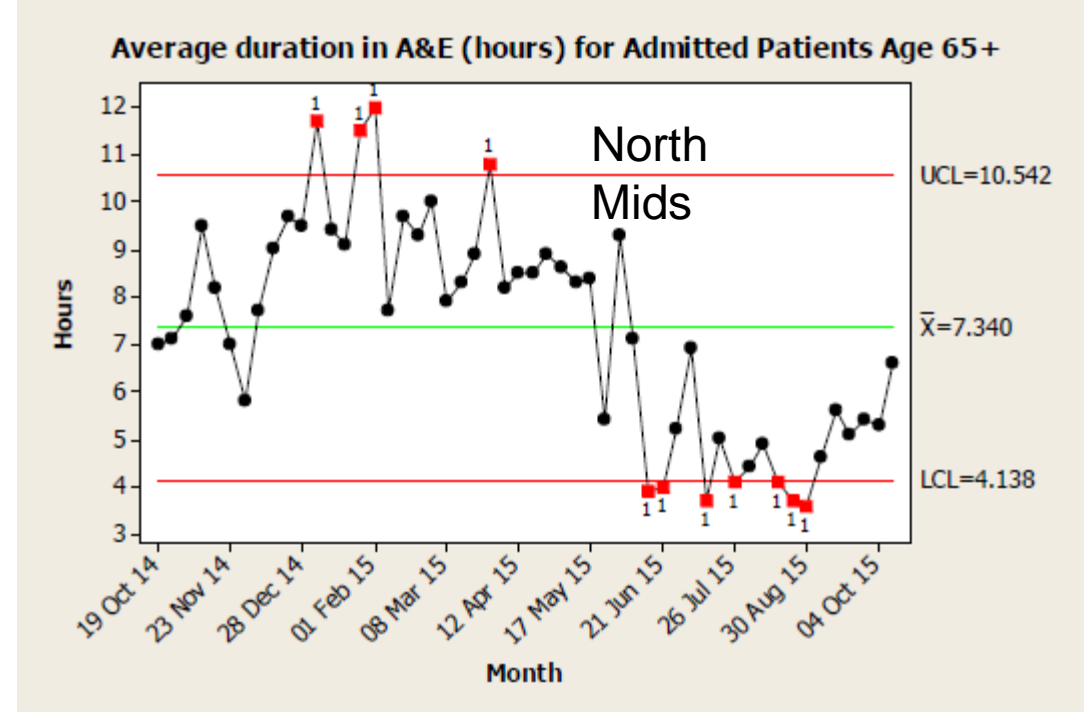
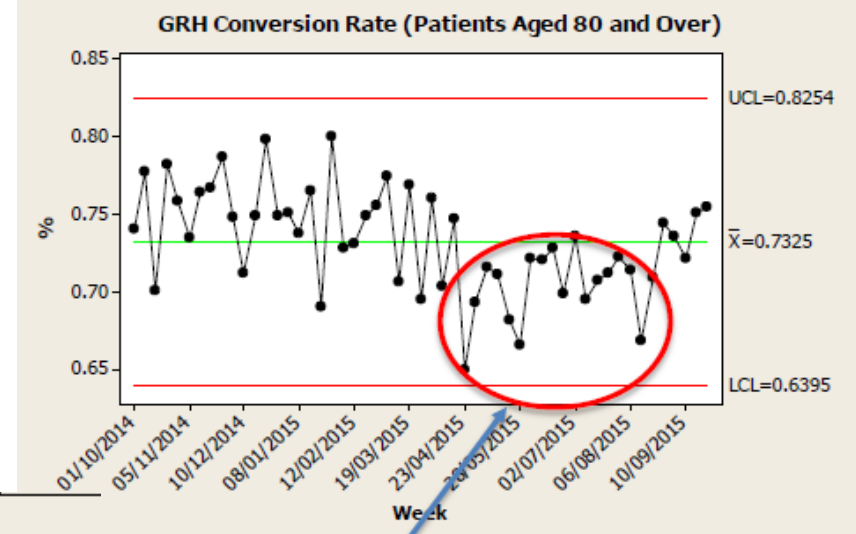
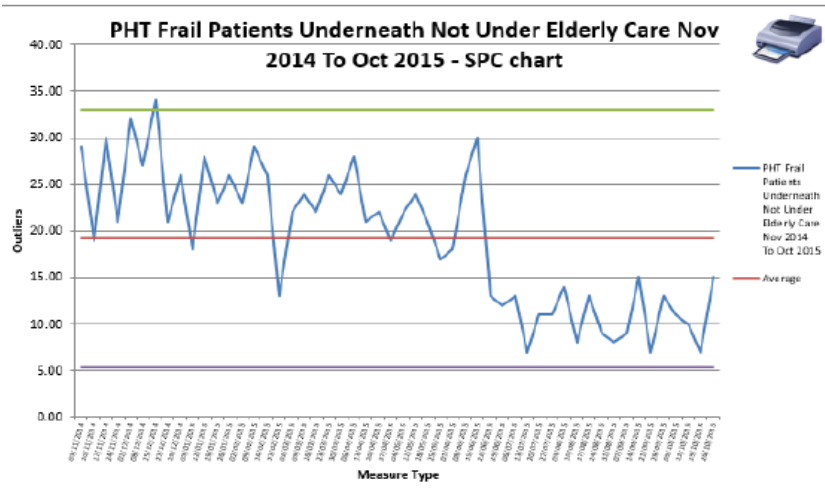
© The Author 2015. Published by Oxford University Press on behalf of the British Geriatrics Society.
All rights reserved. For Permissions, please email: journals.permissions@oup.com

EDITORIALS

Emergency care for frail older people—urgent
AND important—but what works?

The screenshot shows a web browser displaying the article page for 'New horizons: urgent care for older people with frailty' in the journal 'Age and Ageing'. The page includes the journal title, volume and issue information (Volume 45, Issue 5, September 2016), the authors (Simon P. Conroy and Sarah Turpin), and the abstract text. The abstract discusses the need for holistic care models for frail older people with urgent care needs. The page also features a navigation menu with options like 'Issues', 'More Content', 'Publish', 'Purchase', 'Advertise', and 'About', along with a search bar and social media sharing options.

QI Approaches in action (Frailty Network/RCP Future Hospital)





HOSPITAL AUTHORITY
STRATEGIC SERVICE FRAMEWORK
for **ELDERLY PATIENTS**

- 1 Develop multi-disciplinary integrated elderly services across the continuum of HA care.
- 2 Promote patient-centred care and engage patients and their carers as active partners in their healthcare.
- 3 Greater collaboration with partners involved in elderly care outside of HA.
- 4 Enhance HA workforce capacity and engage staff.
- 5 Develop quality, outcomes-driven HA elderly services.

Thankyou. And questions/comments?

D.oliver@kingsfund.org.uk

David.Oliver@rcplondon.ac.uk

[@mancunianmedic](https://twitter.com/mancunianmedic) 



The King's Fund

Ideas that change
health care

