3rd National Frailty Conference

Martin Vernon

NCD Older People, NHS England

28-09-17

My (borrowed) ambition..

'Everybody should know what to do next when presented with a person living with frailty and/or cognitive disorder'

Jane Youde, Derby, 2016

NHS England

Population 2015-2025: Age 65 and over

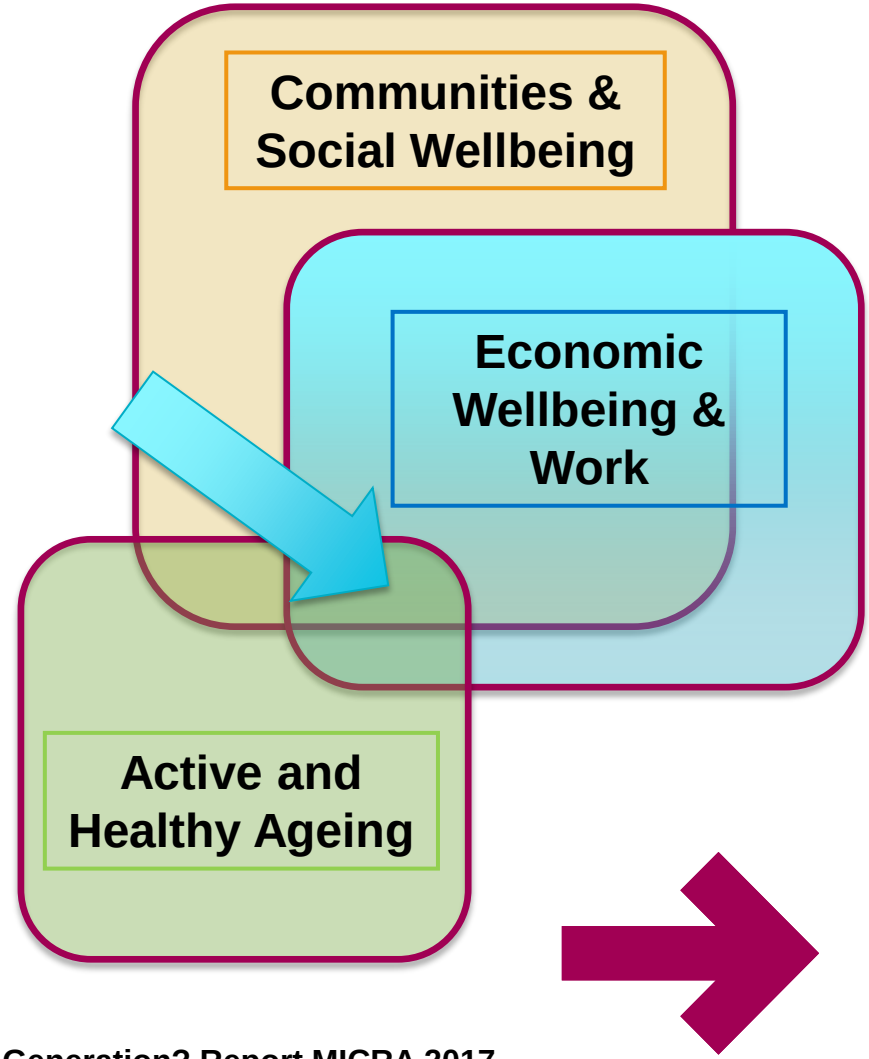
- **Number of people will increase by 19·4%**: from 10·4M to 12·4M
- **Number with disability will increase by 25·0%:** from 2·25M to 2·81M
- Prevalence of disability will remain constant: 21%
- **Total life expectancy at 65 will increase by 1·7 yrs** (to 21·8 yrs)
- **Disability-free life expectancy at 65 increase by 1 yr** (to 16·4 yrs)
- **Life expectancy with disability** will **increase more in relative terms**
- ~15% increase DLE from 4·7 years (2015) to 5·4 years (2025)

Forecasted trends in disability and life expectancy in England and Wales up to 2025: a modelling study: *Guzman-Castillo et al, Lancet Public Health 2017*

NHS England

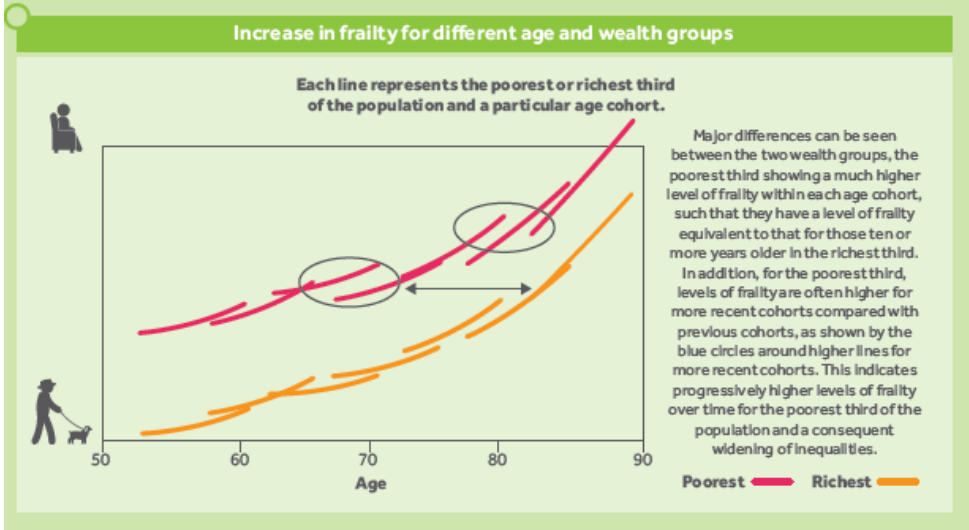
Wellbeing and Inequalities in Later Life

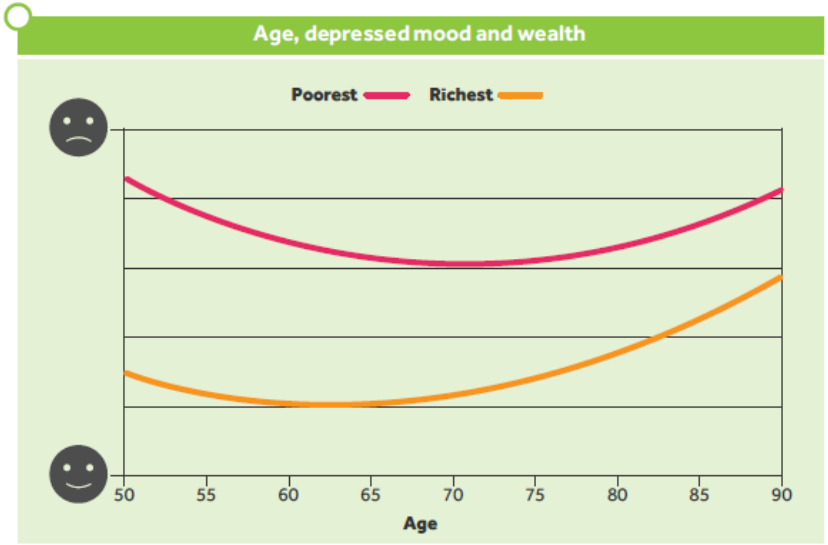
- **Growing socio-economic inequalities**
- **Mechanisms**:
  - Economic wellbeing
  - Quality of work
  - Retirement processes
  - Engagement in productive activity in later life
  - Social and cultural engagement
- **Negative outcomes**:
  - Biological
  - Physiological
  - Psychological
- **Policy responses**
  - Must address social, economic, health inequalities



Golden Generation? Report MICRA 2017

Wealth impacts on frailty & wellbeing





Golden Generation? Report MICRA 2017

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5YFV: Next Steps Priorities

'Health and high quality care –now and for future generations'

- **Urgent and emergency care 24/7**: **Admitting** sicker patients & **discharging** home promptly
- Next 2 years hospitals to free up 2-3K beds through **close community services working**
- **Recruiting** over next 2 years: 3250 more GPs;1300 clinical pharmacists;1500 MH therapists: **IAPT**
- **Cancer**: will affect 1 in 3 in lifetime: survival at record high (LTC)
- **Mental health**: extra 280K **physical health checks** by 2018/19 for people with SMI
- **Older people**: Help older people and those with frailty **stay healthy and independent.**
- **Integration**: GP, community health, MH & hospitals: **Accountable Care Systems**
- **Workforce development** & continue drive to **improve safety**
- **Technology & innovation**: enable patients to take greater role in **self care**

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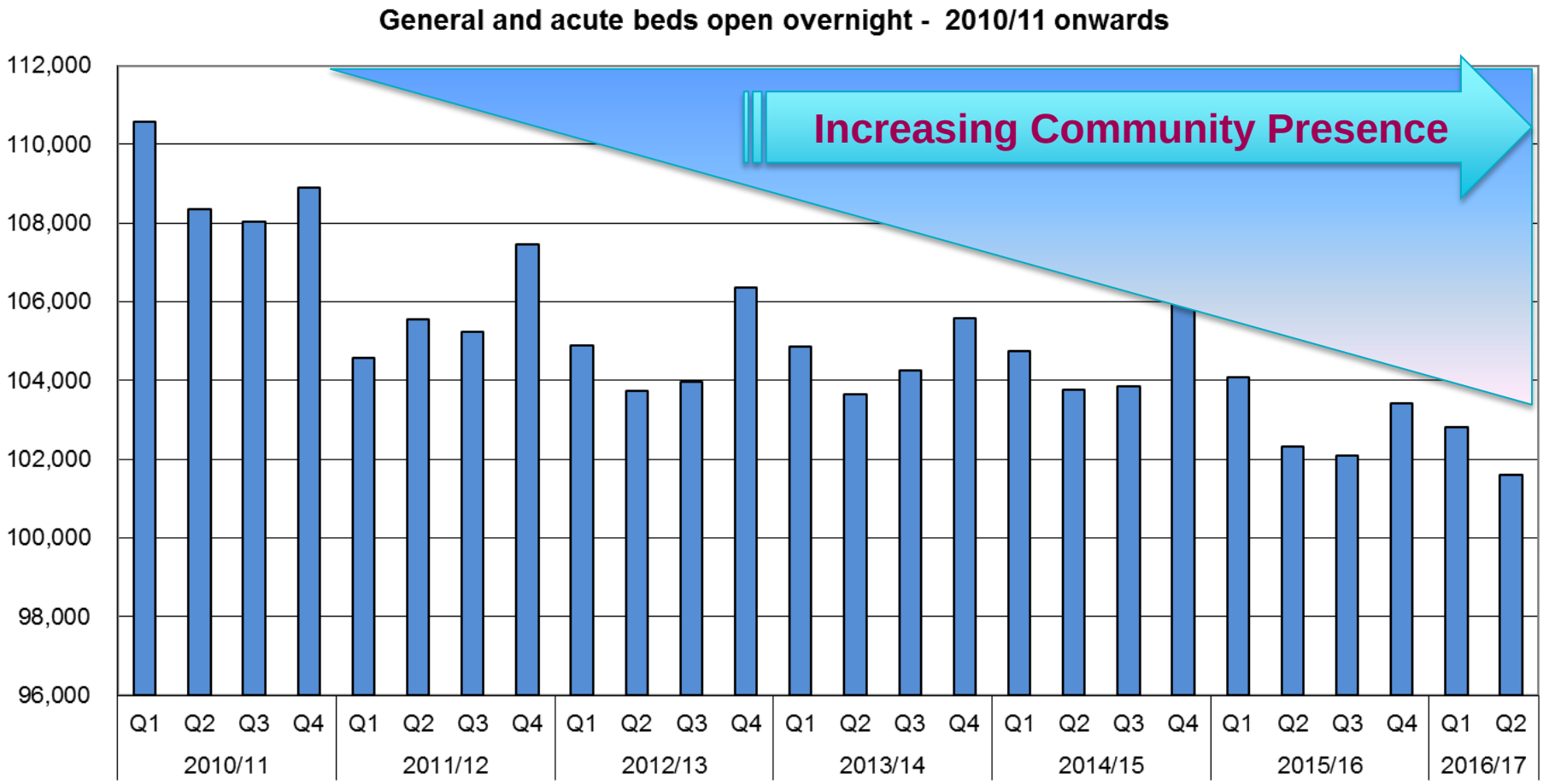
Acute bed numbers



8% reduction in general and acute beds since 2010: NHSB 2017

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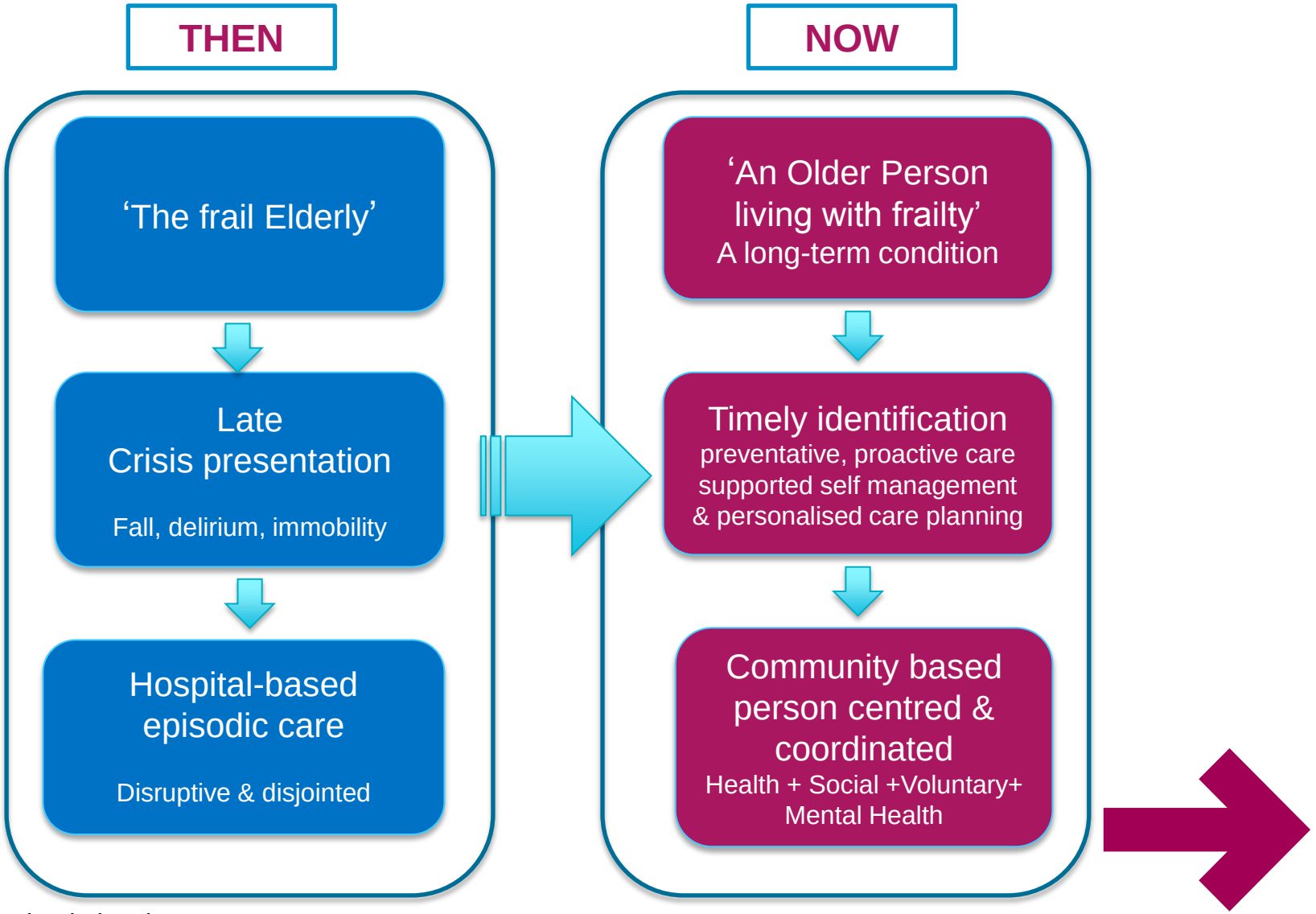
Paradigm shift



Spend on older people's services

Finance data was collected for each step in the pathway:

- **Admissions avoidance** in A&E – 1% of spend
- **Assessment units** – 24% of spend

CGA

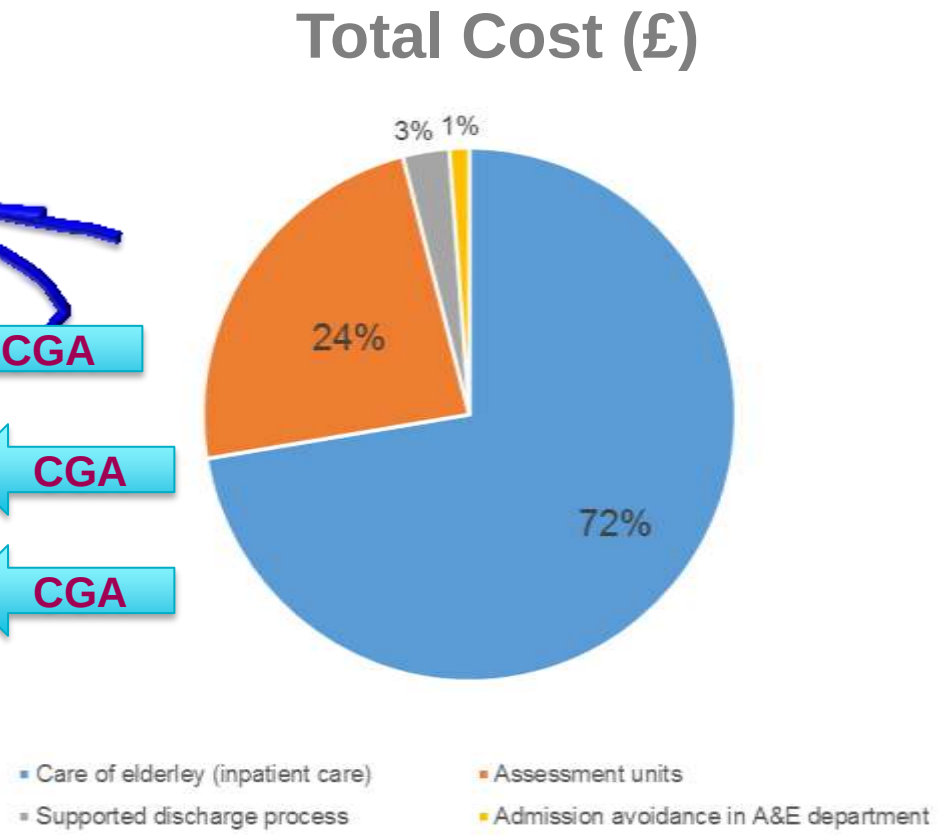
- **Care of older people inpatient** wards – 72% of spend

CGA

- **Supported discharge** process – 3% of spend

CGA

- Bank and agency spend - across all care of older people teams is 14.2% of pay costs



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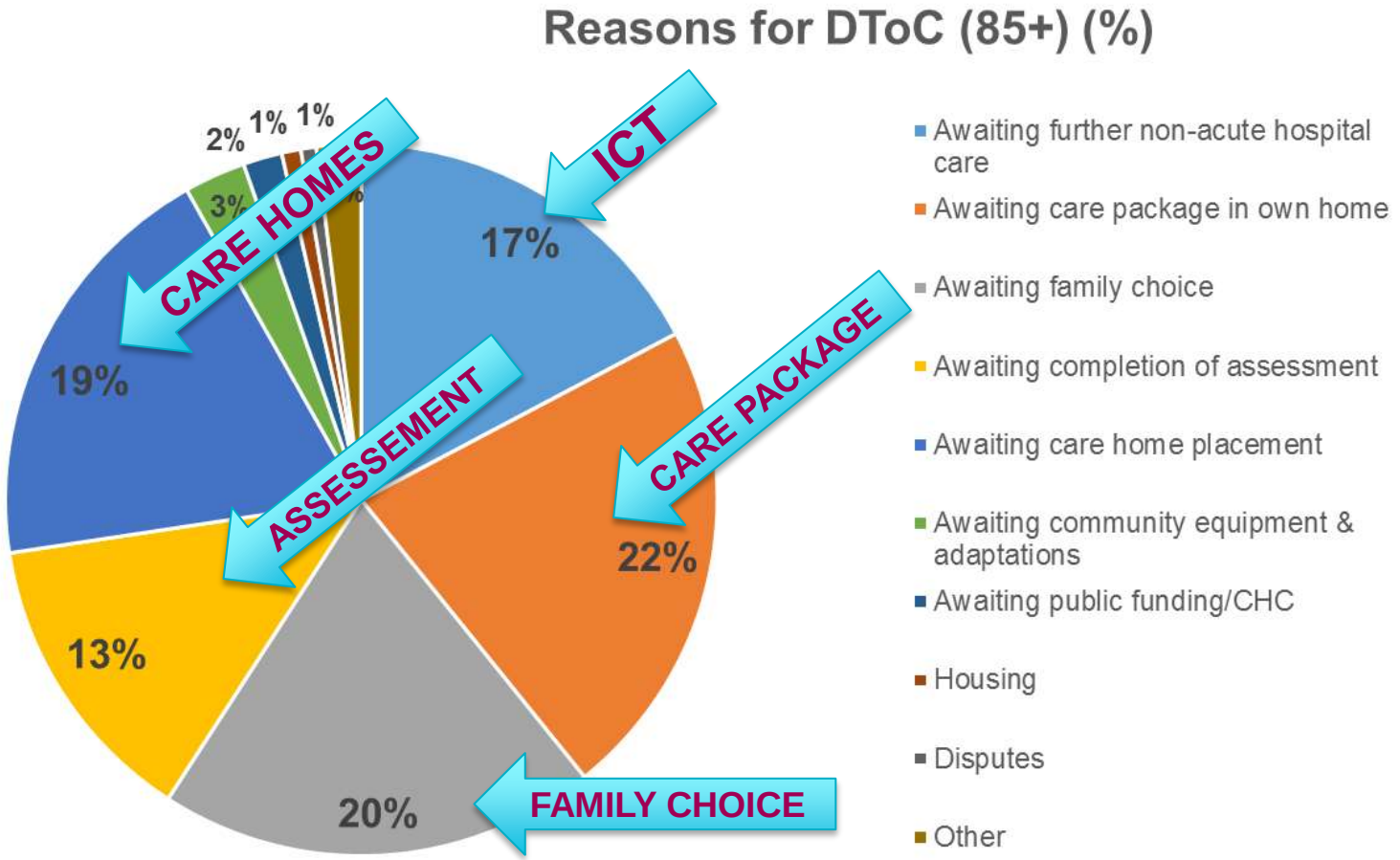
Myth busting DToC



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Maintaining flow: national priorities

Six Principles

- ❑ Flow is a team sport: health & social care
- ❑ Needs focus from the top: clinical and managerial leadership
- ❑ It's a 7 days a week
- ❑ Its about case mix: use analytical tools to assess acuity and demand
- ❑ It requires patient input: review pathways regularly to identify blocks
- ❑ Keep it going at times of pressure: use tried and tested escalation

Routine systematic frailty identification

- Routine frailty identification in **primary care** has 2 potential merits:

1. **Population risk stratification**
2. **Targeted individualised interventions for optimal outcomes**

- Routine frailty identification **across the system** has utility for

1. **Development of a new frailty currency**
2. **Optimal system design and delivery for optimal outcomes**

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GMS GP Contract 2017/18

- Practices will use an appropriate tool e.g. Electronic Frailty Index (eFI) to identify **patients aged 65 and over who are living with moderate and severe frailty**

- For patients identified as living with **severe frailty**, practice will deliver a **clinical review** providing an **annual medication review** and where clinically appropriate **discuss whether the patient has fallen** in the last 12/12

- Where a patient does not already have a Summary Care Record (SCR) the practice will **promote this seeking informed patient consent to activate the SCR**

- Practices will **code clinical interventions** for this group

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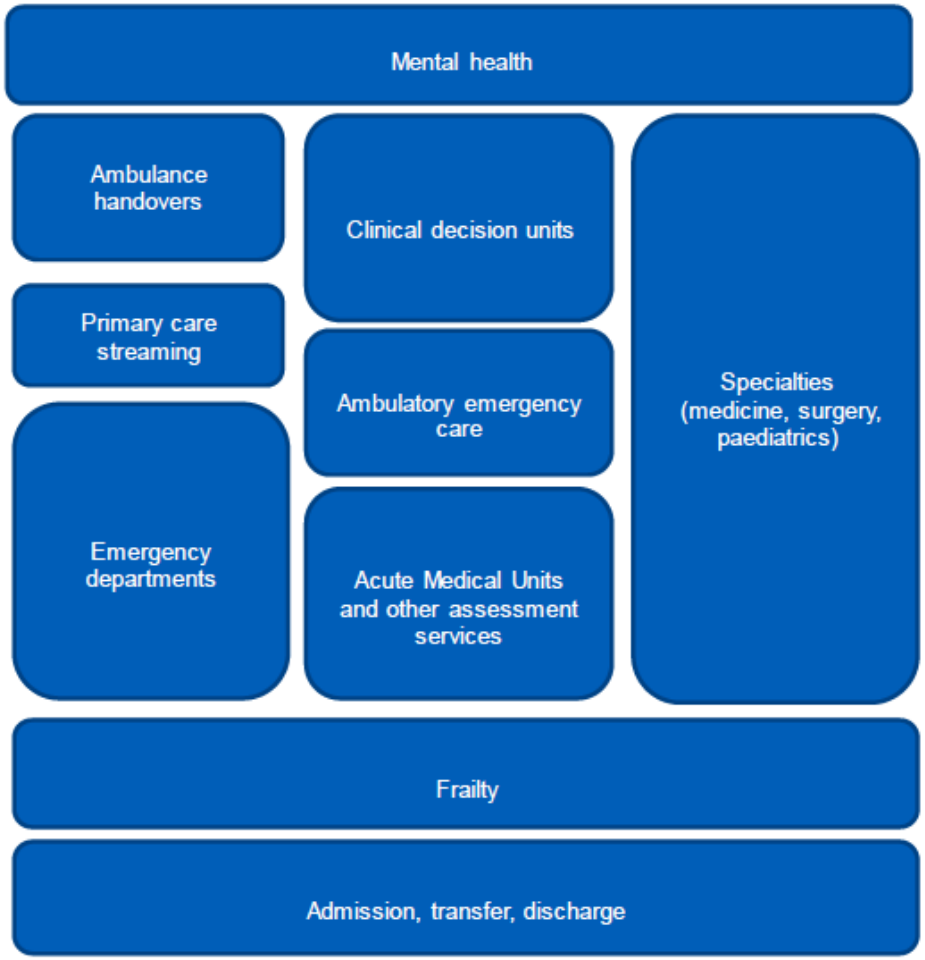
10 key areas for acute care focus



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What we're doing nationally

- **Promotion of electronic frailty index** and GMS Contract 2017/18
- **Economic modelling** of impact of frailty
- **Rightcare LTC** Commissioning for Value (Frailty and Multi-morbidity)
- **Tailored Care for multi-morbidity and frailty**
- **Community Services:** Care homes, Intermediate Care, Falls, Pharmacy
- **Research:** NIHR, AHSNs; trajectories, economics, wider determinants
- **Hospital to Home** (Urgent and Emergency Care Programme Board)

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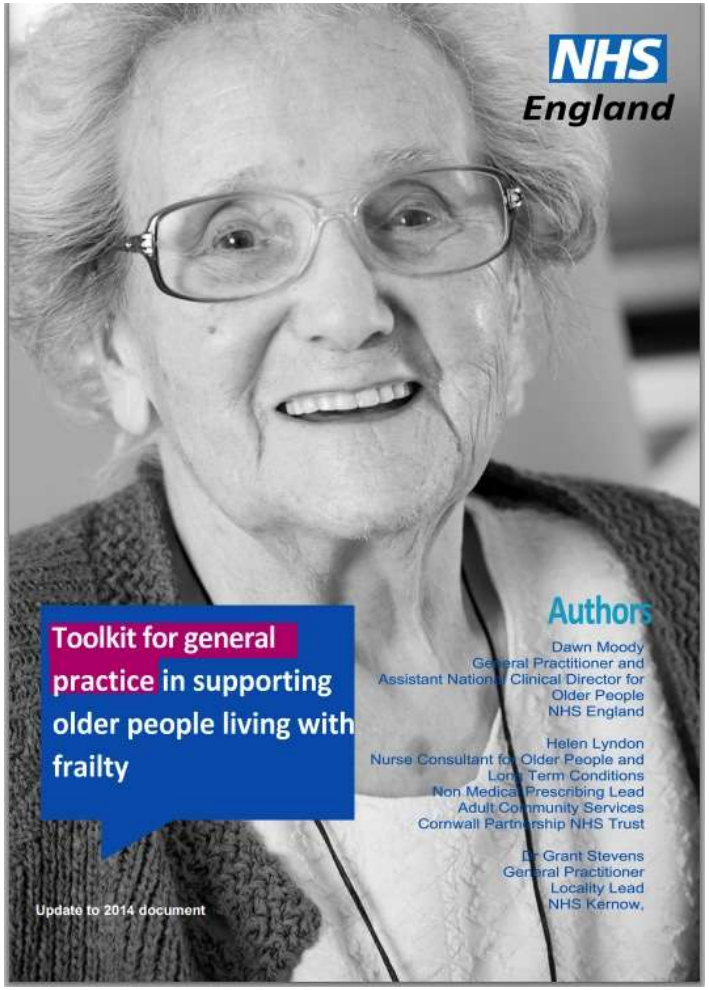
What next: National Frailty Standards?

- *Identify and measure frailty at the front door using an evidence based tool*
- *Provide a MDT competent to deliver holistic assessment and care (via CGA)*
- *Embed frailty care in ED, AEC, CDU, AMU and on speciality wards*
- *Involve people living with frailty actively in their care through shared decision making*
- *Hospitals should know what happens to people with frailty who leave their service*



More information

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