

# Proactive Ageing Well screening in Lambeth: lessons learnt

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## Background

- The Aging Well strategy in the NHS long term plan & Fuller stocktake report directs towards proactive care in the community<sup>1,2</sup>.
- A multi-disciplinary approach to holistic individual care planning is necessary to support frailty, reduce frailty risk/progression and to support residents to age well.

## Method

- The MSK physiotherapy department at GSTT hosted a "community day" at a local venue in the most deprived area of Lambeth.
- Residents (all ages) on the MSK physiotherapy waiting list were invited for café-style assessments, complemented by stalls offering financial advice, wellbeing support, Ageing Well, amongst others.
- 2 clinicians (Consultant Geriatrician & Geriatric SPR) completed frailty screening using a 1-page screening tool (Figure 1) with follow on assessment/interventions at the stall table.
- There was no private area to assess residents, but some examination was possible e.g. observation of gait and balance such as Romberg's, single leg stand and heel-toe walk.
- A care plan was developed with the resident and community follow up interventions arranged as needed e.g. continence care, pelvic physiotherapy, occupational therapy, medication review and general frailty/falls advice including local strength and balance classes.
- Leaflets were available for a number of different holistic need domains e.g. falls, continence etc.
- Outcome measures: accessibility was assessed by review of the attendees age, ethnicity, and digital literacy. Feasibility of screening and clinical assessments in open café style setting was evaluated. Acceptability was measured through participation, whilst appropriateness was determined by clinical metrics (e.g. prevalence of frailty needs, number of interventions arranged).

## Results:

### Attendance:

- 137 patients accepted the invitation, 19% (26) were age 65+ and half of which were age 65-70.
- Of those age 65+ who did attend, most booked time slots between 10am-2pm, 14 residents were reviewed by the ageing well team.
- Most were introduced from PT following their initial MSK assessment.

### Demographics (summarised in Table 1):

- There were a significant number of ethnic minority groups (72%) and women in attendance.
- Frailty was evident in those younger than 65 years old.
- 43% were digitally excluded. 43% had an ED attendance in the last year, only 1 was known to social services.

### Resident needs:

The holistic needs tool (Figure 1) identified significant needs, summarised in table 2. A number of interventions were needed to address the identified needs, table 3.

**Falls & bone health:** Common reasons for falls were MSK in nature including joint instability, trips, dizziness, peripheral neuropathy & balance issues.

All 7 residents who reported near misses were signposted to strength & balance classes. Of those who did not fall, a further 28% required strength and balance classes for falls prevention. This accounts for almost 2/3 of those attending Ageing Well stall needing intervention.

**Memory & mood:** 36% (5/14) had significant memory changes to warrant further investigation, 2/3 accepted onward referral to memory services.

**Bladder symptoms:** Half of residents seen had bladder symptoms, including stress, urge and nocturia.

**Mental health concerns:** 67% (6/9) accepted mental health support/advice.

## Patient stories:

**Patient stories: Proactive care for younger mildly frail comorbid residents**

57-year-old Bengali lady: mildly frailty (CFS 5), unable to speak English,

- Multiple long term conditions (T2DM on insulin with end organ damage, asthma, GI ulcers, IHD, obesity with gastric bypass 2009)
  - multiple specialists (cardio, resp, bariatrics, diabetes, ophthalmic, dieticians, podiatry, surgery)
  - multiple attendance to ED due to comorbidities
- multiple interaction with many specialist teams in secondary care
- frequent attendance at GP

*Ageing Well assessment identified:* poorly controlled type 2 diabetes, falls, strength/balance instability, chronic pain and constipation. The root cause to her difficulties was obesity. Required support with personal care and medication management by her family. Her mental health was deteriorating and contributing to chronic pain. Interventions provided: liaising with specialists, bone health assessment, Medication review, falls strength and balance classes, falls prevention information, dietary and foot health advice,



**Patient stories: Proactive care for wider needs of mildly frail independent older people**

80-year-old mildly frail lady (CFS of 5) from St Lucia. She was partially digitally excluded with only access to a phone.

*Ageing Well assessment:* shoulder pain, near-miss falls (unsteady when cooking due to standing fatigue), incontinence with night time urinary frequency, concerns with finances and loneliness. 10 interventions provided: referred for a perching stool for cooking, signposted to Age UK for help with domestics and activities, advised pelvic floor exercises and signposted to women's health stall for reinforcement of techniques, referred to the continence clinic for ongoing symptom follow up, advised over the counter vitamin D, screened for bone health needs, signposted to diabetes eye and foot checks, signposted to benefits stall for financial review.

## Aims:

- To pilot proactive frailty screening at a community musculoskeletal (MSK) event.
- Reflect on these lessons to inform wider Ageing Well system transformation in Lambeth.
- To provide personalised care for people with musculoskeletal conditions, focusing on their priorities while empowering choice and leveraging community resources.

**Age Well: Live longer better**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 NHS number: \_\_\_\_\_

**Physical wellbeing & general health**

In the last 12 months...

- Would you say your general health has been: Excellent  Very good  Good  Fair  Poor
- Have you had been to A&E or been admitted to hospital? Yes  No
- Have you lost weight, noticed that your clothes are loose or been eating less? Yes  No
- Have you been troubled by fatigue that limits your normal activities? Yes  No
- Do you get regular pain that limits your activities? Yes  No
- Have you had any falls, unsteadiness or near misses? Or worry you might fall? Yes  No
- Have you had urinary urgency or any leakage when you haven't made it to the toilet in time? Yes  No
- Have you had regular difficulty with your bowels such as constipation, diarrhoea or leakage? Yes  No

**Healthy mind**

In the last 12 months...

- Have you noticed any problems with your memory or had episodes of feeling confused? Yes  No
- Have you often felt bothered by feeling down, hopeless or depressed? Yes  No
- Have you often felt bothered by little interest or pleasure in doing things? Yes  No
- Have you often felt lonely or isolated from others? Yes  No
- Would you like to get out more to meet people, do activities, exercise or to make friends? Yes  No

**Keeping independent**

14. Are you currently finding any of the following difficult?

Standing from sitting <input type="checkbox"/>	Using the toilet <input type="checkbox"/>	Showering, dressing or washing <input type="checkbox"/>
Food shopping <input type="checkbox"/>	Cooking <input type="checkbox"/>	Benefits or money management <input type="checkbox"/>
Public transport <input type="checkbox"/>	Walking outdoors <input type="checkbox"/>	Walking indoors <input type="checkbox"/>

- Do you live on your own? Yes  No
- Do you have any worries about your housing or home environment? Yes  No
- Do you ever have difficulty managing your medication and medical appointments? Yes  No
- Do you have difficulties with your finances? Yes  No
- Would you like any help managing your eyesight, hearing or foot care (e.g. toe nails)? Yes  No
- Do you have any help at home from friends, family and/or carers? Yes  No
- Are you a care giver for someone who depends on you? Yes  No
- Do you have any concerns about the future you would like to discuss with us? Yes  No
- Are you comfortable using digital technology? [tick all you use] mobile phone  Email  Internet

Do you have any comments about your answers or is there anything else you are worried about?

Figure 1: Ageing well screening questionnaire

Characteristics	
Age (years)	67 (57-80)
Mean comorbidities	4 (2-5)
CFS (mean)	4 (3-5)
Lived alone	36%
Ethnic minority background	72%
Digitally excluded (no phone or internet)	43%

Table 1: Demographics of residents reviewed by Ageing Well stall.

Area of concern identified with screening tool	%	Interventions	%
<b>Pain</b>	93%	<b>Physiotherapy, functional &amp; social needs</b>	
<b>Fatigue</b>	64%	MSK PT review	100%
<b>Mood / mental health concerns</b>	64%	Referrals for equipment	21%
<b>Falls</b>	50%	Communication with housing	14%
<b>Medication difficulties</b>	50%	Signposting to finance stall	43%
<b>Bladder / incontinence</b>	50%	<b>Falls &amp; bone health</b>	
<b>Poor/fair general health</b>	43%	Falls: Strength & balance classes	64%
<b>Memory concerns</b>	36%	Falls prevention information	50%
<b>Loneliness</b>	29%	Foot health/podiatry	21%
<b>Housing difficulties</b>	29%	Vitamin D advice	100%
<b>Eyes, hearing or feet</b>	29%	DEXA request	21%
<b>Finance difficulties</b>	43%	<b>Medication management</b>	
<b>Bowels difficulty</b>	14%	Full medication review	100%
<b>Nutrition/weight loss</b>	14%	Medication explanation needed	43%
<b>Functional difficulties</b>		Compliance difficulties communicated to GP	14%
Difficulty with ADLs	57%	<b>Memory &amp; mood</b>	
Difficulty with iADLs	29%	In-depth memory review arranged	21%
Help with personal care	21%	Signposting to Mind stall	43%
Mobility aid	36%	<b>Loneliness interventions</b>	
<b>Care at home</b>		Signposting Age UK including befriending	21%
Formal care	0%	Signposting to the Health & Wellbeing stall	29%
Informal care (friends/family)	43%	Social prescriber referral	7%
		<b>Bladder &amp; bowel management</b>	
		Pelvic floor exercise information & advice	50%
		Signposting to pelvic floor exercise	50%
		Fluids that affect bladder info/advice	50%
		Contenance service	14%
		Advise for referral to continence if not improved with initial management provided	14%
		Advice on laxatives and lifestyle for bowels	14%
		<b>Symptom control</b>	
		Fatigue management	64%
		Pain Medication review	43%
		Obesity weight loss advice/signposting	14%

Table 3: Outcomes generated following identification of needs.

## Key lessons learnt:

### INT design:

- Continence skillset across MDT with information available at first contact.
- Falls skillset and community resources maps.
- Easily accessible strength & balance outside healthcare setting.
- Ability to coordinate care in the community with secondary care advice when needed

### Younger comorbid patients have frailty needs:

- Long term condition contribute to frailty needs in a younger population within deprived areas.
- Mild and moderate frailty risk identified in 57+ age group at this event.

### Common MDT interventions needed:

- Pharmacy – aid compliance, understanding of medication and rationalise medications.
- Financial advice – high need for information.
  - Housing needs were common.
  - Incontinence advice.
- Fatigue and pain management
- Mental health and alcohol advice.

### Better self care information needed:

- Weight loss advice
- Strength & balance: resident facing education as standard.
- Mental health self-management education.
- Future planning for independent living information available.
- Minor equipment information.

1) Aging well strategy: (2019) NHS Long Term Plan » Ageing well  
 2) Fuller Stocktake report (2022) Microsoft Word - FINAL 003 250522 - Fuller report[46].docx (england.nhs.uk)