Developing a Clinical Frailty Scale Patient-Led Scoring Toolkit at Royal Surrey Foundation Trust

Dr L Newton; Dr E Hadley; Dr H Wilson; Dr L Mazin; Mrs S Bailey
Department of Ageing and Health
Royal Surrey County Hospital NHS
NHS Foundation Trust

Background

- It is advised that those referred for elective hip or knee surgery with a frailty score of >5 should be referred to a Perioperative Care of the Older People Undergoing Surgery (POPS) clinic for assessment. [1]
- As such the **accuracy of Clinical Frailty Scale (CFS) score is essential**.
- Following the launch of a trial POPS clinic at Royal Surrey Foundation Trust, we compared referral letter CFS scores with those documented by frailty-trained professionals. 75% of referrals lacked a CFS score, 12.5% differed, and 12.5% matched.
- To improve scoring accuracy and support appropriate referrals, we developed a **CFS Scoring Toolkit** using a **patient-led questionnaire** and an accompanying scoring system **to generate CFS scores without specialist input**.

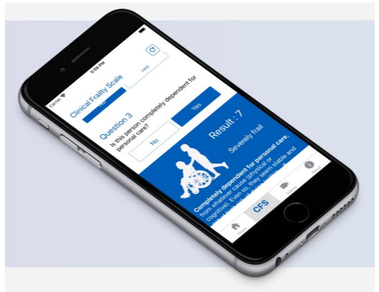

Figure 4,5, & 6: NHS Elect CFS App plus QR Code[3]

Method

The **patient led questionnaire** was based on Rockwood Clinical Frailty Scale[2] and supported by NHS Elect Frailty application (app)[3].

It was piloted in two outpatient settings: Frailty Same Day Emergency Care (FSDEC) and a proactive Comprehensive Geriatric Assessment (CGA) clinic.

Over one month, **54 questionnaires** were completed and analysed, comparing patient generated CFS scores with those in the clinical notes and those derived using NHS Elect app.

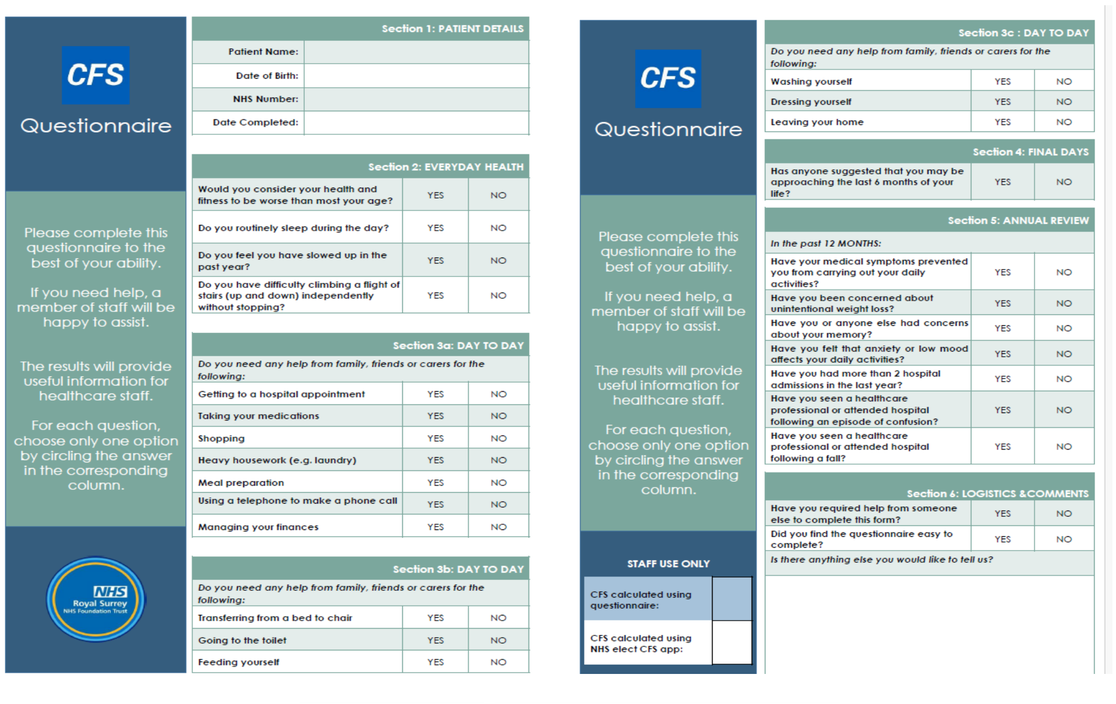

Fig 1:-3 CFS Scoring Toolkit (Version 1)

Results

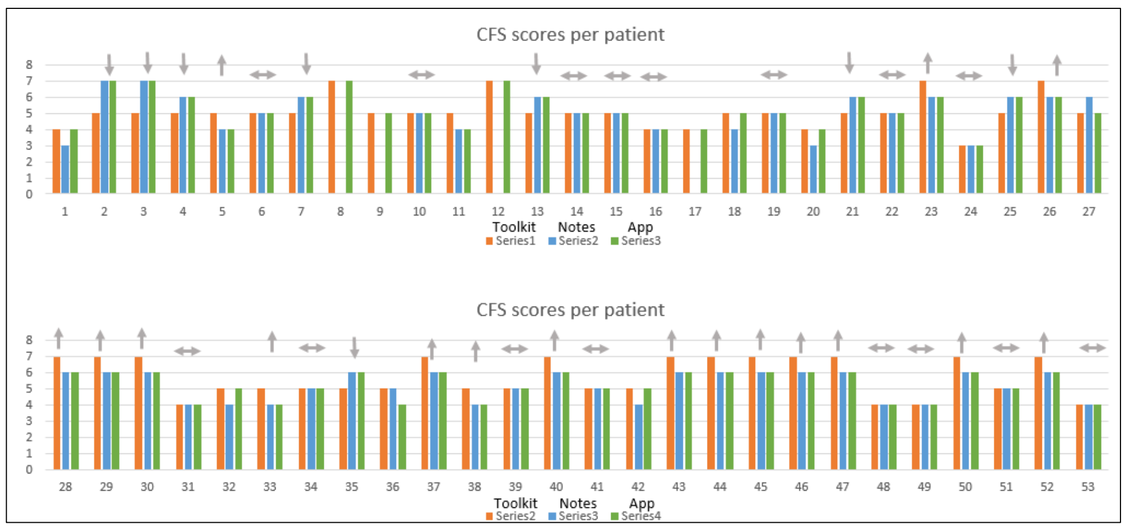

Figure 7: CFS scores per patient

- We had no CFS scores of < 4 in the trial cohort.
- There was **variation in CFS scores** between the toolkit, clinical notes, and the NHS Elect app with **Scores matching across all three sources in 30% of cases (CFS 3–5).**
- This was mostly between moderate and severe frailty and **in no case would a patient have been deemed not suitable for POPS based on patient questionnaire.**
- The toolkit failed to identify any **CFS 6** scores suggesting that it was not accurate enough in this area.
- There is concern that the App may over score frailty as users tick yes too early before reading subsequent options.
- **72% found the questionnaire user-friendly**; 63% needed help.
- There was lots of positive feedback and comments regarding the nursing/HCA staff and their support in FSDEC/CGA clinic left on the forms.
- **93% of patients were identified as likely to benefit from a CGA review from 'Section 5: annual review.'**

Conclusions

Patients and staff were supportive of a patient led questionnaire to record CFS.

This was shown to be possible in all patients with 63% needing help from a relative or occasionally a member of staff.

Full concordance was not achieved, though the toolkit aligned more closely with the NHS Elect app CFS.

The toolkit is undergoing refinement and will be re-evaluated in the same settings.

Next Steps

- Adapt the CFS questionnaire to improve differentiating between CFS 5,6 and 7.
- Further trial of version 2 of the questionnaire in FSDEC and Geriatric Clinic to ensure we get an accurate range of CFS 5 to 7
- Trial of patient questionnaire in outpatient setting which includes patients without frailty eg orthopaedic clinic and oncology clinic to ensure accuracy in lower CFS scores.
- If repeat analysis shows high degree of accuracy between CFS generated from toolkit, clinician, and NHS Elect CFS app then expand trial into other areas within the trust eg Emergency Department.

References

1. Centre for Perioperative Care. Guideline for Perioperative Care for People Living with Frailty Undergoing Elective and Emergency Surgery: CPOC; 2021. Available from: CPOC-BGS-Frailty-Guideline-2021.pdf
2. Rockwood K, Song X, MacKnight C, Bergman H, Hogan DB, McDowell I, Mitnitski A. A global clinical measure of fitness and frailty in elderly people. CMAJ. 2005;173(5):489-495.
3. Clinical Frailty Scale (CFS) on the App Store

P&G890.15