

# Integrated Community Frailty Project

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# Objectives

- Frailty
  - Electronic Frailty Index
  - Frailty Scoring
  - GP Contract
- Current models
- Projects
- Comparison between projects
- Challenges and opportunities
- Future directions for Interface Geriatrics

# Frailty

- A condition in which multiple body systems gradually lose their built-in reserves.

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# Community Frailty Identification

- EFI (Electronic Frailty Index)
  - Population level risk stratification
  - Made up of 36 areas from over 2000 read codes which make up 'deficits'

Description	EFI Score
Fit	0 - 0.12
Mild Frailty	0.13 – 0.24
Moderate Frailty	0.25 – 0.36
Severe Frailty	>0.36

Activity limitation	Heart failure	Peripheral vascular disease
Anaemia & haematinic deficiency	Heart valve disease	Polypharmacy
Arthritis	Housebound	Requirement for care
Atrial fibrillation	Hypertension	Respiratory disease
Cerebrovascular disease	Hypotension/syncope	Skin ulcer
Chronic kidney disease	Ischaemic heart disease	Sleep disturbance
Diabetes	Memory & cognitive problems	Social vulnerability
Dizziness	Mobility and transfer problems	Thyroid disease
Dyspnoea	Osteoporosis	Urinary incontinence
Falls	Parkinsonism & tremor	Urinary system disease
Foot problems	Peptic ulcer	Visual impairment
Fragility fracture		Weight loss & anorexia
Hearing impairment		

What does this mean in practice?

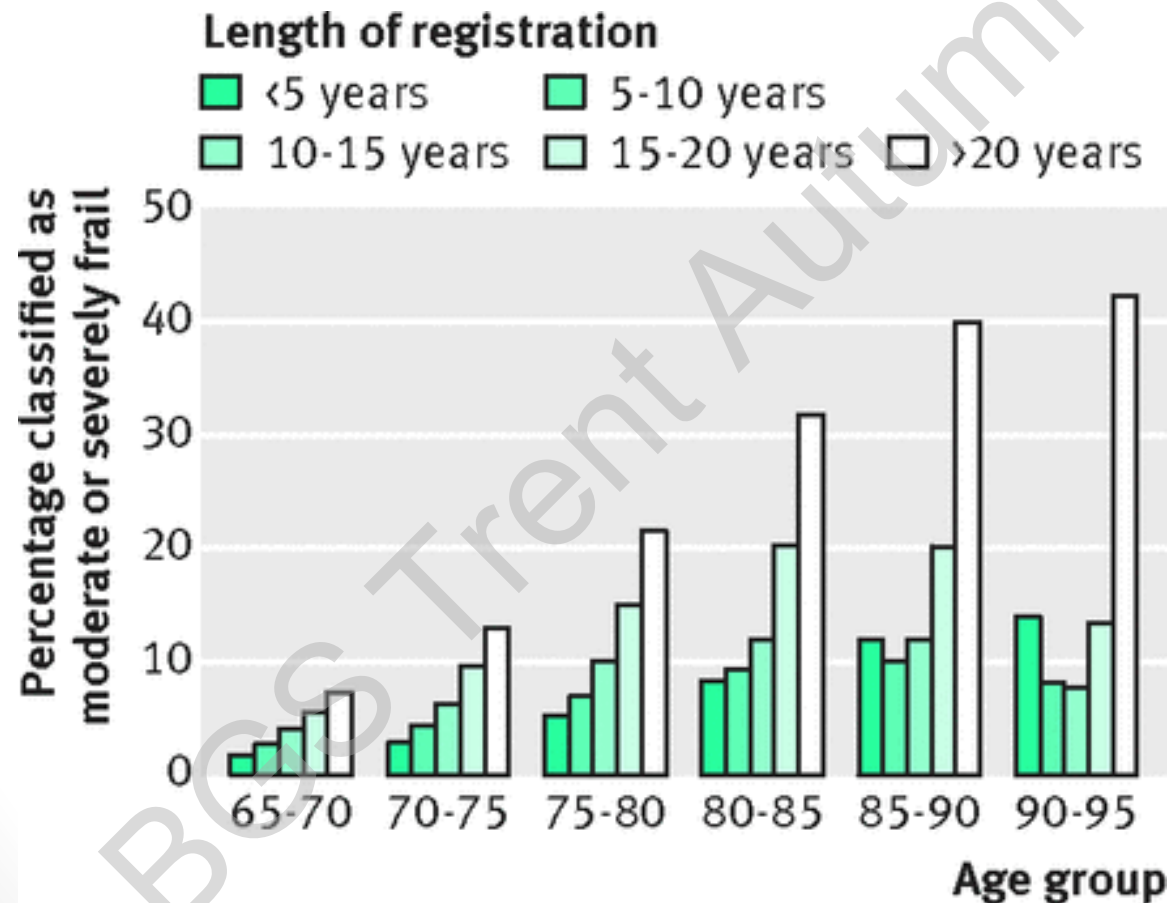
# EFI Frailty Prevalence rates

- Frailty categories and prevalence rates in 964 486 people aged 65 to 95 on 1 January 2015, from analysis of the Clinical Practice Research Datalink

Frailty category	eFI score range	Prevalence	
		n	%
Fit	0-0.12	591 527	61.3
Mild	>0.12-0.24	248 986	25.8
Moderate	>0.24-0.36	98 096	10.2
Severe	>0.36	25 877	2.7

## Association between length of registration with a GP practice and frailty classification

Clinical Practice Research Datalink data from BMJ 2018; 362:k3349





# Frailty – what do we mean?

Both these patients would score 0.14 (Mild frailty)

Activity Limitation, Anaemia and haematinic deficiency,  
Arthritis, Atrial fibrillation, **Cerebrovascular disease**, Chronic Kidney Disease, Diabetes,  
Dizziness, Dyspnoea, Falls, Foot problems, Fragility fractures, Hearing impairment, **Heart failure**, Heart valve disease, Housebound, Hypertension, Hypotension/Syncope, Ischaemic Heart Disease, **Memory and cognitive impairment**, **Mobility and transfer problems**, Osteoporosis, Parkinsonism and tremor, Peptic ulcer, Peripheral vascular disease, Polypharmacy, **Requirement for care**, Respiratory disease, Skin Ulcer, Sleep disturbance, Social vulnerability, Thyroid disease, Urinary incontinence, Urinary system disease, Visual impairment, Weight loss and anorexia

Activity Limitation, Anaemia and haematinic deficiency,  
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## Clinical Frailty Scale\*



**1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



**2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



**3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



**4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being "slowed up", and/or being tired during the day.



**5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



**6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



**7 Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



**8 Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



**9. Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

### Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

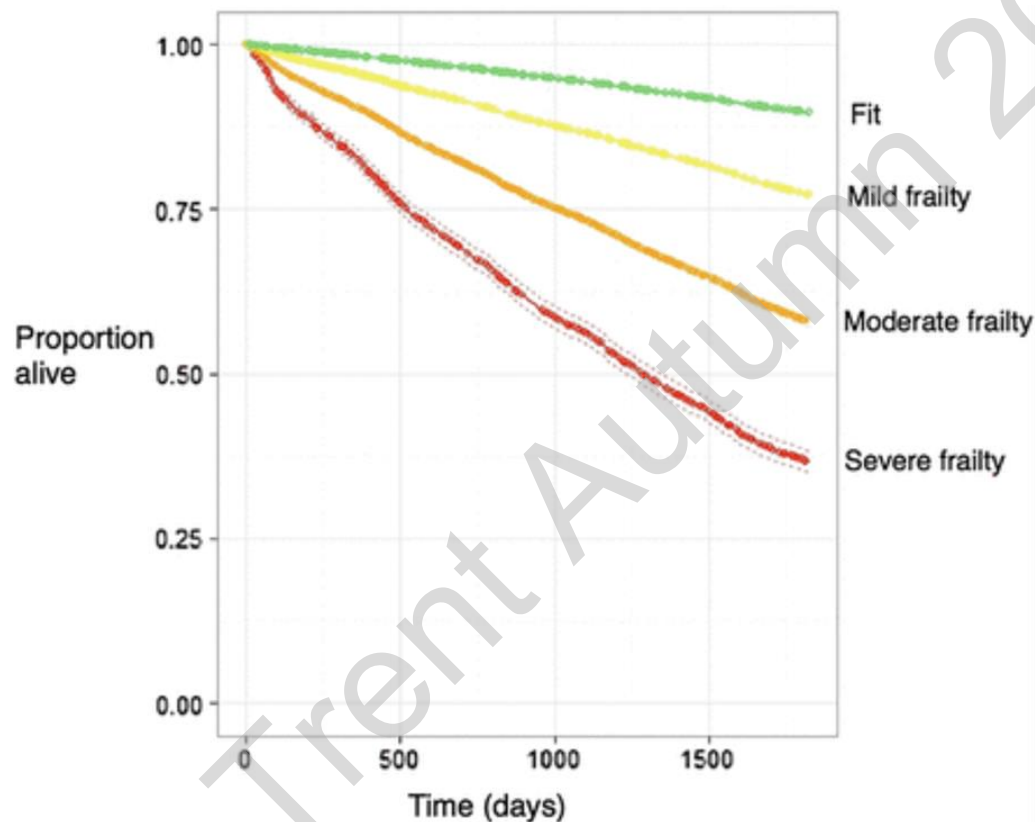
In severe dementia, they cannot do personal care without help.

- \* 1. Canadian Study on Health & Aging, Revised 2008.
- 2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005; 173:489-495.

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Why should we identify frailty?

# Time to intervene



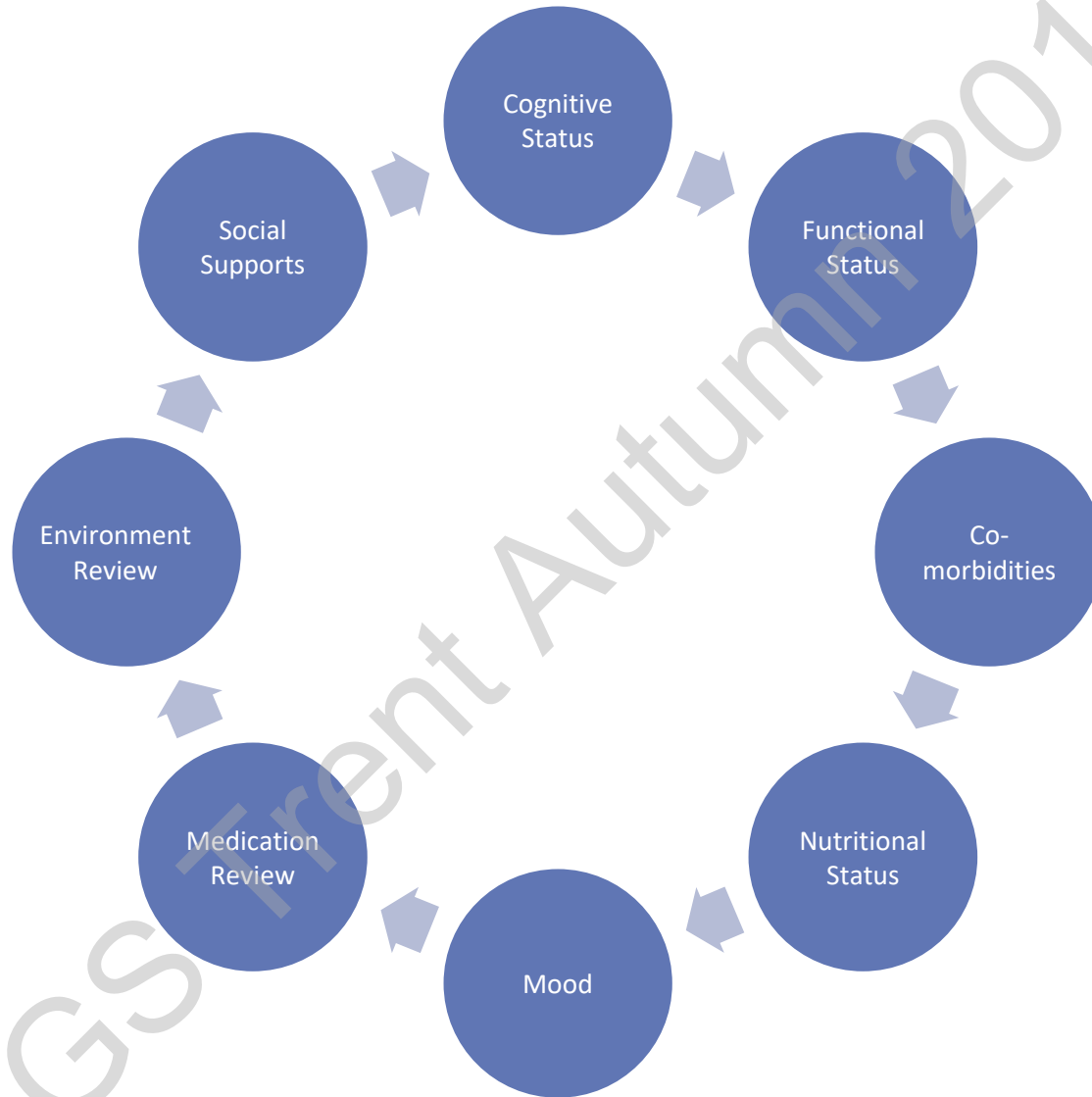
From: Development and validation of an electronic frailty index using routine primary care electronic health record data  
*Age and Ageing*, Volume 45, Issue 3, 1 May 2016, Pages 353–360,  
Age Ageing | © The Author 2016. Published by Oxford University Press on behalf of the British Geriatrics Society.

# GP Contract

- 2017-18 GMS contract change
- For those identified as living with severe frailty
  - Annual medication review
  - Ask if they have fallen in last year
  - Consent for enriched SCR
- Keep a record of numbers of moderate or severe frail patients



# CGA



# Medication review

- Poly-pharmacy : focus on quality more than quantity
- Validated tools: STOPP / START
  - “Is the medication appropriate?”
  - “Is the medication problematic?”

## **STOPP:**

**Screening Tool of Older People's Potentially  
Inappropriate Prescriptions**

## **START:**

**Screening Tool to Alert Doctors to Right (i.e.  
appropriate, indicated) Treatments**

# Project Outline

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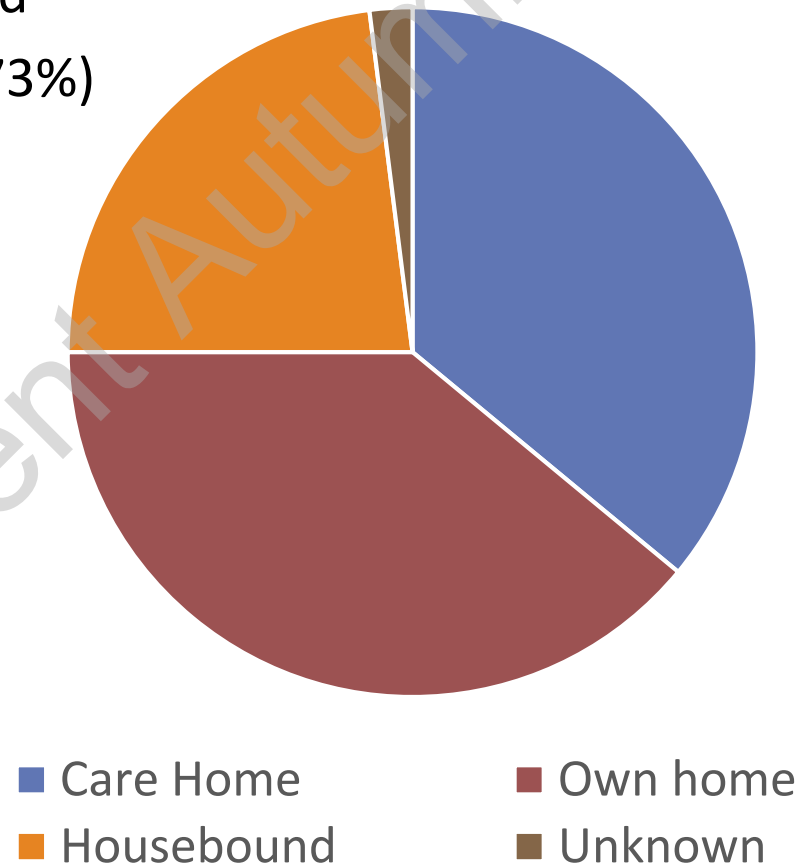


# Severe Frailty Project

- 10 week placement, 2 days per week, pro-rata
- 13 days in total
- January – March 2018
- Based in a GP practice in Leicestershire
  - 8700 patients
  - Approximately 1900 over 65s

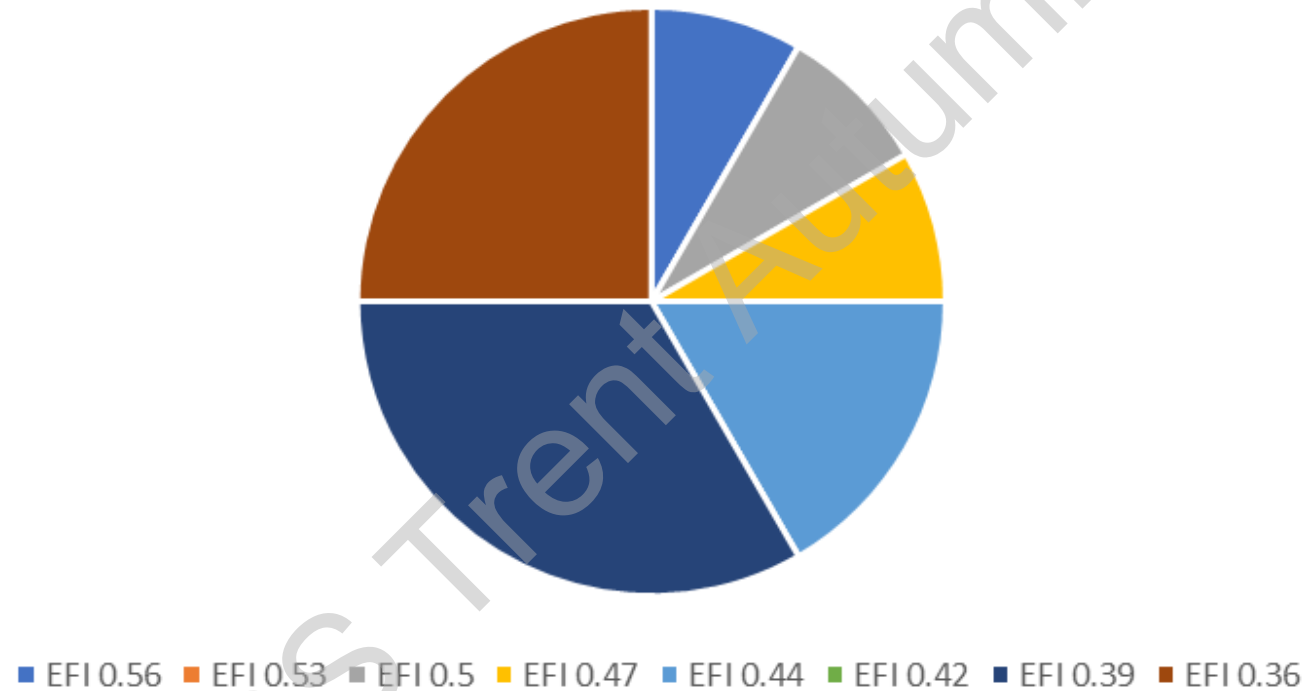
# Population

- 120 Patients with EFI 0.36 or above
- Median age - 86 years old
- Majority were women (73%)



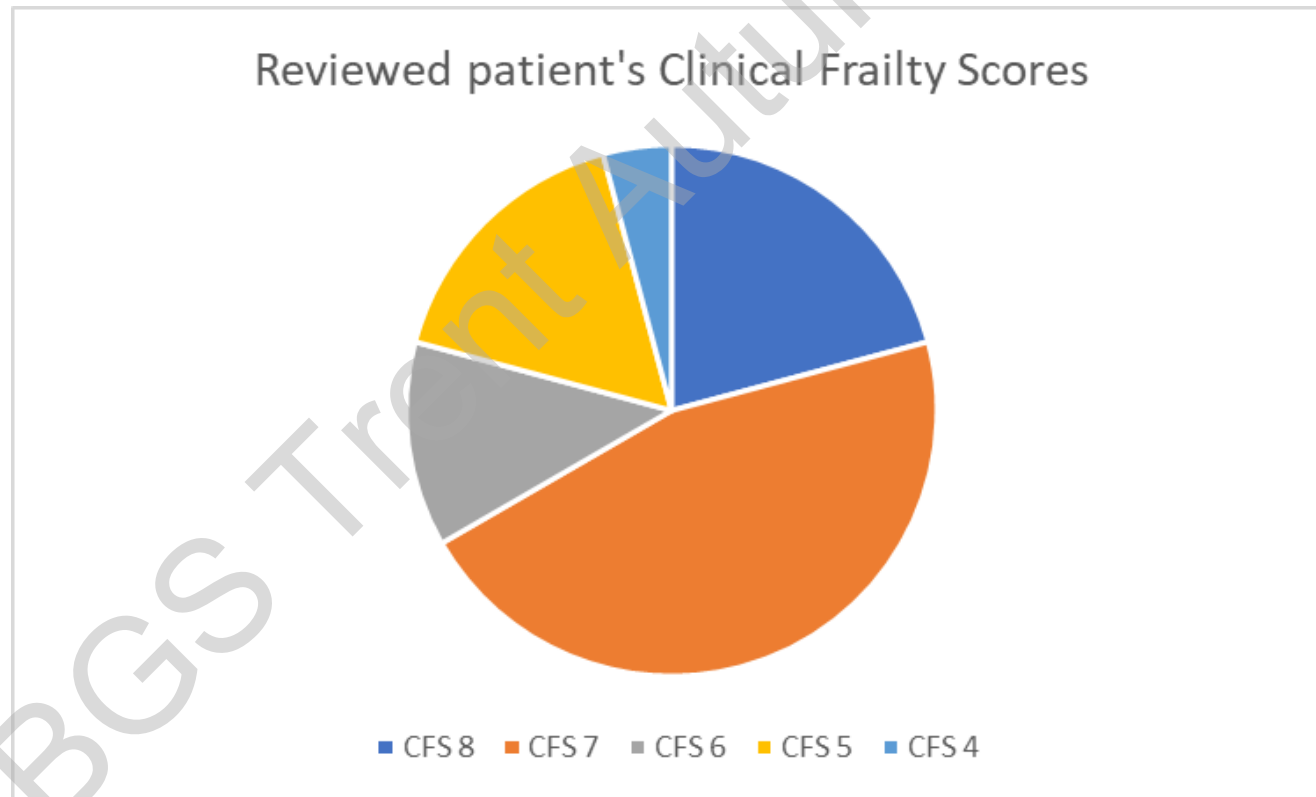
# EFI

Reviewed patient's EFI scores



# Findings

- High mortality rate – 14 patients died since between July and March (out of 120)



# Interventions

- Physio referrals
- Community continence referrals
- Stopped 17 drugs
- Started 9 drugs
- Diabetic specialist nurse referrals
- Hearing service referrals
- DNARs
- Advice
- Family updates

# ‘Moderate Frailty’ Project

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# Moderate Frailty Project

- Undertook Frailty Assessments for 'moderate frailty EFI score' (0.25-0.36)
- Invited patients for clinical review (clinic/home visit)
- Opportunity for medication review, assessment of social support
- Perform 6-CIT; Five Year Forward View:
  - continued drive to ensure prompt diagnosis and post-diagnostic support for people with dementia and their carers
- Feedback has been positive

# Patient demographics

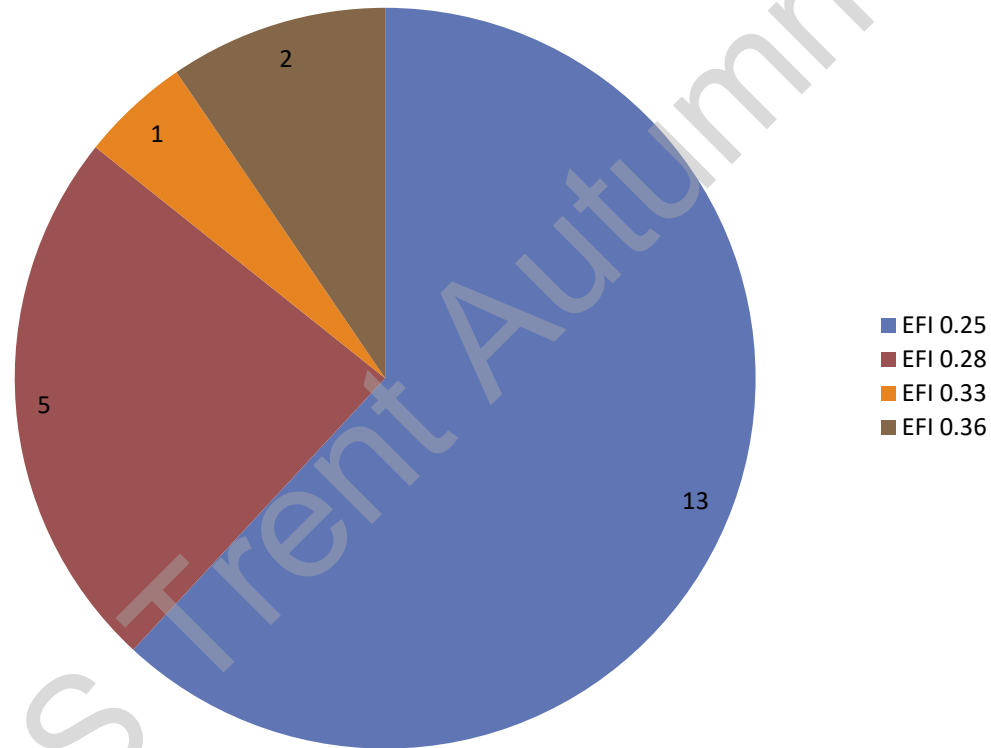
- 21 patients in the 'moderately frail' category reviewed
  - 1 excluded: chest pain (999)
- Mean age 79
- Male: 25 %
- Female 75%



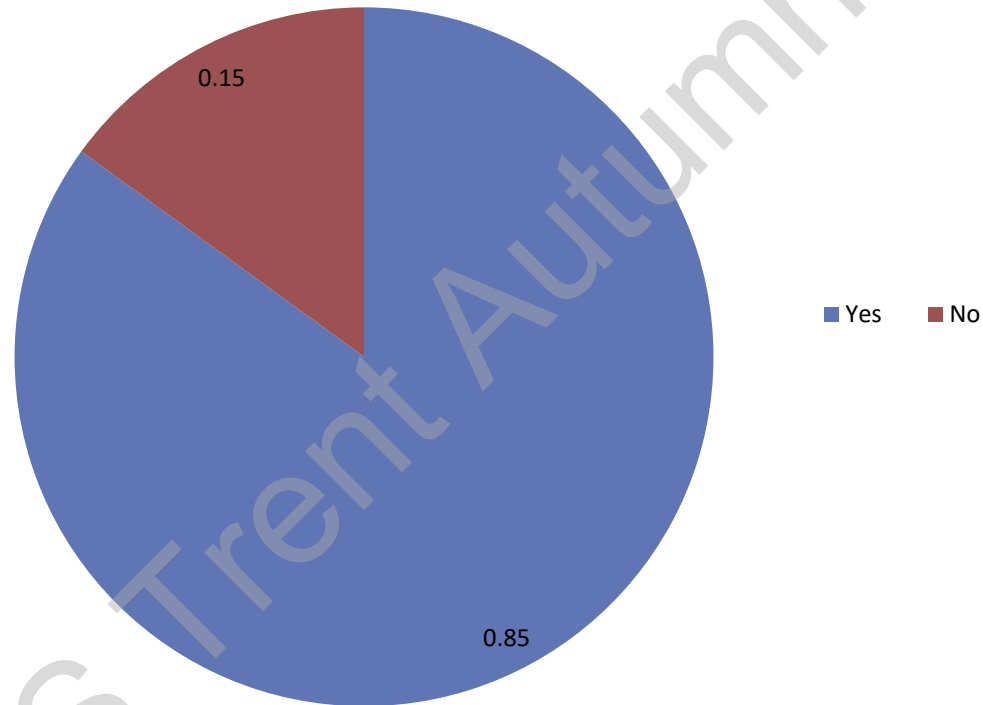
# Results

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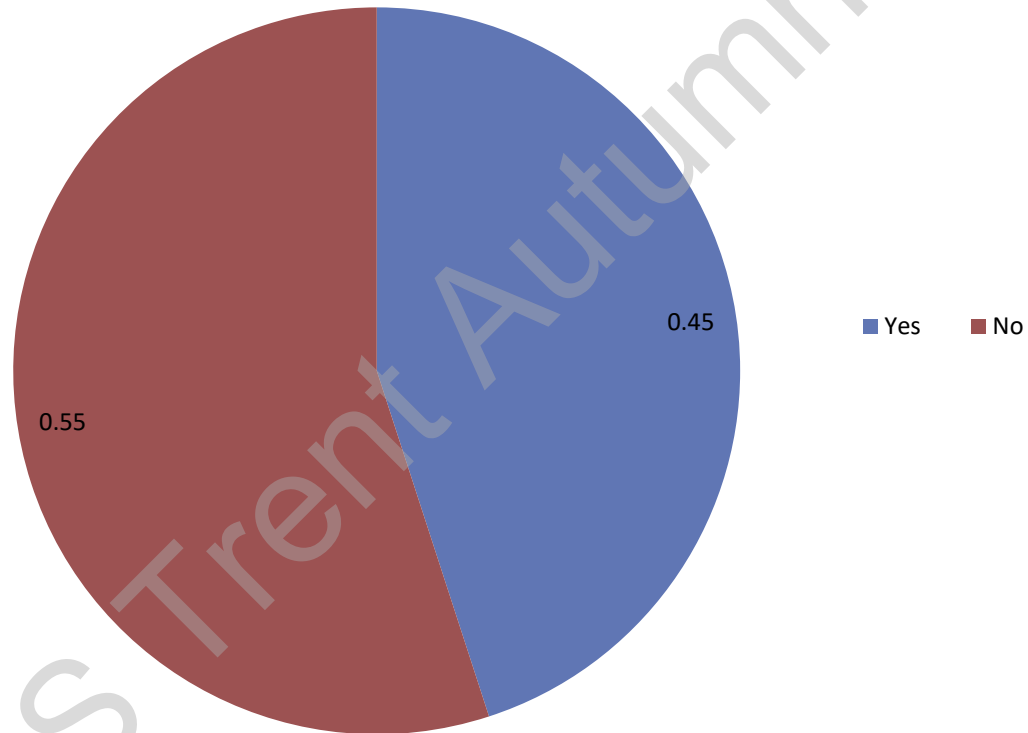
# EFI score of patient's reviewed



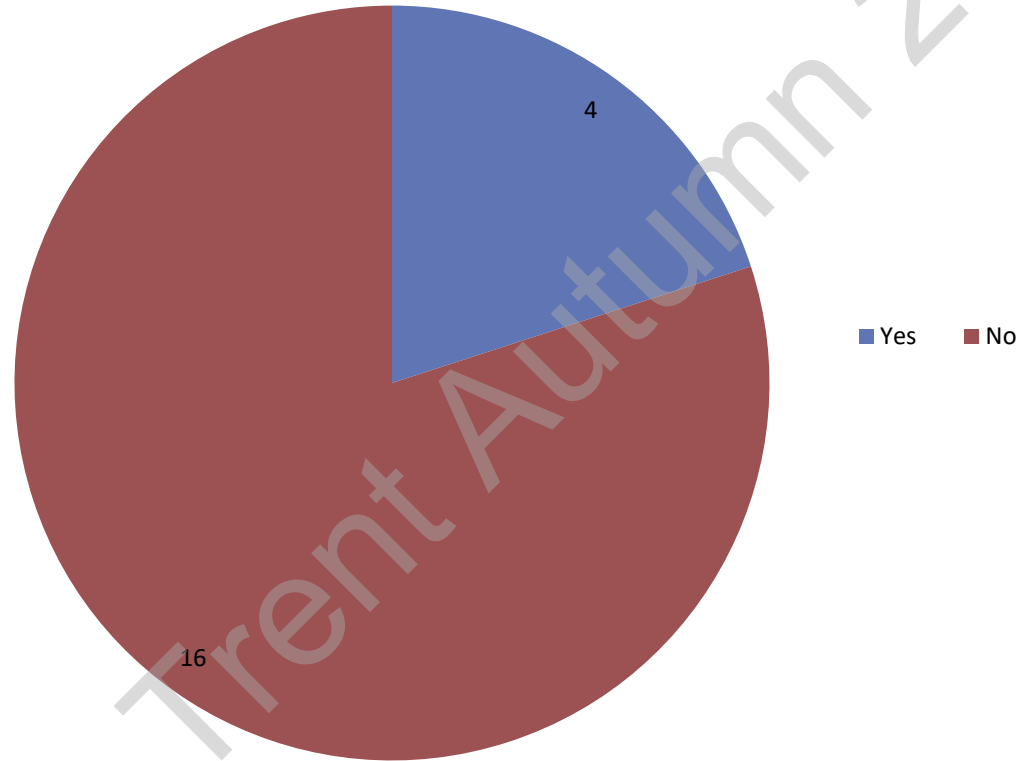
# Clinical review by Dr in preceding 6 months



# Medication review in preceding 12 months

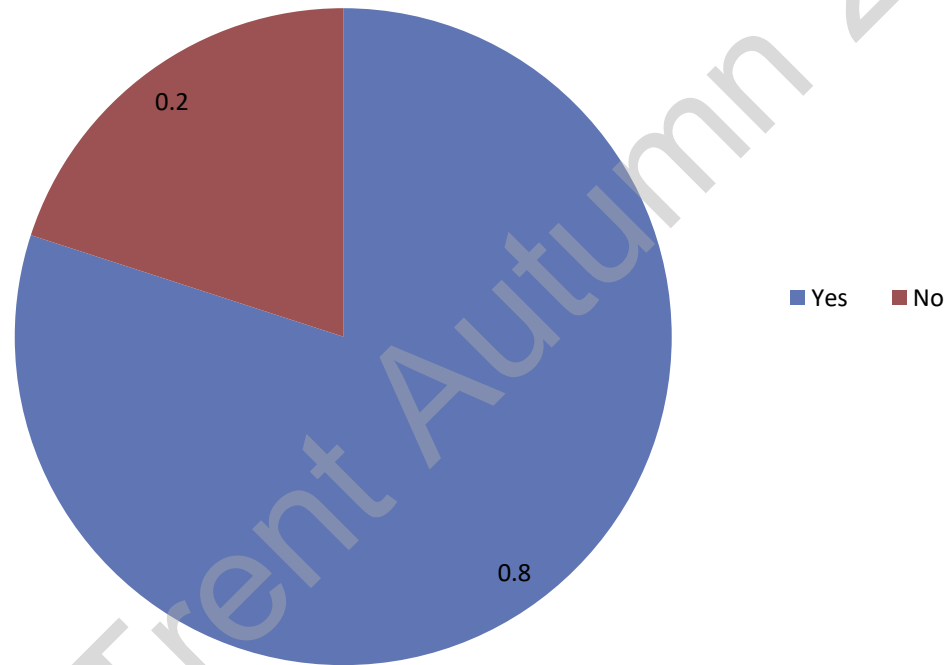


# Fall in the last 12 months?



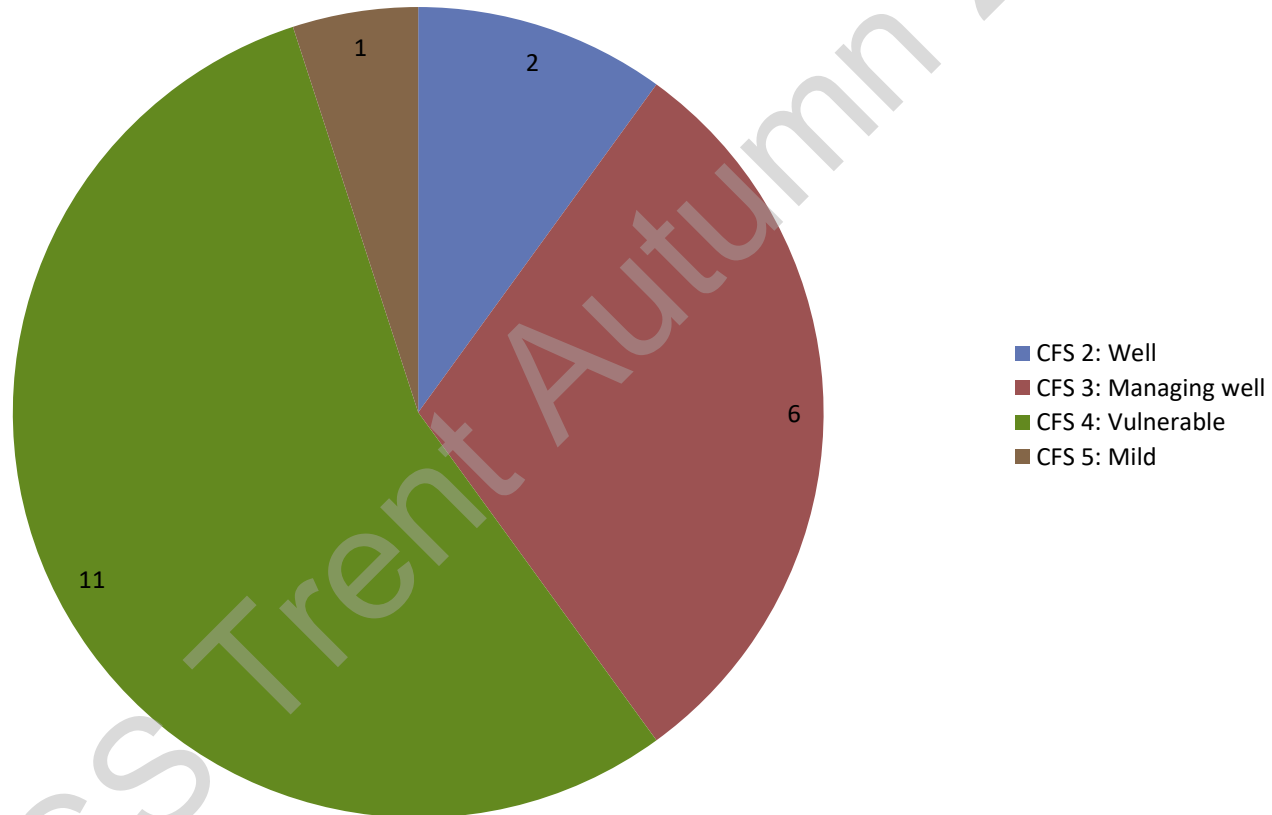
All accidental falls

# Dementia Screening

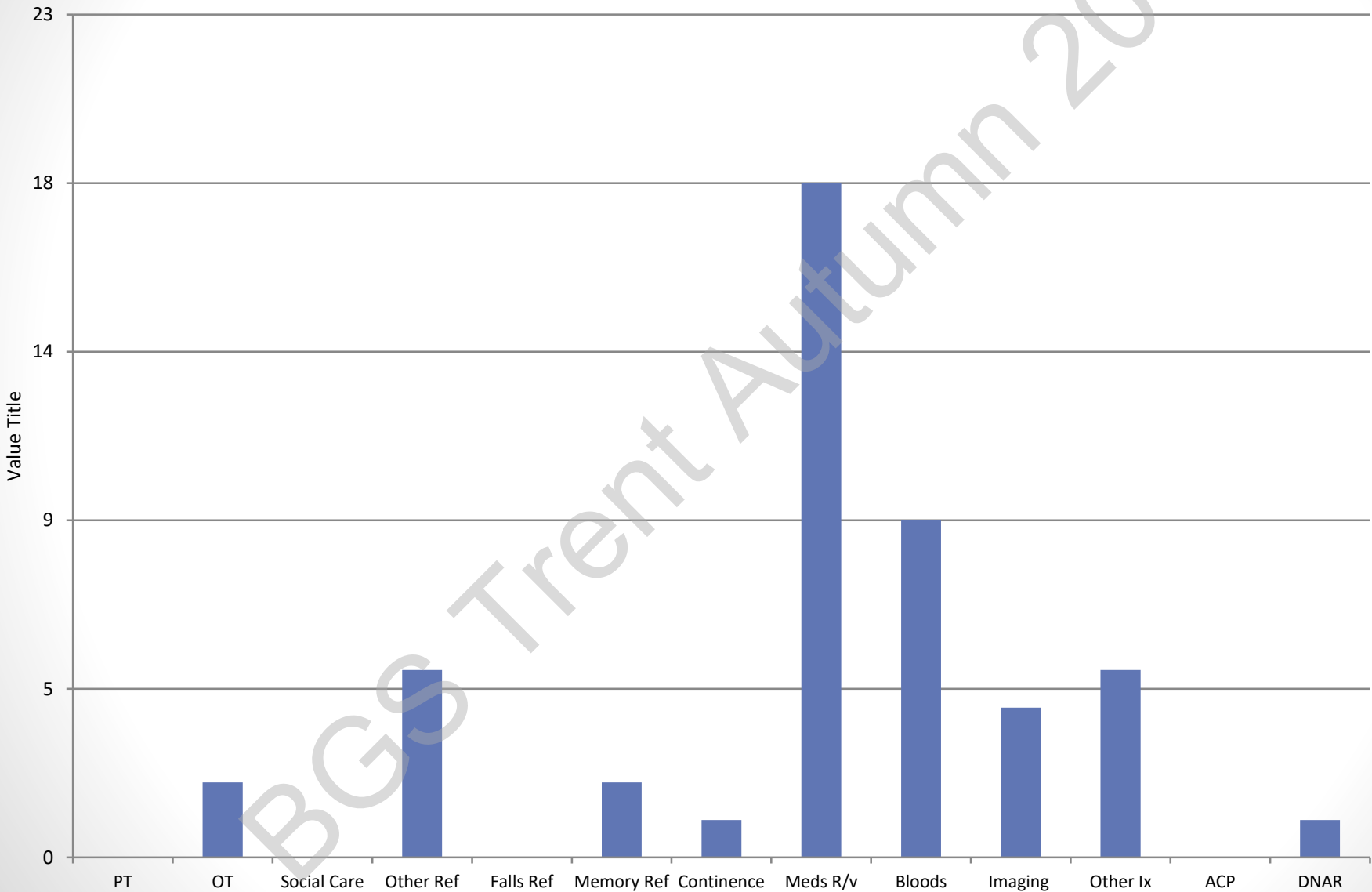


- Not undertaken in 4 cases due to language barriers

# Frailty code after review



# Outcomes from review





# Discussion

- Patients overall very receptive to reviews
- 2 acute care scenarios encountered (SOB and chest pain)
- Predominantly patients with a lower 'degree of frailty' reviewed
- Overall patient's were downgraded from 'moderate frailty'
- Difficulty in engaging with Advanced Care Planning/DNAR

# Discussion cont...

- Comprehensive review takes time
- Benefit of undertaking cognitive assessment in every patient?
- CGA is multi-disciplinary- role of GP
- Pivotal role in developing care plans, reduce hospital admissions/risks of re-admission, delivery of care for the older person

# Frailty Screening

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# Benefits

Holistic: focus on the person rather than disease

Constructive dialogue with patients and carers about care goals

Improved coordination of care and outcomes

Reduce professional burden (manage complex patients, reduce treatment burden (testing and drugs))

Identify who would benefit from specific interventions & identify those at risk of frailty (preventative care)

# Challenges

Increase practice workload  
?compensatory benefit

May not improve outcomes/quality of life

Over-medicalisation or oversimplification of complex problems

Label 'frail' may undermine acceptance, therefore hinder care planning

Not take into account patient's social and personal capacities

# Conclusions

- More efficient means are needed for robustly identifying frail patients and for planning and delivering frailty appropriate care
- Multi-Disciplinary approach vital
- Need for Advanced Care planning in 'severe frail group'
- 'Dementia screening' limitations
- Future initiatives: Frailty focussed training for ANP's?

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Thank you

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