

## INTRODUCTION

Frailty affects 11-31% of older people and costs the UK healthcare system £5.8 billion per year.

Models of Comprehensive Geriatric Assessment (CGA) in primary care & community settings vary and effectiveness is uncertain.

Alternatives to hospital-based, face-to-face CGA are being increasingly utilized.

Digital technology could offer more ecologically valid monitoring.

Improving the effectiveness and efficiency of CGA requires exploration of how individual components may work and how the intervention could be enhanced.

## AIMS

To (a) explore the conditions to implement enhanced CGA, and (b) identify important outcomes.

## METHODS

An advisory group of older people, family members and health and social care professionals contributed to the development, design, and conduct of the research.

We conducted semi-structured interviews with older people and healthcare professionals.

We used the Non-adoption, Abandonment, Scale up, Spread and Sustainability (NASSS) framework and the Theoretical Framework for Acceptability to inform our analysis.

Here we focus on the domains most prominent in the data we collected from older people and healthcare professionals (Figure 1).

## CONCLUSIONS

To enhance CGA:

- some staff and older people may need training and support to use technology
- tailoring of technology would be needed to meet individual needs, ability and circumstances
- better communication, adequate time for consultation, and continuity of care are essential.

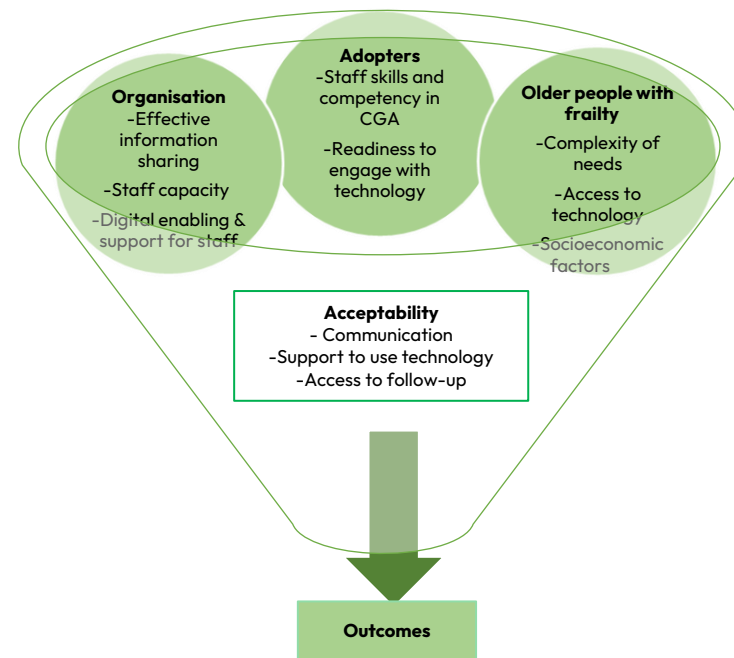
We suggest that introducing **technology for assessment and communication**, and a **designated comprehensive care coordinator**, might be viable solutions to address the gaps in the current delivery to enhance CGA in primary care and community settings in the UK.

The next stage of this research will further develop, refine and test a model of enhanced CGA.

## RESULTS

Fourteen older people (7 female; mean age 82 years) and thirteen healthcare professionals from nursing, physiotherapy, occupational therapy, pharmacy, geriatric medicine, and general practice participated in interviews (11 female).

Figure 1: Conditions that impact on the enhancement and implementation of CGA



**Person-centred outcomes** (e.g. quality of life), **service outcomes** (e.g. hospital admissions) and **process outcomes** (e.g. access to rehabilitation) were identified as important to participants.