Quality in frailty: Connecting initiatives

The various quality improvement initiatives around frailty can be confusing, even to those who are involved in this area of clinical practice. The BGS has a central role in co-ordinating this work and helping to translate it into routine clinical care for our population.

The four national frailty initiatives in England which our members should be aware of are:

- **NHS Benchmarking Network (NHSBN),** which collects data nationally.
- **Getting It Right First Time (GIRFT)**, which examines and compares data across the country.
- **NHS RightCare** and **Acute Frailty Network (AFN)**, who are both involved in sharing and facilitating best clinical practice.

How do these initiatives work together?

Almost all hospitals submitted data to the recent NHSBN review on acute frailty and delayed transfer of care. While NHSBN collects the data, GIRFT uses it to link performance with details ranging from board support for frailty care, frailty infrastructure, staffing and workforce. This allows alignment of investment, infrastructure and performance. The AFN uses an explicit improvement method derived from the Institute for Healthcare Improvement of the 'Breakthrough Collaborative' and focuses on the acute care interface phase, co-designing improvements to improve patient experience. NHS RightCare helps to provide on-the-ground support for delivery of improvements using national data.

NHS Benchmarking Network (NHSBN)

The NHS Benchmarking Network (NHSBN) is a member organisation, and membership fees fund the benchmarking programme. Membership subscription is open to all commissioners and providers of publicly-funded health and social care services across all four countries of the UK.

Its mission is to support members to improve the quality of health and social care services through the use of a unique, high-value benchmarking service, to support sharing of excellent practice, and to inform national policy.

The members decide upon the topics for the annual benchmarking programme each year. Last year, a new topic on 'Managing frailty and delayed transfers of care in the acute setting' was requested by members. This topic focused on the pathway of frail older people through secondary care, from assessment in A&E, assessment units inpatient wards and supported discharge. The project also took a deeper dive into the management of delayed transfers of care and reviews protocols, processes, local reporting and onward routes out

Frailty improvement: Linking themes

1. Frailty is a central issue for healthcare, and the BGS is central to this agenda.
2. Measures are imperfect but the datasets are large and there are very significant differences within the NHS (even when resourcing is similar) from which we can learn.
3. The change issues are complex so there are no simple answers – this makes learning and sharing from others even more important.
4. The current average, whether of performance or value (performance divided by cost), is unsustainable. All of us have to keep improving and refining.
5. The general hospital phase is the most expensive component of the pathway of care but is it the most effective? What are the higher value alternatives?
6. Any changes have to be localised – what works in a big city may not work in the 'Shires.
7. We need to be patient-centred and provide individualised care – we all have heterogeneous communities where there is variation in values about key themes such as end of life care and management of severe functional dependency.

of the hospital. The BGS worked with the NHSBN to support this work in developing a short service user audit which was included in the project.

This project was for all providers of acute care where older people access their services. The 2018 project (collecting 2017/18 outturn data) was delivered

in collaboration with the GIRFT geriatric medicine workstream. Participants (in England only) were asked if they consented sharing their data with the GIRFT programme. This supported the GIRFT programme in identifying areas for service development, improving efficiencies and reducing unwarranted variation and informed site visits to acute trusts.

One hundred and three organisations participated in the 2018 benchmarking project, registering 120 submissions. The project will be running again in the 2019 benchmarking work programme and registration for NHSBN members is currently available via the NHSBN's webpages.

Getting It Right First Time (GIRFT)

In the February issue of the BGS Newsletter, Dr Adrian Hopper wrote a short piece about Getting It Right First Time (GIRFT) – an NHS Improvement programme operating in England linking measurement and identification of unwarranted variation with quality improvement. This showed there was large variation between hospitals' geriatric medicine services in routine measures, ranging from the rate of early discharge following an emergency attendance at hospital to waiting times and 'did not attend' (DNA) rates.

The GIRFT process is specialty-based, with 40 specialties ranging from surgery and medical speciality workstreams to wider clinical services, including mental health. Data packs are created from routine data and local data provided by the hospital, then followed by a peer-to-peer review visit to all relevant trusts, led by a GIRFT-appointed speciality clinician, involving the trust's senior leaders as well as the speciality team. Following the visits, a local follow-up

Table 1: The core AFN principles

1. Establish a mechanism for early identification of people with frailty
2. Put in place a multi-disciplinary response that initiates comprehensive geriatric assessment (CGA) within the first hour
3. Set up a rapid response system for frail older people in urgent care settings
4. Adopt clinical professional standards to reduce unnecessary variation
5. Develop a measurement mind-set
6. Strengthen links with services both inside and outside hospital
7. Put in place appropriate education and training for key staff
8. Identify clinical change champions
9. Patient and public involvement
10. Identify an executive sponsor and underpin with a robust project management structure

(For more, see www.acutefrailtynetwork.org.uk)

implementation plan is agreed which is supported by GIRFT hubs in the English regions.

In geriatric medicine, GIRFT is planning to include system data looking at wider interfaces such as end-of-life care and with care homes, with part of our visit focusing on the out-of-hospital phase. It is also planning to look at frailty care across hospitals, including in surgery.

Acute Frailty Network (AFN)

The Acute Frailty Network (AFN) aims to improve system resilience and support the adoption, provision and sharing of best practice in urgent care for older people with frailty. The focus is the first 72 hours following acute hospital attendance, with an emphasis on early discharge supported by the wider health and social care system.

The AFN was designed using the Breakthrough Series Collaborative (BTS) approach, supported by national stakeholders: NHS England (the overall governing body), the British Geriatrics Society, the Royal College of Emergency Medicine, Society for Acute Medicine and the Royal College of Nursing. This quality improvement method adopts the Model for Improvement and focuses on introducing and refining change through 'Plan-Do-Study-Act' cycles, with the aim to improve local services by involving wider health and social care systems with support from national clinical and improvement experts.

The AFN supports hospitals in reconfiguring and redesigning services in accordance with its guiding principles (see Table 1), encompassing the early identification of older people with frailty in order to trigger a prompt and evidence-based multi-disciplinary assessment and response. Given that the evidence base supports CGA being more effective than usual acute care for older people, the AFN supports hospitals to optimise their delivery of CGA in urgent care settings, which previously had been variably offered in the acute phase by NHS hospitals.

The AFN coaches teams to use Experience-Based Design (EBD) as an approach to involve patients and the public as co-designers within their improvement teams. This tool, specially adapted by the AFN for use with frail older people, captures the experiences of those who use and deliver frailty services in order to put the patient perspective at the centre of subsequent pathway improvements.

Staff work together with patients and carers to gather data to understand experiences of the service and then engage with patient groups to co-design improvements to improve patient experience of the service. A shared vision and collective understanding of 'the way we do things around here' is inspired, to enable co-ordination of individuals with different backgrounds and perspectives to provide multidisciplinary attention to the outcomes that are important to patients.

The AFN encourages values and standards for person-centred patient care to be written and driven by clinical leaders in order to reduce unnecessary variation and instil best practice. This approach is not limited to the hospital environment; in order to support ongoing care and resettlement following an admission, a core AFN principle is for sites to strengthen links between their urgent care services and community teams, including primary care services and third sector agencies such as the Red Cross and Age UK.

Establishing successful frailty services requires the testing and implementation of many changes, involving many health and social care professionals and crossing organisational barriers. Critical to the AFN's approach is the ongoing support of clinical and implementation experts throughout intervention cycles, to guide improvement and to identify unexpected consequences for patients and services. Site visits from measurement experts and access to the NHS Elect Measurement for Improvement Guide give hospital teams the ability to obtain and effectively use data.

NHS RightCare

Every local health system in England has the support of an NHS RightCare team that provides on-the-ground delivery support. Using nationally collected robust data, this collaborative working arrangement helps systems to make improvements in both spend and patient outcomes. Delivery plans are completed on a continuous basis, to evaluate the system and establish a base plan to maximise opportunities and turnaround issues. Throughout this process, patient care is at the top of the agenda through

promotion of the strong clinical interventions developed with the Senior Clinical Advisors and key stakeholders. NHS RightCare Delivery Partners and their teams will highlight good practice to accelerate delivery, standardise reporting and embed practices to ensure systems use optimal care pathways.

NHS RightCare has three products that are due out to support frailty systems across England, all of which have been developed with a wide range of health and care stakeholders:

- **NHS RightCare Frailty Toolkit**
  The toolkit, published June 2019, is developed from the best available evidence and expert opinion demonstrating the essential components of a frailty system. This creates an opportunity for systems to blueprint their current approach to frailty. The toolkit contains the evidence to underpin these system priorities, and there is also a self-assessment questionnaire tool to further support benchmarking.
- **NHS RightCare Frailty Data (focus) Pack**
  The frailty focus pack compares each CCG in the country with its 10 most demographically similar CCGs to identify potential opportunities to improve for differing aspects of frailty. The frailty data pack uses a range of data related to frailty across the whole health and care system. Alongside the toolkit, this will enable local systems to diagnose issues and develop solutions for improvement in their system. The data pack is currently under development.
- **NHS RightCare frailty scenario**
  The scenario compares an 'optimal' versus a 'sub-optimal' case study for a fictional patient called Janet, showing the difficulties and challenges Janet and her family face when things aren't working so well, and how things could be different. The scenario contains evidence, data and costings to highlight the comparison. A current version of the frailty scenario is on the NHS RightCare website with a refresh currently underway.

Summary

Hopefully this article provides some insight into the different national initiatives aiming to deliver quality care for frail older people in England.

For further information on these initiatives or to get involved, please see below.