

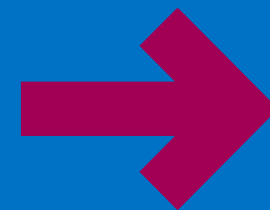
Ageing Well

Quality Healthcare in Later Life

Using population sub-segmentation to improve end of life care for older people with frailty

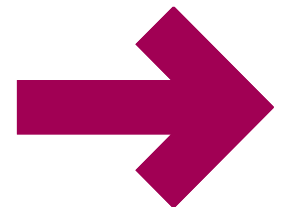
Martin Vernon

National Clinical Director Older People



Ambition for frailty..

***Everybody should know what to do next
when presented with a person living with
frailty and/or cognitive disorder'***



In other words...

It's something we can all get around locally

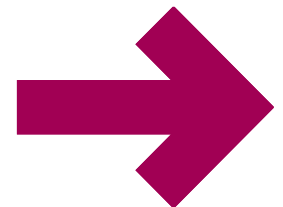


Why is frailty so important right now?

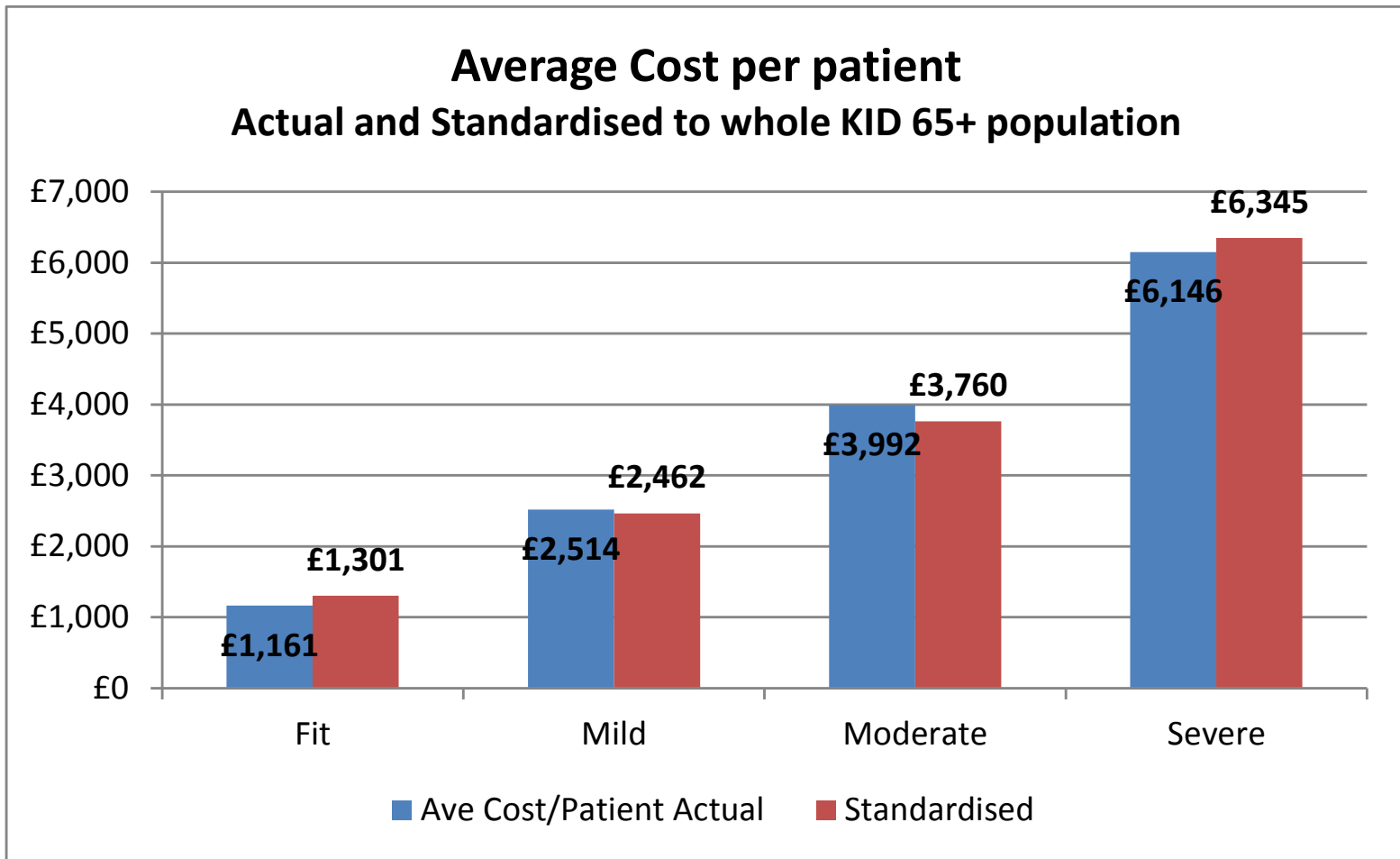
- **Timely identification of people at risk** with **complex care needs**
- It permits **sub-stratification by needs**, not age
- It crosses health & social care, **so can drive integration**
- It's **predictive**: finding those who benefit from **active and healthy ageing**
- It will **guide & track commissioning, design & service delivery**
- It directs towards key outcomes: **maintained functional ability & wellbeing**
- It provides opportunity to **standardise care** for people with similar needs

Population ageing

- ❑ **Number of people aged 65 & over will increase by 19.4%:** from 10.4M to 12.4M
- ❑ **Number with disability will increase by 25.0%:** from 2.25M to 2.81M
- ❑ **Life expectancy with disability will increase more in relative terms**



Frailty is expensive when severe



Attempt at standardisation for age and gender. Used average cost/patient within each eFI category and calculated each using standardised population of whole KID 65+ population.

Standardised results demonstrate increase in cost between frailty categories alone, without the effect modifier of age.

NHS England Next Steps-Priorities

'Health and high quality care –now and for future generations'

- ❑ **Urgent and emergency care 24/7:** **Admitting** sicker patients & **discharging** home promptly
- ❑ Next 2 years hospitals to free up 2-3K beds through **close community services working**
- ❑ **Cancer:** will affect 1 in 3 in lifetime: survival at record high (LTC)
- ❑ **Mental health:** loneliness, depression and anxiety in older people
- ❑ **Older people:** Help older people and those with frailty **stay healthy & independent.**
- ❑ **Integration:** GP, community health, MH & hospitals: **Integrated Care Systems**
- ❑ **Workforce development** & continue drive to **improve safety**
- ❑ **Technology & innovation:** enable patients to take greater role in **self care**



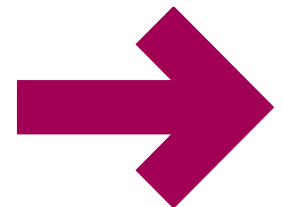
Three priorities for frailty

- 1. Change in approach to health & social care for older people**
- 2. Preventing poor outcomes through active ageing**
- 3. Quality improvement in acute & community services**

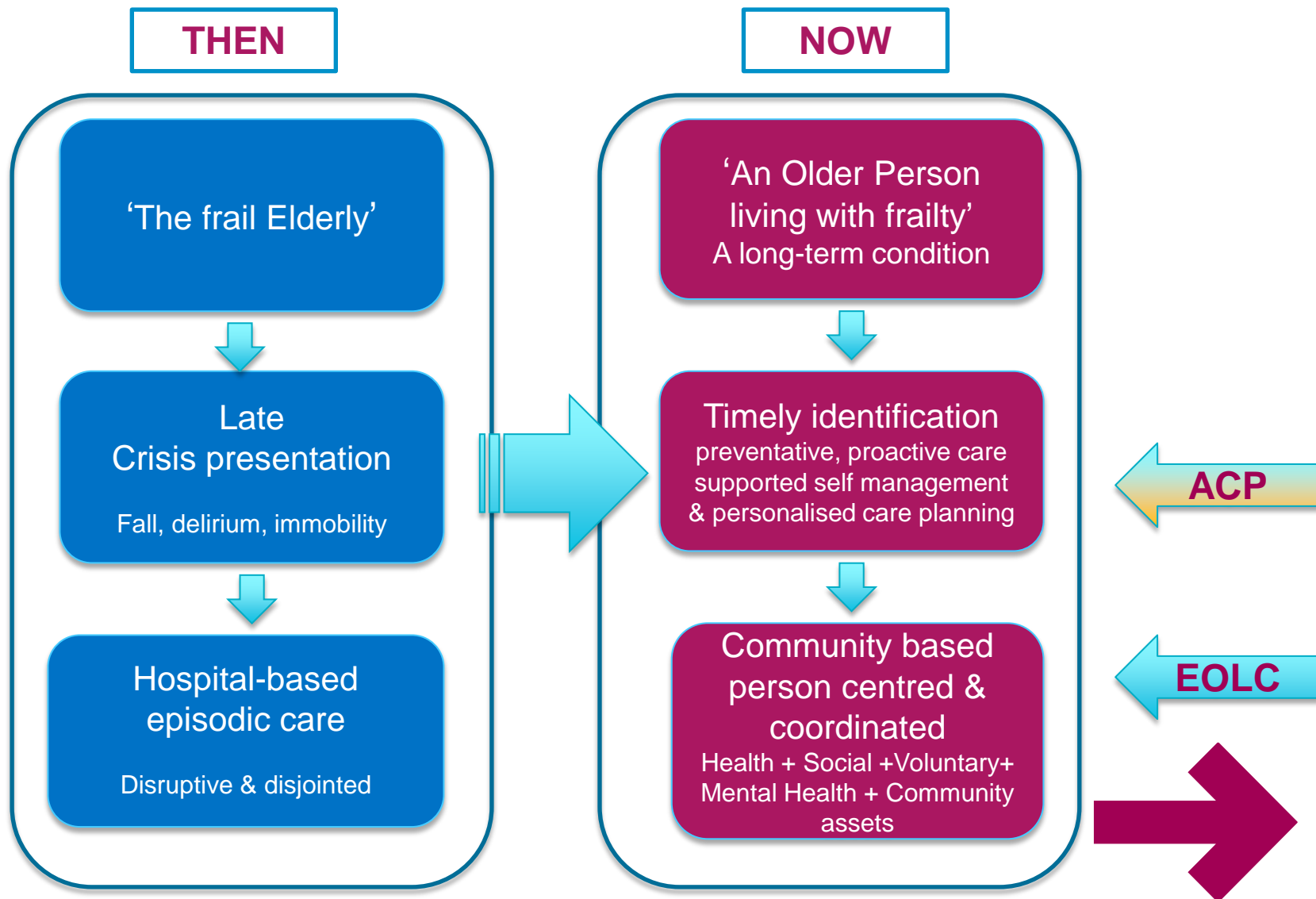
Starting with..

Routine timely frailty identification

- Routine frailty identification in primary care has 2 potential merits:
 1. Population risk stratification
 2. Targeted individualised interventions for optimal outcomes



Creating a Paradigm shift

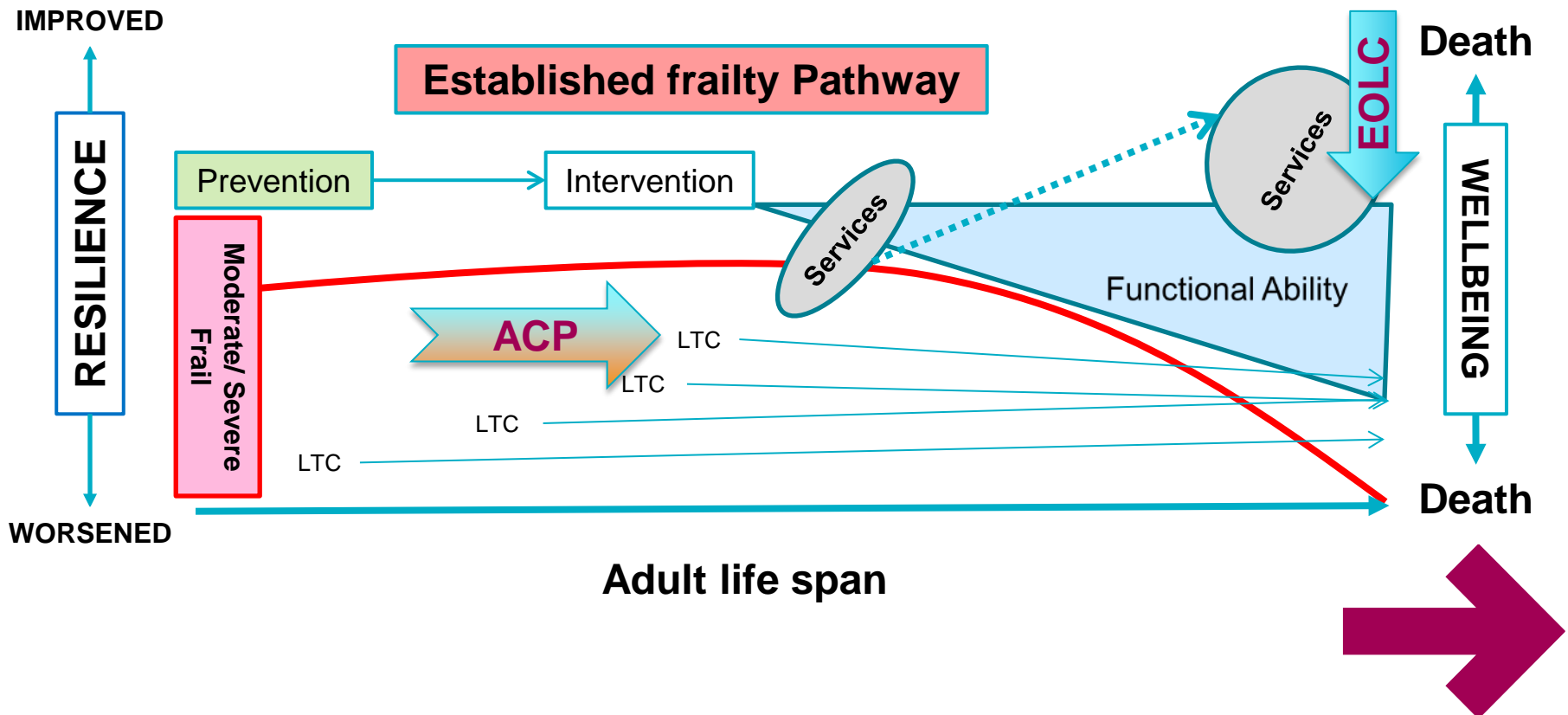


Key enablers to improve EOLC

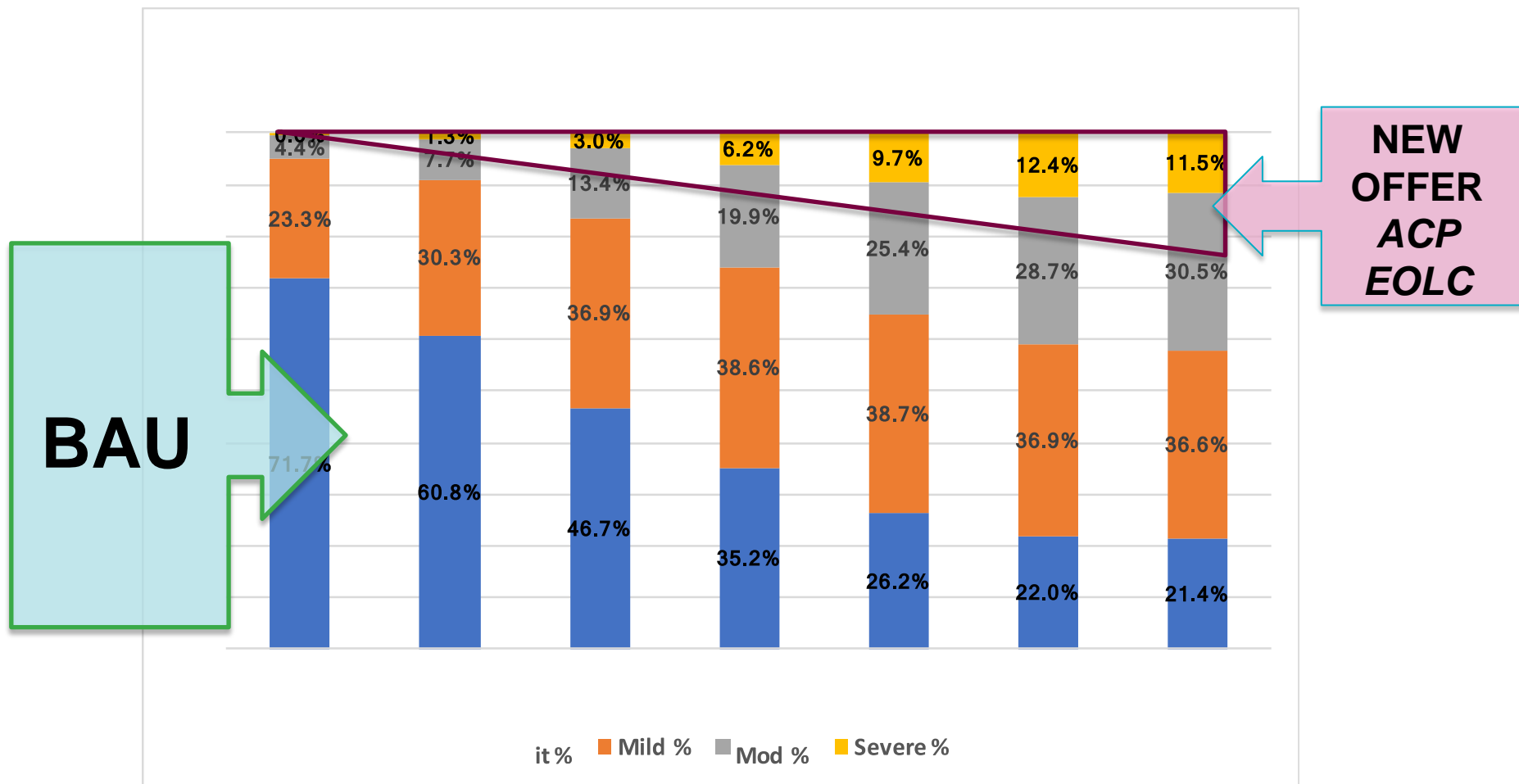
- **Population sub-segmentation** by need to guide planning
- Industrialising best practice through **national frailty standards**
- **Workforce development** (core skills, capability, competencies)
- **Data**: integrated, linked health and social care data
- **Existing best practice** models and frameworks
- **Community currencies**
- **Right care**: ensure best local system offer for prevention and management
- **GIRFT**: improve selected, linked **pathways**: up/downstream
- Devolution, **localised** strategic planning and delivery

Population sub-stratification: Intervention

- **Earlier** declining function & need for **service support**
- **Timely identification** of risk and **managed escalating need**
- Early **opportunity to trigger planning** & decisions
- Timely **support towards end of life**
- With declining function, **maintained wellbeing key is a key outcome**



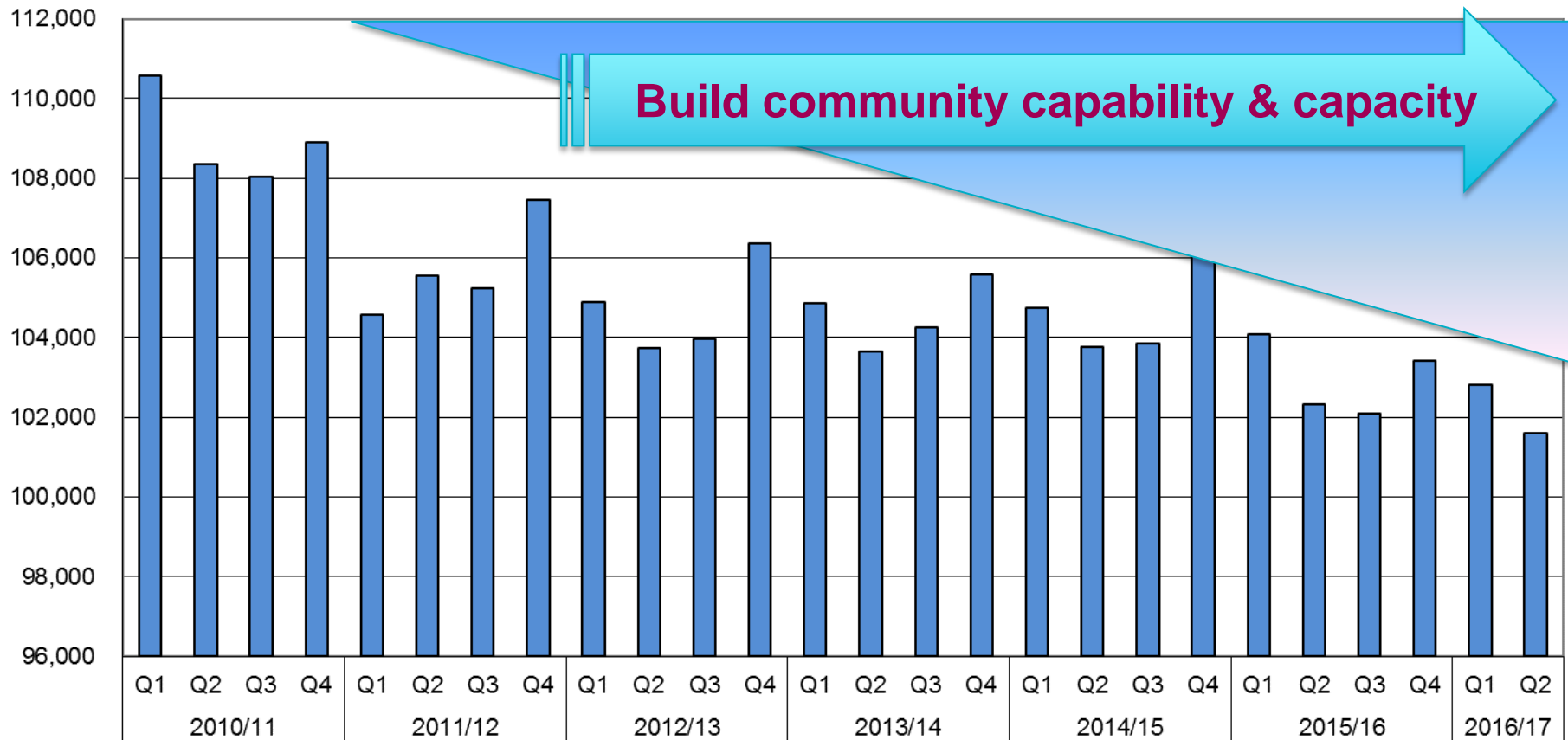
Frailty data to commission a new integrated care offer to include EOL for those NOT ageing well



Proactive & Reactive Community MDT care

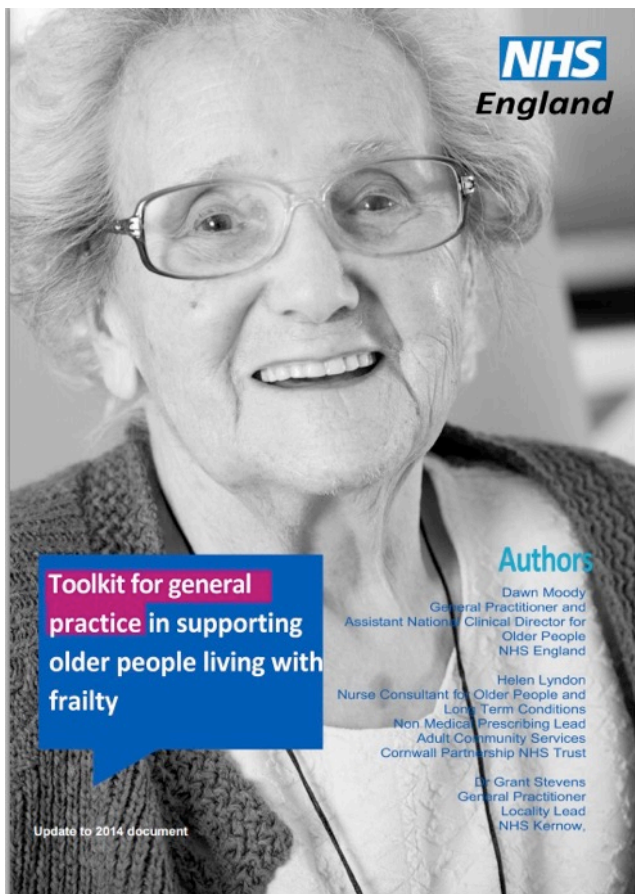
Integrated care system offer provides the alternative to hospital care

General and acute beds open overnight - 2010/11 onwards



8% reduction in general and acute beds since 2010: NHSB 2017

What we're doing nationally



- Regional meetings
-
- Core Capabilities framework
- Economic modelling
- A suite of national frailty products
- Research & Innovation

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www.england.nhs.uk/ourwork/ltc-op-eolc

