Adapting to clients’ needs: focussing on frailty

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Once upon a time frailty was in, then out, now in ...
Today mostly about older people (see BBC)

Time spent frail in old age 'doubles'

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Rockwood scale often used to measure frailty

**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.
We asked people working in social care what frailty means to them

Most people don’t use frailty/frail

The minority who talked about frailty used the term in three ways:

• describing a physical state **not** including dementia;
• describing a **stable** state, as distinct from those dying from various causes;
• and as a **combination** of physical and mental disabilities (i.e. dementia+).
Frailty not seen as dementia by some

• ‘They are all elderly frail. We haven’t as yet got to a point where we’ve been approached to provide a service for somebody with dementia’. (care home manager)

• ‘We have ‘elderly frail beds’ and ‘dementia care beds’. (manager care home with nursing)
‘Just’ frail not more dependent/disabled

• Not ‘complex care’, eg caring for residents with tracheotomies, residents are easier to manage, being ‘elderly, frail and dementia care’ (manager)

• Residents are ‘quite frail’ and so suitable for the ‘very friendly, sort of homely’ residential home (care assistant)

• Emergence of PREFIX to frail – eg pre-frail, mildly frail, severely frail not common or vague = quite, really, a bit...
Frail physically and mentally (inc dementia)

• ‘The kinds of individuals that many moons ago I would say when I started off in care wouldn’t apply for a residential care placement ... they tended to be more mobile and things. And if you did trips and outings an abundance of your residents would want to go out on them; lately with individuals getting older and frailer they tend to want to stay in more, quite a few of the residents’ (care home manager_  

• If there’s someone who is really either very frail or very poorly or very depressed then you can support people (staff) through that process (care assistant).

• Resembles ‘Elderly mentally frail’?
Does it matter?

If social care sector does not understand the word frail then may have to rely on other professionals’ definition and explanations when applied to individuals or service or team:

eg the frailty team is coming today

May simply overlook the term and miss what is being asked or said:

eg do you provide care for frail older people?

For policymakers, planners and commissioners what they say about frailty and frail populations may seem confusing, or only relevant to certain professions or settings:

eg there are funds available for frailty services
Meanwhile in medicine… Frailty is a popular label

• Clinical pattern of declining function, systems collapsing, immune system failing,
• Not a disease or cause of death
• Hard to tell frailty, disability and dementia apart
• Could be described as ‘unstable disability’ or ‘progressive dwindling’
• Pre-frail people may be able to ‘hold’ or stop developing, or ‘get back on my feet’ eg through reablement
2.5+ million people (65+) in England had received a frailty assessment by 31/3/2018. This led to 950,000 confirmed diagnoses of either moderate or severe frailty. Result ? Targeting of falls services, etc
Big interest in spotting frailty in or edge of hospitals

Frail elderly people are being sent home from hospital too soon because of pressure to free-up beds, report warns

- Elderly sent home to die by hospital staff under pressure to free-up beds
- Warning of a report that said frail patients routinely discharged too soon
- Complaints about unsafe discharge from hospital have soared by a third
- Health Service Ombudsman listed nine harrowing cases of unsafe release

• Hospital risks making it worse – eg catch infections
• May be evident but might be hidden
• May have several readmissions
• May be delayed transfer of care
Nine Mentions

What does NHS England LTP say about frailty?
LTP promises mass roll out of SDEC (same day emergency care)
This has implications for hospital attendance, admissions, discharge, but also general Care Home/Home Care relationships with NHS
What A&E would like from social care

- Collateral history (e.g., what was person like 2 weeks ago?)
- What are their priorities and goals (any Advance Decision, LPA, Advance Care Plan, statement of wishes)
- Any info about communication (e.g., hearing aid, memory problems)
- Red Bag is not just for frail but applicable so encouraging of this
- Leading to Comprehensive Geriatric Assessment (GCA)
- Will it welcome ‘trusted assessors’? (care home staff in hospitals)
LTP commitment
All hospitals with a major A&E department will:

• Provide SDEC services at least 12/24, 7/7 by the end of 2019/20
• Provide an acute frailty service for at least 70 hours a week, working to clinical frailty assessment within 30 minutes of arrival;
• PLUS Redesign of healthcare = care at right time in the optimal care setting (for example, better support to care homes to avoid emergency hospital admissions; better social care and community support to slow the development of older people’s frailty; and fundamentally redesigning outpatient services so that both patients’ time and specialists’ expertise are used more appropriately)
Separate planets

Frailty does not feature in the Care Act and many frail people don’t meet its thresholds.
What do older people think? (VIP for training)

Many don’t like or use the word frail
(actually don’t like geriatric much either)
• Prefer independent, managing ...
• Worried about being a burden
• Language of ‘goals’ might be alien
• Like human help (see Walters et al 2019)
• Others think all this measuring etc falsely divides ‘frail’ from the ‘robust’ and is just a way of seeing problems in the individual and propping up geriatrics (Tomkow 2018)
Other training/learning points

- Humanise the language
- Ask professionals what they mean and what’s their offer
- Ask professionals the ‘what should we be doing, changing and getting help with?’
- Think about skills needed – are they different for behavioural change, goal setting, end of life care, staff support?
- Skill up on digital consultations
Final thoughts

• Social care can shape debate by pointing out its expertise
• It can ask what happens after frailty assessments
• It can make sure SDEC is not a revolving door for social care
• It can join up frailty and reablement
• It can make sure the benefits of talking about frailty outweigh the problems
• It can ask for support (promised now) and expertise
Some reading


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