

**Updated guidance on
supporting routine
frailty identification
and frailty care
through the GP
Contract 2017/2018**

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Contents

Contents.....	4
1 Introduction	5
2 GP Contract requirements.....	5
3 Three step contract process.....	7
4 Coding.....	8
5 Data and monitoring	8
6 Process and supporting guidance at a glance	9

1 Introduction

Frailty is the most problematic expression of ageing we are facing in modern healthcare. While relatively easy to recognise when advanced, distinguishing older people with less advanced frailty from fit older people can be challenging. Not all older people are frail, and not all people living with frailty are old. While supporting the routine identification of frailty among older people aged 65 and over, it is also important to note that in some populations frailty can be identified earlier in the life course¹.

Identifying frailty in an older person can help us predict who is likely to have a fall, become dependent on other people to help with basic care tasks, experience an unplanned admission to hospital or a care home, or die within the next year. Frailty is also associated with anxiety, depression and a poorer quality of life.

It is therefore important to identify patients who may be living with frailty by stratifying populations of older people who are likely to be at risk of greater health and care utilisation in the future to help them stay well for as long as possible.

Providing better care and support for people living with frailty is both a key challenge and opportunity for the NHS, as recognised in the NHS Five Year Forward View² and the Next Steps on the NHS Five Year Forward View³. This is also reflected locally with many Sustainability Transformation Partnerships focused on better supporting older people living with frailty.

[NHS England's Older People's webpage](#) contains information, support and resources on improving care for older people.

2 GP Contract requirements

Practices will use an appropriate evidenced based tool, e.g. Electronic Frailty Index (eFI)^{4 5} to identify patients aged 65 and over who may be living with moderate or severe frailty. For those patients **confirmed through clinical judgement** as living with severe frailty, the practice will:

- deliver a clinical review providing an annual medication review and;
- where clinically appropriate discuss whether the patient has fallen in the last 12 months;
- provide any other clinically relevant interventions;

¹ <http://hummedia.manchester.ac.uk/institutes/micra/reports/golden-generation-report-2017.pdf>

² NHS five year forward view. NHS England. October 2014. <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

³ Next steps on the NHS five year forward view. NHS England. March 2017. <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

⁴ eFI has been tested with over 900,000 patient records and uses existing coded data from the electronic primary care record to identify frailty in people aged 65 years or over. It is the winner of the Healthcare IT Product Innovation category at the EHI 2016 Awards and Innovation Category at the Royal College of Physicians' (RCP) Excellence in Patient Care Awards 2017.

⁵ Clegg et al: Age and Ageing 2016; 45: 353–360

- where a patient does not already have an enriched Summary Care Record (SCR) the practice will promote this by seeking informed patient consent to activate the enriched SCR⁶.

This is summarised in the flow chart at Section 3 below.

⁶ For further guidance on patient consent, see 'patient consent and considerations for patients who lack capacity to consent'. (PDF, 345.5kB)

3 Three step contract process

1. Identify potential frailty

For all patients over 65 use eFI or appropriate validated tool to identify patients who may be living with severe or moderate frailty.

2. Apply clinical judgement

For patients that may be living with moderate or severe frailty apply clinical judgement to confirm ,or where necessary give further consideration to, the tool result to identify accurately people living with severe frailty.

This requires the clinician (not necessarily a GP), to take into account an individual's complete clinical picture; potentially supported by an appropriate tool such as PRISMA-7, Timed Up and Go test, Gait Speed Test or the Clinical Frailty Scale.

3. Take action

For patients diagnosed as living with severe frailty

- 1) Deliver a clinical review, providing an annual medication review and where clinically appropriate a falls risk assessment and any other clinically relevant interventions.
- 2) Seek informed patient consent to activate the enriched SCR, where the patient does not already have one
- 3) Code the clinical interventions appropriately

For other patients consider appropriate interventions and coding as normal

4 Coding

Information on the recommended coding and data collections can be found via NHS Employers Technical requirements for 2017/18 GMS contract changes document: www.nhsemployers.org/GMS201718. In general, codes for frailty should be applied as determined appropriate by the clinician and in line with general guidance on maintaining accurate medical records and the [clarifying statement issued by NHS England on batch-coding](#).

5 Data and monitoring

Practices will code clinical interventions for this group appropriately. Data will be collected on:

- the number of patients recorded with a diagnosis of moderate frailty
- the number of patients with severe frailty
- the number of patients with severe frailty with an annual medication review
- the number of patients with severe frailty who are recorded as having had a fall in the preceding 12 months
- the number of severely frail patients who provided explicit consent to activate their enriched SCR.

NHS England will use this information to understand the nature of the interventions made and the prevalence of frailty by degree among practice populations and nationally. This data will not be used for performance management or benchmarking purposes.

For further information please see NHS Employers [website](#) and summary documents.

6 Process and supporting guidance at a glance

Requirement	Information	Guidance/resources
Identify all patients over 65 who may be living with moderate and severe frailty using an appropriate tool (for example, the electronic Frailty Index (eFI))	The eFI is now available in all general practice software systems.	<p><u>NICE guidance</u></p> <ul style="list-style-type: none"> • NICE Guideline NG56: Multimorbidity Clinical Assessment and Management <p><u>Tools and guidance</u></p> <ul style="list-style-type: none"> • eFI user Support Hubs (SystmOne, EMIS, Microtest and Vision) • Clinical Frailty Scale • Coding –see below ‘Consistency in Read Coding’ • Clarifying statement on need for clinical input to confirm diagnosis before Read coding • Support patient awareness leaflet http://www.nhs.uk/NHSEngland/keogh-review/Documents/Frailty.pdf <p><u>Best practice / examples</u></p> <ul style="list-style-type: none"> • Frailty awareness for GPs Frailty overview and animation • Frailty blog by Martin Vernon
For patients identified as living with severe frailty, the GP practice will deliver a clinical review providing:		
Medication review	The use of multiple medications by older people living with frailty is likely to increase the risk of falls, adverse side effects and interactions. Hence the need to individualise the interpretation of national guidelines for single long term conditions in the context of	<p><u>NICE guidance</u></p> <ul style="list-style-type: none"> • Medicines optimisation set out in NICE NG5 https://www.nice.org.uk/guidance/NG5 • NICE Quality Standard 6 – structured medication review. • NICE Guideline NG56: Multimorbidity Clinical Assessment and Management <p><u>Tools and guidance</u></p> <ul style="list-style-type: none"> • Polypharmacy: Guidance for Prescribing in Frail Adults • NHS Scotland and the Scottish Government. Polypharmacy guidance • Improvement Academy. Effectiveness Matters: Reducing harm from polypharmacy in older people

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Requirement	Information	Guidance/resources
	multimorbidity in general and frailty in particular.	<ul style="list-style-type: none"> • STOPP/START tool user guide • Improvement Academy. Effectiveness Matters: Recognising and managing frailty in primary care <p>Best practice / examples</p> <ul style="list-style-type: none"> • BMJ 10 minute consultation how a GP could potentially complete a medications review in a consultation.
Where clinically appropriate discuss if the patient has fallen in the previous 12 months	Frailty can help predict who is likely to have a fall. The routine identification of those most vulnerable of falling allows general practice to target interventions at individuals most likely to benefit.	<p>NICE guidance</p> <ul style="list-style-type: none"> • NICE Clinical Guideline CG 161: Falls in older people: assessing risk and prevention <p>Tools and guidance</p> <ul style="list-style-type: none"> • Public Health England guidance – Falls and fractures: consensus statement and resource pack • Toolkit for General practice in supporting older people living with frailty. • Timed Up and Go Test
Where a patient does not already have an enriched Summary Care Record (SCR) to seek informed patient consent to activate the enriched SCR.	The SCR is created automatically through clinical systems in GP practices and uploaded to the Spine . It will then be updated when further changes are made to the GP record.	<p>Tools and guidance</p> <ul style="list-style-type: none"> • Additional information in SCR - Guidance for GPs to use SCR to make more information available across care settings. Includes benefits of enriching the SCR. • Guidance regarding SCR additional information for patients who lack the capacity to consent to an SCR with additional information 'Patient consent and considerations for patients who lack capacity to consent'. (PDF, 345.5kB) • Viewing SCRs with additional information. Download the viewer guidance for healthcare staff (PDF, 1.7MB) to understand the changes that additional information brings when viewing the SCR. A condensed two sided SCR viewer guide (PDF, 178.1kB) for healthcare staff is also available.

There is evidence that multicomponent exercise programmes have positive impact on activities of daily living in older community dwelling people, living with moderate frailty.

Further information about the identification and management of moderate and mild frailty can be found at the following references:

<http://www.sciencedirect.com/science/article/pii/S0140673612621679>

<http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.2004.52521.x/full>

<https://academic.oup.com/ageing/article/2863854>

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0170878>

<https://academic.oup.com/biomedgerontology/article/55/6/M350/2948063/Physical-and-Performance-Measures-for-the>

<https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-8-278>

<https://www.hindawi.com/journals/jar/2011/569194/abs/>

<http://online.liebertpub.com/doi/abs/10.1089/rej.2012.1397>