Frailty at the Front Door Collaborative

Specification

October 2017 – April 2019
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Introduction

Healthcare Improvement Scotland is calling for applications to take part in an 18-month improvement collaborative – the Frailty at the Front Door Collaborative – to improve the way in which frailty is coordinated at the front door of acute care.

This programme is part of the Improvement Hub’s (ihub) workplan which is designed to test and spread new ways of delivering services with the aim of improving outcomes for people, their carers and families.

Improving outcomes for older people remains a national priority in Scotland. There is a need to ensure that, whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. Care also needs to be integrated with a focus on prevention, anticipation and self-management. Furthermore, when acute care is no longer required, people should be able to return home as soon as appropriate with minimal risk of readmission\(^1\).

Growing numbers of people living with frailty are admitted to hospital in an emergency situation and some of those admitted will deteriorate further or experience harm during their hospital stay.

There is compelling evidence to support the benefits of early and effective comprehensive geriatric assessment, reablement and intermediate care for people living with frailty. However, optimal outcomes are only achieved when community health and social care services and hospital systems are fully aligned and well-coordinated, and care and support are attuned to the specific needs of people living with frailty.

Frailty at the Front Door Collaborative

Aims and objectives

The aim of this collaborative is to improve the processes for identifying frailty and coordinating care to deliver better experiences and outcomes for people living with frailty. While this specific work is focused on the front door of acute care, it is driven by an approach that recognises the importance of thinking about flow across the whole system. Getting the care pathway right for older people and people living with frailty in acute care has a wider impact on the whole system.

The collaborative will work in synergy with a range of programmes across the ihub, including Living Well in Communities, to ensure a joined-up approach to frailty identification and management. It will also work in collaboration with the Scottish Government and other national improvement initiatives to support improvements across the pathway of care. Taking this integrated approach to improvement will maximise opportunities to improve quality, experience and flow while contributing to the aims of the Health and Social Care Delivery Plan.

Potential benefits for people living with frailty include:

- a reduction in the need for hospital care through the consideration of a range of care options
- more likely to be supported in their own home with the appropriate level of care
- shorter periods of time in hospital if admission is required
- a reduction in placements in long term care
- a reduction in unnecessary ward moves, and
- improved patient experience.

Potential benefits for participating NHS boards include:

- a reduction in avoidable admissions
- a reduction in length of stay
- increased bed capacity
- improved patient flows
- a reduction in re-attendance rates
- a clearly defined and effective pathway for frailty, and
- significant cost benefits.

Potential outcome measures for this work include:

- a reduction in the number of avoidable admissions
- increase in the number of patients getting to a specialty bed in 24 hours
- increase in the number of patients discharged home in 24 hours
- increase in the number of patients discharged within 48 hours
- reduction in the average length of stay in assessment and receiving units
- reduction in the average length of stay for patients admitted to specialty beds
- improved patient and carer experience
- improved staff experience, and
- increase in number of patients with an Anticipatory Care Plan at point of contact.

In order to achieve this, the collaborative’s objectives are to:

- improve the processes for identifying frailty
- strengthen links between secondary, primary and social care to ensure all care options are considered
- improve the processes for delivering early effective comprehensive geriatric assessment
- improve the coordinated response to frailty
- develop improvement capacity and capability in NHS boards using recognised quality improvement (QI) methodology, and
- prototype a driver diagram, change package and related resources to support testing of interventions, measure improvement and establish mechanisms for embedding new approaches into daily practice.
Method

We plan to recruit three NHS boards to work with us to improve the way frailty is coordinated at the front door of acute care through a collaborative approach. The collaborative will run from October 2017 to April 2019.

The programme will be underpinned by a collaborative approach working in partnership with organisations. The improvement activity will be designed with organisations committed to achieving sustainable change. Participating organisations will engage in rapid testing, sharing the learning and working collaboratively, to implement changes that lead to lasting improvement.

In addition to support for participating organisations, the ihub will support a range of learning and development opportunities with a focus on the early identification and management of frailty across pathways of care.

Please note there is no additional funding available to support this collaborative.

Participation

All NHS boards in Scotland are invited to apply. We will select three NHS boards to take part in the collaborative. Each NHS board should include representation from a range of relevant disciplines and stakeholders demonstrating engagement with the public or service users.

A Memorandum of Understanding (MoU) will be signed between Healthcare Improvement Scotland and each participating NHS board. The MoU will clearly set out the expectations and timelines.

There is a clear expectation that all participating NHS boards will:

- identify key staff members to support the programme and contribute to learning sessions – this includes a project facilitator and a senior manager (at executive level) who will sponsor the work and oversee progress, and a clinical lead for the demonstrator site
- identify and release existing internal quality improvement expertise
- attend and contribute to face-to-face national learning sessions and networking meetings approximately every 12 weeks, plus site specific catch-up meetings or calls
- collect baseline and ongoing process data, sharing with all participating teams within the collaborative through a series of project surgeries and WebExes
- engage with teams with willingness and capacity to collaborate, and
- develop and share relevant resources with a view to spreading learning across Scotland.

Healthcare Improvement Scotland will:

- convene an expert reference group to provide advice, guidance and monitor progress highlighting risks and addressing challenges as they arise
• support NHS boards to communicate with key stakeholders throughout the duration of the collaborative
• work in collaboration with NHS boards to develop a quality improvement support plan
• host national networking events to provide opportunities for sharing experiences and expertise
• ensure that, as far as possible, frailty and pathway prototyping work is aligned with related national programmes
• provide subject matter and improvement expertise, and
• where appropriate, provide data support.

Governance arrangements

Governance arrangements will be through existing structures to ensure the effective delivery of the collaborative.

Project milestones and key dates

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date</th>
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<tbody>
<tr>
<td>Applications open</td>
<td>18 July 2017</td>
</tr>
<tr>
<td>NHS board interviews</td>
<td>4 October 2017</td>
</tr>
<tr>
<td>Successful NHS boards informed</td>
<td>9 October 2017</td>
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Additional networking opportunities will be added to the following timetable as the collaborative gets under way.
Application and selection process

NHS board recruitment is being advertised from **Tuesday 18 July to Friday 18 August 2017**.

The closing date for applications is **12 noon on Friday 18 August 2017**.

Applicants should complete the application form on our website ([http://ihub.scot/frailty-at-the-front-door/](http://ihub.scot/frailty-at-the-front-door/)) and send it by 12 noon on **Friday 18 August 2017** for the attention of Amy Walker to the following email address: [hcis.acutecare@nhs.net](mailto:hcis.acutecare@nhs.net)

Please do not attach or embed any supporting documents in your application email.

To be considered for interview, NHS boards must clearly demonstrate:

- a description of the scale and nature of the challenges behind the application
- commitment and support for the collaborative at senior level
- a description of engagement of relevant local stakeholders, for example eHealth, social work and emergency departments, and
- commitment to spread the learning from their NHS board, including promoting the tools and good practice tested.

NHS boards will be informed if they have been selected for interview by **Monday 11 September 2017**.

Interviews will be held on **Wednesday 4 October 2017** at Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB.

NHS boards selected for interview are invited to send a maximum of **three** key representatives and are asked to ensure their representatives will be free on this date as no alternative arrangements are possible.
The Improvement Hub (ihub) is part of Healthcare Improvement Scotland

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