The System Wide Frailty Network (SWFN)

Delivering a 'frailty friendly system' for older people

NHS Elect is launching an exciting new programme on developing a whole system approach to the care of older people. This programme will help with the design and delivery of care pathways in response to the Ageing Well policy and aims to support teams to improve care and outcomes for older people.

Why is this important?

There is a pressing need to develop systems to provide care closer to home for older people living with frailty, both to minimise unnecessary urgent care episodes and improve outcomes. Planning services across local systems to meet the needs of this group of vulnerable patients is key to providing better and more resilient NHS care.

Why NHS Elect?

Improvement networks at NHS Elect have worked with hundreds of clinical teams across acute hospitals to improve care for older people. The Acute Frailty Network (AFN) launched in 2015 to work with acute hospitals '*supporting older people living with frailty to get home sooner and healthier'.* 118 teams across the NHS have been supported by AFN to improve hospital pathways reducing admissions and bed days whilst improving outcomes and the experience of older people. The AFN programme focuses on the first 72 hours of urgent care and teams are supported to design principles of best practice into their system using QI methodology. To find out more about the work of this large scale programme go to www.acutefrailtynetwork.org.uk

Based on the success of AFN we were commissioned by NHS England to design and deliver an improvement programme for older people living with frailty being treated in specialised services. This programme is the Specialised Clinical Frailty Network (SCFN), and the aim of this programme is:

- improving NHS specialised services for older people living with frailty
- to develop shared decision making to ensure individuals values and preferences inform treatment decision-making.

To date we have worked with 50 clinical teams across nine specialised care pathways:

1. Cardiac (TAVI)
2. Cancer surgery
3. Chemotherapy
4. Spinal surgery
5. Renal services
6. Neurosurgery
7. Cardiac surgery
8. Vascular services
9. Adult critical care

You can find out more about our SCFN improvement programme at www.scfn.org.uk

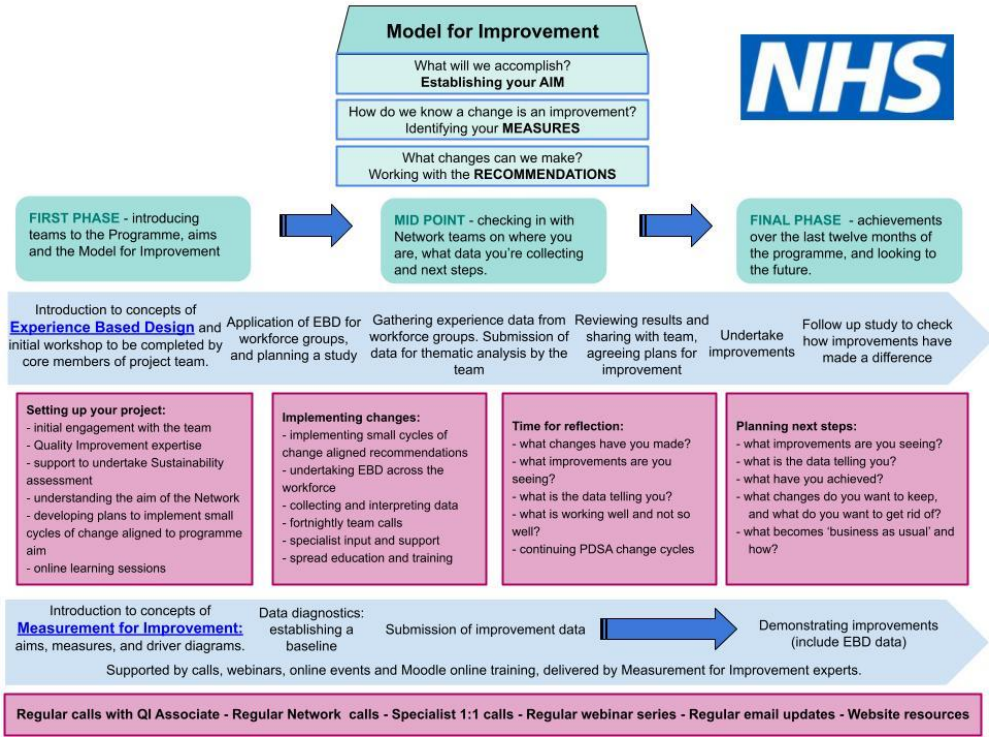
Both frailty programmes have been clinically led by Professor Simon Conroy, supported by a team of clinical leaders and our QI teams with expertise in the field of older people's care.

More recently, we have worked with teams who are keen to make changes across the system and successfully supported several systems to deliver improvements in the care of older people with frailty. These have included provision of acute care in the community setting, same day emergency care and working with systems to improve awareness of frailty through education programmes. Our measurement team has also worked with Professor Conroy to develop analytical tools underpinned by the Hospital Frailty Risk Score that helps teams identify opportunities for improvement. We will also be able to draw upon international best practice and guidance described in the Silver Book II.

What is involved?

Our team of QI practitioners, analysts and clinicians have taken the learning from our frailty networks and designed a programme to support improvement within a system where it is needed most for frail older people.

The **System Wide Frailty Network** is designed in line with the tried and tested 'collaborative improvement' model, with a number of systems working together to improve services and models of care locally, supported by national clinical and improvement experts and sharing their experiences through national networking events. The first wave of the Network will launch in September 2021 and run for 12 months. Up to ten health and social care systems will be invited to participate in Wave One and a small national team will be assembled to support the local change programme for each system.



The network team will deliver a series of live events, masterclasses and webinars that support participating teams in delivering improvements to frailty services across their system and enabling teams to share experiences with one another. Each participating system team will have an allocated 'QI coach' and access to measurement expertise to help plan, deliver and measure change locally, and access to national clinical experts to support the redesign of services.

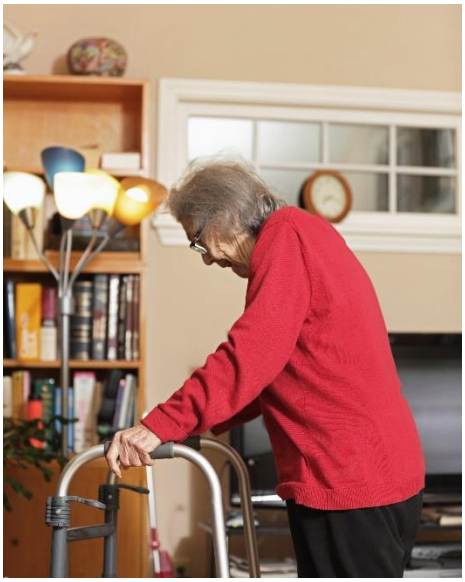
In addition to delivering the programme, the national team will also create a set of resources (a website, guidance material, a return on investment tool and case studies) to support participating sites and to enable the spread of interesting and effective practice more widely.

Across the system we can focus on helping teams make improvement in any of the following areas, focusing upon frailty:

- Acute care
- Intermediate care
- Primary care
- Mental health
- Care Homes
- Ambulance services
- Specialised services
- Education and training across the system

The programme team will work closely with participating systems to understand the priority areas for improvement and develop a plan to improve these frailty services locally.

The SWFN offer



- A wealth of experience from health and social care communities that have tested and implemented new system wide models of urgent care for frail older people
- A repository of best practice and case studies from the best sites, describing their work and lessons learnt, available through our network website
- A bundle of tools and methodologies has been developed to support the implementation of frailty best practice
- We have a strong offer to support co-design with patients/staff using our bespoke experience-based design tools developed specifically for older people living with frailty.

SWFN benefits and outcomes

- Membership of a network of health and social care communities who have tested and implemented new models of care for frail older people and who can showcase their work to the wider NHS.
- A suite of tools to support the spread and operational implementation of frailty improvements locally.
- Teams will have the capability and knowledge to apply QI methodology to implement improvements going forward.
- Teams are equipped to effectively use data to identify opportunities for improvement and monitor the impact of changes they make.
- Teams are trained in patient-centred improvement through co-design using experience based design.
- Final report demonstrating the impact made by teams in their local system.

If you would like any more information about the programme or to talk to us about participation, please email us at:

frailty@nhselect.org.uk