

Frailty - GMS core contract data collection identification and management of patients

1. Introduction

This protocol describes how the Practice manages patients living with frailty. It is supported by reference to the national guidance at the links below

<http://www.nhsemployers.org/~media/Employers/Documents/Primary%20care%20contracts/GMS/2017%2018%20Technical%20requirements%20for%20GMS%20contract%20changes.pdf> page 27

<http://www.nhsemployers.org/~media/Employers/Documents/Primary%20care%20contracts/GMS/Summary%20of%20requirements%20for%20frailty.pdf>

For Somerset Practice Quality Scheme (SPQS) surgeries, there are additional requirements around frailty which are actually more onerous than the core contract requirements.

2. Background

From 1 July 2017, the General Medical Services (GMS) contract will require practices to routinely identify moderate and severe frailty in patients aged 65 years and over.

The Five year forward view notes that support for older people living with frailty, along with mental health and cancer, is one of the three areas where the NHS faces 'particular challenges'. Frailty has been described as the most problematic expression of population ageing, in part because it can be difficult to distinguish those living with frailty from those without frailty.

Not all older people are frail and not all people living with frailty are old. It is important to identify older people who are living with frailty to help stratify populations by risk of future health and care use. This will ensure that health and other preventative or supportive interventions are appropriately organised and targeted.

3. High level process

- Systematic identification of frail patients
- Target and tailor appropriate care and support for older people with the greatest need.

4. Must do

The Practice is required to use an appropriate tool to identify patients aged 65 and over who are living with moderate or severe frailty. For those patients identified as living with severe frailty, the diagnosis must be recorded in the patient's record. The Practice will use the Electronic Frailty Index (eFI).

For those patients with **moderate** frailty and where the GP deems this to be a correct diagnosis, to record clinical interventions in the patient record.

For those patients identified as living with **severe** frailty, the practice is required to:

- deliver a clinical review, including providing an annual medication review (***no stipulation that this must be face to face***) and where clinically appropriate discuss whether the patient has fallen in the last 12 months
- provide any other clinically relevant interventions e.g. referral to Falls Clinic
- explain the benefits of the enriched Summary Care Record (SCR), seeking informed patient consent to activate it. This does not have to be written consent. Patients are automatically opted in for minimal summary care record at time of registration but for extended Summary care records the code 9Ndn needs to be added to the record.

Patients must give their explicit consent for this information to be added.

The consent is enduring so the SCR can be kept up to date in real time as the GP record is updated. The SCR is automatically updated once the SCR consent setting in the GP system has been changed to 'Express consent for medication, allergies, adverse reactions AND additional information'. In order to change a patient's consent status for their Summary Care Record, staff will need activity B0020 on their smartcard.

Download this [summary patient leaflet about additional information \(PDF, 417.4kB\)](#) to help you explain it to patients. [A simplified leaflet is also available \(PDF, 349.3kB\)](#). There is no requirement to gain written consent, however a [combined information leaflet and consent form \(PDF, 180.9kB\)](#) is available for GP practices that wish to use it.

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

Practices will code clinical interventions for the **severe** group appropriately. Data will be collected on the number of patients through CQRS automated extraction on a quarterly basis.

- Recorded with a diagnosis of moderate frailty. the number of patients
- Recorded with a diagnosis of severe frailty.
- with severe frailty with a record of an annual medication review on or after diagnosis of severe frailty

- With severe frailty who are recorded as having had a fall in the preceding 12 months.
- With severe frailty who provided explicit consent to activate their enriched SCR.

SPQS requirements 17.18 (section 3.2)

'Practices will **complete Treatment Escalation Plans and Clinical Communication Documents** for those patients with **severe frailty**, multiple long-term conditions or who are close to the end of their lives and who, in their GP's opinion, would benefit from such anticipatory care planning. **As a minimum this will apply to those patients identified under the frailty requirements of the 2017/18 GMS contract**'

5. The eFI tool

This is inbuilt into EMIS Web and runs in the background. It pulls together about 36 different factors to provide a frailty score. The process is only part automated.

- It does score each patient and generate an alert on the pop up box in the patient record
- It does not clinically code the level of frailty (it just codes that the eFI has produced a score). Within a patient record click 'frailty' in the pop-up box and then press 'calculate'

Searches have been set up for **moderate** and **severe** frailty to give us registers of patients.

6. Early priority groups (Suit of searches, protocols, document templates and clinical templates attached)

As this is part of our main GMS contract and given the requirements of SPQS most practices will commence a review of patients with severe frailty that were part of the AUA care plans (no longer a GMS contract requirement).

To find the patients using the EFI score

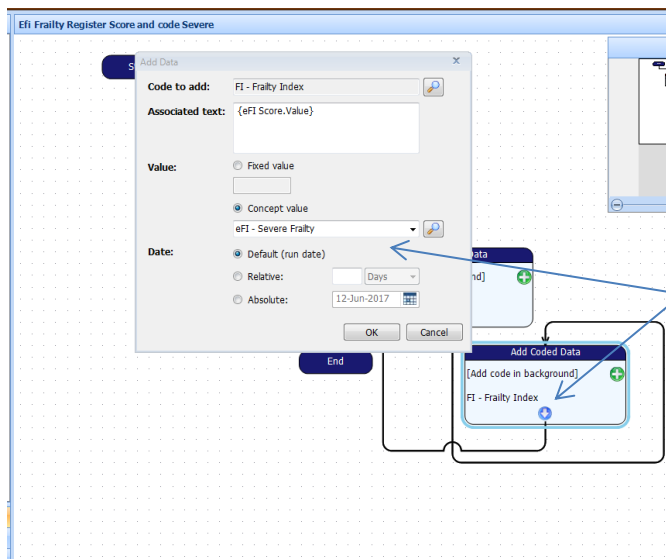
- Run a search on Total population 65 year and over

population for frailty

Rule 1	If Rule Passed : Include in final result	If Rule Failed : Exclude from final result
Include Patients with Patient Details where: the Age is older than or equal to 65 years on the search date		
Click here to add another feature to this rule.		
Click here to add another Rule.		

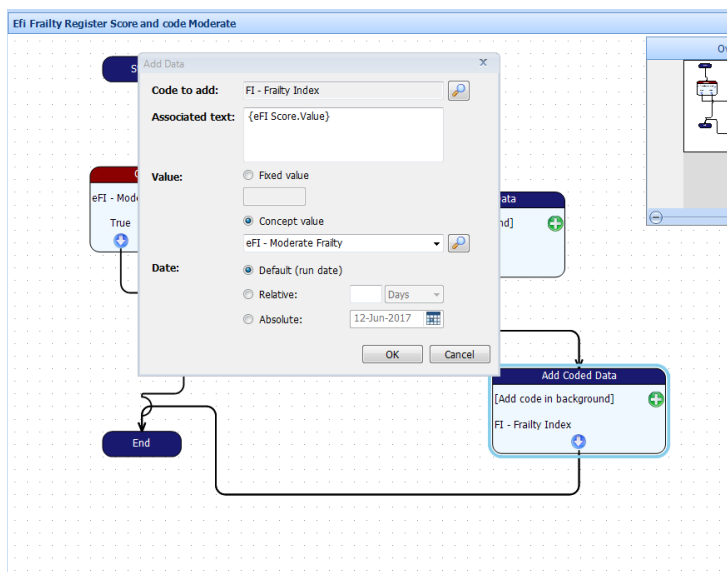
Load the **EFI Frailty Register score and code severe protocol** which runs the efi severe frailty concept and if true adds the read code severe frailty with associated

text of {eFI Score.Value} (this will add the patient's current score as a value to the read code). If you have any problems with the protocols not running please check below.



Click on Edit protocol and then double click on this box

Ensure this box has efi Severe Frailty, if not use spy glass to search for it.

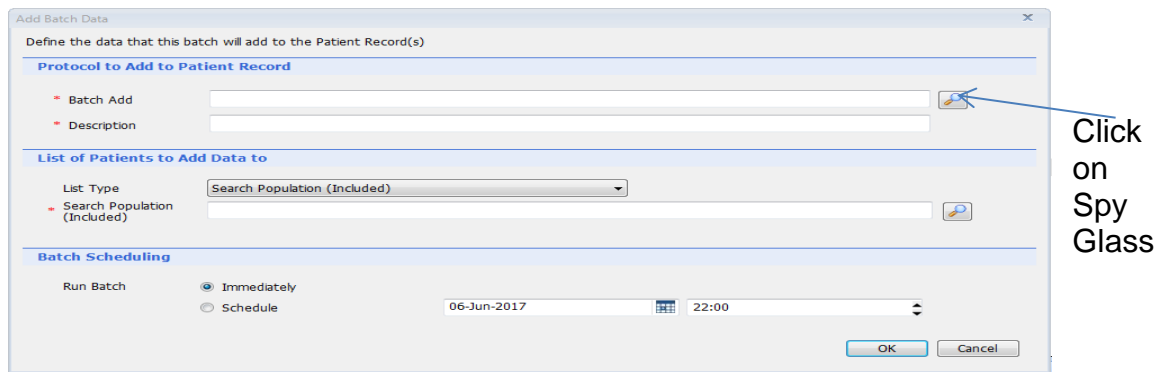


The same as above

Using the cohort of patients from the 65 years and over search.

Run the **EFI Frailty Register score and code severe protocol** as a batch add protocol on the full practice register.

- Click Batch add on Ribbon Bar
- Choose protocol on drop down list and Add Batch data screen will appear



- A new box entitled Protocol picker will appear
- Type severe into selection box and click on spy glass and select the correct protocol (**EFI Frailty Register score and code severe protocol**)
- Copy and Paste from batch add box into description box
- Select Population by using the spy glass and identifying the **Total population 65 year and over search**
- **Double check you have all criteria correct as adding data using a protocol cannot be undone.**
- **If you don't want the EFI score on twice please ask and we can explain how to take it out**

This can now be repeated using the same population 65 and over but batch add the (EFI Frailty Register score and code moderate protocol)

This will have now scored and coded all patients 65 and over with a EFI frailty score and frailty diagnosis where appropriate i.e. moderate and severe patients only.

You have now identified patients who as are severely frail and needing to be offered an Extended Summary care record, medication review and a falls review and if practices are taking part in SPQS they also need a CCG Clinical Communications document and a Frailty care plan.

Practices may decide to start with those patients who have already been identified last year as needing a AUA care plan and these can be updated and the CCG Clinical Communications document can be written as well.

7. Templates and protocols

There is now a clinical template for use for new care plans and reviews. This will auto populate the Frailty care plan document template and the Clinical Communications document (Frailty). These are only suggested plans and practices may opt to use their own and the original CCG Clinical Communications document.

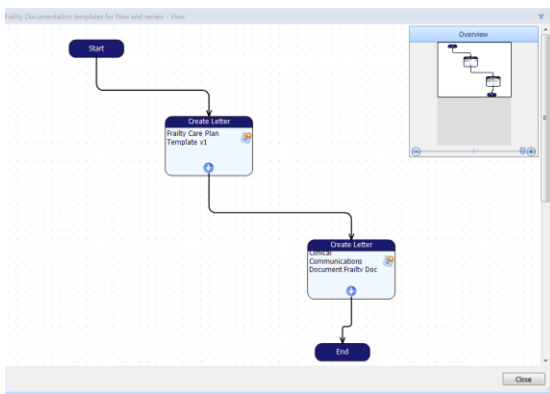
Firstly Load the Clinical Template – Frailty 2017 and the Protocol for Frailty Clinical template for new and review.

Load the document template for Frailty care plan document template and the Clinical Communications document (Frailty)

Then Build the following protocol

1. Add Protocol
2. Select Action Nodes
3. Click and drag Create a letter
4. Type in selection box **Frailty care plan document template and select**
5. Click and drag Create a letter again
6. Type in **Clinical communications Document frailty and select**
7. Add in the arrows
8. Click Decision Nodes Click and drag End Protocol
9. Save in protocol folder

Example below



Add the protocols to the F12 key – if unsure please ask.

8. How to complete Clinical and document templates

Once a patient has been identified using the EFI score on Emis and the GPs opinion would benefit from such anticipatory care plans.

1. Add consultation
2. Problem – Type in Frailty , click F4 more, select On Frailty register
3. Click F12
4. Select Frailty Clinical template for new and review
5. Clinical template will open

All data should be added to the template and any key points should be free text in the top box – advance Care planning, this will ensure the document care plan and clinical communications document will be populated. Ensure a next review date is added at the bottom. By ticking the Express consent for core and additional SCR dataset this will automatically change the SCR status so please ensure consent is obtained.
6. Save Template.
7. Save consultation
8. Click F12
9. Select Frailty document templates for new and review

10. Complete the document and add in any consultations click Ok
11. Add in any medications click Ok
12. Add in any Problems required click ok
13. File, Print
14. File, Save and Close
15. The clinical communication document (frailty) will now open
16. Add in a Care co-ordinator or GP name click Ok
17. add in any consultations click Ok
18. Add in any medications click Ok
19. Add in any Problems required click ok
20. Complete the document with the other criteria required (everything in a Grey box)
21. File, Print
22. File, Save and Close
23. GP to sign document and post or hand to patients.

9. Consent

Patients must give their explicit consent for this information to be added. The consent is enduring so the SCR can be kept up to date in real time as the GP record is updated. The SCR is automatically updated once the SCR consent setting in the GP system has been changed to 'Express consent for medication, allergies, adverse reactions AND additional information'. In order to change a patient's consent status for their Summary Care Record, staff will need activity B0020 on their smartcard.

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<http://webarchive.nationalarchives.gov.uk/20160921135209/http://systems.digital.nhs.uk/scr/additional/sleaflet.pdf>

<http://webarchive.nationalarchives.gov.uk/20160921135209/http://systems.digital.nhs.uk/scr/additional/scleaflet.pdf>

These are the current forms available as of June 2017

10. Suggested reminders

- **EFI Frailty Register score and code severe and moderate protocols and searches should be rerun as per agreed within practice to identify new cases. (e.g. Quarterly as CQRS will be extracting data quarterly)**

- **On the clinical Frailty template, when choosing codes for the medication review please remember that the top two codes listed in the drop down box and select a review date will also change the medication review date on the medication screen. If any other code from the drop down list is used it will be recorded in the care history and will be extracted by CQRS but will not change the medication screen and you will have to do this manually.**
- **Medication Review with notes is not an acceptable code for the frailty extraction, these will not be included.**