

Ageing and Frailty: “Game-changers” for our Health & Care Services?

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MICRA Lecture. Manchester 11th May 2016

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To cover

- › **I:** Population ageing
- › **II:** Implications for population health – the upside
- › **III:** The downside – including frailty
- › **IV:** What this means for health and care services
- › **V:** How our they might need to change to be fit for an ageing population?

Not to cover

- › Lots of specifics on UK Health Policy or Politics
 - *But we can talk policy at end....*
- › “Too difficult” completely separating frailty from ageing and health
- › “How to define/identify frailty” debate e.g.
 - Fried & Phenotype
 - Rockwood & Accumulation of deficits
- › Detailed solutions, service models etc
- › *I will* give out contact details & chat at end

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If you want to explore solutions
Oliver D, Foot C, Humphries R 2014
www.kingsfund.org.uk



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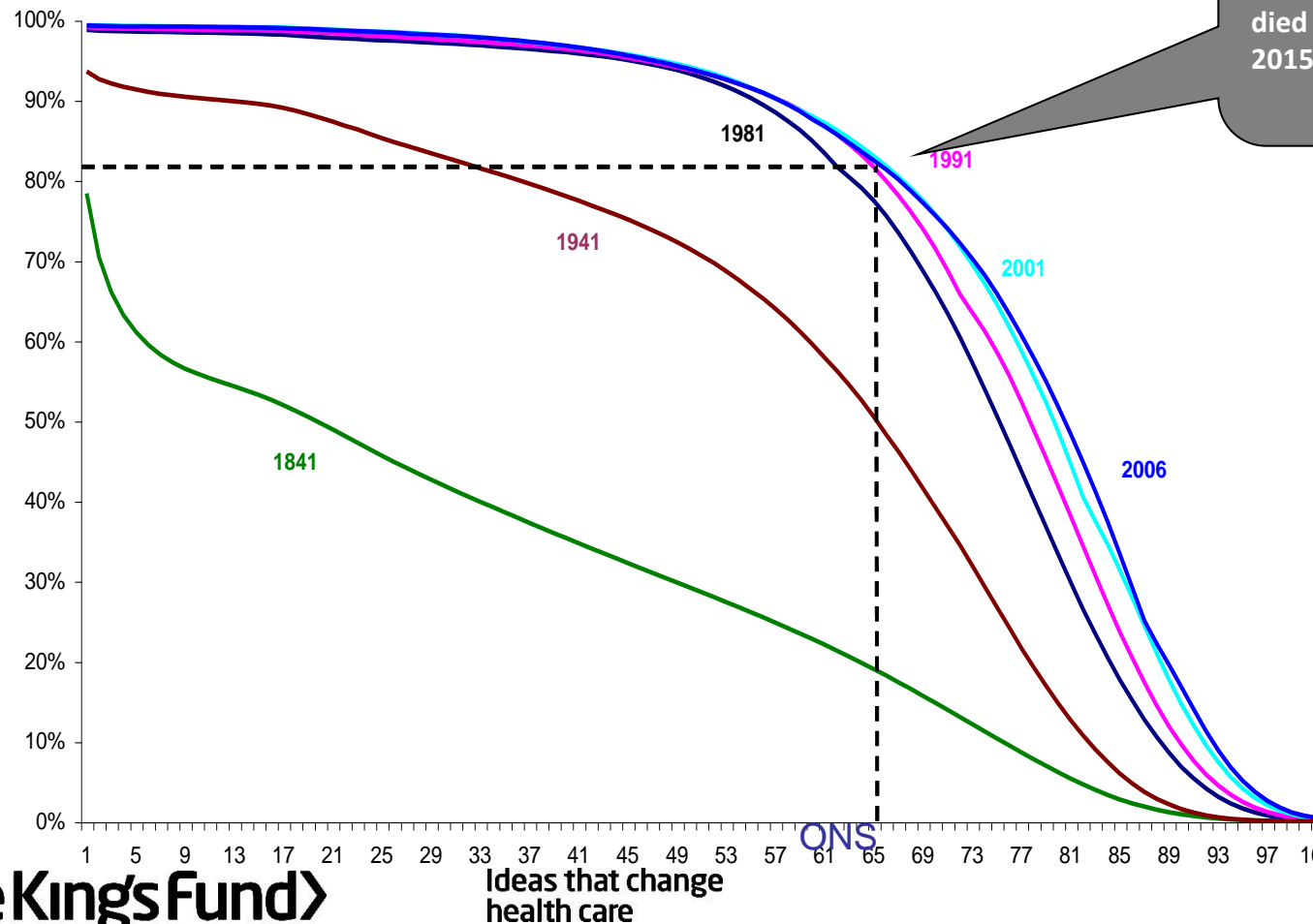
- › 10 sections
- › For each:
 - The current situation
 - Goals
 - What we know *can* work
 - Practical UK examples
 - Key references



I: Population ageing

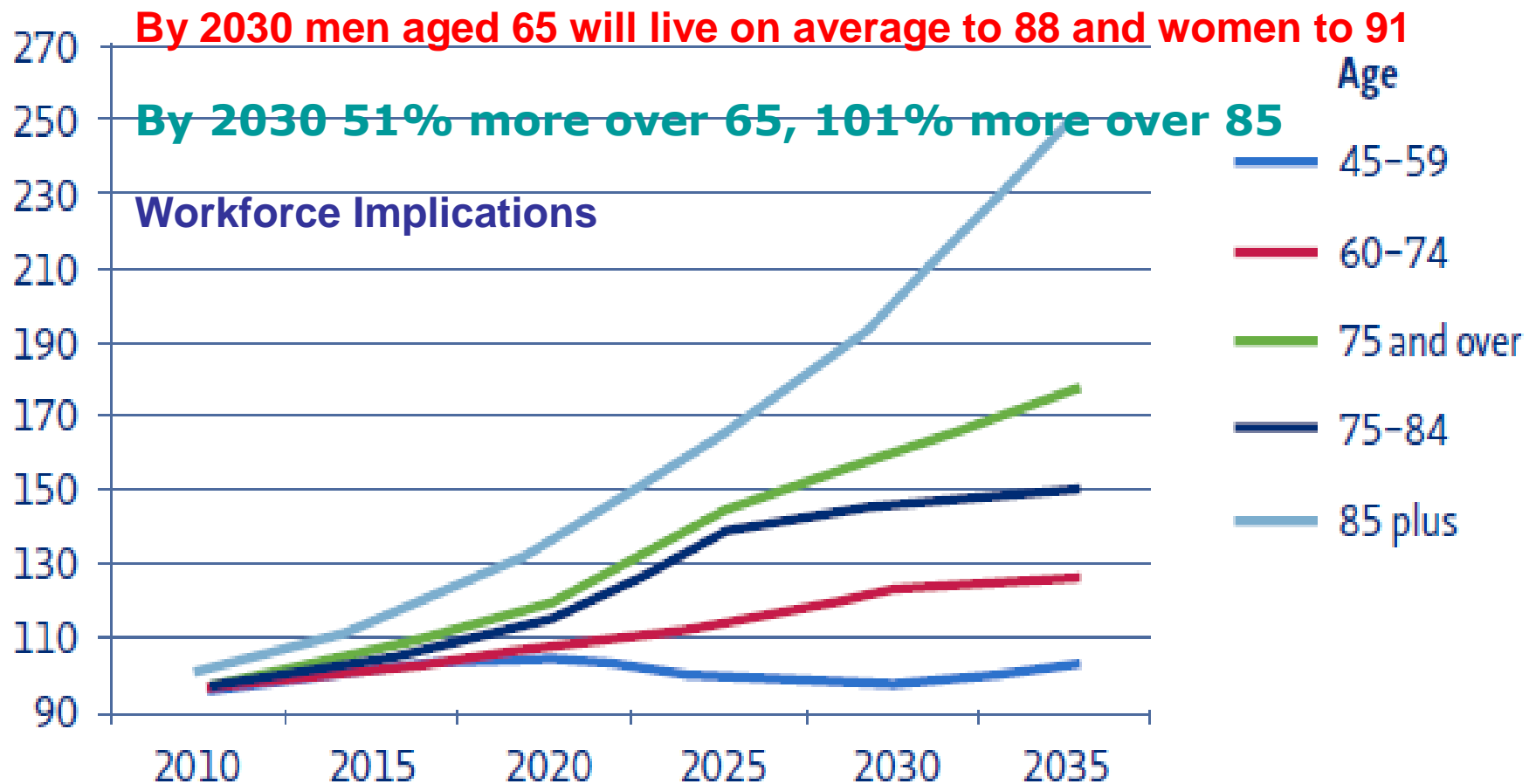
From “rectangularisation” to “elongation” of survival curve.

Distribution of death England 1841 - 2006



1947 NHS
Founded, 48%
died before 65. In
2015 its c 12%

Figure 1. Projected population by age, United Kingdom, 2010–35 (2010 = 100)



Source: Office for National Statistics (Oct 2011) National Population Projections 2010-2035
Statistical Bulletin.

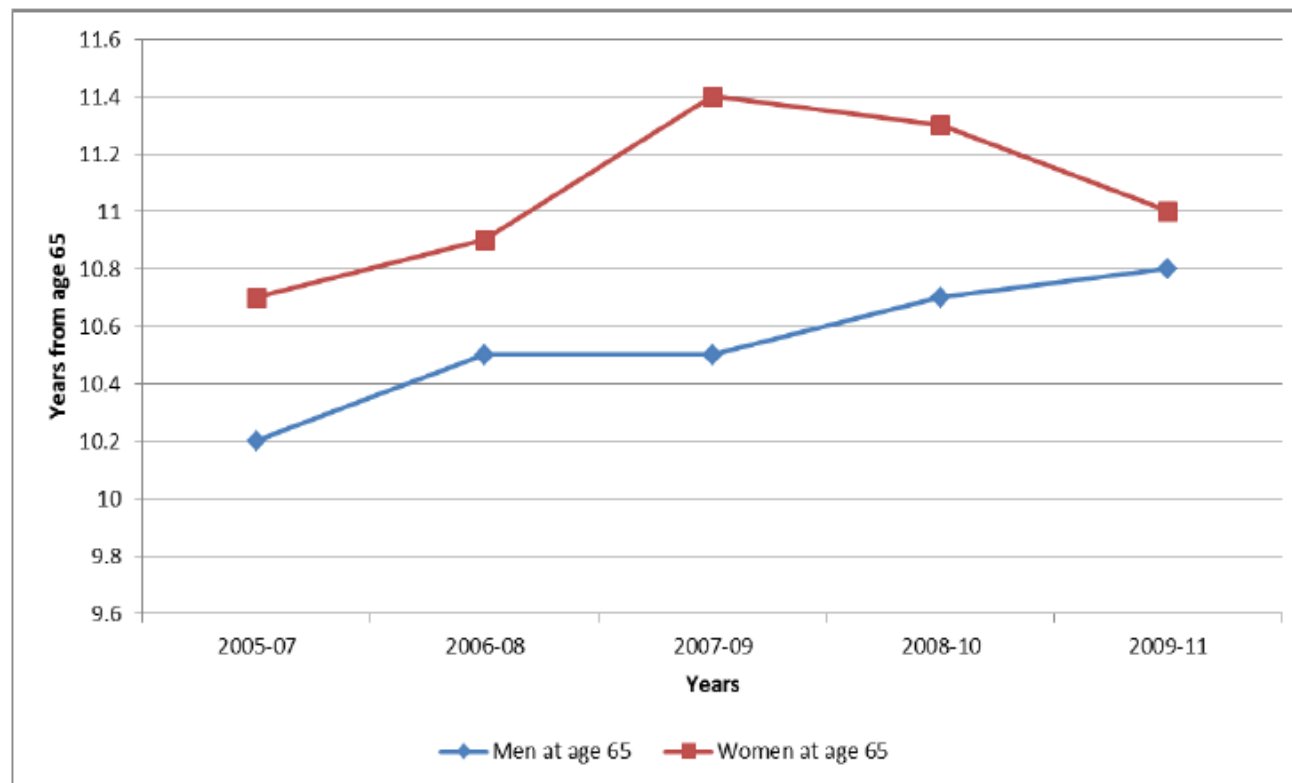


Crucial role of carers

- › Already around 6 million people in the UK are **carers for an older relative**
- › By 2022, the supply of carers will be outstripped by demand
- › 1.5 M are over 65 – many in poor health
- › < 5% get statutory support
- › *House of Lords "Ready for Ageing" report 2013. Age UK 2015*
- › Carers are key to maintaining people at home, supporting them in hospital, supporting their discharge
- › We need to work with them and support them

Disability-free life expectancy

Figure 4: The average number of years that people live free of disability at age 65 in England, 2005-07 to 2009-11

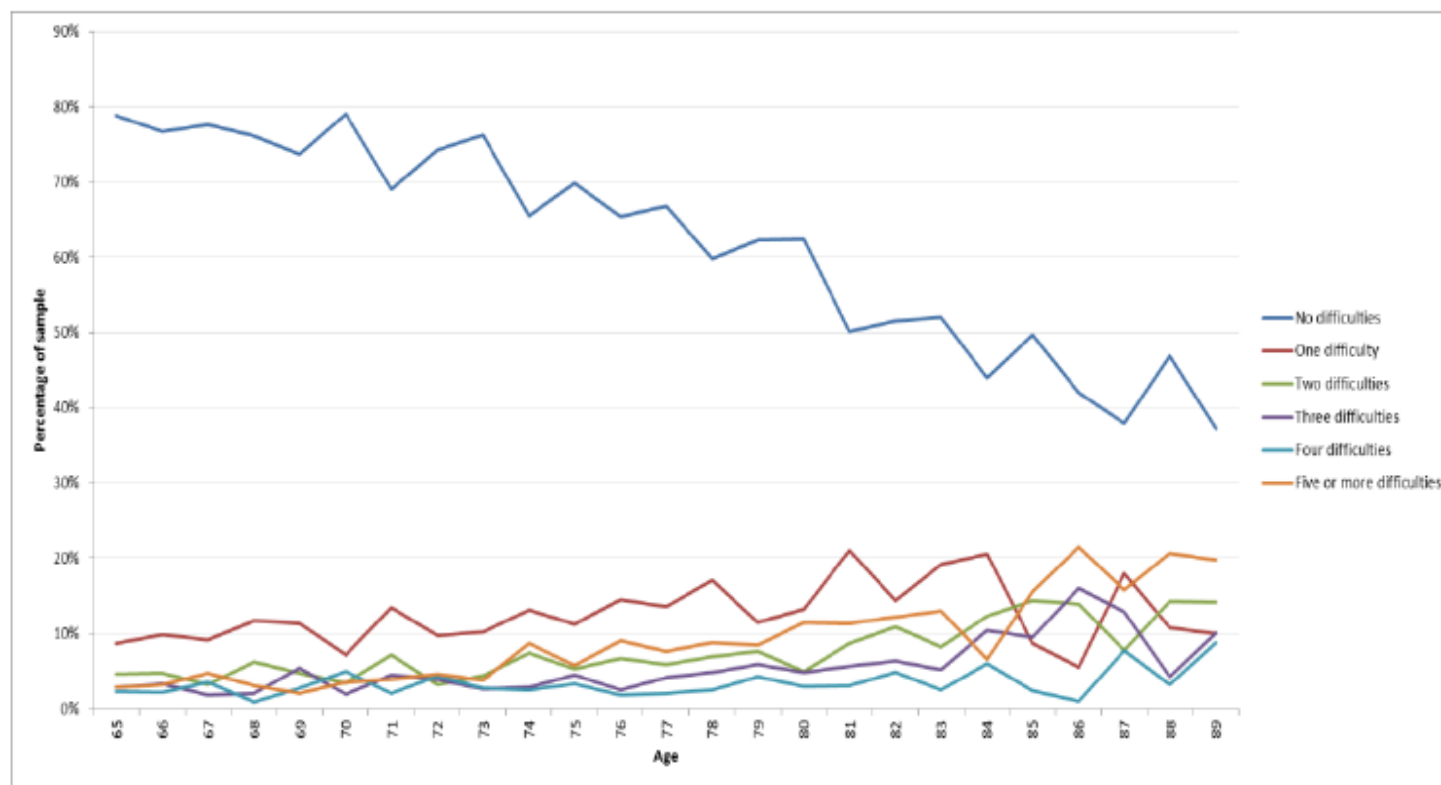


Age UK Health &
Care for Older
People 2015

Source: Office for National Statistics (2014a⁶)

n (difficulties with ADL) by age

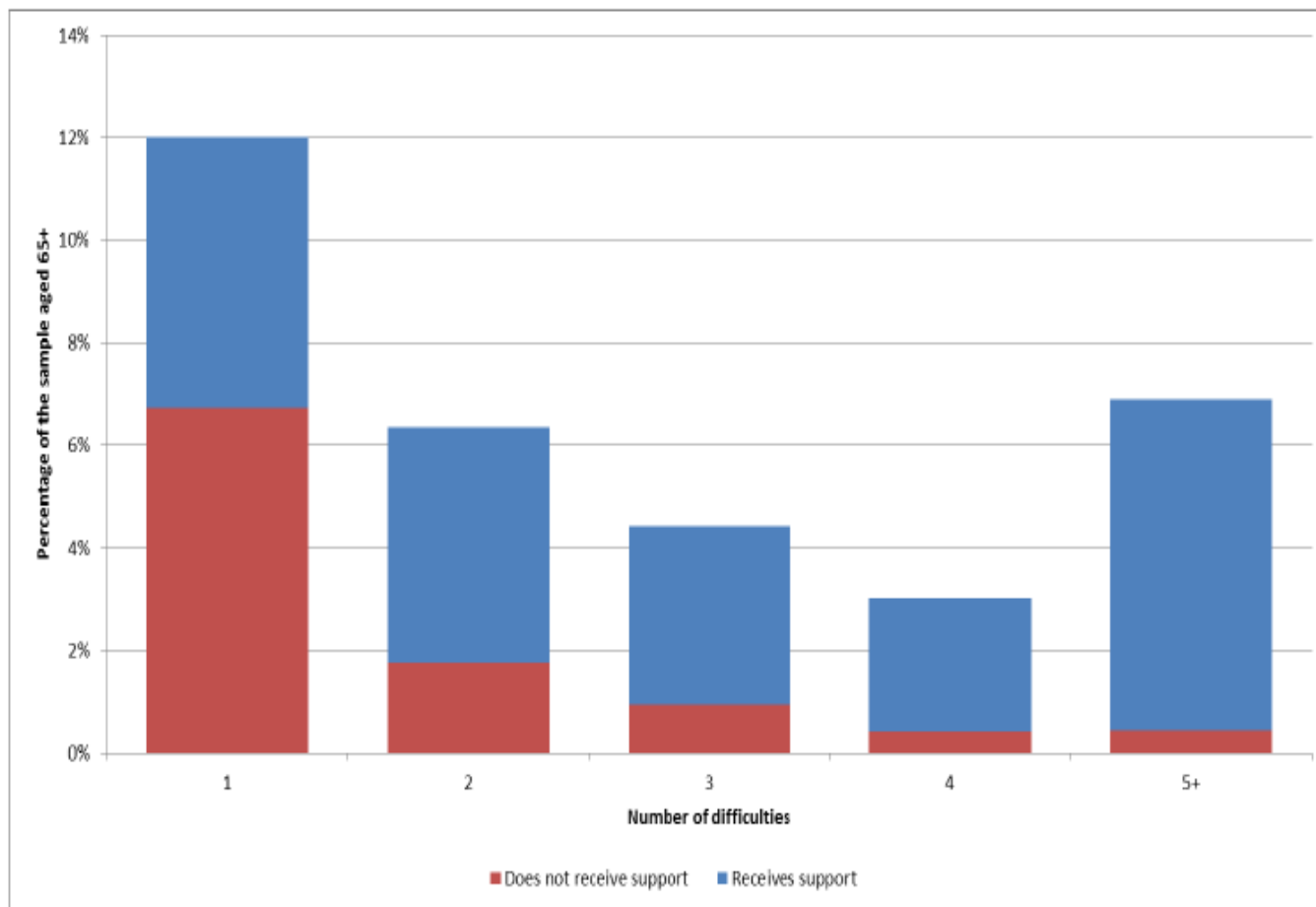
Figure 7: Number of difficulties with activities of daily living by age, England, 2012/13



Age UK Health & Care for Older People 2015

Source: English Longitudinal Study of Ageing (2014¹⁴)

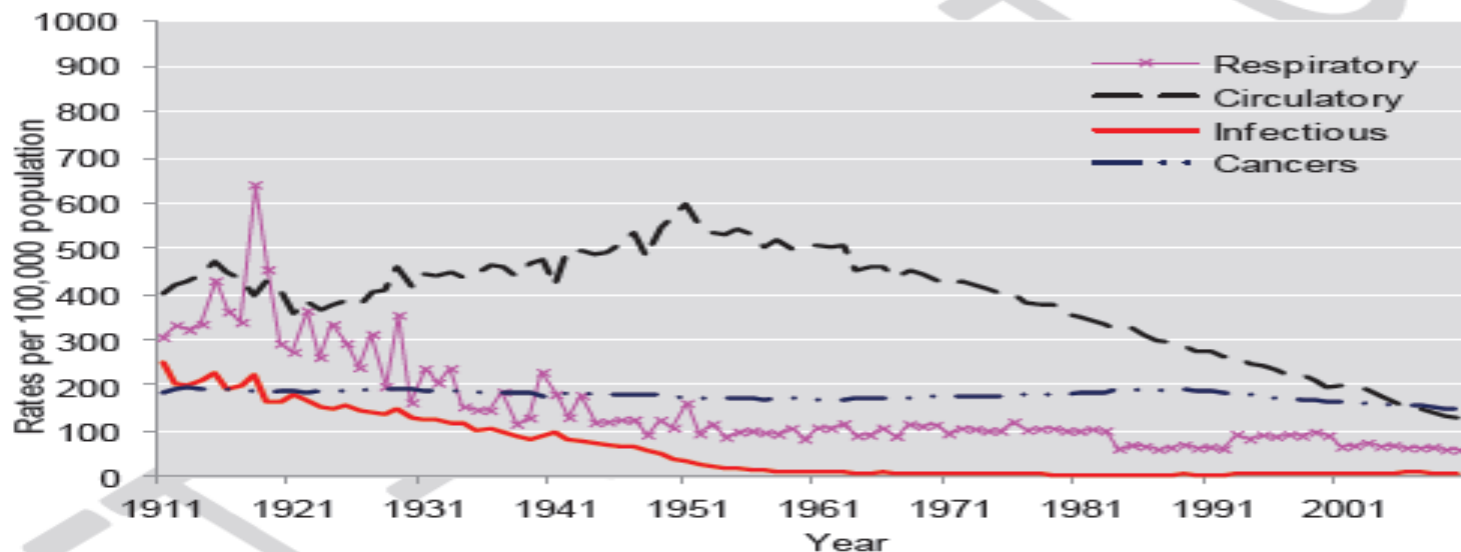
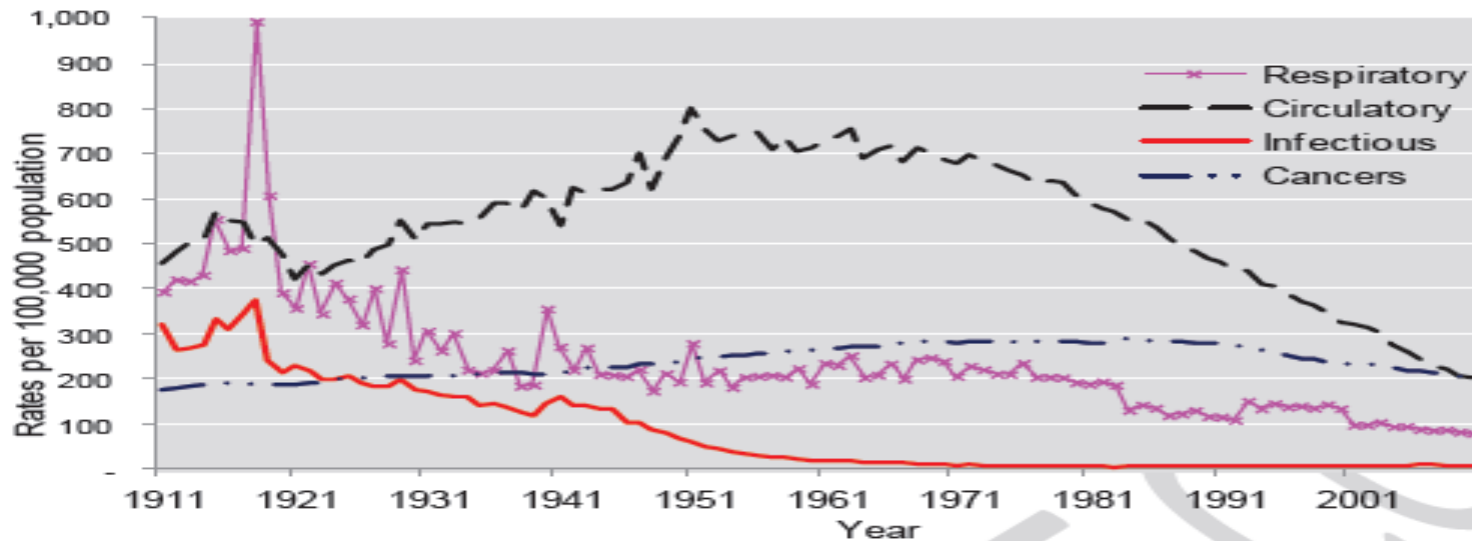
Figure 21: Percentage of the population aged 65 to 89 in England having difficulties with activities of daily living by whether support is received, 2012/13



Source: Age UK analysis of the English Longitudinal Study of Ageing (2014⁷¹)

II: Implications for population health – the upside

Ageing a success!! for society, preventative and curative medicine & for *our* longevity



Source: ONS, 2011

Mortality by major cause, in men and women (all ages). England and Wales



Negative language and perceptions (also against services/staff for older people)



- "Grey Tsunami"
- "Time Bomb"
- "Burden"
- Older people invisible
- Or "elite" (sky-diving grannies)
- Portrayal as dependent, vulnerable, isolated, ill, worried
- Labelled "bed blocker" "social admission" etc
- Ageist values (even *by* older people)
- Age discrimination (*e.g. CPA reports 2009*)
- Even in health professionals
- Values/priorities



thinkingstudies

health care

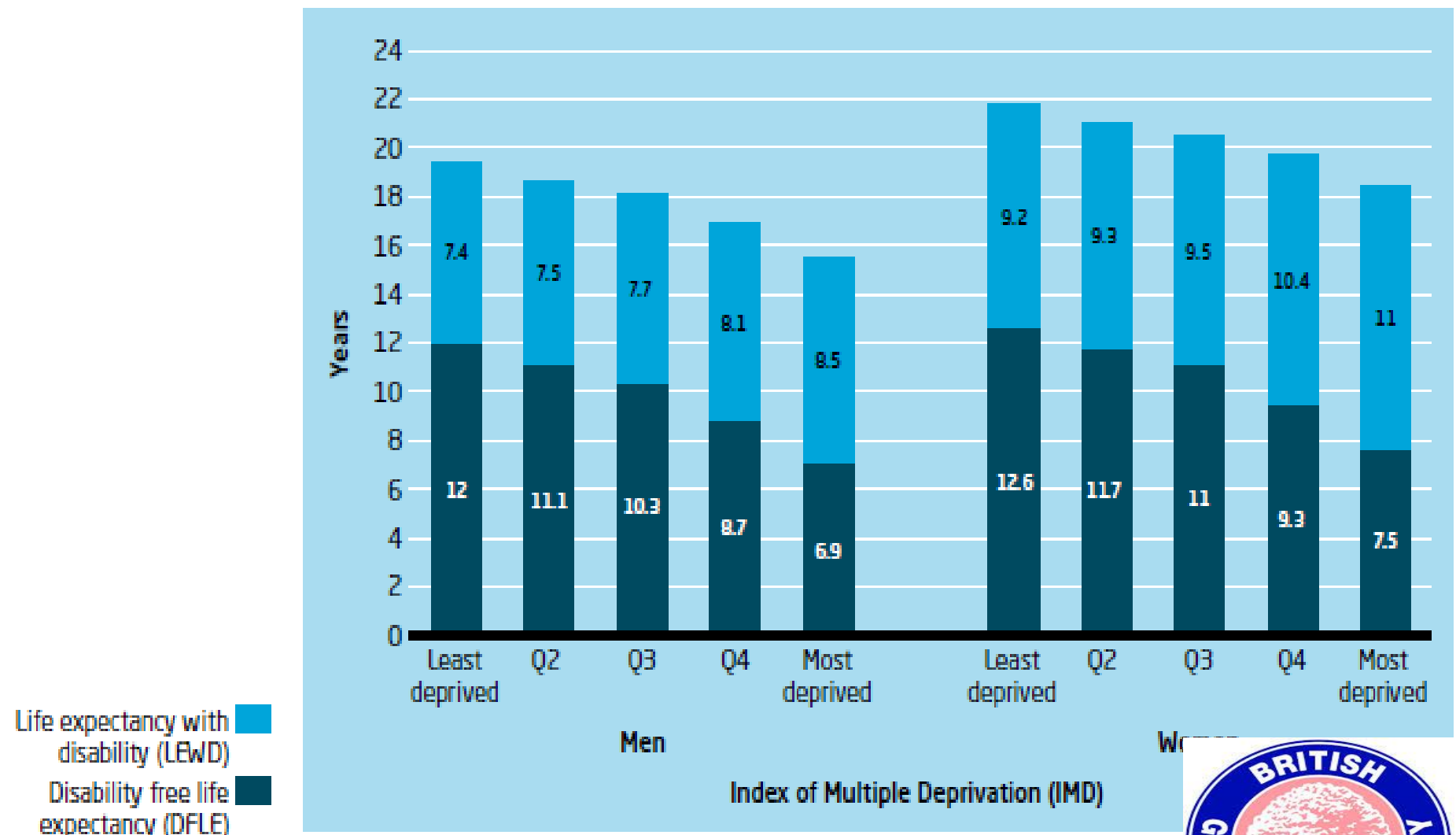
In fact, most older people in decent health and contributing still

(HouseHold Survey/Census/ELSA)

- › 70% M & 60% of F > 75 self report health as “good” or “very good”
- › 2/3 over 75 say they don't live with *life-limiting* LTC
- › Most over 75 remain in own homes with no statutory social support
- › 70-80 year olds self report highest levels of satisfaction with life
- › Taking into account unpaid caring, granparenting, volunteering, spending, paid employment, over 65s make net contribution to economy

(Sternberg Report)

Figure 3 Life expectancy with disability (LEWD) and disability free life expectancy (DFLE) for men and women at age 65, by Index of Multiple Deprivation (IMD) 2007 quintile, England, 2006-08



Source: Office for National Statistics 2011a

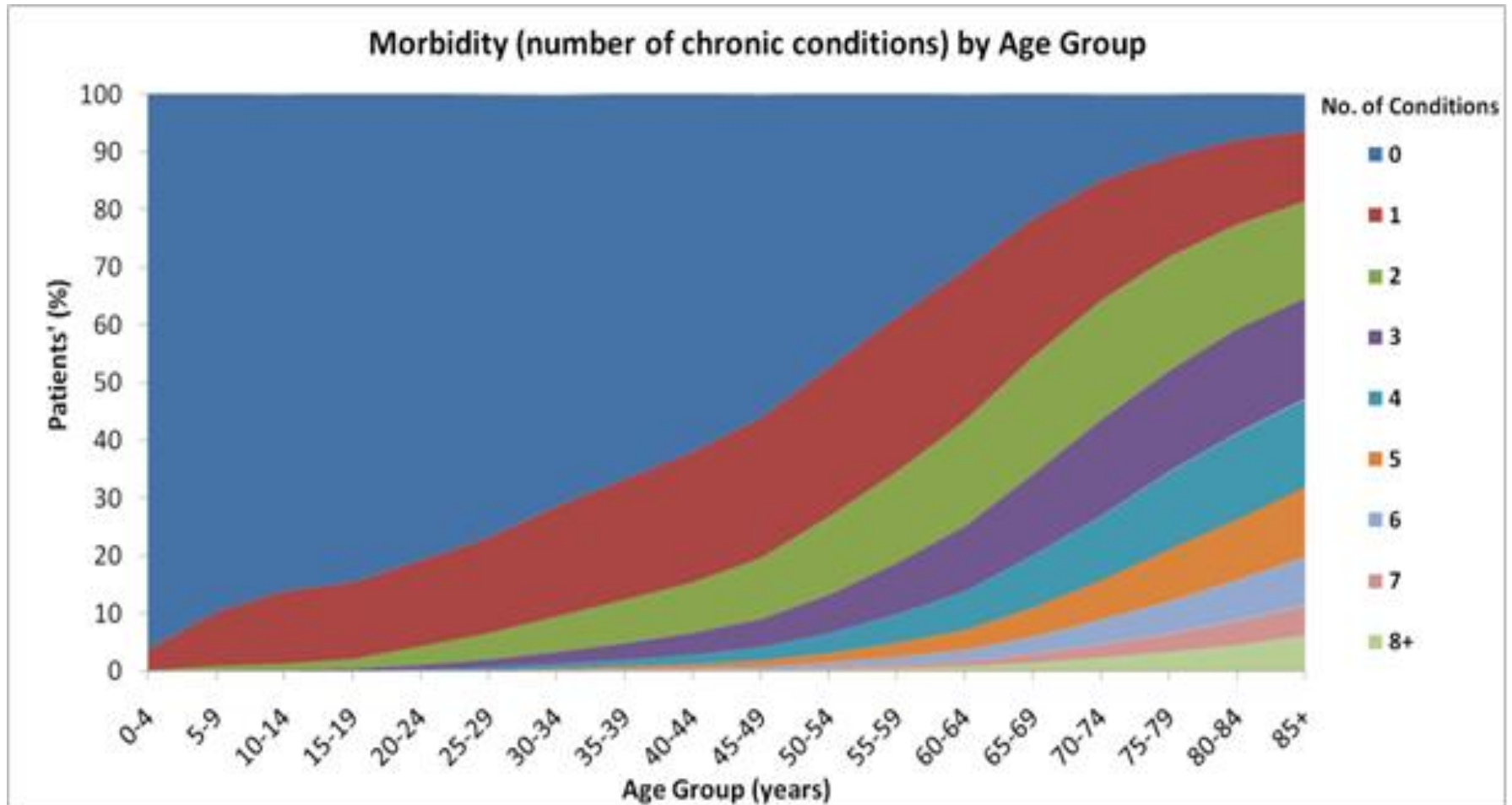


III: Implications for population health – the downside

Including Frailty

Multimorbidity in Scotland

(Scottish School of Primary Care Barnett et al Lancet May 2012)

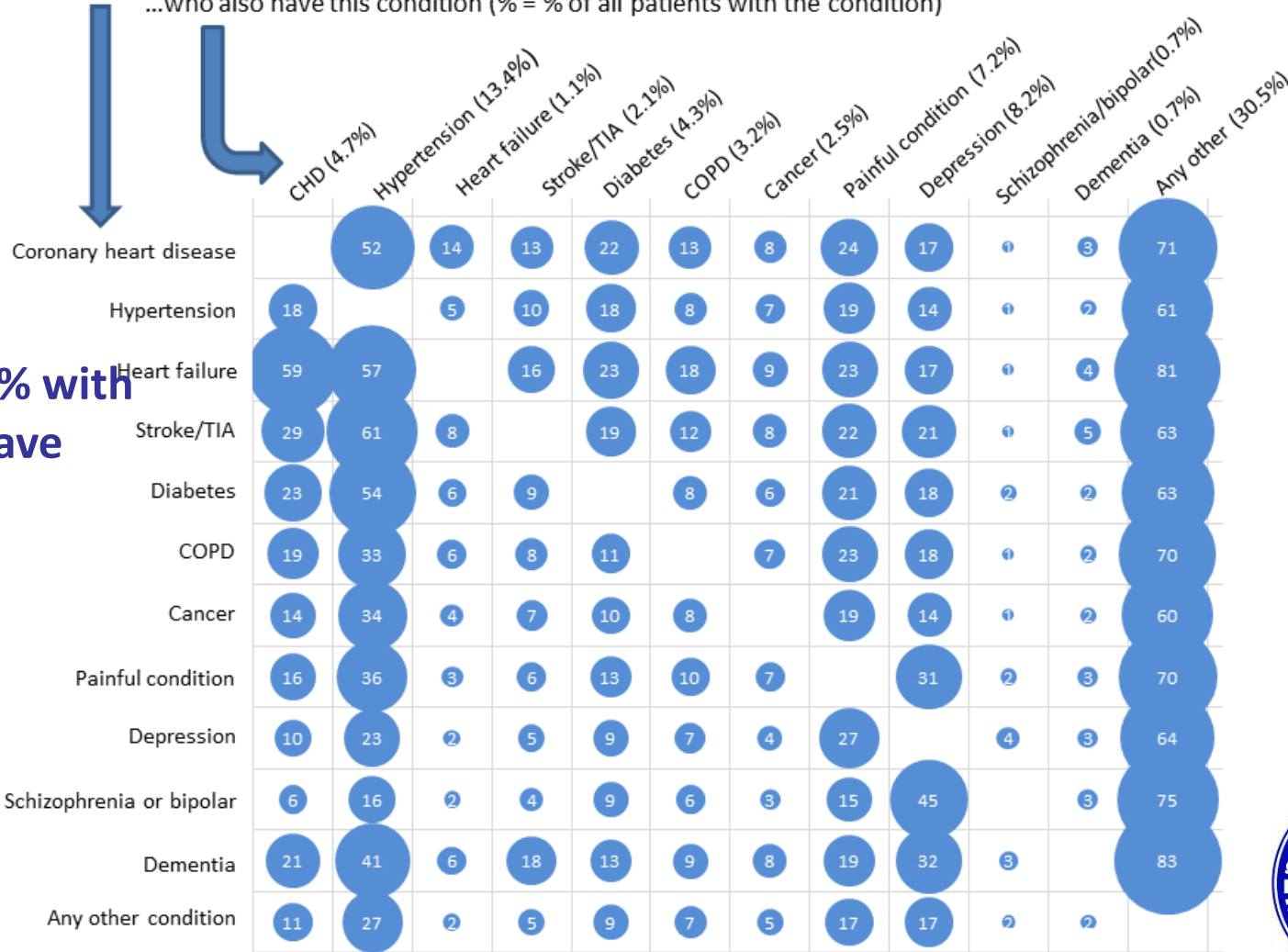


So Single disease services often unfit

Scottish School of Primary Care Study Guthrie BMJ 2012

% of patients with this condition...

...who also have this condition (% = % of all patients with the condition)



e.g. Only 18% with COPD just have COPD

Th

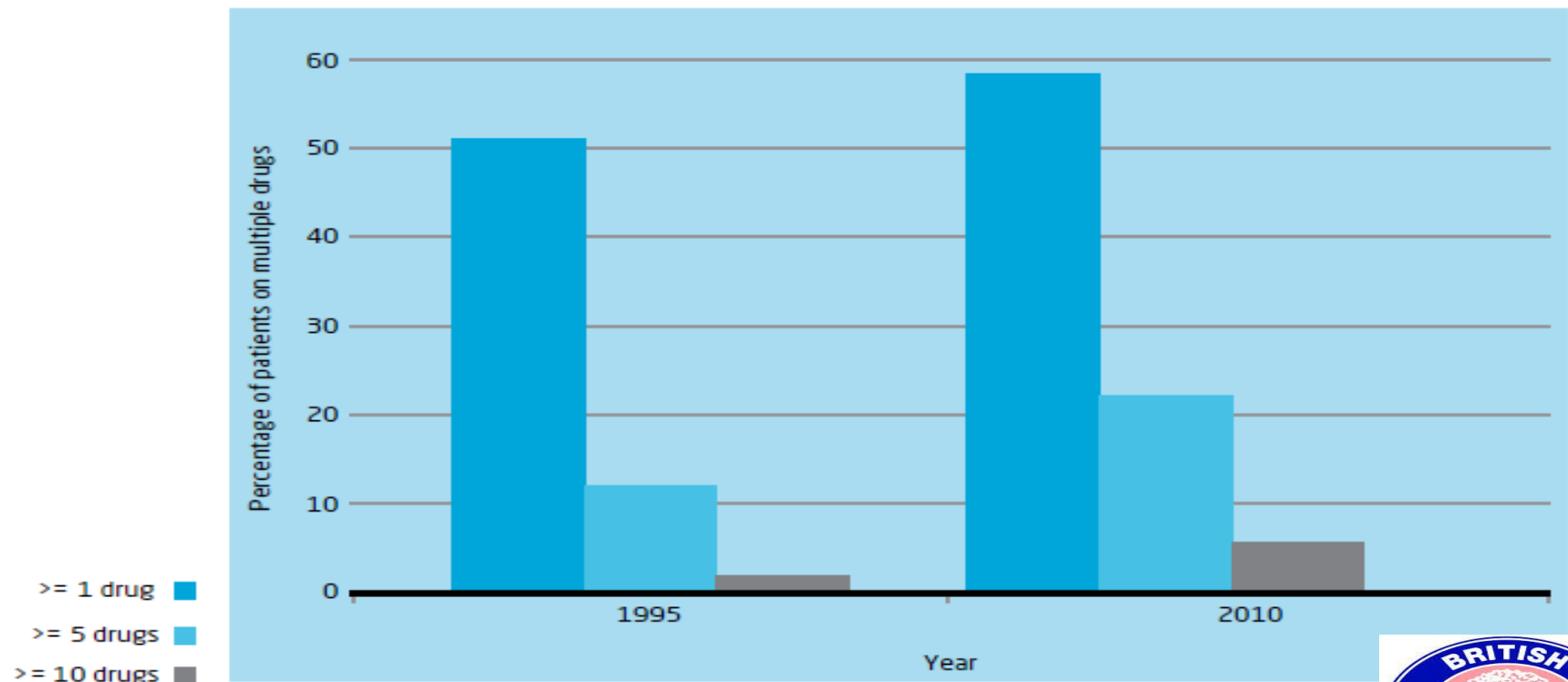


Problematic Polypharmacy. Driven by single disease evidence, consultations, incentives, specialism?

(10% over 75s on 10 + meds).

Median Number of Meds per care home resident = 9 (Barber N

Figure 3 Multiple drug use, Scotland, 1995 and 2010

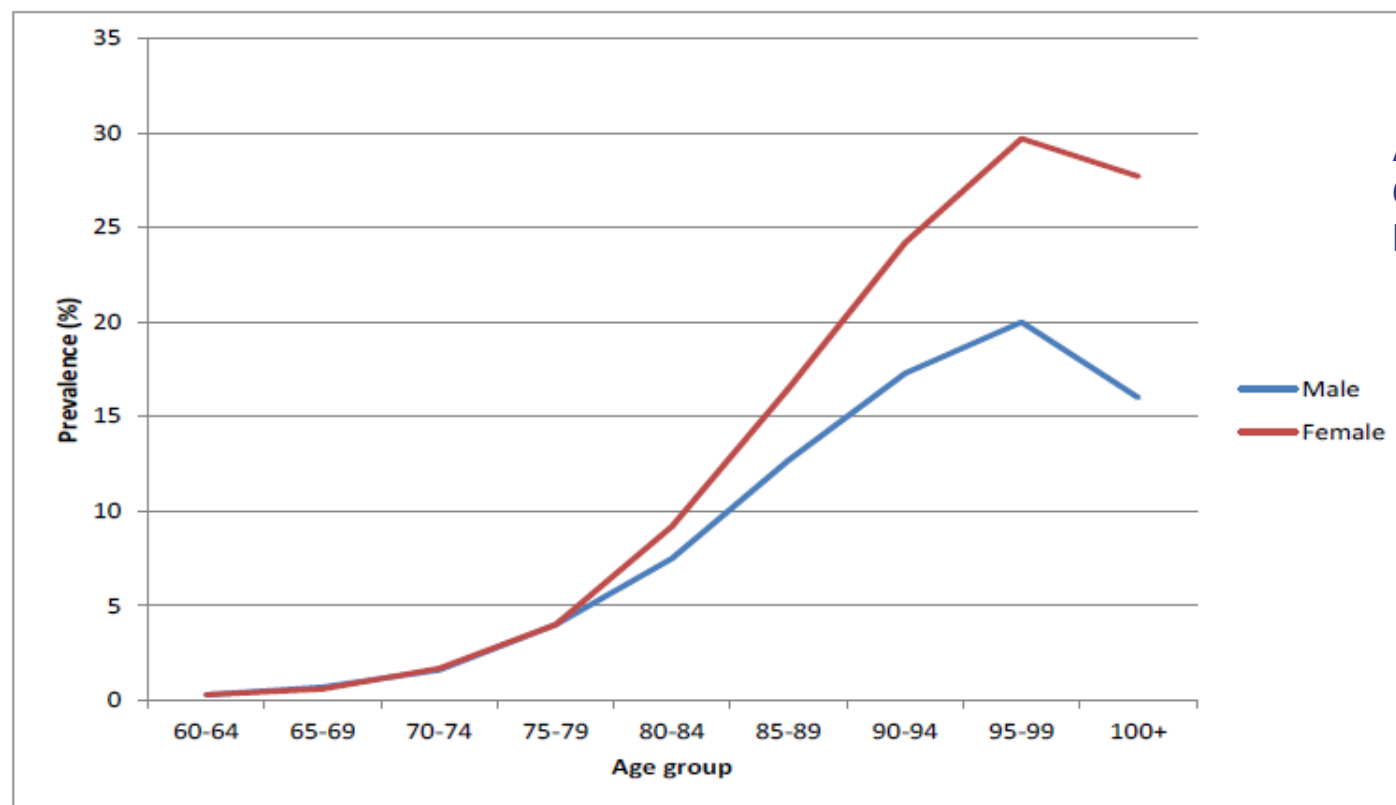


Source: Guthrie and Makubate (2012) ²



Prevalence of Dementia by Age

Figure 14: Prevalence of dementia amongst males and females in England, 2014



Age UK Health &
Care for Older
People 2015

Source: Age UK and University of Exeter Medical School (2015²⁸)

Clegg et al Lancet 2013 Frailty

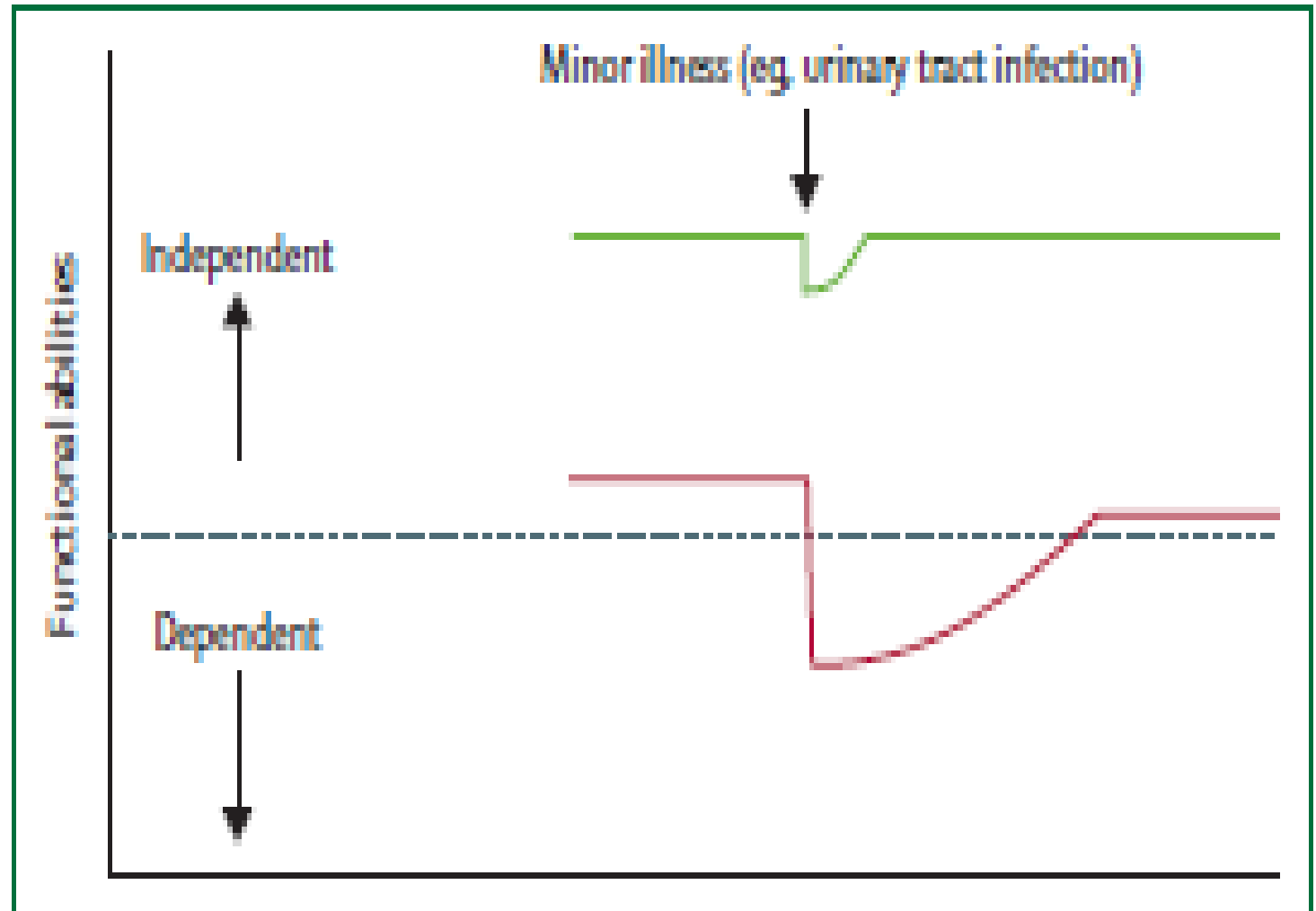


Figure 1: Vulnerability of frail elderly people to a sudden change in status after a minor illness

Frailty Syndromes (how people with frailty present to services).

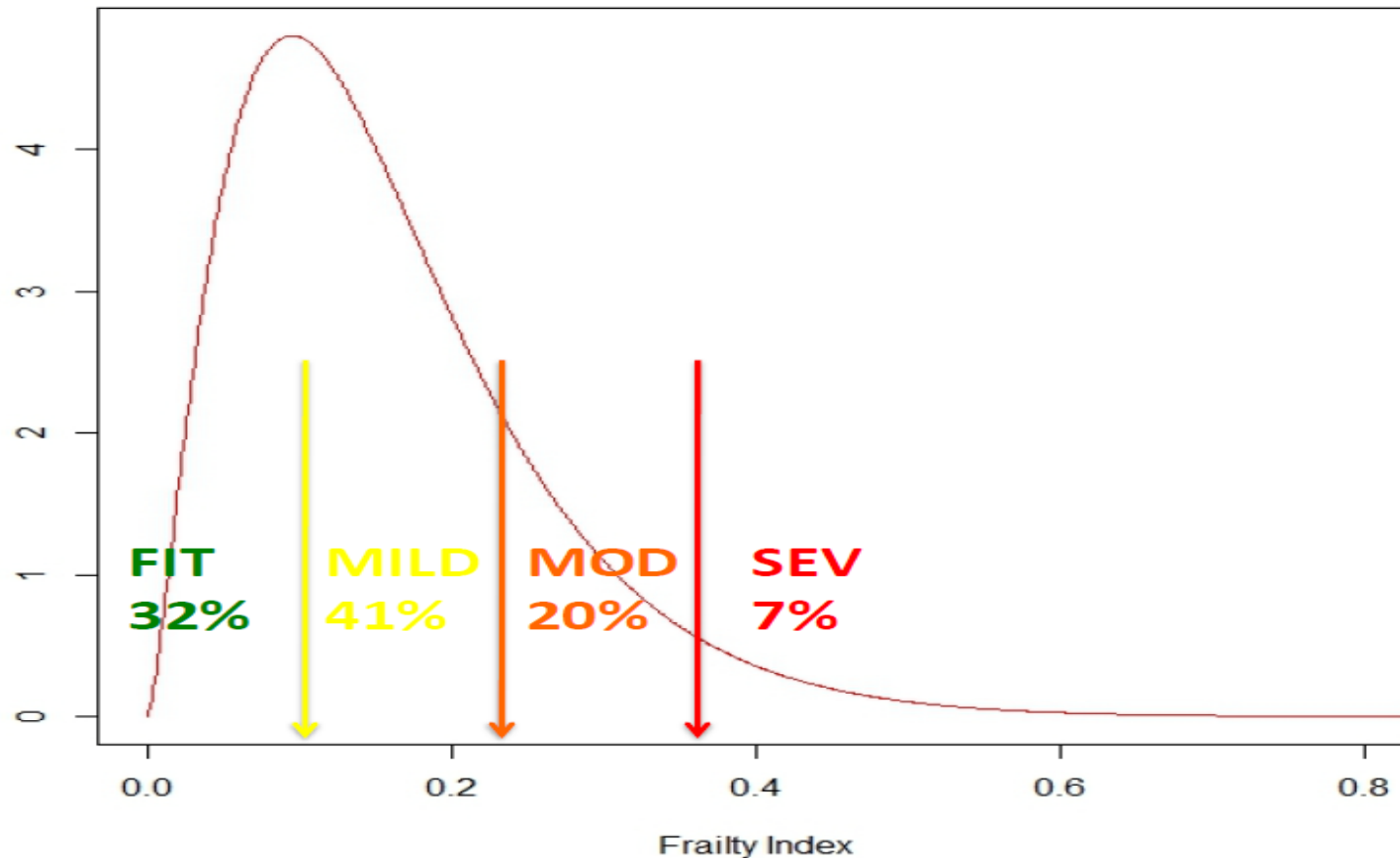
Clegg, Lancet. BGS "Fit for Frailty"

- › “Non-specific”
 - E.g. fatigue, weight loss, recurrent infection
- › Falls/Collapse
- › Immobility/worsening mobility
- › Delirium (“acute confusion”)
- › Incontinence (new or worsening)
- › Fluctuating disability
- › Increased susceptibility to medication side effects
 - e.g. Hypotension, Delirium

Distribution of Electronic Frailty Index Codes (England) pop. C 250,000 <65

From Clegg A et Al Age Ageing May 2016/NHS Eng

Frailty Index - Gamma Distribution

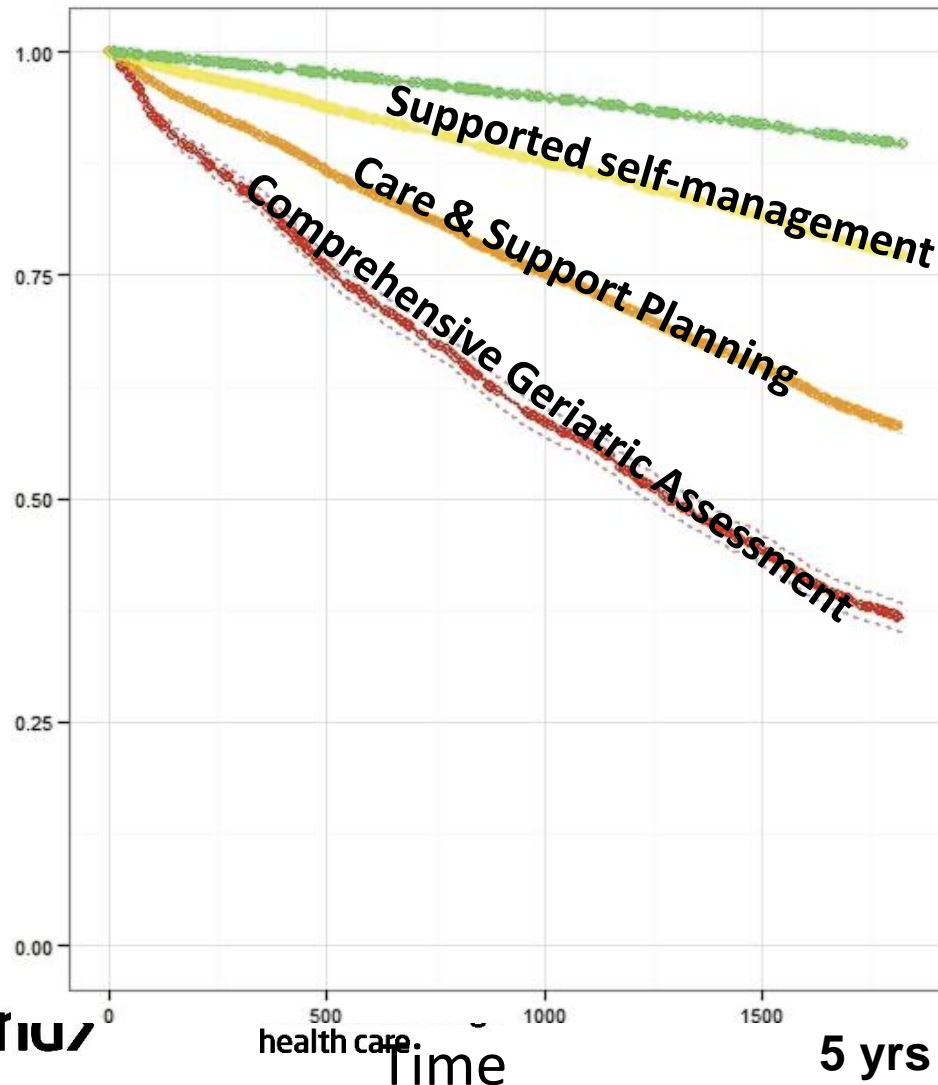


Electronic Frailty Index (England) n = c 227,648 (© Prof John Young NHS England)

Outcome	Mild frailty (HR, 95% CI)	Moderate frailty (HR, 95% CI)	Severe frailty (HR, 95% CI)
1 yr care home admission	2.00 (1.68 to 2.39)	2.70 (2.41 to 3.04)	5.94 (4.61 to 7.64)
3 yr care home admission	1.52 (1.37 to 1.69)	2.70 (2.41 to 3.04)	3.42 (2.84 to 4.12)
5 yr care home admission	1.56 (1.43 to 1.70)	2.34 (2.10 to 2.61)	3.00 (2.42 to 3.70)
1 yr hospitalisation	1.85 (1.81 to 1.88)	2.96 (2.90 to 3.02)	4.62 (4.50 to 4.74)
3 yr hospitalisation	1.71 (1.69 to 1.73)	2.54 (2.51 to 2.58)	3.64 (3.57 to 3.70)
5 yr hospitalisation	1.63 (1.61 to 1.64)	2.43 (2.40 to 2.46)	3.59 (3.54 to 3.65)
1 yr mortality	1.91 (1.78 to 2.04)	3.39 (3.15 to 3.65)	5.23 (4.73 to 5.79)
3 yr mortality	1.74 (1.68 to 1.81)	3.02 (2.90 to 3.14)	4.56 (4.29 to 4.84)
5 yr mortality	1.66 (1.62 to 1.71)	2.73 (2.64 to 2.81)	3.88 (3.68 to 4.09)

Primary care electronic Frailty Index (eFI): survival plots ($n=227,648$; $>65y$)

Proportion
alive



Fit

Mild frailty

Moderate frailty

Severe frailty

IV: What this means for health and care services

The specific contribution of frailty not easy to disentangle & big overlap with multiple morbidity

Captain. We have a problem



Older people with complex needs/frailty as “core business” in modern healthcare

- › Any practitioner training 2015 with the youngest case-mix they are likely to see in their career
- › Have they all realised this?
- › Our values, priorities & tacit “prestige hierarchy” haven’t caught up with ageing population
- › Training, workforce planning, skills likewise
- › Research priorities
- › Most of all, services & systems need to be geared up to the people who actually use them

Following the money.

NHS Constitution Technical Annexe

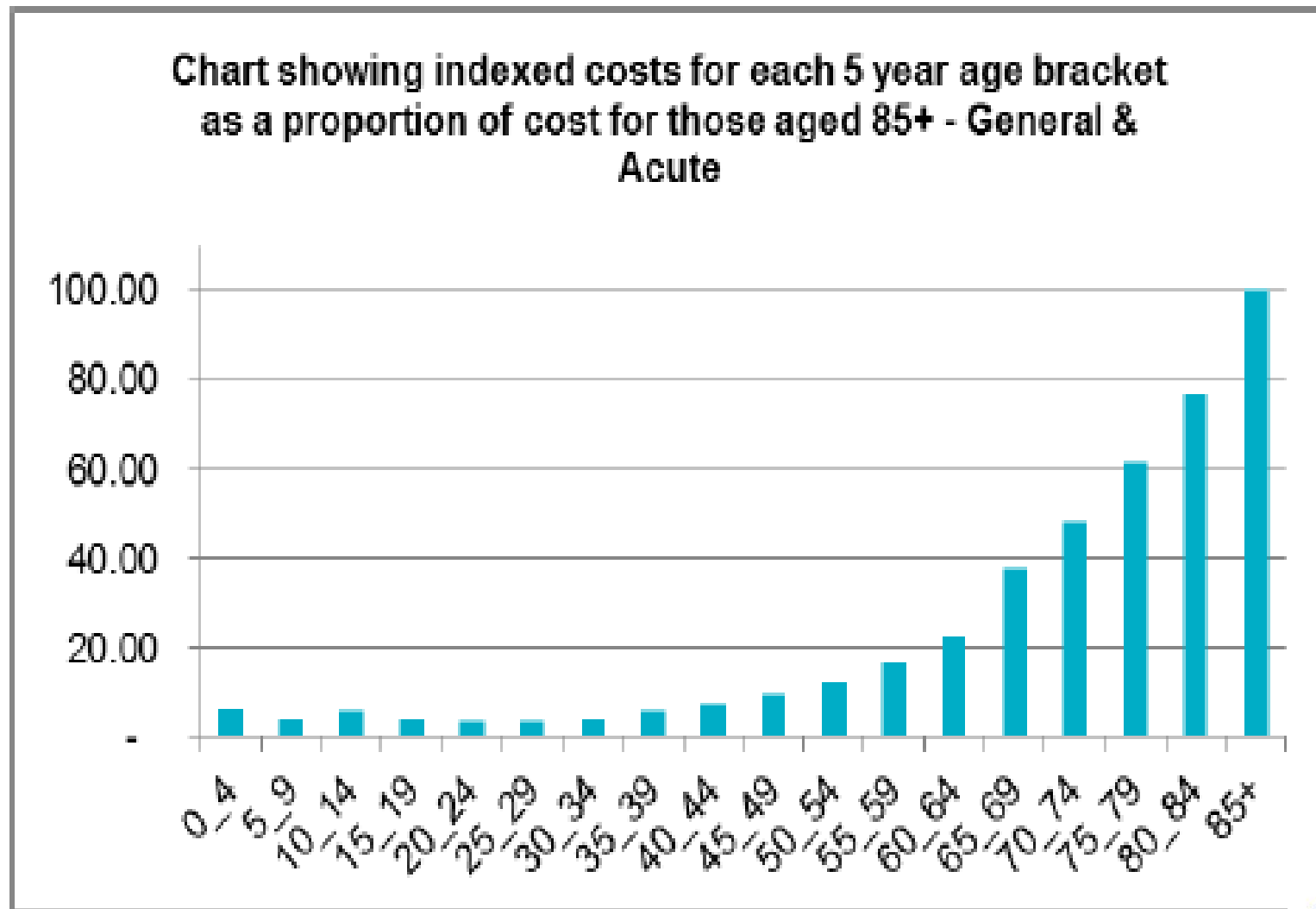


Figure 13 - Chart showing indexed costs for each 5 year age bracket as a proportion of cost for those aged 85+ (General and Acute)



NHS constitution technical annexe

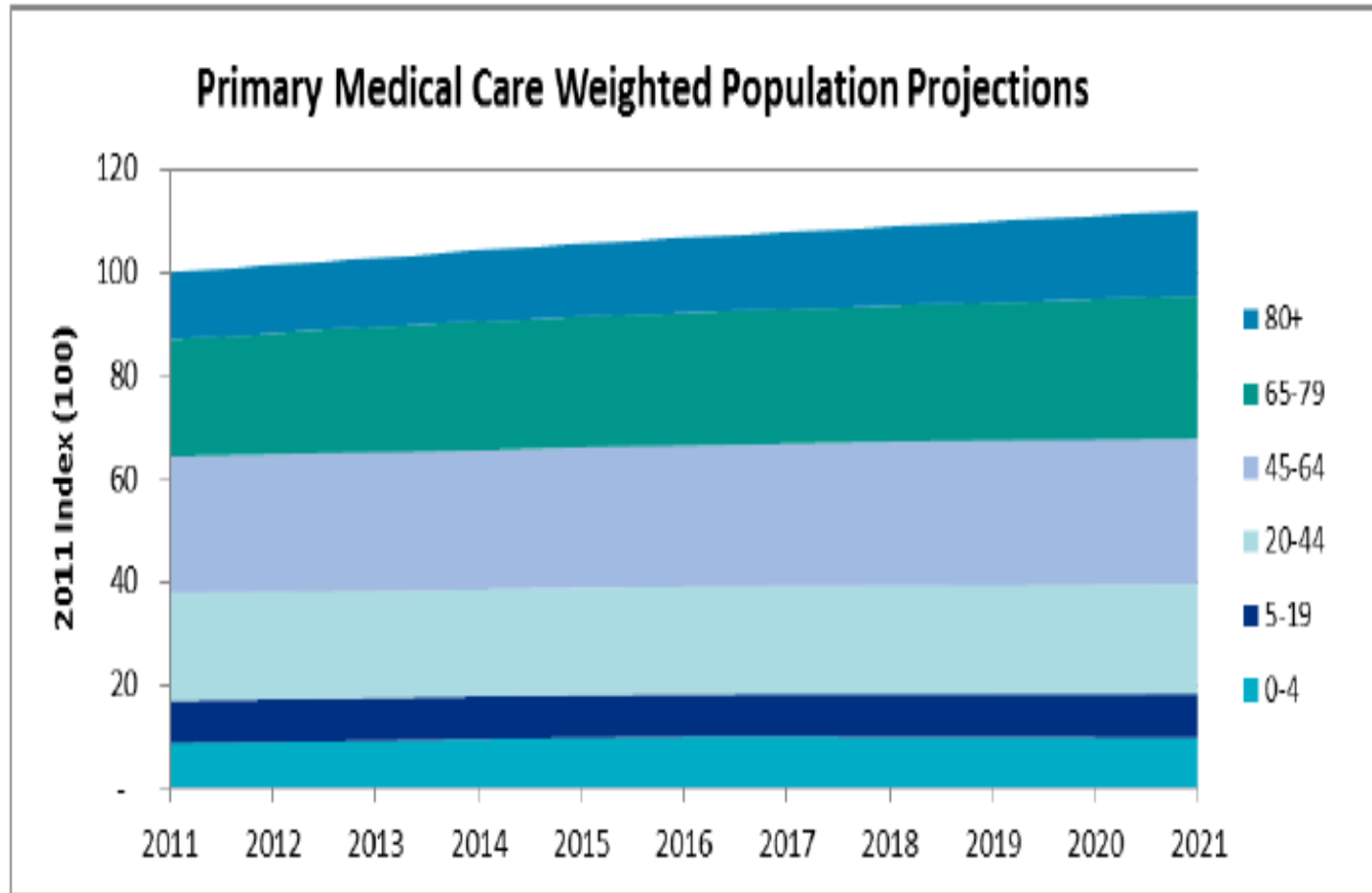
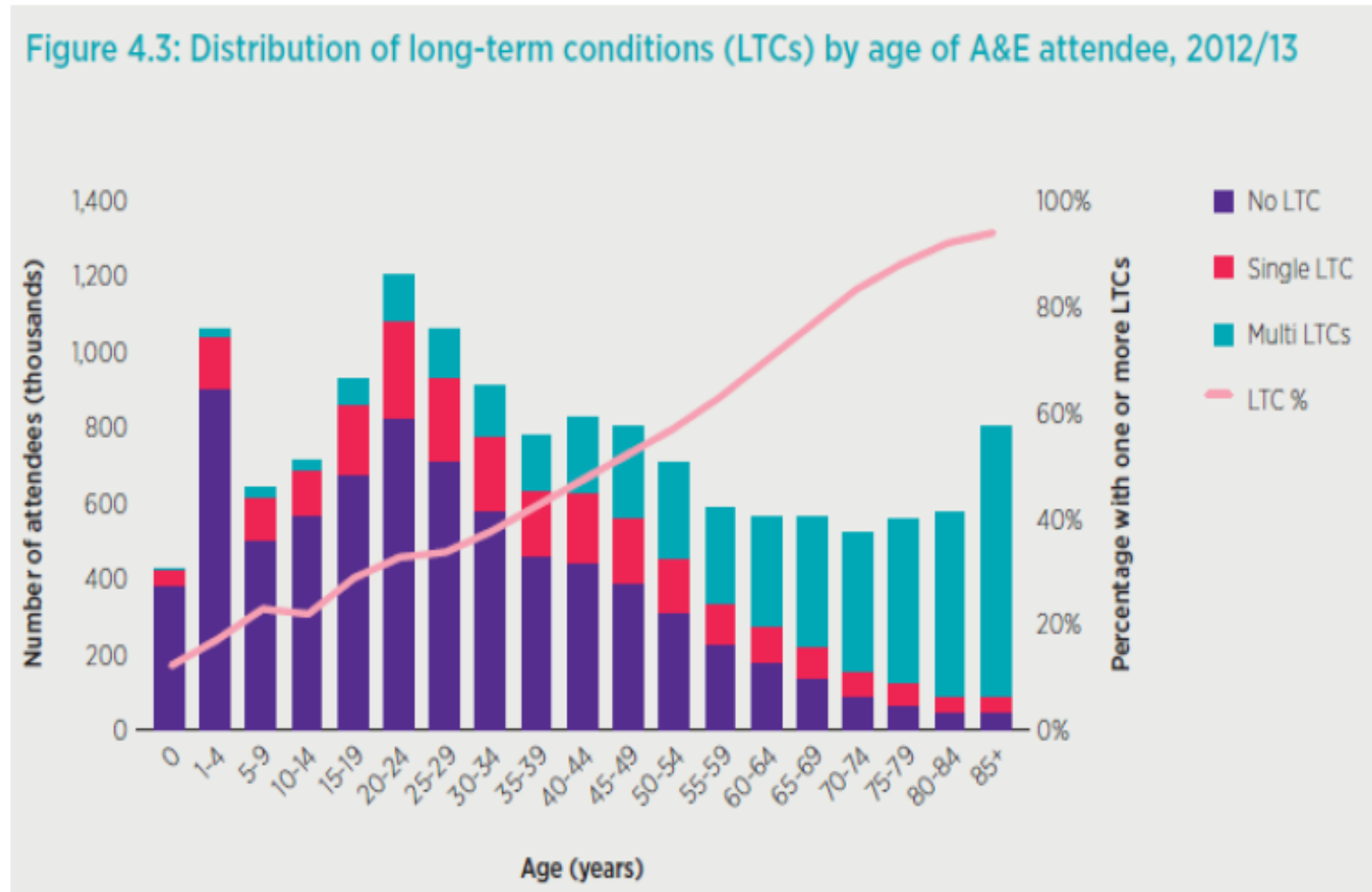


Figure 18 - Primary medical care weighted population projections

Image 1: Distribution of long-term conditions by age of A&E attendee 2012/13, Focus on A&E attendances, QualityWatch¹⁰⁶

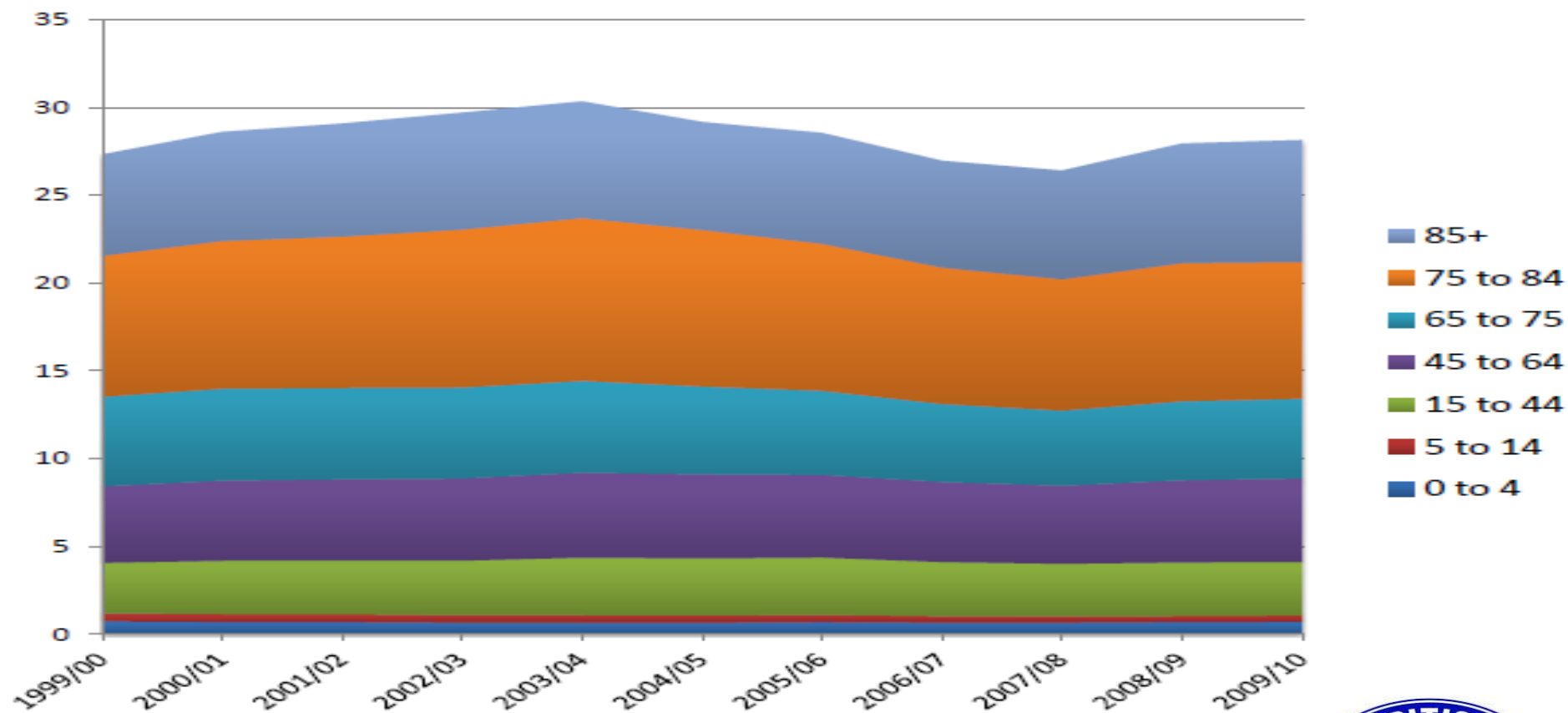


Source: Nuffield Trust and Health Foundation (2014)

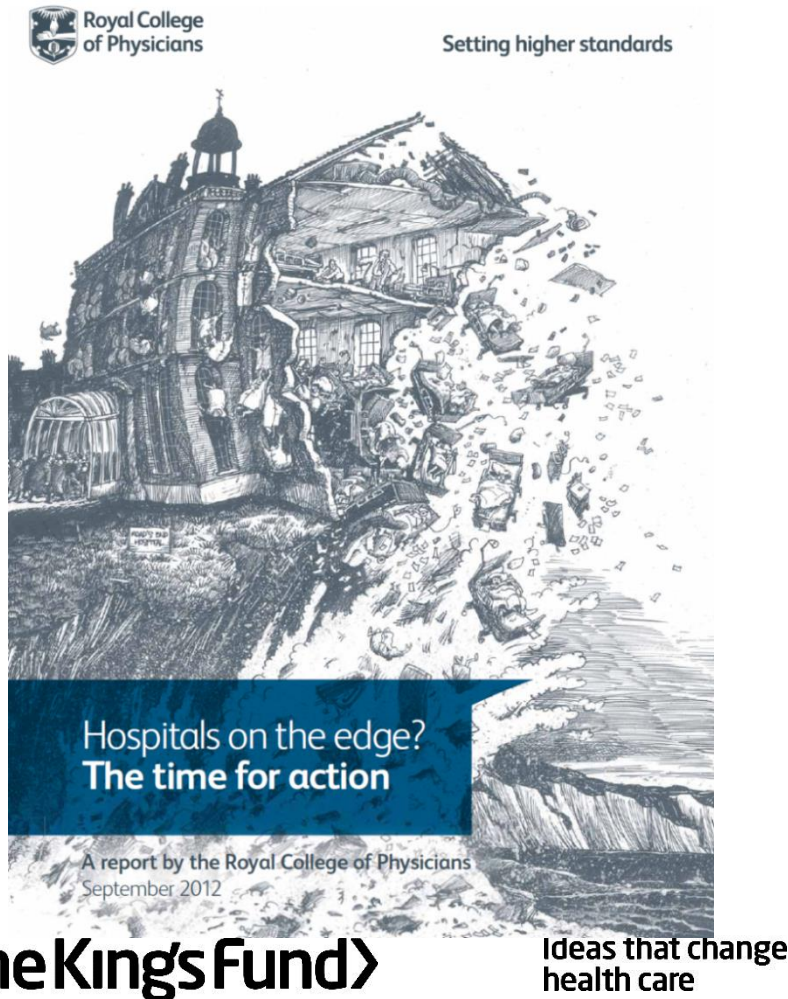
Over 65s in hospital (England)

5 % spells in over 65s last for >21 days but = 41% all occupied bed days!

**Total emergency occupied bed days by age band
1999/00 to 2009/10**



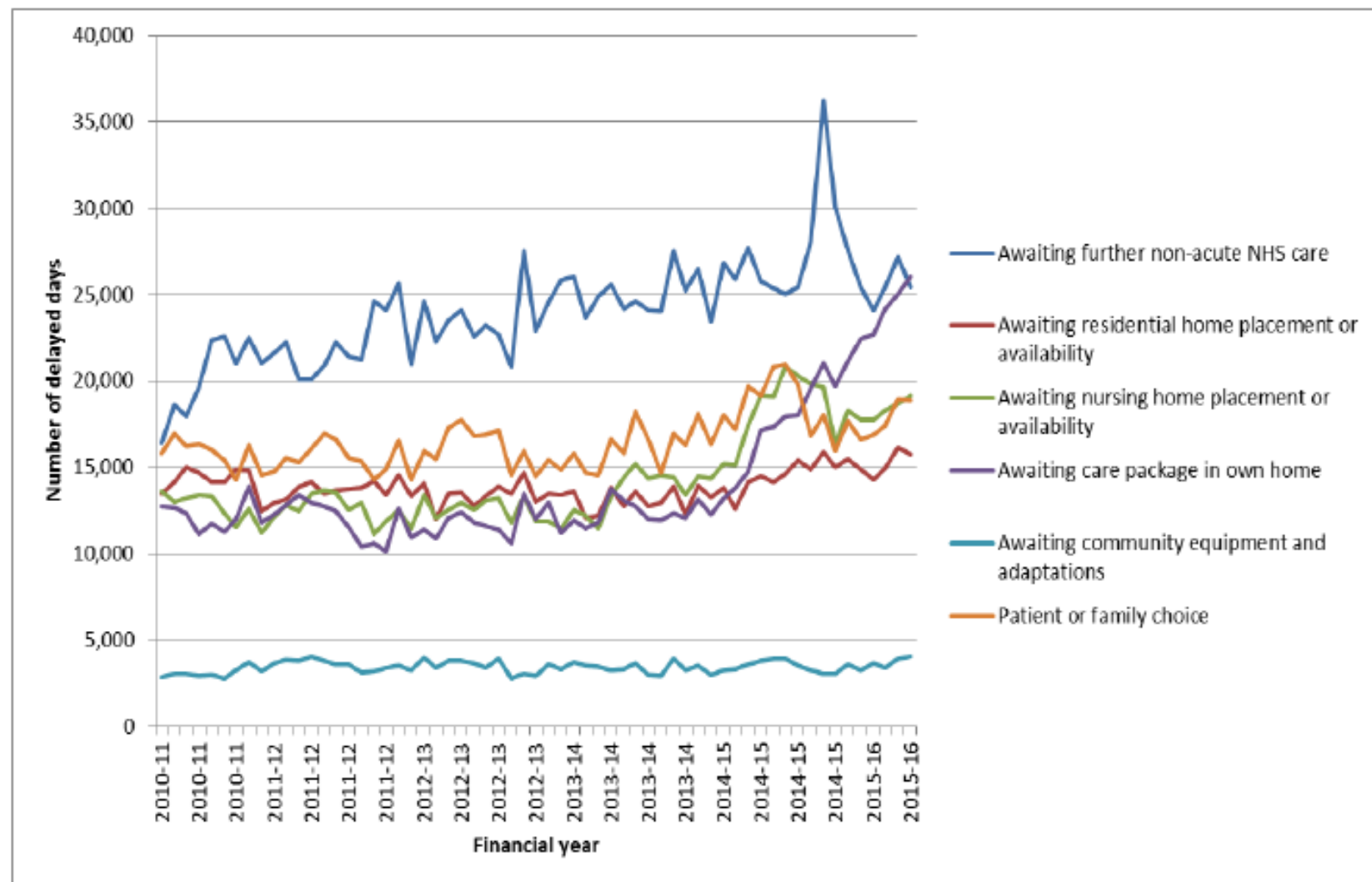
"Our hospitals are struggling to cope with the challenges of an ageing population and rising emergency admissions"



- › "A third fewer general and acute hospital beds than 25 years ago but last decade has seen 37% increase in emergency admissions with biggest increase in over 75s"
- › "2/3 of patients admitted to hospital are over 65 and many have dementia, frailty or complex needs....buildings, services and staff are not equipped to deal with them"



Figure 37: Number of monthly delayed days by reason amongst people of all ages, England, August 2010 – August 2015



Source: NHS England (2015)¹²⁷

Median age of intermediate care patient = 82. By definition, frail/functionally impaired (NHS Benchmarking).

*Waits rising year on year & 2 days wait negates benefit
Only half capacity we need*

National Audit
of Intermediate Care
Summary Report

2014



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Emergency readmissions in 28 days c 14% for over 75s

(watch out for Ombudsman report)



Safely home:

What happens when
people leave hospital
and care settings?

Healthwatch England
Special Inquiry findings
July 2015

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AVOIDING UNHAPPY RETURNS

Radical reductions in readmissions,
achieved with volunteers

ROYAL
VOLUNTARY
SERVICE

Together for older people



Care Home Case Mix



- › 16% die within 6 months and 25% within 12
- › Median survival 16 months
- › 67% immobile or need help with mobility
- › 78% dementia or other mental impairment
- › c. 20% Stroke
- › 10% end stage cardiac/respiratory disease
- › 8-12% documented depression
- › 30-65% incontinent of urine/faeces or both
- › Average resident falls 2-6 times a year
- › Median medications per resident 9 (*Barber N CHUMS study*) (high prescribing, admin, follow-up error)

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Acute admissions from care homes

QualityWatch

Focus on: Hospital admissions from care homes

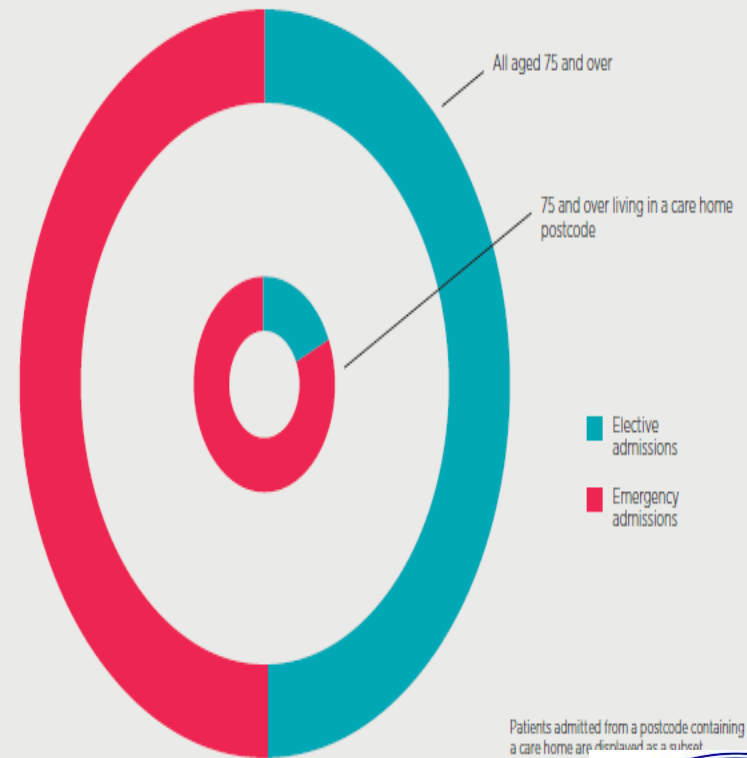
Paul Smith, Chris Sherlaw-Johnson, Cono Ariti and Martin Bardsley



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Figure 3.2: Breakdown of elective and emergency hospital admissions for patients aged 75 and over in 2011/12



Patients admitted from a postcode containing a care home are highlighted in red in the chart



Older people and the integration and care co-ordination agenda

- › Older people
- › Especially with complex needs/frailty
- › Most likely to use multiple services
- › See multiple professionals
- › And suffer at hand offs between agencies
- › And from disjointed, poorly co-ordinated care
- › Need move to “person-centred co-ordinated care”
 - *National Voices 2013*

V: How we need to change

Big messages

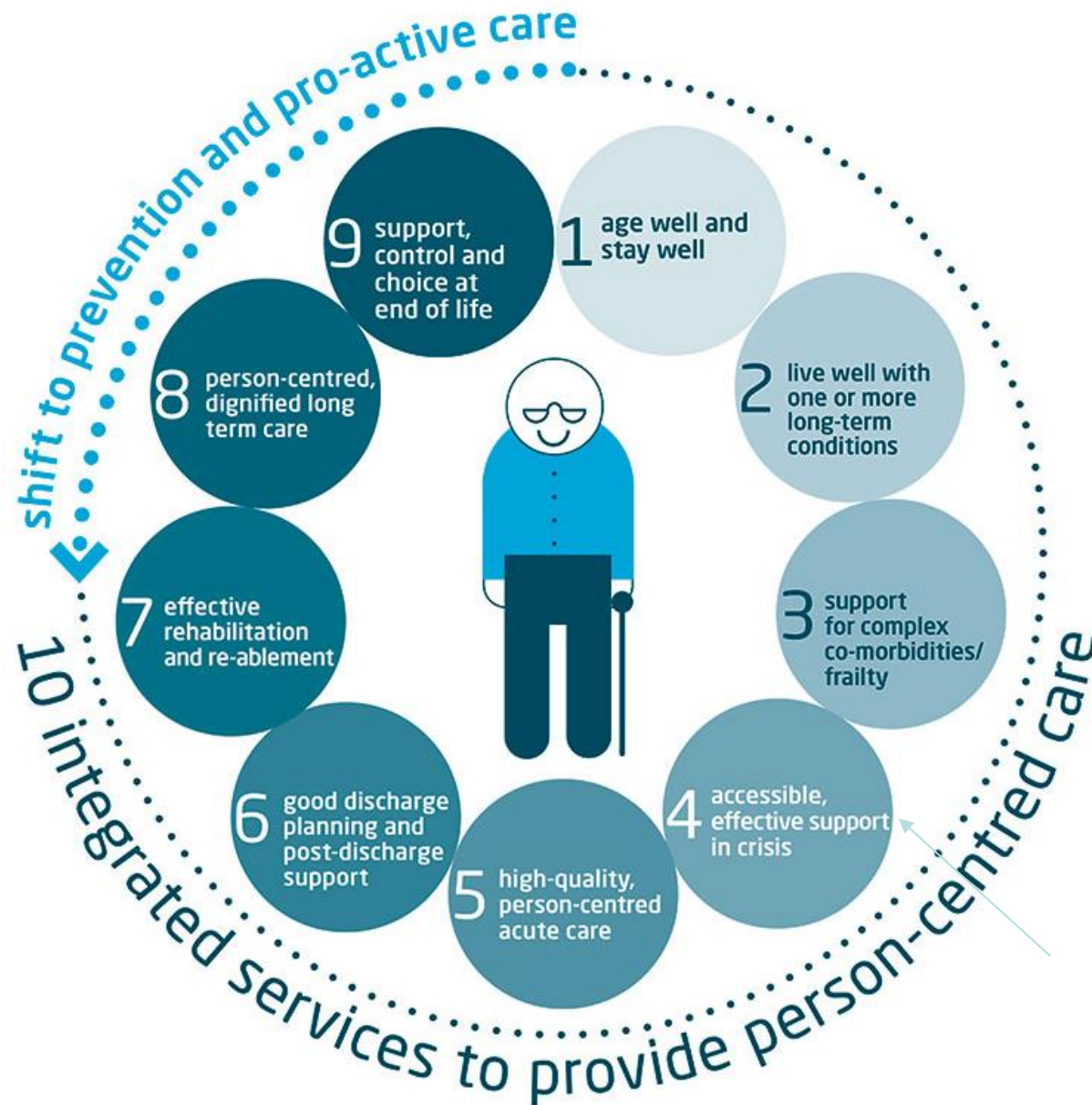
- › Workforce
 - Skills, values, deployment, numbers, roles, training
- › Need to reflect modern (older, frailer) patients who are now central
- › Person-centred, not disease centred
- › Co-ordinated/integrated not fragmented
- › Shift to prevention/anticipation/co-ordination
- › Though still responsive when needed
- › System incentives, priorities
- › Clinical guidelines
- › Recognition of frailty as an LTC
- › All services to be non age discriminatory and dementia/frailty/carers friendly

Mrs Andrews' Story

(Which I wrote for HSJ Commission on Frail Older People)

- › Please watch actively
- › https://www.youtube.com/watch?v=Fj_9HG_TWE_M
- › And reflect at each stage, what could/should have happened differently
- › This shows essentially caring people trying to do the right thing
- › But the system letting her down

10 key components of care



Oliver D et al
King's Fund
2014



Working together?..



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Thankyou. And questions/comments?

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