What can a GP bring to the acute sector?

Reflections on a three year journey towards improving the management of patients living with frailty

Dr Hanne Hoff
GP & Associate Specialist in Frailty, Frimley Park Hospital

What is the scale of the problem?

* 15 million live with a long term condition
* 50% of over 85s estimated to have frailty
* 75% of over 75s attending ED estimated to have frailty
* 48% of those over the age of 85 will die within 1 year of hospital admission

Deconditioning

* Prolonged hospital stays result in psychological, physical, emotional and cognitive deconditioning
  * 47% DTOCs related to deconditioning
* 10 days bed rest = 10 years muscle ageing (people over 80)
  * NHS Improvement 2018

The journey begins..

* Vanguard-funded pilot – "In-reach GP"
* Aims:
  * Reduce inappropriate admissions and prolonged admissions, improve DTOC numbers/stranded patients
  * Improve quality of care
  * Improve patient flow
  * Improve primary secondary care interface
  * Build relationships and improve joined-up working
  * Reduce cost

* Change system default from “admit” to “discharge”

* “How is an admission specifically going to benefit this patient?”
* “What is the aim/planned outcome of this admission for the individual patient?”

Early challenges..

* Patient/case identification
* Poor understanding of the purpose
* Clinical governance
* Partners not ready
  * Hospital colleagues
  * ICTs
  * Social services
  * Interim community beds (step-down, D2A beds)
  * Relatives and patients

One GP cannot change the NHS by herself!

The arrival of the Acute Frailty Team

* Consultant-led
* Improved communication and understanding
* “Frailty is everyone’s business” - education
* Buy-in from ED consultants – governance etc.
* Team-working
* Front door focus

Integrated Frailty Liaison Team

* Consultant Geriatricians
* Advanced Nurse Practitioner
* GP (Mon/Wed/Friday)
* Frailty SHO
* Multidisciplinary frailty practitioners – nurse, physiotherapist , occupational therapist

* Community experience

Role of in-reach GPs

- To help bridge the interface between acute and community services and to improve communication between primary and secondary care
- To assist with the provision of multidisciplinary comprehensive geriatric assessment
- To act as a senior clinical decision maker in order to manage clinical risk surrounding discharge and enable safe and early discharge from ED and the OPSS Unit
- To review reattendances in ED to identify the reason for reattendance and see if readmission can be prevented
- To work closely with community services to expedite discharges directly from ED

Frailty GP in the ED setting - benefits

- Independent senior clinician
- Community experience
- Holistic care
- Risk management
- Can see patients directly from ambulance line/waiting room, or after initial assessment by ED clinicians
- Reduced waiting time, reduced investigations
- Prevention of another admission?

Frailty GP in the ED setting - challenges

* 4 hour target
  * Quicker to admit than to discharge
* Identifying the right patients
* Background information
  * Community records not easily available
* Patient/carer/relative expectations
* Social services/rapid response/ICT capacity
* Primary care workforce
* GPs turning into hospital doctors…

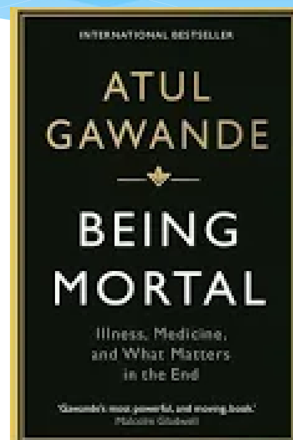
Key outcomes/ benefits so far

* 66% patients assessed by the frailty team discharged – saving of 3590 bed days per year
* 42% reduction in length of stay for patients admitted after assessment by the frailty team
* Patients assessed by the frailty team in ED/EDOU 24% more likely discharged within 72 hours
* No increase in re-admissions at 7 and 30 days

Return on investment

* Admission avoidance from ED at FPH, saving at least £557,336 per year
* Reduction of approx. 1555 bed-days per year, saving £434,722
* Reduction in admission from EDOU to another FPH ward saving £1,384,500 pa
* Length of stay reduced by 1.75 days saving 2035 bed-days pa
* Length of stay reduced in G6 (OPSS) by 1.6 days, saving £89,916
* Long term care home placements avoidance saving £954000 social care funding

Is it worth it?



Questions?

- Dr Hanne Hoff, Frailty GP, Frimley Park Hospital, hanne.hoff@nhs.net
- Dr Lucy Abbott, Consultant Geriatrician, Frimley Park Hospital, lucyjane.abbott@nhs.net

THANK YOU