

Frailty Assessment / System Profile Guide for ICSs

Please contact QRS qrs@nhs.net for the following Resources:

- **QRS standards 'Care of older people living with frailty: Assessment and Coordination of care' V3.1.**
- **Self-assessment**
- **Validation Tool**

Summary

This tool allows an ICS or other health system to create a profile of the quality of care for patients living with frailty across all providers of care. It allows the health system to target support and resources, where needed, using a risk profile. It can also identify areas of good practice that can be used as a learning opportunity for others.

People living with frailty present in many different ways across all providers, and the review should therefore be system wide.

Background

The purpose of this short guide is to outline the steps required for an ICS to undertake an assessment of frailty services within their health economy. The assessment is based on the QRS standards 'Care of older people living with frailty: Assessment and Coordination of care' V3.1.

The output of the exercise is an assessment of compliance with the standards for the participating organisations, which will enable commissioners of services to target resources more effectively.

Process

A project coordinator should be identified at the ICS who will coordinate the implementation of the overall assessment process. The project coordinator will be responsible for:

- Identifying the services where patients with frailty may present;
- Being the main contact point for participating organisations;
- Ensuring that all appropriate self-assessments have been submitted;
- Ensuring that all relevant evidence is reviewed and filed for ease of access by the review panel;
- Convening a review panel¹ to independently review the self-assessment documents and associated evidence;
- Providing a briefing for panellists in advance of the review panel to ensure that the process is understood;
- Inputting the results of the panels deliberations into the risk assessment tool;
- Providing feedback to participating organisations following the review panel.

The following steps should be followed in order to complete the assessment:

Step 1

The first step is to identify the participating organisations and communicate requirements to them.

¹ A review panel should consist of independent experts from the pathway who are able to professionally assess whether the evidence provided meets the required standards. Some of the panel should ideally be drawn from outside the ICS.

In order to understand the full pathway, participating organisations should ideally be identified from primary, mental health and acute care, care homes and where relevant community providers. There is no limit on the maximum number of organisations that can be involved, but in order to achieve a detailed picture regarding the quality of services provided, a realistic minimum number should be identified.

Step 2

All participating organisations should complete a copy of the self-assessment (provided).

This requires each organisation to review the relevant standards and to consider whether the service that they provide meets the requirements of that standard. It is recommended that the organisation assesses itself against all of the relevant standards identified on the self-assessment spreadsheet. However, evidence is only required for those standards highlighted. It is these standards that will be used to inform the final assessment.

A suitable timeframe should be set to provide organisations with sufficient time to complete the self-assessment and collate relevant evidence.

Step 3

Following receipt of the self-assessment, and evidence, the project coordinator should ensure that all relevant information has been submitted and that evidence is filed appropriately, with clear file names etc, so that it can be readily accessed at the review panel.

Step 4

The review panel should meet to review the evidence that has been provided and to judge whether this evidence demonstrates compliance with the standard or not. Responses should be 'Yes', 'No', or 'Partial'.

Note: Panel members must not be part of the assessment of their own service.

Sufficient time should be allocated for the panel meeting – so that a thorough discussion can take place regarding the information that has been provided by all participating organisations.

Step 5

Once the panel has discussed all of the relevant evidence and a decision has been made as to whether the standard is compliant, the decision should be entered into the Validation Tool. This will then automatically generate a level of compliance for each organisation and the ICS as a whole.

A detailed guide for the using the Validation Tool is included in Appendix 1.

Step 6

Individual results should be fed back to the participating organisations and an analysis of results across all organisations reviewed by the ICS.

Note:

This process is not the same as a peer review. The panel are basing judgements on the evidence provided and the comments from each service. Where high levels of non-compliance are identified, or where there is disconnect between the self-assessment and the panels assessment, a review of the service should be considered.

Linked documents (provided)

Document	Format
QRS Quality Standards 'Care of older people living with frailty: Assessment and Coordination of care' v3.1.	pdf
Self-assessment spreadsheet 'Care of older people living with frailty: Assessment and Coordination of care' v3.1.	Excel Spreadsheet
Frailty assessment / System profile – guide for ICSs	pdf
Validation tool	Excel Spreadsheet

APPENDIX 1 – Validation Tool

The Frailty Validation Tool has been developed to analyse the self-assessments submitted by participating organisations. A certain level of Excel knowledge has been assumed when using this tool and an appropriate individual within the organisation should therefore be identified for support in using the validation tool.

Background

Before the validation tool can be used, all participating teams and services will need to complete a self-assessment (SA) against the quality standards – as outlined in Step 2 above.

The Table below gives an explanation of how the Quality Standards are applicable to different services.

General Practice	Emergency Department	Community teams (Health and Social Care)	Mental Health Service	Urgent Care Services	Care of Older People Service	Care Home
MA-	ME-	-	-	ME	MP-	MH-
M*-	M*-	M*-	M*-	M*-	-	M*-
MN- See note above in table about applicability to GP for MN	-	MN-	MN-	MN-	-	MN-

The validation tool has been pre-populated with a number of tabs, as follows:

Tab Name	Tab Colour	Content
Introduction	Purple	Information about the Validation Tool
System Summary	Amber	Automatically populated with the percentage of QS met for each service across the whole system.
Frailty Team Summary	Amber	Automatically populated the percentage of QS met for the individual Frailty Service.
Frailty Team QS Summary	Green	Lists all QS for the Frailty Service with the Validated score.
Other Services Summary	Amber	Automatically populated the percentage of QS met for all Other Services. The service is colour coded, Green, Amber, Red.
Other Services QS Summary	Green	Lists all QS for Other Services with the Validated score.
Service Tabs:	Blue	<p>The tool has been pre populated for a range of services across the health system, as follows:</p> <ul style="list-style-type: none"> • Frailty Team • Community Team • MH • UC • GP (1) • GP (2) • GP (3) • Care Home (1) • Care Home (2) • Care Home (3)

Step 1

Once the self-assessment has been received, the information should be copied into the relevant service tab (Blue Tab). Columns F and G should be completed.

Step 2

The self-assessment, supported by the evidence provided, will be reviewed and validated by an expert panel to include, clinicians, managers, patient representatives (see Step 4 above).

The Quality Standards to be used for Validation are listed below:

Frailty Team	Other Services
MP-106	MN-106
MP-199	MN-203
MP-202	M*-298
MP-203	M*-301
MP-298	M*-501
MP-301	ME-502
MP-501	MN-503
MP-503	MH-601
MP-595	M*-604
MP-601	MN-701
MP-701	
MP-702	
MP-798	

Note: The service tabs contain all of the standards for each service. However, only some of the standards will be used for determining overall compliance. These are highlighted in yellow and marked with * and can be filtered using Column B on the service tab.

Once the validation panel have made their decision, answers should be populated on the relevant service tab – Column I – using the following responses:

- Y – Yes: Standard met completely
- N – No: Standard not met
- P – Partial: Standard Partially met
- N/A – Not applicable to the service

Note: If the validated result is different to the Services own self-assessment a validation comment should be included to feedback to the service.

Step 3

The validated scores are used to produce a % of Quality Standards met - see relevant summary tabs. The compliance is colour coded as follows:

Green > = 80%
Amber > 50% < 80 %
Red < = 50 %

Note: There are various summary tabs – one for the frailty service, one for the other services and an overall system summary tab which pulls through the overall compliance for all services within the system.

Example:

This worked example is for a Mental Health Service

Copy the Completed SA columns 'SA Met?' and 'Comments'—from the completed Mental Health Self Assessment into the MH tab on the Validation tool – to columns F 'SA met' and G 'SA Comment'.

The 'Validated Met ?' column 'I' should be completed with the Validation Panel mark. (Please note this column only accepts , Y, P, N, N/A. If the validated score is different from the SA please complete a 'Validation comment' Column H for feedback.

The System Summary will be populated automatically and provide a percentage of QS met and will colour code the level of compliance for the service – on the 'other services' summary sheet.

Once this has been completed for all services it will also be reflected on the 'system summary' sheet.