

What is the evidence underlying to the tools we are using to assess frailty in primary care and what are we actually measuring?

Bottom line (15th November 2017):

The group struggled to identify the exact flow of information and procedures occurring in the papers they examined. Further it was not clear if confounding factors had been accounted for. Among the practices represented, some were using eFI (embedded in EMIS) and others were using the Rockwood frailty scale, one practice was also using Aristotle. In summary, the group felt that the Rockwood frailty scale appeared to be an appropriate basis upon which frailty could be assessed although it was recognised that different clinicians did not always allocate the same score this way.

Context:

To meet performance-related targets in 2017/18, GP practices were required to assess frailty and undertake reviews of the frailest patients. Various toolkits and guidance documents have been produced, but no directive recommendations have been issued. It is suggested in the NHS England *Toolkit for General Practice In Supporting Older People with Frailty and Achieving the Requirements of the Unplanned Admissions Enhanced Service* document, that case finding can be undertaken using the Rockwood Clinical Frailty Scale and additional measures can be used if needed. Further, the electronic frailty index has been imported into our electronic medical record systems. However, among members of the EBP group in attendance at the meeting in November 2017, all practices represented were using a different approach to assess frailty and all lacked clarity about which approach is best and why different approaches resulted in different proportions of severely frail patients being identified.

Inclusion/exclusion:

Not applicable – we examined two source papers for the frailty tools we were most familiar with.

PICO:

Not applicable – we examined two source papers for the frailty tools we were most familiar with.

Evidence sources:

Rockwood K, Song X, MacKnight C, Bergman H, Hogan DB, McDowell I, Mitnitski A. A global clinical measure of fitness and frailty in elderly people. *CMAJ*. 2005; 173(5):489-95.

Clegg A, Bates C, Young J, Ryan R, Nichols L, Teale EA, Mohammed MA, Parry J, Marshall T. Development and validation of an electronic frailty index using routine primary care electronic health record data. *Age and Aging*. 2016;45:353-60.

Impact:

Having found that the electronic frailty index seemed to really over-estimate frailty in my practice population, having looked at the papers, using the Rockwood Scale alone did not seem to be any worse. We have therefore continued using this (GP Partner)

It was really useful to understand how frailty was conceptualised, Clegg et al define it as “a condition characterised by loss of biological reserve across multiple organ systems and vulnerability to physiological decompensation after a stressor event” – it is this idea of reserve, which sets frailty apart from disability, which I have found helpful to understand what we are measuring (GP Partner)

[2 months after the first meeting in which the frailty papers were looked at] We have now started using the Rockwood scale, all members of the team from nursing staff to GPs have found it easy to use (GP Partner)