

# Ageing Today

## *A General Practitioner's Perspective*

Institute and Faculty of Actuaries

22nd June 2017

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*General Practitioner*

*“It’s not how old you are  
but how you are old.”*

Jules Reynard

# Content

- NHS and Social care systems
- Frailty as a long term condition
- Working with older people

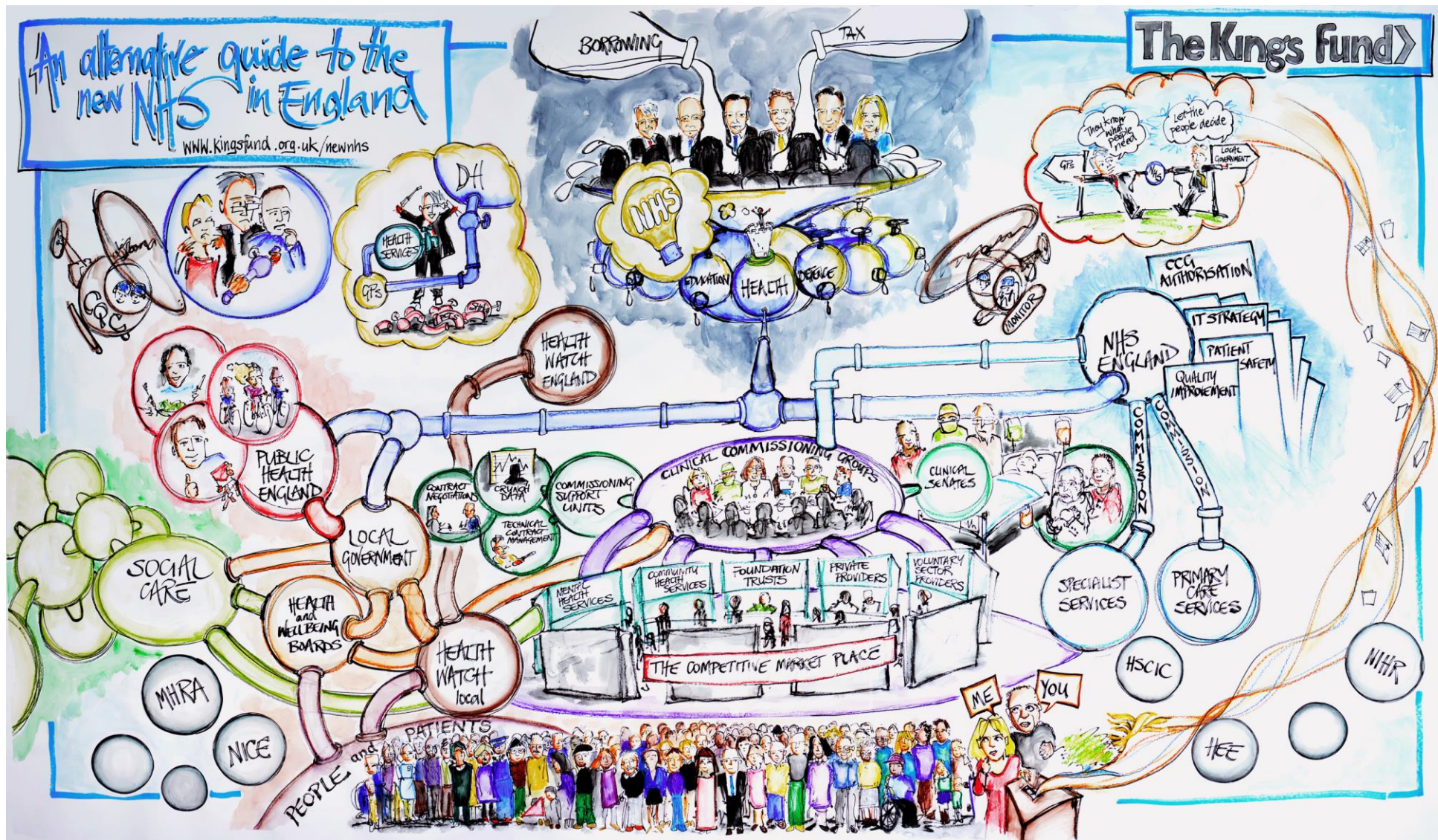
# Health and Social Care Act, 2012

- Clinical Commissioning Groups
- Public Health
- Health and Wellbeing Boards
- Economic Regulation
- Quality regulation
- Providers

The reality is...

...it's complicated.





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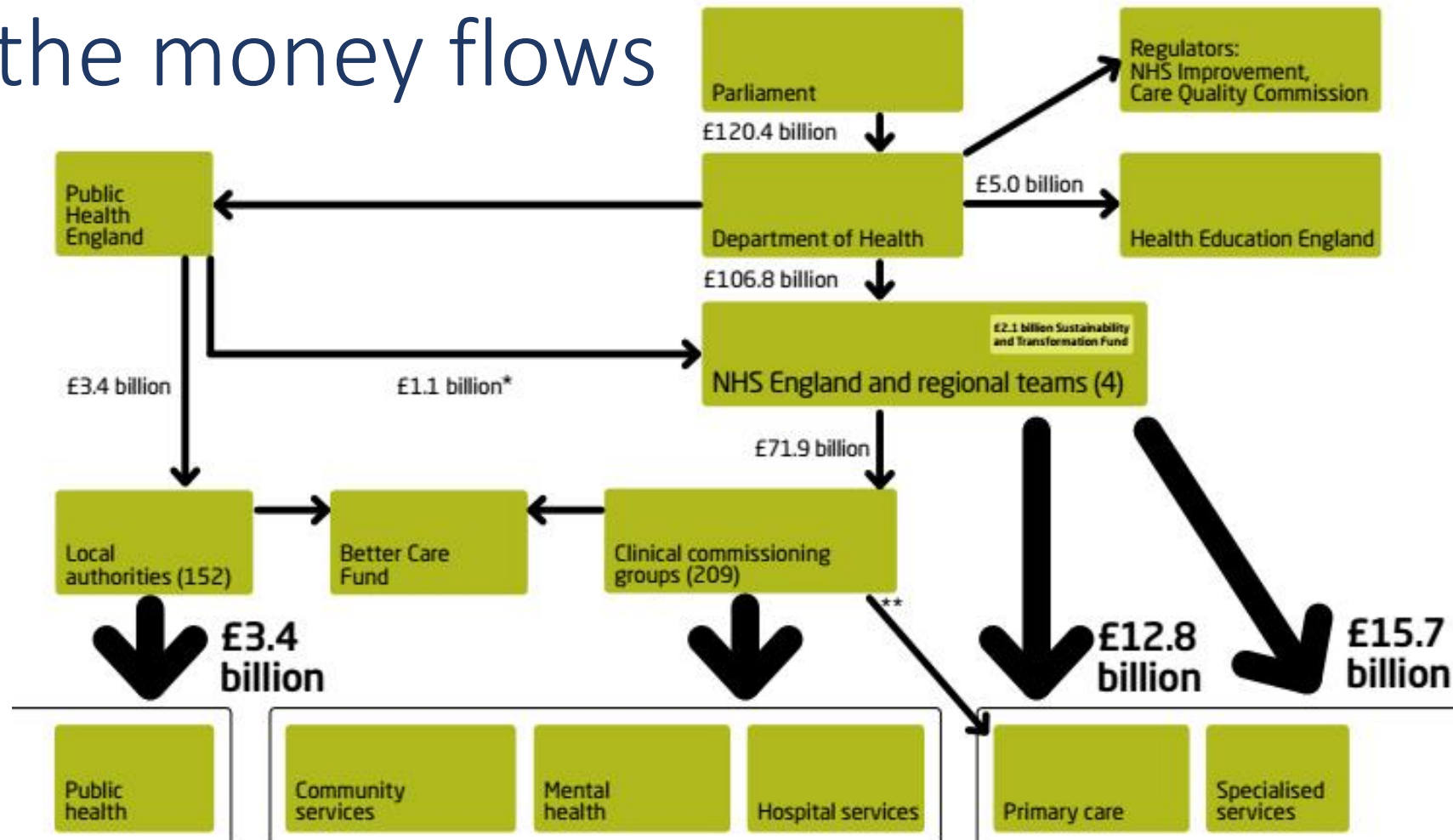
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# The funding is also complicated

- GP funding
- Payment by results
- CCG allocations
- Social care funding



# How the money flows

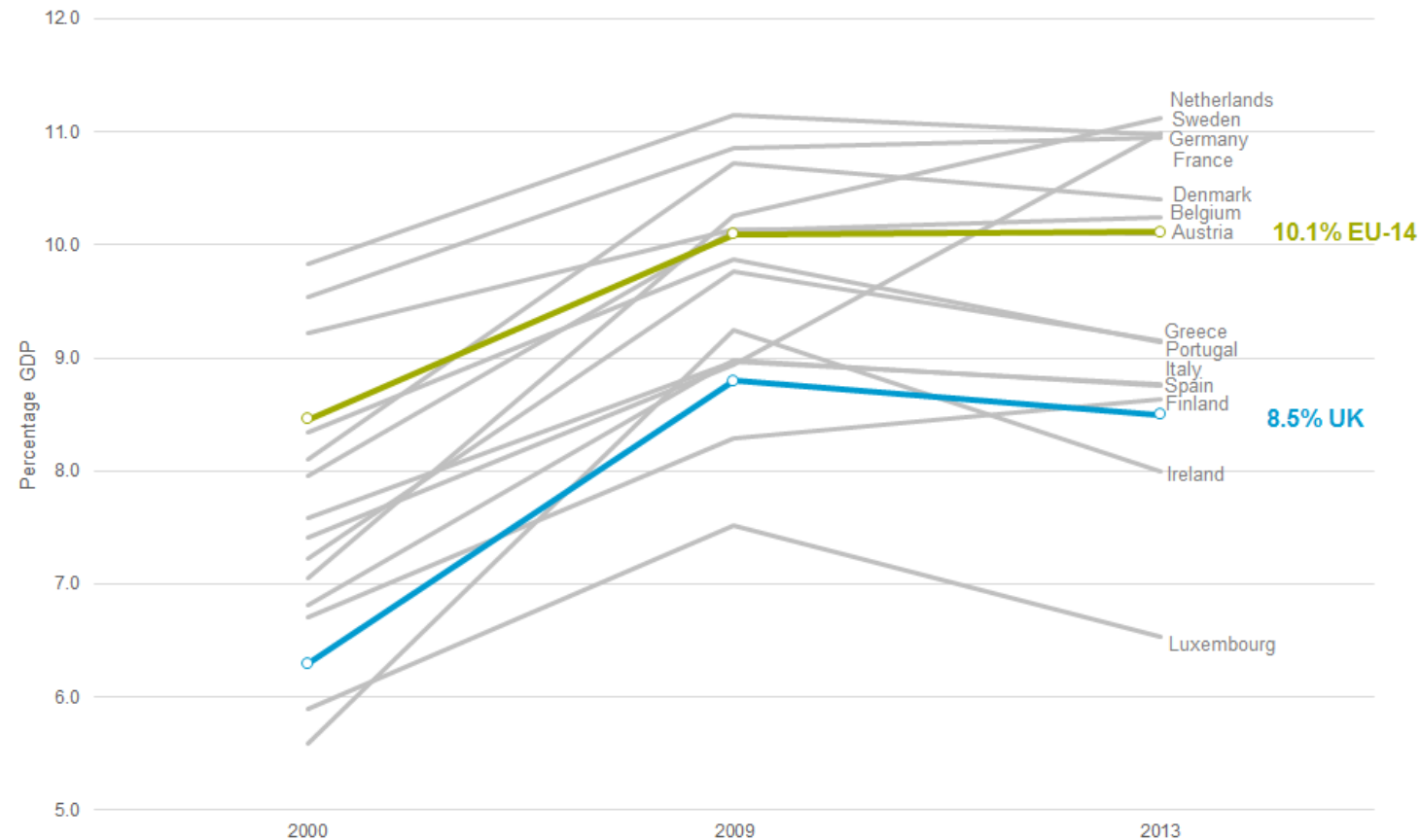


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# Total healthcare spending as a proportion of GDP



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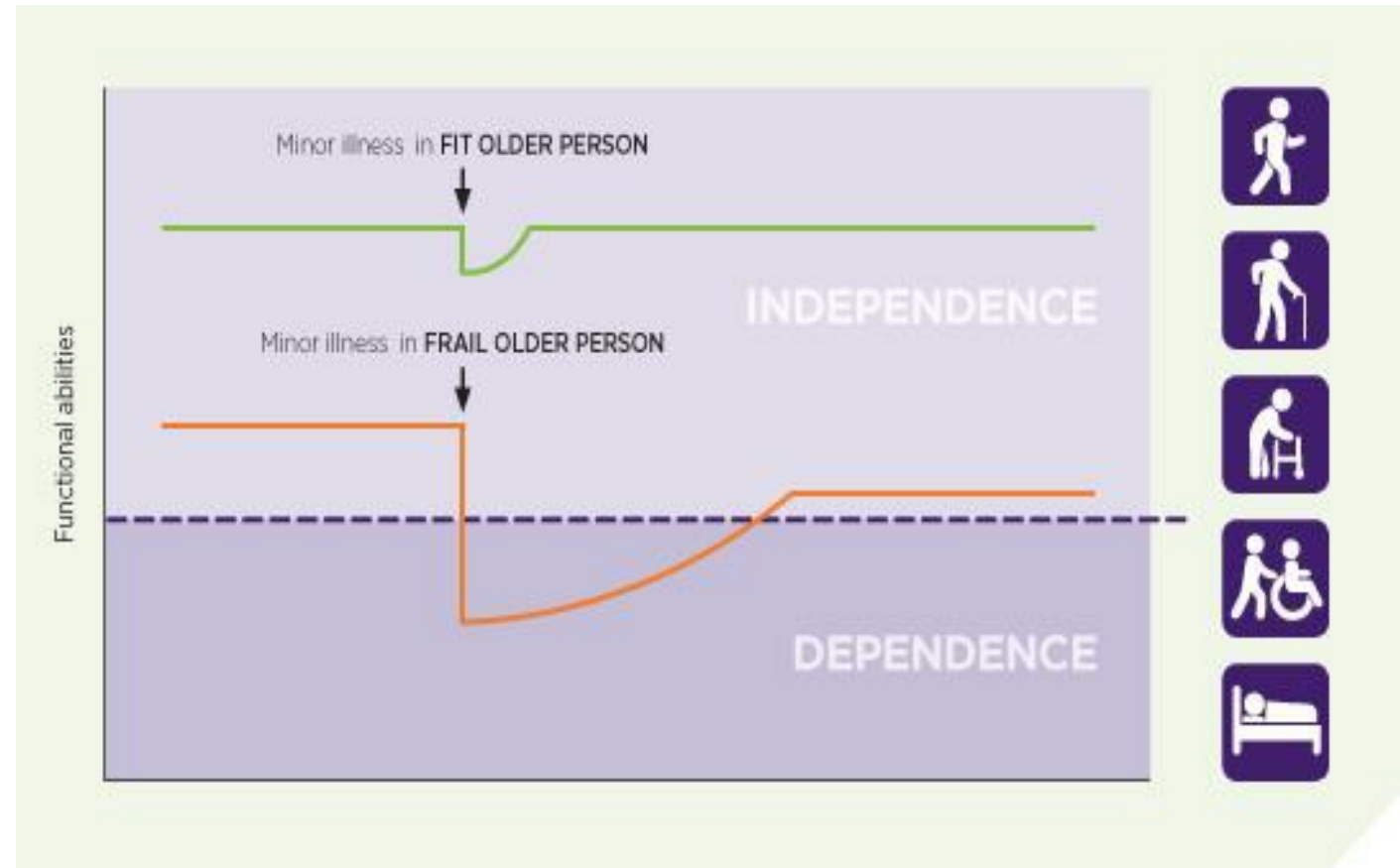
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# Spend in the last years of life

- Is end-of-life care now for years rather than months?
- At what stage so we stop actively managing each separate problem and start managing the general condition?

# What is 'frailty'?

- Reduced resilience and increased vulnerability to decompensation after a stressor event
- 'The most problematic expression of human ageing' (Clegg 2013)



# Frailty Syndromes

- Falls
- Incontinence
- Delirium
- Immobility
- Side effects of medication



## The Frailty Fulcrum

[https://www.youtube.com/watch?v=Wzq\\_MzWQhwo](https://www.youtube.com/watch?v=Wzq_MzWQhwo)

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Ageing

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Social Environment

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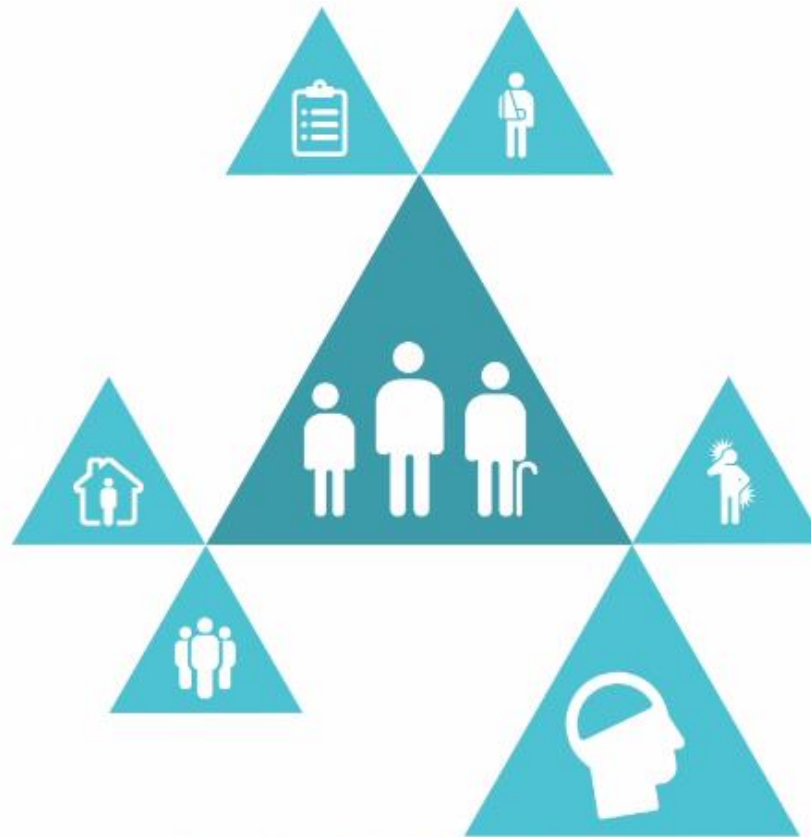
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Physical Environment

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Psychological Status

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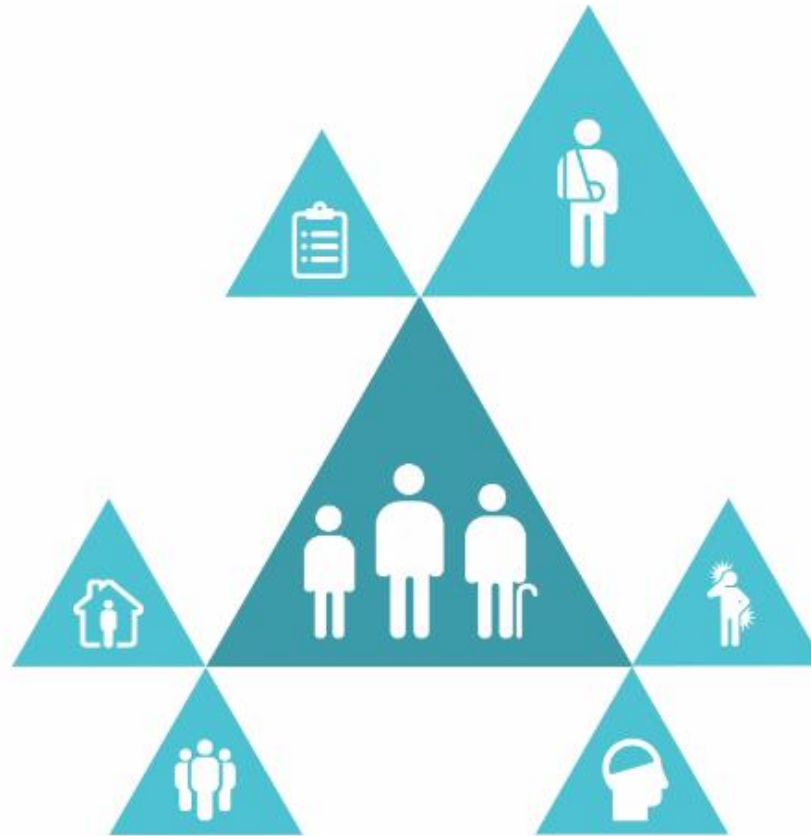
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Long Term Conditions

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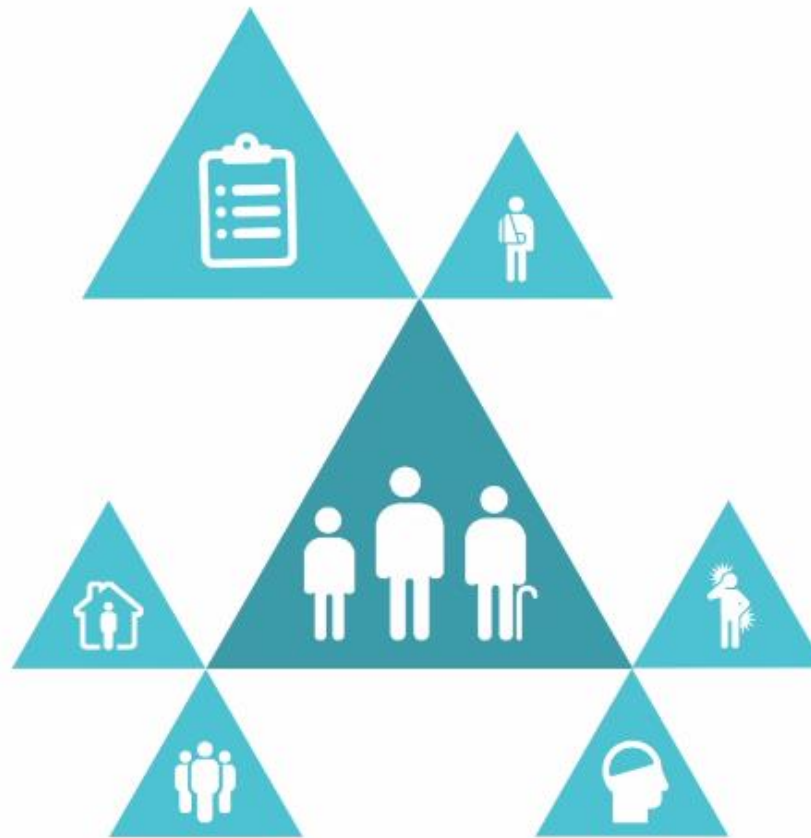


Acute Health Events

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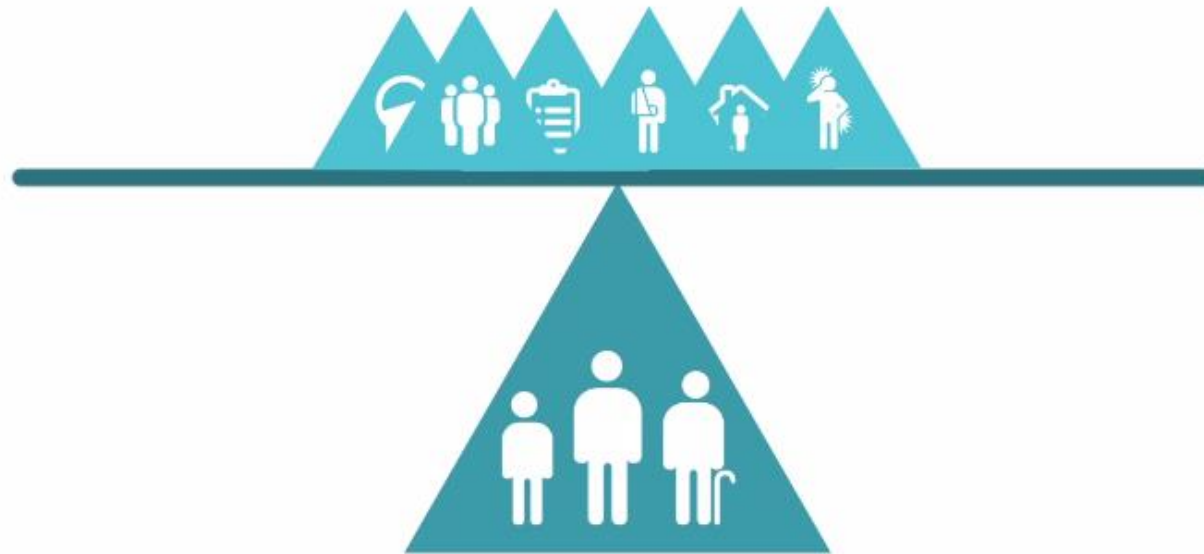




Systems of Care

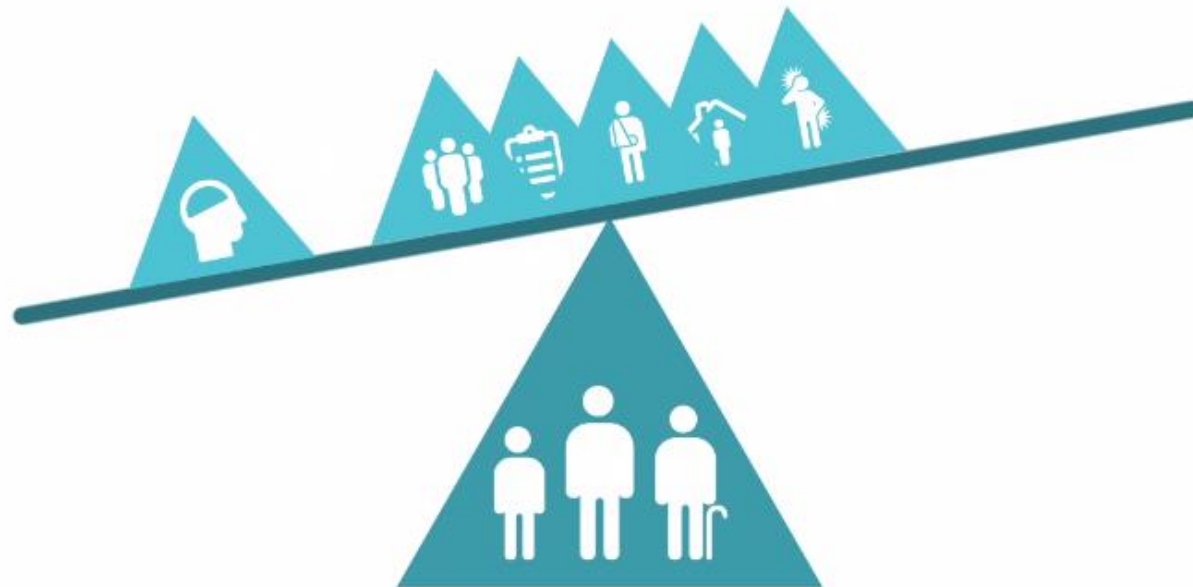
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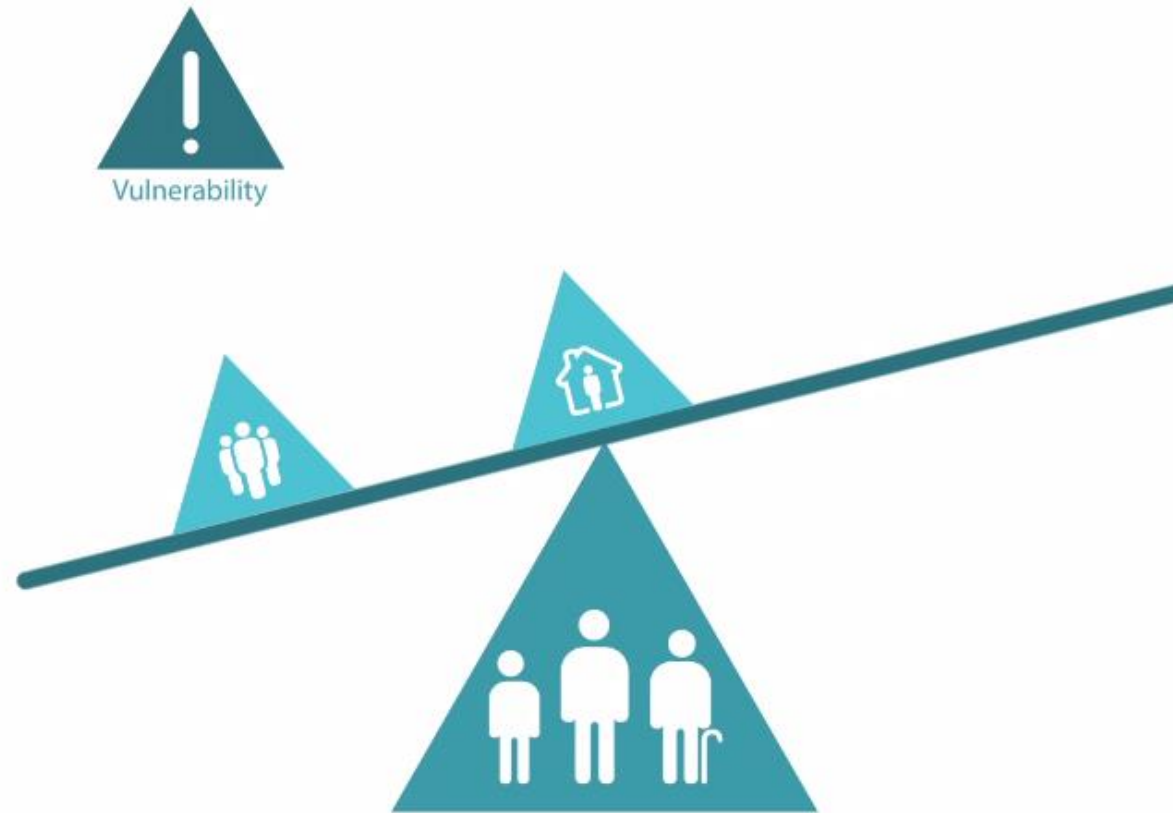
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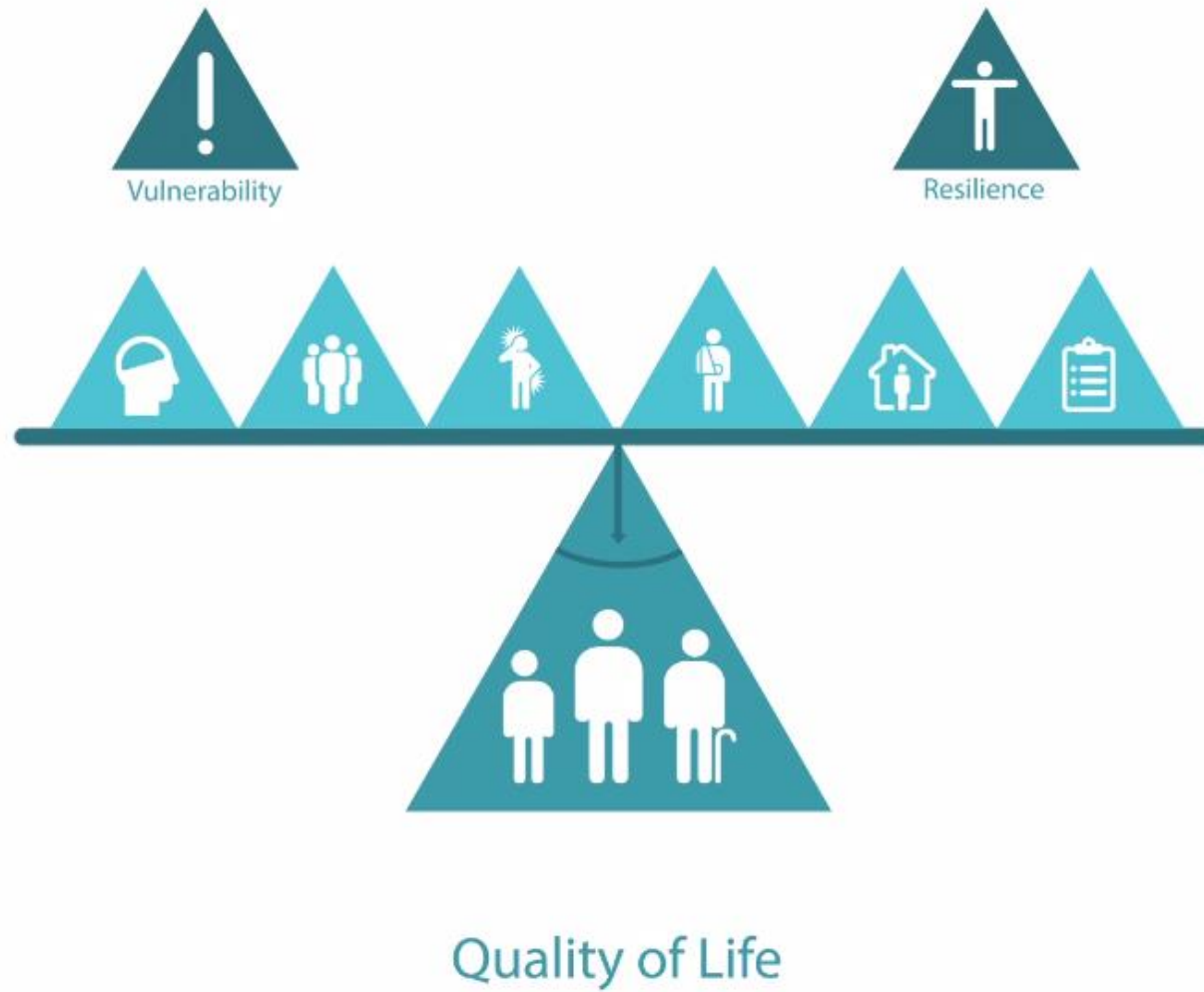
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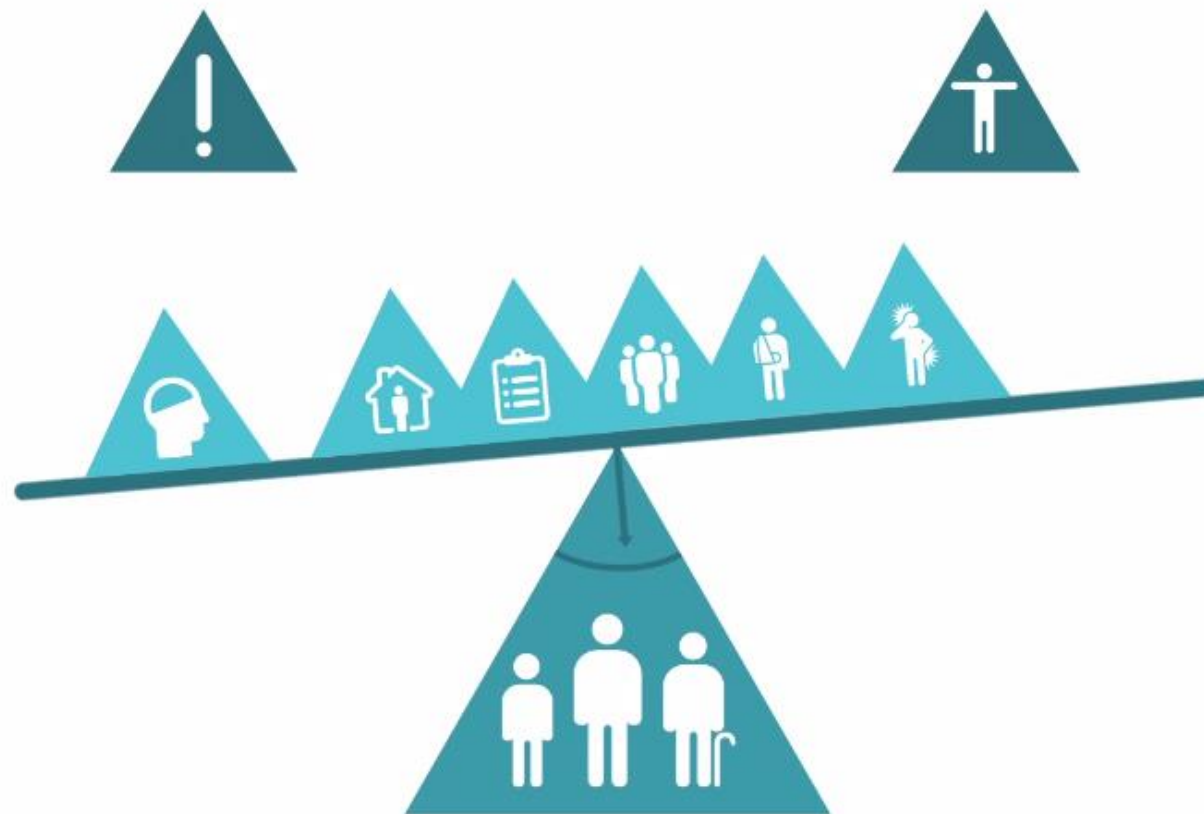
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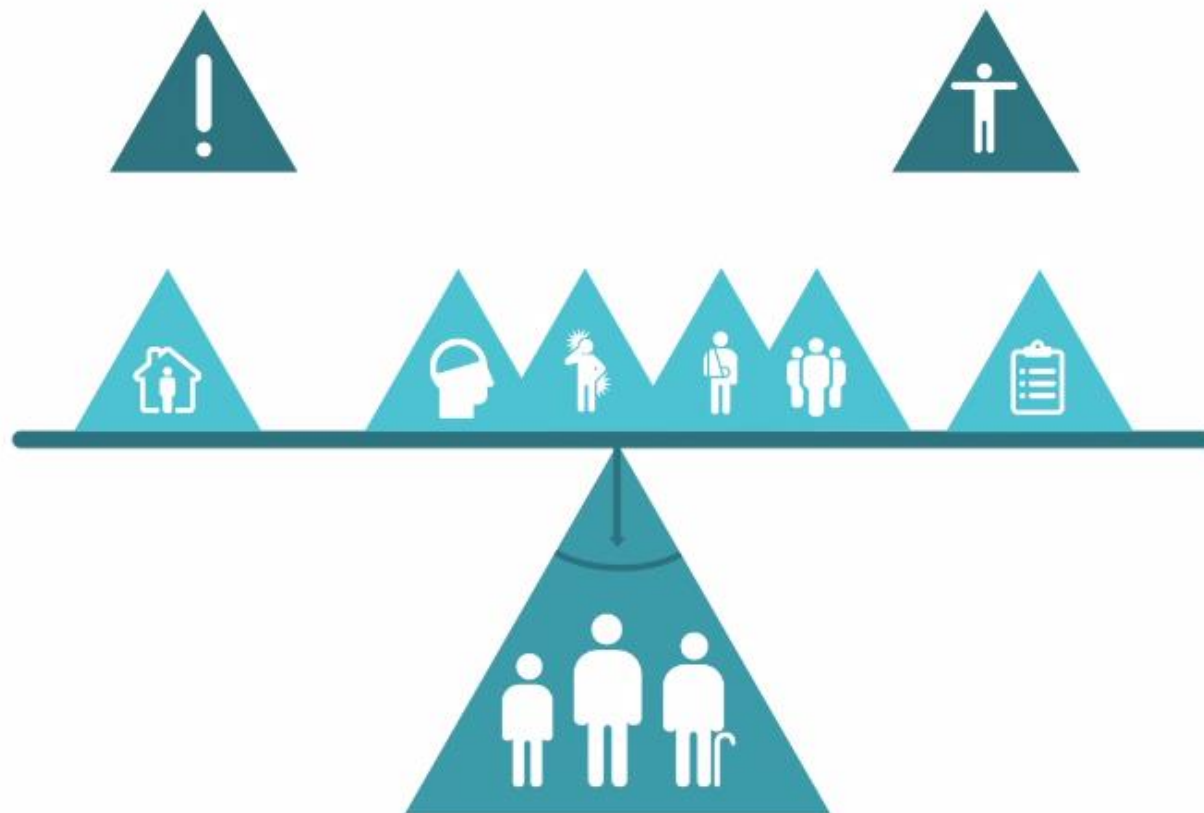
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# Managing Frailty

- Recognising frailty as a long term condition
- The more things that go wrong the greater the risk of adverse outcomes
- At some point, the number of problems becomes more important than the individual problems themselves

# Identifying frailty

- It isn't always obvious
- Not easy during acute episodes of illness
- Older people do not identify themselves as Frail

# Anne's Story

- Anne is 83.
- Managing independently with 3x a week home help.
- Driving and socialising daily.
- Hypertension, osteoporosis, polymyalgia, OA.
- Fall and fractured ankle with 12 week admission and rehab.
- Housebound, 2x daily care, chronic pain.

# Beryl's Story

- Beryl is 84.
- Diabetes, dementia, kidney failure heart failure.
- Lives with daughter.
- Referred to Holistic Assessment & Rapid Investigation service.
- TIA....HARI to manage.
- Community nurses and OOH unable to follow plan.
- Admitted but no helpful therapeutic intervention.

# Electronic Frailty Index (eFI)

- Healthy Ageing Collaborative.
- A national tool for assessing frailty of each person in the population.
- Based on set of 36 indicators (deficits).
- A patient's EFI score is based on their total number of indicators – then classed as one of:

FIT <7 / MILD 7+ / MODERATE 9+ / SEVERE 12+



# Electronic Frailty Index



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# Using Electronic Frailty Index

- Identify those with mild, moderate and severe frailty.
- About 3% of the >65 population may be living with severe frailty.  
Think care planning, EOLC.
- Moderate frailty: Anticipatory care planning.
- Mild frailty: Supported self care .

# NHS Transformation

- Balancing act
- Young v Old
- Cheap/fast/good
- Specialism vs Generalism
- Longevity vs quality of life

# What next?

- Who should decide?
- Politicians/population
- Economists/actuaries

Questions and comments?

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