Frailty Matters Action Research Project

What’s the Issue?
Frailty is a term used to describe how our bodies gradually lose their in-built reserves as we age. This may mean that we don’t bounce back from an illness as quickly as we would have before. Frailty affects around 1 in 10 people aged over 65 years in the community and around half of people aged over 85 years. It is a risk factor for disability, hospitalisation, long term care and death. Frailty is not an inevitable consequence of ageing and earlier interventions for at risk individuals can prevent and delay the onset of frailty. Therefore all health and social care professionals need to have skills to identify and manage people at increased risk for frailty.

District Nurses (DN) have deep knowledge and understanding of the needs of their patients, and of family carers, and considerable potential to influence, mobilise and coordinate care with the various professionals and community resources that support people to stay well. They are ideally placed to identify those at greatest risk of frailty and to prompt earlier intervention to prevent or delay functional decline.

The Study
The Frailty Matters action research project, funded by Burdett Trust for Nursing, was a collaboration between the University of the West of Scotland, the Health and Social Care Alliance Scotland (ALLIANCE), NHS Ayrshire & Arran, the International Foundation for Integrated Care, and the Queen’s Nursing Institute Scotland. Further details on the project team are available here.

The research aimed to understand the learning needs and enhance the knowledge, confidence and capability of community nurses to manage frailty. The study was conducted in three phases from February 2019 to August 2021: 1) Mapping and Co-design; 2) Delivery and 3) Evaluation and Dissemination. Phase 2 of the study coincided with the onset of the Covid-19 pandemic, when continued participation became challenging in the face of increased demand for care, strained workforce capacity, high levels of redeployment and significant emotional and psychological trauma. After an appropriate pause, the study was adapted for virtual delivery.

What we Learned
Community nurses reported that they viewed frailty as vulnerability, loss and complex comorbidity but did not identify frailty as a long term condition with potential for prevention, early intervention and self-management. They indicated that their current practice was largely reactive, influenced by professional judgement and intuition, with little systematic frailty-specific screening and assessment. They identified a need for a conceptual framework and education to use in their nursing and interdisciplinary practice. More details of our mapping and analysis of learning needs can be found in our published paper: https://www.magonlineibrary.com/doi/abs/10.12968/bjcn.2021.26.3.136

Resources we created together
We co-created the Frailty House to illustrate the key requirements for education on frailty. This was inspired by Scotland’s House of Care - an established person centred framework for collaborative care and support planning for people with long term conditions.

- The foundation includes elements of person centred coaching and leadership, active listening, reflection and action planning to facilitate change and improvement.
- The house is framed by the ethos of Realistic Medicine
- The ‘building blocks’ are based on what the community nurses and co-coaches consider are important to support people living with frailty to stay well.


With community nurses, we developed a combined coaching and educational programme supported by online educational resources in response to their learning needs about caring for people living with frailty. Sessions were initially face to face but moved online because of Covid-19 restrictions.

The programme was co-delivered with older people living with frailty, deepening empathy and mutual respect and providing valuable insights into how to empower and support them to manage their conditions and live the lives they want to live.

Genuine co-production requires mutual respect, attention to emotional and physical wellbeing, and support to enable digital participation.

> Working as partners in care is very challenging. Learning coaching skills within teams can help mental well-being and build team working and peer support. As the nurses understood more about frailty they saw that the different way of working required a different approach. As they learned about coaching skills, and as their confidence in these skills grew, they deepened their self-knowledge and self-care and became more confident, self-aware and assertive practitioners and leaders. All of that contributes to greater resilience and satisfaction in their role. Coaching skills need to be a fundamental expertise of the future workforce.  

Programme Coach
What Participants Told Us

Participants welcomed opportunities to network and learn with their peers. They valued the face to face sessions more than virtual sessions.

> I liked the interaction with the non-professional people that were on the group, that was very interesting hearing the other side, I really did enjoy this. I learned a lot from the girls (other DN participants) as well, about the way things are getting done in the other areas.

The Educational Blog [http://frailtymatters.uws.ac.uk/](http://frailtymatters.uws.ac.uk/) proved a very accessible method of asynchronous learning on key topics. Participants shared the materials with their teams.

> It encompasses everything you need for a holistic, person centred approach when working with frailty. There is a lot of information in it but it is easy to follow and highlights the skills and knowledge required when working with frailty.

Reported changes in practice include adoption of frailty specific tools into assessments, greater confidence in managing patients with frailty, stronger advocacy when discussing patients with other professionals, and improved awareness of community supports and resources.

> I think just making it more of a priority. It’s up there with palliative care. You act more quickly. You don’t allow people to dawdle. You get things sorted out as quickly as you can. You can’t undo years of neglect or ill health, but what you can do is put services in place to support them a wee bit better, but it’s not an immediate fix.

The past eighteen months have been unprecedented and have shown staff to be resilient and flexible in adapting to the many changes we faced. It has also been challenging for this research project which has had to adapt and amend processes - but as we get to the finishing line I can see it has been worthwhile. Frailty is not new to district nurses but they agreed that under this umbrella term they have received minimal education, especially on assessment and early interventions. The district nursing staff involved have embraced this education and have clearly felt that it should be applied as a fundamental part of their assessment process. The nurses have been enthusiastic participants and have also benefited from the coaching elements of the project. All too often learning is distance learning or via electronic platforms but the development of experience and knowledge through coaching and peer support has been valued by the nurses as demonstrated in this research. Participation in the Frailty Matters project has empowered district nurses to enhance their role in managing individuals with frailty and given them confidence to have a strong leadership role within integrated health and social care teams. **Senior Nurse, East Ayrshire HSCP**

Feedback from Other Disciplines

A convenience sample of 24 workforce development and professional leads from a range of disciplines in 10 HSCPs and the Scottish Ambulance Service considered the Frailty House and the content of the programme. They concur there is a need for more education on frailty and that the Frailty Matters Programme could benefit a wide range of disciplines in different settings.

> The need for education spans across all disciplines within the partnership to enhance current care provision and raise the frailty agenda within all aspects of care. Education on frailty to support professional, organisational and inter-organisational learning is the foundation for sustainable change. **HSCP Locality Manager**

Detailed feedback is available in the project report [here](#).
This looks like an excellent course where staff who have completed the Programme would cascade and share learning with wider members of their team.

Helpful to develop a learning community associated with matters relating to frailty. The educational framework appears to provide a construct from which an alliance could be developed to develop thinking, knowledge and expertise.

Perhaps consideration of Frailty House Champions would allow the work to be progressed and spread well across teams.

I feel very inspired and hopeful for new educational and development opportunities around frailty.

Conclusions
There is an urgent need to upskill the community workforce to identify and manage frailty.

Self-directed elearning can have a wide reach at relatively low cost but has limited potential to address relational aspects of care and to achieve sustained practice change on its own. Combining technical knowledge with relational skills-building, peer support, lived experience and person centred coaching will help staff deliver proactive, integrated care attuned to the specific needs of people with frailty, and their principal carers.

The Frailty Matters project offers a blueprint for a structured approach to building capability for managing frailty in wide range of health and care professionals working with older people or within interdisciplinary and integrated care teams.

As we continue to push the boundaries of the art of the possible in the community, the potential of the “Frailty House” framework and the Frailty Matters combined coaching and educational programme should be recognised and welcomed as an important contribution to building a workforce that is integrated, capable and fit for frailty.

Recommended Actions

The project team will seek further funding to evolve the Educational Blog as a comprehensive online educational resource based on the “Frailty House” and will package the combined education and coaching programme as six sessions that blend face to face and online group activity supported by self-directed e-learning.

Older people’s policy leads, Chief Officers and HSCP workforce development and quality leads should invest in a strategic approach to applying the learning from the Frailty Matters programme.

Establishing a national network of Frailty Matters learning communities will rapidly increase the capacity, capability and impact of ‘Frailty Champions’ who have the knowledge, skills and confidence to inspire their peers and fellow professionals to deliver the best possible care and support for people living with frailty.