

Specialised Clinical Frailty Network
**The Christie NHS Foundation Trust
sets out to improve the experience
of frail lung cancer patients**



Introduction

The Specialised Clinical Frailty Network (SCFN) is exploring how specialised services can improve the way they deliver care and treatment to people with frailty. Standard specialised care pathways may not always be appropriate to the needs and preferences of more vulnerable patients, where there are greater risks of longer hospital admissions and increased mortality.

The Network's collaborative improvement programme, delivered by NHS Elect, helped NHS trusts to improve the way they identify frailty and make better treatment decisions that would improve patient outcomes. The first wave included renal dialysis, complex cardio surgery and interventional cardiology, and chemotherapy. There were up to five trusts in each specialised area.

This is the experience of one of the chemotherapy sites...

The Christie NHS Foundation Trust is one of Europe's leading cancer centres. Based in Manchester, it is a tertiary cancer centre, serving a population of around 3.2 million across Manchester and East Cheshire. As a specialist centre, it also receives around a quarter of its patients from other parts of the UK. The Christie treats more than 44,000 cancer patients every year.



Order on picture (left to right): Fabio Gomes (medical oncologist), Marie Eaton (clinical nurse specialist), Neil Bayman (clinical oncologist), Mark Pearce (pharmacist), Cassandra Ng (geriatrician) and Steven Robinson (data analyst).

Not on the picture: Katie Baker (project manager), Jennifer Woods (occupational therapist), Philip Higham (patient experience and improvement), Jon Bruce (data analyst) and Alex Garbett (analytics).

The Christie SCFN project aimed to identify frailty in patients referred to the Trust for lung cancer treatment and to understand the additional needs of this patient group. Older patients are more likely to be frail, and as the average age of a patient diagnosed with lung cancer in England is 73 years, the lung cancer clinics were an appropriate place to start.

The goal was for this project to lead to the development of a clinical frailty service at this tertiary cancer centre to reduce the effect of frailty on patient outcomes, experience, and quality of life.

Medical oncology clinical research fellow, Fabio Gomes, who was deputy lead for the project, explained "We had

been discussing developing a geriatric oncology service and were trying to build evidence for this, so when we heard about the SCFN we knew that we wanted to get involved."

Defining frailty

Frailty has a broader definition than merely older patients. Fabio said "Younger patients can be also frail although we have tended to associate frailty with age. Since doing this project, this has changed and we have moved towards a broader concept of frailty, which is now being promoted across the Trust."



Project aims

At the start of the project, there was some confusion among the team about precisely what being involved in the Network entailed. Fabio said “At first we weren’t clear about what was expected of us and thought it was about researching frailty but when we had the site visit from Network representatives in November 2018, it became clear that this was about improving outcomes for people living with frailty. There were no hard and fast rules, we could do it in whatever way worked best for us. This was liberating but it was also a challenge. The Network enabled us to learn from what others had done and gave us the support and guidance to devise and implement a successful improvement project.”

The team set out to establish a clinical frailty pathway for lung cancer patients at The Christie, which could then be expanded across the Trust to all cancer patients. The project had three phases, with specific objectives for each:

- Phase one - to establish how many lung cancer patients accessing oncology clinics have frailty. The aim was to implement into standard practice a frailty screening using the Rockwood Clinical Frailty Scale (CFS) for at least 80% of all new outpatients with lung cancer by January 2019.
- Phase two - to assess fitness levels and map the needs of the lung cancer patients screened with a Rockwood CFS of 4+ who were due to undergo systemic anti-cancer therapy (SACT). The aim was to conduct a specialised fitness assessment in at least 80% of these patients by December 2019.
- Phase three - to improve the outcomes of these frail patients by implementing specific interventions to manage frailty as part of the delivery of care.

What they did

Established a project team

Key to the success of this project was forming an enthusiastic multi-professional project team. The team incorporated a broad range of expertise including oncology, geriatrics, occupational therapy, nursing, pharmacy, data analytics, quality improvement (QI) and, crucially, a dedicated project manager. Executive sponsorship from the Chief Nurse and Director of Quality and Governance ensured the project maintained a high profile in the Trust.

This multidisciplinary engagement was highlighted by the national SCFN team who commented after meeting the team at the site visit “We were impressed with your overall approach, project support, and QI and analytical expertise in the room. We were delighted to see the range of staff/specialties that attended the meeting.”

Fabio explained “The team structure worked really well. Each team member brought a specific and important area of expertise to the table. Having the Associate Medical Director as clinical lead and Chief Nurse as executive sponsor has helped to open doors and made a huge difference to what we have been doing. This level of support is important if you want to make large scale change. In fact, we are now putting a business case forward to develop our frailty service and they are very much involved in it.”

Participated in Network events

The Christie’s team found the SCFN Network events particularly helpful. Fabio said “It was very useful to see what others were doing. We all had different settings and different resources but we were facing the same kind of challenges. It was good to have input from other hospitals and it helped to benchmark our improvement work against other organisations. It also added friendly pressure and impetus to what we were doing as we wanted to have something new to report at each Network event.”

Members of the team joined the SCFN masterclasses which helped to define, structure and sustain their improvement project, from goal setting and creating driver diagrams through to measuring outcomes.

Used Quality Improvement tools

Supported by the SCFN, the Christie team were quick to define the project aims and develop a driver diagram that identified the changes and associated measures required.

The team used PDSA cycles (Plan, Do, Study, Act) to help it structure each phase of its improvement project. This allowed them to test each change and to make minor

amendments, if necessary. For each step they set out key aims and then broke these down into improvement plans, with key personnel and timescales attributed to each action point.

Engaged staff

This project involved introducing a new assessment to the already busy lung cancer clinics. It was essential that members of the lung cancer clinical team were engaged and trained to conduct a frailty screen. The lung group was kept informed through regular updates at its weekly breakfast meetings, including a training session led by a local geriatrician prior to the screening assessment implementation. As the ultimate aim is to introduce a frailty service across the Trust, the team presented the project at the Trust-wide grand round meeting, and provided updates for the monthly Trust-wide ‘Team Brief’. In addition, the team produced a promotional video explaining what frailty is, why it is important to recognise it and how frailty should be managed. The video outlined some of the steps that the team was taking to try and improve the experience of frail patients – from identifying frail patients to improving access to treatments and linking with communities across Greater Manchester.

Implemented frailty screening

The team wanted to implement the Rockwood CFS at the same time as limiting the impact of this additional task on already busy clinics and staff. Fabio said “We wanted the change to be sustainable and didn’t think that introducing another paper form for staff to fill in was the way to go. Whatever we did had to be manageable for people and not perceived as a burden.”

Consequently, they worked with the digital team to integrate the clinical frailty screen into an existing electronic new patient diagnosis and staging form that is routinely completed by the clinician in clinic. The clinical frailty screen is now a mandatory field on the form for all new lung cancer patients. Fabio said “The fact that we had an executive sponsor and senior clinical lead and we were part of a project supported by NHS Elect helped to prioritise our project with the digital team. The new electronic form went live in November 2018 and 89% of all new lung cancer patients underwent screening from December to the following October.”



Developed an online dashboard

Having a data analyst on the project team from the outset facilitated the development of an online frailty dashboard.

Fabio said “The dashboard has allowed us to track in real-time how many patients have been screened since we started the project - currently over 900. It also shows how this correlates with other factors, such as age, treatment pathways and compliance with treatment, as well as how many patients continue beyond the first treatment.” New data and clinical outcomes are regularly added, including a new tab for hotline calls and hospital admissions across the region.

The current dashboard is the culmination of months of close collaboration between a clinician and a data analyst, and is continuing to develop and evolve.

Frailty alerts

The screening tool triggers an automatic alert whenever someone is identified as potentially frail which is sent to the project deputy clinical lead, nursing team and the occupational therapists. The alerts enable the team to intervene quickly and the aim is to expand the service in order to offer further assessment/interventions to all patients identified as potentially frail from the screening assessment.

Patient experience

Patients were asked to share how they felt at different stages of their pathway via questionnaires. Their responses were then presented on an Experience Based Design Emotional Map. The team is planning to add to its understanding of patient experience by holding focus groups and repeating the questionnaire at different time points throughout the project. Patient experience data is influencing the design of the frailty pathway and service.

Impact

903 lung cancer patients screened for frailty

40% of those screened had some degree of frailty

89% of all new lung cancer patients (any age) screened between December 2018 and October. 2019.

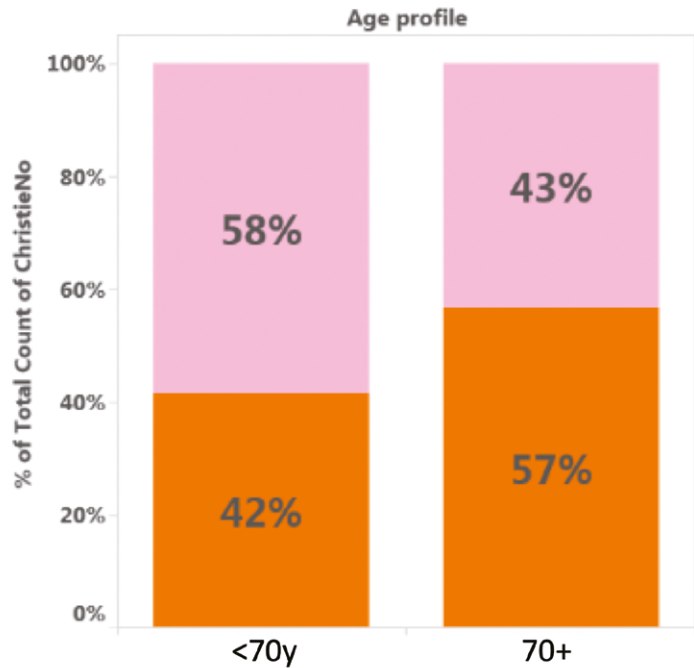
Age distribution (median and per CFS)

Older patients more likely to be frail

Rockwood score (group)	Median Age at date seen
1 to 3	68
4 and over	74

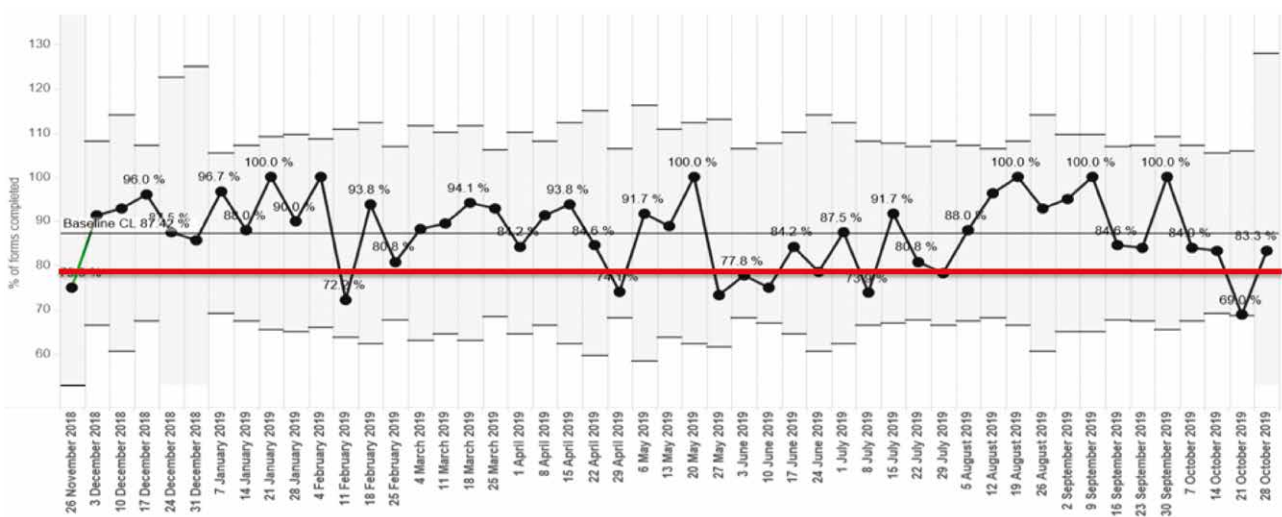
Rockwood score (group)

- 1 to 3
- 4 and over



New lung cancer patients screened and screening rate

Percentage of forms completed - P Chart



The team found that patients with frailty are less likely to be offered an anti-cancer treatment and are also more likely to have an early discontinuation of systemic anti-cancer treatment (e.g. chemotherapy).

Data from a recent staff survey shows that the implementation of frailty screening has been positively received by staff and has not added a significant burden.

Next steps

Secure funding for a dedicated frailty team

The team has used its work to date to showcase the need for clinical frailty screening in cancer patients locally at The Christie Trust Board of Directors, and presented its work internationally at the World Conference on Lung Cancer (September 2019, Barcelona) and International Society of Geriatric Oncology conference (November 2019, Geneva), as well as events across the UK. The current focus for the project is to establish a comprehensive frailty service within the Trust.

Fabio said “While the spotlight is on us we are pushing to try and get a Trust-wide frailty service established. In order to succeed with the last phase of the project, which is about interventions to improve outcomes for frail patients, we need more specialist support.

Our data shows that length of stay following an admission to hospital for patients screened as frail is double that for non-frail patients. We believe a frailty service at our Trust will reduce the number and length of hospital admissions for frail patients undergoing treatment for cancer.”

Raising awareness across the hospital

Fabio believes that this project has shone a spotlight on the reality of many patients using the hospital’s services. He said “This project has already made a difference. It has raised awareness across the whole hospital and we are already seeing other teams starting to integrate the CFS into their clinics. We have been contacted by so many people within and outside the Trust who are inspired by what we are doing. If we succeed in securing funding for full-time frailty posts, it will take this work to the next level.”

Executive sponsor, Julie Gray said “With an ageing population, and increasingly more people living with and beyond a diagnosis of cancer, developing a dedicated service for older and frail patients is a key ambition for The Christie. It’s been really exciting to see The Christie SCFN project develop over the last 12 months, driven by our highly motivated multi-professional team, so that we are now in a position to better support our more frail patients as they go through treatment.”

Clinical lead, Neil Bayman added “Our work with the NHS Elect Specialised Clinical Frailty Network at The Christie has resulted in rapid adoption of the CFS assessment in the lung cancer clinics. In 12 months we have screened about 1000 patients, meaning we have a much greater understanding of how prevalent frailty is within our patient population and the impact it has on treatment decisions, tolerability and outcomes. We’ve been able to use the data collated over the last year to build a case for a comprehensive frailty service that will support future patients undergoing treatment at our tertiary cancer centre.”

Sharing good practice

The Christie is keen to share what it has achieved so far in relation to frailty and to inspire a broader discussion, as evidenced by its participation in international speaking engagements. Fabio explained why it is important to share good practice “I have been going to conferences for many years and have heard about many trials of new drugs and new treatments. However, frail patients are often excluded from these trials, despite the fact that they make up a large proportion of the people we treat. We have to start having discussions about these patients and sharing good practice.”

Challenges

The team acknowledged that asking people who are already over-stretched to do more will always present a challenge. To address this, it made clinical frailty screening as simple as possible for clinicians by incorporating it into the normal electronic new patient form. It took time to obtain approval for this but the team believed it was important for sustaining the change.

Nurses are the first point of contact for new patients and the team believes they could have a crucial role in managing frailty better. Fabio said “Patients may share more with them than they do with the clinicians. It is a different relationship and we are keen to further involve nurses in the management of frailty. We recognise that

nurses already have a large workload so this needs to be made as simple and pragmatic as possible. We are not there yet but this is our aspiration. Moreover, other staff, such as occupational therapists, have a key role in the management of frail patients and we must work together as a multidisciplinary team.”

The project has been as much about changing mind-set as implementing improvements. Fabio said “Frailty is not a foreign concept, it is something we deal with on a daily basis. Now that we are screening for it and recording it we need to optimise how we use this information to benefit our patients. That is our next important step.”



Key learning

The Christie SCFN team learned several important lessons from doing this project:

- A motivated, expert multidisciplinary project team with clinical leadership was crucial.
- The importance of a dedicated project manager to pull it all together and keep track of tasks and the action log.
- Using QI tools maintains focus and builds a structure around a project
- Sustainability is essential, and in our case was facilitated by participation in a national network, aligning our aims to one of our Trust strategic objectives, and Executive sponsorship.
- Working with the data analytics team was invaluable. Fabio said "It simply wouldn't have been sustainable for one person to collect all the data we needed and put it onto a spreadsheet."



SCFN at NHS Elect
LABS Hogarth House,
136 High Holborn, Holborn,
London WC1V 6PX

Tel: 020 3925 4851
Email: networksinfo@nhselect.org.uk