

From six years to two. How
screening tools can be utilised
to tackle the long wait.

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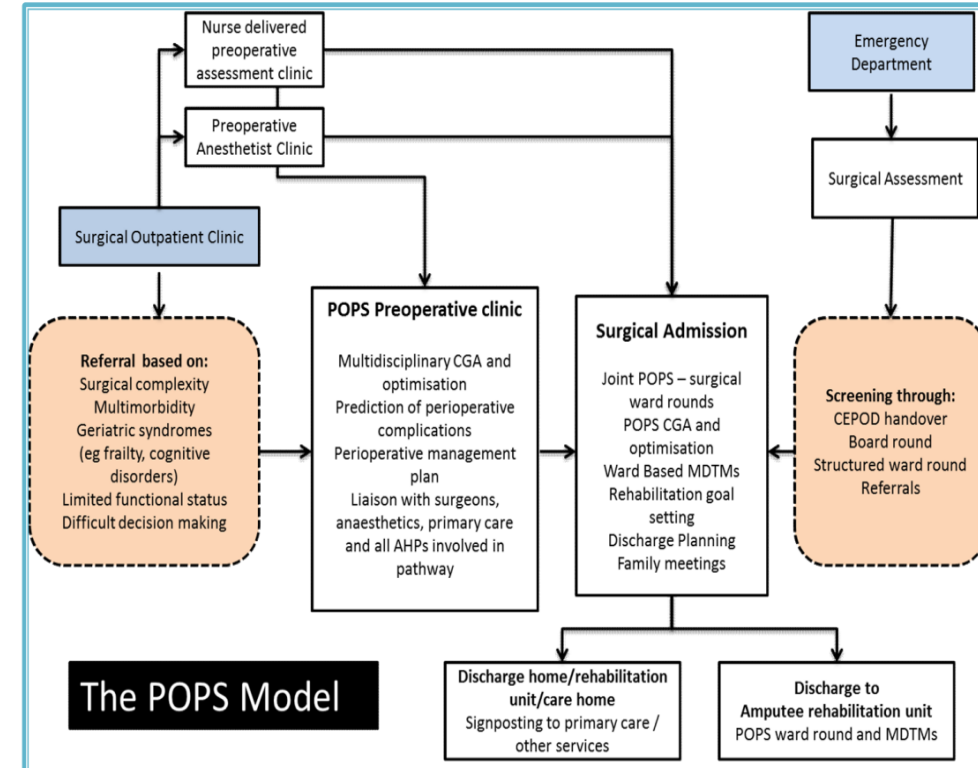
NELA frailty lead Morriston Hospital

Professor Jugdeep Dhesi

Planned care project Background

In Swansea Bay

- 1/3 frail patients are admitted under surgical specialities
- Waiting times on elective surgical lists are often in excess of 5 years
- No communication of frailty screening at point of referral
- Patients are often referred to other specialities whilst on the list (e.g. Cardiology for ECG etc) and join at the bottom of the queue
- Patients attend pre-assessment clinics every 6 months whilst on the surgical waiting list (resulting in a number of 65+ patients attending 10+ pre-assessment clinics)



Why Screen?

Patient X

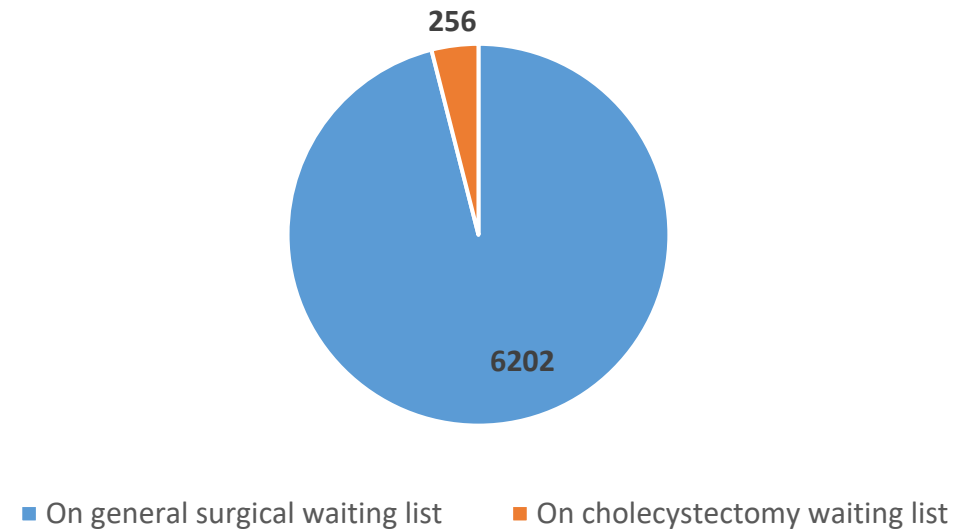


- Perfect storm of COVID and aging population
- Frustrated patient with poor care
- Project supported by NHS elect
- Project funded by Bevan commission *‘positively impact health and well being of people in wales’*

The project

- Waiting list time of up to 6 years
- Largest and easiest to define list – Cholecystectomy
- Felt to be least frail waiting list (average CFS 4.1)

Number of patients over 65 on surgical waiting lists in Swansea Bay



Screening

Must be a test available

- Clinical Frailty Score, Hospital Frailty Risk Score, Crane questionnaire.

The test must be reasonably accurate

- These are validated but not utilised in elective care previously for screening

The test must be simple to perform

- These are either electronic, can be answered within three questions or self completed.

The test must confer greater benefits than risks of undertaking the test

- The tests confer no risks

There must be a treatment or intervention that be offered that will make a difference the outcome.

- CGA is shown to confer reduced morbidity and mortality and improved quality of life

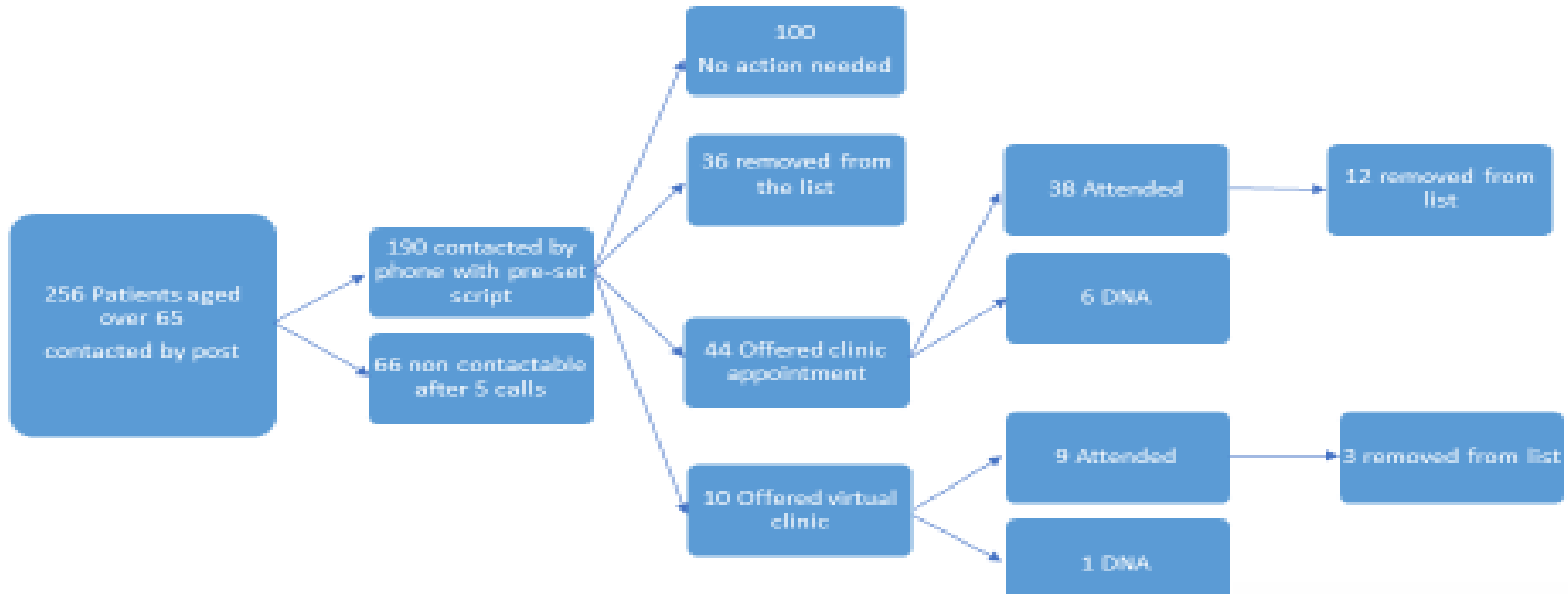
The condition being screened for must be important to well being

- The patients have been on multi year waiting lists

There must be an organised efficient plan for what happens if the test is positive

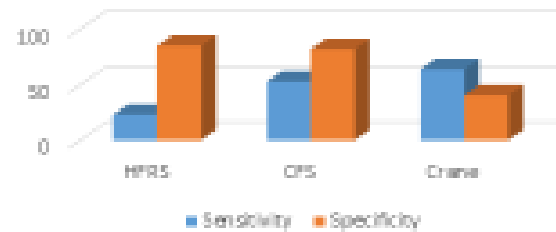
- Consultant geriatrician led clinics

Project Outcomes



Focus group outcome:
Single point of contact with
regular communication

Frailty vs Clinic intervention



Use waiting list time to optimise care

Echo	10
Polypharmacy review	6
Speciality referral	6
Holter	4
Bone health	4
CT head	4
memory clinic referral	3
OT	3
BP medication titration	3
Radiology requests (excluding CT head)	3
Virtual ward referral	2
Lung function tests	2
Social worker referral	1
Flexisig	1
ERCP	1
Dietician	1
Continence assessment	1

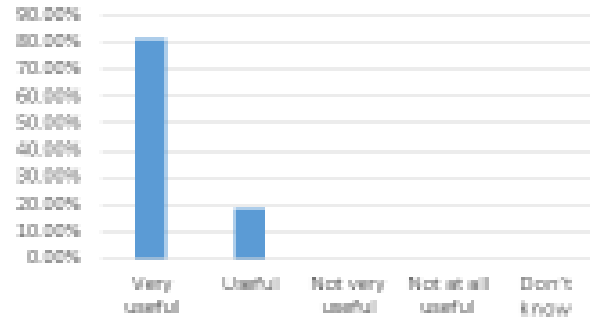


Joint clinics with surgery for
frailer patients

6 monthly CRANE questionnaire

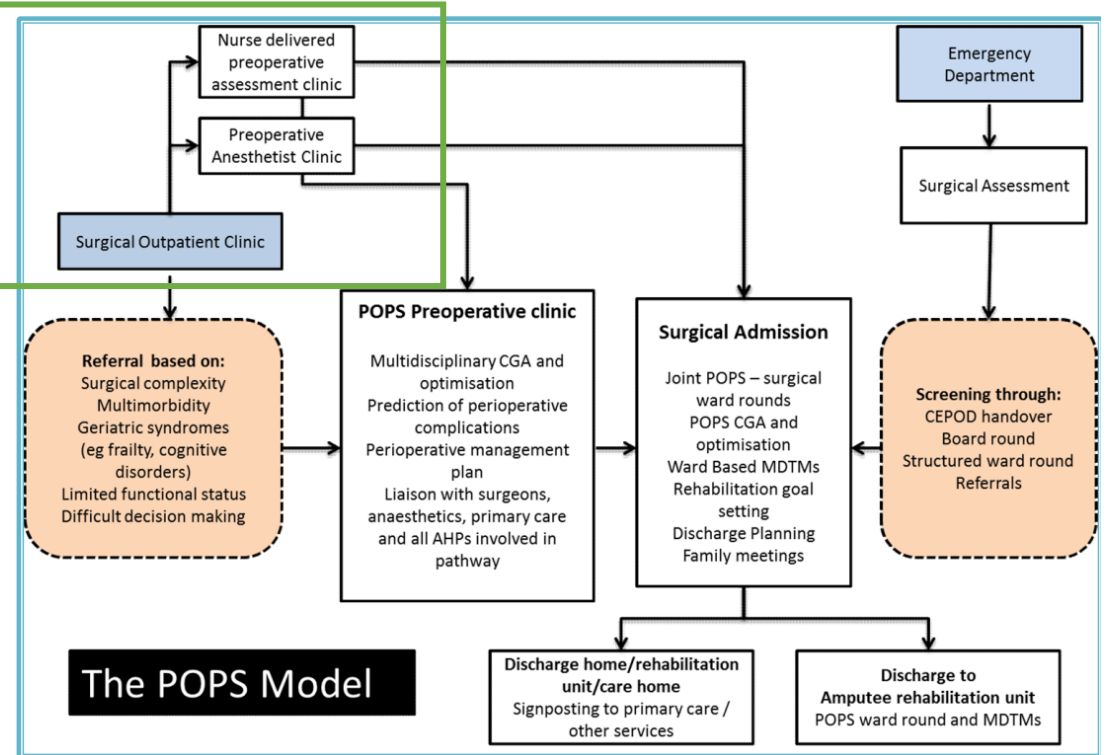
Comprehensive Risk Assessment and Needs Evaluation Tool

How useful did you find today's
clinic?



Did it work?

6 monthly CRANE questionnaire
and single point of contact for
patients over 65
(if waiting list >6 months)



- Savings £250,000 operation costs
- Pre-op assessment clinic savings along with medication reviews
- Excellent patient feedback
- Supports waiting list screening

What Next?

Benefits realisation – year 1 Swansea Bay

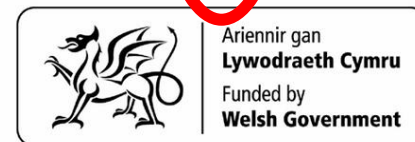
Scope

- Current Waiting lists General Surgery, Urology, Vascular
- Over 65
- Excludes USC

Specialty	Day Case	In-Patient	Grand Total	
Awaiting Grading		7	14	21
Bariatric			2	2
Colorectal		63	53	116
Endocrine			19	19
General Surgery		16	10	26
Hernia		144	99	243
Lap Chole		146	71	217
Upper GI		10	5	15
Urology		158	200	358
Vascular		29	27	56
Grand Total		573	500	1073

- Replicating the Bevan work the following were identified as the largest patient cohort
- Cost savings of targeting patient cohorts year 1 outlined

	Removed after 1st contact	On to Clinic	Removed Po	Total Removals	Avoided Cost	
Colorectal	116	16	24	7	23	121,407
Hernia	243	34	51	14	48	174,627
Lap Chole (<52 Weeks)	97	14	20	6	19	75,058
Urology	358	50	76	21	71	261,086
	814	114	172	47	161	632,178



What Next?

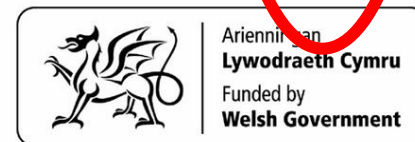
Benefits realisation – year 2 onwards Swansea Bay

- Additions to the list over the last 12 months
- Over 65
- Excludes USC

- Recurrent savings OP list opportunity year 2 onwards

Count of Patient ID Priority	Specialty	Spell Type		Grand Total	
		Day Case	In-Patient		
Routine	Awaiting Grading	3	13	16	
	Bariatric		1	1	
	Colorectal	27	23	50	
	Endocrine		38	38	
	General Surgery	15	20	35	
	Hernia	75	34	109	
	Lap Chole	80	20	100	
	Upper GI	7	3	10	
	Urology	116	94	210	
	Vascular	140	18	158	
	Urgent	Awaiting Grading	1	1	1
		Bariatric		2	2
		Colorectal	19	17	36
		Endocrine		9	9
General Surgery		4	3	7	
Hernia		2	7	9	
Lap Chole		9	8	17	
Pancreatic			4	4	
Upper GI		4	2	6	
Urology		47	45	92	
Vascular	9	56	65		
Grand Total		558	417	975	

	Removed aft 1st contact	On to Clinic	Removed F	Total Remc	Avoided Cost	
Colorectal	50	7	11	3	10	52,793
Hernia	109	15	23	6	22	73,674
Lap Chole (<52 Weel	100	14	21	6	20	72,283
Urology	210	30	44	12	42	152,585
	469	66	99	27	93	351,334



So how could we screen?

Over 5,000 people on General Surgical/Vasc/Urology W/L across Swansea Bay

- Who do we see?
- How do we find them?
- What is our overall aim

Money?

Off-listing?

Age?

Prehab?

Patient
Experience?

First step – Power BI

- Digital flag using widely available hospital data
 - Charleston Comorbidity
 - Age
 - Address (NH/RH)
- Highlighted those over 65 who met frailty flag
- 1111 Patients

Patients aged 65+ currently Reporting on the RTT Waiting List
List of patients on the RTT Waiting list at the most recent Census Date who are aged 65+, including Frailty Flag, Nursing Home Flag, and Charlson comorbidity index.

Census Date: 24 April 2024

Number of Patients: 14

Census Date	Caseno	Shabro	NHS No	Full Name	Date of Birth	Age	Frailty Flag	Nursing Home Flag	Charlson Comorbidity Index	Palliative Care Diagnosis
1/0						10	None		10	None
1/0						1	None		1	None
1/0						5	None		5	None
1/0						2	None		2	None
1/0						6	None		6	None
1/0						3	None		3	None
1/0						0	None		0	None
1/0						6	None		6	None
1/0						2	None		2	None
1/0						0	None		0	None
1/0						1	None		1	None
1/0						6	None		6	None
1/0						6	None		6	None

Digital Intelligence

Next – How to contact?

- Combinations of electronically/phone calls
- Can elderly frail patient engage electronically?
- How many will we want to see?
- What other resources could we use?
 - Virtual Wards
 - Continence services

Digital Questionnaire

Frailty Draft Digital Questionnaire 06.03.24

Accessibility Mode Print Find Ir

You are being sent this questionnaire as you are on a waiting list within Swansea Bay University Health Board; this may be for a procedure or outpatient clinic.

In order to improve our service, we are currently running a trial to screen all patients every 6 months for frailty and medical problems so that we can try and offer help or support while you are on the waiting list.

We would be grateful if you could complete the following questions, they may result in you being contacted by a member of staff and offered a clinic appointment in the future"

Clinical Frailty Scale

Please select which of the below best describes you:

1. Very fit
 - Robust, active, energetic, and motivated.
 - Commonly exercise regularly.
 - Among the fittest for your age.
2. Well
 - Exercise often or are very active **occasionally**, more than routine walking.
 - Less fit than some people your age.
3. Managing well
 - Have medical problems that are well controlled.
 - You are not regularly active beyond routine walking.
4. Living with very mild frailty
 - Not dependent on others for daily help
 - Symptoms do limit what you can do. For example, stiffness from arthritis
 - A common complaint is being 'slowed down' and/or being tired during the day.
5. Living with mild frailty
 - You are noticeably 'slower'.
 - Need help with some things you do to take care of yourself and your home such as finances, shopping, heavy housework.
6. Living with moderate frailty
 - Need help with all outside activities and with keeping house.
 - You may have difficulty with stairs or washing yourself.

- Sent to 78, 40 responses digitally

33 had CFS 4 or above

- Aim to contact the rest via telephone
- So far approx. offered F2F/other need addressed
- Saved 2 band 7 sessions

Progress

- Over 350 contacts (referrals, screening, digital)
- Seen over 50 in clinic F2F plus virtual
- 93 Offlist including already operated on
- Dementia diagnosis, capacity Ax, >30 continence reviews, VW referrals
- Clinics booked to May



Gen Surg/Urology/Vasc W/L times

Patients aged 65+ currently Reporting on the RTT Waiting List
List of patients on the RTT Waiting list at the most recent Census Date who are aged 65+, including Frailty Flag, Nursing Home Flag, and Charlson comorbidity index.

Census Date: 08 April 2024

Number of Patients: 834

Census Date	Caseno	Unitno	NHS No	Full Name	Date of Birth	Age	Frailty Flag	Nursing Home Flag	Charlson Comorbidity Index	Palliative Care Diagn
08 April 2024						67	1	0	10	None
08 April 2024						68	1	0	1	None
08 April 2024						67	1	0	5	None
08 April 2024						68	1	0	0	None
08 April 2024						69	1	0	2	None
08 April 2024						76	1	0	6	None
08 April 2024						69	1	0	3	None
08 April 2024						76	1	0	0	None
08 April 2024						68	1	0	6	None
08 April 2024						80	1	0	2	None
08 April 2024						77	1	0	0	None
08 April 2024						76	1	0	0	None
08 April 2024						77	1	0	9	None
08 April 2024						81	1	0	1	None
08 April 2024						75	1	0	6	None
08 April 2024						71	1	0	6	None
08 April 2024						84	1	0	8	None
08 April 2024						72	1	0	1	None
08 April 2024						72	1	0	0	None
08 April 2024						75	1	0	4	None

Waiting list decreased by 20%

Only 14 over 104 weeks, none have breached 156 weeks

We have screened and offered appointments to ALL these longest waits

699 waiting less than 52 weeks

Screening Conclusions

- It does work
 - Improves waiting lists
 - Increased shared decision making
 - High numbers of 'other' interventions – new diagnosis, continence etc
- Older Frail patients CAN engage with electronic mechanisms
- Needs to be at point of referral and ongoing ?6/12
- Definitely a place for patients to do some of the 'leg work'
 - Self CFS/Complete CRANE questionnaire themselves