Frailty Core Capabilities Framework Evaluation

July 2019
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Introduction

Development of the Frailty Core Capabilities Framework was commissioned by Health Education England and NHS England and made available in September 2018. Development of the framework was facilitated by Skills for Health, working in partnership with key stakeholders, including: Health Education England, NHS England, Age UK, British Geriatric Society, Royal College of GPs, and housing, local government and voluntary sector organisations.

Skills for Health was subsequently commissioned by the Trustees of the Institute of Aging and Health (West Midlands) to carry out an evaluation of the Frailty Core Capabilities Framework. Skills for Health and its development partners are grateful to the Trustees for their support.

This evaluation aims to better understand the users of the framework and how it is being utilised so far to inform further developments.

Frailty remains a new area for much of the workforce and work is now needed to position frailty as a long-term condition and underpin it with the upskilling of the workforce. This framework was created with the aim to identify and describe the skills, knowledge and behaviours required to deliver high quality, holistic, compassionate care and support. It provides a single, consistent and comprehensive framework on which to base review and development of staff.

Methodology

Two surveys were created to capture the utilisation and value of the framework. The first survey, launched in October 2018, aimed to set a baseline by which initial intentions and expectations of users were captured. The second survey was launched in June 2019 and aimed to gather impact and utilisation of the framework. Both surveys collected 336 responses in total.

Six phone interviews were also carried out in order to gather qualitative information and complement the quantitative research.

This report draws from all sources of primary data to present results.

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1 https://www.skillsforhealth.org.uk/services/item/607-frailty-core-capabilities-framework
Key Findings

- 132 people responded to the baseline survey and 204 to the impact survey (336 responses in total). 6 interviews were conducted to gather in-depth insight.

- Over half of the respondents were practitioners (55%).

- 32% of respondents worked in primary care or community services, 24% in secondary of specialist care, and 16% were part of Clinical Commissioning Groups.

- Social media was a great enabler in getting organisations and individuals to download the framework (40% in the baseline survey - October 2018, closer to the framework launch; 21% in June 2019). Additionally, 25% of people directly looked for a Frailty Framework in their search engine in June 2019, which did not occur in the months close to the launch.

- Overall, the framework received a score of 4.5/5. Most respondents stated that the framework is very or quite useful (85%).

- Some people who responded to the survey had not used the framework yet. Their main reasons being lack of time or opportunity to do so, lack of organisational support, and the perception of the framework being too convoluted.

- 44% used the framework within their organisation, 49% used it within a team, and 50% for their own personal interest.

- The main uses of the framework included: identify training needs (61%), identify existing capabilities (50%) and support workforce planning and development (44%).

- The framework has helped to increase frailty awareness (82%), widen (54%) and deepen (39%) knowledge and skills. It has also been attributed to an increase in staff confidence (40%) and improved quality care (38%).
Evaluation Results

In total, 336 people responded to the surveys (132 to the baseline survey, 204 to the impact survey). In addition, 6 people were interviewed in the period between surveys.

Respondents profile

Over half of the respondents from both surveys were practitioners with an interest in Frailty.

A third of the respondents work in primary care or community services, followed by people in secondary or specialists care organisations.

In which type of organisation do you work?

- Primary care or community services: 32%
- Secondary or specialist care: 24%
- Clinical Commissioning Group: 16%
- Social care, including domiciliary care and care homes: 7%
- Other (please specify): 6%
- NHS England: 4%
- Emergency services: 2%
- Voluntary/Third Sector: 2%
- I do not work for an organisation: 2%
- Educator or training provider: 1%
- Health Education England: 1%
- Local Authority: 1%
Access to the framework

40% respondents to the baseline survey indicated that they learned of the framework on social media or through the website. A few months later, respondents found the frameworks from a variety of sources including direct search (25%) and direct emails (23%). This might be due to the October survey being so close to the launch date when the media coverage was higher. The evolution of results also indicates the good searchability of the framework.

How did you hear about the Frailty Framework?

- Social media or website: 40% (Oct-18), 21% (Jun-19)
- Direct search (e.g. Google): 25% (Oct-18), 19% (Jun-19)
- Direct email: 23% (Oct-18), 17% (Jun-19)
- Recommendation from friend of colleague: 19% (Oct-18), 16% (Jun-19)
- Conference or similar presentation: 19% (Oct-18), 13% (Jun-19)
- Other (please specify): 16% (Oct-18), 10% (Jun-19)

Most respondents downloaded the framework in September, and downloads have remained stable since then. Although this is not an accurate indicative of the popularity of the framework, it does suggest that there has been a constant reach for the framework at the Skills for Health website.

The Frailty Framework became available in September 2018. When did you download it (approximately)?
Use of the framework

Weighted results of the survey state a rate of 4.5 in a scale of overall usefulness. Most respondents indicated that the framework was very or quite useful (85%), whilst 15% found it fairly or a little useful. None of the participants said the framework to be not useful at all.

Interestingly, 37% of respondents of the second survey (June 2019; 75 respondents) had not yet used the framework. Their main reasons for not having have used the framework yet can be grouped in three categories:

1. Not having had the opportunity or time to do so.
2. Insufficient organisational support to implement changes.
3. Perception of framework as too complicated and long, difficulty in translating it for everyday practice.

This evaluation has captured a change in perception on how people thought they would use the framework, and how they actually have used it. The following graph shows how 60% of people expected to share the framework with their organisation but that number dropped to 44% when asked if they did. However, respondents expected to share the framework within their teams, and a similar percentage did.

At what scale did you expect/have you used the framework?

- **Across a health and care system**: 44% expected, 25% used.
- **Within an organisation**: 60% expected, 44% used.
- **In collaboration with (an)other organisation(s)**: 40% expected, 22% used.
- **To share with students**: 13% expected, 12% used.
- **Within a team**: 49% expected, 48% used.
- **To share with one or two other people**: 23% expected, 12% used.
- **For my own personal interest**: 35% expected, 30% used.
- **Other (please specify)**: 3% expected, 2% used.
Results show that the framework is likely to be utilised in the way as people intended to when they downloaded it. Main uses being: to **identify training needs** (61%), **identify existing capabilities** (50%) and **support workforce planning and development** (44%). Interestingly, using the framework for commissioning education or training was expected to be used by 24% of respondents on the baseline survey, but only 7% of the respondents in the impact survey mentioned using it for that purpose.

**In what way do you expect to use the framework?**

**In what way have you been using the framework?**
In terms of the short-term impact that the framework has had so far, 82% of respondents stated that the framework has helped to increase awareness, and over half state that it has helped to widen (54%) and deepen (39%) knowledge and skills. Despite the framework only having been available for 9 months, respondents stated that it has increased staff confidence (40%) and improved quality of care (38%).

**What has been the impact so far?**

- Increased awareness: 82%
- Widen knowledge and skills: 54%
- Improved staff confidence: 40%
- Deepen knowledge and skills: 39%
- Improved quality of care: 38%
- Better targeted education and training on core outcomes: 33%
- Improve risk management of situations involving people living with frailty: 32%
- Increased opportunities for staff development: 26%
- Empowerment of people living with frailty: 21%
- Filled skills gaps in the organisation: 15%
- Improved client satisfaction with services: 11%
- Enable skills mix: 9%
- More effective commissioning: 8%
- Other (please specify): 6%
In addition, the framework has been used as a tool to inform decision-making and a source for an evidence-based approach to practice. Other benefits have also emerged from participants’ responses:

1. Help in standardising language across team and stakeholders.
2. Provide a better understanding of frailty as a condition.
3. Provide guidance for identifying skills gaps and designing training.
4. Contribute to development of local strategies.
5. Inform service provision.

Staff have become more aware of impact of frailty and how to use the Frailty index to predict risk and prevent hospital admissions.

It has helped collaboration with the wider team to ensure all frail patients are assessed appropriately. Also, it helped to ensure that clinicians & nurses have appropriate training & support.

Provides evidenced based framework of which to build upon a comprehensive learning pathway.

It provides core information as to the complexities of frailty and influencing factors. It provides clear assessments and information to treat frailty as a whole rather than standalone issues. It facilitates planning for patient need when they are frail.

I know what kind of right approach to take when facing people who suffer from it. I feel more confident to talk about it. And when approaching a person who is suffering from frailty, I do not feel hopeless or scared anymore about what to do as I know now what the right approach is and how to empower the individual.

Overall, respondents viewed the framework as a comprehensive document that highlighted the importance of frailty and could be used to support their professional efforts as well as promoting a partnership model. However, there were a few concerns about the focus on the medical model which may disengage the voluntary and community sectors. A few other comments referenced the vagueness of the framework and whilst for some this was an asset, other required more detailed guidance. In addition, there was an overall agreement that the framework had the potential to be used as a tool to inform local strategies.