Ageing Well

Policy Context for Rapid Evaluation

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Getting NHS priorities right

- **Population ageing**: numbers, quality, inequalities

- **Managing complexity -**frailty, multimorbidity (not just single conditions and pathways)

- Making **best use of our assets** –communities and people (not just hospitals and services)

- **Cross sectoral approaches** to care: the NHS cannot do it alone (social care, voluntary)

- **Balancing intervention with opportunity for prevention**

- **Making the right investment decisions** and learning as we go

- Building the **right workforce -**numbers, skills and capabilities and governance

- Knowing we are getting it right: **personal outcomes**, not just process metrics

- Creating the **right environments for innovation and research**

A policy framework for managing complex needs

2017-18: introduction of the GMS frailty requirements

- Routine identification of severe (and moderate) frailty

- Annual medication review and falls risk identification

- Sharing frailty information via the Summary Care Record

2019: NHS Long Term Plan

- Ageing well community MDTs for 1.2m people with severe/moderate frailty (?multimorbidity)

- Guaranteed offer of enhanced health in care homes

- Urgent community response

  - Crisis response delivered in 2 hours

  - Reablement delivered in 2 days

2019: National Consensus Statement: productive healthy ageing

  - 5 new aims aligned to policy and focused on prevention

What has been useful and why?

Innovation to enhance health in care homes and evaluation of tools for measuring outcomes of care: rapid evidence synthesis
Health Services and Delivery Research, No. 7.27
Barbara Hanratty, Dawn Craig, Katie Brittain, Karen Spilsbury, John Vines, and Paul Wilson.
[Author Information](#)
Southampton (UK): [NIHR Journals Library](#); 2019 Jul.

Aim:

To conduct a rapid synthesis of evidence relating to enhancing health in care homes across four key areas: technology, communication and engagement, workforce and evaluation.

Results:

761 studies were mapped across the four topic areas, and 65 studies were included in systematic rapid reviews. This work identified a **paucity of large, high-quality research studies, particularly from the UK**.

(1) **Technology**: some of the most promising interventions appear to be **games that promote physical activity** and enhance mental health and well-being.
(2) **Communication and engagement**: **structured communication tools** have been shown to enhance communication with health services and resident outcomes in US studies. No robust evidence was identified on care home engagement with communities.
(3) **Evaluation**: 6 of the 65 measurement tools identified had been validated for use in UK care homes, two of which provide general assessments of care. The methodological quality of all six tools was assessed as poor.
(4) **Workforce**: joint working within and beyond the care home and initiatives that focus on staff taking on new but specific care tasks appear to be associated with enhanced outcomes. Evidence for staff taking on traditional nursing tasks without qualification is limited, but promising.

Conclusions:
 Limited evidential support for some of the innovations in the NHS vanguard programme, and *identifies key issues and gaps for future research and evaluation*.

Key points

Rumsfeld

*"Reports that say that something hasn't happened are always interesting to me, because as we know, there are **known knowns**; there are things we know we know. We also know there are **known unknowns**; that is to say we know there are some things we do not know"*

- We have to work with what we've got, rather than what we wish we had

- Quality improvement will *always* be required

- Patients don't care about processes: their outcomes are more important

- Its often more helpful to know what is *not* working

- Beware extrapolation (people in the margins matter)

- Complex care is relational, not contractual

- System (indirect) impact evaluation can be more useful than end-to-end impact evaluation