

Expression of Interest: Evaluation of Frailty Pilot

Specification for the evaluation of a Frailty Pilot to improve the proactive identification and outcomes of those most at risk of deterioration

1. Summary

The Lewisham Health and Care Partnership Vision for Frailty is that:

“People living with frailty easily obtain the advice and support they require to stay as fit and healthy as possible for as long as possible. They receive proactive and responsive joined up care and rapid, specialist services when needed.”

Frailty has been identified by Lewisham’s Health and Care Partners as an area for specific focus for integrated delivery. A new approach to frailty is now being piloted, building on an existing project by The Lewisham Care Partnership Primary Care Network (TLCP -PCN). The pilot will test a proactive approach to identifying those frail patients most at most risk of deterioration and requiring a multi-disciplinary response.

We are now seeking a partner to evaluate the impact of the pilot approach to frailty. The Evaluation Partner will be expected to provide an independent and objective assessment of the programme performance and impact.

The available budget is £20,000 (including VAT) to deliver this evaluation. The Project will run for 9 months, from April 2022 until December 2022. The evaluation Period will run from May 2022 until January 2023.

2. Project Aim:

The aim of the project is to develop a new approach to supporting people with frailty which will improve their quality of life, maintain their independence for longer and prevent unplanned acute care wherever possible. We also want to evaluate how this approach could improve the use of resources across the system.

The cohort of 300 patients will be identified by criteria that has been agreed by the Frailty Task and Finish Group (section 13). An initial questionnaire will be completed to identify those most at risk and a Comprehensive Geriatric Assessment (CGA) will be partially completed at this point, this will be completed in the person’s own home.

A Multi-Disciplinary meeting of professionals will take place to agree the care plan and assign responsibilities. A Care Coordinator will ensure that actions are carried out.

3. Data access

Through its Population Health and Care Programme, Lewisham benefits from the use of a combined health and care data set called HealthIntent provided by Cerner. You will work closely with the population health and care programme team to identify the necessary data requirements to enable the evaluation of the pilot. Data sources currently are Acute (Lewisham and Greenwich NHS Trust),

Primary Care, Mental Health and some community health services. A trial is currently underway to include Adult Social Care data.

The evaluation team/lead will be expected to work with the project delivery team and Population Health and Care programme team to design the methodology for the capture of any data requirements to deliver the evaluation and to liaise with them to ensure the relevant and required information for evaluation is captured. You will work with the project team to ensure all IG requirements are fully met.

4. Project Outcomes

The expected outcomes of the pilot are to:

- Evidence changes in the use of planned and unplanned services, including social care and voluntary sector support
- Provide a greater understanding of the health inequalities and health outcomes for frail older people. Particularly Black, Asian and Minority Ethnic patients
- Provide an evaluation of the qualitative impact on patients through use of self-assessed state of mind
- Evidence the impact on service provision and identification of service and capacity gaps etc.
- Provide an evaluation of self-reported patient outcomes
- The results will be shared with Lewisham PCNs to aid decisions on the approach to be taken by primary care to meet NHSE required 'anticipatory care' target – timeline

5. Indirect outcomes

It is anticipated that indirect outcomes will be to:

- Develop an understanding of how to improve GP validation of eFi (currently estimated at 30%) to improve the opportunity for proactive identification of at-risk patients in future
- Improve reporting and capture of Rockwood score for all people with frailty in Lewisham so there's a systematic, simple way of identifying those who would benefit from referral to frailty services
- Improve general knowledge across the system of what services exist to support frailty and their referral routes
- Highlight ways to improve support to frail people, for example, including educating non-clinical staff

6. Skills and experience

Applicants are expected to detail relevant knowledge and experience of health and social care, experience of impact measurement and relevant research methodology.

Applicants are also expected to demonstrate a sound knowledge and a track record of successfully working with diverse and seldom heard communities.

Applicants should set out the methodology for working with participants of the pilot and with other key stakeholders in conducting the evaluation.

7. Reporting and quality assurance requirements

The person or organisation appointed to deliver the evaluation will be required to produce a final written report addressing the key research questions. This will include: A description of the overall project

- Inequalities and inequity.

- Description of methodology used, including the services participating in the study and limitations of the methodology used
- Data sets and dashboards
- Notes and findings from engagement with key partners and stakeholders
- An independent, evidence-based consideration of the frailty pilot
- Identification of barriers and enablers which will impact on the collection of data and the success of future projects
- Key requirements for scaling up a future service
- Identifying what works well
- Value for money implications

The final report(s) should be written with the following main target audiences in mind:

- Health and Social Care professionals, GPs, hospital Consultants, Social Workers, Occupational Therapists, Physiotherapists etc.
- Integrated Care System and Lewisham Health and Care Partners
- Lewisham Council and councillors
- Potential future external funders
- External organisations

Update reports should also be produced at key time points (to be agreed with the successful applicant) to demonstrate progress to date.

8. Budget and resource, timescales and key milestones

Organisations submitting tenders are asked to submit a project plan/spreadsheet detailing the key milestones.

It is essential that the evaluation team outline in their plans for appropriate levels of supervision and control by senior members of the project team. Key stages of the project will also need to be subject to input, and approval from, the SRO/Project lead.

Key project milestones are set out in the table below.

Stage	Timetable tbc
Advertise Expression of Interest	5 th April 2022
Closure of Expression of Interest	2 nd May 2022
Appointment	May
Work Commences	May/June
Interim Report	September
Draft report	Draft December
Final report	Final Report January 2023

9. Proposal requirements

Responses to this specification should include total costs and a breakdown of how this will be spent. The proposed budget is £20,000 including VAT.

The following information is requested:

Skills and experience as outlined above

9.1 For the project lead (the most senior person on the project team who is ultimately responsible for project delivery):

- Major projects undertaken in the last five years
- Names of two individuals for whom they have done similar projects and who could be approached for a reference.

9.2 For each member of the project team

- Name and position
- Experience of related work

The application should provide detailed information on how the contract will be managed from the evaluation partner’s end. This will include information on who will be the contract manager and act as the main contact for TLCP – PCN/Lewisham Health and Care Partners.

1. Finances should be set out and include:
 - The number of days allocated to each member of the project team across the key areas of the project (including daily rates)
 - Project design and implementation
 - Reporting
 - Travel
 - Management and quality assurance

In addition basic business information also expected is:

- Business continuity plan
- Equal opportunities policy

Full details for overheads and other related costs for carrying out the work should also be included in the fee schedule. Milestone payments will be agreed at the start of the project, and a minimum of 20% will be kept back on final payment until acceptance of the final report.

10. Evaluation Criteria

Expressions of Interest will be evaluated on the below criteria.

Main Criteria (& Weighting)	
Price (35%)	Sets out project costs and represents value for money.
Service Delivery (45%)	Proposal clearly sets out a robust approach that will address the key research questions with the timescale.
	Evidence of strong Project Team with previous successful experience of similar projects
Equalities (20%)	Clear understanding of equity and diversity, the needs of diverse communities and the impact of health inequalities.

11. Timescale

Activity	Dates
Launch of Expression of Interest	5 th April

Deadline for Expressions of Interest	2 nd May 2022
Interviews	Week commencing 9 th May
Bidders notified of outcome	1 week later
Start of contract	May/June (tbc)

The Evaluation report will remain the intellectual property of the Lewisham Health and Care/TLCP-PCN partnership and should not be shared without prior approval.

12. Deadline and return of submission

Completed Expressions of Interest should be returned to TLCP- PCN at colin.stears2@nhs.net and Deborah.Harry@nhs.net **by 2nd May at 5pm.**

For any queries or questions regarding the project please contact **Deborah Harry - Business and Projects Officer**, System Transformation Team NHS South East London CCG (Lewisham) Deborah.Harry@nhs.net

13. Additional Information

The Frailty Cohort

The Frailty Pilot builds on an existing project that is currently being undertaken by TLCP - PCN, to provide a proactive response for 100 frail patients. The Frailty pilot expands the criteria that was used for the TLCP- PCN cohort, for example including those with a moderate as well as a severe eFI. This criteria will be refreshed throughout the life of the pilot.

It is expected that a comparator group will be selected and will be used to support the evaluation of the pilot.

Frailty Pilot Selection Criteria

<u>Lewisham system definition</u>	<u>TLCP definition</u>	<u>Pilot cohort definition</u>
	<u>Housebound</u>	<u>Housebound, or at risk of becoming housebound</u>
	<u>65+ age</u>	<u>65+ age</u>
	<u>TLCP registered patient</u>	<u>TLCP registered patient</u>
<u>Rockwood 4-6</u>		
<u>eFI moderate & Severe (excluding palliative)</u>	<u>eFI severely frail</u>	<u>eFI moderate & severe</u>
<u>PLUS 1 or MORE of the Following:</u>	<u>PLUS 1 or MORE of the Following:</u>	<u>PLUS 1 or MORE of the Following:</u>
	<u>change in their e-FI class across 24 months (for the worse ie: mild changed to moderate, moderate changed to severe)</u>	<u>change in their e-FI class across 24 months (for the worse i.e.: mild changed to moderate, moderate changed to severe)</u>
<u>1 or more falls in last 12 months</u>	<u>1 or more fall-related admissions in last 12 months</u>	<u>1 or more fall-related admissions in last 12 months</u>
<u>1 or more admission for urosepsis in last 12 months</u>	<u>1 or more unplanned admissions in last 12 months</u>	<u>1 or more unplanned admissions in last 12 months</u>
<u>4 or more course of ABX for UTI in last 12 months</u>		
<u>4 or more items on repeat prescription</u>		

<u>Indwelling catheter or regular incontinence pad user</u>		
<u>Stroke</u>		
<u>Parkinsons</u>		
<u>Delirium (this may not be possible to identify)</u>		
		<u>Further details</u>
<u>IMD score</u>	<u>Dementia diagnosis</u>	<u>IMD score</u>
<u>Ethnicity</u>		<u>Ethnicity</u>
<u>Age Banding</u>		<u>Age Banding</u>
<u>Care Home Resident</u>		<u>Care Home Resident</u>
<u>Registered Carer</u>		<u>Registered Carer</u>