



# Elizabeth Blackwell Institute Research for Health Scheme 2015

## Stage 1 - Call for Challenges Application Form

Name	Dr Phillip Simons & Dr Ann Sephton
Challenge Title (max 20 Words)	
The clinical question being <b>do Comprehensive Geriatric Assessment (CGA) Toolkits performed in a community setting prevent hospital admissions and improve health outcomes?</b>	
Please describe the specific problem which needs addressing	
<p>The CCG are proposing (though details to be finalised) for local GPs to perform a CGA toolkit which could be used to identify and assess frail elderly individuals who can then be targeted for appropriate management with an aim to improved health outcomes. These CGA toolkits are proposed to be completed by a number of the primary health care team for example community pharmacists and HCAs. There will be funding for training of the HCAs.</p> <p>Through discussion the CCG acknowledged the lack of evidence for CGA toolkits in a primary care setting in preventing hospital admissions or for improving health outcomes. We had thought as a result that this would be an important area for primary care research, and have received correspondence that Prof Sarah Purdy agrees this an area worthy of further scrutiny. It would represent an opportunity for the University of Bristol researchers to be involved at an early stage in a new service, and help the CCG discovering whether there were outcome benefits obtained from using the CGA toolkit.</p> <p>The CCG aim is how best to provide effective, consistent high quality, affordable care in the community for patients with frailty .</p> <p>Outcomes of interest would include;          Identification of frailty          Outcomes for frail patients including patient and carer satisfaction          Reduction in unplanned admissions          Reduction in patients dying in hospital against their wishes</p>	
How does this issue impact on you, your colleagues and your patients?	
Preventing unplanned admissions and improving health outcomes for the frail elderly is as we are all aware extremely topical. A need to evaluate CGA toolkits and the services they lead to in primary care is needed. This would benefit primary health care team trying to tailor services to those most in need, and also inform CCGs trying to provide clinically and cost effective	

services. For the frail elderly there is the potential for improved day to day care, better health outcomes and fewer unnecessary hospital interventions.

The CCG estimate over 3000 individuals who may benefit from assessment. The proposed service will aim to improve the quality of life and aim to support identified individuals to live more healthily. Reduction in unplanned hospital admissions and a reduction in long stay admissions would be an aim

The link with long length of stay if admitted

Can you estimate how many patients or staff are affected by this problem?

Can you describe any associated financial implications for the NHS or patients?

***(Don't worry if you are not able to answer this question at this stage – it is not compulsory)***

We estimate that there are about 3000 patients in South Gloucester with frailty. The patients and their carers and families carry a heavy burden of health and functional problems.

This affects all the primary and community care staff as well as secondary care staff as this group are high users of health care.

Interventions to support patients with frailty, particularly in secondary care, such as CGA have been shown to improve health status and independent living. We want to know if these interventions in primary and community settings could be more effective