GMS 2017/18 Frailty Contractual Guidance on Batch-coding

Background

Frailty is the most problematic expression of ageing we are facing in modern healthcare. While relatively easy to recognise when advanced, distinguishing older people with less advanced frailty from fit older people is challenging. However it is important to identify patients who may be living with frailty by stratifying populations of older people by risk of future health and care utilisation to ensure health interventions are appropriately targeted. This will support the early identification of, and allow for targeted support from health and care services as appropriate for, older people living with frailty to help them stay well for as long as possible.

The aim of the GMS 2017/18 frailty contractual requirement is to:

Proactively identify older people (aged 65 and older) who are living with severe or moderate frailty using an evidenced based tool. People identified will be offered a small number of key evidence-based interventions:

- Annual medication review (severe);
- Annual falls risk identification and promoting the use of the additional information in the Summary Care Record (severe; and moderate, where this is identified as clinically appropriate).

Require practices to code clinical interventions for this group.

BMA and NHS Employers have issued technical guidance to confirm the process, see pages 27-32.

Using the electronic frailty index (eFI)

The contractual requirement is to identify populations at risk of being frail, by degree, using an evidence based tool **supplemented by clinical judgement**. In the vast majority of cases NHS England anticipate the risk stratification tool to be the validated eFI as this is widely available in GP Electronic Patient Record Systems (EPRS).

It is important to understand that eFI identifies people at risk of frailty, but cannot on its own make a diagnosis of frailty. The diagnosis of frailty requires the judgement of a clinician, taking into account an individual's complete clinical picture.

Batch-coding

Some GP EPRS are configured to convert the eFI index result directly into a diagnostic (Read) code for the electronic health record (EHR). Batch-coding is where this process is undertaken for cohorts of people, effectively automating clinical diagnosis without clinician judgement. To support appropriate follow up action, it is important that the eFI index result is subject to clinical review before entry into the EHR.

NHS England is aware that some practices have batch-coded a Read code diagnosis of frailty. It is recommended that this should **not** be done for the following reasons:

1. eFI is **not a clinical *diagnostic* tool**: it is a population *risk stratification* tool;
2. Automated diagnostic coding without clinical judgement will lead to **inappropriate diagnosis** of frailty with direct consequences for patient care;
3. Such practise does not meet the contractual requirement which includes clinician judgement to diagnose severe or moderate frailty;
4. Patients incorrectly diagnosed with frailty may be subject to inappropriate clinical interventions or future care planning based on a wrong diagnosis.

NHS England and BMA/NHS Employers advice on batch-coding

NHS England advice is not to use eFI batch-coding for the reasons given above. NHS England refers practices to the published guidance on the intended process for converting a risk of frailty identified by the eFI to a coded clinical diagnosis of frailty using clinical judgement.

The supporting guidance issued jointly by the BMA and NHS Employers reinforces the importance of using clinical judgement to confirm the diagnosis of moderate frailty in a person so identified by the eFI before entry onto the patients' record; and for those diagnosed with severe frailty the requirement for a clinical review.

Further Information

Further information is available from ENGLAND.longtermconditions@nhs.net