

Wessex AHSN Healthy Ageing Programme

Launch of the Wessex AHSN Comprehensive Geriatric Assessment Toolkit

James Lee, Nurse Consultant, Older People and Frailty, Salisbury District Hospital

Cheryl Davies, Programme Manager, Healthy Ageing, Wessex AHSN

Wessex Comprehensive Geriatric Assessment (CGA) toolkit

Available now:

<https://wessexahsn.org.uk/wessex-comprehensive-geriatric-assessment-cga-toolkit>



Wessex
Academic Health
Science Network



What is this toolkit?

The Wessex CGA toolkit contains a suite of accessible co-produced resources to support the delivery of comprehensive geriatric assessment. The toolkit has been developed to prompt conversations, encourage learning and to set out a Wessex recommended approach to delivering person centred care in any setting.

Who is this toolkit for?

This guidance is intended for use by clinical colleagues within the MDT.

It can be used in:

- geriatric and non-geriatric settings
- primary care, secondary care and within the community setting



The toolkit provides a suite of recommendations to deliver a best practice approach. It is adaptable to any setting according to organisational resource. It is complimentary to the British Geriatric Society resources.

How do I access the toolkit?

Visit <https://wessexahsn.org.uk/projects/455/wessex-comprehensive-geriatric-assessment-cga-toolkit>

How will this toolkit help you?

It will help you and your team to develop a best practice approach for delivering a comprehensive geriatric assessment (CGA) for **individuals, putting them, their families and carers at the heart of care provision.**

The toolkit has **easy to use, interactive documents, linking to best practice examples, case studies, checklists and recommendations for individuals and organisations to review, consider and adopt.**

Why did we do this project?

The [2018 Wessex Acute Frailty \(1\)](#) audit provided excellent insight into completion of Comprehensive Geriatric Assessments (2) across Wessex. The findings of the 2018 audit were revisited in December 2020 by Wessex AHSN Acute Expert Group to understand the appetite to look at a Wessex focused CGA project and determined developing Wessex wide recommendations would provide value. An updated audit was delivered in 2021, which has identified an ongoing need to refocus on improving CGA completion and sharing of information across Wessex.

Wessex AHSN Comprehensive Geriatric Assessment (CGA) Toolkit

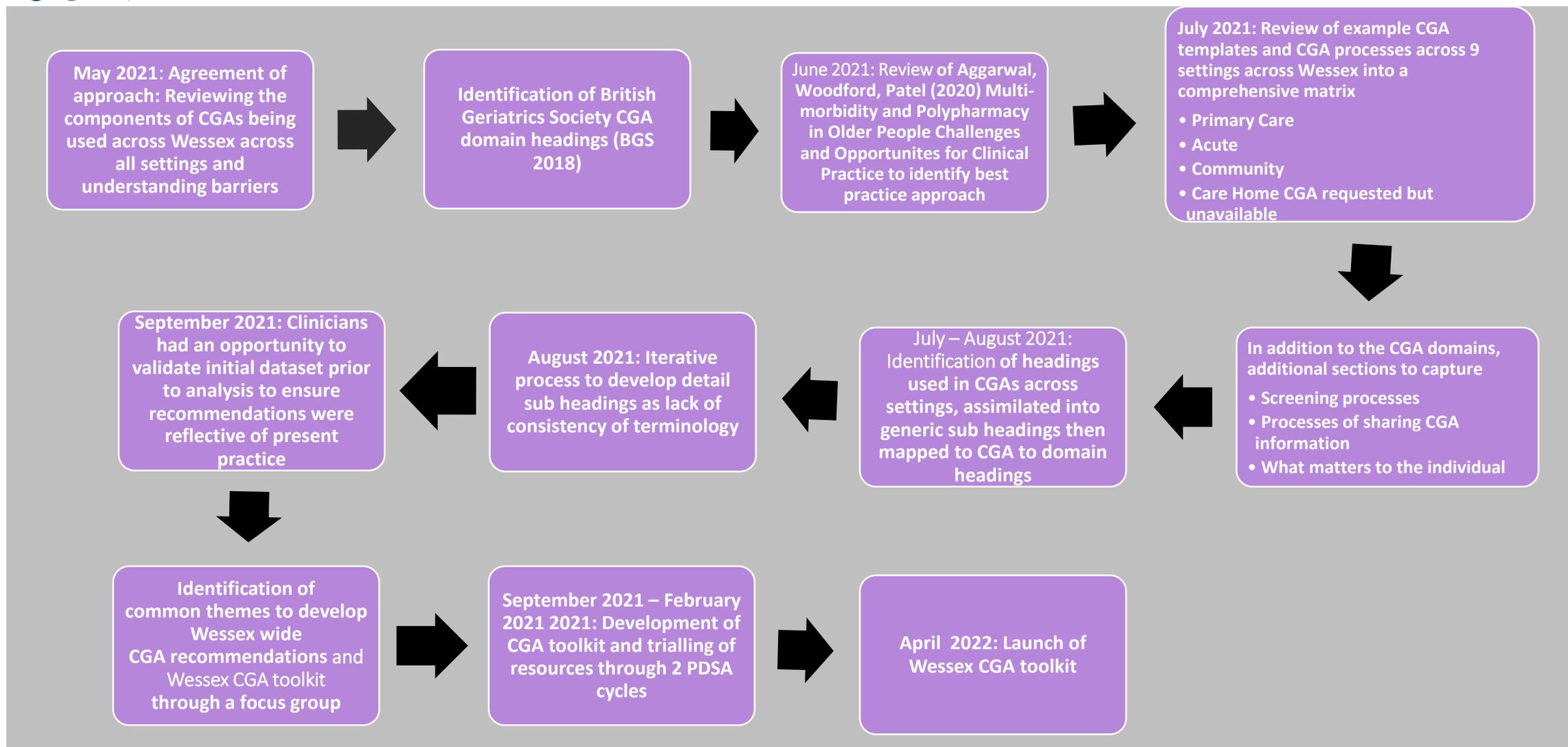
Our approach

During 2021, the Wessex AHSN Healthy Ageing Comprehensive Geriatric Assessment (CGA) toolkit was developed alongside 6 clinicians within Wessex, building on the [British Geriatric Society](#) CGA guidance, insight distilled from a Wessex-wide CGA audit and themes identified in [2018 Wessex Acute Frailty Audit](#)

For further information on the project please visit: [Wessex AHSN Healthy Ageing](#)

Please share your case studies in implementing the recommendations within your setting/organisation by emailing healthyageing@Wessexahsn.net





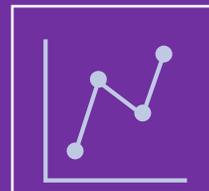
Observations

- Some commonality of “data” between acute, primary and community CGAs but not routinely electronically shared within and outside of organisations
- Mixture of paper and electronic documentation in same organisation, which vary in content
- CGAs had a medical admission focus
- Record of discussing CGA with patient/family/carer not collected
- Documented discussion with MDT not routinely contained within CGA
- Spiritual domain not covered in any reviewed CGA
- Links to other plans e.g. Anticipatory, Advance, Personalised Care and End Of Life variable (not electronic)
- Areas of good practice and sharing of information, but not joined up electronically
- Information completed in isolation, some signposting to ACPs and Personalised Care planning



Key findings from CGA audit

- 9 CGAs from across Wessex reviewed
- 1. **88.89 %** included a clinical frailty score
- 2. **5** CGAs included "What Matters to Me" section
- 3. **2** CGAs linked to patients' Anticipatory care plans
- 4. **5** linked to DNACPR
- 5. Variability in cognition status captured in CGAs
- 6. Limited signposting to spiritual support evident
- 7. Functional domain well populated but signposting to preventative resources/support variable e.g. hydration and nutrition resources
- 8. Capturing of family support provided variable
- 9. Process for initiating, contributing and sharing a CGA with health, care and voluntary sector inconsistent across localities and settings



Wessex CGA toolkit

Development of resources

- Review of findings to develop a Wessex wide CGA recommendation toolkit including:
 - Criteria for commencing a CGA
 - Seven guiding CGA principles
 - The power of a CGA Case Studies
 - Best practice CGA resources to support improved completion of CGA across Wessex
 - Launch across Wessex to frailty specific and non-frailty specific localities



Wessex AHSN Comprehensive Geriatric Assessment (CGA) Toolkit

Downloadable resources/posters to support CGA awareness and implementation



Wessex AHSN Comprehensive Geriatric Assessment (CGA) toolkit

- [Introduction to the Wessex AHSN CGA toolkit](#)
- [Criteria for commencing a CGA across Wessex](#)
- [Seven Guiding Principles for CGAs across Wessex](#)
- [Wessex CGA recommendations](#)
- [CGA Case Studies](#)
- [Digital CGAs: Ingredients for success](#)
- [CGA recommended reading](#)
- [Example CGA templates](#)

Wessex AHSN Comprehensive Geriatric Assessment (CGA) Toolkit Our seven components of best practice



1. A CGA is a **proactive, iterative and continuous, live** process for the whole MDT to contribute to. It can also be applied at opportune moments such as in urgent or emergency care settings
2. Individuals, families, and carers should be at the **heart** of a comprehensive and detailed, holistic assessment
3. A CGA should **optimise** care delivery to **maximise positive** health outcomes and to slow down/manage the onset of frailty
4. It is crucial for MDTs to **co-design** their CGA approach to provide **inclusive** engagement and completion
5. Identifying "What Matters Most" to the individuals and **pro-actively** supporting their choices and wishes
6. Production of actions and personalised care plans focusing on **modifying** frailty
7. Sharing of information across settings and with individuals will **enhance** care provision

Associated best practice approaches

Interactive toolkit linkage to best practice approaches

Wessex wide recommendations

Co-produced resources e.g. leaflets, questionnaires, audit approaches, case studies, digital ingredients for success



Wessex
Academic Health
Science Network



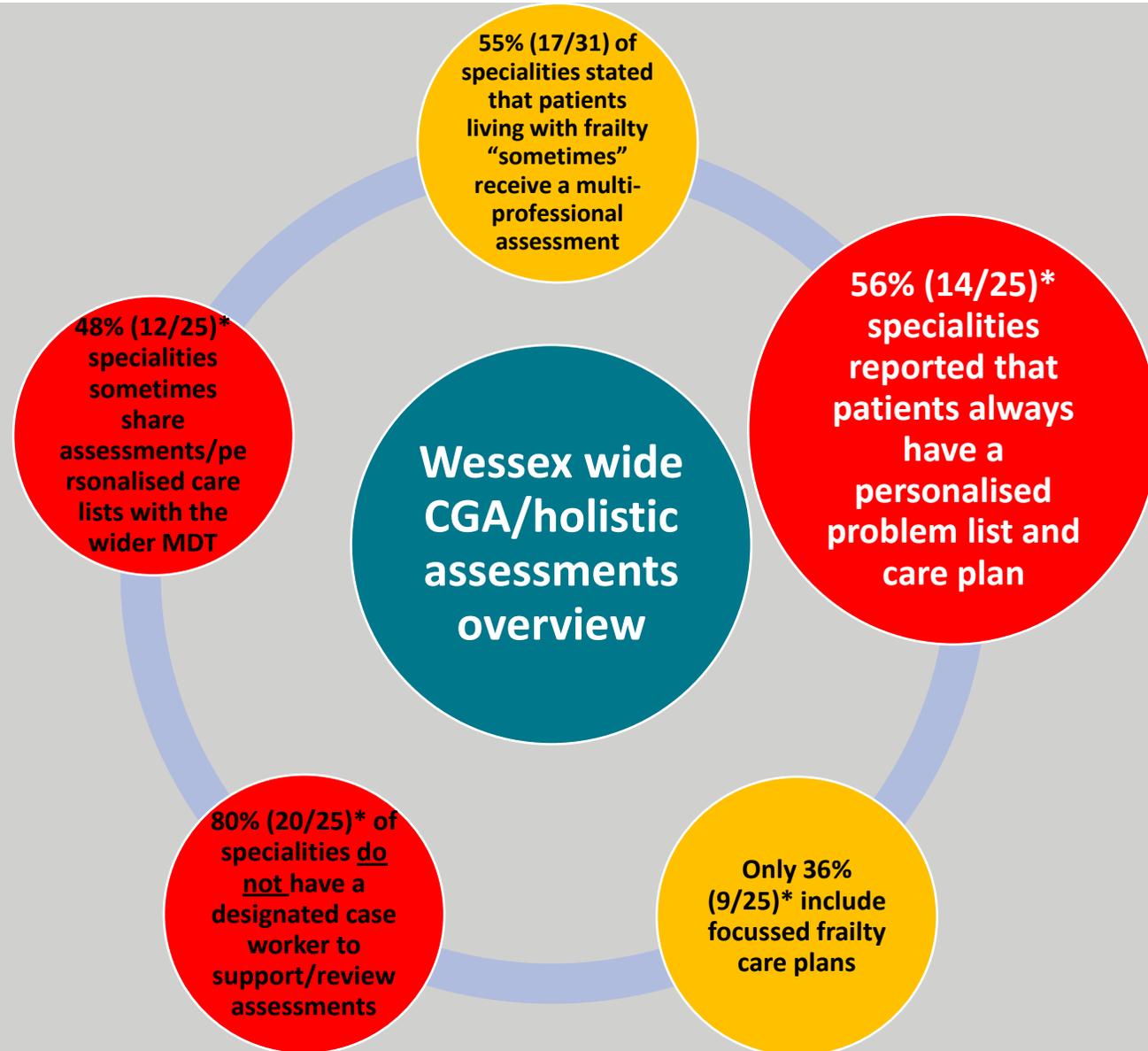
Process recommendations

Delivering transparent and accessible plans (2)
Involving the individual, their family and carers in decision making will improve outcomes and experience

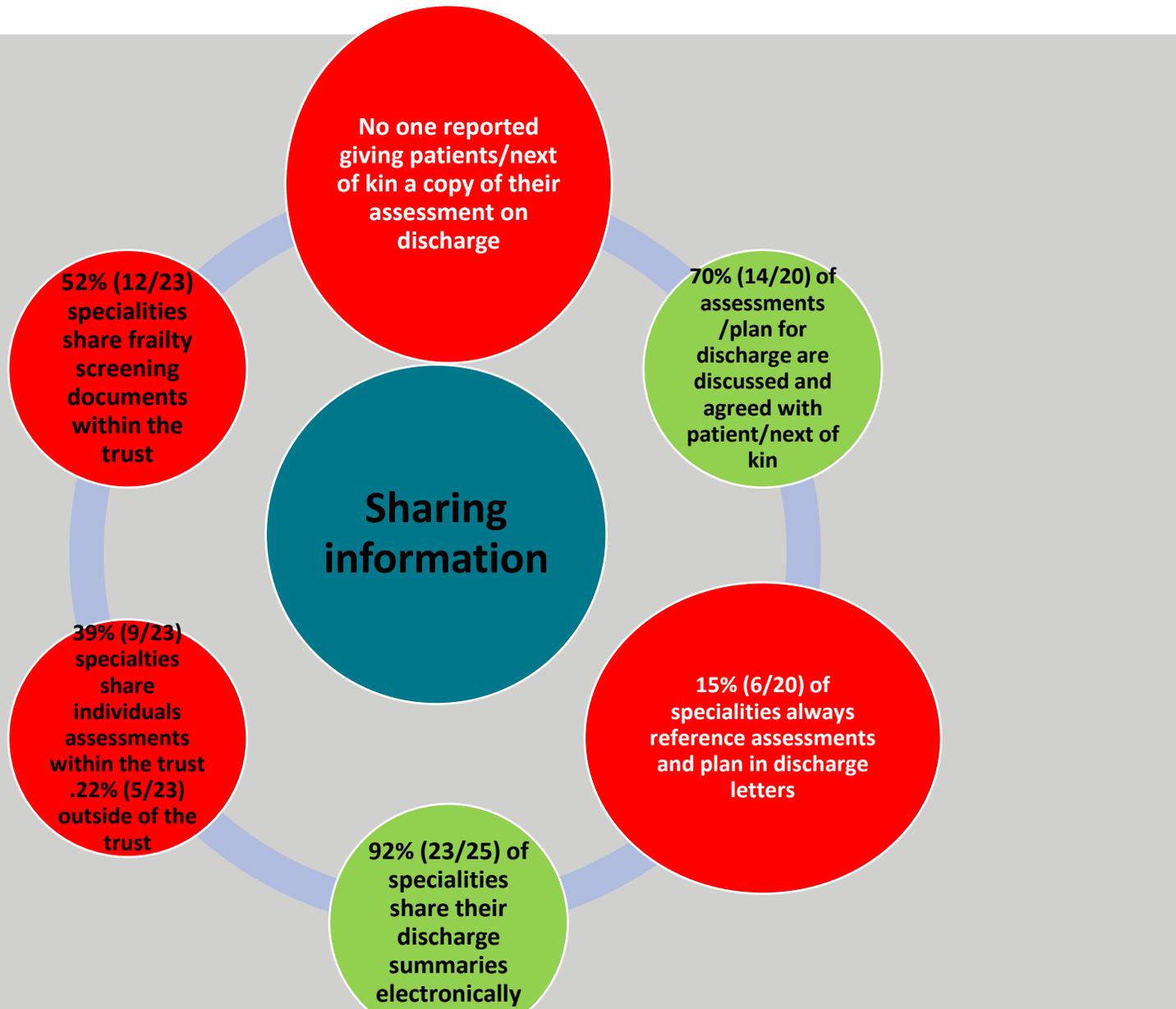
Recommended Wessex action	Example of approach
<ul style="list-style-type: none"> • Assess within your team whether you have a process in place to ensure that a CGA has been completed with the patient/client/their carer • Assess how you describe the purpose of a CGA to your patient/client/their carer and identify areas for development and improvement • Reflect on whether as an individual or a team you fully understand the impact the completion of the CGA has had on an individual/carer/their family and where this is captured • Review how regularly you obtain patient/client for feedback on the CGA process and where improvements could be made • Agree with the MDT how problem lists are generated and shared 	<ul style="list-style-type: none"> • Review involving people in their health and care for best practice approaches • Emergent case studies to be captured • Utilise this co-produced questionnaire which can be adapted for local use: CGA Patient Experience questionnaire • Map process and touch points is key in understanding the mechanisms for sharing

Wessex CGA toolkit

Wessex CGA toolkit



Results here are grouped to give a Wessex-wide view, and comments have not been attributed to individuals or trusts and are expressed as a % (n=31 audits). Where * not all specialities responded. Colours represent green for progress, orange some progress and red, further focus and improvement required.



How are CGA/holistic assessment documents shared electronically with

- Primary care?**
 - 
 - Email
 - Uploaded to CHIE
 - Electronic discharge summary
- Community?**
 - 
 - “Don’t know”
 - Scanned on to SystmOne
 - Emailed
 - Face to face/handover
- Care homes?**
 - 
 - “Don’t know”
 - Scanned on to SystmOne
 - Emailed
 - Face to face/handover

Results here are grouped to give a Wessex-wide view, and comments have not been attributed to individuals or trusts and are expressed as a % (n=31 audits). Where * not all specialities responded. **Colours represent green for progress, orange some progress and red, further focus and improvement required.**

- Key area of focus is in the **sharing of information (CGA and other personalised care plans)** across all settings, including **care homes**
 - **to support** local health and care systems in “tackling” the Covid 19 backlog
 - **to improve** the health and wellbeing of individuals with frailty
 - **to understand** opportunities and barriers in **digital access** for both **staff and patients**
 - **to understand** acceptability for **innovation** and **digital innovation** for both staff and patients
 - **to consider innovative approaches** to Including patients, families and carers in discussions and decision making
 - **to explore** opportunities for:
 - raising wider awareness of national frameworks, **digitalisation** and sharing of **remote monitoring agendas**
 - sharing emergent best practice in **sharing of data/information** across Wessex

So, what next? Potential next steps..

Who is your executive sponsor for frailty?



Q&A and networking