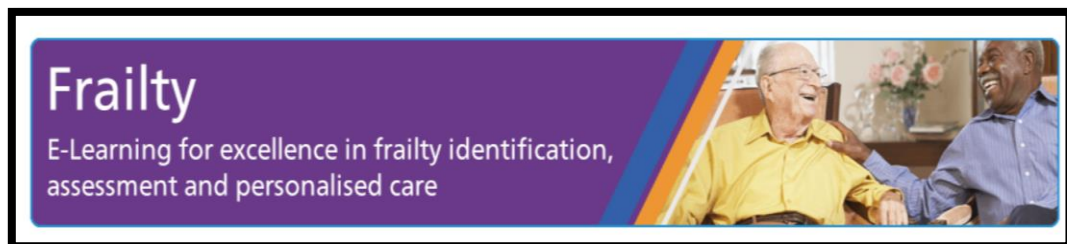


# A six-month evaluation report on the impact of the Frailty e-Learning Programme

## May 2021- October 2021



NHS England and NHS Improvement



## Authors

Catherina Nolan, Clinical Programme Lead, London Strategic Clinical Network for Frailty, NHS England and NHS Improvement

[catherina.Nolan@nhs.net](mailto:catherina.Nolan@nhs.net)

Cheryl Davies, Senior Programme Manager - Healthy Ageing Q., Wessex Academic Health Science Network

[cheryl.davies@wessexahsn.net](mailto:cheryl.davies@wessexahsn.net)

## Reviewers

Bettina Wan, Consultant in Geriatric Medicine, University College London Hospital NHS Foundation Trust and Clinical Director, NHS England and NHS Improvement (London region), Frailty Clinical Network

Shaun Crowe, Head of Clinical Network Development, Medical Directorate, NHS England and NHS Improvement (London region)

Kathy Wallis, Associate Director - Strategic Programmes, Wessex Academic Health Science Network

Linda Du Preez, Healthy Ageing Co-ordinator, Wessex Academic Health Science Network

## Executive Summary

*"I would highly recommend this e-learning to all staff for their professional development and better understanding of frailty." Palliative Care Consultant, Essex*

The evaluation demonstrates the power of collaboration and clinical networks to develop and spread an evidenced high-quality best practice frailty e-learning programme. This has resulted in an impressive uptake of the e-learning, resulting in increased staff confidence and frailty awareness.

The Frailty E-learning for Excellence Programme was launched in May 2021 by the London Frailty Clinical Network, Healthy Ageing team at Wessex Academic Health Network (Wessex AHSN) and Imperial College Healthcare NHS Trust via Health Education England (HEE) to over 80 national, regional and local organisations across all four nations of the UK. The evaluation covered the development and spread of a high quality, evidenced best practice frailty e-learning programme. Hosted on Health Education England's e-learning for healthcare (elfh) learning platform, this free, digitally accessible e-learning programme provides a common frailty e-learning approach. [Frailty - eLearning for healthcare \(elfh.org.uk\)](https://elfh.org.uk)

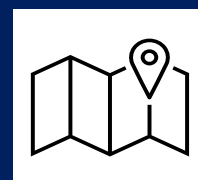
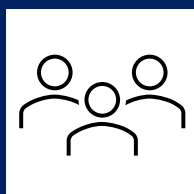
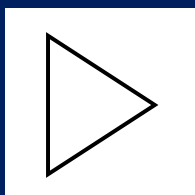
In the six months following the launch (May – October 2021), there were 4,872 active users registered to undertake the learning programme. This evaluation demonstrates the power of collaboration and clinical networks in creating this impressive uptake, which led to increased staff confidence and frailty awareness.

The London Frailty Clinical Network and Wessex Academic Health Science Network (AHSN) collaborated on this evaluation to highlight the positive impact across health and care of the e-learning programme on individuals, teams, services and organisations, as well as highlighting areas for improvement and development.

Our evaluation significantly demonstrates that 'all' and 'everyone' were terms used by respondents alongside 'social care' and 'prescribers' in key users for the e-learning programme. This signals the potential for further spread of the e-learning within a wide range of staff groups and the general public.

Utilising a mixed methods approach the evaluation assesses the quality and accessibility of the e-learning programme, distilling feedback from individuals and understanding the areas of practice where individuals plan to implement change.

The infographic below summarises the impact from May 2021 to October 2021 of the frailty e-learning programme.



Accessible to everyone across

**252 respondents (94.7%) rated the e-learning programme good or very good overall**

**75% of respondents agreed/strongly agreed that they are more confident in explaining what frailty is, identifying, signposting, and making proactive changes at work (Tier 1)**

**Clear signals of a desire for frailty e-learning programme to become mandatory across health and care and across all staff groups**

## Further spread and adoption

Recommendations have been proposed following the evaluation which will be submitted for consideration to London Urgent Emergency Care Board, Wessex AHSN, Health Education England and the national Ageing Well team at NHS England and Improvement.

In addition to the recommendations, two key learning points have been distilled from the evaluation as follows:

1. Promotion of e-learning via personal recommendation from colleagues has the biggest impact;

***45% of Health Education England respondents cited this as the method of finding out about the e-learning programme.***

2. Active promotion of e-learning programmes via social media demonstrates the role of national leaders as key enablers in the spread and adoption of resources to support capability in the workforce.

**14 recommendations cited to further spread, adopt, and embed the frailty e-learning programme across systems**

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“I am 63 and support older people in the community who have just come out of hospital. I previously thought that you had to be elderly, ill, and malnourished to be frail, but it can be anyone. I need to prepare myself for the future by exercising my joints and taking better care of myself.” Social Care colleague, South East England

## Background

The National Frailty Framework of Core Capabilities<sup>1</sup> was published in 2018. Development of the framework was facilitated by Skills for Health, working in partnership with key stakeholders including Health Education England, NHS England, Age UK, British Geriatric Society, Royal College of GPs, and housing, local government, and voluntary sector organisations.

Promoting a common language across London and Wessex to support embedding enhanced clinical skills and competencies in existing workforce, to meet the needs of individuals living with varying degrees of frailty was identified as a requirement to ensure improved health outcomes.

Ensuring that there is equity in the understanding and knowledge of frailty nationally and across the London and Wessex workforce remains of paramount importance. Prior to the development of this education programme, there was limited frailty specific training available. Where present it has been developed with a specific focus and does not consistently have the regional and national vision for frailty care embedded.<sup>2,3</sup>

In 2018, nationally, there was no centrally held and approved frailty training programme that met the Skills for Health frailty framework<sup>4</sup>. There was patchy training and education on frailty across Urgent and Emergency Care and Wessex, and little to none that addressed the wider public's need to understand and seek help if frailty is suspected. Due to the work patterns of the Urgent and Emergency Care workforce, an e-learning module was identified to greatly enhance the uptake of training and supplement any existing face to face education modules. Completion of the quality assured training package could also serve as a competency requirement for professionals delivering acute frailty services. The Wessex AHSN 2018 Frailty Audit identified comparative findings and work commenced with 25 frailty experts to develop a Wessex focused education package, developing and testing Tier 1 education and implementation materials in collaboration with Hampshire Hospitals Foundation Trust (HHFT).<sup>5</sup>

The Frailty Bootcamp developed by Imperial College Healthcare NHS Trust in 2018 was the closest form of training to the wider ambitions of the London Frailty Clinical Network.

The London Clinical Networks in partnership with Imperial College Healthcare NHS Trust and Wessex AHSN embarked on a journey to bring this extensive work together and to build on this work and synergise further the education package established to meet the core frailty capabilities and the need for tiering of capabilities to meet different needs of clinicians/ healthcare professionals. This scaling up effect complemented the work already commenced through Frailty Bootcamp, avoided a local duplication of some aspects of the proposed plan and supported a shared approach pan-London and Wessex on frailty education.

The proposal to Health Education England Urgent and Emergency Care Workforce collaborative was successful. A frailty education programme was developed with three tiers to meet not just the needs of the existing workforce but the wider public as well. The programme consisted of Tier 1 (general awareness of frailty), Tier 2a (knowledge of frailty for those encountering older people in health and social care), and Tier 2b (clinicians who routinely work with individuals living with frailty). This proposal was successful and awarded funding for production.

The programme was launched in May 2021 via Health Education England to over 80 national, regional, and local leads. [Appendix A](#) provides further detail of the communications campaign.

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<sup>1</sup> <https://skillsforhealth.org.uk/info-hub/frailty-2018/>

<sup>2</sup> <https://wessexahsn.org.uk/projects/315/wessex-acute-frailty-education-and-awareness>

<sup>3</sup> <https://mailchi.mp/3c586f8f7690/frailty-e-learning-evaluation-now-live>

<sup>4</sup> <https://www.skillsforhealth.org.uk/wp-content/uploads/2021/01/Frailty-framework.pdf>

<sup>5</sup> <https://wessexahsn.org.uk/img/projects/21062019%20Evaluation%20Report%20Wessex%20Acute%20Frailty%20Audit%202019%20v2.pdf>

This programme complements the Getting it Right First Time (GIRFT) Geriatric Medicine review published in September 2021, which recommends that ‘all staff caring for people with frailty in and out of hospital should have basic training to enable them to spot risk factors’ and that ‘all patient facing staff should be given training in frailty at Level 1 on the Frailty Capabilities Framework.’<sup>6</sup>

As of November 2021, the programme is active across all four nations of the UK. It is hosted on Health Education England’s e-learning for healthcare (elfh) learning platform and is free and accessible to all at [Frailty - eLearning for healthcare \(e-Ifh.org.uk\)](https://www.elfh.org.uk). It has also been recommended as a key resource in the development of frailty virtual wards<sup>7</sup> guidance<sup>8</sup>.

## Aim

The aim of this report is to

- Outline the evaluation process reviewing the impact at six months at individual practice level and service level
- Discuss the findings and identify recommendations to strengthen future spread and adoption.

## Evaluation approach

The evaluation of the frailty e-learning programme has taken a mixed methods approach utilising qualitative and quantitative data. Mixed methodology questionnaires were developed for learners to complete via Microsoft Forms as part of the evaluation and post e-learning training. Quantitative reporting on uptake has been derived via the Health Education England Tableau dashboard, detailing level of activity and regions where learners were accessing the education programme. Case study examples were gathered, and a small focus group session was held with healthcare professionals. Further information on the evaluation approach can be found at [Appendix A](#).

## Limitations to evaluation

The evaluation was carried out by the London Frailty Clinical Network and Wessex AHSN.

To reduce any element of bias, the evaluation questions were ratified and reviewed by the Wessex AHSN Insight team to ensure integrity of the approach and to develop an analytical framework.

Opportunities for e-learners to complete feedback questionnaires were offered across several platforms and networks, but the number of respondents was not as high as anticipated.

Given organisational and system pressures because of Covid recovery plans and emergent new Covid variants, completion of training in organisations may have been reprioritised, reducing the opportunities to feed back.

Whilst the number of responses was limited, general themes have been identified.

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<sup>6</sup> <https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2021/11/geriatric-medicine-overview.pdf>

<sup>7</sup> <https://www.england.nhs.uk/publication/guidance-note-frailty-virtual-ward-hospital-at-home-for-those-living-with-frailty/>

<sup>8</sup> <https://www.england.nhs.uk/virtual-wards/>

## Results

As a result of a wide and varied communications campaign including sharing the programme across Future NHS workspaces and presentations at several national level meetings, we saw the inclusion of the programme in several areas:

- Included in the national Personalised Care Institute resources <https://www.personalisedcareinstitute.org.uk/>
- Included in the Care Certificate as a resource for workforce to access <https://skillsforhealth.org.uk/>
- Embedded in the published document from the Centre for Perioperative Care and the British Geriatrics Society Guideline for Perioperative Care for People Living with Frailty Undergoing Elective and Emergency Surgery (2021) <https://cpoc.org.uk/guidelines-resources-guidelines/perioperative-care-people-living-frailty>
- Embedded in the national Virtual Frailty Ward standard operating procedure developed by the national Ageing Well Programme (2021) <https://www.england.nhs.uk/virtual-wards/>
- Greater interface with key education programmes housed on the HEE elfh platform; for example, Hydration in Older People <https://www.e-elfh.org.uk/programmes/hydration-in-older-people/>
- Embedded in the Core Foundation Training for Junior Doctors
- National Enhanced Health in Care Homes team and British Legion Care Home team are reviewing how this can be adopted across the wider care home workforce
- Included in the National Institute for Health and Care Excellence evidence search service.

## High level summary and observations from the evaluation

Data for the evaluation was collected between May – October 2022 to provide an initial snapshot of impact. Table 1 describes our mixed methods approach and the number of responses collated.

**Table 1:** Evaluation approach and number of responses collated

Approach	Number of respondents
Health Education England end of training questionnaire	266
Tier 1 Microsoft Forms questionnaire	33
Tier 2a Microsoft Forms questionnaire	10
Tier 2b Microsoft Forms questionnaire	10
Focus group*	2
<b>Total</b>	<b>321</b>

In December 2020, 15 colleagues were directly invited to take part in a focus group. Opportunities for taking part in the session were offered to the Care Home Network and via social media. Two participants attended the session: a



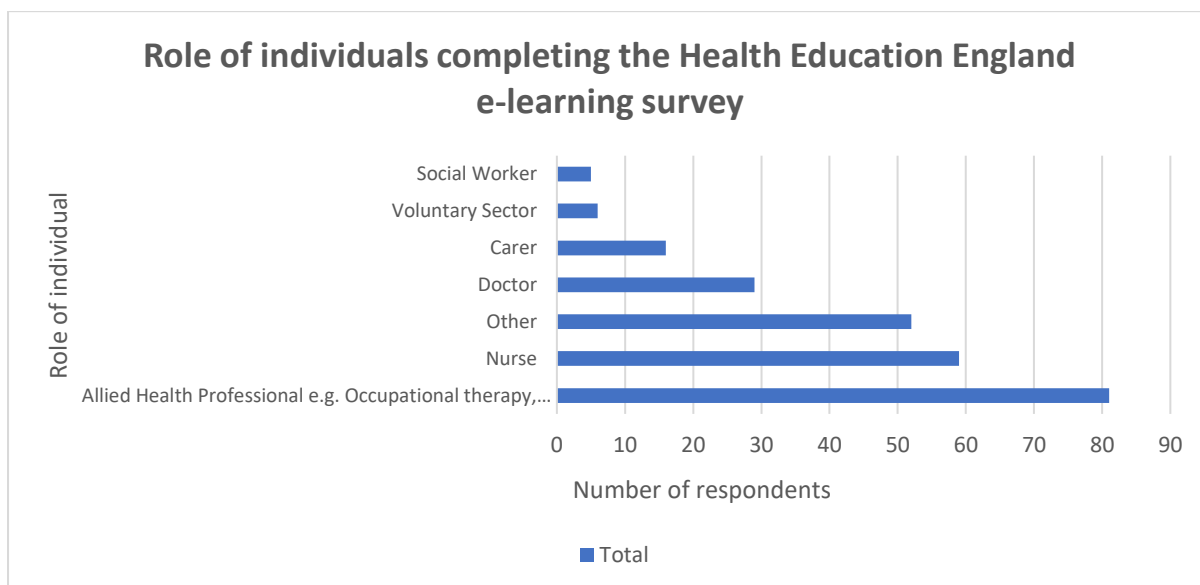
Palliative Care consultant, a clinical lead for frailty in Mid and South Essex and a paramedic working as a Health Care Support Worker at Crane Valley Primary Care Network (PCN).

*“Frailty isn’t as simple as I thought...” Health care support worker, Dorset, new in post*

## High level summary: Health Education England (HEE) survey

**Illustration 1** shows the role of individuals completing the Health Education England survey. 266 responses were submitted overall, but not all evaluations included responses to the questions posed. Where the baseline differs, this is annotated. e.g. (n=266).

**Illustration 1: Role of individuals completing the HEE survey**

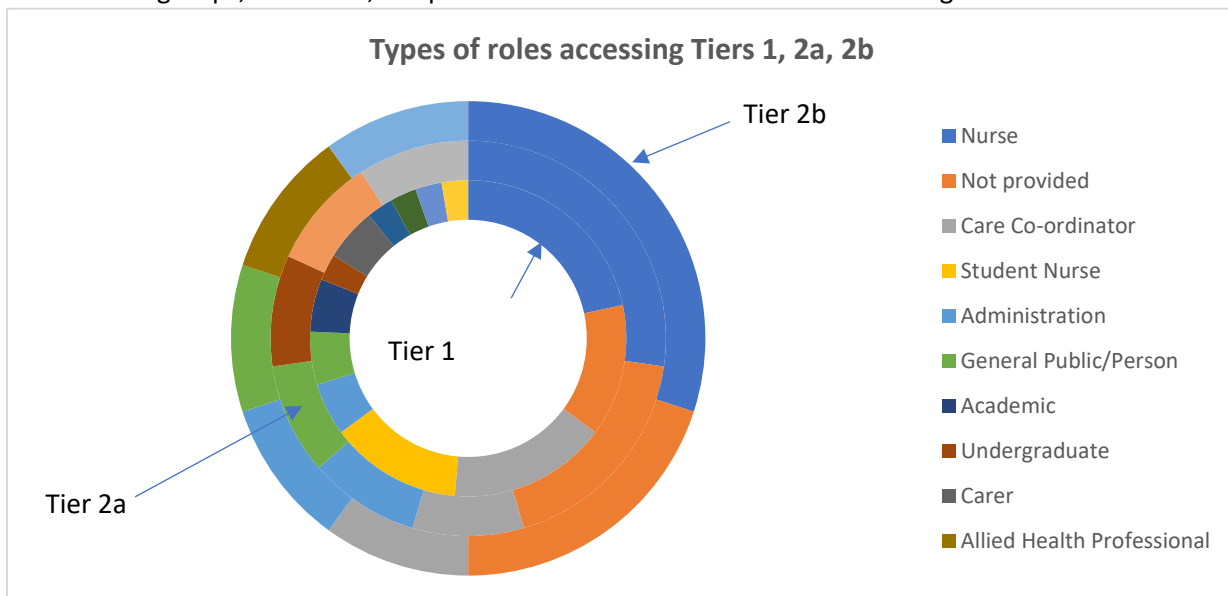


(n=248)



**Illustration 4: Types of roles accessing Tier 1, 2a and 2b frailty e-learning programme**

**Illustration 4** shows the breadth of staff groups that are accessing each of the tiers. Encouragingly, there is evidence that all staff groups, academia, the public and carers have accessed the training.



Source: Microsoft Forms Tier 1, Tier 2a, Tier 2b questionnaires (n=59)

14 (24%) respondents were nurses, with 8 (14%) care co-ordinators. Four (7%) members of the general public completed Tier 1.

## High level summary: Microsoft Forms evaluation questionnaires

During September and October 2021, three Microsoft Forms questionnaires were developed to capture the impact of frailty education on individuals, their service, and their organisation. The questionnaires were developed to capture learning from colleagues who completed one or all the tiers. The evaluation questions were promoted through local and national networks, via social media campaigns and attendance at national forums. The number of responses by tier and region are illustrated in **Table 2**.

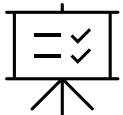
**Table 2: Microsoft Forms evaluation questionnaires - responses by region and tier**

Region	Tier 1	Tier 2a	Tier 2b
London	10	2	0
East Midlands	0	0	1
North East England	2	2	0
North West England	9	3	4
Scotland	0	0	0
South East England	4	11	1
South West England	1	0	1
West Midlands	6	1	1
Yorkshire and Humber	1	1	1
Other	0	0	1
Total n=	33	10	10

A good spread of responses was received from across England, with marked uptake in London and Wessex regions, evidencing the impact of local campaigns.

## Achieving learning objectives

At the end of the e-learning, Health Education England provided an opportunity for feedback on whether participants felt their learning objectives were met.



223 (83.5%) respondents felt the learning objectives were relevant to them, with 222 (84%) respondents strongly agreeing/agreeing that the objectives were covered in enough detail



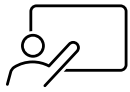
240 (90%) respondents strongly agreed/agreed that they could relate the learning objectives to the learning they received



208 (78%) respondents felt appropriately challenged by the material, resulting in 215 respondents agreeing strongly that it had increased their knowledge of frailty



115 (46.5%) respondents strongly agreed that the programme will help them in their role within frailty services



110 (41%) respondents felt they could immediately apply what they have learned





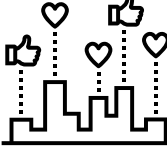




238 (89.4%) respondents would highly recommend the programme to others.

(Source: Health Education England survey n=266)

## Areas of practice where individuals will apply change

At the end of the e-learning, Health Education England asked respondents to describe the areas of practice where they will apply change. Total responses were 266; however, not everyone answered all the questions. Of the respondents who did answer all the questions (n=105), the table below illustrates the findings:

<p>n=67 within in own role</p> 	<p>n=59 learning into practice</p> 	<p>n=14 service wide</p> 
<p>n=30 within own team/ward</p> 		<p>n=11 across the organisation</p> 
<p>n=19 sharing learning and best practice</p> 		<p>n=19 changed attitudes and behaviours</p> 

"I have changed how I describe frailty when I explain it to my colleagues."

"I am currently raising awareness of frailty within the emergency department- this has given me more confidence/resources to share knowledge and information. I have gained more knowledge around continence/polypharmacy."

“Clinical Frailty Scoring and increased use of MUST and skin checks.”

“Changes to completing assessments for patients who are being discharged to a care home. Understanding the frailty score will help with determining whether a Discharge to Assess Bed is appropriate or not.”

(Source: Health Education England survey)

## Achieving high quality

Providing a high quality, accessible resource to all was at the heart of the frailty e-learning development. Ensuring respondents had easy access and were satisfied is integral to the sustainability and spread of the innovation.



**250 (93.8%)** respondents were satisfied with the e-learning for healthcare frailty programme

**180 (67.6%)** respondents accessed the training via a personal computer (PC) at work, with **33 (12.3%)** accessing via a mobile phone



**215 (81%)** respondents accessed the programme via the HEE e-learning for healthcare hub



**252 (94.7%)** rated the e-learning programme good or very good.

(Source: Health Education England survey n=266)

Once a module is completed by the learner, Health Education England capture feedback on the content, interactivity, presentation and self-assessment of the e-learning, providing an overall score. Ratings are scored out of 5, with the frailty e-learning programme scoring between 4.6 to 4.7 across all domains. The range of scores are expressed to illustrate the spectrum of scoring.



Interactivity: 1054 responses scored 4.6/5

Range across the tiers [4.3-4.70] reflecting good interactivity



Presentation: 1056 responses scored 4.7/5

Range across the tiers [4.60-4.70] reflecting good quality presentation



Self-assessments: 1046 responses scored 4.7/5

Range across the tiers [3.90-4.70] reflecting that the e-learning fulfils learners' needs



Content: 1065 responses scored 4.7/5

Range across the tiers [4.30-4.70] reflecting good immersive content.

(Source: Health Education England frailty end of programme feedback 2021)

## Accessibility

The frailty e-learning programme was user tested to ensure that the resources were accessible on various digital platforms (e.g., laptops, mobile phones and tablets) and to all (clinicians and non-clinicians in any setting). Additionally, the resource has been designed for those with low reading ability/poor visual acuity and meets Health Education England accessibility standards<sup>9</sup>.

In addition to the Health Education England survey, the focus group was questioned about the accessibility of the e-learning. Below are examples of feedback, illustrating that the e-learning was easy to access and to absorb.

*"Very easy to find through the search engine." Health care support worker, Dorset, new in post*

*"Great that it is hosted on the e-learning for health platform as all mandatory training modules are on there and it is easy to access." Palliative Care Consultant, Essex*

*"The e-learning package has been loaded onto our organisation system to create easy access for all our staff although it hasn't been made mandatory yet." Palliative Care Consultant, Essex*

*"Divided into small sections which prevented information overload." Health care support worker, Dorset, new in post*

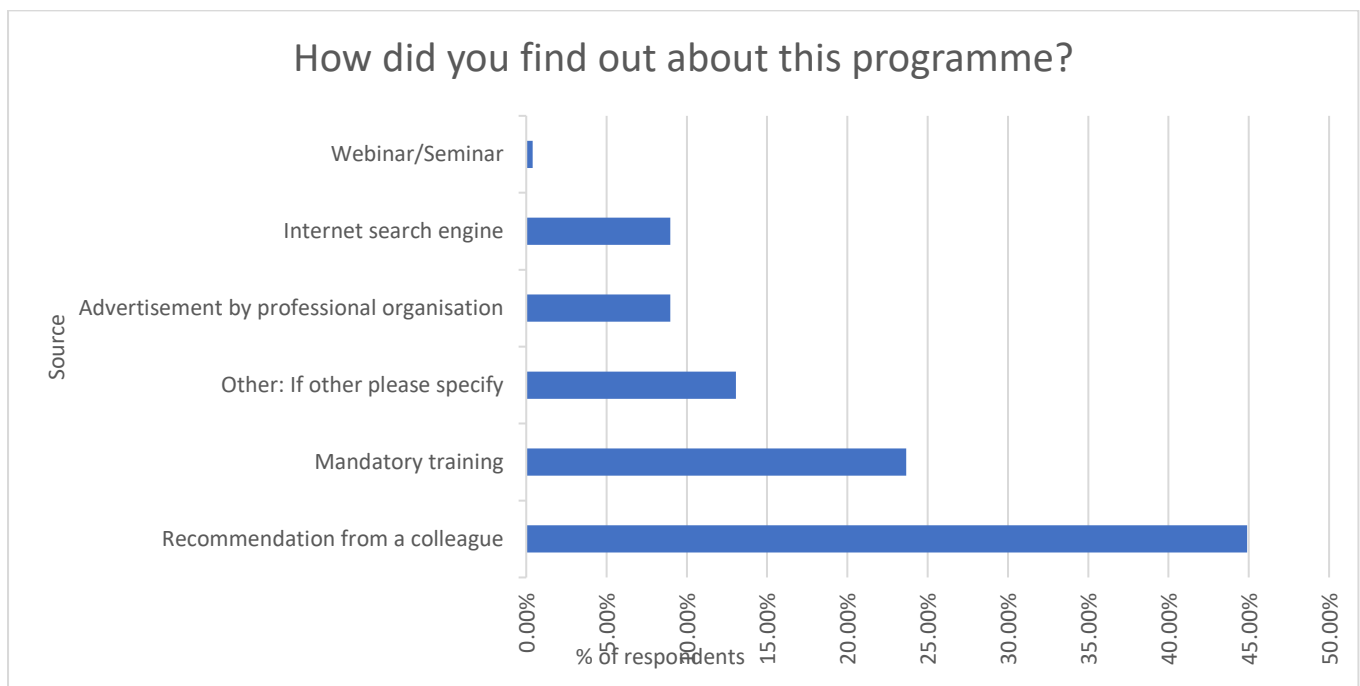
(Source: Focus Group)

<sup>9</sup> <https://www.hee.nhs.uk/accessibility-statement>



**Illustration 5** describes how respondents found out about the programme. 45% were recommended by a colleague.

**Illustration 5: How did you find out about this programme?**



## Feedback on different tiers

The sections that follow have separated feedback into the different tiers to provide additional insight into the impact of the e-learning.

### Tier 1 level course

Tier 1 is designed to meet the learning needs of the public, third sector staff, porters, security staff and reception staff in primary, secondary and community services. The Tier 1 learning module provides an awareness and understanding of what frailty is, how it is identified, frailty management and the support available.

*"I am thinking more about frailty now; frailty is everywhere." Health care support worker, Dorset, new in post*

(Source: Focus Group)

### Achieving Tier 1 learning objectives

A series of questions was asked of the respondents to the Microsoft Forms questionnaires (n=33) to capture the impact of the frailty e-learning on their frailty knowledge as well as their plans for the future, and confidence using the following scoring system.

*1=Strongly disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly agree*

25 (75%) agreed/strongly agreed that they have learnt something new whilst completing the e-learning module with 63% (21) sharing something new with others

(Source: Tier 1 Microsoft Forms evaluation questionnaire)

Below are some examples of additional feedback highlighting increased confidence around frailty awareness following completion of Tier 1.

*"I am using the knowledge learnt to observe patients when I meet with them and highlight any concerns to their GP" Social Care, South West England*

*"I have gained knowledge and applied it to my volunteer role" Nurse, West London, Voluntary/Charity*

(Source: Tier 1 Microsoft Forms evaluation questionnaire)

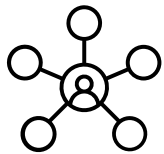
Illustration 6 captures targeted staff feedback from Hampshire County Council social care

**Illustration 6: Social care evaluation feedback**



Community Nurse

"This will help me to apply change in my everyday visits to patients in their own homes."



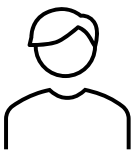
Voluntary Sector

"I have a better understanding on how to recognise frailty and to support someone living with frailty to live well."



Social Worker

"This will assist me as I feel that working in social care we do not always understand the health issues of the patient."



Social Worker

"This training will assist me in my assessment of how the person is now and how they were previously."



Nurse

"It was the best course I've done in a long time. I really enjoyed the videos and the interactive study questions."

(Source: Wessex AHSN Healthy Ageing Network 2021)

25 (75%) respondents agreed/strongly agreed that they are more confident in explaining what frailty is, identifying, signposting, and making proactive changes at work

17 (51.55%) respondents would recommend this training to other staff with 6 (18%) nurses and 6 (18%) Care Co-ordinators recommending this as part of staff induction. Encouragingly, 21 (64%) respondents planned to display elements of the toolkit in their work environment.

28 (84.8%) respondents fed back that they believed that this module should be completed annually (rated 3+), 7 (21.2%) of whom were from practice/PCNs, 6 (18%) in social care and 5 (15%) from academia/voluntary sector.

**(Source: Tier 1 Microsoft Forms evaluation questionnaire n=33)**

There is emergent evidence that Tier 1 of the frailty e-learning programme is having a positive impact on colleagues' confidence in recognising frailty and making proactive changes at work.

*"I will change my practice now, as I now understand how to recognise frailty and how to support someone with frailty to live well."*

Health Education England survey



### Case Study (1)

Following the completion of Tier 1 e-learning for frailty, a long-term conditions Healthcare Assistant (HCA) from the East Dorset locality hub has already put her training into excellent practice. Following a home visit to a gentleman on her caseload, she noted possible signs of delirium which she had previously learnt a few days before through undertaking the training. The HCA escalated to the senior nurse and the patient was reviewed. Although it was found that there was no clinical cause indicated and no indication of medication induced delirium, it was a valuable investigation into his ongoing symptoms.

*"I feel empowered to use my learning in practice and I am keen to share this learning with others. I plan to promote the Tier 1 training and see my colleagues working in community healthcare gain as much as I have – I have now completed Tier 2a training. I can't express strongly enough how valuable I think the information in these training modules are, presented in a very friendly medium that all can understand."*

Source: Wessex Healthy Ageing Network (2021)

## What will you do next after completing Tier 1?

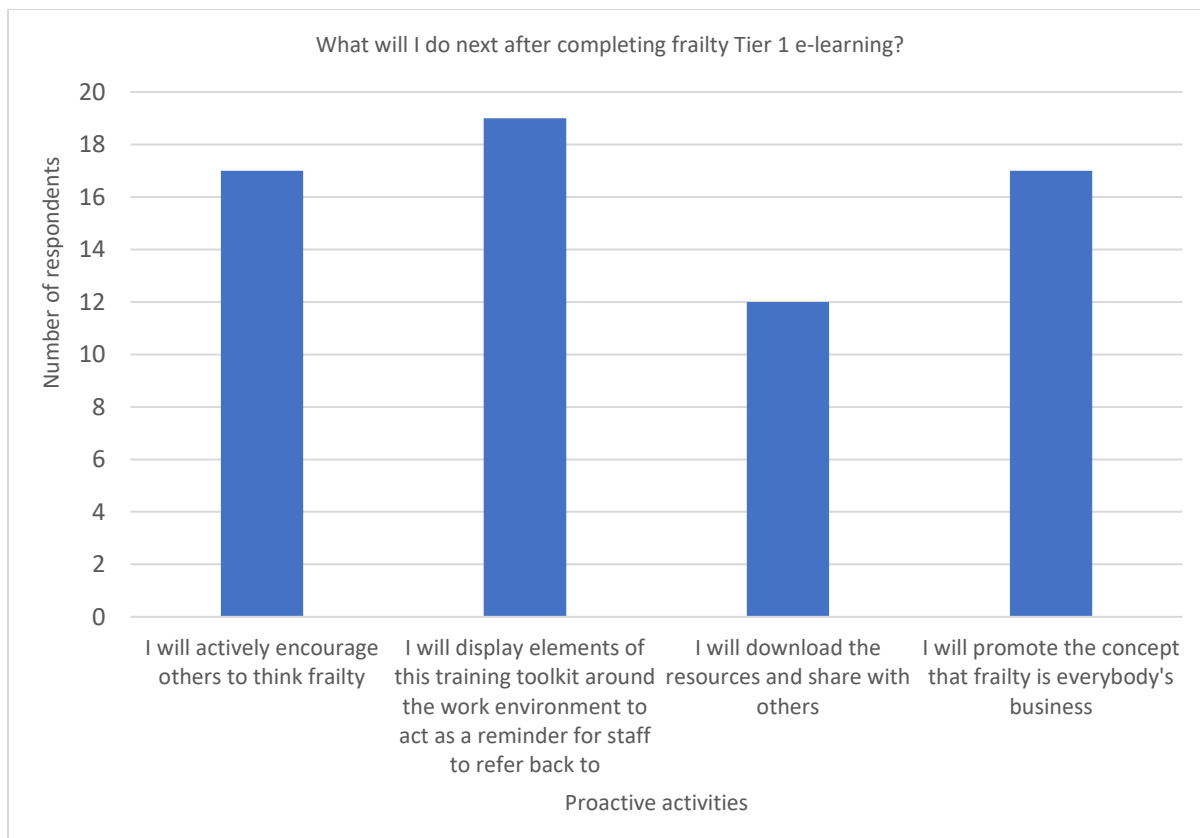
Respondents completing the Tier 1 questionnaire (n=33) were able to identify more than one proactive action to embed the frailty learning further (**Illustration 7**). 19 (58%) respondents stated that they will display elements of the toolkit within the work environment. In addition to this, respondents would encourage others to think frailty and to promote the concept that frailty is ‘everybody’s business’.

*“I have promoted the e-learning package at the education workstream meetings” Palliative Care Consultant, Essex*

(Source: Focus Group)

Respondents were able to identify more proactive actions after completing the Tier 1 training. From the 33 responses, 66 actions were identified, with displaying elements of the training toolkit around the work environment as the next key step in sharing their knowledge and learning.

**Illustration 7: What will you do next after completing Tier 1?**



(Source: Tier 1 Microsoft Forms evaluation questionnaire n=66)

## Who should complete Tier 1?

**Illustration 8: A word cloud representing the range of staff who should complete Tier 1 frailty e-learning**



(Source: Tier 1 Microsoft Forms evaluation questionnaire)

**Illustration 8** again significantly demonstrates that awareness of frailty is everybody's business; 'all' and 'everyone' were terms used by respondents alongside 'social care' and 'prescribers'. This signals the potential for further spread of the e-learning within all these staff groups and the general public.

## Should the Tier 1 e-learning be mandatory?

*"I would highly recommend this e-learning to all staff for their professional development and better understanding of frailty". Palliative Care Consultant, Essex*

*"Mandatory for relevant skillset for different tiers of staff; all people who come into contact with older patients, be they Social Care staff, Care Home staff, healthcare professionals, voluntary organisations."*  
*Palliative Care Consultant, Essex*

(Source: Focus Group)

*"It depends on the place of work. I don't have direct clinical care of patients so annual, mandatory training may not be appropriate."* Administrator, London

*"I am unsure if everyone needs this knowledge."* Administrator, Practice/PCN, Yorkshire and Humber

70% of respondents (n=23) including 5 Care Co-ordinators, 1 carer (3%) and 1 (3%) Health Care Assistant responded 'Yes' to whether Tier 1 e-learning should be mandatory. 4 (12%) students stated that it should be considered for mandating.

9 (27%) respondents did not feel Tier 1 should be mandatory.

(Source: Tier 1 Microsoft Forms evaluation questionnaire n=33)

The evaluation has shown that there is appetite that can be further explored for the frailty e-learning programme to become mandatory across settings.

## Tier 2a level course

Tier 2 is split into 2a and 2b. This is because the breadth of the workforce included requires a wide-ranging skill set. The concept of 2a and 2b was created to ensure that the information is tailored to the right level depending on professional role and work setting.

Tier 2a includes but is not limited to:

- First responders such as ambulance services, Hatzola Trust, St John Ambulance, Good Samaritan (GoodSAM) volunteers, Air Ambulance service
- Rapid response workforce such as rapid response nurses, community matrons, rapid response allied health professionals and pharmacists
- Care Navigators
- Unregistered healthcare staff at band 2 to band 4
- Band 5 and lower band 6 registered nurses in emergency services and same day emergency services
- Doctors in emergency departments
- Pharmacy technicians
- Nursing Associates
- Physician Associates
- Community and social services staff
- Care home staff.

A series of questions was asked of the respondents (n=10) to the Microsoft Forms evaluation questionnaires to capture the impact of the frailty e-learning on their frailty knowledge, as well as their plans for the future and confidence using the following scoring system.

*1=Strongly disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly agree*

5 (50%) agreed/strongly agreed that they applied something new following the completion of the e-learning module

4 (40%) strongly agreed that they had shared something new with colleagues

6 (60%) stated that they agreed/strongly agreed that they are more confident in identifying frailty, with 7 (70%) stating that they are more confident knowing when to direct or signpost to other services about frailty concerns.

4 (40%) strongly agreed they felt confident understanding frailty and making proactive changes in their life and at work.

There is emergent evidence that Tier 2a of the frailty e-learning programme is changing individuals' practice and that they have applied something new and have increased confidence. This is further substantiated by the feedback captured below.



## Impact of training into practice

*"I have been having team meetings with interactive training with scenarios based on our clients. This has greatly improved staff knowledge." Care Home Manager, West Midlands*

*"I have asked the senior team to sign up and complete this course." Care Home Manager, West Midlands*

*"I have understood certain terminology used and am able to spot possible frailty patients and what we can put in place for them if needed." Nurse, West Midlands, Hospital*

*"None just yet." Associate Practitioner, North East England, Practice/PCN*

*"The team are thinking and talking about healthier choices." Care Navigator, London, Hospital*

*"Within in our service, people are more aware of what to look out for and to use it in their practice. Colleagues are more interested in discussing frailty prevention." Care Co-ordinator, North West England*

*"Better care levels, happier residents." Care Home Manager, West Midlands*

## What will you do next after completing Tier 2a?

*“Added information on a teaching session I did for FY1.” South West England, Hospital*

## Who should complete Tier 2a?

7 (70%) respondents recommend that this training should be part of staff induction in care home, PCN and hospital settings.

### Illustration 9: Who should complete Tier 2a?



**Illustration 9** shows the type of staff accessing Tier 2a, illustrating colleagues working within the care sector at the core. However, feedback from a PCN suggested the following:

An associate practitioner from a North East England PCN fed back that it may not be necessary for all to undertake the e-learning.

## Should the Tier 2a e-learning be mandatory?

7 (70%) recommend that Tier 2a training should be made mandatory.

Source: Tier 2a Microsoft Forms evaluation questionnaire (n=10)

## Tier 2b level course

Tier 2b is for health and social care staff and others working in emergency departments and acute frailty services.

This includes but is not limited to:

- GPs working in emergency departments
- Registrars and senior grade doctors in emergency departments
- Consultant physicians
- Acute care social workers
- Senior band 6 and 7 registered nurses
- Occupational therapists, physiotherapists, speech and language therapists, dieticians
- Band 7 and 8 pharmacists
- Emergency department Advanced Nurse Practitioners
- Acute Frailty Practitioners
- Same day emergency care workforce.

**What will you do next after completing Tier 2b?**

*" I have been a consultant for 11 years now, but actually didn't know anything about comprehensive geriatric assessment... I am now carrying this out with my patients and making a difference."*

*Palliative Care Consultant, Essex*

### **Case Study (2)**

"The frailty e-learning is available on our electronic service reporting (ESR) system. As a group we decided that we would trial the training on two wards that have a high proportion of frail patients, looking at base knowledge prior to the training and knowledge post training. To date we are capturing the post training knowledge. Our geriatricians within the group are encouraging our junior doctors to complete the online training, ensuring a standard awareness and approach to frailty. We are planning to create a frailty training strategy – making frailty everyone's business at PHU. The task and finish group are working collaboratively to develop a study day for 2022 covering the four domains and are being innovative in our approach using interactive knowledge checks and patient journeys – we have also just purchased a geriatric simulator so our staff can fully appreciate what it is like to live with frailty. This will be aimed at our new frailty champions at PHU who will then cascade their new-found knowledge to their colleagues."

**Professional Education Lead, Queen Alexandra Hospital, Portsmouth Hospitals University NHS Trust**

**Source: Wessex Healthy Ageing Network (2021)**

### **Case Study (3)**

"I thought I knew a lot about frailty, but I couldn't define frailty; I thought it meant an elderly person with what we think as generalist problems in palliative care. What compelled me to undertake the training? Frailty in itself (being old) is a life-limiting condition, just like palliative care, the difference being end of life patients having a discrete diagnosis. Should we, in specialist palliative care, provide care for all old, incapacitated and frail patients as well? My perception has changed; even if we might not know everything about frailty, once an understanding is developed, a collaborative approach can be developed with experts in frailty."

**Palliative Care Consultant, Essex**



*“Through my mandatory training I found this course and to aid me in my role I undertook the course.” **Doctor, North East Yorkshire, Community Hospital***

*“My (care) agency advised me to do the course.” **Nurse, South East***

(Source: HEE Survey)

*“I undertook this training to learn more about frailty from a personal and strategic point of view.”  
**Palliative Care Consultant, Essex***

(Source: Focus Group)

## How did you hear about the Tier 1 training?

- 25 (75.75%) respondents stated that they had heard about the Tier 1 training from various routes
- 6 (18.18%) respondents received a formal cascade from organisational leads and formal newsletters
- 5 (15.15%) respondents received direct Health Education England communications
- 4 (12.12%) respondents cited the power of informal recommendations from colleagues verbally/via email.

(Source: Tier 1 Microsoft Forms evaluation questionnaire n=33)

## How did you hear about the Tier 2a training?

- 3 (30%) respondents stated that they had learnt about the training via formal cascade from organisational leads
- 2 (20%) stated they had received direct communications from the project team
- 1 (10%) completed the training following an informal recommendation
- 4(40%) stated that they learnt about the e-learning programme from a recommendation from a colleague.

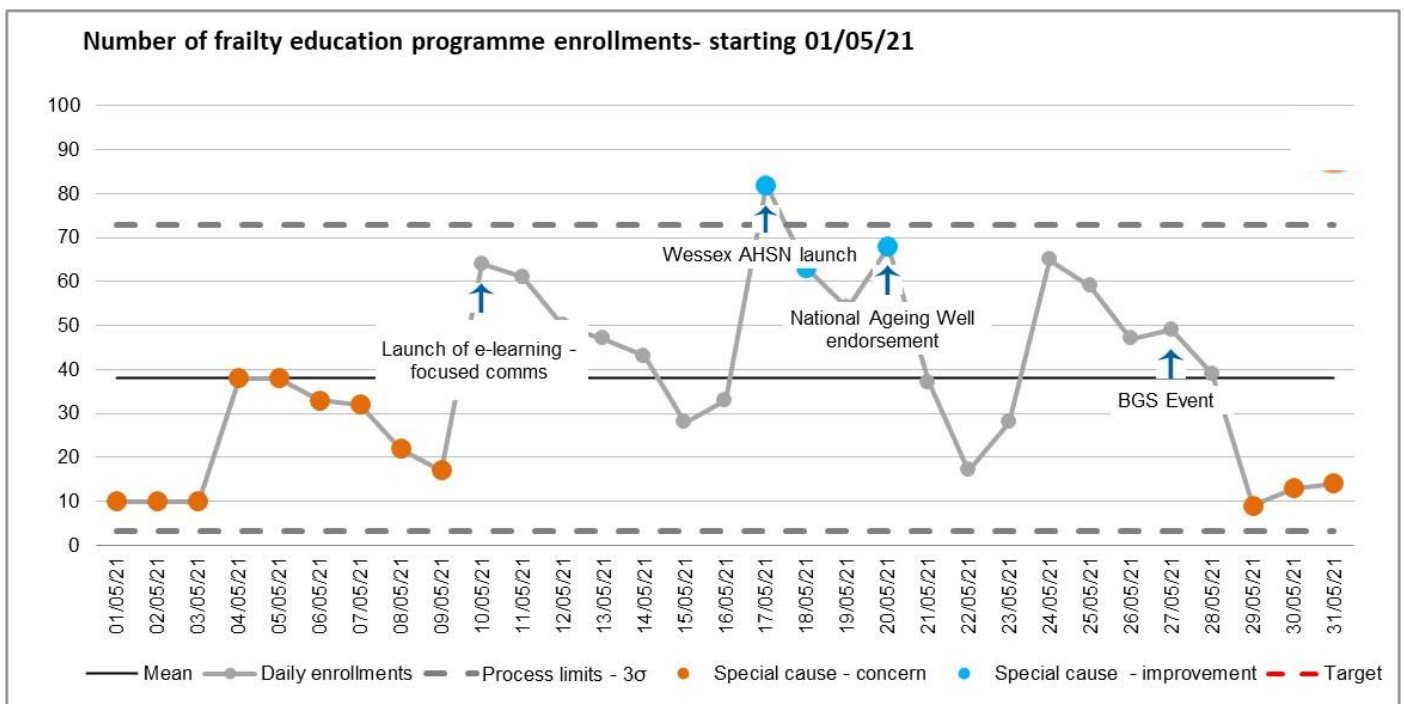
(Source: Tier 2a Microsoft Forms evaluation questionnaire)

## Impact of events and social media on uptake

As part of the launch of the e-learning, a comprehensive communications campaign was developed alongside a set of promotional tweets. **Illustration 11** demonstrates the impact of the campaign between 01/05/21 and 31/05/21 utilising a statistical process control chart.<sup>10</sup>

Dr Adrian Hayter, National Clinical Director, Ageing Well provided endorsement and support via social media on the 20 May 2021 which had a positive impact on enrollment.

**Illustration 11: Impact of events and social media on uptake of frailty e-learning programme**



*Learning:* The impact of the events and social media support by national leaders and organisations had a positive impact on the number of enrolments, signalling the benefit of using a wide number of platforms to disseminate best practice.

## Staff feedback

<sup>10</sup> <https://www.england.nhs.uk/publication/making-data-count/>



This section distils staff feedback from the Health Education England survey.

*“The best course I have done in a long time. I really enjoyed the videos and the interactive study questions.”*  
**Allied Health Professional, South West**

*“I have already shared this with my immediate team and wider network.”*  
**Allied Health Professional, London**

*“Great resources, videos relevant & encouraged empathy. I feel those working outside of frailty don’t understand its complexities”* **Nurse, East of England**

(Source: MS Forms)

*“I felt it expanded my knowledge of frailty and was a good refresher of knowledge learnt at university. Would recommend to peers and newly qualified physiotherapists looking to understand frailty better.”*  
**Physiotherapist, South**

*“I can recommend it to support workers and carers in the care provision sector I interface with.”*  
**Allied Health Professional, South West**

*“I would highly recommend this training programme to my peers.”*

**Nurse, Northern Ireland**

*“I think it is appropriate in almost all specialties of nursing.”*

**Nurse, Midlands**

*“Informative and comprehensive... material is easy to absorb.”*

**Care Co-ordinator, South East**

*“It is relevant to nurses who work in care homes.”* **Nurse, East of England**

(Source: Health Education England survey)



## Areas for improvement

We asked respondents to identify areas for improvement for the frailty e-learning programme. We received 37 responses with ideas for improvement. Seven key aspects have been summarised below, with recommendations for next steps. ([Source: Health Education England survey, and focus group](#))

### Learners said:

*“For the higher tiers, more information on the pathophysiology of ageing.”*

**Allied Health Professional, South East**

*“Consider enhancement for more relevance for community settings and focus on the prevention of admission to hospital and expediting discharges. More focus on the benefit of the Comprehensive Geriatric Assessment being used across all services to improve patient care.”* **Allied Health Professional, North East Yorkshire**

*“Clearer guidance on launch page which tier is for who. Consider whether to streamline down Tier 2b to just include additional materials for advanced practitioners.”* **Numerous**

*“A more generic approach to Advanced Care planning; removal of particular reference to solutions.”* **Palliative Care Consultant, Essex**

*“Consider providing an overall score with pass level and certification... and a completion bar.”* **Consultant Geriatrician, London**

*“More information on the impact of hearing/visual loss.”* **Care Co-ordinator, North West**

*“Easier ways to navigate through each section. some sections too long.”* **Nurse, South East**

*“Development of an auto reminder to remind registered users to complete.”*

**Consultant Geriatrician, London**

### What we will do:

**Consider signposting to British Geriatric Society and to academic institutions within the e-learning programme**

**Wider development will require additional funding. Potential to signpost to emergent documentation and [Wessex AHSN CGA toolkit](#)**

**Information is available on the Health Education England launch page, but location of details to be reviewed.**

**Request will be considered at annual update by Health Education England (to be agreed) with associated funding**

## Discussion

### Spread and adoption

There were several ways that people could access the training. Learners could access it via the e-learning for health (elfh) web platform, their own organisation’s learning management system through a system called AICC, or by Electronic Staff Record (ESR). This is presented in **Table 3** and **Illustration 12**. These demonstrate a good spread of uptake across the modules each month, particularly Tier 1. It is important to note that the frailty e-learning programme has been developed for e-learners to return to the modules, complete at their own pace and to access the elements that are relevant to their organisation. Reporting on completion rate would be an undercount as we are only able to report on the Health Education England numbers and not numbers completing via ESR or other platforms. Additionally, this would not be representative of the frailty e-learning journey the education offer provides.

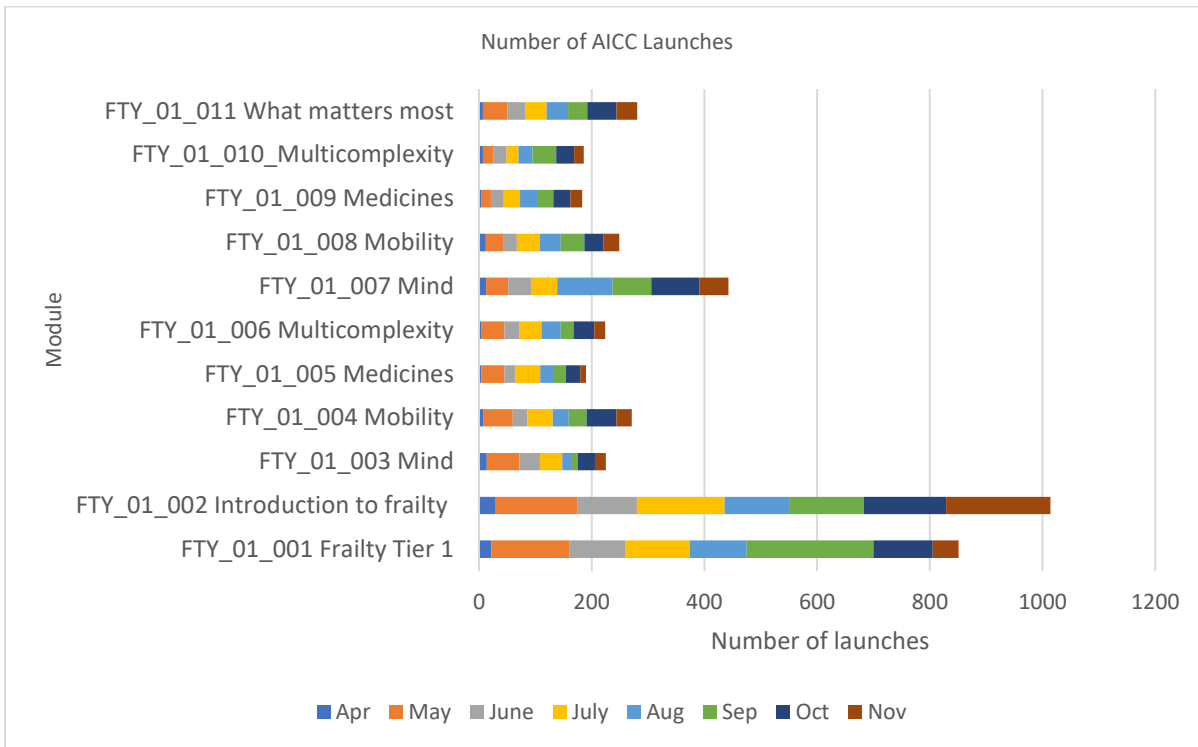
**Table 3: Uptake of the frailty e-learning programme by approach May 2021-October 2021**

May 2021 – October 2021	Health Education England	AICC <sup>11</sup>	ESR	Total
Active users <sup>12</sup>	2,101	U/K	2,771	4,872
Number of people enrolled	6,303	U/K	U/K	6,303
Number of launches	14,875	4117	4368	23,360
Number of organisations downloaded to learning management system	N/A	14	Unable to report	14

**Illustration 12: Graph 6: Number of AICC launches by tier May 2021- November 2021**

<sup>11</sup> Aviation Industry Computer-based Training

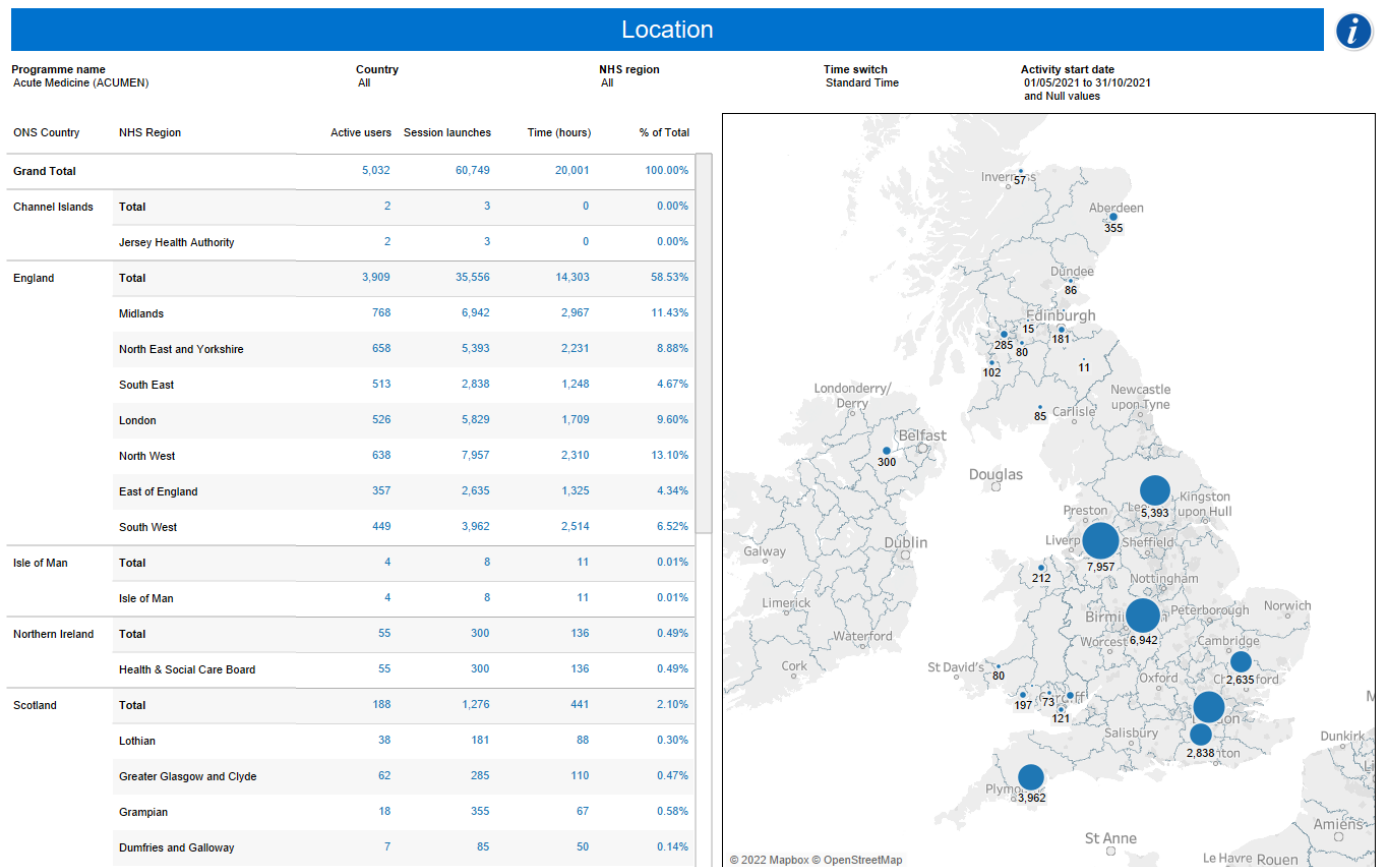
<sup>12</sup> Active users are users who have launched the content. For example, people can enrol on the programme but not launch any of the sessions, but an active user is logged when a session is launched.



As of 31 October 2021, the e-learning is active across all four nations of the United Kingdom. **(Illustration 13)**

A planned separate report focusing on London and Wessex uptake has been paused due to Level 4 system pressures.

**Illustration 13: Spread and adoption of frailty e-learning programme across all four nations**



**Uptake as of October 2021**

**Source: Health Education England Portal**

**The evaluation of the frailty e-learning has shown the following impacts to date:**

- Good spread across UK and staff groups and settings
- For Tier 1, it is clear training should be for all – the line ‘frailty is everyone’s business’ has been well received. However, there is a need to consider whether all elements of the e-learning need to be mandatory
- There is clear health and care workforce feedback to consider making the frailty e-learning programme mandatory
- Evidence of importance of making frailty ‘everyone’s business’
- Good feedback from both the health and care sectors, demonstrating the need for the e-learning offer across health and care
- Emergent impact of frailty e-learning on individuals/services/teams and organisations
- A comprehensive communications strategy has been key in the spread and adoption of the frailty e-learning programme
- The evaluation has noted that the uptake of the e-learning increased when social media was used to promote completion of the education course
- The frailty e-learning is recognised as of high quality in both its content and approach, as well as the additional tools it provides

- Learning from the spread and adoption approach can be shared and built on with Health Education England and the AHSN Network to further improve emergent e-learning innovations.

## Recommendations

The evaluation of the frailty e-learning has shown that the high quality, interactive education approach is showing emergent positive impacts on individuals, teams, services, and organisations. To ensure that the frailty e-learning is

further embedded across health, care and the voluntary sector, 14 recommendations are submitted to the London Urgent Emergency Care Board, Wessex AHSN, Health Education England and the national Ageing Well team, for further consideration, discussion and agreement. **Table 4** details 14 recommendations for next steps:

**Table 4: Recommendations for next steps**

Recommendation	Proposed solution	Lead organisation to consider
Development of a mandatory training offer	Endorse the e-learning as a national, mandatory solution to support enhanced workforce capability to recognise and proactively intervene with people living with frailty. Develop system wide reporting to enable transparency of uptake at local, regional, and national level	NHSE National Ageing Well and Enhanced Health in Care Homes Programmes Professional bodies
Optimising spread and adoption across health and social care	Explore collaborative engagement with AHSN Network mechanism further to optimise implementation and uptake. Running of AHSN Network webinar event to feedback evaluation findings	Wessex AHSN on behalf of the AHSN Network in collaboration with the London Clinical Frailty Network
Wider public engagement and awareness in the early recognition of the signs of frailty	Stratify active engagement at primary care level via population health management, assessment, and personalised care planning	Wessex AHSN London Clinical Frailty Network Greater London Authority Healthy London Partnership Southern Health Wessex Primary Care Networks and Hampshire Isle of Wight and Dorset ICS
To support the ongoing research in the field of frailty, frailty recognition, personalised care planning and the impact on population health management, inequalities, patient, family and carer experience and development of services	Wider systems supporting/commissioning budgets to include an element of dedicated resource in relation to frailty research (aligned to NIHR and ARC priorities). Potential independent study/funding to further evaluate the impact of the frailty e-learning programme	NHSE National Ageing Well and Enhanced Health in Care Homes Programmes Professional bodies Integrated Care Systems Social care
Recommendation	Proposed solution	Lead organisation to consider

National promotion by national and system leadership is integral to incremental spread and adoption across health and social care	Scheduled regular social media campaigns and vox pops to maintain momentum	NHSE National Ageing Well and Enhanced Health in Care Homes Programmes Professional bodies Health Education England Social care Voluntary sector
Maintenance and upkeep of the e-learning will be fundamental in maintain health and care frailty awareness and knowledge as well as ensuring the e-learning programme continues to grow as new learning is captured	Discussion with key stakeholders to agree where the ongoing maintenance and review of e-learning will sit longer term to secure continued funding accuracy and sustainability of resource	Health Education England London Clinical Frailty Network Wessex AHSN
Develop linkage to other frailty e-learning programmes e.g. heart failure	Health Education England to signpost new emergent e-learning for frailty in other specialities from overarching frailty e-learning (and vice versa)	Health Education England
Complete, comprehensive reporting of use across all e-learning environments to provide an accurate view of downloads, spread and adoption of e-learning	Improvement in ESR reporting to effectively demonstrate spread and adoption in organisations via learning management systems	Health Education England
Research into barriers to implementation in local management systems, including a review on the communication mechanisms for spread at grass roots level	Running of workshop via ICS education leads to capture learning for wider implementation	To be explored via the Wessex AHSN Healthy Ageing Network
Promote the completion of the e-learning with wider workforce such as care co-ordinators, link workers and social prescribers	Explore with national NHS England Improvement Ageing Well team how this is best achieved	Ageing Well Local providers Voluntary sector organisations
Review Advance Care Planning and updating to the Urgent Care Plan section to develop a generic approach	Explore with system partners how this is best achieved in line with national developments relating to the NHS Long Term plan	London Clinical Frailty Network Wessex AHSN
<b>Recommendation</b>	<b>Proposed solution</b>	<b>Lead organisation to consider</b>
Formally recognise the frailty e-learning programme across health and	Identify ongoing funding streams for the further development and enhancement of the frailty e-learning	Health Education England

social care as a valuable ongoing resource	programme to include updates as new guidance/research emerges. Utilisation of video resource to showcase e-learning impact <sup>13</sup>	
Identify opportunities to provide a spotlight on frailty	Plan a national frailty event on 10 <sup>th</sup> May 2022 (first anniversary of launch date) with key engagement from local, regional, and national partners	London Clinical Network Wessex AHSN

## Abbreviations

<sup>13</sup> <https://wessexahsn.org.uk/videos/show/460>



AICC	Aviation Industry Computer-based Training <sup>14</sup>
AHSN	Academic Health Science Network
CPD	Continuing Professional Development
ESR	Electronic Staff Record
GIRFT	Getting it Right First Time
HEE	Health Education England
HCA	Healthcare Assistant
HCSW	Healthcare Support Worker
ICS	Integrated Care System
PC	Primary Care
PCN	Primary Care Network

## References

[Frailty - eLearning for healthcare \(e-lfh.org.uk\)](https://www.skillsforhealth.org.uk/info-hub/frailty-2018/)

<sup>1</sup> <https://www.skillsforhealth.org.uk/info-hub/frailty-2018/>

<sup>2</sup> <https://wessexahsn.org.uk/projects/315/wessex-acute-frailty-education-and-awareness>

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<sup>14</sup> <https://www.easygenerator.com/en/blog/results-tracking/a-quick-intro-to-aicc-for-e-learning/>

<sup>3</sup> <https://mailchi.mp/3c586f8f7690/frailty-e-learning-evaluation-now-live>

<sup>4</sup> <https://www.skillsforhealth.org.uk/wp-content/uploads/2021/01/Frailty-framework.pdf>

<sup>5</sup> <https://wessexahsn.org.uk/img/projects/21062019%20Evaluation%20Report%20Wessex%20Acute%20Frailty%20Audit%202019%20v2.pdf>

<sup>6</sup> <https://www.gettingitrightfirsttime.co.uk/wp-content/uploads/2021/11/geriatric-medicine-overview.pdf>

<sup>7</sup> <https://www.england.nhs.uk/publication/guidance-note-frailty-virtual-ward-hospital-at-home-for-those-living-with-frailty/>

<sup>8</sup> <https://www.england.nhs.uk/virtual-wards/>

<sup>9</sup> <https://www.hee.nhs.uk/accessibility-statement>

<sup>10</sup> <https://www.england.nhs.uk/publication/making-data-count/>

<sup>11</sup> Aviation Industry Computer-based Training

<sup>12</sup> Active users are users who have launched the content. For example, people can enrol on the programme but not launch any of the sessions, but an active user is logged when a session is launched.

<sup>13</sup> <https://wessexahsn.org.uk/videos/show/460>

<sup>14</sup> <https://www.easygenerator.com/en/blog/results-tracking/a-quick-intro-to-aicc-for-e-learning/>