Appendix 1

Summary

Understanding frailty: meanings and beliefs about screening and prevention across key stakeholder groups in Europe

This interview is to elicit the response of policy and decision makers to a summary of what other people involved in the context of frailty have said about it, with an emphasis on screening, management, personal and care strategies.

Objectives were to explore different stakeholders’ understandings of frailty; the meaning of the condition and their beliefs and attitudes towards the malleability of frailty in view of screening and prevention programmes.

Semi-structured focus group and individual interviews were conducted in three EU countries (Italy, Poland, UK) with five groups of stakeholders – frail and non-frail older adults, family caregivers, and health and social care professionals. An inductive thematic analysis was conducted on transcribed interviews.

Four themes were identified:

· Interdependence between the physical and the psychological in frailty,

· living with frailty in the social world,

· the need for a new kind of care,

· screening for and preventing frailty.

Findings emphasized the need for earlier intervention for frailty prevention services and an integrated approach to frailty care. Central to all stakeholder groups was the significance of psychological components and social environment alongside the physical elements of frailty and frailty prevention, with this identified by many as making the difference between resilience in the context of physical impairment, and dependence and poor quality of life.

The findings concluded that support and care for older adults and their family caregivers needs to be accessible and coordinated. Interventions to prevent frailty need to encompass a social dimension to help older adults maintain a sense of self while also building physical and psychological resilience.
Appendix 2

Questions for Policy Makers:

This is a guide as to the topics that should be covered, but participants are free to add other things they think are important.

1. **What do you understand by the term “frailty”**
   
   Subordinate questions (to encourage fullness of response if necessary)
   
   (i) What do you think are the likely causes of frailty?

2. **To what extent do you think frailty can be addressed in the population?**
   
   (i) Do you think there are ways we could prevent people from becoming frail?
   
   (ii) Do you believe that frailty is treatable or preventable (malleable)?
   
   (iii) Do you think there are opportunities to influence frailty status by means of early identification and management through lifestyle and other interventions?
   
   (iv) How can we raise awareness of the malleability of frailty among professionals and across society generally to encourage a cultural shift in views on frailty?

3. **To what extent do you think frailty can be addressed in the population?**

4. **Do you think that screening for frailty in older adults is worthwhile?**
   
   (i) What are the barriers to screening as you see them?
   
   (ii) What are the benefits to screening as you see them?
   
   (iii) In our research, participants raised a number of challenges associated with frailty screening, the form that they suggested, one which was consultative, sensitive, and which leads to personalized care would be expensive for health and social care systems to implement. To what extent do you believe screening for frailty in this manner would be possible?
   
   - Financially?
   
   - Practically?

5. **Do you think that a model of acute care is suitable or unsuited to patients with complex needs (i.e. frailty)?**
   
   (i) how can care pathways be better organised and delivered in order to ensure that the needs of people with multiple risk factors are fully addressed?
   
   (ii) (Prompts: reliable holistic assessment, multidisciplinary care planning, care co-ordination, improving communication between patient, family members and professionals, continuity of care, access to specialists and diagnostics)
Participants also made suggestions about how frailty prevention services could be improved to support older adults, e.g. by engaging them in preventative strategies such as stimulating cognitive activity, personalised exercise plans, greater social engagement, in order to build resilience; and by the development of an advocacy service to help older adults and their family caregivers to access services. A care coordinator model or adult health visitor type role was suggested as a bridge between health and social care services. To what extent do you believe that these changes would be possible?

What difficulties would you expect if treatments or interventions (e.g., such as exercise training) for frailty were to be introduced more widely? Do you think that is a good idea? What benefits would that have? What might be the problems with that (e.g., costs, resources, implementation)?

6. **What type of legislation, regulation, standards, guidelines or measures do you believe would be required to ensure that a frailty prevention/management system can be fully supported?**

(i) Who do you believe are the key individuals who make decisions in the areas of frailty care/prevention/management and funding?

(ii) What do you perceive as the main challenges in translating frailty prevention/management policy to practice?

7. **Is frailty prevention/management a priority for your department?**

(i) What sort of work is being done by <your department> to ensure that an agenda of care is being implemented to prevent/manage/reverse frailty?

(ii) Has your work/the work of <your department> influenced legislation, regulations, policy, programming or procedures? If so, where/when/how?

(iii) Are finances available to specifically address frailty issues?
    a. If so, how is funding distributed? Centralised vs decentralised? And prioritised?

(iv) Where is the money spent now?
    a. Prompts: Care or preventative care?

(v) Have you involved older adults (frail or otherwise) in your public discussions or policy making?

8. **How can training and Continuous Professional Development be improved to assist in frailty prevention?**
(i) Do you see a role for telecare or internet based programmes in prevention or management of frailty?

(ii) Do you know any e-health services/applications which can be used with benefit by frail patients?

(iii) How can potential services be made accessible for all?

a. Prompts, e.g., outside office hours, workplaces, community settings, faith centres, digital services, range of languages and culturally acceptable styles.

9. Is there anything else you’d like to add?