Editorial

Towards excellence in the management of frailty in primary care

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I am delighted to be the guest editor of this special issue of InnovAiT. As President of the RCGP, the UK’s largest medical royal college, I am very proud of our flagship journal, which promotes excellence in primary care through quality education. On this occasion, the articles in this issue address the relevant sections of the RCGP curriculum on frailty, long-term conditions, end-of-life care and care planning. They are accompanied by a set of self-assessment tools. I am sure this issue will be an invaluable resource, not just for trainees, but for all GPs including GP trainers.

As a working GP, I know just how important it is to not only keep up to date, but to apply new knowledge with skill and compassion, reflecting our motto, Cum Scientia Caritas. Nowhere is this more important than in the zeitgeist of frailty – the defining health care challenge of modern health care systems. This is why I chose the theme of frailty. I have assembled a team of experienced authors who present an evidence-based approach to the crunch issues in frailty: Overview and rationale, tackling crises and the geriatric syndromes, the all-important issue of de-prescribing to tackle polypharmacy, managing transitions to end-of-life care, top tips for managing residents in care homes and finally best practice in developing care plans. Also, we include a related article on implementing a frailty-specific discharge letter. I am grateful to all the authors and the InnovAiT team for their brilliant support of this project.

It is often said that our hospitals are full of patients who should not be there. I am not sure that I agree with this. Hospitals, through their frailty expertise, offer the mission-critical services of accurate assessment, diagnostics and the holy grail of comprehensive geriatric assessment. Generalists and specialists must, therefore, collaborate in the important endeavour of supporting frail older people. But it is well recognised that the NHS is too hospital-centric, focusing where the bulk of financial and human resources are concentrated.

To reshape the NHS into a more dominant primary and community care service, in England, we have an NHS 10-year plan (NHS, 2019) with a 5-year funding settlement. Now we have Primary Care Networks (PCNs) that allow the systemic development of primary and community care. GP practices that form the PCNs are the docking stations of community services. This will allow a degree of stability and allow GPs to set out their stall.

I commend this topic to you and urge every GP to embrace the learning and do everything possible to implement changes. Leadership from GPs will make a huge difference. I would welcome any comments, reflections and feedback.

References and further information
