Healthcare Improvement Scotland

Continuity of Care and Frailty Cluster Session

Opportunities beyond the DES to improve Continuity of Care as a Cluster

27 October 2026

04 November 2026

Leading quality health and care for Scotland

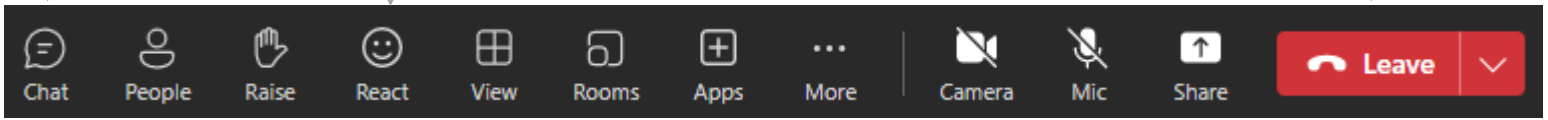
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Housekeeping

Use the **Chat function** to raise any questions you may have

React to others contributions with emojis.

Press **leave** at the end of the webinar.



Your camera and mic has been automatically switched off for this webinar

Troubleshooting

1. If you have issues visual or audio issues, try leaving and rejoining the meeting.
2. If there are any further technical issues, please email: his.pcpteam@nhs.scot

Recording

This session will be recorded.

to facilitate the creation of post-event resources.



Session aims

Share experiences on initiating a quality improvement approach to the Frailty and Continuity of Care DES with clusters

- Hear example(s) of how CQL(s) have approached this
- Share approaches, successes, challenges and how they were/could be overcome
- Generate change ideas that could be tested to improve frailty and continuity of care



DES Requirements

Appoint a practice frailty lead

Engage with the national frailty webinar

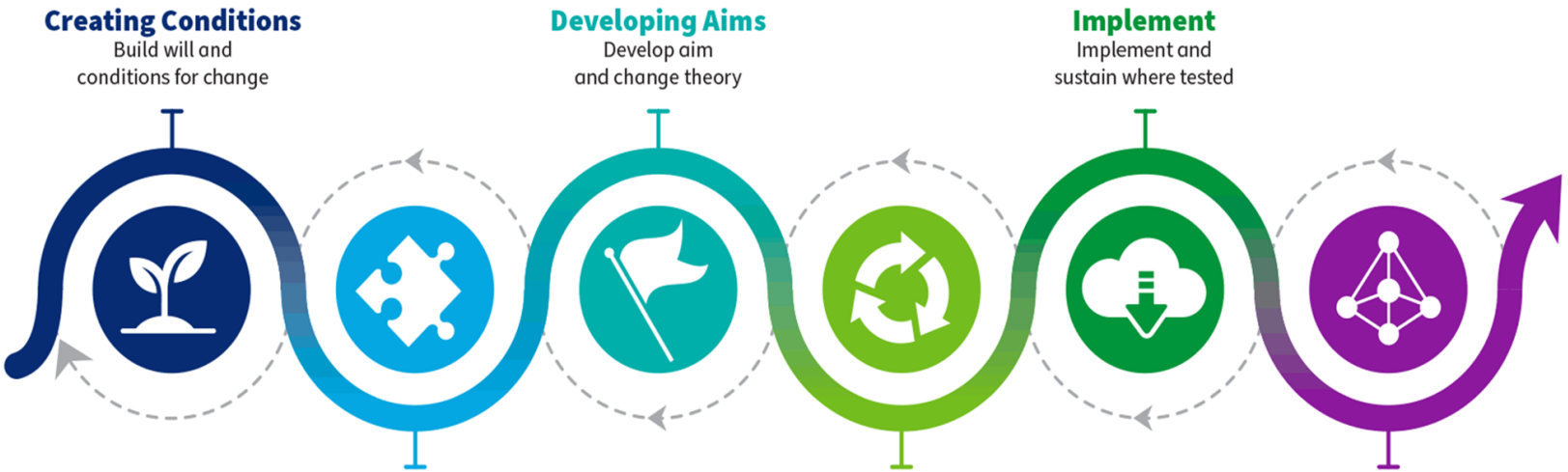
Frailty lead shares learning with the wider practice team

Identify a frailty cohort of 10 patients

Undertake baseline and repeat continuity measurements

Consider discussing results with the cluster and share learning

Applying Quality Improvement to the DES



- ❑ Frailty lead identified
- ❑ Training/information shared

- ❑ Cohort of 10 pts selected
- ❑ Continuity of care baseline data

- ❑ Ongoing discussions at cluster meetings

- ❑ Potential pts identified
- ❑ Assessment using Rockwood CFS
- ❑ Coding

- ❑ Change idea identified
- ❑ Testing change idea

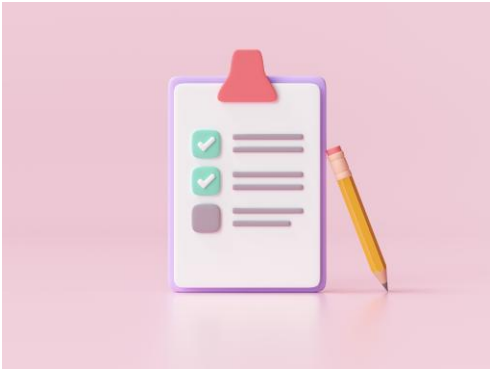
Poll 1

Where has your practice/ cluster got to with the DES?



Poll 2

What challenges have you come across with the DES?



Sharing learning from the DES as a cluster

Dr Nico Grunenberg, CQL NHS Tayside, Healthcare Improvement Scotland Faculty member
Dr David Wilson, CQL NHS Tayside
Dr Jennifer Jennings, CQL in NHS Greater Glasgow and Clyde

Testing changes

Examples of change ideas:

Relational continuity

- Name a usual GP and a buddy clinician
- Adapt appointment systems to prioritise usual clinician where appropriate
- Use proactive reviews, huddles and correspondence to keep usual GP informed
- Inform patients on the importance of continuity

Information continuity

- Use alerts/flags to identify patients living with frailty and highlight key information
- Standardised frailty summary templates in the clinical record
- Population health searches to identify people who may be becoming frail earlier

Management continuity

- MDT meetings focused on people at highest risk
- Make continuity everyone's business, including reception and admin
- Joint reviews involving GP, community nursing, pharmacy, AHPs and social care.

What are you thinking of testing?

Please put in the chat some of your ideas

Final remarks

Resources to be circulated

Future sessions

QI support drop-in sessions	Dec and Jan/Feb
Continuity of Care and Frailty Cluster Session	March

Audience: CQLs and PQLs

Please complete evaluation survey

If you have any further feedback or questions, please email: **his.pcpteam@nhs.scot**



Published November 2026



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