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The Australian Frailty Network: Development of a consumer-focussed national response to frailty

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Abstract

Frailty is an important concept in the care of older adults. Over the past two decades, significant advances have been made in measuring frailty. While it is now well-recognised that frailty status is an important determinant of outcomes from medical illnesses or surgical interventions, frailty measurement is not currently routinely integrated into clinical practice. In the community setting, it is uncommon for general practitioners to deliver frailty-optimised care. In hospitals, there is substantial variability in how people living with frailty are managed. This variability is notable between and even within disciplines. Furthermore, gains from understanding frailty mechanisms and risk factors are not yet applied/implemented at scale to delay the progression of frailty in community-dwellers. The Australian Frailty Network (AFN) is a national collaborative group of researchers, clinicians, non-government organisations, consumers and policymakers, in which the engagement and active involvement of consumers has been embedded from the outset. The AFN aims to generate new knowledge to improve health outcomes, to ensure evidence-based management is translated into clinical practice and to build capacity in multidisciplinary and translational frailty research. Here, we describe the development of the AFN, highlighting important milestones: (i) securing funding for the network and flagship elements; (ii) an inaugural summit to establish the strategic vision, values and scope with end-users; (iii) sabbatical visits to learn from international examples; and (iv) developing the governance structure and an actionable plan encompassing consumer engagement, research, education and policy and practice to maximise impact.

For affiliations refer to page 859.

KEYWORDS
frailty, interdisciplinary research, health service, health policy, health care network

1 | INTRODUCTION

In Australia, and globally, more people are reaching old age and older people themselves are living longer.[1] More than 20% of Australians become frail,[2] with the prevalence of frailty increasing markedly with advancing age. Frailty is characterised by declines in multiple domains such as physical function, social engagement, cognition and nutritional status,[3] and results in increased (and sometimes unmet) health and social care needs, and high economic costs.[4,5] Frailty is a continuum, with clinically important gradations.[6] People with mild frailty (becoming slower and losing muscle strength) are at an elevated increased risk of becoming severely frail (with loss of independence and need for residential aged care).[7] As the population ages, the impact of frailty on quality of life, functional dependence and health service utilisation is becoming increasingly apparent.

Interventions, such as multi-component programs or comprehensive geriatric assessment (CGA),[8] can slow the progression of frailty, with notably strong evidence for progressive resistance training.[9] Tailoring of intervention, based on biological sex, for example, may also be beneficial.[10] However, barriers to access and implementation still prevent these interventions from being embedded in health practice at scale and adults and caregivers lack access to trusted information about frailty and its management. Furthermore, whilst frailty is closely associated with increasing age, chronological age is not its sole determinant. Consequently, frailty is neither an inevitable part of ageing nor is it a condition exclusively present in older people. Growing attention is now being given to the importance of frailty in younger groups, particularly those with multimorbidity.[11-13]

Australia's Primary Health Care 10-Year Plan (2022–2032) identifies slowing the decline of frailty as a key objective.[14] However, the fragmented nature of frailty research in Australia contributes to the difficulties in effective research coordination and translation. None of the 69 member organisations of the Australian Clinical Trials Alliance are dedicated to ageing, geriatric medicine or gerontology.[15] Additionally, the clinical workforce is not adequately skilled to address frailty,[16] and our review found no published studies reporting frailty-focussed training for health professionals in Australia.[17]

The Australian Frailty Network (AFN) aims to create an integrated platform for researchers, clinicians, consumers (including caregivers), peak bodies and policymakers to collaborate and create meaningful gains in the understanding, prevention and management of frailty.

Policy Impact

Policy impact will be achieved through both local implementation and advocacy at state and national levels. The Network is committed to the promotion of frailty detection and management within clinical practice guidelines, and contributing to public discussion of major public health issues, which are likely to disproportionately affect people living with frailty.

Practice Impact

Australian Frailty Network-supported research aims to integrate frailty measurement into routine practice, generate new knowledge about frailty management, co-design frailty education modules for health-care professionals and develop frailty information resources with and for consumers. These complementary programs will promote frailty-focussed care across different care settings, helping all Australians to age well.

This paper describes the development of the AFN, its vision, statements of purpose and an overview of its programs of work and anticipated impact.

2 | AUSTRALIAN FRAILTY NETWORK: DEVELOPING INITIAL PARTNERSHIPS AND SECURING FUNDING

2.1 | Funding

We assembled a diverse and multidisciplinary team of collaborators, including frailty experts, across five Australian states. We also included leading academics who had established frailty networks in the UK and Canada. Partnerships were secured with key state-wide and national peak bodies: Australia and New Zealand Society of Geriatric Medicine (ANZSGM); Council on the Ageing (COTA) Queensland and Western Australia; and the Australian Association of Gerontology (AAG). Our foundational team also included adults with lived or caregiver experience of frailty, and a multidisciplinary team of researchers and clinicians with expertise in nutrition, exercise, pharmacology, public

health, data science, behavioural and implementation science, social engagement, health services, gerontology, anthropology and sociology. Together, we developed a proposal to establish the AFN and its first clinical trial, the FITTEST study (Figure 1). The proposal was awarded a 5-year, AUD$5 million grant (2022–2027), through a Medical Research Future Fund (MRFF) Dementia Ageing and Aged Care Mission grant.

3 | THE INAUGURAL AFN SUMMIT: REFINING THE VISION AND PRIORITIES

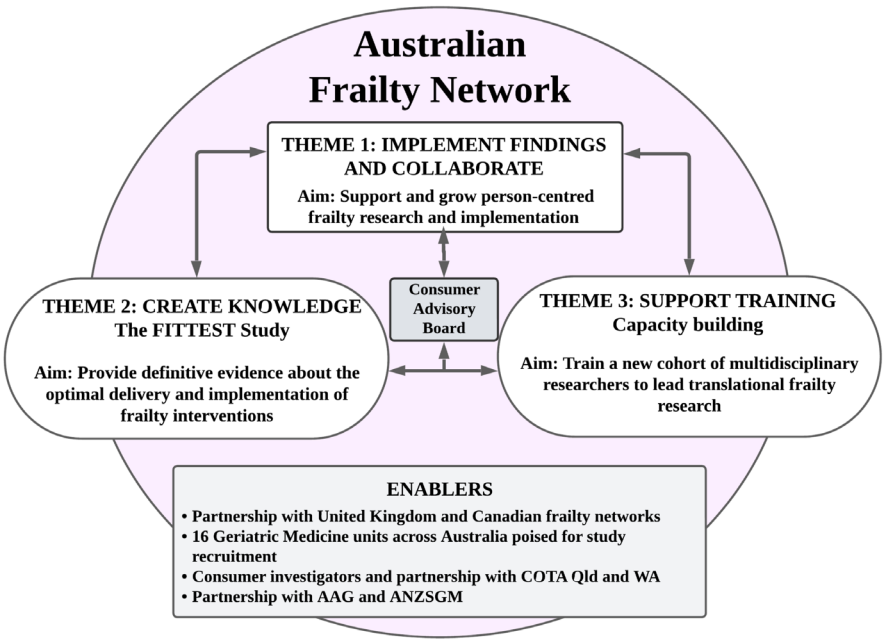
In February 2023, we convened a hybrid (online and in-person) 1-day Summit with 48 attendees from across Australia, including Queensland ($N=28$), New South Wales ($N=8$), Victoria ($N=3$), South Australia ($N=2$) and Western Australia ($N=6$), as well as Canada ($N=1$). Attendees included the Chief and Associate Investigators of our grant and representatives of partner organisations, consumers, and other collaborators in the field to ensure inclusivity, and input from diverse stakeholders. Attendance included clinician-researchers ($n=19$), research-focussed academics ($n=14$), partner organisation representatives ($n=5$), professional staff ($n=4$), consumers ($n=3$), clinicians ($n=2$) and students ($n=1$). Invited partner organisations included the ANZSGM, AAG and COTA Queensland.

The Summit featured keynote presentations from Professor Kenneth Rockwood (Dalhousie University), an internationally recognised frailty expert, who provided insights into frailty measurement and management; Professor Carmel Hawley, director of the Australasian Kidney Trial Network, who shared learnings from running a successful clinical trials network; and Ms Annie McPherson, consumer representative and Chair, Consumer Advisory Group from the Australian and New Zealand, Musculoskeletal Clinical Trials Network (ANZMUSC), who showcased how consumers can be embedded in a national research network.

During the first half of the day, invitees collectively generated initial statements around the vision, statements of purpose and values for the AFN. The latter half was dedicated to hosting five workshops focussing on AFN key areas: governance and processes; consumer engagement; research; education; and policy and practice. Table 1 summarises the vision, statements of purpose and values of the AFN.

4 | INTERNATIONAL EXPERIENCE: LESSONS FROM THE UK AND CANADIAN FRAILTY NETWORKS

Both the UK and Canada have established frailty networks and share population demographics and health systems similar to Australia. Drs Natasha Reid and Adrienne Young, research fellows within the AFN, visited the UK and Canada (respectively) in April and May 2023 to conduct site visits and interviews and collect field notes. Thirty-five informal interviews (see File S1 for interview questions) were conducted. File S2 provides a summary



COTA: Council on the Ageing, WA: Western Australia; AAG: Australian Association of Gerontology, ANZSGM: Australia and New Zealand Society of Geriatric Medicine.

FIGURE 1 Proposed themes of the Australian Frailty Network.

of information under key themes comparing the UK and Canadian Frailty Networks.

Overall, the two networks had different beginnings: a grass-roots movement to change clinical practice in the UK and a nationally-funded research centre in Canada. The different approaches influenced their objectives, activities and outcomes. Interestingly, both networks have converged towards a focus on health promotion and community-based interventions, as means to relieve the pressure on hospital systems. Workforce education and training is common to both networks, with increasing attention on public education campaigns and ongoing investment in research training in Canada. Conversations with leaders in the UK and Canada generated important lessons for our AFN. Table 2 describes what was learned and the changes we made to the AFN's scope, governance and statements of purpose.

TABLE 1 Vision, statements of purpose and values.

Vision	To deliver a national response to frailty and help all Australians age well
Statements of purpose	1. Establish stakeholder priorities for frailty and ageing research 2. Facilitate and conduct high-quality research that generates new knowledge to improve health outcomes 3. Share evidence-based information about frailty and ageing with the public and health professionals 4. Build capacity in multidisciplinary and translational frailty research 5. Enable translation of research into practice and policy through collaborations and partnerships
Values	Collaboration, consumer-focus, inclusivity, courage, excellence

5 | AFN STRATEGIC PRIORITIES: FROM VISION TO ACTION

As a result of the workshops at the Summit, the international lessons and continued consultation with consumer partners, we developed an agreed organisational structure (governance) and formulated objectives across four other key areas: consumer engagement; research; education; and policy and practice. Figure 2 outlines the AFN's action plans for these five key areas, explained further under the following five subsections.

5.1 | Governance and processes

The AFN's organisational structure was conceived for the MRFF funding proposal and has since been revised to incorporate stakeholder feedback (including from attendees of the inaugural AFN Summit), learnings from the UK and Canadian frailty networks, and ongoing consultation with AFN's Consumer Advisory Board. Care was taken to ensure consumer partners were appropriately represented across all network activities and that the model aligned with the AFN's core values of collaboration, consumer focus, courage, inclusivity and excellence. Through

TABLE 2 Key learnings from the UK and Canadian Frailty Networks, with associated changes implemented by the AFN.

Learning	Change
The rationale is to create evidence to support funding and investment and to translate the research into practice. A research-only network is unlikely to achieve the ambitious vision of the AFN	In keeping with our vision, the scope of the AFN will not be confined to the clinical setting, but will enable research and form partnerships throughout the community to influence the broader public health landscape to help all Australians age well
We were cautioned about the need to develop a clear remit regarding the influence of the AFN (in particular, whether the focus would be only on healthcare settings or on the broader system and policy landscape)	Our statements of purpose reflect our dual focus on research and translation into practice
We were encouraged to enable consistent and appropriate language and messaging about frailty to foster widespread cultural change amongst the health workforce, and within the broader Australian public	Our planned programs of work will deliver person-centred frailty education for both health professionals and members of the public
Finally, we were advised to embed a commitment to diversity and equity from the outset, from the AFNs Board of Directors through to our consumer community, to ensure that we are serving all Australians	An AFN Board of Directors will provide independent advice on the AFN's activities. The Board membership will be deliberately diverse, including people from First Nations and culturally and linguistically diverse backgrounds. We will continue to support diversity within our consumer network, to ensure a focus on diversity and equity across all AFN activities

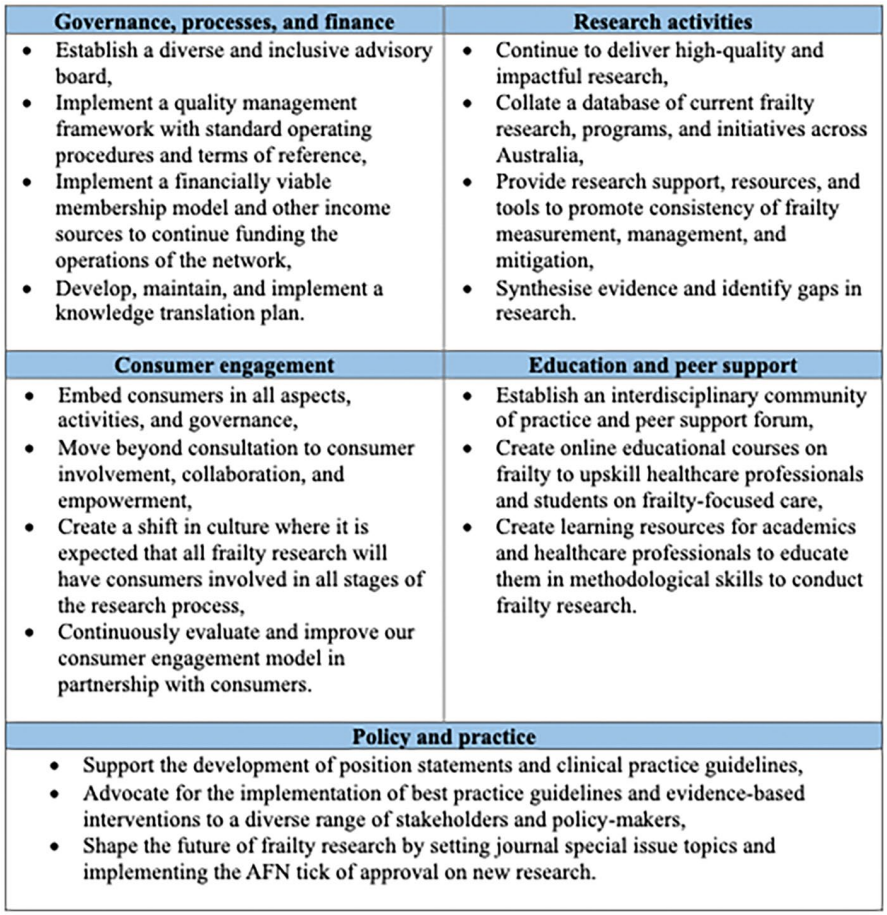


FIGURE 2 Overview of Australian Frailty Network (AFN) Action Plan.

this iterative process, the AFN has adopted a participatory approach to governance, implementing a model that promotes inclusiveness, supports co-design and shared decision-making throughout the network, and a model that will constantly evolve as the AFN matures. Figure 3 depicts our current organisational structure.

Two priorities for the network were identified at the Summit: establishment of an Independent Advisory Board; and development of a quality management framework to document processes, policies and responsibilities in support of achieving the network's strategic goals. Additional priorities included the identification and implementation of income sources, including a financially viable membership model, to ensure continuity of the AFN's central infrastructure. In conjunction with the AFN's stakeholders, we are also prioritising the co-development of a knowledge translation and implementation plan.

Scoping activities have commenced to identify suitable members of the Australian community to represent our Independent Advisory Board, and a working group has been formed to prioritise the development of standard operating procedures. Completed activities to date include ratification of a template Terms of Reference for AFN committees, and mapping of stakeholders and potential income streams to inform the knowledge translation plan.

5.2 | Consumer engagement

The AFN Consumer Engagement Program is co-led by an experienced consumer representative (AC) with relevant caregiver experience, in partnership with an early-mid career researcher (AY), who previously led the development of a co-design framework for Australia's largest health service.[18] Together, they contribute regular hours to co-design the AFN consumer engagement model and process, guided by a consumer engagement working group. The membership of the working group includes a second consumer (CG, consumer researcher in chronic kidney disease), three researchers with consumer engagement experience and an administrative officer.

The workshop at the inaugural Summit identified key priorities, and our goal to embed consumer engagement in all aspects of the AFN, which aims to move from consultation to more active levels of participation and shared decision-making. Key to this workshop were the perspectives of four experienced consumer representatives who hold leadership positions across numerous research and advocacy networks and boards, including COTA Queensland.

The Summit workshop recommendations were brought to the working group, resulting in a co-designed consumer

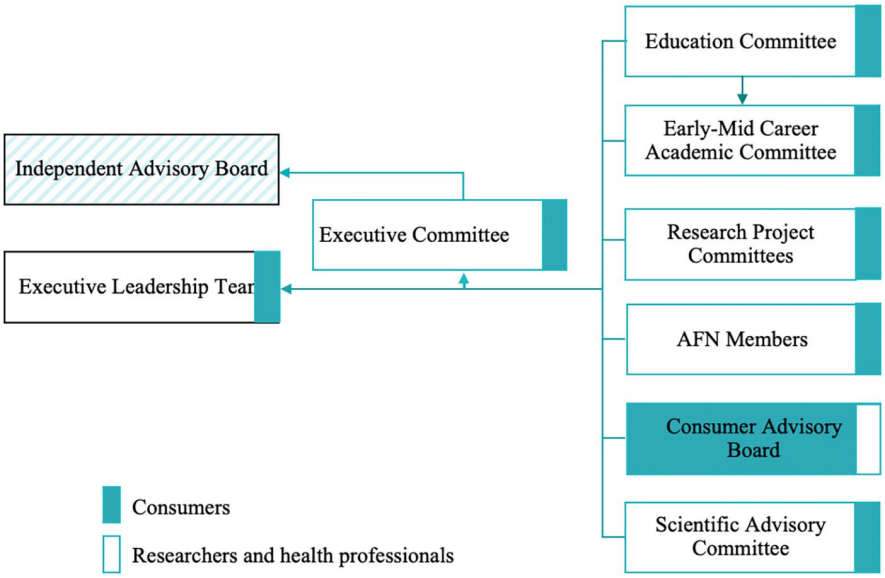


FIGURE 3 Australian Frailty Network Organisational Structure.

engagement model which is currently being implemented. The model aligns with national principles and guidelines for consumer engagement in research[19-21] and includes consumers embedded throughout the governance structure (including a Consumer Advisory Board, two consumer members of the AFN Executive Committee, and two consumer members of all AFN-supported trials and committees). These consumer representatives work with a diverse national consumer network and are invited to contribute to specific research projects and AFN programs. We co-designed a streamlined expression of interest process to expedite the matching of consumers to AFN opportunities that meet their skills, lived experience and interests. To date, our consumer network includes 40 older people and caregivers (10% from culturally and linguistically diverse backgrounds), representing three states and territories (30% from regional/rural areas) bringing lived experience perspectives of various illnesses and disabilities. Key future activities include a consumer-focussed AFN Summit in 2025 and a dedicated PhD scholarship to evaluate the AFN consumer engagement model.

5.3 | Research activities

A core remit of the AFN is to facilitate and conduct high-quality research that generates new knowledge to improve health outcomes (Table 1). The AFN currently supports three frailty research studies:

- *The FITTEST Study: Frailty interventions through sex-specific therapies* (MRFF Dementia Ageing and Aged Care Grant) is a hybrid effectiveness-implementation study of a multicomponent frailty program to reduce frailty in community-dwelling older Australians. This study will determine whether the program is effective, whilst understanding which components support behaviour change and why. An expected output of this study is a trusted website comprising the most up-to-date frailty prevention and management strategies for the public.
- *The ReFIT Study: Reversing frailty through transplantation* (National Health and Medical Research Council [NHMRC] Ideas Grant) explores frailty pathophysiology via a longitudinal examination of the Frailty Index against multiple physiological systems in adults with end-stage kidney disease (who do or do not proceed to kidney transplantation) and older adults without end-stage kidney disease.
- *Frailty ADD: Improving hospital outcomes for frail patients across different disciplines Centre of Research Excellence* (NHMRC Centre of Research Excellence) comprises six interrelated programs focussing on frailty in acute care. Studies address frailty epidemiology and pharmaco-epidemiology, outcome prioritisation, clinical decision-making, models of care, and frailty education and training resources.

The AFN facilitates the international, interstate, inter- and intra-institutional and interdisciplinary collaborations that underpin these studies. This is being achieved at (i) an investigator level, with the Principal Investigator and many Chief and Associate Investigators being AFN leaders and members, and (ii) project management level, with AFN professional staff coordinating the studies' steering and management committees and supporting their members, managing ethics and governance processes,

and overseeing financial activities. The AFN Consumer Engagement Program facilitated consumer input during the development of study protocols and resources. Moving forward, consumers will be members of each study's steering committees to ensure that the research remains relevant and fit for purpose.

Other research activities that the AFN will take on as it develops will include:

- Facilitating collaborations and reducing research waste by creating, maintaining and sharing a national database of frailty researchers and projects (including individual research groups and other translational research networks, such as the Sydney Health Partners Geriatric Medicine Clinical Academic Group and National Ageing Research Institute);
- Progressing the translation of frailty research by synthesising existing research to identify effective interventions suitable for implementation studies across settings;
- Supporting study design and promoting consistency across frailty research by developing resources regarding frailty measurement tools and health outcomes relevant/prioritised by people living with frailty;
- Enabling research funding by providing repositories of successful grant applications and developing review and endorsement processes of grant proposals;
- Facilitating research ethics and governance by providing templates for key issues common to studies of frailty.

5.4 | Education and peer support

Delegates who participated in the Education and Peer Support workshop of the inaugural AFN Summit identified the establishment of a peer support group for early-career researchers as the priority for the first year. To achieve this, it was agreed to work initially on articulating Terms of Reference for this group. The importance of inclusivity in defining membership criteria was stressed to ensure that anyone with interest in frailty research would be welcomed to join. A wide-reaching drive for membership was facilitated by leveraging relationships with AFN partner organisations including the AAG and related groups such as the Australian and New Zealand Society for Sarcopenia and Frailty Research (ANZSSFR), as well as exploring the professional networks of investigators on AFN-associated research grants. This peer support has been established and at the time of writing has over 200 members.

The peer support group is ultimately envisioned to underpin a community of practice. It is anticipated that such a community will emerge over the coming 5 years as AFN's research and advocacy work allows an environment of collaboration and knowledge-sharing across multidisciplinary clinical and research settings.

The second priority for the first 12 months was to begin designing an online learning portal to provide engaging, evidence-informed and accessible frailty content to clinicians, students, consumers and researchers. Key to the success of this will be embracing principles of co-design to ensure the output is fit-for-purpose for end-users. Since the Summit, we have undertaken needs analyses and co-design surveys, interviews and focus groups with a range of relevant stakeholders to inform online educational courses for health-care professionals and students in health-care-related disciplines. Future activities will include usability testing and evaluation. In the first phase, targeted end-users will be health-care professionals and students in health-care-related disciplines. Future phases will include a broader range of these courses, in addition to co-designing courses and resources for other stakeholder groups.

5.5 | Practice and policy

Delegates who participated in the Practice and Policy workshop recognised the need for broad engagement with consumers, caregivers, clinical, community and population health practitioners and policymakers. This will require a range of engagement strategies and partnerships. The initial priority was to create a clear sense of need and urgency about frailty prevention and care, through traditional and social media approaches and practitioner education. This increasing frailty awareness can then be targeted towards credible information sources including expert position statements, special topic journal issues, professional practice guidelines (e.g. Royal Australian College of General Practitioners clinical guidelines), accredited Continuing Professional Development seminars/webinars, and multimedia training modules for physicians and allied health professionals to learn how to assess relevant domains related to frailty (e.g. musculoskeletal function, nutritional status) and design evidence-based treatment plans to target them, and conferences and community forums (virtual and actual) to disseminate existing and new research findings to key stakeholders and through reputable online platforms. The AFN is committed to actively participating in the development and promotion of frailty diagnosis and management within national and international clinical practice guidelines. We also aim to be a strong voice in public discussions of major public health issues that are likely to disproportionately affect older people who live with frailty. Notably, these include climate and humanitarian crises, food and housing insecurity, isolation, public safety, pandemics and disaster planning.

The Network aims to facilitate local implementation and advocacy at a national level while learning from global leaders to implement effective system-level frailty programs. The Network will shape policy and funding

models to support delivery of frailty-focussed care across care settings. Ultimately, AFN endeavours to shape the future of frailty research and practice, contributing significantly to policy development and practical implementation to prevent frailty and improve the overall quality of care for frail individuals in Australia.

6 | CONCLUSIONS AND FUTURE DIRECTIONS

Over the next 5 years, we envision a landscape where a growing number of community members will benefit from evidence-based management through the implementation of frailty-informed health-care models across primary, secondary and tertiary care. Frailty education and information will be provided for health-care professionals through co-designed web-based resources and directly to consumers via a trusted online platform developed through the FITTEST study. This platform aims both to empower consumers to slow the progression of frailty and facilitate access to multicomponent interventions within primary care.

The AFN, bolstered by our partners, aims to become a cornerstone for frailty research and implementation at a scale previously unseen in Australia. Our focus extends beyond traditional acute care, rehabilitation and prevention. Enablers to achieving our mission include integration of consumer and industry partners, cross-sector collaboration, existing policies reflecting importance of frailty, and Medicare reforms enabling multidisciplinary care. Crucially, we will need to work with or overcome barriers related to siloed health-care and funding models, and differing state-based priorities making national impact more challenging.

In summary, the AFN, fuelled by our team of experts and partners, will learn from international initiatives, bring together major stakeholders in an authentic and intentional collaboration, and build capacity that will support research, advocacy and clinical practice implementation to help all Australians age well.

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CONFLICT OF INTEREST STATEMENT

No conflicts of interest declared.

DATA AVAILABILITY STATEMENT

No individualised data were used in this study. Any reflections by the authors used to support the contents within this manuscript are available in the main text or supplementary material.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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