Supplementary Information

Frailty is defined grossly as the bodies ability to recover from a minor illness event. Frailty has a number of different methods of categorising it, which have been validated in the evidence base. One of the most common measures of frailty was developed by Rockwood et al in 2005 and is known as the Clinical Frailty Scale (CFS). It places patients into 9 different categories based largely on their function.

It is estimated that 12% of people aged 65 or over suffer with moderate frailty. This would equate to a Clinical Frailty Scale score of 6. Within Salford Care Organisation, in 2021/22, 66.75% of patients admitted to hospital had a Clinical Frailty Scale score of 6. The GIRFT report for Geriatric Medicine that was completed in 2021 reports that patients with a CFS scale of 5 and 6 face the greatest risk of deconditioning. The concern is that if patients deteriorate to more severe levels of frailty health care resources will be negatively affected in the long-term. This is demonstrated in research papers far and wide.

Following the NHS Long Term Plan, a large amount of emphasis is placed in admission prevention. This understandably can positively impact frailty as it is now well known that longer hospital stays place patients at a greater risk of adverse outcomes, particularly those with frailty.

A recent paper by Keeble et al (2019) has concluded that there are poor outcomes even among frail older people discharged from hospital even after brief hospital stays that are less than 72 hours. This suggests that early discharge is not solely sufficient to meet the needs of these patients. As a result of this, there is a danger that the current focus on 'admission avoidance' places too much emphasis on relieving service pressures and risks labelling frail older people as onerous.

This is supported by Age UK who suggest there is good evidence that providing proactive support to people with moderate frailty or existing conditions can have a big impact – helping them stay active, build their mental and physical resilience, and ensure their care is both effective and well-coordinated.

The aim of this QI proposed bid, is to provide the additional care and expertise for patients who are at the greatest risk during their hospital stay. It aims to promote activity in a time where their risk of deterioration is at greatest risk and provide a bridge to improve activity levels in the community. The bid looks to build on foundations laid during the Frailty Collaborative, which has shows what a positive impact a focus on frailty can have, but there are currently not the resources to offer this equitably across the ACM wards.

References

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