

Flash report

Frailty at the Front Door Collaborative Summit

Aim: People with frailty will experience co-ordinated care to reduce length of stay in hospital

 Hcis.acutecare@nhs.net

 [@ihub_AC](https://twitter.com/ihub_AC)

Frailty at the Front Door Collaborative Summit

Date: Thursday 16th May

Venue: The Studio, Glasgow

The Frailty at the Front Door Collaborative Summit was held to celebrate the achievements made within the 5 NHS boards in the last 18 months. We worked with 5 NHS Boards – **NHS Lanarkshire, NHS Lothian, NHS Dumfries & Galloway, NHS Forth Valley** and **NHS Greater Glasgow & Clyde** to test potential approaches to improving care co-ordination for people with Frailty who present to unscheduled acute care services. The summit helped to share the learning from the collaborative teams to help inform the next steps for Phase 2 of the collaborative work.

Graham Ellis opened the day and provided a brief overview of how Healthcare Improvement Scotland has helped support the collaborative teams by:

- Providing direction & change ideas
- Data reporting
- Networking
- On site support & helping overcome challenges

The Acute Care team will shortly launch an online platform – Knowledge Hub - for collaborative teams to share resources with colleagues and peers, and a place to start conversations or ask questions with other teams focusing on Frailty at the Front Door.

The graphic on the right illustrates the key impact from the Frailty at the Front Door Collaborative. This includes:

- 9 new nursing, midwifery and allied health professional (NMAHP) roles to deliver Comprehensive Geriatric Assessment (CGA)
- 20,600 People screened for frailty
- 1,000 comprehensive geriatric assessment huddles
- Decreased length of stay (LOS) in 2 sites
- 2 new frailty units
- Increased discharge for over 75s within 24 hours in 1 site



Feedback from the day

What aspects did you find most useful?

“Enjoyed hearing updates from the boards”

“Listening to the different experiences and success stories”

“Loved the un-conferencing – brilliant idea”

“Encouraging that despite not being a test site, we are doing things well!”

What learning will you take back to your work and what will you do differently in your day-to-day work?

“Keen to progress collaboration with our social care colleagues to develop effective pathways”

“Enthusiastic & optimistic about future & where we are now”

Next Steps:

Phase 2 of Frailty at the Front Door will launch on **Wednesday 18th September**. This collaborative will run from September 2019 – March 2021. Four boards have now successfully been interviewed to join this collaborative. Over the summer, each board will be visited to discuss the pre-work that will support their readiness for change.

Older People

Biggest users of inpatient beds

Highest mortality rate

Highest complication rates after surgery

Biggest group in delayed discharges

Fastest growing group in population

Most likely to consult a GP

Calum Campbell (Chief Executive, NHS Lanarkshire) presented on why our work with older adults who are frail matters. Older people with frailty benefit from specialist multidisciplinary input. Therefore, we should coordinate our approach for this patient group.

For more information on the board updates and to view the slides please visit <https://ihub.scot/improvement-programmes/acute-care-portfolio/older-people-in-acute-care/frailty-at-the-front-door/> or contact hcis.acutecare@nhs.net

REALISTIC MEDICINE

WE CAN:



Gregor Smith (Deputy Chief Medical Officer, Scottish Government) presented on Realistic Medicine and how staff need to support shared decision making within health & social care.

