ECCH Frailty Prevention Patient Pathway



Diagnosis of frailty and level of severity confirmed – mild moderate or severe according to CFS via GP, JPUH or Triage Team

In Event of Crisis - Early Intervention Team, with follow up by Frailty Prevention Team when indicated, via ECCA 7.00am – 8.00pm

Frailty Prevention Team co-ordinate pathways below through Systmone

Managed within primary care, PCHs, care homes 'frailty champions' throughout

Mild CFS Score 5

- Provide Ageing Well resource
- Postural hypotension assessment
- STOPP/START methodology
- Cognitive impairment assessment
- Review long term conditions
- Sight and hearing check
- Exercise, self-management and signpost to NHS Live Well
- Health promotion
- Consider Carers Assessment
- Create care plan, agree goals and self-management
- Assess Ioneliness UCLA Scale
- Social prescribing signpost to local services and local support e.g. Age UK etc



Managed by the frailty prevention service

Moderate CFS Score 6

All previous 'Mild' interventions plus:

- Complete a Comprehensive Geriatric
 Assessment. Physical assessment, functional assessment, mental health assessment, environmental assessment
- Agree goals, use a care plan
- Provide home based rehabilitation
- Manage for up to 6 weeks. After this time signpost to community or 3rd party services
- Signpost to community organisations relevant to their interests
- Consider LPA
- Consider DNACPR conversation
- Share information as necessary

Managed within PCHs by Specialist Palliative Care, Community Matron, Acute Hospital

Severe CFS Score 7 to 9

All of previous 'moderate' interventions, where appropriate plus:

- Conduct multi-mobility review
- Equipment provision for quality at end of life
- Advance Care Planning
- Use electronic palliative care coordination system registration (on SystmOne)
- Maintain presentation/symptoms as possible
- May lead to End of Life Care (CFS Score 9)