Acute Frailty Network
Frailty at the Front Door!
Heart of England NHS Foundation Trust
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Introduction

Heart of England Foundation Trust is one of the largest NHS trusts in the UK, and comprises of 3 hospital sites - Birmingham Heartlands, Good Hope and Solihull Hospitals. Each site has its own challenges. For example, Birmingham Heartlands serves some of the most deprived areas in the country, whilst in the more affluent areas surrounding Good Hope and Solihull Hospitals, the numbers of the ‘oldest old’ are rising. The Trust runs the community services for patients living in Solihull. Over 28,000 attendances to the Emergency Department last year were patients over the age of 75. This case study describes some of the services and developments underway at the Trust in regard to meeting the needs of our frail elderly population.

The REACT and SID Teams

The REACT Team is a team of Physiotherapists and Occupational Therapists, based at both the Heartlands site and the Good Hope site, seven days a week. They seen patients in both the Emergency Department (ED) and the Acute Medical Unit (AMU) to ensure that they are functionally safe for discharge. Although they will see adult patients of any age, older patients comprise a significant majority of their workload. The team have access to temporary packages of care, are trusted assessors for local intermediate care beds and work closely with ‘SPA’, our therapy and nursing colleagues in the community as well as with our own SID Team for those with ongoing therapy needs. Typically the REACT Team will assess between 200-250 patients per month, facilitating discharge typically in 80% of those seen.

The SID Team (Supported Integrated Discharge) is a similar team of Physiotherapists and Occupational Therapists, who help to facilitate earlier discharge of patients from the acute hospital by supporting patients who have ongoing therapy issues which would otherwise necessitate a longer hospital stay. Working in partnership with the local council, the team has access to temporary packages of care and will provide therapy input within the patients’ own home until such time that things improve or are passed on to other community and social services. The SID Team won the HSJ Award 2014 in the Secondary Care Service Redesign category.
The ‘Front Door’ Geriatrician

Following a successful pilot, a new role of ‘Front Door Geriatrician’ was developed primarily on the Heartlands Hospital site just over 3 years ago. Essentially, this is a Consultant Geriatrician based within the Emergency Department, with the primary aim of helping to facilitate admission prevention of frail older people, with any medical, social and multidisciplinary interventions being undertaken outside of an acute hospital admission where safe to do so. Outcome data for 850 patients seen by this service is further discussed and published (S Jones & P Wallis, Clinical Medicine 2013, Vol 13 (6): 561-4), but in summary, the Geriatrician was able to discharge 64% of patients seen in ED, equating to approximately 68 prevented admissions per month on a job plan of 5.5 sessions per week in ED. The vast majority (95%) of these patients had been deemed by the ED staff to either be in definite need of admission or require the involvement of the ED Geriatrician in the decision of whether or not to admit. As discussed further in the above journal, reassuringly only 3.4% of these patients were subsequently admitted with the same problem within the next 7 days. We work closely with the REACT and RAID Teams, together providing multidisciplinary comprehensive geriatric assessment to as many frail older patients as possible within our current resource at the ‘front door’.

Frail Elderly Ambulatory Care Pilot

Over the last few months we have been piloting a new use of our Elderly Day Case Hospital. The Front Door Geriatrician has been identifying some frail older patients who present unplanned to ED, who would be well enough to be managed within the Day Hospital instead. Not only does this free up much needed trolley space within our often crowded ED, but it allows multidisciplinary assessment of the acutely presenting frail older person within a calmer, elder friendly environment. We have now managed 80 patients in this way. All but 4 were discharged. The 4 that were admitted went directly to the Elderly Care Ward next door with a plan in place, and all 4 stayed only 24 hours. This was not designed to be admission prevention; rather to manage patients in a different way and place. However, so far, one third of the patients managed in this way had already been referred to the Medical Team for admission.

Having established feasibility, we now need to expand this service and talks are underway regarding the best way to do this. As present we use the professional judgement of the Geriatrician to select patients, but over the coming months we will look at different criteria we could use and begin to use our specialist elderly care nurses within the Day Hospital to actively ‘pull’ patients from ED to the service.

In addition, we already have daily rapid access clinic slots within our Day Hospital which GPs can access, and aim to blend these two ‘ambulatory’ type services, with a new ‘Geriatrician
Telephone Advice Line’ for primary care together with the expansion of our Day Hospital Falls Services.

**RAID, Dementia and Old Age Psychiatry**

Over the last 2 years, Prof Tadros, Consultant in Old Age Psychiatry, has been based at Heartlands Hospital, helping to lead and develop the RAID (Rapid Assessment, Interface and Discharge) model of psychiatric liaison services within the Trust. This is a multidisciplinary Mental Health Team who see adult patients of any age, including the frail elderly and those with delirium/dementia. The service is discussed further by G Tadros et al in *The Psychiatrist* 2013, Vol 37(1): 4-10, where they show that the elderly care wards providing this service have the majority of bed day savings. This team can become involved at any stage - from presentation in ED to the time of discharge, and provide joint care with the medical teams. In addition to this, there is a weekly ‘rapid access’ clinic for older adults with mental health needs within our Elderly Care Day Hospital, as well as a weekly joint clinic for older patients with a combination of both physical and mental health needs, run by Prof Tadros and Dr Ferguson, Geriatrician.

**Plans for the Future**

It’s an exciting time for acute frailty developments at Heart of England Foundation Trust. We are about to launch the Trust wide frailty strategy, and will soon be joined by Ian Philip, former National Clinical Director for Older People, who will help to lead this. We plan to expand the ‘Front Door’ Geriatrician role in order to be able to provide this service 7 days a week. We would like to explore the possibility of including nurses and social workers as part of the REACT and SID Teams, and have just recruited the first ‘batch’ of trainee Advanced Clinical Practitioners who will be attached to our Acute Frailty Services on all 3 hospital sites.

Following the successful pilot, we are also planning to expand the use of our Day Hospital in providing ambulatory care to a greater number of frail older people presenting to the Emergency Department, as well as expanding both our ‘rapid access’ clinic slots and multidisciplinary falls clinics, also held within our Day Hospital. On the Heartlands Hospital site, the Day Hospital is collocated next to our Acute Elderly Care Ward, which gives us real potential for the development of a Frailty Unit which can span both the inpatient and Day Hospital functions. Similar developments are already underway at the Good Hope Hospital site and we look forward to exciting developments on all 3 sites over the coming months.
The public sector organisations in Solihull have started working on a programme of work to explore how further integration of their work could benefit the population of Solihull. This includes discussion of the potential for a health and well-being campus on the Solihull Hospital site, where many different disciplines can be consulted about a range of issues such as finance, housing, health, social care, carer support, but could also include social facilities to combat loneliness. This facility would bring together a range of health, social care, charity and other organisations to provide support for elderly people with a particular focus on supporting older people to be healthier, happier, safer and more prosperous.

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