

New GP Emergency Care Referral Pathway – 1st July 2019

Due to the continued pressure within Worcestershire's Emergency Departments, where we have seen an increasing number of elderly patients experiencing prolonged ambulance handovers and long corridor waits, we need to take urgent action to improve patient experience and maximise the utilisation of elderly assessment areas.

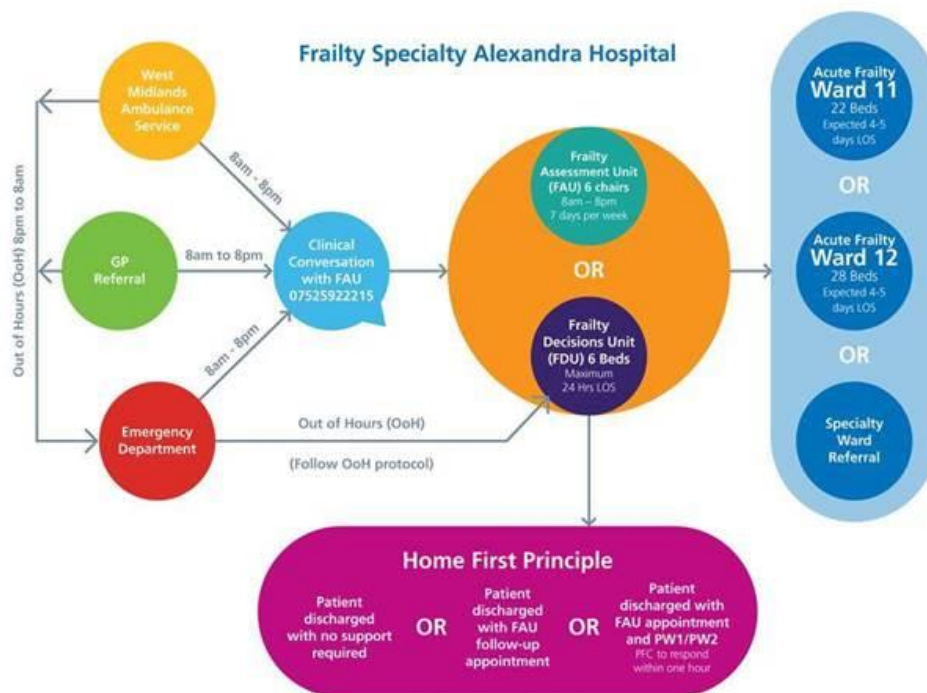
GPs are requested to phone the Frailty Assessment Unit on **07525 922215** to discuss the patient's suitability for the Frailty specialty with a member of the Acute Frailty Team for **ALL patients over the age of 80** that they wish to refer for acute hospital care. This change in pathway comes into effect from today (Monday 1st July 2019) and will contribute to an improvement in patient flow through Emergency Departments. The use of a patient's baseline Clinical Frailty Scale Score assessment (see below) will help to quickly communicate the patients level of Frailty and facilitate a frailty sensitive approach where appropriate. **This should be based a person's functioning two weeks prior to deterioration.**

The Frailty Specialty pathway **exclusion criteria** identified below continues to apply.

Exclusions are:










- Stroke Pathway
- Gastroenterology Pathway
- Cardiology – PCI Pathway
- Surgical Emergency pathway

Please note that the same criteria is also being applied to ALL ambulance conveyances.



Should you wish to discuss this pathway please contact Jane Gordijn – Urgent Care Lead (Transformation) on 07710 761928 or email jane.gordijn1@nhs.net

Rockwood Clinical Frailty Screening Tool

Step One: Assess Clinical Frailty Scale (✓ box)		
	1. VERY FIT – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are amongst the fittest for their age	
	2. WELL – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally e.g. seasonally	
	3. MANAGING WELL – People whose medical problems are well controlled, but are not regularly active beyond routine walking	
	4. VULNERABLE – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up”, and/or being tired during the day	
REMEMBER SCORING FRAILTY IN PEOPLE WITH DEMENTIA – degree of frailty corresponds to degree of dementia		
	5. MILDLY FRAIL – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework Forgetting the details of a recent event, though still remembering the event itself, repeating the same question / story and social withdrawal	
	6. MODERATELY FRAIL – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance with dressing Recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting	
	7. SEVERELY FRAIL – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months) They cannot do personal care without help	
	8. VERY SEVERELY FRAIL – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness	
	9. TERMINALLY ILL – Approaching the end of life. This category applies to people with a life expectancy <6months, who are not otherwise evidently frail	