NHS
Torbay and South Devon
NHS Foundation Trust

PATIENTS WITH FRAILTY REQUIRING MEDICAL CARE

MOOR TO SEA ISU

 **Think frailty!**	The risks and benefits of any intervention or treatment will be different in the context of a frail patient- **Identifying frailty is key** Think about frailty in your patients who attend frequently, or present acutely with: Falls Sudden Change in mobility New or worsening delirium New or worsening incontinence Susceptibility to medication side effects Use the Rockwood frailty score as a quick and easy identification tool You can use the Clinical Frailty Score app to calculate this quickly when with a patient
 **Patient needs acute help at home**	If patient medically safe to be at home but needs support or clinical monitoring Refer via Single Point of Access for **Intermediate Care/Community Matron/Social Care** **0300 456 9001** Email patient summary and reason for referral to **tsdft.moor2seahealthandwellbeingteam@nhs.net**
 **Clinical advice needed**	Frailty guidance and resources available on the formulary Unsure if admission or urgent investigations needed? Phone the **Healthcare of Older People (HOP) Consultant Advice Line Mon- Fri 9-5pm** **07900 343 439**
 **Frequent attender or at risk of admission**	Frequent attender to GP surgery/urgent care or recent admissions due to frailty Escalating attendances or complex presentation Refer for clinical advice from HOP team either via **07900 343 439,** **tsdft.hop@nhs.net** or E-referral which will be reviewed within 3 days. Any appointment offered will be **within 7 days** via telephone, video or face-to-face
 **Living in a Care Home**	All care home residents have a weekly clinician home round and MDT access as part of the **Enhanced Health in Care Homes** Network DES within Primary Care Networks. The MDT is for non-urgent complex care, medical review or medication advice. Referrals must come from Care Home staff only to: South Dartmoor + Totnes PCN: **sdtccg.carehomesMDTreferral@nhs.net** (MDT Tues 10am) South Hams PCN: **d-ccg.carehomemdtreferrals@nhs.net** (MDT Tues 11am)
 **Advance Care Planning**	Consider capacity, next of kin and Power of Attorney Your PCN's Care Coordinators may be able to help with personalised care plans Complete a Treatment Escalation Plan (TEP) form if appropriate
 **Information Sharing**	**Code** the Rockwood Score in patient's medical record Inform SWASFT and DDOC of any advance care plans via Special Notes and by coding TEP and Advance Care Plan in the electronic Shared Care Record
 **Hospital Admission**	If clinically indicated, consistent with patient's wishes and above options not feasible Admit to hospital via Medical Receiving Unit (MRU) **01803 654 030** Email summary with frailty score and ACP to **tsdft.edadmin@nhs.net**