Evaluation of a New Frailty On-Call Shift for Geriatric SpRs at St Thomas' Hospital (STH)

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Introduction

Acute frailty hospital care is a vital component of integrated services for older people. The NHS Long Term Plan requires hospitals with major emergency departments to deliver at least 70 hours of acute frailty services each week[1].

Workforce limitations, particularly in senior decision-making roles, often prevent services from meeting this target and expanding. Geriatric specialist registrars (SpRs) must gain experience in acute frailty in order to meet patient and service needs effectively as consultants of the future.

St Thomas' Hospital (STH) Acute Frailty Service introduced a frailty twilight SpR with the aim to expand service hours, increase the number of patients seen by acute frailty and therefore increase patient access to Comprehensive Geriatric Assessment (CGA) in the acute setting. Furthermore, it aimed to provide additional learning opportunity in frailty management for geriatric trainees.

Methods

The twilight frailty SpR was introduced in October 2024 by re-allocating existing on-call resources, therefore not using additional staffing or cost. Data were collected retrospectively, from April 2024 to March 2025. This was analysed to compare patient numbers and service performance before and after implementation.

Additionally, feedback was collected from SpRs via anonymous online survey, focussing on what these new shifts offer in terms of learning opportunities, as well as any challenges encountered.

> It has been lovely to have autonomy over patient's we review and their plans. Helps with managing patients independently in an acute environment. Helps us see a wide range of frailty needs including those well enough to turn around and get home.

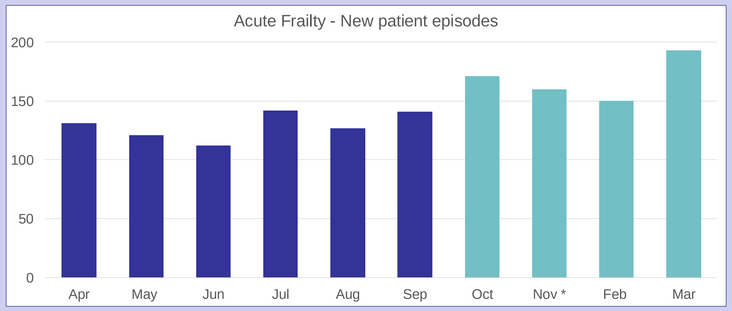
> Provide an opportunity for independent practice and completing CGA in an acute setting.

> Definitely has potential to be very worthwhile. Would be nice to have opportunity for SLEs from frailty consultants.

> I feel some training from consultants on their risk thresholds for discharging patients would be helpful. It is sometimes nerve racking sending a frail recurrent faller home without STAT review. Would be good to have some training to feel more empowered in this area.

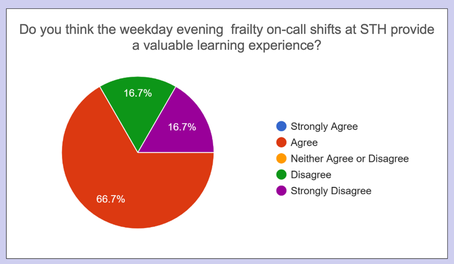
Results

Following introduction of the twilight frailty SpR shift, the average number of patients seen by the acute frailty team increased by 31%, from an average of 129 per month (April to September) to 169 per month (October to November and February to March).



* Note complete data from December and January not available. March data also impacted by the acute frailty service moving into medical SDEC department for the weekends.

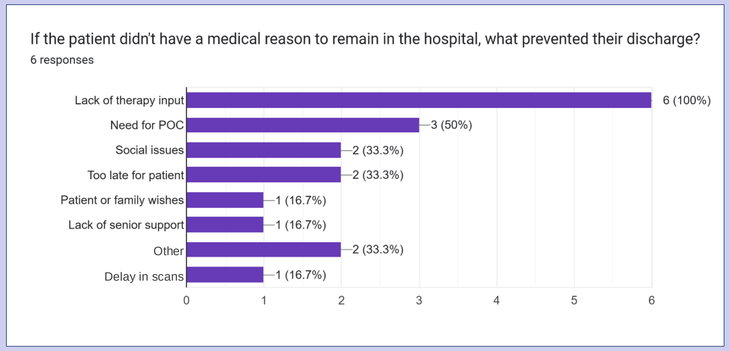
Six responses were received from online survey feedback from SpRs. This revealed that the majority felt twilight frailty shifts provided valuable learning experiences. Positive feedback included that that these shifts allowed for increased autonomy and experience in CGA in an acute setting.



Feedback highlighted barriers to discharging patients in the evening and that opportunities for supervised learning events (SLEs) could be optimised to help meet training requirements.

Next steps to improve:

- Improve teaching opportunities - organised 1:1 and group sessions offered to SpRs following their twilight shifts
- New consultant of the week model introduced from April to improve continuity and feedback
- Ongoing work with therapy and local hospital at home team to review barriers to evening discharges



Conclusion

The introduction of a twilight frailty SpR extended acute frailty service hours at STH and increased the number of patients receiving a CGA at the front door.

While there were challenges, SpRs have reported valuable experience in acute frailty management contributing to trainee development, which is essential in developing the consultant workforce of the future and improving service delivery.

References

1. NHS. The NHS long term plan. 2019. https://www.longtermplan.nhs.uk (accessed 25/03/25)
2. British Geriatric Society, Front Door Frailty: Advice on setting up services 2023. Available at https://www.bgs.org.uk/front-door-frailty-advice-on-setting-up-services (accessed 25/03/25)

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