

Implementation of Advanced Clinical Practitioners as part of developing a 'front door' frailty service

M Mayes 1, J Middleton 1, Dr R Hosznyak 1, Dr E Stratton 2, Dr E Galbraith 2, Dr A Cannon 2

Contact: molly.mayes@UHBW.nhs.uk

1. University Hospital Bristol and Weston, Department of Advanced Clinical Practitioners
2. University Hospital Bristol and Weston, Division of Medicine

Introduction

Weston General Hospital (WGH) site, within University Hospitals Bristol and Weston is developing its front door frailty services. With up to 55% of admissions resulting in deconditioning (1) and geriatric medicine being the largest specialty in general medicine, there is a clear need for an advanced practitioners. 21.4% of Weston-Super-Mare's population is aged >65 (2); suboptimal management of this demographic of people costs the NHS approximately 5.8 billion a year (3).

Weston General Hospital



Conclusion

The initial benefit is visible. As an aspiring centre of excellence for older adult care, the expansion of ED and SDEC are a priority to widen the capacity of the frailty service alongside further upskilling of staff through in-house teaching which is in process. Although there is not enough evidence to prove causation, the reduction in length of admission is noted in correlation with the tACP recruitment.

Objective

The development of a front door frailty service will encompass the Geriatric Emergency Medicine (GEMS) service, Same Day Emergency Care (SDEC) and the Older Persons Assessment Unit (OPAU) to provide 'front door' patient-centred reviews of older patients.

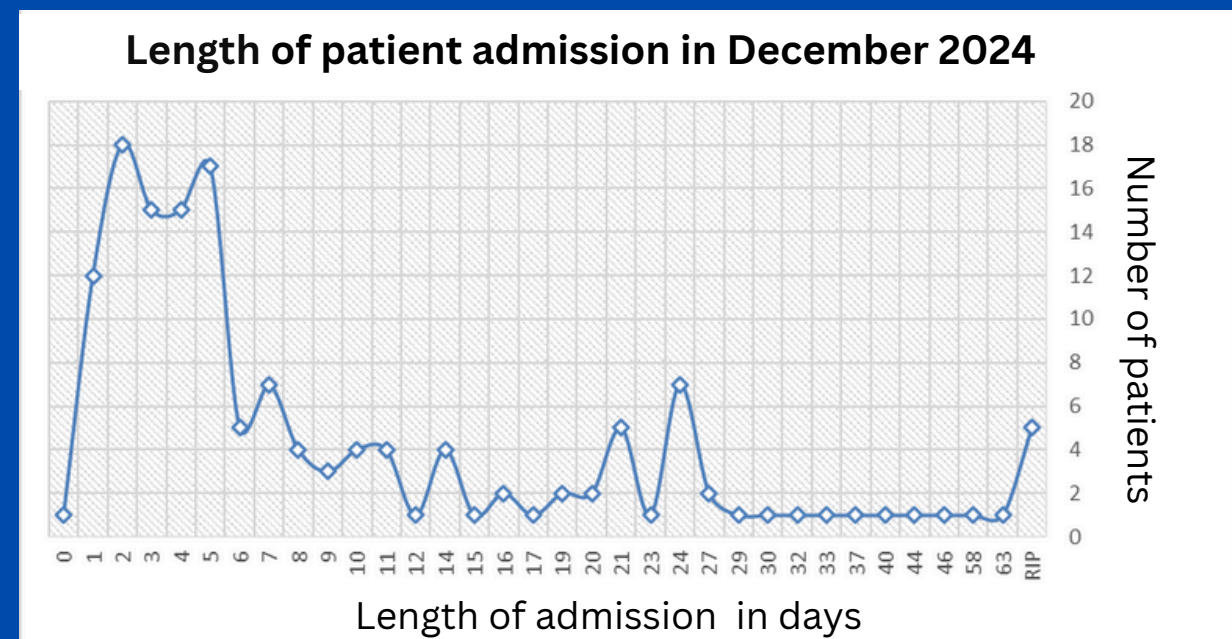
Methodology

The recruitment of two tACP's plays an integral part of the front door frailty service as they cover each 'front door' area to ensure equity between locations. ED and SDEC is expanding to include specific frailty sections aligned with the SAMEDAY (4) and FRAIL (5) strategies enabling gold standard patient care and encompassing Comprehensive Geriatric Assessments (6).

Results

Although the project is in its infancy, two tACP's have been recruited, are in post and have been focusing on OPAU initially where the key performance indicator is the patients length of stay has been reduced. Figure 1 highlights the length of stay for patients who were reviewed on OPAU as part of their admission. It is to be noted that most patients were admitted for between 1 and 5 days.

Figure 1- Length of patient admission after being reviewed on the OPAU in December 2024



Key Sources

- 1) British Geriatrics Society (2020) Sit up, get dressed and keep moving. Available from: <https://www.bgs.org.uk/policy-and-media/%E2%80%98sit-up-get-dressed-and-keep-moving%E2%80%99>
- 2) Office for National Statistics (2021) Weston-Super-Mare. Available from: <https://www.ons.gov.uk/visualisations/customprofiles/build/#E14001038>
- 3) British Geriatrics Society (2022) 8 key issues for older peoples health care. Available from: <https://www.bgs.org.uk/InvestInCare>
- 4) NHS England (2024) SAMEDAY strategy. Available from: <https://www.england.nhs.uk/long-read/sameday-strategy/>
- 5) NHS England (2024) FRAIL strategy. Available from: <https://www.england.nhs.uk/long-read/frail-strategy/>
- 6) Ellis G, Whitehead M A, Robinson D, O'Neil D, Langhorne P. Comprehensive geriatric assessment for older adults admitted to hospital: meta-analysis of randomised controlled trials BMJ 2011; 343 :d6553 doi:10.1136/bmj.

Inspected and rated

Good

