

Evaluating a Frailty Same Day Emergency Care Service: Patient and Family Perspectives

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Background

Frailty accounts for up to 30% of acute admissions to Emergency Departments (ED). The NHS mandates that Type 1 EDs provide at least 70 hours of Acute Frailty Services weekly, as early assessments improve outcomes and cost-effectiveness. Salford Royal Foundation Trust (SRFT) introduced a Frailty Same Day Emergency Care (SDEC) service to deliver rapid, multidisciplinary care for older adults with a Clinical Frailty Score (CFS) of >4.

This evaluation explored patient and family experiences of the service, identifying key strengths and areas for improvement.



Methods

- 1-page paper surveys distributed to patients and families over 2 months in 2024
- The survey included 8 questions with closed responses and space for free text comments
 - Participation was voluntary, with informed consent
 - Mixed methods were used
- Descriptive statistics summarised closed-ended questions
 - Thematic analysis identified dominant concepts, including positive experiences and areas for improvement

Findings

We received feedback from 32 people: 12 patients, 13 relatives, 4 unknown individuals, and 3 carers. There was an overwhelmingly positive experience reported. 97% rated their overall experience as 'Good' or 'Very Good'.

Qualitative feedback highlighted 3 themes:

1. Compassionate care tailored to individual needs
2. Clear and professional communication
3. Timely, efficient service

Many felt they were seen quicker than expected. Suggestions for improvement centered on environmental enhancements for patient comfort and a faster service with better communication regarding wait times for procedures.

Appreciation of his dementia, care towards his meals being kosher

Listened patiently, explained clearly, made patient feel important

Wonderful caring staff

Everything explained clearly, all questions answered

[In future can you] estimate how long certain procedures will take?

Discussion

Patients and families report high satisfaction with the Frailty SDEC service, citing compassionate, personalised care, clear communication, and efficiency. Suggested improvements include environmental upgrades and service streamlining.

While the study identifies key strengths, its small sample size (32) limits generalisability, and voluntary participation may introduce self-selection bias. The absence of detailed demographic data restricts analysis of diverse experiences. Despite these limitations, the findings provide a valuable foundation for improving frailty care.

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