Your medication changes

Further advice for you

Do you want any further information on frailty? Take a look at Age UK website: https://www.ageuk.org.uk

Patient advice and liaison service (PALS)
If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

Twitter.com/WhitHealth
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Whittington Health NHS Trust
Magdala Avenue London N19 5NF
Phone: 020 7272 3070
www.whittington.nhs.uk

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The Whittington Health Frailty Pathway

A patient's guide

Today you have been seen by the Acute Frailty Team at the Whittington Hospital. We conduct a thorough assessment for patients with frailty and coordinate community services to ensure we support you safely in your home.

The Frailty Pathway

The Frailty Pathway is a recently developed, innovative and exciting service based in the Ambulatory Emergency Department at Whittington Hospital. It comprises of a team of multidisciplinary health care professionals (consultant geriatrician, clinical nurse specialist for older people, junior doctors, and occupational & physio-therapists) who are committed to improving the health and wellbeing of older people living with frailty.

What is Frailty?

Frailty is described as a loss of resilience which means a person doesn't bounce back as quickly from a stressor; for example a fall or a physical or mental illness. Patients with frailty when admitted to hospital are more vulnerable to complications such as pressure ulcers, delirium, infections, reduced mobility, greater care needs on discharge, and increased number of future hospital admissions (NHS England). Our role is therefore to support patients in the community to avoid preventable complications from admission to hospital.

What do we do?

- Screen patients for frailty in the emergency department.
- Identify patients who could go home on the same day with a comprehensive support plan.
- Conduct a comprehensive geriatric assessment - this is a holistic assessment of physical, mental and social health.
- It will include a history and examination
- It may include blood tests, x-rays or scans.
- Our therapy team will often see patients to identify if any mobility aids, equipment or extra care is needed at home.
- Arrange a safe discharge with support of community teams.
- Coordinate follow up with other community teams, geriatricians or your GP.

Your plan for follow up