

# Workshop: Frailty - what the NEL?

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Integration and  
Better Care Fund

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# Frailty: what the NEL?

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# What the NEL?

NHS England defines an emergency admission to be “when admission is unpredictable and at short notice because of clinical need”.

Some emergency admissions are clinically appropriate and are unavoidable.

Others could be avoided by providing alternative forms of urgent care, or by providing appropriate care and support earlier to prevent a person becoming unwell enough to require an emergency admission.

2018

**Does frailty exist?**



# What is frailty?

Frailty is increased vulnerability to stressors because of multiple system health deficits.

Frailty is a state of increased vulnerability to poor resolution of homeostasis after a stressor event.

Frailty is a distinctive health state related to the ageing process in which multiple body systems gradually lose their in-built reserves.

A state associated with low energy, slow walking speed & poor strength.

A loss of the ability to keep the conditions the same despite changes in the conditions

around it.



Predominantly older people with several conditions resulting in atypical presentation and so

NEL.

# Why Frailty and NEL?



# Why Frailty and NEL?



- One hospital
- One day
- 97.6% occupancy
- 451 patients
- 71.4% aged 65+
- 322 patients

Average  
Age 81.3



17%

27%

22%

31%

3%

*Nurse Ambassadors Older People  
Lynne Shaw, Angela Fraser*

# Why Frailty and NEL?

## HEADLINES

10 days in a hospital bed leads to 10 years' worth of lost muscle mass in people over age 80



# Frailty Syndrome: the 4 I's

Functional Change Presentations	
Diagnosis	% of patients
Malignancy	36
Infection	30
MSK/fracture	14
Stroke	5
GI	4
Other: e.g., acute kidney injury, heart failure	11

immobility

incontinence

intellect

Iatrogenic

# The Syndrome: intellect

## **Presentation:**

family brought to A&E thinking dad had suffered a stroke because he 'couldn't follow what we were saying'

## **Hospital Admission:**

'family say can't take home'

**Final Diagnosis:** subdural haematoma, treated with surgery, steroids and rehabilitation

***returning home to care of family!***

'older people are just a bit crumbly, its their age, what can you expect?'



'nothing obvious, family can't cope, let's go for a home'

# The Syndrome: immobility

## **Presentation:**

Attended A&E when Age UK Befriender found him stuck in the bath [18 hours].

## **Diagnosis:**

Unable to manage, 'no rehab potential', referred to duty social worker who arranged 'winter bed'.

## **Community:**

Intermediate care nurse - comprehensive assessment, geriatrician liaison, rapid access clinic and CT head

## **Final Diagnosis:**

Stroke and polycythaemia



'there can be a stage in the face of MDT input that further objective improvement is not seen'

'treating reversible medical diagnoses reveals rehab potential'

# The Syndrome: the 4 I's



Poor  
Historian

'the historian is the person  
taking the history!'

Recurring  
UTIs

'undiagnosed  
dementia – which  
oddly does not  
respond to  
repeated courses  
of trimethoprim'

Poor  
Motivation

'pain, anxiety, depression,  
fear of falling etc'

# The Syndrome: the 4 I's



Yew-tee-  
aye

'the backache, fluctuating fever  
and confusion was actually  
osteomyelitis of the spine'

Faller

'when you listened to what the  
family were saying, they were  
right, he wasn't right, he'd had a  
stroke'

Failed  
Discharge

'pain, anxiety, depression,  
fear of falling etc'

# Frailty and NEL: alternatives

## **The role of a Practice Frailty Nurse :**

- **Significant experience in the care of older people**
- **Highly skilled in comprehensive assessment, problem identification and care planning**
- **Order and act upon diagnostic tests**
- **Make and receive referrals**
- **Make decisions about admitting and discharging from hospital and intermediate care units**
- **Coordinate and chair multidisciplinary team meetings**
- **Case management**
- **Building of meaningful and caring relationships with patients and their families**

# Frailty and NEL: alternatives

*COTE Bangor introduces*

## **The First Law of Admission Avoidance**

The effort required to overcome the hospital's gravitational pull is inversely related to the distance the patient is from hospital when you assess them

- Acute care interface teams
- Community support services
- Primary care contract



**Hospitals are like black holes.**

[www.COTEBangor.org](http://www.COTEBangor.org)

# Frailty and NEL: alternatives



- Care home partnership
- Link practice
- Lead GP
- Ward round
- Nurse Specialists
- Virtual ward

SAVINGS	
Reduction Emergency Admissions Bed Days	£8,942,731
Investment	£ 1897,268
<b>Net Savings</b>	<b>£7, 045, 463</b>
Days	

Andrew McCarthy, Joanne Gray,  
Health and Life Sciences, Northumbria University



# Frailty and NEL: alternatives



# NEL and Frailty: summary



Routine medical care and routine hospital care has not changed in line with the needs of an ageing population

Many older people are admitted to hospital several times in their last year of life

Older people can live with several health conditions and a gradual decline may be missed until a crisis occurs

# Frailty and NEL: summary



- Society generally holds a negative view of ageing
- Loss of functional abilities increases vulnerability

# Frailty and NEL: summary

Cathy &  
Billy



Peter & Belle



Joan, Sonia,  
Alfie & Leah



- Lack of recognition that hospice and palliative care is appropriate
- Researching this vulnerable group is challenging but is essential
- Differences in manifestations of ageing reflect differences in genes and environment

**Thank  
You**



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