Wessex AHSN Healthy Ageing Frailty Screening and Identification Recommendations

Ward Area	Who should be screened?	When should screening happen?	What tool should be used?	What should happen next?	How should this information be shared?	Where should this be recorded?	Whilst in hospital	On discharge
Prehospital	All	All GP referral letters to have an e-FI score						
Emergency Medicine	All patients over 65		Where prior eFI or CFS score has been undertaken in the community this should be accessible and visible to the Emergency Department.	Holistic assessment with an MDT	Clinical documents should be dynamic, and patients' information should be visible so that when changes are made to the screening score or holistic assessment, they are transparent	Electronically recorded on Trust systems and worklists	For patients with a CFS score of 8-9 (severe frailty/end of live, an end of life care plan should be made available	Frailty score and assessment recorded on patients Electronic Patient Record and in discharge summary. Where interfaces exist, they should be shared with ambulance providers, community partners, care homes, social care partners, care homes.
Same day emergency care	All patients over 65	Within 30 minutes of arrival	CFS PRISMA FRAIL Frailty Syndromes					
Medicine for Older People	All patients over 65		CFS PRISMA FRAIL Frailty Syndromes					
Pre-operative assessment (elective care e.g. surgery)	All patients over 65	As part of the pre-operative assessment	Edmonton CFS				Patients with a CFS score of 7-9 should not be outlied and the number of bed moves minimised. For patients with a CFS score of 8-9 (severe frailty/end of live, an end of life care plan should be made available	
Inpatient wards	All patients over 65	On admission/transfer	CFS					

A. Organisations are able encouraged to use a frailty screening tool of their choice and to review the tools comparator link developed by Health Improvement, Scotland to help them identify the best tool that is available. The British Geriatric Society also provides detailed information on frailty screening tools available. https://www.bgs.org.uk/resources/recognising-frailty
B. Organisations are encouraged to use their frailty scoring to develop their own local responses to frailty screening to ensure patients are directed to the correct pathway. Please do share your developed pathways with us.
C. A tool developed by Southern Health will aid you in mapping E-FI scores to CFS scores and can be downloaded from https://wessexahsn.org.uk/img/projects/Frailty%20Index%20for%20HCPs%20_%20V4-1580384125.pdf
D. For wider reading and commission frameworks, please refer to http://www.gmhsc.org.uk/wp-content/uploads/2019/03/09a-Resilience-and-Independent-Living.pdf