

## YORK COMMUNITY FRAILTY ASSESSMENT CLINIC

Acomb Garth Community Care Centre; Wednesdays 9am – 1pm

### The clinic:

This is an MDT clinic aimed to identify and address unmet physical, mental and/or social needs of frail elderly patients. We aim to improve patient wellbeing and independence as well as reduce risks of deterioration, falls and hospitalisation.

The clinical team includes a Consultant Geriatrician, GPwER Elderly Medicine, Physiotherapist, Social Prescriber and Health Care Assistant.

We work closely with community teams giving the option for further support including OT review at home, dietician review and frailty nurse follow up for case management.

### Referral inclusion criteria:

- Moderate Frailty (Rockwood 6) with at least one of:
  - Deterioration in general function
  - Challenging multimorbidity
  - Issues with polypharmacy
  - Mobility issues and high falls risk
  - Carer strain where MDT review would be beneficial
- Severe Frailty (Rockwood 7)

### Referral exclusion criteria:

- Acutely unwell - this is **not** an acute elderly medicine service
  - Please consider other services (*e.g. discussion with on-call consultant, RAFA unit at York Hospital*)
- Please consider if needs better met by other services, e.g.:
  - Recurrent falls (*consider referral to York Hospital CoE Falls Clinic at Nelson Court; refer via Gateway*)
  - Issues directly related to Parkinson's Disease (*consider referral to York Hospital CoE Parkinson's team; refer via Gateway*)
  - Mild frailty & lower risk mobility concerns (*consider referral to community therapy team; referral information on York RSS website under Care of Elderly*)

The Frailty Assessment Clinic is funded from the BCF fund held by the York City Centre Local Authority and is only for patients registered with a York Centre practice, YCC council boundaries will apply.

### How to refer:

Please refer via email [hnyicb-voy.frailtyassessmentclinic-referral@nhs.net](mailto:hnyicb-voy.frailtyassessmentclinic-referral@nhs.net) with subject title "Community Frailty Assessment Clinic referral".

Please enclose a letter to specify reasons for referral and **Rockwood Frailty Score** (see next page for reference).

*Please note that referrals are triaged once a week.*



**1 Very Fit**-People who are robust, active energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



**2 Well**-People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.



**3 Managing Well**-People whose medical problems are well controlled, but are not regularly active beyond routine walking.



**4 Vulnerable**-While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.



**5 Mildly Frail**-These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



**6 Moderately Frail**-People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.



**7 Severely Frail**-Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within 6 months).



**8 Very Severely Frail**-Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



**9 Terminally Ill**-Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

#### Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.