



The Acute Frailty Network (AFN)
**Supporting people with frailty
and urgent care needs to get
home sooner and healthier**

The Acute Frailty Network is a 12 month improvement programme designed as a professional network to support participating sites to rapidly adopt best practice to improve emergency services for frail older people.



Over 90% of participating sites rated the programme as excellent or good



Aims of AFN

The network aims to support local teams to improve emergency care in the first 72 hours for frail older people using the 'Silver Book' and the AFN toolkit to inform system redesign.

The first 72 hours of a hospital admission are critical in terms of establishing an accurate initial decision to admit and rapidly establishing a problem list and management plan.

A growing body of evidence suggests that 'hospital at home' for selected patients offers significant advantages in terms of lower mortality and reduced functional decline. However, once admitted to hospital, it becomes increasingly difficult to arrange early supported discharge for older people due to a variety of clinical and organisational barriers.

Whilst this project will be fully cognisant of the wider system issues, the focus will be on the urgent care of frail older people in the first 72 hours of hospital attendance.



Over 80% of sites reported improved partnership working both internally and externally



Who are frail older people?

For the purposes of consistency, frail older people will be defined as: people aged 85+ or people aged 65+ with one or more of the following presenting features:

- Cognitive impairment (delirium or dementia)
- Care home residents (nursing or dementia)
- People with fragility fractures
- People with Parkinson's Disease
- People with recurrent falls

It is recognised that this list is not exhaustive and that it may need to be locally adapted. The programme team are working closely with participating sites to understand the principles of best practice and distil them for the wider NHS to adopt and adapt to improve their local frailty services

Delivery of the programme

The programme is delivered by an experienced team of clinicians, operational managers and improvement leaders and is made up of national collaborative events, masterclasses, site visits, webinars and on-site individual support for participating teams. An overview of the 12 month programme can be seen in figure 1 below.

Ten sites participated in the first wave of the programme and we are now working with 25 sites in cohorts 5 and 6. The programme is fully supported by NHS England and the NHS Improvement working with partners from ADASS, SAM, Age UK, the British Geriatrics Society, the Royal College of Nursing and the Royal College of Physicians.

Figure 1: 12 month programme



**Nearly 70%
more sites
now identify
frail patients**



Network offer

As well as the 12 month learning collaborative the programme team work with participating sites to provide;

- Support health and social care communities to design, test and implement new models of urgent care for frail older people
 - Site support to help local teams make realistic improvement plans
 - Expert guidance and support
- A repository of best practice and case studies from participating sites, describing their work and lessons learnt to spread learning across the network
- A bundle of tools and methodologies are available to support the implementation of frailty services locally
- An Acute Frailty Toolkit provide a framework to guidance on how to implement better models of care that reduce hospital admissions and improve experience and outcomes for older people

Improved outcomes for patients

- Medway reduced the number of patients aged over 75 staying in hospital for over 7 days from 120 to 70 per day
- Wolverhampton reduced the number of readmissions within 30 days by nearly 100% from 200 per week to 110
- Bournemouth increased their early discharges essential to improve flow from 19 per day to 24 per day and reduced their length of stay from 10.26 days to 7.78 days
- Bournemouth have also achieved an annual saving / return on investment of between £1m - £3m (depending on financial rates used) and saved around 400 bed days per week

Get involved

If you would like to register your interest, please email frailty@nhselect.org.uk. You can also find out more information about the programme at www.acutefrailtynetwork.org.uk.



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