NHS
Calderdale and Huddersfield
NHS Foundation Trust

The Acute Frailty Team
Information for patients, relative and carers



You are receiving this leaflet because you have been referred to **The Acute Frailty Team**.

The Acute Frailty Team work together to improve the quality of life for frail adults living in Calderdale and Huddersfield.

Our team recognise everyone has different expectations, hopes, fears, strengths and abilities, as well as different types and levels of need and support.

The aim of the Acute Frailty Team is to provide a comprehensive holistic assessment of your needs. We will discuss all aspects of your medical history including your reason for being admitted to hospital at present. We will address any concerns you may have with either yourself or your family, any difficulties you are experiencing with mobility and daily activities and your social circumstances.

With your consent we will talk to your carers, family and friends. We will discuss how you are managing at home and signpost you to support and available services to help you in the future.

What is frailty?

There is no single definition of frailty but most people recognise that it is a state of increased vulnerability to adverse health outcomes. Older people living with frailty are less able to adapt to stressors such as acute illness or trauma or even social conditions.

It is important that we can identify frail patients and give you the right care in hospital and at home to ensure that you live well with frailty and avoid any of the known risks. This matters because admission to hospital can be disruptive and can bring its own problems for someone who is showing signs of frailty.

compassionate care

How can I be referred to the Acute Frailty Team?

If you are identified as frail on admission to Emergency Department (ED) you will be referred to the Acute Frailty Team.
The working hours for the Acute Frailty Team are Monday to Sunday, 8am to 8pm.

We aim to see you within 2 hours of the referral depending upon your medical status and any pending investigations you may be having.

The Frailty Assessment Unit

The Frailty Assessment Unit is an extension of ED where an assessment will take place with the specialist frailty team. The focus is on providing a safe, timely discharge following a comprehensive assessment on the same day.

The Acute Frailty Team work closely with the ED and Medical Assessment teams to decide whether an admission to hospital is required, or if alternative support such as social care, medical intervention and rehabilitation can be provided in the community.

Our team

We are a specialist multi-disciplinary team made up of:

- Consultant Geriatricians
- Specialist Older People Nurses
- Specialist Older People Occupational Therapists
- Specialist Older People Physiotherapists
- Specialist Older People Menatl Health Services
- Specialist Older people Pharmacist
- Social Services and Community Services

What will happen when you are referred to the Acute Frailty Team?

A holistic assessment will be commenced by the most appropriate clinician from the team; you may be seen by more than one member of the team dependent on your needs. You may also have some medical tests.

Our aim is for you to go home as soon as you are medically fit to do so. If you require more support at home then this will be something we will review and if necessary put in place.

While you are with us we will be promoting your independence by ensuring you are up and dressed, encouraging you to mobilise as much as possible. We would like you to be dressed in day wear during the day with appropriate footwear on. We need to know all about you so it is really important that you share with us how you or your relative or carer is managing prior to coming to hospital.

We will also aim to provide your care at the right time in the right place. This may mean some recovery is completed at home or in another care facility.



Patient, relative and friends question's for the Frailty Team

What would you like to ask?	Name of person asking and relation

Discharge Arrangements - You are now well enough to leave the hospital

Any follow up arrangements and discharge plans will be listed below:

Who will be coming to see you at home after being discharged?

Has an outpatient appointment been made?

Have we changed your medication?

If you or your family have any concerns during your stay or following discharge please contact the Acute Frailty Team on 07717300740. If it is out of the hours of 8am - 8pm please leave a message and we will contact you the next working day.

If you require medical attention please ring your GP or 111 for out of hours.

If you find you are struggling at home, please contact Gateway to Care:
Kirklees - 01484 414933
Calderdale - 01422 393000

Final Thought

A hospital stay itself can trigger a crisis. Please consider that at times hospitals are not the most appropriate or safe place for a frail older patient.

Notes:

If you have any comments about this leaflet or the service you have received you can contact :

Lead Nurse Acute Frailty Team
Telephone No: 07717300740

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obrat'te se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
براۓ مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"

CHFT