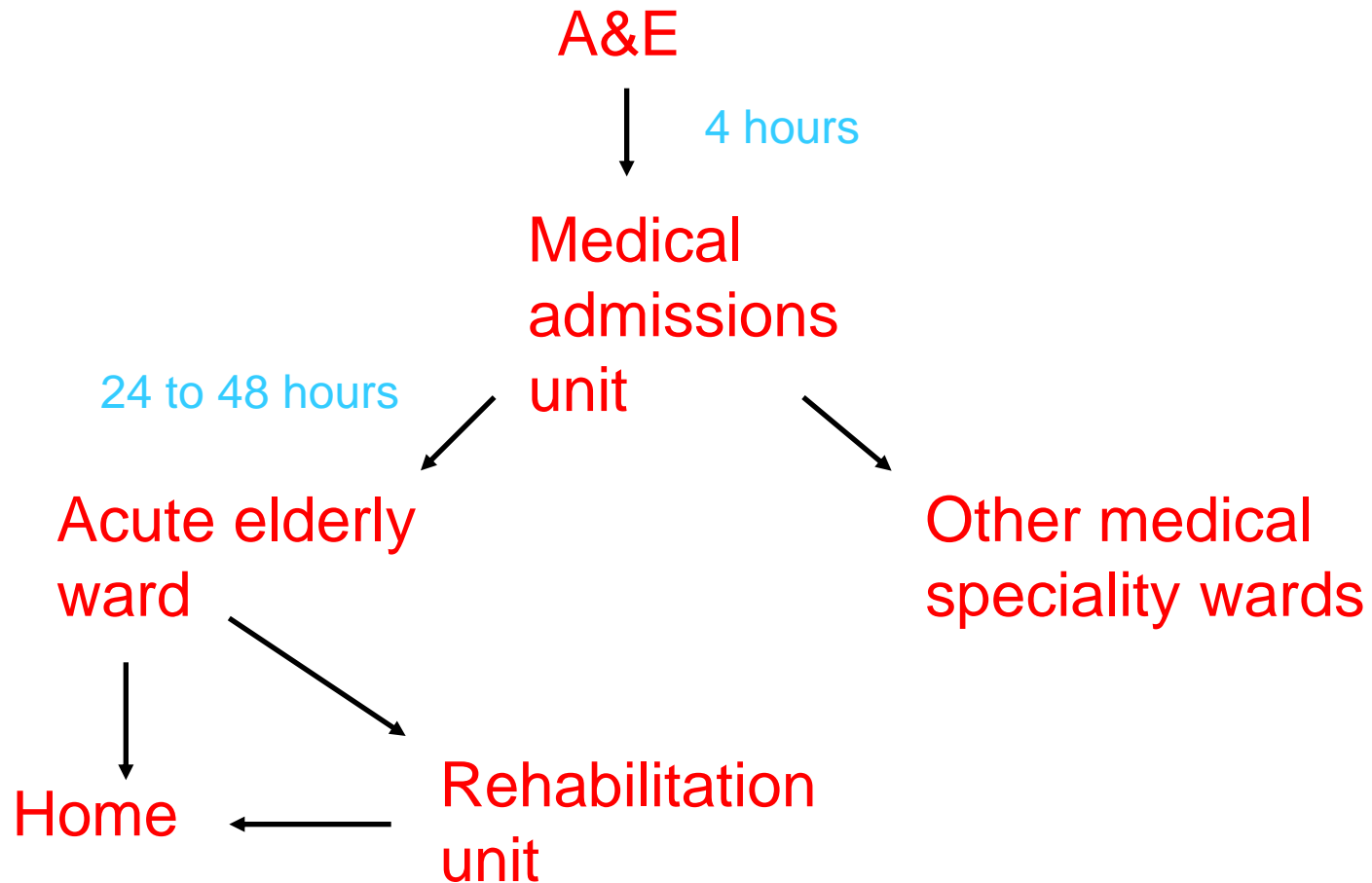


Acute frailty at Northumbria Healthcare

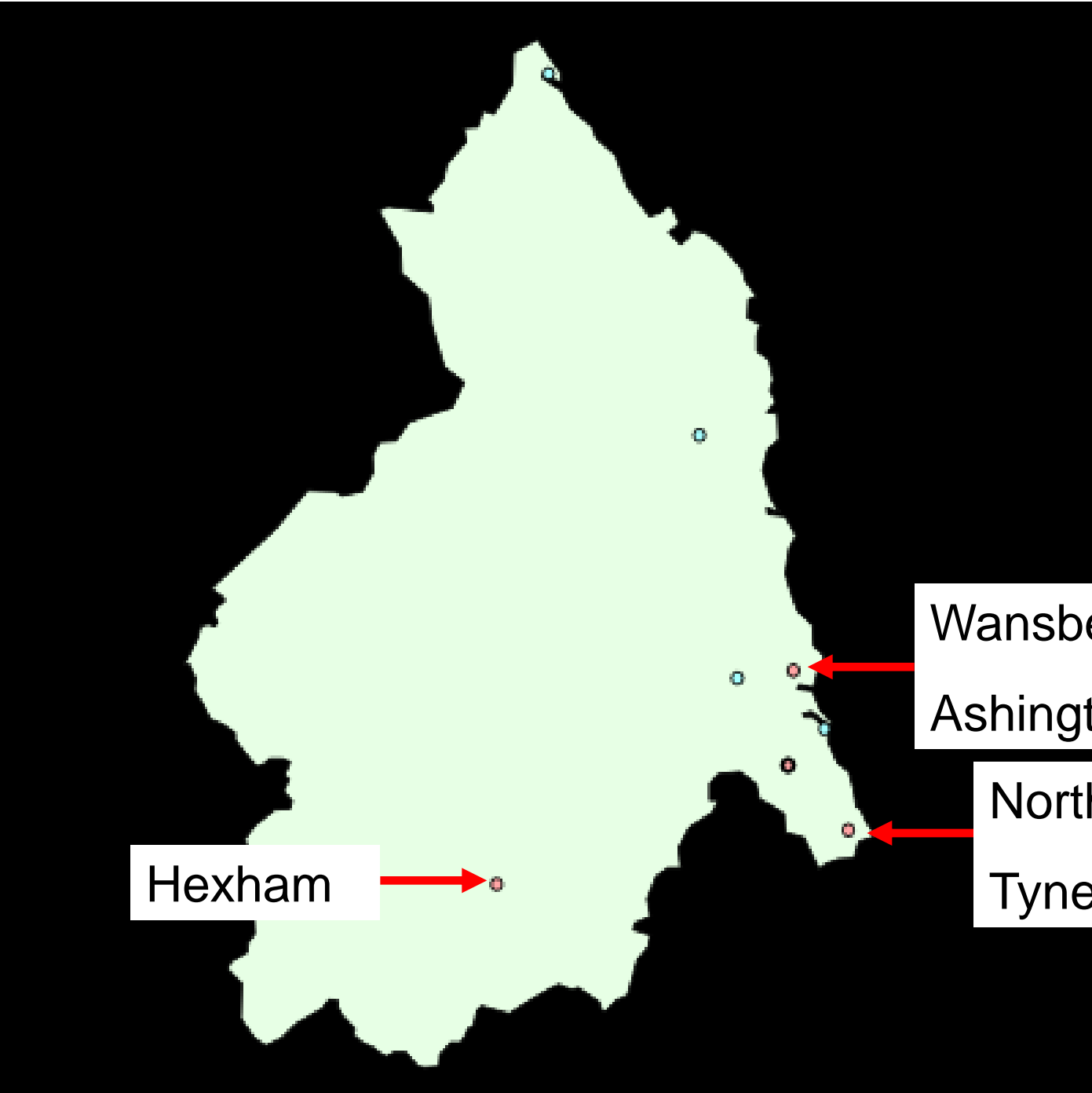
Henry Woodford

Traditional model



Northumbria Healthcare

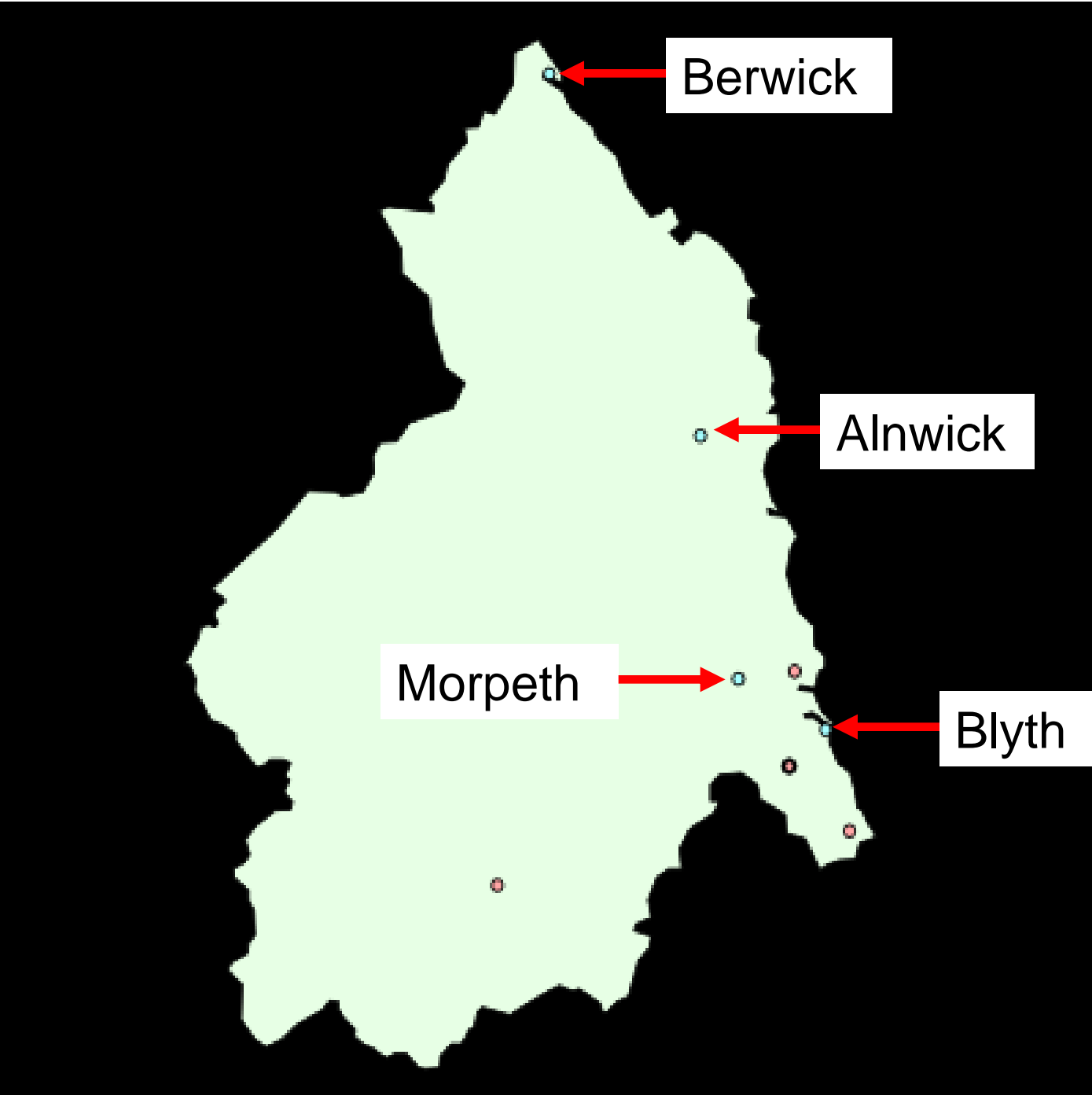
- Big area
 - Northumberland and North Tyneside
 - Mix of rural and urban populations



Hexham

Wansbeck,
Ashington

North
Tyneside

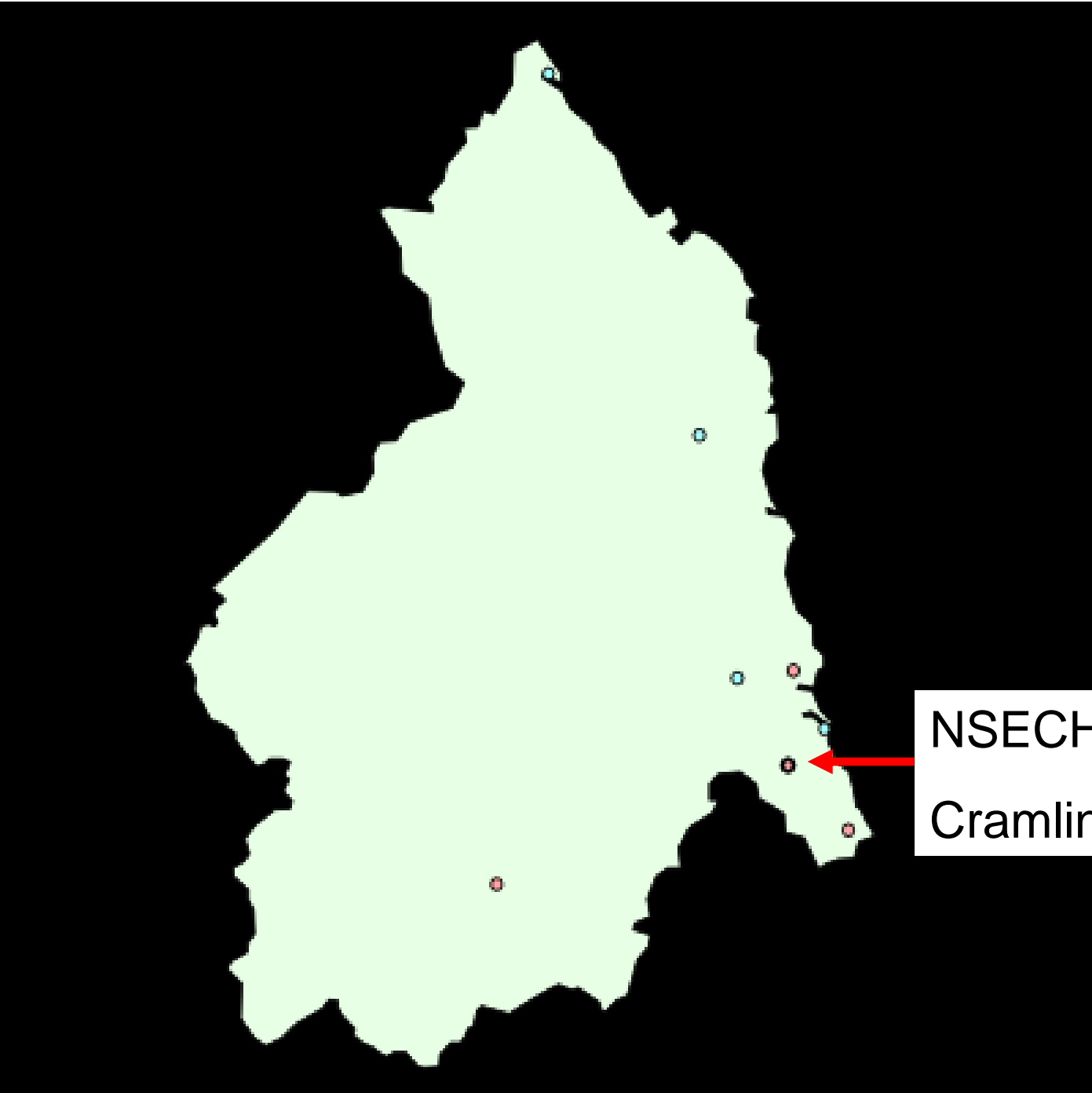


Berwick

Alnwick

Morpeth

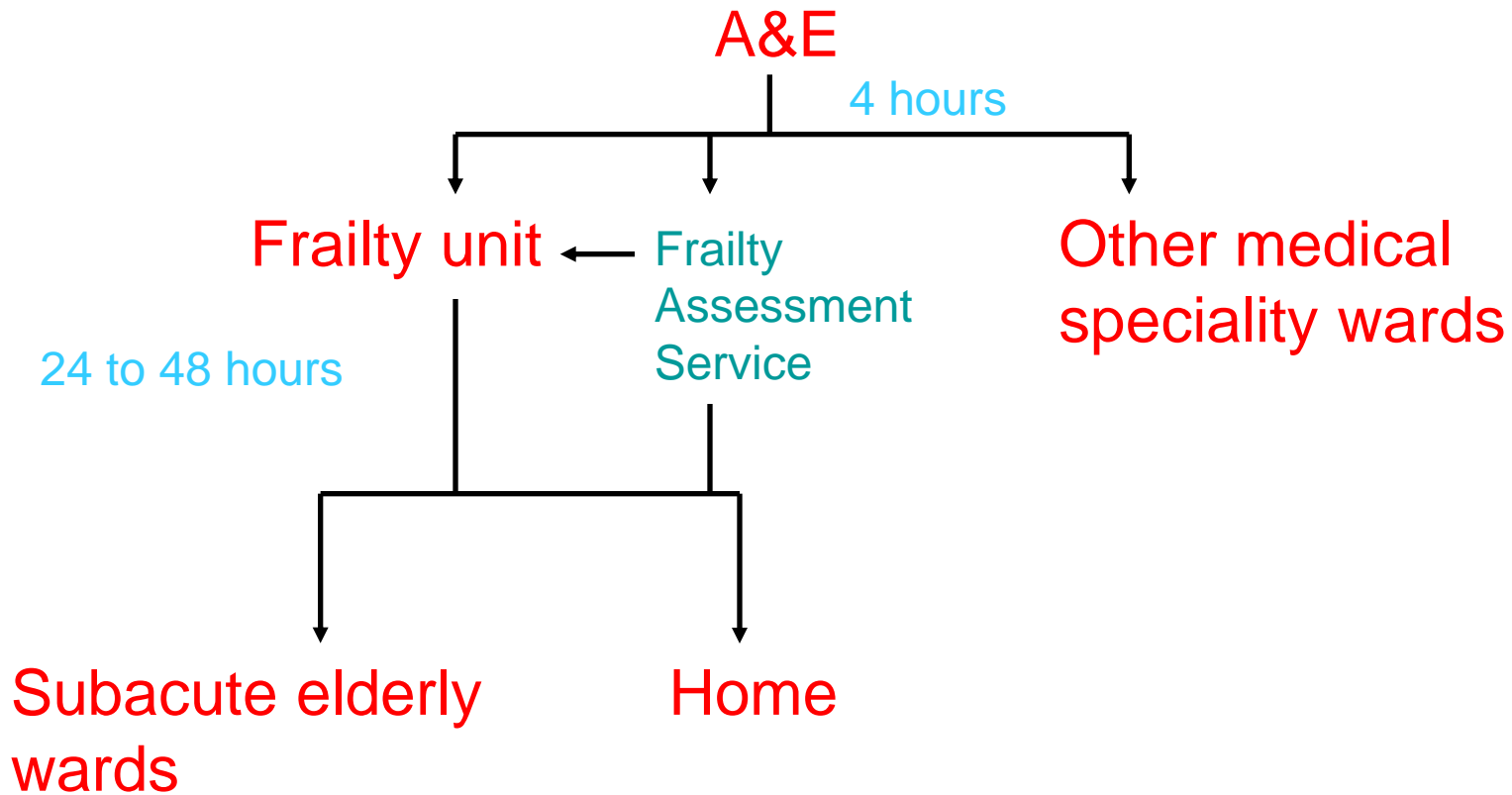
Blyth



NSECH
Cramlington



Northumbria model



Frailty unit

- 22 beds
- Consultant geriatrician 8am to 8pm
 - 8am to 5pm
 - 5pm to 8pm
 - Weekends – Friday pm to Monday am
- Multi-disciplinary

Frailty assessment service

- 8 beds / chairs
- Nurse specialists
 - 8am to 8pm
- Consultant geriatrician
 - 9am to 5pm
- Physio, OT and community team input
- Pull people out of A&E
- Discharge home +/- follow-up
- Direct to right location sooner

Acute frailty network

- Early stage
- Learn from others
- Aim: safe, efficient, high-quality care
- Key problems...
 - A&E busy → ambulance handovers, 4 hour targets, delayed care
 - NHS financial pressures
 - Recruiting and retaining nurses
 - Discharge – delays to care provision