Frailty-ACE



BNSSG Frailty Single Point of Access for Paramedics on scene

0117 244 9283

Call via the SevernSide Professional Line

Mon-Fri 9:00am-4:30pm (from Weds 10th Jan 2024)

This can only be used for frail people during these hours. The call handler will ask for the patient's Clinical Frailty Scale (Rockwood), ethnicity, observations and NEWS.

The integrated, co-located BNSSG Frailty-ACE Single Point of Access team includes Primary Care, Sirona, social care and frailty specialist expertise. The SPOA receives calls from crews who are planning/ considering conveyance for a frail person.

BNSSG's Frailty-ACE (Assessment and **Coordination for Emergency and urgent care) offers** crews a clinical conversation prior to conveyance, seeking to support person-centred care and enable management at home wherever possible.

To help minimise your time on scene, the Frailty-ACE team can take ownership of cases to coordinate one or more community-based services required to safely support/ manage the person's urgent care needs at home. This may include any combination of medical/ GP input (including prescribing, palliation), step-up admission to BNSSG Frailty@Home (virtual ward), specialist geriatrician advice, plus step-up social care and carer support. If hospital is required, the team can facilitate direct access to all admission and SDEC pathways.

"I was so grateful frailty could support us and our patient including the patient's daughter who was at crisis point trying to cope looking after her mum. When the ambulance was freed up, we were sent to a child who was sick sick."

Paramedic on scene

Feedback

Suggestions & comments welcome



Feedback Here

More Info

More information Available online



More Info

When to call the Frailty SPOA prior to conveyance

Please call for a frail person

- During operational hours (M-F 9am-4.30pm)
- Likely to require conveyance or admission who meets one or more of the following criteria
 - Clinical Frailty Scale ≥ 5, or
 - Dementia, or
 - Aged ≥ 75 with long term condition(s)
- Any clinical presentation, including
 - All NEWS
 - Head injuries, including on anticoagulation
 - Time critical presentations (eg stroke, MI, sepsis) especially if person is very frail, likely terminal event or palliative
- Any ambulance category or referral source (111, 999 or HCP)

Please use existing pathways if any of the following apply

- Crew plans to see and treat, including access to alternative community services via usual routes eg own GP, Urgent Community Response (UCR), community nurses etc
- Trauma requiring xray



NHS





















