

Things to consider when implementing Frailty Screening in your practice

➤ Think outside the disease and injury box

- If a patient comes in for a cold and mentions they have lost quite a bit of weight, try not to leave it at 'they will improve when the cold is gone.' Think about the Frail scale and what other area that might apply and be aware of what options are available.

➤ Be proactive in thinking and talking about frailty

- Patient may not know directly about frailty but try asking patients aged 75 years and over about healthy aging and staying active. Some of them will have a good idea of how to stay independent and healthy and others may need some advice to become more proactive. Give them referrals, contact numbers or brochures so they can learn more

➤ Observe your patients with frailty in mind

- Paying attention to how patients walk to your consultation room or how your patients move during your consultation can tell you a lot about how unsteady patients are on their feet.

➤ Practice nurses have an important role in frailty screening and management, they can:

- Identify, recruit and send out recall letters to people at risk of frailty
- Talk about fall prevention with at-risk patients e.g. during immunisation, wound care, 75+ health assessment, GP management plan etc.
- Go through some of the frailty prevention resources with patients.
- Help GPs assess for risk factors and follow-up with the patient's progress.

➤ You may not be able to complete all the management associated with the Fr4ail Scale on one appointment. You may need to schedule follow up appointment to discuss risk factors and make a fall management plan with the patient.

➤ Consider the issue of affordability and provide options suitable for the patient:

- If your patient has private health insurance then some prevention activities will be subsidised and helps them get good use out of their insurance cover.
- Some patients might prefer to do their own exercises at home (following exercises in information leaflets, or exercises specifically designed by a physiotherapist or exercise physiologist) which saves them service and transport costs.
- Some patients might prefer to pay to attend classes which also comes with the social element, and other patients might prefer or require one-on-one consultation e.g. with a physiotherapist or exercise physiologist.