



What is "AFN Optimiser"?

The *AFN Optimiser* is a six-month intensive programme, focused on working with operational teams to make rapid improvements to existing frailty services to improve their quality and value reducing the number of days older people spend in a hospital bed. The programme is site specific so can start at any time of the year, based on your readiness to participate.

Who is the AFN Optimiser Programme for?

You will be a 'graduate' of the Acute Frailty Network programme and looking to assess the effectiveness of your frailty model to optimise outcomes for older people.



Teams should ask themselves the following questions to understand if the programme is for them:

- •Would you like to improve the quality of urgent care for older people living with frailty?
- Do you understand the impact of your frailty service?
- Have you mapped the full demand for frailty services across your system?
- Has your frailty service plateaued? Do you want to re-energise your work?

If the answer is yes to any of these questions then this programme is for you.

AFN Optimiser enables systems to make an objective assessment of their current frailty service model, case mix and performance against potential, and use this to plan targeted improvements that get results. You will be able to benefit from more sophisticated analysis of frailty demand in your system using the Hospital Frailty Risk Score¹.

The offer

Great strides have been made in improving acute frailty and same day emergency care across the NHS in recent years; the AFN team has played an important part in supporting organisations to achieve sustainable change within their systems. We have worked with over 80 healthcare teams across England, Wales and Ireland, supporting them to rapidly set up and/or expand frailty care



with great results. We have been advising systems in Canada and Holland on their approaches, so we have a load of learning to share!

This new programme offers tailored support to help operational teams understand the effectiveness of their frailty model to realise missed potential. Site support from the AFN team is provided to help teams gain a deeper understanding of local challenges using a triangulated methodology that includes; analysis of HES data and a casefile review. This analysis is the first step and provided to you with recommendations for high value changes. Once the analysis is complete, a bespoke "prescription" of three workshops is given to complete during the six months. Workshops are based on themes that emerge during the review, with content tailored to your organisation and locally delivered. This helps to maximise attendance whilst minimising cost and disruption to you. You will be allocated a QI coach from the AFN national team who will work with you in implementing and measuring your improvements.

Measurement support

The AFN team provide bespoke measurement support that is unique to us and frailty models. We work with you to analyse your current activity, as well as to help you understand how best to monitor change and demonstrate that the changes you make are actually improvements.



Research opportunities



As a high performing organisation you will be aware of the benefits for patients from participating in research. We are involved in a number of research studies relevant to acute care for older people and as an AFN optimiser site, you will get preferential opportunities to get involved.

Don't just take our word for it...

We can put you in touch with other sites we have worked with to accelerate improvement and share data with you to demonstrate the impact achieved by sites who have been supported by our frailty team.

Get involved

If you would like to know more or you would like to join the *AFN Optimiser* programme, please email <u>frailty@nhselect.org.uk</u>

You can also find more information online at: https://www.acutefrailtynetwork.org.uk

References

1. Gilbert T, Neuburger J, Kraindler J, et al. Development and validation of a Hospital Frailty Risk Score focusing on older people in acute care settings using electronic hospital records: an observational study. *The Lancet* 2018;391(10132):1775-82. doi: 10.1016/S0140-6736(18)30668-8