**FRAILTY**

**PEN – 15th October 2018**

(25 responses)

Frailty is a long term condition related to the ageing process and it is now widely recognised as a state of reduced resilience and increased vulnerability.  This means that small changes in circumstances can lead to a deterioration in a person’s health and/or their ability to live independently.

It is estimated that around 50% of people over the age of 65 are living with some degree of frailty and some people will even experience frailty earlier in life.  However, with early identification and the right support, the progression of frailty can be slowed down.  There is a lot of work underway in Tameside and Glossop in relation to “Frailty” and we have close links with the Greater Manchester and National leads for Frailty.

There used to be a stigma around discussing falls, and now there are questions around people’s perceptions of frailty. Therefore we ran three workshops and asked the 25 participants the following questions:

1. What are your thoughts on the term “Frailty”?
2. Has anyone explained what “Frailty” means?
3. Please Describe Your Expectations of a person who is “Frail”

4. How do you feel about people being identified with different levels of “Frailty”?

5. How can we explain to someone that they have been identified with “Frailty”?

6. Should we treat people differently depending on their different level of “Frailty”?

7. How can we support people to become more confident if they are identified as becoming “frail”?

The overall responses were:

* The majority of people had not had “frailty” explained to them
* There was almost a 50:50 split between seeing the term frailty as useful and seeing the term frailty as very negative.
* There was a link to a person’s pride, and most seemed to think of severely frail people when they were asked to describe what they thought of frailty.
* There would need to be good communications to explain about the frailty scale so people can see that it’s not all about the severely frail.
* Mental health,  confidence and isolation were seen to be key
* Most people thought frailty meant “old”.  A lot of the older participants felt that they should not be classed as frail and they found it difficult to think of frailty as independent of age.
* Around a third of the participants felt it would be important to be honest and tell people they are frail.  And a few thought it could be useful but were still worried about how it could be received by others.  The remaining 50% were not keen for the term to be used (although they became slightly less opposed after the discussions).
* There were concerns about giving people a label, and particular concerns about being coded as frail as it could affect insurance and the person may disagree with the diagnosis.
* Everyone seemed to agree that personalised conversations were important. (So some people may not mind the term frailty, but others may be unhappy with it, so the conversation would identify this)
* The responsibility did seem to be focussed a lot on the GP, however, there were other participants (such as Housing and Stroke Association) who felt the Clinical frailty Scale is something they could use.
* Several participants felt that it would be useful to use the term frailty as eventually it will just become the norm and people will understand.
* Frailty is useful for medical diagnosis, but is not useful for the “social” side of life.
* Everyone agreed that it is important to be proactive and prevent people from becoming frail.
* A couple of other potential names inc:  “ageing well”, “living well”, “poorly”, “vulnerable”.

Participants appeared to be very interested in the topic and wanted to provide their opinion as they had all had some sort of personal experience (e.g. themselves, family members, people who they worked with etc.)

As agreed with the participants, we provided an overview of these finding to the leads in Greater Manchester and this was incorporated into the development of “*The Greater Manchester Framework for Resilience and Independent Living”.*