



# Parliamentary Inquiry Response

University of Southampton co-ordinated written evidence submission to: Supporting people with frailty outside of hospitals

*Dr Natalie Cox and colleagues*

## **University of Southampton co-ordinated written evidence submission to: Supporting people with frailty outside of hospitals**

### **Context of Submission**

The University of Southampton is a research-intensive Russell Group university, and host to several key NIHR infrastructures, with a track record in providing evidence and informing health and care policies. University of Southampton researchers from diverse academic groups, all with a research focus on frailty, have collectively contributed to the development of this evidence submission. Our researchers would be open to discussing any aspects of the inquiry further.

### **The following responses have been provided by:**

Dr Natalie Cox, N.Cox@soton.ac.uk, NIHR Academic Clinical Lecturer in Geriatric Medicine, with mixed methods expertise in frailty prevention and management, and pathways of urgent care for older people, including hospital at home. [Doctor Natalie Cox | University of Southampton](#)

Dr Sara McKelvie, S.Mckelvie@soton.ac.uk, Clinical Associate Professor in General Practice with mixed methods expertise in primary and community care for older adults including hospital at home and virtual wards. [Doctor Sara Mckelvie | University of Southampton](#)

Dr Nicola Andrews, N.M.Andrews@soton.ac.uk, Senior Research Fellow is a qualitative researcher, with expertise in frailty and dementia research. [Doctor Nicola Andrews | University of Southampton](#)

Dr Carole Fogg, C.L.Fogg@soton.ac.uk, Senior Research Fellow with expertise in epidemiology and health services research, with a focus on older adults living with frailty and/or dementia. [Doctor Carole Fogg | University of Southampton](#)

Dr Stephen Lim, S.E.Lim@soton.ac.uk, Principal Clinical Research Fellow and Academic Geriatrician leading a program of mixed methods research focused on older adults with frailty and sarcopenia. [Doctor Stephen Lim | University of Southampton](#)

Professor Sue Latter, sml@soton.ac.uk, Professor of Health Services Research, mixed methods researcher with expertise in researching pathways to and experiences of access to medicines in the community for people in the last year of life, including those living with frailty. [Professor Sue Latter | University of Southampton](#)

Dr Dinesh Samuel, D.Samuel@soton.ac.uk, Lecturer in Ageing and Health with expertise in frailty prevention and rehabilitation, leading a research study focused on developing culturally appropriate frailty interventions for older adults from South Asian heritage. [Doctor Dinesh Samuel | University of Southampton](#).

Dr Kinda Ibrahim, K.Ibrahim@soton.ac.uk, Associate Professor and Academic Pharmacist leading a program of research focused on medicines optimisation and deprescribing among older patients living with frailty. She has also led several studies on screening and management of frailty in older people such as those with fragility fractures. [Doctor Kinda Ibrahim | University of Southampton](#)

Dr Eloise Radcliffe, E.Radcliffe@soton.ac.uk, Senior Research Fellow and qualitative researcher with a background in social science. Her research focuses on older people living with frailty, medicines optimisation, deprescribing and social prescribing. [Doctor Eloise Radcliffe | University of Southampton](#)

## **Background**

The number of older adults living with multiple long-term conditions (MLTC) and frailty in the UK continues to rise. Care for older adults with MLTC and frailty is often divided between routine care in general practice and community health services with most acute care being provided in hospital settings. However, with further investment in community settings, more people could be cared for closer to home. At the University of Southampton, we have a developing portfolio of research investigating best practice in the proactive and urgent community care for older adults living with MLTCs and frailty.

## **Urgent Care Services Supporting People Living with Frailty**

Provision of urgent and emergency health and care services, with integration and delivered in the most appropriate location, is of the utmost priority. For many older people living with frailty, urgent care closer to home is often clinically appropriate and reduces the risk of hospital associated harms. In recognition of this, several Community Alternatives to ACute Hospitalisation, or CAAtCH services have been developed, including Urgent community response (UCR), virtual wards and hospital at home services ([BGS Right time, right place - Urgent community-based care for older people](#)). Effective provision by these services is key to enabling the NHS 10-Year plan and goal of the big shift from hospital to community. However, it is recognised, including within the recent National Audit Office report [Primary and community healthcare support for people living with frailty](#), that CAAtCH services are not uniform, their integration and impact on acute hospital attendance is uncertain and best models of care are unclear.

Evaluating CAAtCH services are an active area of ongoing research and public involvement and engagement work by University of Southampton researchers with the aim of addressing these questions.

## **Proactive Community Care for People Living with Frailty**

Management of inappropriate prescribing and polypharmacy remains one of the costliest challenges in primary care. In the UK 1 in 3 people aged 65 and older take 5 or more medicines every day (polypharmacy). Some of these drugs may no longer be appropriate and they increase the risk of falls and hospital admission among people who are frail (and less able to recover from injury and illness). Deprescribing (reducing, stopping or switching drugs) is safe for some conditions, medications and can be done in primary care settings. But health care professionals may face problems with carrying this medicines reviews for polypharmacy. Researchers from Southampton have evaluated how pharmacists can best undertake polypharmacy reviews to reduce medicines that are no longer needed in general practice in the [MODIFY](#) study. This is part of a wider portfolio of research on medicines optimisation (NIHR [ARC Wessex programme of research on Medicines Optimisation \(MODIFY SPiDeR STOP-DEM\)](#)).

There is evidence that proactive approaches to exercise, dietary advice and social support are effective at improving physical function in people living with frailty. However further research on

how to best support people from under-represented groups to access advice and support for living with frailty could help reduce health inequalities. Our Southampton researchers are working to address the health needs of people living with frailty from South Asian communities in the UK to adapt existing interventions to promote healthy ageing in the [EMPoWER Project](#).

## **Current Portfolio of Research on Supporting People with Frailty Outside of Hospitals**

### **Urgent Care Services for People Living with Frailty**

1. [Community Alternatives to aCute Hospitalisation for Older People who have Fallen- CAAtCH-Falls](#). This study has reviewed published articles, service reports, government documents and internet resources to find out what is essential for CAAtCH services. We are also surveying and interviewing people who work in CAAtCH services in the UK to understand what is available for older people who have fallen. The research findings will be used to develop a report and resources for patients, the public, stakeholders and healthcare workers to showcase CAAtCH services.

Funder: NIHR School For Primary Care Research

2. [Understanding the Networks, Effects and Teams involved in Community Alternatives to ACute Hospitalisation for Older People in Hampshire and Isle of Wight Region – CAAtCH-NET](#). This study aims to understand how urgent care services are working for older people in a diverse region of Southern England and what helps or gets in the way of good urgent care at home. We are interviewing staff who work within these services or refer to them, and patients and/or their carers who have received care. We are also analysing data from the two largest emergency departments in the region to explore characteristics of older people go to hospital who might have been cared for at home. The research findings will be used to highlight barriers and facilitators to effective urgent care at home for older people.

Funder: NIHR Applied Research Collaboration Wessex

3. [ActMed-VW - Healthcare professional's experiences of Access to Medication for people on Virtual Wards who are in their last year of life](#). This study aims to investigate access to medication for adults on palliative and end of life care, respiratory and frailty virtual wards who are in their last year of life. We aim to understand the experiences of healthcare professionals through a UK-wide online survey and interviews to understand challenges, identify what works and make recommendations on how to improve access to medication in the future.

Funder: Marie Curie

Whilst we are currently not able to share results of these ongoing studies publicly pre-publication, our team would like to make the committee aware that these investigations are taking place and that evidence relevant to this inquiry will be available within the next 6-12 months. The researchers would be happy to engage with the committee if further details are desired.

### **Proactive Care Services for People Living with Frailty**

1. [EMPoWER Effectiveness of a Multi-modal intervention to Promote Independence and Wellbeing among Minority Ethnic oldeR adults: a feasibility study | University of Southampton](#). This study aims to understand how to support older adults with South Asian

heritage to live well with frailty by adapting existing evidence-based interventions. The study aims to review the existing evidence for diet, exercise and social support, interview people from South Asian backgrounds on their experiences of existing services and co-design community-based frailty intervention. This will be tested in a feasibility trial in the community working within neighbourhood teams in Primary and Community Care.

Funder: NIHR Research for Patient Benefit. This study will be launching in February 2026 for 30 months.

2. [MODIFY: The development and implementation Of a multidisciplinary medication review and Deprescribing Intervention among Frail older people in primary care](#). This study reviewed the published literature on primary care medication reviews and identified several key mechanisms to support medicines optimisation in primary care [What makes a multidisciplinary medication review and deprescribing intervention for older people work well in primary care? A realist review and synthesis | BMC Geriatrics](#). The team have designed a polypharmacy intervention for primary care [Development of a complex multidisciplinary medication review and deprescribing intervention in primary care for older people living with frailty and polypharmacy | PLOS One](#) and have evaluated this with a feasibility trial which will report later in 2026.

Funder: NIHR Applied Research Collaboration Wessex. Current publications are available using the links and reporting on the feasibility trial will be available in 2026.

## **Priority Areas for Further Research**

1. Implementing best practice approaches to frailty care

Further research is needed on how to approach frailty care for older adults, particularly for people living in socioeconomically deprived areas and those from backgrounds under-represented in research. Intersectionality between these factors is likely to worsen health outcomes and reduce quality of life associated for older adults living with MLTC and frailty.

2. Integration of proactive and urgent care for people living with frailty

Currently most services for frailty divide between caring for urgent care needs in a crisis and primary and community health services monitoring long-term conditions. However, most people living with frailty will transition between stable long-term conditions and acute exacerbations and how to best provide joined up care for this group remains an important area for research and practice innovation. This will likely require integrated multi-speciality and multi-professional groups working in local areas. Further evaluation is needed on the most effective approaches towards integrated neighbourhood care for people living with frailty.

3. Team based approaches to general practice for people living with frailty

People living with frailty benefit from a holistic assessment of patient need in the community, including assessment of physical and mental health, environmental and social factors and medication review. This often requires the input of multidisciplinary team and our studies suggest that new roles for practice-based clinical pharmacists, nursing and allied health professional colleagues working within Primary Care Neighbourhood Teams will be crucial to support older people living with frailty closer to home. Further workforce training and development on frailty management is needed to effectively support primary and community care.