Your local Frailty Care Coordinator

Montana is a Frailty Care Coordinator having previously worked as a support worker helping people to live happier, healthier and more independent lives. She has multiple skills and has supported an array of people with different needs and abilities throughout her career. Montana is passionate about improving the lives of patients.

Dr Ruth Walker says:

> *"Montana has made a great difference in the holistic support of people living with frailty and contributed to personalised care plans that enable a better quality of life for these patients."*

Frailty Care Coordinators has been employed by the Selby Town Primary Care Network (PCN) to work in GP practices to support patients.

This leaflet was developed by NHS Vale of York Clinical Commissioning Group on behalf of Selby Town Primary Care Network (PCN).

If you have any queries, please contact your GP practice.

For information go to **valeofyorkccg.nhs.uk/carecoordinators**

NHS
Vale of York
Clinical Commissioning Group

Frailty Care Coordinator

How a Frailty Care Coordinator can support you

What is a Frailty Care Coordinator?

A frailty care coordinator holistically supports patients with mild to severe frailty within the community. They work with patients to create a patient-centred care plan and provide access to support services within the area that are most appropriate for them.

What is frailty?

The term frailty or 'being frail' is often used to describe a particular state of health often experienced by older people.

If someone is living with frailty, it doesn't mean they lack capacity or are incapable of living a full and independent life. When used properly, it actually describes someone's overall resilience and how this relates to their chance to recover quickly following health problems.

In practice being frail means a relatively 'minor' health problem, such as a urinary tract infection, can have a severe long-term impact on someone's health and wellbeing.

This is why it is so important that people living with frailty have access to well-planned, joined-up care to prevent problems arising in the first place – and a rapid, specialist response should anything go wrong. *- Age UK*

How can a Frailty Care Coordinator help me?

Some of the support you can expect from a frailty care coordinator includes:

- **A single point of contact for patients and their families/carers to call should any issues arise**
- **Formulation of care plans to ensure all care is patient-centred reflecting their wishes, future treatment, next of kin etc**
- **Help with social problems, from arranging flu vaccines, referring to Age UK, befriending services, local fitness and wellbeing programmes**

How do I make an appointment to see a Frailty Care Coordinator?

You can phone Montana directly on 01757 244981. Alternatively, call the Care Coordinator team on 01757 244980. You can arrange to either see the Frailty Care Coordinator in person (at your home or the surgery) or have a telephone appointment.

Will I need to see the Frailty Care Coordinator on a regular basis?

It is important you feel that you can access the Frailty Care Coordinator whenever you feel the need. You may feel that one appointment is sufficient; however, if you have more longstanding issues, the Care Coordinator will support you while the issues are resolved.

Why is a Frailty Care Coordinator based in the GP surgery?

The Frailty Care Coordinator works closely with the whole team within the GP surgery. They work closely with the clinical staff to seek advice and guidance on different aspects of your care where necessary.