

Focus on Frailty programme: 2025-26

Impact report

July 2026

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Key points

- The Focus on Frailty programme for 2025-26 focused on:
 - setting up hospital front door frailty pathways, and
 - improving integrated care coordination in primary, community and acute care.
- The programme supported the ambition of the [NHS Scotland Operational Improvement Plan \(2025\)](#) for every emergency department in Scotland to provide access to specialised staff in frailty teams, and implementation of the [Ageing and Frailty standards \(2024\)](#).
- 11 NHS board and health and social care partnership areas in Scotland took part in the Focus on Frailty programme between April 2025 and March 2026.
- By March 2026:
 - **100%** of acute hospitals that accept emergency admissions and participated in the programme (15/15) provided access to specialist staff in frailty teams.
 - **83%** of health and social care partnership community services (5/6) had evidence that a process was in place for early frailty identification.
- Between 2022 and 2026 mean geriatric length of stay in Scotland reduced by **8%** (1.4 days).* The Focus on Frailty programme is one of several national initiatives aiming to improve care for older people contributing to this change.
- Examples of impact:
 - **One in 25** people over 65 screened for frailty in the community in Dumfries and Galloway HSCP (January-December 2025).
 - **52%** of people over 65 on the district nurse caseload screened for frailty. Richmond and Kinneil Practice, Falkirk HSCP (November 2025-March 2026).
 - **1,100 estimated bed days released** and £300,000 estimated costs avoided through emergency department allied health professional assessment to enable discharge with appropriate care delivered. Raigmore Hospital, NHS Highland (five-week pilot March-April 2025).
- The Focus on Frailty programme supported participating teams to identify, test and spread evidence-based change ideas through:
 - in-person learning sessions and virtual events which enabled networking and shared learning
 - evidence-based tools and resources to support decision-making

* Analysis carried out by Healthcare Improvement Scotland on data extracted from the Discovery information management system hosted by Public Health Scotland on 11 December 2025.

- site visits and quality improvement coaching calls which provided direct support and problem solving, and
 - a learning system with over 2,400 members sharing learning nationally.
- Hear from the teams who participated in the programme in this [video](#).

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Background

The Focus on Frailty programme's aim is to improve access to and experience of person led and coordinated health and social care for older people who are living with, or at risk of frailty.

The number of people over 75 is projected to grow by 57% by 2049 ([National Registers of Scotland, 2024](#)). This means the number of older people living with frailty will also rise. To meet the needs of an ageing population, improvements are needed to health and social care services in community and hospital.

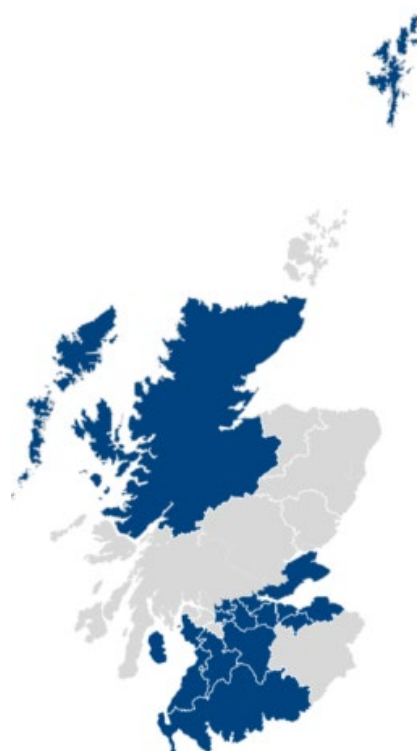
The programme for 2025-26 focused on:

- setting up hospital front door frailty pathways, and
- improving integrated care coordination in primary, community and acute care.

This supported the delivery of the [NHS Scotland Operational Improvement Plan \(2025\)](#) and the implementation of the [Ageing and Frailty standards \(2024\)](#).

11 NHS board and health and social care partnership areas in Scotland took part in the programme between April 2025 and March 2026:

- NHS Ayrshire and Arran
- NHS Dumfries and Galloway and Dumfries and Galloway HSCP
- NHS Fife and Fife HSCP
- NHS Forth Valley, Falkirk HSCP and Clackmannanshire and Stirling HSCP
- NHS Greater Glasgow and Clyde, Glasgow Royal Infirmary
- NHS Highland and Highland HSCP
- NHS Lanarkshire, North Lanarkshire HSCP and South Lanarkshire HSCP
- NHS Lothian, Edinburgh HSCP, West Lothian HSCP, Midlothian HSCP and East Lothian HSCP
- NHS Shetland and Shetland HSCP
- NHS Western Isles and Western Isles HSCP
- South Ayrshire HSCP



Learning from the programme was shared with a team from Ulster Hospital, Northern Ireland through learning sessions and project surgeries.

Programme impact

Within the participating teams there were 15 acute hospitals and six health and social care partnership community services. By March 2026:

- **100%** of acute hospitals that accept emergency admissions and participated in the programme (15/15) provided access to specialist staff in frailty teams. This includes new front door frailty services in Western Isles Hospital, Gilbert Bain Hospital and Raigmore. New frailty units were established in Dumfries and Galloway Royal Infirmary, Victoria Hospital, Forth Valley Royal Hospital and University Hospital Wishaw. In addition, frailty services were strengthened in the Royal Infirmary of Edinburgh, St John's Hospital, Western General Hospital, University Hospital Crosshouse and University Hospital Ayr by improving the reliability of frailty identification and access to timely comprehensive geriatric assessment.
- **83%** of health and social care partnership community services that participated in the programme (5/6) had evidence that a process was in place for early frailty identification.

“Participating in the Focus on Frailty programme has provided valuable opportunities to both share our learning—most recently at the project surgery—and gain insights from other health boards undertaking similar improvement initiatives. The structure and timeline of the programme have helped to build momentum around our work, offering a clear framework to guide and accelerate our progress.” Focus on Frailty progress report submission.

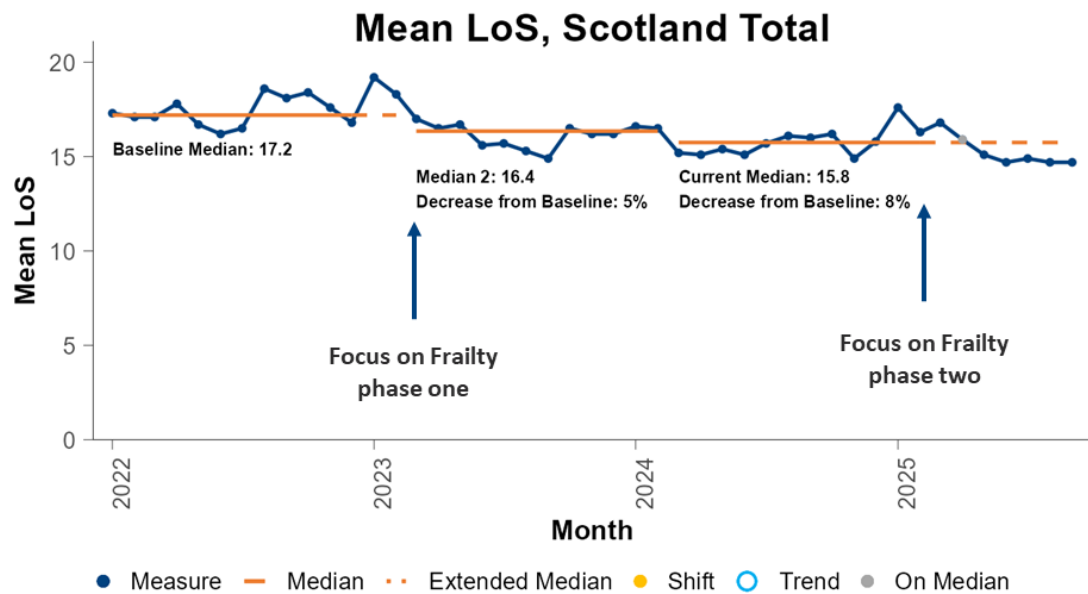
Hear from the teams who participated in the programme in this [video](#).

Mean geriatric length of stay: Scotland

Between 2022 and 2026 mean geriatric length of stay (LoS) in Scotland reduced by **8%** (1.4 days)* (figure 1). Mean Hospital LoS recorded for patients 65 and over with a discharging specialty of AB Geriatric Medicine from acute hospitals. Only includes Non-Elective and Planned Transfer Admissions.

This change has taken place in the context of several national initiatives all of which aim to improve outcomes for older people living with frailty. These include: the Focus on Frailty programme, the Discharge Without Delay programme and [Getting It Right For Everyone](#) (Scottish Government).

Figure 1: Mean geriatric length of stay in Scotland*



*Analysis carried out by Healthcare Improvement Scotland on data extracted from the Discovery information management system hosted by Public Health Scotland on 11 December 2025.

Timely access to acute hospital care

Four hospitals established new frailty units during the programme:

Dumfries and Galloway Royal Infirmary, NHS Dumfries and Galloway Two downward shifts in their data for geriatric length of stay between 2024 and 2026.	University Hospital Wishaw, NHS Lanarkshire Supported by their frailty strategy.
Victoria Hospital, NHS Fife Building upon their existing frailty at the front door service.	Forth Valley Royal Hospital, NHS Forth Valley Seven-day service, supported by an efficient multidisciplinary team (MDT) huddle. Reduction in median geriatric length of stay by 2.6 days since mid-2024.

Specialist front door frailty services are now operational in remote and rural as well as island contexts, for example:

Western Isles Hospital, NHS Western Isles 57% of people over 65 admitted to the emergency department and acute admissions unit have been screened for frailty and given a frailty score between July 2025 - March 2026.	Raigmore Hospital, NHS Highland A multidisciplinary front door team established to identify and assess patients living with frailty.
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Early identification and recording of frailty

Participating teams made improvements to early identification and recording of frailty:

One in 25 people over 65 have been screened for frailty in the community between January 2025 and December 2025. Dumfries and Galloway HSCP	59% of people over 75 registered with a GP have a recorded clinical frailty score since 2024. NHS Shetland
481 people over 65 screened for frailty at the front door between June 2025 – November 2025. There has been a downward shift in geriatric length of stay since early 2025. Royal Infirmary of Edinburgh, NHS Lothian	A frailty icon has been added to Trakcare to improve reliability of frailty screening and access to frailty services across the three hospital sites. NHS Lanarkshire
Digital recording of the Clinical Frailty Scale on the clinical system by community nurses from September 2025. South Ayrshire HSCP	53 community teams can access the Clinical Frailty Scale through the clinical system for community, an increase of 50 between April 2025 and December 2025. This includes all 44 district nursing teams in NHS Fife. Fife HSCP
52% of people over 65 who are on the district nurse caseload have been screened for frailty between November 2025 and March 2026. Richmond and Kinneil Practice, Falkirk HSCP	

Support to live well at home

The following examples demonstrate improvements to the reliability of frailty identification and assessment coupled with appropriate interventions in the community:

81% (130/160) of people over 65 who have been screened for frailty and are living with moderate to severe frailty have received a general assessment between November 2025 and March 2026.

Richmond and Kinneil Practice, Falkirk HSCP

73% (244/355) of people aged 65 and over who were referred to the district nursing service and identified as living with severe frailty, including one or more significant frailty syndromes, received a comprehensive assessment by an advanced district nurse specialist, delivered as part of an integrated MDT approach across the Troon and Prestwick and Maybole and Girvan localities (November 2024 to March 2026).

South Ayrshire HSCP

Reduced demand on services

Teams worked to improve coordinated and integrated care, leading to reduced demand on services. Over the course of the programme:

Acute MDT expanded to include occupational therapy input (December 2025).

This additional resource supports early identification of frailty, prompt geriatric assessment and timely discharge.

NHS Shetland and Shetland HSCP

Emergency Department Allied Health Professional assessment to enable discharge with appropriate care delivered at home led to:

- 1,100 estimated bed days released, and
 - **£300,000** estimated costs avoided.
- (Five-week pilot between March - April 2025).

Raigmore Hospital, NHS Highland

Strengthened relationships

Teams have reported that participating in the Focus on Frailty programme has had a positive impact on their relationships.

“The programme has ... strengthened engagement across departments, improved understanding of frailty, and fostered collaboration with the Quality Improvement team. Overall, it has accelerated progress and given us confidence in delivering sustainable improvements.” Learning session attendee

South Ayrshire HSCP conducted a staff survey with the following results:

- **75%** of respondents strongly agreed that the introduction of a weekly MDT has had a positive impact on the people they support in the locality.
- **75%** of respondents strongly agreed that the MDT has improved the culture of joint working across professionals within the locality.

Programme delivery

The Focus on Frailty programme supported participating teams to identify, test and spread evidence-based change ideas through:

- Monthly one-to-one quality improvement coaching calls.
- Three in person learning sessions.
- Two frailty focused webinars.
- Four project surgeries.
- 13 site visits with participating teams.
- Access to clinical expertise on frailty.
- Advice on quality improvement, data and measurement, strategic planning and engaging people and families in improvement.
- A change package and measurement framework.
- Tools and resources based on the best available evidence.
- A learning system that enables people working in frailty services to share and learn.

Frailty designated enhanced service (DES) webinars

In September and October 2025 Healthcare Improvement Scotland held two webinars on [frailty in general practice – a team approach](#) with a total of 955 attendees. This represented 58% of all general practices in Scotland (514/887).

The webinars supported the Scottish Government Directed Enhanced Service (DES) on frailty. Healthcare Improvement Scotland also published an [identification and assessment of frailty in general practice toolkit](#) which is available on our website.

79% of respondents said they felt confident about progressing with the requirements of the DES following the webinar.

“This was excellent thank you. I have wanted to do this work in my practice for a long time and this has provided me the support and reason to ask for protected time to do it.” Frailty DES webinar attendee.

Learning from system leaders

Keynote speakers at Focus on Frailty programme in-person events, webinars and project surgeries have included:

Professor Kenneth Rockwood

OC, MD, FRCPC, FRCP

Dalhousie University

[‘The golden 72 hours of acute illness for people with frailty’](#) (YouTube)

Professor Simon Conroy

Consultant Geriatrician

Royal London Hospital

‘Urgent care for older people living with frailty’

Professor Rose Anne Kenny

Regius Professor of Physic Trinity College,
Dublin

‘Age Proofing Scotland’

Professor Louise Younie

Professor of Medical Education

Queen Mary University of London

‘From resilience to flourishing’

“The keynote speaker was invaluable to aid worldwide understanding of frailty and the overall ‘why’.” Focus on Frailty learning session attendee.

Publications

Healthcare Improvement Scotland have published the following resources to support improvement over the course of the programme:

[Foundations for hospital front door frailty services](#) (PDF).

This supports the development of frailty care pathways in acute hospitals in line with the [ageing and frailty standards \(2024\)](#).

[Key steps to setting up a hospital front door frailty service](#) (PDF).

Practical guidance for organisations starting service improvement in line with the [ageing and frailty standards \(2024\)](#).

[Foundations for community frailty services](#) (PDF).

This supports the development of community based frailty services in line with the [ageing and frailty standards \(2024\)](#).

[Hospital and community services for older people living with frailty in Scotland 2025-26](#) (PDF).

An overview of hospital and community services for older people living with frailty in Scotland.

Sharing learning

The Focus on Frailty programme shared learning through:

The national frailty learning system MS Teams channel which has over **2,400 members**. Membership has grown by 20% over the year.

It aims to accelerate sharing of learning and improvement work through a range of engagement and learning opportunities. Members come from all NHS boards and HSCPs in Scotland, as well as the third and independent sectors, education, and the Scottish Government. Some members are from England and Wales, helping to share learning from the programme more widely.

[Join the frailty learning system](#)

A parallel session on [improving person led care for older people living with frailty](#) at the **NHS Scotland Event**.

Five insight stories describing the impact of frailty improvement projects in Scotland.

These are available to read on our [website](#).

Next steps

The next phase of the Focus on Frailty programme launched in spring 2026. The programme draws on the Healthcare Improvement Scotland [Ageing and Frailty Standards \(2024\)](#) as well as evidence and learning from previous improvement programmes.

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