

Innovation Type and Reference Number; 4.7**Title of Innovation;** South Ceredigion Locality Frailty Multi-disciplinary Team**Contact;** No Information**Project Aim;** The South Ceredigion Locality has developed a specialist Frailty and Chronic Conditions Team, employing both Nurses and Pharmacists.**Strategic Theme;** Referral and Demand; Improve Access and Quality; Managing Care in the Community; New Models of Primary Care; New Roles within Primary Care Team and Enhanced MDT working; Promoting Cultural Change; Use of Social prescribing and Community Assets; Co-production, Healthy Living and Disease Prevention; Integration across Health and Social Care**Components of New Primary Care Model;** Enhanced MDT working in Primary Care; Evidence-based pathways to support safe patient care closer to home; Stabilising Primary Care; Improved access and moving services out of hospitals into community settings; Promoting self-care and healthy living; Cultural change, prevention and risk stratification to reduce demand on PC & Acute Care**Objectives / Value within whole system model for PC in Wales;****Early Outcomes;** Since 2015, the team has provided a comprehensive health assessment to 316 patients, a medication review to 343 patients and has ceased or changed 172 medications which could have contributed to the risk of falls.

The Team have also offered training and support to Care Homes teams and identified 5 patients with diabetes who were not previously diagnosed and receiving appropriate care

Summary of First Evaluation; No information available regarding formal evaluation**Updated Outcome Findings;** No Information**Status / Additional Comments;** No Information**Evaluation;** No Information