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Majority of UK hospitals failing to screen older surgical patients for frailty

New research from the Royal College of Anaesthetists (RCoA) and the University of Nottingham reveals that nearly three-quarters (71%) of UK hospitals are not routinely screening older surgical patients aged 60 and older for frailty—despite clear evidence that frailty significantly increases the risk of complications, including longer hospital stays, delirium, and even death.

One in five (19.6%) surgical patients over 60 are living with frailty— a condition that can lead to slower recovery from illness or injury. Many affected patients will not know that they have the condition or how it can affect their recovery from surgery.

The researchers recommend that all patients over 60 are assessed for frailty before surgery as standard practice so that their care can be managed, with involvement from a geriatrician where appropriate.

The research, published 27 May in the British Journal of Anaesthesia, is from the RCoA's third Sprint National Anaesthesia Project (SNAP3), the most comprehensive study on frailty and multimorbidity in UK surgical patients to date, and includes data from 7,134 patients across 263 NHS hospitals collected over five consecutive days in March 2022.

Increased risks of surgery for people living with frailty

People living with frailty are less likely to recover well from an operation and the risks increase the more frail someone is. Compared to patients who are not frail, people living with frailty:

- Stay an average of **three days longer in hospital** after an operation, increasing to six days longer for those who are severely frail.
- Are three times more likely to have **complications** from surgery.
- Are four times more likely to have **delirium** following surgery, a condition that causes confusion.
- Are three times **more likely to die** within one year of surgery.

Identifying people living with frailty

People living with frailty might notice feeling slower, weaker, or more tired. They may also notice muscle loss, unintentional weight loss, and a greater need for help with daily tasks.

The Clinical Frailty Scale (CFS) is a straightforward tool that can be used by healthcare professionals to identify whether a person is living with frailty. A CFS score of 5 or more indicates frailty and should prompt referral to a geriatrician for specialist care.

Identifying patients living with frailty helps healthcare professionals discuss individualised treatment options. This includes realistic discussions about the likelihood of survival and of remaining independent after the operation. It also helps hospitals to reduce risks, improve recovery, and provide the right support after surgery.

However, these discussions can only take place if frailty has been identified. The research shows in nearly three-quarters (71%) of cases UK hospitals are not routinely screening for frailty.

Dr Claire Shannon, President of the Royal College of Anaesthetists, said:
"This research provides evidence that patients living with frailty are more likely to experience complications from surgery such as longer hospital stays and delirium. There is huge potential to improve patient outcomes by assessing all those over 60 for frailty as standard practice so that their care can be managed appropriately, with involvement from a geriatrician.

'With older people accounting for an increasing proportion of surgical patients, implementing effective screening for frailty is becoming ever more necessary. Universal adoption of frailty assessments will not only help patients recover better from surgery but also help improve efficiency by avoiding extended lengths of stay in hospital.'

Professor Iain Moppett , Chief Investigator of SNAP3, School of Medicine at the University of Nottingham, said:
"This collaborative study, delivered by anaesthetists from almost every hospital in the UK, has highlighted just how common frailty is in older people having surgery. Identifying frailty is straightforward and should lead to open and honest discussions with patients about what can be offered, what they want and what they can expect if they choose to have surgery.

"Good team work between the right specialists – surgeons, anaesthetists and geriatricians – helps to get patients living with frailty as fit and well as possible before surgery, make the right decisions and get the best care after surgery."

The latest SNAP-3 articles are available under strict embargo until 00:01 27 May 2025.

For further information or to arrange an interview please contact Rachel Yeager, Media and Communications Officer on 020 7092 1599 or media@rcoa.ac.uk

Notes to editors

- The British Journal of Anaesthesia has also published other SNAP3 articles which describe the older surgical population and the perioperative services. These articles were released before these latest findings in order to provide context to the SNAP-3 study.
- The Sprint National Anaesthesia Projects (SNAPs) examine commonly occurring events related to anaesthesia and surgery which affect a large number of patients. Each SNAP is conducted within a short data collection window of a few days at most, though their planning and analysis takes much longer.
- The Sprint National Anaesthesia Projects (SNAPs) are delivered by the NIAA Health Services Research Centre on behalf of the Royal College of Anaesthetists (RCoA).
- Anaesthesia is the largest single hospital specialty in the NHS. The Royal College of Anaesthetists is the professional body responsible for the specialty throughout the UK. The RCoA ensures the quality of patient care through the maintenance of standards in anaesthesia, critical care and pain medicine. www.rcoa.ac.uk