# Caring for Adults with a Learning Disability at St George's Hospital

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Healthwatch Assembly Event

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#### An Overview of the past present and future

- Exploring recent history in acute settings
- Discussing services at St George's today
- Highlighting Challenges and Successes
- Looking forward

## Why focus on PLD in acute hospitals?

- 'Death by Indifference' MENCAP (2007)
- Sir Jonathan Michaels Independent Inquiry (2008)
- 'Death by Indifference: A progress report 5 years on 74 Lives and Counting' (2012)
- 'CIPOLD' (2013)
- 'Treat Me Well' (2018)

#### Core Themes from Reports and Investigations

- Lack of appropriate admission planning
- Omissions in delivery of care
- Poor information sharing
- Failure to understand the law
- Inadequate discharge planning
- Premature death in hospital

## St George's Hospital

- Over 1,000 beds
- Specialist service e.g. neuro, cardio, trauma, stroke
- Contact with over 50 departments and 30 wards
- No formal flagging system of patients with LD

## Learning Disability Liaison Nursing Team

- Two learning disability nurses
- Under the umbrella of Safeguarding Service
- Covering adult wards and departments at SGH
- Monday to Friday 8am to 6pm

#### Core Elements of the LD Liaison Role

- To ensure safe pathways of care for PLD
- To coordinate reasonable care adjustments
- To facilitate best interest decision making
- To raise awareness of the needs of PLD in a hospital setting

#### Referrals to the LD Liaison Team

- Referrals accepted by telephone/email
- Accepted from any source
- Majority referrals are internal (ED, OPDs, wards)
- Other referrals from London and beyond (CLDTs, other hospitals)
- Occasional inappropriate referrals

## Responding to Referrals

- Contact with the local CLDT
- Request for Hospital Passport/Care Plans
- Initial screening if patient is not known
- Planning with MDTs

#### **Involving Families and Carers**

- Facilitating Effective Communication
- Providing collateral to inform care plan
- Giving of emotional support
- Supporting the patient with choices
- Assisting clinicians in making BI decisions

#### Reasonable Adjustments

There is a legal entitlement for people with learning disabilities to have equal access to services

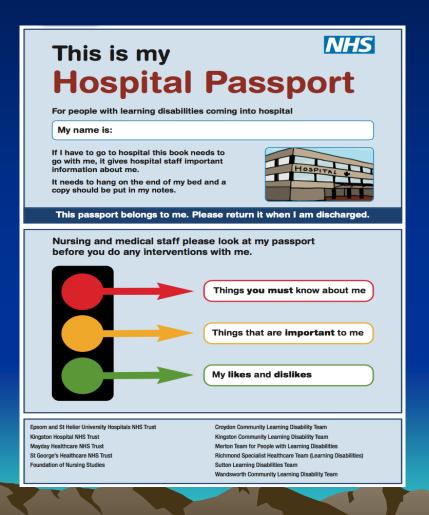
There is a legal duty to make reasonable adjustments when providing services to people with disabilities and to be anticipatory

In order for services to work equally well for people with a learning disability, efforts should be made to remove physical barriers and amendments should be made to procedures

#### Reasonable Adjustments made at St George's

- Providing Accessible Information
- Securing a Side Room
- Offering a First or double OPD appointment
- Coordinating multiple treatments
- Promoting flexible visiting hours
- Organising an overnight stay for carers
- Facilitating pre planned visit to ward/department

### **Hospital (Health) Passport**



Things <b>you must</b> know about me
Name: Likes to be known as:  Date of Birth:  Address: Tel No:
How I communicate/What language I speak:
Family contact person:  Relationship e.g. Mum, Dad:  Tel No:
Person that gives me most support:
Religion: Religious needs: Ethnicity:
My carer speaks:
Level of support (who needs to stay and how often):

#### Pros and Cons of the Hospital Passport

- Highlights Needs and Strengths
- Can give good baseline information
- Better understanding of patient profile
- No single agency overseeing its use
- May not be helpful unless reviewed regularly

## **Enablers to Improved Outcomes**

- Early confact with those who know patient well
- Access to Behavioural Support Plans
- Risk Assessments e.g. harm, dysphagia, medication
- Maintaining Routine as much as possible
- Parity of Esteem Mental v Physical Health

## **Keys to Success**

- Face to Face contact in the ward/department
- Looking after families and carers too
- Ward Information Pack for staff

Awareness Training – Planned and on Demand

## **Referral Rates**



## **Current Partnerships**

- Wandsworth Health Action Group
- The Learning Disability Forum
- SWL Cancer Screening Group for PLD
- Patient Access Committee

## **Potential Challenges Ahead**

- Addressing increasing referral numbers
- Meeting Expectations eg RCN 24 hour cover
- PLD are living longer with complex needs
- Fewer LD Nurses on the NMC Register

## Planning for the Future

- Launching the LD Patient Partnership
- Dissemination of Carer's Survey
- Developing EoLC partnership with local CLDT
- Adapting the Friends and Family Test
- Participation in Audit
- Conversations with commissioners

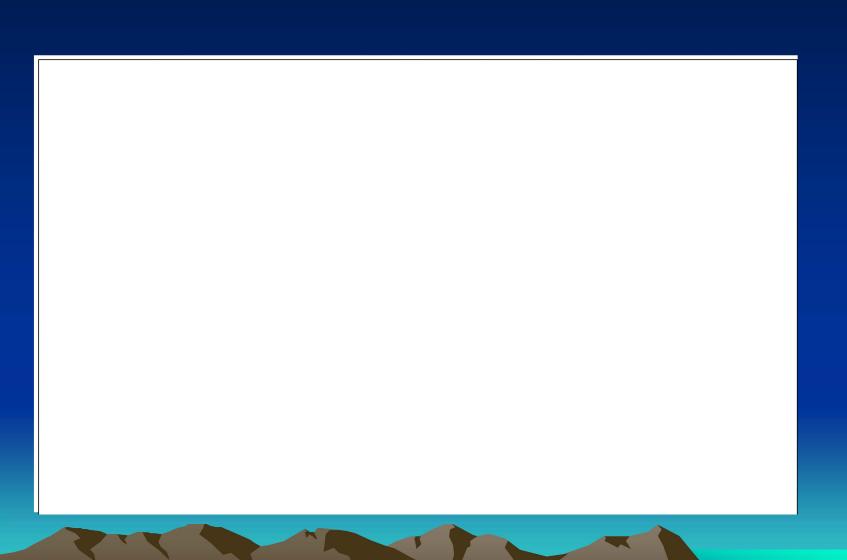
## **Patient Story**

- 19 Year old female with autism and fracture
- Reviewed with parents by Orthopaedic Consultant
- Surgical intervention proposed
- Parents oppositional for many reasons
- Patient was not in any apparent distress
- Best Interest discussions and conservation agreed
- X Rays and orthopaedic reviews every 2 months
- Fast tracking through each department
- Full healing after 8 months without need for surgery

## References and Reading

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## Please feel free to ask a question



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