

# Acute liaison nurse for people with learning disabilities

Presented by Tracy Anderson ALN for  
Warwick hospital

# Learning disability facts

Affects 1.5 million people in the UK

A life long condition usually acquired before adulthood

A significant impairment of intelligence (IQ between 55 and 69 < 55 severe impairment)

Significant impairment in functional ability which affects activities of daily living.

## Things to Consider in Determining Whether Someone has an LD

Communication difficulties

School history

Does the person need support with one or more essential activities of daily living e.g. meal preparation, personal care, travel.

In the absence of this support the individual would be unable to meet these needs. ( support could be physical prompting or verbal or both)

Has the person got a social worker or community LD nurse

Do they access LD services e.g. residential, domiciliary, day services

# Health Needs of PWLD

- Higher levels of unmet needs than the wider population
- Increased risk of certain conditions
- More likely to die earlier than rest of population
- More difficulties in accessing primary and secondary services
- Less uptake of health screening

# Barriers to Accessing Health Care

- Confusion around the law on consent
- Assumptions made re risks to health
- Signs and symptoms of health problems may be wrongly attributed to the LD (Diagnostic overshadowing)
- Lack of accessible information
- Lack of understanding re the consequences of their decisions on their health

# The role of the ALN

- We work in the hospital to support the medics and nursing team to care for the individual when they are ill.
- We support the individual, family and carers when someone is admitted to hospital
- We work with the doctors, nurses, dentists and opticians to understand the needs of the adult with a learning disability

# The role of the ALN (cont)

- We can support and advise on the individuals rights in relation to the Mental Capacity Act (2005) and support the hospital to work within the cat
- We have developed and supported the use of the hospital passport
- We can support and advise individuals, family and professionals regarding Reasonable Adjustments that can be implemented to ensure that individuals receive and access appropriate health care

# What are Reasonable Adjustments?

- Bespoke arrangements made after assessment
- Planned with person with LD, their care team and the generic care team
- Can be very small and simple to implement



Hi everyone, on Tuesday this week I went to Warwick hospital to have my teeth fixed, they were poorly and lots of people helped me, Dawn Bray helped me prepare for the teeth fixing, Tracy Anderson organised the day, Elizabeth and Sara did the work on the teeth Dr David Robinson sent me to sleep like Tails from Sonic he also sang The Circle of Life in Zulu before he put some anaesthetic into my hand, Thank you all very much and I am now ordering Postman Pat Series 1 and 2 DVDs and I am also visiting Rachel Wilsdon and Tom Moore in Wolverhampton too. I have now found my voice I lost it at the hospital when I was recovering from the Anaesthetic but it is now firmly fixed in my throat. Thank you everyone who helped me with my teeth fixing and a special thanks to Shane MacGowan from the Pougues (See photos before after) who showed me what it looks like when you don't look after your teeth, and then i realized i did not want teeth like this.



# Barriers to Overcome in Primary Care and Outpatients

- Making an appointment
- Automated services within the surgery
  - Booking in
  - When appointment should start
- The environment
  - Wheelchair accessible consulting rooms
  - Space for carer

# Reasonable Adjustments for Effective Consultations

- Talk to the patient about their symptoms
  - No jargon
  - Re-phrase questions to test understanding
  - Be aware patients own terms for describing symptoms may need clarifying
  - Take time to understand
  - Do not make assumptions

# Reasonable Adjustments in Secondary Care

- Outpatients
  - Diagnostics
  - Pathology
- Elective procedures
- Emergency admissions

# Reasonable Adjustments in Outpatients

- Pathology have no appointments
  - Individual appointments given to fast-track through
  - Individual arrangements for bloods at home
- Radiology open flexibly to accommodate
  - Allocated scanner rooms to no waiting
  - Opened early to quieter environment
  - Carer allowed to support throughout scan
- First appointment of the clinic

# Elective Procedures

- Capacity assessments done in a timely way
- Best Interests Meetings facilitated if necessary
- Plan for individual reasonable adjustments to support admission and smooth discharge
  - First on theatre list
  - Carer/parent/friend to support through to anaesthetic room and in recovery
  - Anaesthetic induction and cannulation

## **Outpatients continued:**

- Pre-appointment visits to the clinic
  - Desensitisation
  - Familiarisation with environment
- Support throughout appointment from carer/friend/Acute Liaison nurse
- Highlight need for capacity assessment

## Emergency Admissions:

- Ensure triage and seen by doctor as soon as possible
- Does the person have a Hospital Passport?
  - If 'yes' then use it to flag individual's needs
  - If 'no' can the person/carer be supported to complete one?
- Negotiate support levels with patient/carer/parent
- Individual 'flags' on electronic system to alert staff of individual reasonable adjustments
- Ensure the patient accesses the appropriate ward
- Regular MDT meetings to update on progress
- Referrals to Intermediate Care to facilitate discharge



# Health Needs and Services

Key reports and findings

Six lives, Mencap (2009)

Health care for all (2008)

Winterbourne (2012)

Closing the Gap Disability Rights

Commission (2006)

Cornwall report (2006)

# Where we were

- The ACL post was not filled permanently when nurse left in 2011
- The Health Facilitation covered the post temporarily and then through consultation this service was disbanded
- Community nursing LD Team provided support
- Joint funding between SWFT and CWPT agreed in 2013 for 5 days per week

# Where we are now

- Internal audit completed last year – access for healthcare for patients with a LD (overall findings)
- The audit did not highlight any weaknesses that would in overall terms impact on the achievement of the system's key objectives. However, the audit did identify some control weaknesses that have impacted on the delivery of certain system objectives.
- The Trust does not currently utilise the flagging mechanism within the PAS system to identify current or new LD patient admissions/attendances for reporting and audit purposes.
- The Trust does not have a mechanism in place to easily demonstrate its status with the monitor compliance framework in relation to healthcare for patients with a learning disability.
- Incidents, complaints and PALs information relating to LD patients is not triangulated in order to highlight any trends/areas of concern within the Trust.
- There is no checklist in place to ensure that when a patient with a learning disability attends hospital any necessary adjustments are made and key controls have been followed.

# Where we are now

- Kathy and Tracy have worked together to address the recommendations of the audit
- LD nursing assessment implemented
- Letters sent out to patients when discharged asking for their consent to put a flag on PAS
- Tracy to continue to raise her profile by visiting wards and having stands during LD awareness week in public areas

# Where we are now

- Information about how to refer to ALN on the Intranet
- ALN to continue to deliver vulnerable training on a rolling rota

# Where we want to be in the future

- Tracy to continue to raise the profile of the ALN in Warwick Hospital
- ALN's across CWPT to identify areas of good practice in each area
- ALN's to identify areas which require further support in each team
- ALN's to look at ways to provide more continuity in practice/service across the Trusts acute liaison services.
- ALN's to support acute liaison staff to improve communication between demographic areas.
- ALN's to formulate a single care pathway for patients requiring Acute liaison support.

