

Health Facilitation

North Warwickshire update



We continue to Improve the patient journey into hospital

- Referral
- Initial assessment
- Build therapeutic relationship
- Hospital passport updating all open to our team
- Liaise with departments
- Support patient and family/carer
- Follow patient's journey and advocate needs





Support with desensitisation for health checks and investigations

We continue to have success stories with desensitisation programmes which include;

- Health checks
- Mammograms
- Blood tests- 3 in the last 3 months
- Attend hospital appointments

In the least restrictive way







Provide person centred accessible communication

These are examples that I have used this week...

Co ordinate reasonable adjustments

- Built good working relationships with departments
- This helps to reduces stress of patient and QUIET family/carers
- Times of appointments
- Extended appointment slots
- Organise quiet area for examinations
- Ensure clinician is aware of patients need candidy learning disabilities prior to appointment

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Improve success of treatments through education

Easy read accessible information such as,

- Diabetes
- Colostomy
- Bowel care

We offer education on a 1:1 basis to understand Investigations such as, colonoscopy, gastroscopy, colposcopy, ECG, EEG and epilepsy manetc.

Co ordinate discharge

To follow the patients journey

- Ensure there is enough support to get them home safely liaise with CHC and Social Care
- Ensure staff/family are prepared for their return. Request OT, Physio and SALT referrals if required
- Check they are ready for discharge
- Follow up in the community



Health Promotion and Health Education

- Educate individuals with a learning disability about health risks, e.g. Cancer screening, Diabetes, Healthy Eating, Dental hygiene and personal hygiene offered at day centres and families/carers are invited to attend
- Educate individuals with a learning disability about their existing health conditions to prevent relapse and re admissions



Groups

- Over the last 12 months we have held
- 1 walk and talk group
- 1 Masc group(my autistic spectrum condition Group)
- Understanding how this effect people and offers support
- Top to toe group
- Woman's Raps (relationship and personal safety) group

Learning Disability awareness in primary care

- Education sessions to new starters at the George Eliot Hospital monthly (re learning disabilities, mental capacity/best interests and how to contact me
- Building links with ward staff and outpatient staff
 to raise their awareness of my role
- Attend hospital safeguarding meetings



Building relationships with GPs

- Provide contact information to GPs, request information re uptake of health checks, offer support for individuals who need reasonable adjustments
- Provide training upon request
- Co ordinate and attend best interest meetings and end of life meetings
- Ensure the Respect document is used



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- 2 health promotion sessions at community hubs focussing on cancer screening
- Provided monthly training for George Eliot staff
- Arranged another workshop for Mammograms at GEH



Hold behaviour clinics

- Since May 2017 the team have been offering a One stop multidisciplinary appointment to address any concerns about people behaviours
- They see 4 people in each clinic
- The team consists of a psychiatrist, nurse, psychologist and SALT
- They review any recommendations that have been made previously and discuss and formulate immediate actions to help support the carer's and individual to manage the difficult behaviours

The End

