EXECUTIVE SUMMARY

In March 2017, the Council of Governors were updated regarding the ongoing work of the Trust’s Learning Disability Liaison Team and how they are instrumental in supporting and leading the Trust’s response to national recommendations about caring for children, young people and adults with a learning disability.

This paper provides a summary of their ongoing work and practice developments and provides assurance that the Trust is compliant with related Monitor and CQC requirements, and is continuing to progress this agenda.

Recent work has focused on:

- Identifying and then applying on electronic alert to patients records (referred to as ‘flagging’, which informs staff of the presence of Learning Disability, especially expectant mothers with learning disabilities).
- Learning Disability Awareness Week in June 2017 was targeted within Midwifery Services.
- Learning Disability Mortality Reviews.
- Exploring the hosting of a newly developed training post for a GP Post-CCT Fellowship - Learning Disabilities.
- Piloting the use of the NHS England toolkit for Learning Disability Health Quality Checkers for Emergency Departments in partnership with Skills for People (a local Health Checker organisation).

Case studies also demonstrate the work of the Liaison Nurses and Clinicians across the Trust to ensure patients have excellent experiences and equality of access to care.

This paper also identifies potential risks, the key ones being that the Trust fails to meet the needs of patients, or to provide appropriate reasonable adjustments, and the increasing workload of the Learning Disability Liaison Team.

RECOMMENDATIONS

To i) receive the report and ii) note the progress made iii) endorse the ongoing work.
1. INTRODUCTION / BACKGROUND

The Trust continues to develop practice to improve care for people with learning disabilities, building on the existing infrastructure and dedicated expertise of the Learning Disability Liaison Team. This has been sponsored by the Nursing and Patient Services Director, supported by the Learning Disability Steering Group, with operational leadership being effectively provided by the Deputy Director of Nursing and Patient Services (Freeman). On-going progress is evident and reported in this paper.

In response to the report published by Sir Jonathan Michael, Healthcare for All (2008), the Care Quality Commission (CQC) requires Trusts to self-assess against six questions related to access to healthcare for people with a learning disability. The Trust continues to declare compliance with these standards via Monitor and to further enhance provision; the current position is detailed in Appendix One.

The Trust continues to actively contribute to Regional work, including the North East and Cumbria Learning Disability Network.

This paper provides the Council of Governors with an update on progress made within the last six months and a summary of further commitments proposed for 2017/2018.

2. CQC REQUIREMENTS AND ‘SIX LIVES’ PROGRESS

In relation to the CQC requirements, work has been on-going within the Trust, with corporate leadership from Patient Services and progress can be demonstrated against each requirement, with the Trust being able to demonstrate achievement against all six recommendations (Appendix One).

3. IDENTIFICATION OF PATIENTS WITH A LEARNING DISABILITY

The Trust continues to place a flag on a patient’s electronic record when a clear diagnosis of learning disability is established. Numbers of flagged records continue to increase; currently 2116 patient records are “flagged” 266 children and 1850 adults.

<table>
<thead>
<tr>
<th></th>
<th>Total No. Flags</th>
<th>Children Flags</th>
<th>Adult Flags</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st April 2016</td>
<td>1771</td>
<td>164</td>
<td>1607</td>
</tr>
<tr>
<td>1st April 2017</td>
<td>2116</td>
<td>266</td>
<td>1850</td>
</tr>
</tbody>
</table>
The substantial percentage increase of children been flagged can be attributed to the focused work of the Learning Disability Liaison team engaging with staff within the Children’s Directorate. Work has involved raising awareness, and assisting them to develop their own resources and infrastructure to support children and young people with Learning Disability and their family and carers. (See section 7 below). Awareness raising of the importance of identification of children and young people with learning disability as soon as a diagnosis is established continues to be imperative to meet the needs of this patient group. It also ensures provision of appropriate reasonable adjustments and equity of healthcare across their future life course.

The flagging system enables the Trust to identify the number and location of contacts with patients with a learning disability. The Team has a “virtual ward” which enables them to see at a glance where patients with a learning disability are at any one time, and see forthcoming appointments.

During 2016 / 2017, the Trust has facilitated 4961 out-patient appointments, 719 inpatient stay and 786 attendances at the Emergency Department involving patients with a learning disability. The table below demonstrates learning disability activity and what proportion of total patient population this represents.

<table>
<thead>
<tr>
<th>Spells Of Care</th>
<th>Outpatient Appt</th>
<th>Inpatient Stays</th>
<th>ED Attendances</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LD Patients</td>
<td>All Patients</td>
<td>LD %</td>
</tr>
<tr>
<td>1st April 15 – 31st March 2016</td>
<td>3940</td>
<td>1,262,534</td>
<td>0.31%</td>
</tr>
<tr>
<td>1st April 16 - 31st March 2017</td>
<td>4961</td>
<td>1,292,005</td>
<td>0.38%</td>
</tr>
<tr>
<td>% difference</td>
<td>20.6% increase</td>
<td>2.3% Increase</td>
<td>9.2% decrease</td>
</tr>
</tbody>
</table>

The increase in number of patients flagged probably accounts for the increases seen in outpatients and ED attendances. There appears to be a reduction in inpatient stays, this may be a reflection of the Learning Disability Liaison team working in partnership with community agencies to provide appropriate healthcare provision preventing inappropriate admissions.
4. LEARNING DISABILITY LIAISON NURSE UPDATE AND ACTIVITY

The Learning Disability Liaison Team continues to support individual patients and families experience. Both nurses have an active caseload where they are directly involved in providing advice, negotiating reasonable adjustments, and liaising with other professional and care agencies. Examples of their work are demonstrated in the case studies at Appendix Three. Case study A is especially complex, having required the Trust to go to the Court of Protection and has required significant input from the team.

Within 2016/17 the service has received 2055 formal referrals during the period of 1st April 2016 and 31st March 2017 (Appendix Two) and increase of 66.9% from the same period 15/16. The Learning Disability Team’s workload is illustrated in the Learning Disability Dashboard at Appendix Two.

The data demonstrates that the Team is dealing with between 85 and 305 referrals per month. Of these more than half are generated automatically from the Trust ERecord sending alerts to the Team informing them of an admission or Emergency Department attendance. The other main reason for referral and requests for facilitation of care, this ranges from 38 to 109 referrals per month. This is significant workload in terms of time as there can be complex and multiple discussions required (Appendix 3).

Some of the increase in activity can be attributed to the Learning Disability Liaison Team administration support which has is enabling the Team to capture “real time” data. Access to this “real time” data supports a better understanding of the services contribution to co-ordination and planning of care for patients with complex needs, particularly in relation to the avoidance or management of challenging behaviours.

The clinical workload of the Team continues to increase, as more patient’s records are flagged the active caseload increases. As people with a learning disability live longer the potential caseload increases. The Team are under significant pressure to meet all patient needs alongside, audit of practice to provide assurance, and to progress practice development work. The team ethos is to support and empower clinical teams to meet needs with support initially, so they then can be confident in providing reasonable adjustment independently in the future.

In addition to this they continue to develop practice and the Trust infrastructure to support those with a learning disability.

5. PATIENT, CARER and LEARNING DISABILITY LIAISON TEAM FEEDBACK

The Trust continues to elicit patient feedback, from the patient, their carer or healthcare professional following attendances within the Trust. These cover admissions to all sites and for various interventions and attendances.

Overall feedback is positive:
“I cannot thank the hospital staff and the school staff enough for helping me get my son to have his procedure. I honestly didn’t think we’d be able to get him here, never mind have a general anaesthetic, given all of his issues”.

Parent of patient

The individual issues and feedback raised are shared with relevant staff and findings are reported via the Learning Disability Steering Group and Patient Carer and Public Involvement Group.

These surveys will continue to ensure effective patient and carer feedback is elicited and shared internally and externally so that maximum learning can be achieved.

In healthcare the tradition has often been to focus on errors in an effort to learn from mistakes and avoid further harm. The Trust has recognised the importance of appreciating that the vast majority of what we do on a daily basis is good; indeed often excellent and there is a need to share and learn from this excellent practice. With this in mind the Learning Disability Liaison Team have completed two Greatix submissions.

“Provision of comprehensive reasonable adjustments to a patient’s with a learning disability, liaised with carers and family to identify the patients’ needs and put strategies in place to support them, i.e. admitted to a quiet ward, first on the list for theatre, only to be seen by key professionals on the morning of admission, arranging for carers to stay overnight to support the patient with his anxieties. Liaised with dentistry so that a dental check could be done under the same general anaesthetic. Comprehensive thinking around use of the Mental Capacity Act and Best Interest decision making. All of this making an individualised plan for the patient to aid a positive experience for all involved”.

Consultant, Colorectal Surgery.

“The Nurse recognised that a patient’s parents had learning disabilities and were caring for a child with complex health needs. Time was spent explaining to parents in a format conducive to their understanding, gaining their trust and empower them to ask questions and not feel judged because of their individual need”.

Nurse Specialist, Paediatric Endocrinology.

Once submitted an email was sent to the member of staff involved acknowledging their contribution and thanking them for their good work.

6. LEARNING DISABILITY MORTALITY REVIEW

Within the Trust all patients with learning disability who have died are discussed at the Trust Learning Disability Mortality Review Panel led by the Deputy Director of Nursing and Patient Services (Freeman), the Director of Quality and Effectiveness and Clinical Director of Quality and Safety, where further actions and the key learning points are explored and captured for sharing.

In relation to 2016/17, 14 people with a confirmed diagnosis of learning disability died within the Trust, there were an equal numbers of male and female. The age range varied from 7 weeks - 86yrs, the male mean age was 53yrs and female 35 yrs. Their length of stay varied from 2 hours to 107 days. The majority were on the
RVI site, attending via the Emergency Department. Just under 50% were residing outside of Newcastle, just over 50% within the family home. The most prevalent recorded cause of death was Pneumonia or Respiratory failure.

The reviews of these deaths identified areas of good practice including good examples of Do Not Attempt Cardio Pulmonary Resuscitation documentation completion and best interest decision documentation, good escalation processes and partnerships between community and ward environment. Strong partnership working between speciality teams was evident, for example; consideration of appropriate transfer by an Emergency Department consultant ensuring a monitoring bed was sought prior to transfer to another hospital site the following morning. A good example of reasonable adjustments saw ward staff working in partnership with families to ensure quality time was the focus right up to the patient’s death.

All of the people reviewed had a number of co-morbidities and had been known to the Trust for previous care, and whilst the reviews, did not identify significant gaps in care on these admissions, there were some concerns identified. One was that deaths are recorded in different places in Trust, not all are notified to Bereavement Services as some Wards/departments may undertake all necessary processes directly. This means that cannot solely rely on Bereavement Services being a safety net to ensure all patients who die subject to Deprivation of Liberty Safeguarding are notified to the Coroner.

The Trust will continue to internally review all deaths of patients with learning disabilities. Following the introduction of the national Learning Disability Mortality Review Programme (known as LeDeR programme); all localities have been requested to discuss deaths within an external multi-agency framework. However the governance arrangements, which are under the auspices of the CCG, are still under discussion, so no date is agreed for this process to commence within Newcastle.

7. CHILDREN’S SERVICES

The Learning Disability Liaison Team is working in partnership with the Children’s Directorate to help identify children who have a clear diagnosis of a learning disability to enable a flag to be present on e-records. This will identify the child or young person and ensure their pathways of care are reasonable adjusted to meet their individual needs, both for current care in Children's Services, and throughout their life course and all future contact with Trust Services.

Although there have been a number of children’s e-records flagged, the learning Disability Liaison Team recognise that this is made difficult due to the differing terminology used in partnership agencies, for example Education Service frequently use the term “moderate to severe learning difficulty” whereas Health Services commonly use “developmental or global developmental delay”. This has been revealed by the team spending time scoping local children and young people services and raising awareness of this potential vulnerable patient group. The Learning Disability Liaison Team therefore spend a lot of time working to achieve consensus and confirmation of diagnosis.
In preparation for the identification of Children and Young People with learning disabilities the Learning Disability Liaison Team has worked in partnership with colleagues from the Children’s Directorate in the development of a visually aesthetic Young People’s Hospital Passport which provides vital information to health professionals regarding the patient’s individual needs. This work was recognised and rewarded at the recent Trust Nursing and Midwifery Achievement Award.

8. NORTH EAST AND CUMBRIA LEARNING DISABILITY CLINICAL NETWORK

The Trust continues to be an active participant in the Network. Trust professionals are actively involved in two identified work streams; Access to General Anaesthetic for MRI and CT Scanning, and Support for Expectant Mothers with a learning disability.

The Learning Disability Liaison Team has been asked to co-develop a pathway workshop to consider and address the question of identification of children and young people with learning disability, and by whom? Professionals from the Children’s Directorate will be approached to participate.

9. GP POST-CCT FELLOWSHIP- LEARNING DISABILITIES

The Trust has been approached to facilitate and host a newly developed GP Post-CCT Fellowship- Learning Disabilities training post. Nationally there has been an identified need for a new and different General Practitioner role capable of bridging gap between primary and secondary care and physical health and learning disability. The GP would develop specific expertise to be used to help close the health inequality gaps by using bio-psycho-social clinical skill sets and overarching knowledge of health and social care to act as a clinical advocate for patients and a specialist adviser to colleagues.

The person identified would be expected to develop experience and communicate the needs of people with learning disability within hospital, specialist and community settings. This skill set will enable them to oversee the patient journey across different organisations, facilitating reasonable adjustments and identify health promotion priorities and resources to address the need.

Similarly the Trust is being invited to facilitate the post holder developing a close working relationship with the Learning Disability Liaison Team and access to Trust services. Work is currently being undertaken to finalise the provision of an Educational and Clinical supervisor, and the promotion of the fellowship through Trust Communications.

The GP fellow is expected to spend two sessions per week within the Trust, identify skills which will be developed and planned activities which will be recorded within agreed job role. The post will include the completion of a bespoke diploma programme in Learning Disabilities.
10. **EMERGENCY DEPARTMENT QUALITY CHECKERS**

The NHS Quality Checkers programme involves people with a learning disability employed to inspect local NHS services critically, to provide advice on how they can better meet their needs and those of other patients with additional needs.

Quality Checkers use their own experiences to make assessments on the quality of care and support, and to give a view that can be often missing from other forms of inspection. As people with a learning disability themselves they are best placed to identify the significant barriers they face when accessing NHS services, whether it's the use of complicated forms and language, confusing layouts of buildings, or staff who aren't sure how to interact with people with additional needs. This all contributes to people with a learning disability being less likely to use services.

NHS England has commissioned a number of toolkits for local Health Quality Checkers to use to check how well health services support people with learning disabilities. The Trust is to pilot use of the tool for Emergency Departments in partnership with Skills for People (local Health Checker organisation).

The toolkit includes an initial self-assessment of Emergency Department provision for people with learning disability, a visit to the Emergency Department by Quality Health Checkers and their supporter for their inspection. Quality Checkers have a range of methods that they use in order to check the service such as; talking to staff, and patients, and observing what happens within the service. After a Quality Check a short report will be written and shared with the Trust including recommendations if appropriate. It is planned that this work will take place in mid-July and outcomes will be reported to the Board and Council of Governors subsequently.

11. **RISKS AND RISK MITIGATION**

The key risks are that the Trust fails to:

- Meet its duty of care to effectively support patients with learning disabilities or to provide reasonable adjustments.

- Provide the necessary reassurance to the CQC.

- Monitor the momentum to identify patients with learning disabilities and, ensure that they follow pathways of care which are reasonably adjusted to meet their individual.

- Recognise the needs to reiterate key messages and maintain education for staff.

It is clear that all of the work described above provides significant mitigation of these risks; however more can always be done. Further work to be completed in 2017 to reduce the risks described includes:
- To continue to expand flagging from Children’s’ Services.
- Continue to gather feedback from patients and service users and carers to identify gaps.
- To showcase and share the exemplary work some of the Trust’s clinical teams do in terms of provision of reasonable adjustments, to demonstrate across the Trust what is possible.
- Continuation of mortality reviews of patients with a learning disability who die whilst in Trust care.
- Continuing the audit of documentation of best practice in relation to use of pathways of care, provision of reasonable adjustments to meet individual needs, hospital passports being utilised appropriately, and capacity assessment and consideration of Deprivation of Liberty Safeguards, if capacity is lacking.

12. SUMMARY

The Trust is demonstrating achievement against all six CQC requirements and is now able to flag the patient record to alert professionals that patients have a learning disability. Protocols and pathways are present to ensure needs are met and are being integrated into Trust Policy and Practice.

The role of Learning Disability Team is highly valued by patients, carers and Trust clinicians, and continues to lead the development of Trust systems, processes and staff education, all of which will help to ensure patients with learning disability receive appropriate care.

The Trust is committed to working with other partners to ensure the needs of patients are met. Activity within the Learning Disability Team is growing year on year.

13. RECOMMENDATION

To i) receive the report and note the progress made.

Helen Lamont
Nursing and Patient Services Director

Alison Forsyth
Learning Disability Liaison Nurse

Frances Blackburn
Deputy Director of Nursing and Patient Services (Freeman)

12th July 2017
## CQC REQUIREMENTS

<table>
<thead>
<tr>
<th>CQC REQUIREMENT</th>
<th>TRUST ACTION/PROGRESS</th>
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<tbody>
<tr>
<td>Does the Trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?</td>
<td>The Trust is able to identify people with a learning disability on e-Record. Only patients with a confirmed diagnosis are flagged.</td>
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<td>The alerts audits have been developed to predict future weekly attendance of Patients with learning disability.</td>
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<td></td>
<td>RAPPA Email alerts received by learning disability liaison service if patient with a learning disability dies to commence the mortality review process.</td>
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<tr>
<td></td>
<td>The development of a virtual ward to identify all inpatient stays across the Trust.</td>
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<td></td>
<td>The Trust has demonstrated that it has successfully introduced Care Pathways which staff are using to identify individual needs and reasonably adjust care to meet those needs.</td>
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<td></td>
<td>Awareness raising within Children’s services to identify children and flag e-records.</td>
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<td></td>
<td>Work to provide flagging with community patient record systems will be taken forward.</td>
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<tr>
<td><strong>In accordance with the Disability Equality Duty of the Disability Discrimination Act (2005), does the Trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria:</strong></td>
<td>Within the Trust intranet an easy read information page has been developed with a range of information including, Complaints, Mental Capacity Act Guidance and specific health leaflets e.g., Colonoscopy and MRSA.</td>
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<td>- treatment options (including health promotion)</td>
<td>The Trust has purchased a number of Photosymbols 4 licenses to assist staff develop additional easy read information. A number of easy read leaflets have been developed including Cardiothoracic pre assessment, Hypertension Service, Colposcopy clinic and Emergency Department.</td>
</tr>
<tr>
<td>Question</td>
<td>Response</td>
</tr>
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<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>All core “Coming into Hospital” leaflets have an Easy Read version.</td>
<td>Trusts has developed accessible films of Radiological Procedures for people with a LD and are available via Trust Intranet or as a DVD. DVD had been developed to explain the importance of the hospital passport.</td>
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<td>Does the Trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities, including the provision of information regarding learning disabilities, relevant legislation and carers' rights?</td>
<td>North of Tyne LD Liaison Nurses have developed care pathways for paid and unpaid carers. A leaflet for carers of patient with a learning disability has been developed and to be presented to the Patient Information Review Panel.</td>
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<tr>
<td>Does the Trust have protocols in place to routinely include training on learning disability awareness, relevant legislation, human rights, communication techniques for working with people with learning disabilities and person centred approaches in their staff development and/or induction programmes for all staff?</td>
<td>Staff Induction now includes information regarding Learning Disability within Safeguarding Adults Training. All E&amp;D and HR training has been updated to include Learning Disability Awareness. A training programme called “Patients are People” is established which helps staff to consider the patient experience. The day commences with production from The Twisting Ducks, a Theatre Group of actors who have a learning disability, the session is very effective at demonstrating a patients experience and challenges participants’ beliefs about disability. Within the Essential Communication Skills Programme, which the Trust delivers, skills to aid communication between a patient with a learning disability, carers and the professional are demonstrated. The Trust has a mandatory Learning Disability Awareness Package as part of the mandatory training within the safeguarding domain. The Trust has establishing learning disability champions across all sites, to raise awareness of patients’ needs.</td>
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<td><strong>Does the Trust have protocols in place to encourage representation of people with learning disabilities and their family carers within Trust Boards, local groups and other relevant forums, which seek to incorporate their views and interests in the planning and development of health services?</strong></td>
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<td>The Trust has an established Learning Disability Steering Group, chaired by Mrs Blackburn, Deputy Director of Nursing and Patient Services; the group also includes a patient representative who has a learning disability and a carer who brings their perspective to the group. The Trust is also a proactive member of established regional forums including the North East and Cumbria Learning Disability Network. The Trust is offering work experience to young people with Learning Disabilities with several young people on placement at present. Current placements include Weight Management, Internal Medicine administration, Loan Equipment Services, Sterile Services, Linen Room.</td>
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<thead>
<tr>
<th><strong>Does the Trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?</strong></th>
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<tr>
<td>The Trust elicits patient feedback. The individual issues raised are fed back to relevant staff and services and findings are reported via the Learning Disability Steering Group, Patient Carer and Public Involvement Group and Patient Experience Report on a regular basis and public Trust Board Reports.</td>
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</tbody>
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Challenges and Priorities planned in 2017/18 include:

- Further development of easy read information for patients with learning disability.
- To continue to collect patient feedback to inform future developments and share this within the Patient Experience report to achieve greater staff awareness and understanding and wider public dissemination of these findings.
- Clear procedures for the flagging of community patients.
- Ongoing Audit of utilisation of Hospital passports, needs assessments and care pathways.
- To continue to raise awareness within Children’s Directorate to enable clinical teams to identify children with a learning disability. Completion and Trust endorsement of the hospital passport for children and young people with learning disabilities.
- Raise awareness within community and hospital Midwifery Services to identify expectant parents with learning disabilities. To ensure information is provided in a format to ensure involvement in informed decisions making around expectant Mum and baby’s health needs.
- Continuation of the mortality review of patients with learning disabilities.
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

LEARNING DISABILITY REFERRAL DASHBOARD - APRIL 2016 to March 2017

Learning Disability Team Activity - April 2016

Referrals

How We Categorised Them

We Got The Referral From

Appendix Two
Appendix Three

Case Study A

Patient A is an elderly lady with dual diagnosis of learning disability and mental health issues known to display behaviours that challenge at times of distress and refuses to wear clothes. She lives within own apartment within nursing/residential accommodation with one to one support, twenty four hours of the day.

The Learning Disability Liaison Service received referral for patient’s GP for advice. She had visited the lady and suspected that there was a possible deterioration in her vision but had been unable to examine patient A. The Liaison Service contacted the Directorate Matron for advice, who suggested contacting an identified ophthalmology clinician directly.

The clinician visited the lady within her own environment and confirmed he believed she needed intervention for removal of cataracts although examination had been very difficult. Examination and intervention would only be achieved under general anaesthesia.

A formal assessment of capacity was gained by the ophthalmology clinician and patient A was deemed to be unable to make an informed decision around intervention for cataract removal. However this elderly lady had no family member to represent her voice, so an IMCA (Independent Mental Capacity Advocate) was instructed and a multi-disciplinary/agency Best Interest meeting was convened; including Trust Legal Services.

A decision was made to progress with intervention but clinicians acknowledged that partnership working was imperative as it was evident that any intervention would require extensive planning. Discussion was held regarding possible need to restraint to, facilitate access to hospital, during intervention, and whilst returning to home placement. An application to the Court of Protection for guidance was sought by the Trust. The Court deemed that intervention was proportional to the restoration of this ladies sight and agreed and endorsed proposed plan.

The Learning Disability Liaison Service had to facilitate the identification of secure private ambulance service and appropriately training staff to support this lady during her healthcare intervention, an extensive care plan was developed (see over) and delivered.

The lady attended late June 2017, all partnership agencies followed the care plan, intervention was successful and patient returned home.

In conclusion everyone needs the same access to healthcare but it may need to be extensively planned and provided differently to enable receipt of similar intervention.
Transport to Royal Victoria Infirmary

6:00 am Sedation to be given by Care Home Staff. 2mg Lorazepam and 5mg Haloperidol. Small amount of water with normal morning medication. Starved from midnight.

7:00 - 7:30 5 seated ambulance transport arrives at Care home. All female ambulance crew (estimated approx. time of transfer will be 15minutes.) To be transported on stretcher with chest and body belts, soft cuffs to be used as necessary. Care Home staff to assist ambulance crew to transfer to stretcher. Two members of Care Home staff to accompany patient in ambulance. Ambulance staff to take lead re restraint. To contact security team on ●●●●●●●●●●●● to inform on way. Security team to contact Anaesthetist ●●●●●●●●●●●●.

8:00-8:30 arrival at RVI. Anaesthetist to meet ambulance at Mortuary Entrance. Patient to be transported directly to theatre 17 (Lifts to Level 5. Adult theatres through to Claremont theatres).

**ACTIONS NEEDED**

- Care Home staff to contact Community Learning Disability Nurse for prescription from Learning Disability Psychiatrist.
- Ambulance Service to inform Security of ambulance registration number.
- Ophthalmologist to speak with Colleague re availability for VR if needed.
Arrival at theatre and recovery.

8:30-9:00 Theatre staff to contact Ward to ‘clerk’ patient onto ward. Ward staff to complete initial part of checklist, theatre staff to complete second part. No need for consent form as covered by Court of Protection Order. Staff to be aware patient may not wear ID bracelet.

Patient to be anaesthetised on ambulance transport bed (non-tilt bed). Transferred to theatre trolley. Method of anaesthesia to be dictated by patient’s presentation (gas induction or cannulation).

Bilateral cataract surgery completed. To consider availability of vitreo-retinal surgeon availability if appropriate.

Recovery to take place within theatre setting. When appropriate to transfer to ambulance trolley. Patient to wear clothing and restraints applied. Ambulance and Care home staff to facilitate.

**ACTIONS NEEDED**

- Care home staff to attend with appropriate clothing.
- Ophthalmologist to provide nursing staff list of requirements for theatre.
After care and transport home.

Patient to have dissolvable stiches to eyes. To receive steroid and antibiotic injection to eyes therefore no need for eye drops. To have anaesthetic behind eye this will blur vision on waking (effective for approximately 1 hr). Sight will improve gradually, hopefully to prevent severe agitation. No eye pads necessary. Patient will feel discomfort to discourage rubbing of eyes by Care home Staff.

On waking patient to be clothed and restrained on ambulance trolley. When safe to discharge, patient to be transferred back to ambulance with help of security staff as hospital corridors will be busy. Theatre staff to contact security on ●●●●●●●●●●.

12:30-13:00 Patient returned home if appropriate. Care home staff to monitor nutritional intake, urine output and medication administration.

Ophthalmologist to contact/visit at home approximately 1 week later.

To note if any member of the multi-disciplinary team feels at any point that the intervention should not go ahead. The intervention to be ceased as surgery should not be pursued at any cost.
Case Study B

Patient B is a 12 year old boy with learning disability, Attention Deficit Hyperactivity Disorder and autism. The Learning Disability Liaison Team received a request for support from a family support worker to attend an outpatient appointment. Previous attendances had been extremely difficult and resulted in the boy requiring restraint, and leaving the department without intervention.

The Learning Disability Liaison nurse visited the patient’s home to gather background and relevant information, identify reasonable adjustments and discuss their implementation. It was identified that the boy found new environments very difficult, particularly, the level of noise and levels of stimulation i.e. particularly the large numbers of people moving around. Mum was very anxious, which impacted on the patient’s behaviour. He was extremely rigid in his routines and found change in routines very stressful.

A Plan was developed:

- Learning disability liaison linked with the school who would offered to support the boy to his appointment by transporting him to the clinic they also provided a familiar member of staff to support him during the appointment.
- Patient to follow his normal routines on day of appointment i.e. breakfast, dressed, taxi to school.
- Mum would attend appointment 15 minutes prior to appointment to register him in at reception.
- School to park at a pre-planned parking area for easy/direct access to the children’s outpatient department.
- School advised to bring items that would be useful to distract the patient should he have become agitated.
- To enter the department and shown directly into a consultation room
- Patient to be examined and then a discussion had with consultant and mum. However should the boy at any point begin to become distressed, to leave room and return to school.

Boy attended and plan was followed, he remained very relax throughout (including an x-ray for the first time) and a positive experience had for patient, family and professionals.