LEARNING DISABILITIES POLICY GUIDANCE

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Appendix 1

DO YOU NEED TO CONTACT A LEARNING DISABILITY HEALTH FACILITATION NURSE?

Please contact the Health Facilitation Nurse, on the admission of a patient with a Learning Disability.

Please provide:

- the patient’s name
- hospital number
- ward number
- hospital site
- GP details
- date of admission
- reason for admission

The Health Facilitation Nurse will complete an assessment to ascertain the patient’s needs/requirements/concerns and provide advice/support to you/the patient during their stay.

Health Facilitation Nurses are contactable Monday to Friday; 9.00am to 5.00pm.

Birmingham Heartlands Hospital / Good Hope Hospital - 0121 465-8700

Solihull Hospital - 07968-201372 / 07896-900422 / 07896-900411
Appendix 2

Care of a Patient with a Learning Disability in HEFT

1.1 Learning Disability Services

The Heart of England NHS Foundation Trust is supported by Health Facilitation Nurses employed by partnership organisations. Staff are requested to contact the Health Facilitation Nurse on the admission of a patient with a learning disability [Appendices 1 and 9]. Staff should provide the Health Facilitation Nurse with:- the patient's names, hospital number, ward number, hospital site, GP details, date of admission, reason for admission.

The Health Facilitation Nurse will complete an assessment to ascertain the patient's needs/requirements/concerns and provided advice/support to staff/the patient during their stay. The Health Facilitation Nurses are contactable Monday to Friday, 9.00am to 5.00pm [Appendices 1 and 9].

Out of Hours and weekend expert guidance in the absence of Learning Disability Health Facilitation Nurses; Ward Managers/Staff should contact the patient's family/carers/identified support worker/care home; to assist with care planning and identification of individual needs.

1.2 Main Carers

Main carers are referred to throughout this policy. This refers to the people who support the person the most and therefore have information and experience on how to provide the best support. It does not dictate that they must continue to provide the main support during that person's hospital stay. The roles and responsibilities of carers and hospital staff should be negotiated prior to and on admission.

Main carers, who have been commissioned to provide a service and are therefore paid staff, may be expected to provide a level of support to the person during their hospital stay that is commensurate with the package of care commissioned. This could vary with individual patients and commissioning organisations.

1.3 Principles

The principles underpinning this policy are those directed through Statute Law (Disability Discrimination Act 1995 & 2005, Mental Capacity Act 2005), Equality Act 2010, Common Law judgements and Department of Health policy (various but predominantly NHS Plan, DH 1999 and Valuing People, DH 2001). They can be summarised as:

People with learning disability will have equal access to health services within Heart of England NHS Foundation Trust (DH 1999, DH 2001 and Disability Discrimination Act 1995 & 2005).

People with learning disability will receive a patient centred service (DH 1999 & DH 2001).
People with learning disability can expect the health staff and their carers to work in partnership to provide the necessary services whilst they access Heart of England NHS Foundation Trust (DH 1999 & DH 2001).

People with learning disability can expect to receive information in a manner that they can understand to enable them to take an active part in decision-making (DH 1999, DH 2001 & Mental Capacity Act 2005).

People with learning disability can expect to have access to services that will advocate on their behalf where they are unable to do so for themselves (DH 1999, DH 2001 & Mental Capacity Act 2005).

People with learning disability can expect that health staff will consult with others and act in their best interest where they are not able to make decisions for themselves (Mental Capacity Act 2005).

People with learning disability can expect that their admission and discharge will be planned and facilitated by sharing and using essential information.

People with learning disability can expect the provision of additional support to meet their differing needs.

People with learning disability can expect that their physical, emotional, spiritual and cultural needs will be respected.

1.4 Diagnostic Overshadowing

Care should be taken to investigate fully the patient’s presenting signs and symptoms, and care should be taken to avoid the risk of “diagnostic overshadowing”; which means not attributing the current condition to the presence of Learning Disabilities.

2. The Policy

A flow chart outlining the core principles for the care of a patient with a Learning Disability in Heart of England NHS Foundation Trust is provided in Appendix 3.

2.1 Consent

Refer to the Heart of England NHS Foundation Trust policy on “Consent to Treatment and Safeguarding Policies” for direction on consent, assessment of capacity and best interest decision-making.

Consent can present ethical dilemmas for health care professionals. Careful consideration needs to be given when obtaining informed consent from any patients. The fact that a patient has a learning disability does not alter the need to obtain informed consent. This may cause concerns when the
health professional is unclear whether the person with the learning disability has the capacity to understand the implications of the procedure they are being asked to consent to and indeed the whole notion of giving or withholding consent.

Some patients with a learning disability do have the capacity to give informed consent – it should not be assumed that they cannot. It is, therefore, vital for health professionals to recognise that in most cases consent should be sought from the patient themselves. **It is not acceptable or legal for a parent or carer to give consent on behalf of an adult with a learning disability when they have the capacity for themselves.** For further advice and guidance please refer to the Trust’s “Safeguarding Policies and Consent to Treatment Policy” which contains the best interest assessment form and documents; for guidance/completion.

When attempting to obtain informed consent, the health professionals involved should consider carefully the patient’s level of understanding and comprehension. The use of language and presentation of information should be appropriate to the patient and may require adaptation to complement the verbal and written information. This may also involve contacting people who have a detailed knowledge of the patient and could include a person with Lasting Power of Attorney (LAP) or a Court Appointed Deputy. Where a patient does not have any of the previously mentioned, then an Independent Mental Capacity Advocate (IMCA) should be sought. If the patient is not competent to give consent, treatment **is lawful providing that it is in their best interest.**

The position regarding consent in an emergency situation is no different for a person with a learning disability – ultimately the attending doctor makes the decision to proceed in the patient’s best interest.

Certain forms of treatment that give rise to special concern, such a sterilisation, should be referred to the judicial system.

Specific legal advice must be sought wherever there is doubt about proposals for treatment and the necessity for obtaining consent in relation to such proposals.

See [www.doh.gov/consent](http://www.doh.gov/consent) for guidelines for people with a learning disability. There is also an accessible leaflet that may be utilised.

### 2.2 Communication

#### 2.2.1 Communication with Patient

- Remember to talk to the patient about all aspects of their care.
- Remember that people can “assent” to treatment through their co-operation.
- Include the patient as far as possible in their care.
- Give the patient dignity and respect.
Some patients with a learning disability may bring their Hospital Information Book. This will assist in obtaining information about the patient and support the assessment and decision-making process.

For those patients with a learning disability where communication is difficult, use alternative means of communications such as sign language, symbols, photos and objects of reference. The Hospital Communication Book may be helpful and the Trust’s Speech and Language Therapy team [Appendix 9].

2.2.2 Communication with Main Carer

The main carer should be involved in decisions regarding care and invited to give feedback on perceptions of standards of care. It may be helpful for the main carer to use a reflective diary.

Care plans should be reviewed with the patient and the main carer on a daily basis or more frequently as agreed.

If there are any specific changes or developments in the patient’s condition during the duration of hospitalisation, the main carer should be contacted as soon as possible (with the patient’s agreement).

The dependency assessment should be undertaken at regular intervals throughout the period of hospitalisation in order to review the nursing resource needed and to make appropriate adjustments. The Health Facilitation Nurses will be able to assist in providing professional advice.

2.3 Out-patient Attendance

Where a patient is to attend for their first and subsequent out-patient appointments/treatment they or the main carer may be assisted through the Learning Disability Health Facilitation Nurses. The above Nurses work collaboratively with patients/carers/GPs/care homes. They will be able to communicate the patient’s individual needs; such as explaining appropriate interventions.

Where it is ascertained that an appointment at the beginning or end of a clinic list would be most appropriate for patient’s needs, this will be documented on the patient’s medical records in order that all subsequent appointments are made at this suitable time. If a patient is attending the Out-patient Department by ambulance, it may not be possible to guarantee the appointment time.

Where a patient is a regular attendee at the Out-patient Department the clinic nursing staff will liaise with the patient and their main carer to discuss and identify any specific care requirements that the patient may have during attendance. The outcome of this discussion may include, where appropriate, scheduling the appointment to the most suitable slot on the clinic list based on any needs identified.
Following the out-patient consultation the Nursing staff should see the patient and their main carer to ensure that they have understood the information and/or instructions given to them during the consultation and to determine any further care requirements before they leave.

Appendix 4 provides a flow chart outlining Out-patient attendance.

2.4 Elective Admission to Hospital

When a patient with a learning disability requires care from the acute hospital, this should act as the trigger to undertake a more in-depth assessment at the earliest opportunity and establish the person’s individual needs in advance of the admission. Where the person's needs are clearly complex you should make a referral to the Health Facilitation Nurse Team, who will provide advice and support. The Trust multi disciplinary teams can also be contacted to provide specialised support [Appendix 9].

Where information is available in advance, the Sister/Charge Nurse of the respective ward/department should be informed in advance by medical or secretarial staff that a patient with a learning disability is to be admitted.

The Sister/Charge Nurse of the respective ward/department should be informed of the admission date and, where possible, a contact name and number for the patient’s main carer. If a main carer is not identified the Sister/Charge Nurse can contact either the Health Facilitation Team for information on whether the person is known to their services.

Where possible, the admitting Nurse should invite the patient and the main carer to attend the ward, prior to the admission date, in order to undertake an assessment of the patient's care needs and to identify if any additional nursing resource is required prior to their admission.

The patient should bring their Hospital Information Book (copy of a blank book in Appendix 8) to assist with the assessment and provision of their care needs and, where appropriate, the patient or the main carer should be asked to bring details of their current care plan (where these are in place) and medication. The Health Facilitation Nurses could also be involved in explaining decisions by the use of communication tools and pre-visits to clinical areas, where appropriate.

The patient and the main carer should be made aware that this assessment can sometimes be a lengthy process. Preparations for discharge planning and any predicted discharge needs should also be discussed during the visit. Where other agencies are identified as required at this point, referrals should be made.

Where the assessment identifies the need for additional nursing and/or other resources, the Sister/Charge Nurse should contact the relevant Matron to discuss and arrange the required resources.
The main carer should be invited to accompany the patient on the day of admission and to take part in the admission process (with the patient's consent). The admission process may be lengthy and a commitment in terms of time is required. If a patient has brought their Hospital Information Book with them and this should remain with them during their stay in hospital. This document remains the property of the patient and should accompany them on discharge/transfer.

Where a patient has attended without main carer support, the Nurse, with the patient’s consent, should make an appropriate person aware of the patient’s admission such as the person’s main carer or Social Services.

Carers and relatives should be involved in the planning of the care of the patient. Some carers may wish to contribute to the care of the patient while they are in hospital and they should be supported to do so where appropriate. This is a voluntary action and there is no obligation for them to take part in the delivery of care for the patient.

A full nursing assessment should be carried out using the ward/department’s assessment mechanism/tool. The expertise/knowledge of the main carer should be used to facilitate a thorough assessment. The assessment should take account of the individual’s physical, psychological, social and cultural needs. The person’s needs with regard to the protection of individuality and dignity must also be considered.

Particular note should be made of the patient’s medication regime, including the form of the preparation, and times and methods of administration (which may be tailored very specifically to the individual patient).

These details should be discussed with relevant medical staff and, if necessary, the Clinical Pharmacist in order to ensure continuity of medication during hospitalisation and following discharge. Particular when there are long term conditions.

Where a Consultant Psychiatrist is involved, it is strongly advised that any medication currently monitored by them should be discussed with them before any changes are made. Often there are lengthy medication histories that have guided prescribing for that particular patient.

A care plan should be developed which also identifies any specific requirements relating to aspects of care such as positioning, sensory stimulation or feeding requirements. The care plan should be discussed with, and made available to, the main carer (with the patient’s consent).

Heart of England NHS Foundation Trust has responsibility for the care of the patient during admission. Some carers may wish to contribute to the direct care for the patient, however, others may not be able to do so. The roles of the ward staff and the main carer must be negotiated so that each party is clear and comfortable with the arrangements.

A communication network and contact point should be ascertained and documented. The main carer should be invited to communicate with the Nursing team as often as possible.
If there is no identifiable main carer, the Nursing Team should make contact the Health Facilitation Nurses and if required, request their involvement in the assessment and care planning.

With the patient’s agreement, the Nursing Team should offer to contact an appropriate person who is regularly involved in the patient’s care to make them aware of the admission.

Ascertain the main carers, relatives and others who know the patient and what the patient was usually like before they became ill. Listen to the carer’s opinion about any changes in the patient’s behaviour and take appropriate action to address these issues.

Remember to always include the patient in conversations and consultations regardless of their level of verbal communication.

A flow chart is provided in Appendix 5 – Elective Admission

2.5 Care of Patients Attending Theatre and Recovery

2.5.1 Pre-operative Preparation

Nursing staff from the patient’s ward should contact the appropriate theatre prior to surgery to inform them of any specific arrangements or patient needs which will be required during surgery; particularly with a patient who has complex needs.

People with a learning disability often communicate pain differently. The theatre staff should inform the anaesthetist/medical team that there is a patient on the theatre list with a learning disability and request that a pre-operative visit is made by them to discuss pain assessment and management with the patient, their main carer and the ward nursing staff.

For a patient with complex needs, where a pre-operative visit is indicated, the Nurse involved should discuss the following issues with the ward nursing staff, patient and main carer; where possible:

- the patient’s previous experiences of anaesthesia and surgery
- any known behavioural patterns which may become evident when the patient recovers from the anaesthetic
- the patient’s communication needs
- whether the main carer wishes to accompany the patient to the anaesthetic room and/or to be present in the recovery room shortly after the patient recovers from the anaesthetic
- whether a ward nurse needs to stay with the patient in the anaesthetic room until the patient is asleep to provide continuity of care and support

Where there are difficulties with obtaining information, the Hospital Information Book may be helpful and the main carer contacted if additional assistance is required.
The theatre care plan should be used to document the patient's needs both in the anaesthetic and recovery room.

If possible the main carer could be invited to accompany the patient to the theatre suite with the ward nurse. Where required, the ward nurse will remain with the patient until induction of anaesthesia is complete.

2.5.2 Local Anaesthetic

Standard pre-procedure preparation is required.

Where possible, a pre-operative visit by the nurse who will be with the patient and main carer in theatre should be made. The nurse should discuss with the ward nurses, patient and main carer the patient's understanding of the procedure and any issues relating to his/her compliance with the procedure, particularly when the procedure may be protracted. It may be appropriate for the main carer to remain with the patient during the procedure.

2.5.3 Recovery

If the main carer has expressed a desire to be present in the recovery room shortly after the patient has woken from the anaesthetic (after extubation), arrangements should be made between the recovery nursing staff, ward staff and main carer as to where the main carer will and how they will be contacted. The recovery nursing staff should contact the ward to notify them that the patient is ready. It may be appropriate for the main carer to be present as the patient is awakening depending upon the patients assessed needs.

People with learning disability may communicate pain differently. Patient centred pain assessment techniques should be implemented to ensure adequate pain management.

2.5.4 Patients attending for MRI scans as an out-patient which involve anaesthesia

When the decision is made that any patient requires a MRI scan, the patient's ability to tolerate and co-operate with the procedure should be discussed in detail at the time that the scan is booked. Where necessary, a patient may require sedation or general anaesthetic with the involvement of the medical team.

The main carer should be made aware of the importance of considering the issue of tolerance and co-operation with the procedure. The main carer could be invited to accompany the patient to the anaesthetic room and also invited to be present in the recovery room shortly after the patient wakes from the anaesthetic.

A flow chart is provided at Appendix 6 – Patients attending Theatre and Recovery.
2.6 Emergency Admission

2.6.1 Presentation to Accident and Emergency Department

During an emergency admission, it may be considered that a patient has learning disabilities due to their presentation or communication abilities. Speak to them or their main carer (if present) to establish if they have any additional needs. Where a learning disability is confirmed this should be documented within the patient's medical notes.

If a patient with learning disabilities is admitted unaccompanied, the Nursing Team should attempt to identify a main carer or relative and make contact with them as soon as possible. Where no other person can be identified, contact the Learning Disability Health Facilitation Nurses and the IMCA Service. This contact should take place as early as possible in the patient's admission to the Accident and Emergency Department.

To assist in obtaining information, the patient with a learning disability may have brought their Hospital Information Book. Ask for this and use the information it contains to support decision making.

For those patients with a learning disability where communication is difficult, use alternative means of communications such as sign language, symbols, photos and objects of reference. The patient's Hospital Information Book may be helpful.

Where possible try to keep waiting time to assessment to the minimum.

Pay attention to the provision of privacy as some patients with learning disabilities have associated physical and personal care needs.

2.6.2 Consent in the Emergency Situation

Where there are particular concerns regarding the capacity of a patient with a learning disability to give informed consent, the Nursing/Medical Team should refer to the Heart of England NHS Foundation Trust Consent for Treatment and Safeguarding Policy for direction on assessment of capacity and best interest decision making.

2.6.3 Immediate Discharge from Accident and Emergency Department

When discharging a patient with a learning disability, the Nursing Team should communicate with the Trust Complex Discharge Team and Health Facilitation Nurses if additional information is required. It is also important that assessment of the patient’s ability to comprehend instructions or follow medication regimens is discussed with the above team before discharge.

2.6.4 Transfer from Accident and Emergency to an Admitting Ward
Where a patient with a learning disability is to be transferred to an admitting ward, the Nursing Team in Accident and Emergency should advise the nurse in charge of the receiving ward that the patient has a learning disability and provide all relevant information regarding the patient’s care needs.

### 2.6.5 Admission to a Receiving Ward

When a patient with a learning disability has been admitted via the Accident and Emergency Department, the Nursing staff should attempt to identify a main carer and make contact with them as soon as possible in the patient’s admission to the acute hospital. If the patient is unable to provide information regarding their main carer, or does not have a main carer and there are concerns, the Nurse should contact the Learning Disability Health Facilitation Nurse Team.

A full assessment of the patient’s nursing needs should be undertaken. This will assist to identify the specific nursing resource required and should be done, if possible, in conjunction with the main carer. Any resource requirements should be communicated to the appropriate Ward Manager as soon as possible and appropriate support instituted as soon as possible.

Details of the main carer and contact numbers should be clearly documented in the patient’s notes.

*A flowchart is provided at Appendix 7 – Emergency Admission.*

### 2.7 Discharge

Discharge planning should be discussed with the patient and the main carer at the time of admission. The multi-disciplinary teams e.g. physiotherapy; occupational therapy; Speech and Language Therapy could assist with this process [Appendix 9].

In the first instance, all patients with a learning disability should be considered to have complex discharge planning needs. The policy on discharge should be adhered to at all times. The Trust's Complex Discharge Team should be involved in discharge planning from the point of admission to ensure the arrangements are appropriate. Where cases are particularly complex they may also want to involve Learning Disability Health Facilitation Nurse Team and Social Services.

On the day of discharge the main carer should be issued with a copy of the patients discharge plan detailing the patient’s care needs on discharge and arrangements for support in the community.

Where at all possible, transfer of a patient with a learning disability in order to accommodate other admissions (emergency or elective) should be avoided to ensure a consistent environment is maintained.
Appendix 3

Care of a Patient with a Learning Disability in HEFT

Core Principles

Patient referred for treatment or admission
- Elective
- Investigations
- Outpatients
- Accident and Emergency and other Receiving Areas

Pre-admission Planning – Consider liaison with:
- Patient and carer
- Patient’s community supports
- Other agencies e.g. Social Work
- Health Facilitation Team
- Speech and Language Therapy

Admission / Investigation / Treatment as an Out Patient

Complete Nursing Assessment
- Assess need for additional nursing resources
- Ensure carer involvement at the level they desire
- Health Facilitation Team and Speech and Language involvement

Ensure Good Communication between all parties by using:
- the patient’s Hospital Information Book
- Hospital Communication Book
- Talking to the patient about their care
- Keep the main carer informed of patient progress

Care delivered according to care plan and Protocols
- Review care plans on a daily basis

Principles Of Informed Consent
- All patients must be treated as equal, having the same rights to care
- Patient consent is required in all areas of care/treatment
- It should not be assumed that patients with a learning disability cannot give informed consent
- Patient consent cannot be given by another adult on behalf of an adult patient
- Medical and nursing staff should assess the capacity of the patient to give consent along with people who know them best
- All care given must clearly be in the patient’s best interests; ultimately the attending doctor may make a decision to proceed without consent
- Liaise with people who know the patient e.g. main carer or parent
- Assess the need to involved the Health Facilitation Team
- Patients with a learning disability should not be excluded from treatment unless clinically indicated
- Where a patient has no appropriate Next of Kin and serious decisions required contact IMCA
- Recommendations from the Mental Capacity Act 2005

Discharge Planning
- Refer to Trust Discharge Planning Policy and follow appropriate flow chart. Consider involvement of:
  - Patient, Carers, Other agencies e.g. social work
  - Complex Discharge Team
  - Health Facilitation Team
  - Where a patient has no Next of Kin and serious decisions require contact IMCA
Appendix 4

Care of a Patient with a Learning Disability in HEFT

Out-Patient Attendance

Invite the patient or main carer to make Contact with Clinic Nursing Staff. Discuss details of the appointment and any specific needs/resources required

If the patient’s needs indicate that a specific appointment time on the clinic list is preferable, enter the details on the Patient Medical Record

**NOTE** – if ambulance is the *required* mode of transport it may not be possible to guarantee the appointment time

**A Registered Nurse** must see the patient prior to them leaving the department. Ensure patient and carer understand the outcomes of treatment options

If follow up appointments required, establish further care requirements

Does the outcome of the appointment indicate that investigation or admission to the acute care setting is required?

Yes

No further action

No

**Flexibility Of Clinic Appointments**

For the safety and comfort of both the patient and other patients attending the clinic it may be necessary to alter the patient’s appointment time in order to minimise any patient anxiety that may occur from lengthy waiting in an unfamiliar environment

The Nurse-in-Charge of the clinic has the authority to take a flexible approach based on patient needs

Liaise with staff in the relevant department

Contact Health Facilitation Team for support and assistance with preparation of a patient with complex needs
Appendix 5

Care of a Patient with a Learning Disability in HEFT

Elective Admission

Instructions
Consider the use of an audio tape recording the explanation of the clinical procedures and other information so that the patient can listen again later.

Medications
Specific attention should be given to the patient’s medication regime including preparation, times and method of administration; these will have been tailored to the individual patient’s needs and should continue while in hospital.

Day Of Admission
- A full nursing and medical assessment is undertaken.
- If the main carer is unable to be involved in the admission process then ascertain contact and document it.
- Where the patient attends without a main carer, with the patient’s consent the Nurse should make a carer relative or Health Facilitation Team aware of the patient’s admission.

Discharge Planning
Patients with a learning disability have complex discharge planning needs.

Discharge planning should be discussed at the time of admission and include the Trust’s Complex Discharge Team and the Health Facilitation Team. They can arrange appropriate referrals e.g. assistance with independent living, District Nurse, GP etc.
Appendix 6

Care of a Patient with a Learning Disability in
Heart of England NHS Foundation Trust
Patients attending Theatre and Recovery

Ward Nursing staff should contact the Operating Theatre 24 hours in advance to discuss any specific patient needs.

This information should also be conveyed to the Recovery Room staff.

Nursing Staff from the patient’s ward will contact the Medical Team and request a pre-operative visit.

Patient to be introduced to the Recovery Room through a visit or photographs.

If the procedure or investigation is to take place under local Anaesthetic then arrange for the patient to be accompanied to theatre by someone known to him or her.

Preparation For Theatre
The following issues should be discussed during the pre-op visit between patient, nursing staff and main carer:
1. The patient’s previous experience of anaesthesia and surgery
2. Behavioural patterns during recovery of anaesthesia
3. The patient’s communication needs

The main carer may wish to accompany the patient to anaesthetic room and/or be in attendance during recovery.

Recovery
Once the procedure is complete the recovery nursing staff should contact the ward to notify the main carer that the procedure is complete. The main carer may be present in the Recovery Room if planned.

Where possible, the patient should be escorted back to the ward by a recovery nurse of ward nurse who is known to them.
Appendix 7

Care of a Patient with a Learning Disability in HEFT

Emergency Admission

Is the main carer in attendance?

Yes

Obtain consent from the patient for the main carer to participate in the history taking and admission process

No

The admitting triage nurse should identify the main carer as soon as possible and make contact

If there are any concerns regarding the capacity of the patient to give informed consent, refer to: Trust’s Consent Policy; IMCA; Health Facilitation Team

Is the patient to be admitted to the acute hospital setting?

Yes

Nursing Team in A&E should advise the Nurse in Charge of the receiving ward of any potential additional care needs that the patient may present with as a result of the learning disability

Additional nursing resources may be required

Refer to flow chart and protocol section on Elective Admission procedure

No

Is the patient to be referred for an Outpatient appointment?

Yes

Refer to flow chart and protocol section on Out-Patient attendance

Before Discharging from A&E, where the nurse has concerns that require follow up they should consider referral to Social Services, Mental Health Services or the Health Facilitation Team

No

Important

Patients with a learning disability will require complex discharge planning which should commence at the time of admission
Hospital Assessment
For people with learning disabilities

This gives hospital staff important information about you.

Please take it with you if you have to go into hospital.

Ask the hospital staff to hang it on the end of your bed.

Make sure that all the nurses who look after you read it.

Date completed: 
Signed: 
Print name: 
Tel:  
NHS No:  

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| **Key Worker –** |
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| Tel – |
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| Tel- |
**AMBER** Things that are really important to me

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<tr>
<td>Level of support</td>
<td>Who needs to stay and how often.</td>
</tr>
</tbody>
</table>
GREEN
Things I would like to happened Likes/dislikes

<table>
<thead>
<tr>
<th>THINGS IF LIKE</th>
<th>THINGS I DON’T LIKE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please do this:</td>
<td>Don’t do this:</td>
</tr>
</tbody>
</table>

Think about – what upsets you, what makes you happy, things you like to do i.e. watching TV, reading, music. How you want people to talk to you (don’t shout). Food likes, dislikes, physical touch/restraint, special needs, routines, things that keep you safe.
Appendix 9

Learning Disability Patient Referral Flowchart

**Learning Disability Patient Admitted**

Ensure carer involvement at the level they desire e.g. “My Hospital Book” or “Hospital Assessment” Traffic Light System

**Undertake Nursing Assessment**

- Contact Learning Disability Health Facilitation Nurse and Equality & Diversity Department; contact details available via the Trust webpages
- Refer to Occupational Therapy for review of patient situation
- Assess need for Physio
- Assess need for Speech & Language Therapy:
- Commence Discharge Planning; liaise with relevant Multi Discharge Team members

**Ensure “Good Communication” between all parties by using:**

- “My Hospital Book” or “Hospital Assessment” Traffic Light System
- Refer to Learning Disabilities Health Facilitation webpages and Learning Disabilities on-line support Toolkit
- Maintain links/update Learning Disability Health Facilitation Nurse

**Does the Learning Disability patient have communication needs?**

- Are you able to support these needs e.g. via gesture / picture charts / pointing / aids already in place?
- If no; consider referral to Speech & Language Therapy if patient needs to be involved in more complex decisions, such as treatment options / discharge destinations etc.

**Discharge meeting; with Learning Disability Health Facilitation Nurse involvement**

**Learning Disability Patient Discharged**
Appendix 10

Where to Find Further Information

A2A, Access to Acute care: “A2A” – Access to Acute Care – Special Interest Group web site:
http://www.nnldn.org.uk/a2a/index.asp


The Disability Rights Commission investigation into health inequalities for people with mental health issues and learning disabilities. Equal Treatment: Closing the Gap. This report is downloadable from:

Easy Health produce accessible information to help someone prepare for health appointments and medical procedures. www.easyhealth.org.uk

Foundation for People with Learning Disabilities hosts the UK Health and Learning Disability Network online forum: www.learningdisabilities.org.uk/ldhn

Joyce, T (2007) Best Interests Guidance on determining the best interests of adults who lack the capacity to make a decision (or decisions) for themselves [England and Wales]. A report published by the Professional Practice Board of the British Psychological Society


The titles include:
Decisions: a guide for family, friends and other unpaid carers
Making Decisions: a guide for people who work in health and social care
and other useful guidance

The Royal College of Psychiatrists, Books Beyond Words. Picture books that have been developed to aid communication and discussion around topics such as health needs. For further information: www.rcpsych.ac.uk/publications/booksbeyondwords/aboutbbw.aspx