

The Learning Disability Diamond Acute Care Pathways

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Q&As

1.

Is there a difference between learning disability and learning difficulties?



SHOW ANSWER
Yes



What is the difference between learning disability and learning difficulties?

A **learning disability** is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life.

SHOW ANSWER

People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complicated information and interact with other people.

[Read more...](#)



Q&As

3.

People with learning disabilities are more vulnerable to physical and mental ill health than the rest of the population?

SHOW THE POWER
True



Q&As

4.

Do people with learning disabilities die sooner, the same or later than the general population?



Sooner – 23
SHOW ANSWER
years sooner



Q&As

5.

What are the most common causes of death of people with a learning disability /

*From LeDER report 2020

- Respiratory Illness (Covid)
- Circulatory
- Cancer
- Sepsis



Q&As

6.

Many people with learning disabilities have poor access and experience within health care in comparison to the general population. True or False?



SHOW ANSWER
True



Q&As

Behaviors that challenge is an expression on an unmet need?
True /False ?

7.

True

Ask the patient
SHOW ANSWER
Ask someone who knows the patient well
Use the hospital passport
Individualise patient care



What is STOMP?

STOMP stands for **ST**opping **O**ver **M**edication of **P**eople with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life.

[Read more...](#)



What is diagnostic overshadowing?

Diagnostic overshadowing occurs when a health professional makes the assumption that a person with learning disabilities' behaviour is a part of their disability without exploring other factors such as biological determinants.

SHOW ANSWER

[Read more...](#)



Martin's Story



“Martin was often smiling – he loved to go out, he liked the movement of the coach and listening to the music. When he was young, he liked to being in our car as well. He loved getting behind the wheel and turning it around.” from *Death by Indifference*, Mencap, 2007

“Martin will always be the light of my life. He had a quirky sense of humour and oodles of charm” from *Death by Indifference*, Mencap, 2007

Martin's Story

Martin died on 21 December 2005, aged 43 years old, allegedly of a stroke. He had a severe learning disability and no speech. In the 26 days he spent in hospital following a stroke he went without food. The hospital failed to use a nasal feeding tube at the critical time to prevent his condition from deteriorating dangerously. This left him too weak to undergo surgery to have a PEG feeding tube inserted into his stomach. Martin's family has complained to the hospital and to the Healthcare Commission.

“Why did the hospital fail to meet Martin's basic needs and leave him with no nutrition for 26 days?”

“Why did the hospitals internal procedures and communications fail so badly?”

Aims of the acute care pathways:

1. To improve communication for people with learning disability across settings
2. To improve experiences of health care for people with learning disability
3. Improve quality of life for people with learning disability
4. Promote seamless care and disparity of service
5. To reduce premature mortality





Core values
& principles

Communication

Play the Communication:
speaking to people with a
learning disability Mencap film.

<https://youtu.be/lyV1v-nib38>

Communication

- Many people with a learning disability have communication support needs, with half having significant difficulties.
- Barriers to successful communication are often due to the environment and other people.
- Many people with profound and multiple learning disabilities can communicate but may have extremely limited communication which may be restricted to behaviours such as eye gaze and changes to facial expression.
- Behaviour, including behaviours that challenge is often a means of communicating.

Communication

- It is important to understand, recognise, and take steps to address, the challenges of communication.
- Clear and accessible information reduces barriers to accessing safe, effective and person-centred healthcare – Easy read documentation
- Effective communication may be facilitated by the involvement of family/carers.
- Good listening skills and non-verbal communication are often the most important channels for communicating with people with a learning disability.



Scans and x-rays



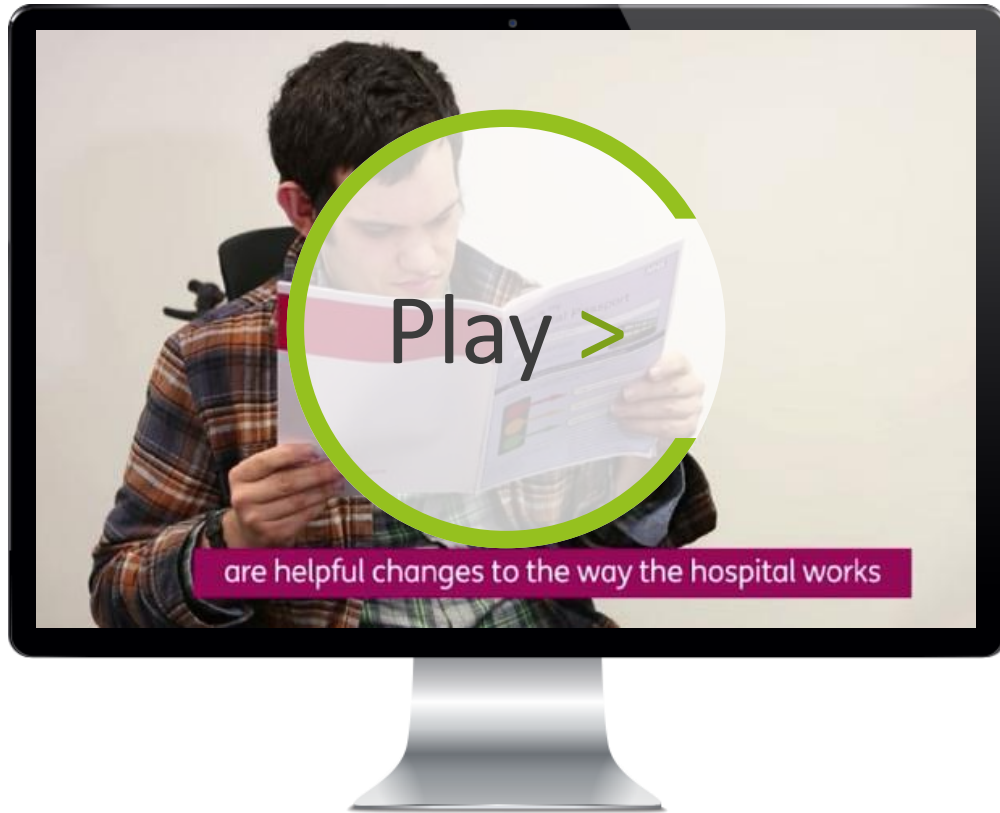
Scans and x-rays are ways of taking photos of the inside of the body. This helps the doctor check if everything is OK, or find out what is causing a health problem.



Scans and x-rays are done in hospital by people called radiographers.



Scans and x-rays do not hurt. Tell the doctor if you have any pain.



Core values
& principles

Reasonable Adjustments

Play the Treat Me Well
Reasonable Adjustment film

<https://youtu.be/DMV06K1oanA>

Reasonable Adjustments

Under the Equality Act 2010, all disabled people have the right to reasonable adjustments when using public services, including healthcare. These adjustments remove barriers that disabled people would otherwise face in accessing these services. Making reasonable adjustments means ensuring disabled people have equal access to good quality healthcare.

Reasonable adjustments can be simple changes made by one healthcare professional, or they can be more complex and need multiple teams to work together. Making reasonable adjustments can mean removing barriers that people with a learning disability face, or providing something extra for someone with a learning disability to enable them to access the healthcare they need.

Reasonable Adjustments

Here are the Mencap 'Treat Me Well' top 10 reasonable adjustments:

1. Speak clearly and use simple words It is really important not to make assumptions that someone has understood information they have been given.
2. Take your time. People with a learning disability may need a bit longer than other patients to be able to understand information they are given and to make themselves understood. Just ten extra minutes can make a big difference to many people.
3. Work with supporters. This could be a support worker or family member. Supporters can be really important, particularly for people with profound and multiple learning disability, but remember to talk to the person directly and support them to make decisions - supporters are there to help you do this! – **Consider Johns Campaign**

Reasonable Adjustments

4. Be flexible with appointment times. Many people with a learning disability will find it easier coming to hospital when it is quieter, so an appointment at the very beginning or very end of the day might make their appointment go more smoothly. They may also need an appointment at a time when their supporter is able to accompany them.
5. Make sure people can get into and around the hospital. This includes ensuring there are no physical barriers for people using wheelchairs or with mobility issues, but also making sure signs in the hospital are as easy to understand as possible.
6. Provide a quiet place to wait. Hospitals are often busy, noisy places and this can be overwhelming for many people with a learning disability. Having a quiet place to wait can prevent people getting anxious and having to leave the hospital. Many people also find waiting a long time very difficult.
7. Listen to your learning disability liaison nurse. Most hospitals have learning disability liaison nurses who know lots about reasonable adjustments and can help you to support your patient. Ask your learning disability nurse if you know you will be seeing a patient with a learning disability.

Reasonable Adjustments

8. Use hospital passports. These are a patient-held, personalised record of what people with a learning disability have hospital passports and reading them will make your job a lot easier!
9. Provide written information in Easy Read format. This means people are much more likely to read and understand information about their appointments, procedures and results. This is also a requirement of the NHS's own Accessible Information Standard.
10. Always ask the person what they need. Reasonable adjustments are about what the person in front of you needs and they know that better than anyone and any family or carers with them and do your best to provide the support they need.

To find out more information please visit the Mencap Treat Me Well campaign.

<https://www.mencap.org.uk/get-involved/campaign-mencap/treat-me-well>

The Mental Capacity Act: 5 main principles

1. Always assume the person is able to make the decision until you have proof they are not.
2. Try everything possible to support the person make the decision themselves.
3. Do not assume the person does not have capacity to make a decision just because they make a decision that you think is unwise or wrong.
4. If you make a decision for someone who cannot make it themselves, the decision must always be in their best interests & well documented.
5. Any decisions, treatment or care for someone who lacks capacity must always follow the path that is the least restrictive of their basic rights and freedoms.

It's also important to remember that a person may have capacity for some decisions but not others, or they may not have capacity right now but may regain it in the future with support. This means all capacity decisions should be regularly reviewed to make sure they still reflect the person's ability to make decisions.

This is my Hospital Passport

My name is:

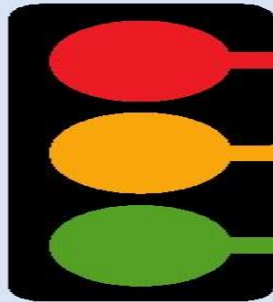
If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me.

It needs to hang on the end of my bed and a copy should be put in my notes.



This passport belongs to me. Please return it when I am discharged.

Nursing and medical staff please look at my passport before you do any interventions with me.



Things you must know about me

Things that are important to me

My likes and dislikes

**Learning Disabilities Support
Plan**

FILE IN SECTION 3

**Abbreviations used in this document to
be listed here with the full description:**

COAST	Collaborative Organisational Accreditation System for Teams
LeDeR	Learning Disabilities Mortality Review
SBAR	Situation, Background, Assessment and Recommendation

Write patient details or affix
Identification label

Hospital Number:
Name:
Address:

Postcode:
Date of Birth:
NHS Number:

Quick checklist

- 1) Alert on system.
- 2) Bedside alert in place.
- 3) Passport in place.
- 4) Identified reasonable adjustments and documented in notes.
- 5) Johns campaign / support for carers.
- 6) Collateral history.
- 7) Clear plan.
- 8) Effective communication with family / carers
- 9) Have capacity assessments been carried out and relevant best interest meetings been had regarding care?
- 10) Check discharge date.
- 11) Identify and escalate issues.
- 12) Do we need specialist involvement from the lead nurse for learning disabilities / dementia? (stuart.harper3@nhs.net)
- 13) LeDeR notification.

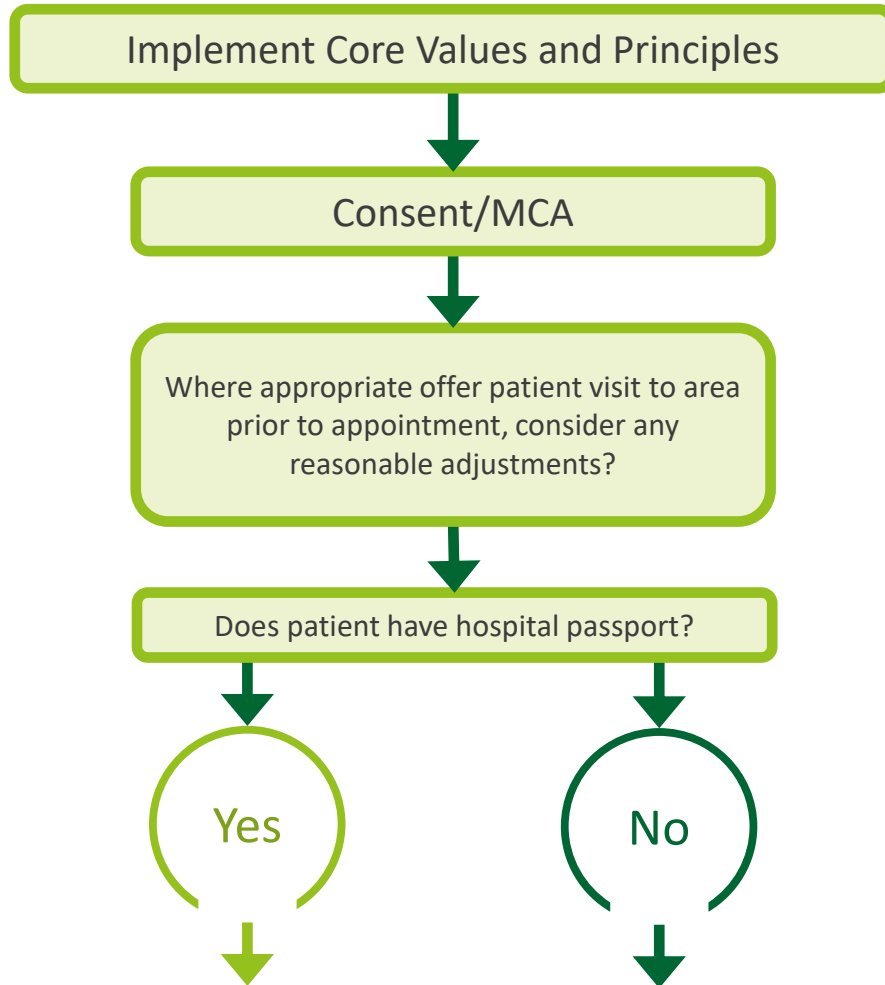
Learning Disabilities Board Rounds

Learning disabilities board rounds were introduced on the 19th of September 2023. The board round takes place every **Wednesday at 14:30hrs till 15:30hrs**, all patients with a learning disability who are inpatients are discussed on the board round. Attendance at the board round includes:

- Lead nurse for learning disabilities and dementia
- Deputy medical director
- Ward representation
- Community learning disabilities team for Blackpool and Fylde and Wyre
- Safeguarding
- Palliative care

The Board rounds have improved the communication with the MDT teams, specifically the integration of the community learning disability teams, this has help with discharge and supported any on-going issues.

Planned admission



Planned admission



Yes

No

Refer to hospital passport and consult with patient/ carer/ family/ advocate

Ask patient/carer/family/ advocate to provide information)

Ensure appropriate clinicians are aware of individual patient needs.
Plan with patient / carer / family / advocate if appropriate

Ensure plan is implemented and recorded

Admission

Record reasonable adjustments to be made

Planned admission for treatment

Contact Learning Disabilities lead nurse if you require specialist advice

Ensure Stopping Over Medication of People with a Learning Disability, Autism or Both (STOMP) acute general pledge principles are followed around awareness and prompt of specialist medication review on discharge. Provide medication info in accessible format. For more information visit: www.england.nhs.uk/stomp

Emergency admission

Learning Disability Acute Emergency Pathway



Patient with learning disability attends A&E/Urgent Care/MAU/SDEC

During assessment

- Check Alert Codes on record on clerking document
- Refer to hospital passport
- Consider use of Summary Care Record with Additional Information and check for Reasonable Adjustment Flag.

- Consider reasonable adjustments e.g. reduce waiting times where possible, utilise quiet areas where appropriate, allow extra time to explain and complete treatment/investigations and ensure reasonable adjustments are documented
- Utilise family, paid carer or advocate

Is patient going to be admitted?
• Offer hospital passport

NO DISCHARGE

Follow Discharge Pathway

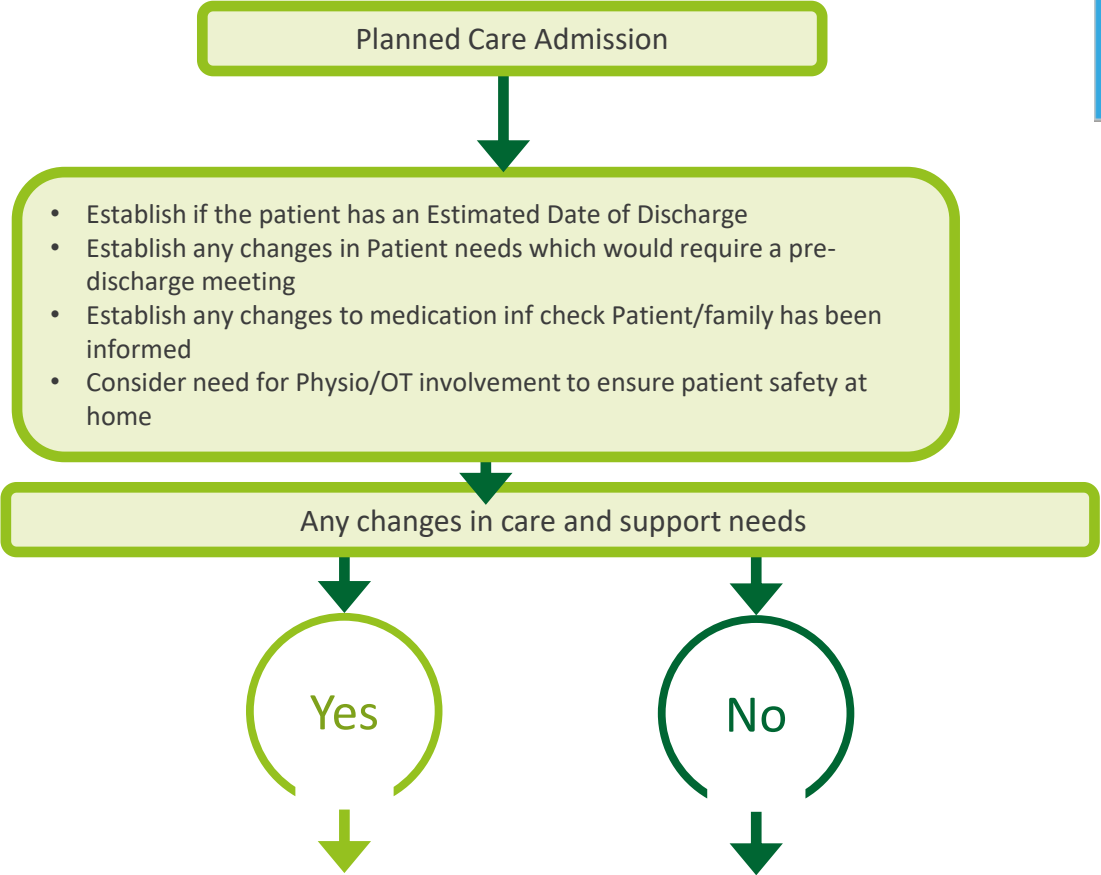
YES
ADMISSION

Handover documentation should include:

- MCA documentation
- Learning disability is flagged and description of reasonable adjustments
- If additional staffing support is required follow local process
- Carers to be encouraged to stay with the patient

If further advice or support is needed, if a patient does not have a learning disability electronic flag on their notes please contact the Acute Learning Disability Lead.

Discharge



Discharge

Yes

- Consider Easy Read information
- Arrange pre-discharge meeting if needed
- Involve family/carers or IMCA
- Discuss any medication changes including how to take medication
- Discuss any follow up appointments
- Complete Discharge documentation if going to an on-going care provider

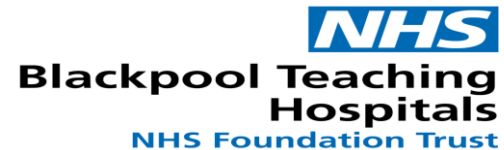
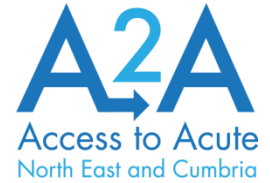
No

- Explain the GP will be made aware of admission
- Explain if you're worried contact your GP
- Explain if the GP isn't available contact 111 or 999 in an emergency

If the patient is prescribed anti-psychotic medication please ask the GP to review

Content produced by the Access to
Acute Network and the North East and Cumbria
Learning Disability Network.

E-learning tool developed in
partnership with Academic Health Science
Network



References

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