The Trust is committed to promoting an environment that values diversity. All staff are responsible for ensuring that all patients and their carers are treated equally and fairly and not discriminated against on the grounds of race, sex, disability, religion, age, sexual orientation or any other unjustifiable reason in the application of this Policy, and recognizing the need to work in partnership with and seek guidance from other agencies and services to ensure that special needs are met.
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1. Introduction

1.1 The incidence of Learning Disability (LD) within the General Population is estimated to be 24 people (4 people with severe Learning Disability and 20 in the mild to moderate category, in every 1000; (DH 2007). LD is a common lifelong condition not an illness or disease. (RCN 2006) However People with LD are 4 times more likely to die of a preventable cause of death. With Respiratory disease being the leading cause of death, followed by Coronary Heart Disease. It has also been found that People with LD have a proportionately higher rate of Gastro Intestinal Cancer than the general population.

This Policy has been developed in partnership with the Hertfordshire Partnership Foundation Trust in relation to the following:

- Identification of people with Learning Disability that access services or receives care provided by West Hertfordshire Hospitals NHS Trust
- Specific care needs of people with Learning Disability to give them equally in access to all services.
- Appropriate response to concerns or complaints in relation to the care of adults with Learning Disabilities that access services or receive care provided by West Hertfordshire Hospitals NHS Trust

1.2 This Policy sets out clear Terms of Reference to ensure that a multi-disciplinary and multi-agency approach is adopted to ensure staff respond effectively and consistently, and allows for the quality of responses to be monitored.

1.3 Attending Hospital can be a stressful time for any patient and the person(s) accompanying them, this can often be worse when the patient has additional needs such as Learning Disabilities. The aim of this policy is to try and reduce the anxiety of people with Learning Disabilities when they access services within WHHT, so to make their journey through the system more effective and efficient.

**Remember that when a person with learning disabilities is accompanied by a Carer (relative, residential or nursing staff or another person with learning disabilities) that they will probably be very acquainted with the individual’s needs, fears and methods of communication.**

2. Principles

2.1 This Policy is underpinned by the principles of Health Care For All (2008) and Valuing People Now (2009) and provides a coherent framework to ensure that equality of care for people with Learning Disabilities will be recognised and managed within the framework provided by this Policy.

2.2 Staff at West Hertfordshire Hospitals NHS Trust will work in partnership with all agencies, patients and carers to provide equally in care for people with LD.

2.3 The decisions as to whether a person has capacity will only be made following a thorough multi-disciplinary assessment in accordance with the Mental Capacity Act 2005 and will include time and decision specific assessment and action taken in the patient best interests.
2.4 If a person is found to lack capacity, consideration must be given to whether they will be Deprived of their Liberty, while under the care of the acute Trust and if this is deemed essential authorisation must be sought, for patient to be retained and cared for and within the Trust.

3. Definitions

Learning Disabilities: A significantly reduced ability to understand new or complex information to learn new skills. A reduced ability to cope independently (impaired social function) which started before adulthood and has a lasting effect on development. (DoH 2009). There is difficulty with verbal communication and comprehension, which may impact upon consent. Patients may also suffer from complex health needs and physical disability.

Adult: is defined by law as a person who is aged 18 years or over.

Transitional Patients: are defined within this policy as young people between the ages of 16 and 19 years, who have severe learning disabilities, often in association with a physical disability. They are cared for in the Community by the paediatric team until they are 19 years old, but on admission to hospital come under the care of an adult consultant because from the age of 16 they are cared for in an adult environment.

Carers: For the purpose of this Policy a carer may be defined as a person who provides emotional or practical support to a family member including a friend or partner who is ill, has a disability, is experiencing mental distress or is affected by substance abuse. A carer can be anyone aged 18 or over (adult carer) or anyone under 18 (young carer who provides this kind of support. A carer is not a paid worker or volunteers for a voluntary agency.

Mental Capacity: A presumption of capacity: every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless proved otherwise.

Supporting individuals: to make their own decisions: a person must be given all practicable help before anyone treats them as not being able to make their own decisions.

Best interest: an act or decision made under the act or on behalf of the person who lacks capacity must be done in their best interest.

Least restrictive option: anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

Confidentiality: The duty of confidentiality at common law has to be balanced against what is in the best interests of a vulnerable person, as well as the public interest. It is inappropriate for the Trust to give assurances of absolute confidentiality in cases where there is a concern about abuse and where other vulnerable people may have been abused. Advice should be sought from adult care services and the police liaison team in the event of any doubt.

4. Roles and Responsibilities

4.1 All staff
Have a responsibility under our Trust pledge to treat patients with respect, dignity and compassion and provide equality of care for all patients.

4.2 Ward staff
The admitting nurse needs to undertake a comprehensive assessment, to identify individuals and support needs to promote continuity of care and maintain appropriate levels of support during admission to hospital.
When a patient is being supported by staff, family or carer not directly employed by the Trust, staff must:

- Ensure usual carer receives support in providing care
- Ensure there is effective two way communication
- Ensure that they are aware of what care has been delivered and by whom
- Ensure that care and additional support is evaluated
- Ensure carer is allowed a break at regular short interviews and allowed to use staff facilities
- Ensure carer does not provide 24 hour care

4.3 **Senior Manager/Matron**

The matron for the speciality or in their absence the senior nurse on duty, will review the decision made by the ward staff and when required authorise additional resources, this may be done in conjunction with the health facilitation nurse.

4.4 **Named Nurse Safeguarding Adults**

Should be informed of any concerns or unresolved issues.

4.5 **Community Learning Disability Acute Hospital Liaison Team**

Also known as The Health Facilitation nursing team, is available to help and support Clinical areas meet the needs of people with learning disabilities when they are admitted to WHHT or attend for treatment. These Learning Disability Nurses have specialist expertise, which will help the clinical teams plan, support the patients care to ensure they have a positive experience.

The Health Facilitation Nurse should be informed when patients are admitted by completing the form in Appendix and faxing to or alternatively leaving a message on 01727 829800. Calls will be answered between the hours of 8.30-16.30. (Excluding weekends and bank holidays)

5. **Care within West Hertfordshire Acute NHS Trust**

People with Learning Disabilities cared for within the community will usually have a health action plan, which is a history of their personal and health care needs. They also may have a one page document detailing their personal details, important health care and communication needs. These documents are usually held in a ‘purple folder’ and staff should always ask for this document when a person attends any service within West Hertfordshire Hospitals Community Trust.

**Out patient services/Diagnostics**

Separate Guidelines have been written for patient attending Out Patients Services. Please see Appendix 2.

All patients with a Learning Disability will have a paper referral from their General Practitioner to enable staff to be able to plan in advance to meet their specific needs, when attending Hospital. This may involve support from the Community Learning Disability Team or the Health Facilitation Nurses, who may need to draw up a care plan and arrange visits prior to the appointment to prepare the individual person. Additional information can be provided from the following website www.easyhealth.org.uk.

Separate Guidelines have been written for patients attending pre-operative assessment please see Appendix 3. Again involvement of the Health Facilitation team may be required, especially if a
Deprivation of Liberty Authorisation may be required or the support of an Independent Mental Capacity Advisor.

A separate pathway has been developed for patient attending the Sexual Health Clinics within the Acute Trust, please see Appendix 6. A DVD is currently being produced to offer additional support for patients accessing these services.

Within Maternity services, each patient is accessed on an individual basis and a plan or care, including a birth plan developed. Support is also provided through the Health Facilitation Team.

**Guidelines for patients attending Emergency Care**

Separate guidelines have been written for patients attending Accident and Emergency/Acute Admission Unit, Urgent Care and Minor Injuries please see Appendix 4. A list of transitional patients who attend the Trust on a regular basis will be held within the Accident and Emergency Department to allow staff to meet the specific needs of this patient group in a timely way.

**Admission to Trust**

**Care of patients admitted to an acute ward**

Patients who need to stay in hospital for more than 48 hours will be admitted to the most appropriate speciality ward depending on the reason for their admission.

On admission to the ward:

- The patient and their carer will be orientated to the environment by the nursing staff and be given the name and contact details of the Senior Sister as their named nurse.
- Whenever possible the patient will be admitted to a side room to give extra space to allow their parent or carer to stay with them and allow space for any extra equipment that will be required.
- An Assessment may be required for additional care support and facilities to care for the patient. Please see flow chart in Appendix 1.
- On admission the nursing staff will request the purple folder containing the patient passport and grab sheet, which give in-depth and a snapshot view of the patients current health and social needs.
- The patient will be observed at least hourly and the chart completed.
- The Learning Disabilities Health Facilitation Nurse will be informed of their admission to the ward

**Support for patients and carers**

- Parents/Carers who stay on the ward will be allowed access to the staff toilets and kitchen facilities and will be offered relief at least 4 hourly by the nursing staff so that they can have a break. This may include staff from the care home who are known to the patients and are employed to provide additional support or a parent or relative who should not be expected to provide 24-hour care.
- Carers will be provided with a form to apply for reduced parking charges or permit if required. For patients under the age of 18, a free parking permit will be provided.
- Contact will be made by to the Voluntary team who will help support these patients by providing a visiting service and social stimulation, in agreement with the patient or carer
Ongoing Care

- Sensory Boxes are available via the ward matron for these patients and must be returned to the matrons after use, for re-stocking.
- Specific communication aids to help the patient to understand what is going to happen during any procedure are available through the Health Facilitation Nurse.
- The patients Health Action Plan and Crib Sheet, which will inform staff of specific health needs and current problems. On discharge information may be added relating to the patients Hospital stay.
- If patient normally resides in a Care Home, regular contact should be maintained and the staff should visit at least weekly.

Patient and Carer Information

The 10 year strategy ‘Carers at the Heart of the 21st Century Families and Communities (2008) expects carers to be partners in diagnosis and discharge planning alongside care and adult care service staff. Health care staff should listen to families and support staff of people with Learning Disabilities because they usually know most about them and the support they need. Health care staff should not rely on relatives and paid carers of people with Learning Disabilities to provide care whilst they are in hospital without considering their needs and supporting them appropriately.

Patients with Complex Health needs

Transitional from Paediatric Care to Adult Care for people with Learning Disabilities who have complex health needs can be a distressing and stressful experience, both for the patient and their carers.

Joint partnership working has taken place between representatives from West Hertfordshire Hospital and Community based Learning Disability Services, to develop and improve services for this patient group. Please see Appendix 8 for referral process.

Pain Management

Patients with Learning Disabilities may not be able to express their needs as readily as other patients. Their pain needs will need to be discussed on an individual basis, with input from the Pain team within the Trust and the Health Facilitation Team. Information in the format of pictures and symbols can be obtained from www.easyhealth.org.uk.

Discharge from Hospital

Patient/Carer will be given information related to their discharge in a format that they understand. If the patient is returning to a Care Home, staff will come to the ward to re-assess the patient’s specific needs and discuss the care they have received while in Hospital. It may be necessary to involve the Health Facilitation Nurse to provide a discharge care plan on transfer back to the community. My Hospital Discharge leaflet will be provided to the patient and carer and any specific needs, including education and support will be provided in a format relevant to the individuals needs.

6. Process for Monitoring Compliance and Clinical Effectiveness

This Policy will be reviewed biannually or earlier in light of new national guidance or other significant change in circumstances.
The Policy will be monitored for effectiveness by the following processes:

Quarterly reports to the Safeguarding Adults Committee to include referral of patients with Learning Disabilities.

Records of referrals to the Health Facilitation Team

Investigation into any concerns raised regarding care within the Trust and an action plan developed, reports to be shared through the Divisional Clinical Governance Leads.

Audits of care to be undertaken in conjunction with the Health Facilitation team

Review of case records of people with Learning Disabilities

7. Training and Development

Education and Training

Education and Training will be provided within the Safeguarding Adult study days and will include input from patient with Learning Disabilities and Carers as laid down in the Michaels Report – Health Care for All. (DH2008).

Mandatory Training is being currently reviewed for all staff, by the Trust Training and Development Department, in accordance with ‘Valuing people now’, a five year strategy for people with Learning Disability (DH 2009). Mandatory training is currently being provided for the junior medical staff.

With regard to specific devices not seen routinely within the acute wards, the most relevant person or department will provide training on an as required basis within twenty-four hours admission to the Trust

8. References

Carers at the Heart of the 21st Century Families and Communities (2008)


Department of Health 2008 Deprivation of liberty safeguards Code of Practice.


Department of Health 2009 Valuing People now – A five year strategy for people with Learning Disabilities

Mencap 2007 Death by Indifference

Parliamentary and Health Service Ombudsman 2009 Six lives: the provision of public services for people with Learning Disabilities

RCN 2006 Meeting the Health Care needs of people with Learning Disabilities, Guidance for Clinical Staff.
LEARNING DISABILITY

PATIENT ASSESSMENT PATHWAY

Patient Admitted (Initial Assessment) → Inform Health Facilitation Nurse

Ask for Health Action Plan and Grab Sheet (A4 Summary Sheet of patients needs)

Principal carer and ward nurse to agree time for additional comprehensive assessment to be discussed (Within 24 hours)

Principal carer provides comprehensive assessment and in collaboration with the ward nurse, agrees level of additional support required

Discuss with Senior Sister/Matron ascertaining funding status of patient within community and subsequent methods of support

Equipment

In patients home

Available to use in hospital

Yes

No

Seek specialist advice, e.g. OT, Physiotherapist

Staffing

Patient needs can be met within existing ward staffing

Support is required from principal carer/partnership, organisation

Carer will be fully supported by ward nursing team

Patient requires additional/specialist support to meet their needs

Support can be provided by internal nurse bank or speciality agency

Ward to book staff with appropriate skills

Additional support and advice can be obtained from Health Facilitation Nurses:
Shirley Dayton 07788648745
Louise Jenkins 07876745641

Matron to be notified if not achievable
Appendix 2

Community Learning Disability - Acute Hospital Liaison Team
Referral Form

This form to be used when an adult with a learning disability presents to your service.

Please Fax to:
Community Health Team, Learning Disability Health Facilitation Nurses
Hertfordshire Partnership NHS Foundation Trust
Fax No: 01727 834785 Tel No: 01727 829000

Strategic Liaison Nurse: Frank Garvey
Mobile: 07667 904691

Health Facilitation Nurses Louise Jenkins Shirley Dayton
Mobile: 07878 745641 07796 645745

<table>
<thead>
<tr>
<th>Patient Details:</th>
<th>Name of Accompanying Carer:</th>
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<tr>
<td>Name: .........................</td>
<td>Name: ...........................</td>
</tr>
<tr>
<td>Date of Birth: ... / ... / ....</td>
<td>Employed Carer ☐</td>
</tr>
<tr>
<td>Address: .........................</td>
<td>Friend ☐</td>
</tr>
<tr>
<td>Hospital Number: ....................</td>
<td>Volunteer ☐</td>
</tr>
<tr>
<td>Hospital Number: ....................</td>
<td>Not known ☐</td>
</tr>
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</table>

Name of Health Care Establishment: ..........................................................

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<tr>
<th>Please tick</th>
<th>Name</th>
<th>Ward</th>
<th>Dept</th>
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<tr>
<td>Chiropody</td>
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Reason for attendance:
Via A&E ☐ Planned Admission ☐ Routine Appointment ☐

Name of person completing this form: ......................... Date: .............

Review March 2008
Appendix 3

Guidance for patient attending Out Patients Department

1 Introduction

Attending an Out Patients Department (OPD) can be a stressful time for any patient and the person(s) accompanying them; this can often be worse when the patient has Learning Disabilities. It is vital that the first appointment is safe and accommodating for the person with a Learning Disability and their carer due to the fact that if the first experience is stressful, it may then be very difficult for the person to re-attend.

2. Guidance for General Practitioners (GPs), Carers and Patients before the Outpatient appointment:

Referral from the GP to the consultant - the referral should clearly indicate that the person has a learning disability and that they may need additional support. The Carer or Service User should always discuss the expected hospital treatment with the GP, as he may be able to offer additional help or advice regarding the appointment.

The carer or service user to liaise with the hospital department sisters or staff nurses before the appointment informing them of the persons learning disability and any special support/requirements they may need during their visit. They should draw attention to the booklet called “My Health” containing the Health Action Plan (HAP) to the nursing staff.

If possible it may be useful to have two carers at the appointment, one to offer the service user support and one to deal with the admission procedures. It may be possible for a Community Learning Disabilities Team nurse to attend with relatives or for additional hospital staff support to be provided. Carers are to consider what would be appropriate support and liaise with the Community Learning Disabilities Team if necessary.

3. Guidance for Acute Trust Staff before the Outpatient appointment:

The aim is to see the patient with the learning disability at the beginning of any clinic to avoid long waiting times. This could be an AM or PM appointment. This is only for patients with complex behaviour needs, anxiety or other associated problems that cause them difficulty in waiting.

Arranging an extra time slot may be essential/important to ensure that the patient is not overly stressed or made to feel more frightened by limited time.

If an extra time slot or a change of time for an appointment is needed, then carers and hospital staff must come to a mutually agreed alternative date and time.

It is essential that the patient or their carer know what procedures may take place at the outpatient appointment. e.g. examination, blood tests etc.

The carer or service user should be given the name of a contact nurse who can explain any procedures that may be undertaken at the outpatient appointment or any other departments that may be visited during the appointment. Suitable arrangements for support can then be confirmed between the patient, the carer and the named nurse. Please remember that some carers have their own needs.

It may be possible for the patient with a learning disability and the carer to have a pre visit and look around the out patient department before the appointment.
The issue of consent for any treatment needs to be considered prior to the Appointment.

4. **Guidance for Carers and Service Users at the Outpatient appointment:**

Report to the reception desk at the pre-arranged time and notify the receptionist of the name of a contact nurse given to you before the appointment. Inform the staff of arrangements discussed before the appointment and hand the receptionist the booklet called “My Health” containing the Health Action Plan (HAP).

5. **Guidance for Acute Trust Staff at the Outpatient appointment:**

A named nurse at the hospital will be allocated to the patient to ensure a good rapport is built up with both the patient and the carer. Appropriate communication is essential.

The receptionist should inform the named contact nurse as soon as possible and pass on any relevant information and also the booklet called “My Health” containing the Health Action Plan (HAP).

People with learning disabilities have a range of abilities but all will need clear explanations in plain language with the possible use of diagrams or signing. In some outpatient departments there may be pictorial books available.

It is essential that hospital staff read the Health Action Plan (HAP) contained in the “my health” booklet, specifically with regards to any trigger words associated with the visit e.g. injection/operation.

At all times the nurses and consultants need to communicate in an understandable manner with the patient and remember that the carer with them knows the patient well and can offer advice and guidance.

On arrival the patient and carer are escorted to the waiting or consulting area.

Thought should have been given to the provision of a separate, quiet waiting area for the patient, and this to be offered if possible.

If possible any blood tests etc should be taken by the nurse in the consulting room to avoid the patient having to move around the hospital, which may involve extra stress.

If an X-ray, ECG or other diagnostic investigation is needed the nurse is to liaise with that department and escort the patient (and Carer) to the department. Again consideration should be given to waiting areas. The radiologist may also need to provide protection for the carer, as the patient may not go in alone.

If a referral is to be made to another hospital then the hospital staff will let the new hospital know of the person’s Learning Disability and all the specific support needs identified.

If a follow up appointment is required the date is to be arranged and flagged on the booking list that the patient will be attending again with reference to any special needs.
Appendix 4

Guidelines for the Support of People with Learning Disabilities And Their Carers attending Pre operative Assessment ~in preparation for elective surgery (Jane Jackson)

This guidance may not be applicable / needed for all people who have a Learning Disability. Some people with a Learning Disability will be able to wait or take appointments at any time of the day, because they do not have associated behavioural problems.

Guidance for General Practitioners (GPs), Carers and Service Users before the Outpatient (OPD), Pre operative assessment (POA) in preparation for ward admission:

Referral from the Consultant - the referral should clearly indicate that the person has a learning disability and that they may need additional support. The Carer or Service User should always discuss the expected hospital treatment with the Consultant, as he may be able to offer additional help or advice regarding the admission.

The carer or service user to liaise with the hospital department sisters or staff nurses before the POA informing them of the persons learning disability and any special support/requirements they may need during their visit. In addition the patient / carer need to request the Community Learning Disability Team to provide a copy of the risk assessment for the patient to bring to the OPD and to the POA appointment. In order to minimise the visit to hospital, and the impact that this will have on the patient, where possible, these appointments will be on the same day.

It may be useful to have two carers at the appointment, one to offer the service user support and one to deal with the admission procedures. It may be possible for a Community Learning Disabilities Team nurse to attend with relatives or for additional hospital staff support to be provided. Carers are to consider what would be appropriate support and liaise with the Community Learning Disabilities Team if necessary.

Guidance for Acute Trust Staff before the POA:

The aim is to see the patient with the learning disability at the beginning of any clinic or as soon as the decision to treat has been made in OPD. To avoid long waiting times. Ideally a double appointment should be booked for the assessment.

Arranging an extra time slot may be essential/important to ensure that the patient is not overly stressed or made to feel more frightened by limited time.

If an extra time slot or a change of time for an appointment is needed, then carers and hospital staff must come to a mutually agreed alternative date and time.

It is essential that the patient or their carer know what procedures may take place at the outpatient appointment. e.g. examination, blood tests etc. as well as the need for Pre operative Assessment if surgery is the recommended outcome from the OPD visit.

The carer or service user should be given the name of a contact nurse who can explain any procedures that may be undertaken during the pre operative assessment appointment or any other departments that may be visited during the appointment. Suitable arrangements for support can then be confirmed between the patient, the carer and the named nurse. Please remember that some carers have their own needs.

It may be possible for the patient with a learning disability and the carer to have a pre visit and look around the out patient department before the appointment.

The issue of consent for any treatment needs to be considered prior to the Appointment.
Guidance for Carers and Service Users at the Outpatient appointment:

Send an alert, either by telephone or referral form (Appendix 2) to the nurse health facilitators supporting people with learning disabilities.

Consider the potential need for hoist / moving aids for patients confined to wheelchair who may require assistance.

Report to the reception desk at the pre-arranged time and notify the receptionist of the name of a contact nurse given to you before the appointment.

Service user, family or carers to bring with them the service users completed health action plan.

After care information is essential for success of the whole episode of care, this should all be covered at the appointment before any procedures are booked.

Guidance for Acute Trust Staff at the POA appointment:

A named nurse at the hospital will be allocated to the patient to ensure a good rapport is built up with both the patient and the carer. Appropriate communication is essential.

The receptionist should inform the named contact nurse as soon as possible and pass on any relevant information. In addition if not already acquired, the POA team need to request the Community Learning Disability Team to provide a copy of the risk assessment for the patient to bring to the OPD.

People with learning disabilities have a range of abilities but all will need clear explanations in plain language with the possible use of diagrams or signing. In some outpatient departments there may be pictorial books available.

It is essential that hospital staff read the patient risk assessment sheet. This should be brought in with the patient – or is obtainable from the community disability liaison team.

At all times the nurses and consultants need to communicate in an understandable manner with the patient and remember that the carer with them knows the patient well and can offer advice and guidance.

On arrival the patient and carer are escorted to the waiting or consulting area.

Thought should have been given to the provision of a separate, quiet waiting area for the patient, and this to be offered if possible. This may not be possible, in which case direct admission to the interview room may be more appropriate.

If possible, the patient should be assessed in a single examination room, by the POA team. The POA team moving in and out of the room to the benefit of patient, rather than patient moving in and out of rooms if seeing more than one person.

If possible any blood tests, ECG etc should be taken by the nurse in the consulting room to avoid the patient having to move around the hospital, which may involve extra stress.

If an X-ray, or other diagnostic investigation is needed the nurse is to liaise with that department and escort the patient (and Carer) to the department. Again consideration should be given to waiting areas. The radiologist may also need to provide protection for the carer, as the patient may not go in alone.
If a referral is to be made to another hospital then the hospital staff will let the new hospital know of the person’s Learning Disability and all the specific support needs identified.

If a follow up appointment is required the date is to be arranged and flagged on the outcome sheet to Admissions that the patient will be attending again with reference to any special needs.

If it is determined at POA that the patient will be admitted for surgery the POA nurse should provide full explanation of the admitting ward, date and time of admission should be agreed with the carer, and ensure that full details are given to the Consultant Nurse and to the Matron for Surgery.

Information leaflets regarding the procedure, the anaesthetic and consent should be given to the patient and carer. After care information is essential for success of the whole episode of care, this should all be covered at the appointment before any procedures are booked.

A risk assessment should be completed and attached to the notes.

A communication sheet should be completed and sent to the admitting ward, theatre manager and matron, to ensure that adequate preparations can be made for the admission.

Patients with learning disabilities are excluded from the 18/52 pathway, admission is appropriate to the patients clinical needs.
West Hertfordshire Hospitals NHS

ERIC SHEPHERD HOUSE

Patients resident at Eric Shepherd House should follow the process detailed on the following two pages for their admission.

Joint working with the West Hertfordshire NHS Trust, and the Community Learning Disability Team for patients due for elective surgical hospital admission.

Eric Shepherd Unit

The Eric Shepherd Unit admits men with learning disabilities under the Mental Health Act (1983) who need a safe and secure environment.

The patients are in secure home at Eric Shepherd Unit. The homes have a team of carers who are responsible for the well being of the patients. A daily routine is key to the cohesion of the community within the home environment, and to enable the care workers to provide the appropriate support that each of their patient requires. As with all individuals, there are times when assistance is required from another care provider – such as referral to the acute Trust for surgical opinion.

Being moved from the relative secure environment in which the patients reside into the busy hub of an acute trust out patient department could be a threatening experience. Their individual needs may not be easily met within the acute setting. It is necessary therefore that the impact on the patient who requires surgical opinion needs to be minimized in order to preserve undue strain for the patient, as well as preserving their privacy and dignity.

The elective surgical pathway demands that all patients are seen and treated within a timely manner. 18week pathway does not apply for patients with learning disabilities, but is replaced with the allowance of clinical judgment as to timing of recommended treatment.

From GP referral to admission, the patient will require the consultation of the clinician in the acute trust setting, possibly followed by investigations, and if surgery is recommended a pre operative assessment in order to assess fitness for surgery. Where it is not possible to undertake the pre operative assessment at the same visit an appropriate appointment will be made for the consultant nurse to visit the patient within their residence at Eric Shepherd House. It will best serve this visit if the patients’ team leader could be present during the interview in order to provide support as well as insight into specific needs / issues not otherwise documented. Planning of the admission needs to be co-coordinated with the Team leader at the patients’ residence, as well as the acute trust admission team. Due to the small number of patients per annum, and the potential complexity of process, this is best served with one to one communication between a named nurse at the acute trust – such as the Consultant Nurse in Pre operative assessment, and the team leader responsible for the patient at Eric Shepherd Unit.

Early communication to the Consultant nurse from the Team leader at Eric Shepherd Unit will prefer the opportunity to co-ordinate the initial out patient visit with the pre operative assessment. This can then be followed with appropriate planning of the admission site, ward and booking of side room. Timing of the admission will need to be arranged to be suitable for anaesthetist, surgeon and ward staff.

It is anticipated that a staff member from the Eric Shepherd Unit will accompany the patient at all visits and remain with the patient whilst they remain within the acute trust environment. Patient confidentiality will be maintained appropriate to providing safety for other patients and staff. If
for reasons of safety confidential information needs to be conveyed it will be to the immediate personnel for whom the information affects.
The following flow chart is the suggested pathway of care for the admission of patients from Eric Shepherd Unit to the West Hertfordshire NHS Trust for elective surgery. (DOH 2007).

West Hertfordshire Hospitals NHS Trust

Flow chart re elective surgical admissions from Eric Shepherd Unit

GP visit to Eric Shepherd Unit results in referral to West Hertfordshire NHS Trust for elective surgery / surgical opinion

Team leader for the patient informs Consultant Nurse as soon as possible to provide details of the referral – 01727 897045

On receipt of referral within the West Hertfordshire NHS Trust the OPD is made. Consultant Nurse will make arrangements to be available at the Out patient visit and liaise with the Team leader.

Patient attends Outpatients Department and has the consultation with the clinician. If surgery is recommended, then if possible, pre operative assessment will be completed at that same visit.

If not possible to undertake pre operative assessment at the same time as outpatient visit arrangements will be made to visit Eric Shepherd Unit

If the patient is not fit for surgery, appropriate referral will be made to team leader, GP and consultant to inform of the reason, and what action is required

If fit for surgery, the patient placed on the waiting list for elective surgery at WHHT

Consultant nurse informs admissions of the requirement for surgery and the need for side room

Admission will where practical and possible be on an elective ward and in a side room

Once admission date is known, appropriate staff will be informed re the patient's admission. These will include anaesthetist, theatre and ward staff. The anaesthetist may require specific additional investigations

Admissions confirm admission date with the Eric Shepherd Unit

On discharge following treatment, the Eric Shepherd Unit needs to be informed of all post operative care, including GP letter, advice re suture removal, wound dressings
Policy for the Care of Adult Patients with Learning Disabilities within WHHT
Integrated Standards Executive
Reviewed Aug 2009
Review Aug 2011
Appendix 5

Guidance for patients attending A&E, MIU, UCC and AAU

1. Introduction:

The term A&E will be used throughout this document to refer to Accident and Emergency Departments, Minor Injury Units (MIUs), Rapid Assessment Units (RAUs) and Acute Admission Unit for the readers ease.

2. Guidance for Carers and Patients before arriving at the A&E.

Patients needing emergency treatment should dial 999 and request an ambulance.

If the situation is not urgent, but may require A&E treatment, phone NHS Direct (Telephone Number 0845 46 47) for advice.

If A&E treatment is required, but is not considered to be an emergency, then phone your local A&E Department (Telephone Numbers at end of this document) and request to speak to the Senior Nurse (take a record of their name). Inform the nurse of any potential problematic behaviour in order that preparation of the A&E staff and environment can occur. The nurse may arrange for attendance at the department for an allocated time, circumstances permitting.

Patients/Carer must bring with them the booklet called “My Health” which will include a Health Action Plan (HAP) and a ‘Grab sheet’, containing up to date information about their medical needs. Draw this to the attention of the A&E staff.

3. Guidance for Carers and Patients on arrival at the A&E.

On arrival at the A&E department ... the patient / or the Carer is to inform the reception regarding the learning disability and highlight that the Senior Nurse (give the name) has been contacted. The receptionist will inform the Senior Nurse of the patient’s arrival.

4. Guidance for A&E staff when people with Learning Disabilities (and their Carers) arrive in the A&E.

On arrival at the A&E department, the patient / or the Carer is to inform the reception regarding the learning disability and highlight that the Senior Nurse (give the name) has been contacted. The receptionist will inform the Senior Nurse of the patient’s arrival.

Service users bring in a booklet called “My Health” which will include a Health Action Plan (HAP), which contains up to date information on their medical needs. The senior nurse is to ask to see the HAP.

People with learning disabilities have a range of abilities but will require clear explanation in plain language with the possible use of diagrams which will be made available within the Department.

All patients with a learning disability will be seen as a high priority, however, there may be a delay in patients being seen if there are higher clinical needs in the department at that time -the decision rests with the Nurse in charge of the Department.

A named nurse will be allocated to the patient to ensure a good rapport is built up with both the patient and carer. Appropriate Communication is essential.
The named nurse will ensure that the patient and carer are briefed about any possible delays within the assessment or treatment process.

The named nurse will ensure that all planned assessments / investigations are discussed with the patient / carer. *Take into account that the Carer probably has invaluable assessment information.*

If an X-ray, ECG or other diagnostic investigation is needed the nurse is to liaise with that department and escort the patient (and Carer) to the department. Again consideration should be given to waiting areas. The radiologist may also need to provide protection for the carer, as the patient may not go in alone. Again information should be available in a format that the patient can understand.

The named nurse will liaise with any department carrying out investigations to ensure that the results are obtained as soon as possible.

The named nurse will ensure that if the patient requires transition to another ward that the handover will include reference to the learning disability, need for clear communication, Health Action Plan and need to take into account carer's input. Appropriate needs will be discussed with the bed manager.

Patients with a learning disability should be made aware of the compliment / complaint system and have appropriate literature designed in an accessible format.
Appendix 6

REFERRAL PATHWAY FOR CLIENTS WITH LEARNING DISABILITIES

Referral from Learning Disability Team

Phone Health Advisers at St Albans Department of Sexual Health
Tel: 01727 897333/335
Fax: 01727 897577

Health Adviser will contact Learning Disability Team to discuss specific needs of client and arrange an extended booked appointment slot.

- Ability of client to give consent must be discussed.
- If client is female, access to suitable trained family planning clinician will be available

Support worker will be asked to establish client’s previous medical history/current medication/allergies so that the information is available at attendance

Client can be offered pre-appointment visit for familiarisation purposes

Key receptionist, aware of appointment, will meet and greet client and support worker/advocate

Consultation with named clinician with/without support worker present to establish history and care pathway

Discussion between client and care worker to establish consent has been given to proceed

Client is examined by named clinician with WHSHC chaperone present

Debrief with named clinician, client and support worker/advocate to establish initial results, possible treatment, final results and possible review
Appendix 7  Useful contacts:

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute and Primary Liaison Team Nurse Health Facilitators</td>
<td>St Peters House 2 Bricket Road St Albans Herts AL1 3JW Telephone 01727 829800 Fax 01727 834785</td>
</tr>
<tr>
<td>Eric Shephard unit</td>
<td>Woodside Road, Abbots Langley Telephone 01923 682062</td>
</tr>
<tr>
<td>Jane Jackson Consultant Nurse Pre operative assessment</td>
<td>Telephone Number 01727 897045</td>
</tr>
<tr>
<td>Pre Operative Assessment</td>
<td>SACH Telephone Number 01727 897140 HHGH Telephone Number 01442 287253 WGH Telephone Number 01923 208018</td>
</tr>
<tr>
<td>The Patient Advocacy Liaison Service (PALS)</td>
<td>Telephone 01923 217198</td>
</tr>
<tr>
<td>Independent Complaints Advocacy Service (ICAS)</td>
<td>Telephone Number 01279 444455 Extension 2116</td>
</tr>
<tr>
<td>Elaine Donald Head of Nursing Clinical Support</td>
<td>Telephone Number 01442 287371</td>
</tr>
<tr>
<td>Senior Sisters Outpatient Department</td>
<td>WGH Telephone Number: 01923 217693 HHGH Telephone Number: 01442 287121 SACH Telephone Number: 01727 897832</td>
</tr>
</tbody>
</table>

Community Learning Disability Nurses (CLDN) are based in geographical patches and can be contacted through the following Community Learning Disability Teams (CLDTs) dependent upon the area relating to the patient’s home address.

<table>
<thead>
<tr>
<th>Area Team</th>
<th>Address</th>
<th>Telephone</th>
<th>Fax</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dacorum</td>
<td>First Floor, Apsley Two, Brindley Way, Apsley, Hemel Hempstead, HP3 9BF</td>
<td>01442 454444</td>
<td>01442 454422</td>
<td><a href="mailto:Dacorum.ld@hertscc.gov.uk">Dacorum.ld@hertscc.gov.uk</a></td>
</tr>
<tr>
<td>Hertsmere</td>
<td>First Floor, Apsley Two, Brindley Way, Apsley, Hemel Hempstead, HP3 9BF</td>
<td>01442 454242</td>
<td>01442 454244</td>
<td><a href="mailto:Hertsmere.ld@hertscc.gov.uk">Hertsmere.ld@hertscc.gov.uk</a></td>
</tr>
<tr>
<td>St Albans</td>
<td>First Floor, Apsley Two, Brindley Way, Apsley, Hemel Hempstead, HP3 9BF</td>
<td>01442 454300</td>
<td>01442 454333</td>
<td><a href="mailto:Stalbans.ld@hertscc.gov.uk">Stalbans.ld@hertscc.gov.uk</a></td>
</tr>
<tr>
<td>Watford and Three Rivers</td>
<td>First Floor, Apsley Two, Brindley Way, Apsley, Hemel Hempstead, HP3 9BF</td>
<td>01442 454343</td>
<td>01442 454377</td>
<td><a href="mailto:Watfordthree.ld@hertscc.gov.uk">Watfordthree.ld@hertscc.gov.uk</a></td>
</tr>
<tr>
<td>Broxbourne and East Herts</td>
<td>Farnham House Six Hills Way Stevenage Hertfordshire. SG1 2FQ</td>
<td>01438 843111</td>
<td>01438 843123</td>
<td><a href="mailto:Eastherts.ld@hertscc.gov.uk">Eastherts.ld@hertscc.gov.uk</a></td>
</tr>
<tr>
<td>Welwyn and Hatfield</td>
<td>Farnham House Six Hills Way Stevenage Hertfordshire. SG1 2FQ</td>
<td>01438 843600</td>
<td>01438 843601</td>
<td><a href="mailto:Welwynhatfield.ld@hertscc.gov.uk">Welwynhatfield.ld@hertscc.gov.uk</a></td>
</tr>
<tr>
<td>Stevenage and North Herts</td>
<td>Farnham House Six Hills Way Stevenage Hertfordshire. SG1 2FQ</td>
<td>01438 843222</td>
<td>01438 843234</td>
<td><a href="mailto:Northherts.ld@hertscc.gov.uk">Northherts.ld@hertscc.gov.uk</a></td>
</tr>
<tr>
<td>Transition Team Children to Adults</td>
<td>Farnham House Six Hills Way Stevenage Hertfordshire. SG1 2FQ</td>
<td>Naomi Jones</td>
<td>01442 454456</td>
<td><a href="mailto:Naomi.jones@herts.gov.uk">Naomi.jones@herts.gov.uk</a></td>
</tr>
</tbody>
</table>


Appendix 8

Hospital Admissions for Children over 16 years with Severe Learning Difficulties and Complex Health Needs

Children over 16 years
“Grab Sheet” – Summary of Needs etc for all Children

Children with multiple physical illnesses

Children with limited physical disability, illness – e.g. epilepsy, Tracheotomy and Chronic Lung Disease

* Professionals and parents’ meeting prior to age 16 +

16 years
Paediatrician refers to Learning Disability Respiratory Physician / Neurologist, but paediatrician continues to have overall responsibility until child leaves school at 19 years

Hand over care of most critical medical condition to relevant adult physicians: e.g. significant cardiac conditions to Cardiologist. Paediatrician has overall responsibility until child leaves school at 19 years

1) Refer to Transitional Needs (Nursing) Multi-disciplinary Team

(2) Over 16 years:
Copy all Community Paediatricians
Letters to go to:-

(a) A&E Consultants – WGH
(b) Matron Acute Admission Unit (AAU) – WGH

For children living in Hemel Hempstead and St Albans – Copies of letters to be sent to Matron urgent care centre at Hemel Hem[stead and St Albans

* Meeting to include: Paediatrician, Physician, Nursing staff, (Community) Social worker, Transitional Care Coordinator, Hospital Nurse, and A&E Consultant where relevant. Relevant Therapist and School Nurse.