Ashford and St. Peter's Hospitals NHS
NHS Trust

Trust Board
28th October 2010

TITLE	**Learning Disabilities- Access to Acute Care**
SUMMARY	This paper is intended to update the Board on the progress made for patients with a Learning Disability who access Ashford and St Peter's Hospitals and use our acute services.
BOARD ASSURANCE (Risk) / IMPLICATIONS	The Trust is well on track to deliver this service. Relates to BAF Risk 2.8 Non compliance with Equality , Diversity and Human Rights
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Service Users have presented to the Trust Board and Pride in Nursing Event Surrey Borders Learning Disability Team Acute Liaison nurse service started in June 2010
EQUALITY AND DIVERSITY ISSUES	Adherence to the Human Rights Act 1998 and Disability Discrimination Act 1995 are central to ensuring equality of access and equity for all people with a learning disability.
LEGAL ISSUES	As above
The Board is asked to:	Note the paper
Submitted by:	Vanessa Avlonitis Deputy Chief Nurse
Date:	19th October 2010
Decision:	Noting

Learning Disabilities - Access to Acute Care

Introduction

Equality in accessing healthcare is the central principle in the delivery of care within the NHS. The 'Death by Indifference' (2007) report from MENCAP highlighted significant evidence that equality for patients with a learning disability who use NHS services was sadly lacking and identified patient stories of six deaths whilst in NHS care. Following this report Sir Jonathan Michael was commissioned to review the care delivered to these six patients and following on from this inquiry, several meaningful recommendations were identified and published in the report 'Healthcare for All'(2008). The Ombudsmen report 'Six Lives' (2009) supports the recommendations from Healthcare for All.

The Care Quality Commission (CQC)have developed an initial indicator set that seek to establish if the recommendations made in the inquiry report have been met by providers particularly around collecting data and information necessary to allow people with a learning disability to be identified. The CQC also want to ensure that Trusts can demonstrate the views and interests of people with a learning disability are included in the planning and development of services.

Progress to date

The Trust has achieved against the actions that were set in March. These are outlined as follows:

- In May 2010, the Pride in Nursing event included a presentation by a service user with a learning disability which portrayed a powerful message for nurses in understanding and fulfilling their special needs
- In June 2010, the launch of the Acute Liaison Nursing Service for Learning Disabilities across Surrey, ASPH hosting the event at St Peters Hospital and viewed as a progressive Trust
- An IT Flag on PAS is now in place and will identify service users who have a learning disability. This will allow staff to prepare and make reasonable adjustments for these patients
- Development of a protocol for managing patients who have a Learning Disability now in place.

- Development and launch of the Patient Passport at the Acute Liaison Nursing service Day. This passport has been standardised for use across the four Surrey Acute Trusts
- Clear escalation to alert the Matrons of any patients with a Learning Disability
- Consideration of reasonable adjustments such as the first appointment in outpatients or prearranged visits for elective patients.
- Training and Education is now being lead by the Acute Liaison Nurse which includes the training of Junior Doctors
- Service user presented their experience to the Trust Board in September(Patient story)
- Patient feedback questionnaire has been developed from Surrey and Borders partnership.
- Communication Books and resource packs are in place in the ward areas
- Themes from complaints or incidents will be flagged and actioned by the Deputy Chief Nurse
- Sector wide Acute Liaison Steering Group chaired by the Deputy Chief Nurse for ASPH.
- Proposal to merge the Learning Disability Steering group with the Disability Action Group reporting into the Equality and Diversity Group

Actions to take forward

- PCT Draft letter to be sent to GPs and Residential homes regarding the names of clients who are known to have a learning disability. Each client would need to give consent for this information to be shared
- Information leaflets in easy to understand language currently being addressed across the sector
- Explore membership to incorporate views and interests in the planning and development of health services from both service users and their families/carers
- Further develop and report back quarterly feedback from the Learning Disabilities questionnaire
- Explore presenting to the GP Spotlight early next year
- Review ASPH arrangements for reclining chairs for relatives/carers as a reasonable adjustment
- Photographic menus for these patients
- Audit the patient passport and patient feedback
- Comply to the CQC indicators and demonstrate improvement.

CQC position of performance indicators at ASPH

Scoring guide for all questions
(1) Protocols/ mechanisms are not in place
(2) Protocols /mechanisms are in place but have not yet been implemented
(3) Protocols /mechanisms are in place but only partially implemented
(4) Protocols/ mechanisms are in place and are fully implemented

Indicators	Score	Evidence
1.Does the trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients? (1-4)	3	• Flag on PAS • LD protocol • LD Passport • Acute liaison nurse • LD Steering Group • Reasonable adjustments • Sector wide group
2. In accordance with the Disability Equality Duty of the Disability Discrimination Act (2005), does the trust provide readily available and comprehensible information (jointly designed and agreed with people with learning disabilities, representative local bodies and/or local advocacy organisations) to patients with learning disabilities about the following criteria: • treatment options (including health promotion) • complaints procedures, and • appointments Scoring: 1. Accessible information not provided 2. Accessible information provided for one of the criteria 3. Accessible information provided for two of the criteria 4. Accessible information provided for all three of the criteria.	2	• Disabilities Action Group • LD Steering Group • Sector wide Acute Liaison Service

3. Does the trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities, including the provision of information regarding learning disabilities, relevant legislation and carers' rights? (1-4)	3	• LD protocol • Patient passport • LD Steering Group • Acute Liaison Nurse
4. Does the trust have protocols in place to routinely include training on learning disability awareness, relevant legislation, human rights, communication techniques for working with people with learning disabilities and person centred approaches in their staff development and/or induction programmes for all staff? (1-4)	3	• Training on induction for safeguarding and communication • Acute Liaison Nurse • Acute Hospital Training pack
5. Does the trust have protocols in place to encourage representation of people with learning disabilities and their family carers within Trust Boards, local groups and other relevant forums, which seek to incorporate their views and interests in the planning and development of health services? (1-4)	3	• Pride in Nursing representation by LD user • Plan to have a user on the LD Steering group • ASPH launched LD across Surrey and is seen as a progressive organisation • Patient Story • Membership
6. Does the trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports? (1-4)	3	• Feedback questionnaire developed and in use • Finding to be reported to the Trust Board and the Equality and Diversity Group

Conclusion

To conclude, the Trust recognises its responsibility to ensure equality for patients with a Learning Disability that use our service and is confident that there are mechanisms in place to support the CQC indicator set which should provide assurance that the Trust is meeting the special and complex needs of these patients. It is encouraging that we have developed a healthy partnership with the Community team and that ASPH were chosen to host the Surrey Launch for Learning Disabilities in June 2010.

There is still some way to go regarding accessible patient information which is being driven through the sector wide group and also the need to further strengthen and embed cultural change for managing these patients by robust training and education

Vanessa Avlonitis

Deputy Chief Nurse