People with Learning Disabilities in Croydon

GP PLT Session
Agenda

• 2.10 - 2.20  Context of Croydon Learning Disabilities
  » Amit Abbot (GP LD lead)

• 2.20 - 2.35  What is a Learning Disability?
  » Julian Morris (Consultant Clinical Psychologist)

• 2.35 - 3.20  Learning Disability Health Checks
  » Amit Abbot & Jane Waters (Operational Clinical Lead for Learning Disabilities)
Agenda

• 3.20 - 3.40 Capacity Assessments & Reasonable Adjustments
  » Christina Marchant-Brown (LD Acute Liaison Nurse) & Rachel Blaney (Safeguarding Lead Nurse)

• 3.40 - 4.00 Coffee break

• 4.00 - 4.20 Learning Disability Services in Croydon
  » Jane Waters, Julian Morris & Christina Marchant-Brown

• 4:20 – 4.30 LeDER reporting and Safeguarding
  » Rachel Blaney
Goals of today's PLT

- Leave with a better understanding of Learning Disabilities
- Give you a greater understanding of how Croydon is performing in the care of LD patients and how this can be improved
- Education on how to perform an LD health checks and help us understand the challenges practices face
- Discuss common issues that may occur (capacity, reasonable adjustments)
- Provide you with information on support available for patients in Croydon and how they link up
Context of Croydon Learning Disabilities
Context of Croydon Learning Disabilities

• People with learning disabilities are at significantly higher risk of early, preventable death than other groups.

• Access to health services also plays an important part. Therefore continuing action to improve the health and access to health services for people with learning disabilities is an important priority in Croydon

• December 2016: Report published by NHS Digital
• Females with a learning disability had an 18-year lower life expectancy than the general population, while males with a learning disability had a 14 year lower life expectancy than the general population.
Associated health Problems

- Psychiatric and behavioural problems very common
  - 30% have epilepsy
  - 30% have visual problems
  - 30% have hearing problems
  - Many Down’s pts develop dementia in middle age
  - Many Down’s patients become hypothyroid / Cardiac issues
- Continence problems very common
- Mobility problems very common
- Underweight & Obesity common

- Vulnerable to abuse by carers and others
  - Most can’t take responsibility for own health or read instructions
  - Reduced life expectancy
Main gaps in health care for people with LD?

- Untreated but treatable conditions (from ear wax to breast lumps)
- Failure to address known health needs (e.g., thyroid screening for people with Down’s syndrome)
- Lack of uptake of generic health promotion (wt and BP measurement, mammography, Cx smears)
- 1 in 2 eligible women with a learning disability received breast cancer screening compared to 2 in 3 eligible women without a learning disability
So why is the care of LD patients different?

- Access problems
- Communication in consultation
- Autonomy, role of carers, capacity, consent
- Late and atypical presentation
- Diagnostic overshadowing (symptoms wrongly assumed to be related to LD condition)
- Communication with other agencies
- Prejudice
- Health professionals’ lack of awareness and/or knowledge
Local Context

What are we doing?

• Croydon currently has **1929 patients on Qof register**

• **Health Checks**: CCG Improvement Assessment Framework measure; National Target 75%, London achieving <50%, Croydon 49%

• Steering Group started to address the low uptake of health checks

• Mortality reviews are now mandatory
Croydon Variability in Annual Health Checks

LD Healthchecks completed as a % of QOF 2016-17 register
Croydon Annual Health Checks

- Widespread variability across the Borough – How can we reduce this?
- Still below National Targets of 75% in Croydon
- Leave today feeling more confident with LD
What is a Learning Disability?
What is a Learning Disability?

The Department of Health defines learning disability as:

- A significantly reduced ability to understand new or complex information or learn new skills (*impaired intelligence*) – this means an IQ under 70

- A reduced ability to cope independently (*impaired social functioning*)

- Started before age of 18
What is a Learning Disability?

- There are approximately 1.4 million people with learning disabilities in the UK and approximately 8,400 in Croydon (2.2% of the population).

- Only about 25% of these people are known to specialist services, with many either not needing specialist support or undiagnosed.

- Broad range of need – from people who work, live alone and get support needs met by friends and family to people who need 24 hour residential care and are fully dependent on others to meet all their needs, including personal care.
Other Issues

- Other issues that are different from a learning disability (but can co-occur with learning disabilities) include:
  - Autism
  - Specific difficulties with reading, writing and / or numeracy
  - Attention Deficit Hyperactivity Disorder (ADHD)
  - Emotional difficulties that may have disrupted schooling and influenced achievements
  - Mental health difficulties
Assessment of Learning Disabilities

• Range of complexities in assessment:
  – Broad range of need and presentations, particularly when co-morbidities taken into account
  – Different terminology in children / adult services
  – Differences in preferred term in adult services
  – High degree of people with an LD unknown to specialist services
  – Access to assessment

• Read code issues
Assessment of Learning Disabilities

- Assessment involves:
  - Review of available history to see if evidence is available that someone meets criteria
  - Interview with person and carers to gather information relating to the criteria
  - Where there is no evidence or it is not clear, we can complete an IQ test and functional skills assessment to gather evidence (this depends on whether the person fits with a normative sample)
  - The full assessment takes approximately 10-15 hours of clinical time

- In my opinion, screening tools not useful in practice – also supported by the Learning Disabilities Professional Senate.
Learning Disability Health Checks

- People with a learning disability experience significant health inequalities, to the degree that, on average, they die approximately 20 years earlier than people in the general population.

- A proportion of these early deaths could be avoided by good healthcare, with delays in care or treatment, gaps in service provision, organisational dysfunction and neglect or abuse being significant factors.
Learning Disability Health Checks

• Richard sadly died very suddenly in 2012 as a result of unmanaged constipation. He was only 33 years old. Over 10kg of faeces was removed from Richard’s bowels before he died and his bowel was 18cm diameter at post-mortem. His psychiatrist and GP had both seen him that week but did not recognise the extent of faecal impaction. Richard’s withdrawal and distress were attributed to his mental health and a mental health admission was arranged, when he actually needed urgent medical attention.

• When Richard was finally admitted to hospital, his assessment and treatment were inadequate, the faecal impaction persisted and he aspirated gastric contents and died. It is difficult and harrowing to imagine how much pain and discomfort Richard must have been in, for quite some time.
Learning Disability Health Checks

- A person was discharged home with a catheter, although the care staff had never received any training about catheter care. The person was later readmitted to hospital with possible urinary sepsis.
Learning Disability Health Checks

- Health conditions associated with learning disabilities include:
  - Being under or over weight
  - Epilepsy
  - Dementia
  - Respiratory issues
  - Constipation
Learning Disability Health Checks

Some tips for supporting good healthcare provision:

– Be mindful of diagnostic overshadowing

– Involve the person with a learning disability, as well as family / carers, in assessing health and care planning

– Consider communication needs and use additional resources to ensure information is accessible

– Be aware of the Mental Capacity Act and how it applies
Learning Disability Health Checks

• Annual health checks for people with a learning disability are one of the tools for helping address this inequality

• People with a learning disability are supposed to be provided with an annual health review at their GP surgery

• There’s low take up of this in Croydon – 49% only, whereas the national target is 75%. The Croydon figure has also been steadily decreasing
Learning Disability Health Checks
Learning Disability Health Checks

- [https://www.youtube.com/watch?v=8PW0wKmEj3Y&feature=youtu.be](https://www.youtube.com/watch?v=8PW0wKmEj3Y&feature=youtu.be)
Learning Disabilities DES

- Gp surgeries began getting paid to do annual health checks for patients with learning disabilities in 2008. (£140 / check)

- **Practices have a responsibility to patients to provide health checks if signed up to the DES**

- Gp practices are encouraged to produce a learning disabilities register for all patients 14 years and over with LD

- Offer all patients on this register an annual LD health check and perform these where patients have agreed.

- Complete a health action plan for patients
Tips for preparing For LD Health Checks

- Identify a Clinical Lead & Nurse lead in the practice to carry out health checks and be aware of resources available


- Identify patients on the QOF register for LD

- Familiarise yourself with ‘Learning Disabilities annual health check’ template on Emis
Preparing For Ld Health Checks

Easy Read material
http://www.easyhealth.org.uk/categories/health-leaflets
Pre Check Questionnaire

Health Check for People with a Learning Disability

Please fill in these pages with the help of your carer (if you have one) before you come and visit the doctor.

Please bring with you all your medicines whether prescribed by the doctor or not, your health action plan if you have one and a urine sample in a small bottle.

<table>
<thead>
<tr>
<th>Date of health check</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Male / Female</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Main Carer</td>
<td></td>
</tr>
<tr>
<td>Key social care contact (name and contact details)</td>
<td></td>
</tr>
</tbody>
</table>

Do you have a Health Action Plan?  
Yes ☐  No ☐

If so, please fill it out and bring it with you to your appointment.

I communicate by...
(tick as many as you like)

- Talking ☐
- Signing ☐
- Using a communication aid ☐
- Pointing ☐
- Using gestures (nodding, raising eyebrows) ☐
Preparing For Ld Health Checks

- Offer choice and try to make the appointment at a time and day of the week convenient to the person and their carers as well as to the practice.

- Avoid busy times in the practice such as Mondays and Fridays. Chose a time the primary care team are likely to be on time such as in the afternoon before afternoon surgery.

- Checks can take 1 hour. Need to go at patients pace (consider splitting Nurse/ GP) – Doesn’t have to be all on same day

- Bring a Urine sample to appointment
### Consent

**Please Ensure These Items Are Completed**

**Capability Assessment for Information Assessment**

Encourage creation of Summary Care Record with additional information for all patients with their consent. This may require MCA involvement or may be a “best interest” decision. Only withhold if patient refuses.

For patients aged under 18 obtain parental consent or consider Fraser Competence

<table>
<thead>
<tr>
<th>Capacity Assessment For Information Sharing - Select those that apply</th>
<th>No previous entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent For Electronic Record Sharing?</td>
<td>No previous entry</td>
</tr>
<tr>
<td>Consent For SCR With Additional Information</td>
<td>No previous entry</td>
</tr>
<tr>
<td>Consent To Share Data With Specified 3rd Party</td>
<td>No previous entry</td>
</tr>
<tr>
<td>Consent To Share Data With 3rd Party Details</td>
<td>No previous entry</td>
</tr>
</tbody>
</table>

**Disability Details**

Remember to ask the person with a learning disability or their carer if they have any specific concerns or issues they wish to cover whilst performing the health check

<table>
<thead>
<tr>
<th>Disability Severity</th>
<th>No previous entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autistic disorder</td>
<td>No previous entry</td>
</tr>
</tbody>
</table>

**Specific Syndrome Check**

Certain syndromes causing learning disabilities are associated with increased morbidity. For this reason, it is important to consider the following.

Consider specific interventions indicated by syndromes present

Are there any specific syndrome-related problems not covered? - Please enter details below

| Specific Syndrome Comments | No previous entry |

**Downs Syndrome**

Down's Syndrome Diagnosis

| Congenital heart disease | No previous entry |

If the patient has Down’s syndrome, please ask other family members, carers, or care workers (as appropriate) about any changes that might suggest the need for an assessment of dementia such as:

| Change in behaviour | No previous entry |
| Forgetful | No previous entry |

A low threshold should be adopted for excluding concurrent physical morbidity and or referral to mental health services.
Support & Patient Information

- Under care of social services
- Social worker involved
- Keyworker Details

**Remember to include any specialist teams** e.g. Learning Disability Team

- Has a Carer?

**Remember to record carer demographic details and offer Carer Health Check & Flu Immunisation where appropriate**

- Carer's details
- Emergency contact details
- Patient Support
- [ ] Need for assistance with personal care
- Is the patient housebound?
- Personal Status
- Employment

Immunisations

People with learning disability should have the same regimes as others and the same contraindications apply, except for the following, which all people with a learning disability are entitled to.

Season Influenza Vaccination
- [ ] Seasonal influenza vaccination 20-Feb-2017

Pneumococcal Vaccination as guided by Green Book indications

- [ ] Pneumococcal Vaccination 20-Feb-2017 23-Mar-2002

Hepatitis B is indicated if patient lives in shared accommodation. A high risk of hepatitis B has been seen in the population of individuals with learning disability living in residential accommodation.

- [ ] Hepatitis B Vaccination
- [ ] Hepatitis B Immunisation recommended
- HPV
- MMR

Allergies
Additional Support Needs

Reasonable Adjustments Required

- Consider time, environment, communication & additional health needs
- Remember Accessible Information Standards
- Include this information in all referrals

Reasonable Adjustment - Include details in all referrals

Communication

- Communication Level
- Communication Assistance
- Communication Details

Seen by Speech & Language Therapist - enter date of latest contact if appropriate

No previous entry

Text
**Functional Life Skills**

Free text are provided for advise that is to appear in Health Action Plan for the patient - Use simple text.

**Mobility**

If the patient is imobile, consider postural care needs

- Postural Care Needs
- Mobility
- Mobility Support
- Mobility Advice
- Walking Aid Use Details
- Under Care of physiotherapist - enter date of latest contact if appropriate

**Daily Living Skills**

- Eating
- Hydration
- Dressing Ability
- Bathing
- Toilet Dependency
- Seen by occupational therapist - enter date of latest contact if appropriate
- Daily Living Support?
### Lifestyle & Health Promotion

#### Patient Diet
- [ ] Patient advised re diet
- Text

#### Exercise Level
- [ ] Patient advised re exercise
- Text

#### Smoking Status
- [ ] Smoking cessation advice
- Text

#### Alcohol Consumption
- [ ] Patient advised about alcohol
- Text

### Sexual Health & Contraceptive Advice

#### Sexually Active?
- [ ] General contraceptive advice
- Text

#### Male Screening
- [ ] Health ed. testicular exam.
- Text
- Latest Aortic Aneurysm Screening Result
- Text

#### Baseline Assessment
- O/E - height
  - cm
- O/E - weight
  - kg
- Body Mass Index
- Blood pressure procedure refused
  - Calculate
<table>
<thead>
<tr>
<th>O/E - blood pressure reading</th>
<th>mmHg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision - guidance suggests a person should see an optometrist ever two years</td>
<td></td>
</tr>
<tr>
<td>Eyesight</td>
<td>Text</td>
</tr>
<tr>
<td>[ ] Seen by optometrist</td>
<td>20-Feb-2017</td>
</tr>
<tr>
<td>Hearing</td>
<td>Text</td>
</tr>
<tr>
<td>[ ] O/E - wax in ear</td>
<td>Text</td>
</tr>
<tr>
<td>[ ] Seen by audiologist - enter date of latest contact</td>
<td>20-Feb-2017</td>
</tr>
<tr>
<td>Dental - guidance suggests the person should see a dentist annually</td>
<td></td>
</tr>
<tr>
<td>[ ] Seen by dentist - enter date of</td>
<td>20-Feb-2017</td>
</tr>
</tbody>
</table>

28-Nov-2004 130/74 mmHg
### Start of GP Section

**Symptoms**

Use clinical judgement in completing the template. The symptom areas have the option of no symptom at the end of each section or in the individual dropdown lists.

#### Respiratory

Be especially concerned if frequent chest infections occurring - consider aspiration and other causes of excess chest infection e.g. reduced immunity.

- **Asthma**
- **Chronic Obstructive Pulmonary Disease**
- **Persistent cough**
- **Blood in sputum - haemoptysis**
- **Abnormal sputum**
- **Breathlessness**
- **Wheezing**
- **History of acute lower respiratory tract infection**
- **No respiratory symptoms**

#### Gastro-Intestinal

Be aware of the possibility of unrecognized reflux oesophagitis as a cause of weight loss, sleep disturbance, undefined pain, behaviour change or dyspepsia

- **Dysphagia**
- **If a patient has a cough or choking during eating, consider a SALT swallow assessment**
- **Indigestion Symptoms / Dyspepsia**
- **Constipation Symptom**

**Constipation is a frequent cause of unnecessary hospital admission**

- **Diarrhoea**
- **Bowel Assessment**
- **Rectal Bleeding**
- **Weight Symptom**

#### Bladder

- **Bladder Continence**
- **Urinary Symptoms**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>No previous entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>COPD</td>
<td></td>
</tr>
<tr>
<td>Persistent cough</td>
<td></td>
</tr>
<tr>
<td>Blood in sputum - haemoptysis</td>
<td></td>
</tr>
<tr>
<td>Abnormal sputum</td>
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<tr>
<td>Breathlessness</td>
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<tr>
<td>Wheezing</td>
<td></td>
</tr>
<tr>
<td>History of acute lower respiratory tract infection</td>
<td></td>
</tr>
<tr>
<td>No respiratory symptoms</td>
<td></td>
</tr>
<tr>
<td>Dysphagia</td>
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<tr>
<td>Indigestion Symptoms / Dyspepsia</td>
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<tr>
<td>Constipation Symptom</td>
<td></td>
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<tr>
<td>Diarrhoea</td>
<td></td>
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<tr>
<td>Bowel Assessment</td>
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<tr>
<td>Rectal Bleeding</td>
<td></td>
</tr>
<tr>
<td>Weight Symptom</td>
<td></td>
</tr>
<tr>
<td>Bladder Continence</td>
<td></td>
</tr>
<tr>
<td>Urinary Symptoms</td>
<td></td>
</tr>
</tbody>
</table>
### Central Nervous System

It is often difficult and not relevant to perform a full neurological examination, however people with a learning disability are particularly prone to abnormalities in vision, hearing and communication - a change in function would suggest further investigation is necessary.

<table>
<thead>
<tr>
<th>Any Neurological Symptoms</th>
<th>No previous entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke</td>
<td>No previous entry</td>
</tr>
<tr>
<td>TIA</td>
<td>No previous entry</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Seen in neurology clinic - enter date of latest contact</th>
<th>No previous entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 20-Feb-2017</td>
<td></td>
</tr>
</tbody>
</table>

### Epilepsy

Free text are provided for advise that is to appear in Health Action Plan for the patient - Use simple text.

<table>
<thead>
<tr>
<th>Epilepsy or H/O Epilepsy</th>
<th>No previous entry</th>
</tr>
</thead>
</table>

**Record seizure type and any concerns such as increase or change in seize type**

<table>
<thead>
<tr>
<th>Seizure Frequency</th>
<th>No previous entry</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Specialist Epilepsy Care?</th>
<th>No previous entry</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Text</th>
<th>No previous entry</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Advice About Epilepsy</th>
<th>No previous entry</th>
</tr>
</thead>
</table>

**Cardiovascular System**

- Chest pain on exertion
- O/E - dyspnoea
- Nocturnal dyspnoea
- Ankle swelling
- Palpitations
- No cardiovascular symptom

### Diabetes

**Follow Diabetes standard monitoring guidance**

- Latest HbA1c - If not in last 12 months consider test request
- Latest Diabetic Retinopathy Screening

<table>
<thead>
<tr>
<th>Date</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-Apr-2016</td>
<td>46 mmol/mol</td>
</tr>
</tbody>
</table>
**Musculoskeletal**

Remember people with reduced mobility / profound & multiple learning disabilities are at high risk of osteoporosis and may need postural care

Free text are provided for advise that is to appear in Health Action Plan for the patient - **Use simple text.**

- [ ] Advice about posture
  - Text: [Input Field]
  - No previous entry

- [ ] Musculoskeletal Symptoms
  - [Input Field]
  - No previous entry

- [ ] Osteoporosis / At risk of Osteoporosis?
  - [Input Field]
  - No previous entry

---

**Foot**

Free text are provided for advise that is to appear in Health Action Plan for the patient - **Use simple text.**

Consider condition of feet as indicator of general quality of care provision

- [ ] Foot Deformity
  - Text: [Input Field]
  - No previous entry

- [ ] Advice about foot care
  - Text: [Input Field]
  - No previous entry

- [ ] Under care of podiatrist - enter date of latest contact if appropriate
  - 20-Feb-2017

---

**General Symptoms**

Free text are provided for advise that is to appear in Health Action Plan for the patient - **Use simple text.**

- [ ] Chronic pain
  - Text: [Input Field]
  - No previous entry

- [ ] General symptoms
  - Text: [Input Field]
  - No previous entry
### Medication Review

- Consider additional drug monitoring e.g. Anti-epileptic drug monitoring.
- Consider reduction in antipsychotic medication especially if prescribed for behaviour management or where there is no diagnosis of psychosis
- Consider review by pharmacist

**Medication Review - Choose all those that apply**

- No previous entry
- 19-Apr-2016 Hb1Ac 46 mmol/mol
- 01-Dec-2004 Serum Cholesterol 4.8 mmol/L
- 01-Dec-2004 Full blood count
- 01-Dec-2004 Serum HDL cholesterol level 1.2 mmol/L
- Thyroid Function Test  
- Urea & Electrolytes  
- Liver Function Test  
- Urine Dipstick

### End Of Life Care

- Advance care planning
  - Text
  - No previous entry
  - On Gold Standards Palliative Care Framework
  - No previous entry

### Safeguarding Concerns

- Safeguarding Concerns
  - Text
  - No previous entry
- Safeguarding Concerns Comments
  - No previous entry

### Learning Disability Claim Section

Tick the box below to indicate the full learning disability health check has been completed for the claim.

- Learning disability health examination

**Follow Up**

- 20-Feb-2017

### Health Action Plan - Complete this section to validate claim

The following sections will directly populate an easy-read action plan to be given to the patient.

Therefore, use simple language and short sentences.

This demonstrates compliance with the Accessible Information Standards.
Health Action Plans

- Remember **Not to just Screen** for problems – **Intervene**
- Follow up any actions/ Referrals/ Blood tests
- Try to make the health action plan count!
- Complete the Health Action Plan and give a copy to the patient
- Ask patient if they consent for it to be shared with CLDT
## Read Codes

<table>
<thead>
<tr>
<th>Service</th>
<th>Read v2</th>
<th>Read CTV3</th>
</tr>
</thead>
<tbody>
<tr>
<td>LD annual health assessment*</td>
<td>9HB5</td>
<td>XaL3Q</td>
</tr>
<tr>
<td>LD health examination*</td>
<td>69DB</td>
<td>XaPx2</td>
</tr>
<tr>
<td>LD annual health assessment declined</td>
<td>9HB6</td>
<td>XaQnv</td>
</tr>
<tr>
<td>LD health action plan completed</td>
<td>9HB4</td>
<td>XaJsd</td>
</tr>
<tr>
<td>LD health action plan reviewed</td>
<td>9HB2</td>
<td>XaJWA</td>
</tr>
<tr>
<td>LD health action plan declined</td>
<td>9HB0</td>
<td>XaJW9</td>
</tr>
</tbody>
</table>

*either code will count towards achievement*
Learning Disability Health Checks

Barriers

• Issues relating to diagnosis:
  – Knowing who should be offered a health check
  – Issues with the validity of the Learning Disability register
  – Issues with read codes

• Knowledge about the health check amongst people with learning disabilities, families and paid carers / providers

• Practical issues around the appointment – communicating the appointment, the person getting the right support at the appointment, length of appointment etc.
Learning Disability Health Checks

Barriers

- Discussion on local barriers as experienced by GP surgeries
  - What difficulties have arisen in relation to health checks?
  - What has gone well?
  - What could we do in Croydon to help improve uptake?
Capacity Assessments & Reasonable Adjustments
Capacity Assessments

The five key principles of the MCA
1. Capacity must always be assumed - this means at the outset you should presume the person can make their own decisions
2. The person must be supported to make their own decision - this may mean involving people who maybe able to help such as learning disability nurses, occupational therapists or speech and language therapists who can help with understanding and communication. Attorneys maybe able to support the done in decision making and should be encouraged to do so. Simple measures such as making sure the person has their glasses and hearing aid maybe relevant.
3. Allow for the unwise decision, just because a patient makes a decision that you view as being unreasonable does not mean that they have not got the capacity to do so.
4. Any decision made under the MCA has to be in the patients best interests, taking into account previous wishes and feelings and opinions of those close to them.
5. Any decision made must be the least restrictive option available to the person. This may mean trying to keep someone in their own home as long as possible with support, or if they need restraint that this is the least restrictive type available.
Capacity Assessment

• Assessing Capacity In order to use the MCA the person needing to make the decision must have an impairment of the mind or brain and the lack of capacity must relate to this condition. Capacity is decision and time specific, so when doing a capacity assessment have clear in your head what the decision to be made is. You will need to know what benefits the treatment or intervention will bring to the patient and what negative effects their maybe. The capacity assessment then revolves around you explaining these to the patient, and then taking the following factors into consideration:

• The patient needs to be able to communicate with you in some form although this need not be the spoken word. They need to understand the issue, and they need to be able to show evidence that they can balance the good and bad points about what they are being offered. Do not set the bar for understanding too high, remember the patient is not a professional. The patient needs to retain the information, briefly is acceptable. Recording capacity assessments is a mandatory part of good practice.
Capacity Assessment

- Best Interest Decisions

Normally ‘the decision maker’ will decide what is in the patients best interest. The decision maker is usually the person performing the act. So a GP would assess capacity for medical procedures, and a nurse would make a decision about changing dressings for example. People who know the person who lacks capacity well such as family and close friends should be consulted. If someone without capacity has a legally appointed representative for health and welfare, such as an attorney or court appointed deputy, this person should have the opportunity to be involved in best interest decisions. Long term carers can be a valuable resource. The patients prior wishes and feelings should be discussed with particular value being placed on religious and cultural attitudes. A best interest meeting is not mandatory, as long as you have consulted appropriate sources for information.
Reasonable Adjustments

The Equality Act places a duty on organisations to provide reasonable adjustments for disabled people, so that they can get the same level of treatment as non-disabled people:

• It involves understanding that people with learning disabilities may have specific needs which standard services might not be able to meet.
• So it’s really important that when people with learning disabilities come to hospital /attend GP surgery, they are treated in a person-centred way.
What are Reasonable Adjustments?

1. Doctors and nurses who speak clearly and use simple words
2. More time when seeing the doctor
3. A healthcare passport
4. Having a quiet place to wait
5. Easy Read
Some other Reasonable Adjustments

6. Appointments at better times suited to individuals’ needs where possible

7. Appointments starting on time

8. Having support workers or family members with the patient

9. Better physical access and help to get around the GP surgery

10. Having a Learning Disability nurse to provide support where necessary. Or to be able to seek advice from Link LD Nurse where needed.
Reasonable Adjustments - videos

https://www.youtube.com/watch?v=KF-JY1KL6m4

https://www.youtube.com/watch?v=DMV06K1oanA
Coffee Break
Learning Disability Services in Croydon
Learning Disability Services in Croydon

- Specialist learning disability services in Croydon were integrated under a Section 75 arrangement until 2012

- Since this time learning disability health services have been commissioned from different providers (Croydon Health Services and South London and Maudsley)

- Neither of the health services is integrated with Social Services, although the Community Learning Disability Team of CHS is co-located with Social Services colleagues
Learning Disability Services in Croydon

Croydon Learning Disability Services

Community Learning Disability Health Team

NHS
Croydon Health Services
NHS Trust

 Provides Community LD Nursing, Clinical Psychology, Speech + Language Therapy, Physiotherapy, Dietetics, Acute Liaison Nurse
Open referral system

Mental Health in Learning Disabilities Service

NHS
South London and Maudsley
NHS Foundation Trust

Provides psychiatry and CPN services via GP referral

Croydon Local Authority

Provides assessment of Social Care Needs and provides and reviews care packages where deemed appropriate
For Croydon residents – online referral system
Services provided through disability rather than LD services
Learning Disability Services in Croydon

- Current service configuration complicates referral pathways, so people can be referred to the wrong service leading to delays in assessment / treatment, frustration etc.
Learning Disability Services in Croydon

• **Croydon Community Learning Disability Team** – for psychological therapy (where mainstream services such as IAPT are not appropriate), challenging behaviour, dementia assessments, community learning disability nursing, specialist communication and dysphagia assessments, physiotherapy / dietetics where mainstream services are not appropriate.

• **Mental Health in Learning Disabilities Service** - for a psychiatric opinion, review of mental health and / or psychotropic medication

• **Croydon Local Authority** – for a Care Act assessment of needs, review of an existing care package or signposting to third sector organisations
Learning Disability Services in Croydon

• If you are not sure which service is most appropriate, then you can:
  
  – Contact the CLDT via email on: ch-tr.learningdis@nhs.net
  
  – Check the croydon.gov.uk website or call the contact centre (020) 8726 6000

  – Contact the MHLD service on (020) 3228 0683 or (020) 3228 0684
Learning Disability Services in Croydon

Who is in the team?

- Dietician
- Physiotherapist
- Speech and Language Therapists
- Acute Liaison Nurse
- Community Learning Disability Nurses
- Clinical Psychologists

Based at Bernard Weatherill House
LeDER Mortality Reviews and Safeguarding
LD Mortality Reviews and Safeguarding

Adult Safeguarding
- Training/Updates/Forums
- Self Assessment regards safeguarding compliance
- Professional meetings with practices regards individual concerns
- Consultation and advice from designated nurses

LD Mortality Reviews
- Local Area Contact – Designated Nurse Safeguarding Adults
- Oversees notifications, allocation of reviews and learning
- All deaths from 4 years upwards need to be notified via Bristol University