

Policy for supporting people with learning disabilities to access acute hospital services.

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Owner:	Victoria Daley
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Equality statement

This document demonstrates commitment to create a positive culture of respect and equal opportunities for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, to identify and remove unlawful discriminatory practice contrary to the Equality Act 2010 on the grounds of age, disability, sex, gender reassignment, pregnancy and maternity; race; sexual orientation; religion or belief; marriage and civil partnership.

It is also intended to use the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals and communities. This document is available in different languages and formats upon request to the head of corporate governance.

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1 Introduction

This policy was initially developed and ratified by the Learning Disability Steering Group which represented Surrey's five acute trusts including Surrey and Sussex Healthcare NHS Trust (SASH or the Trust). The policy has been reviewed and updated to reflect the current service provided to the trust by Surrey and Border's Partnership NHS Foundation Trust, Sussex Community NHS Foundation Trust and the expectation of the staff working for ASPH

The policy addresses a range of additional consideration and processes necessary to give appropriate care to people who have learning disability and other cognitive impairments including equality of access, easy to understand information, use of the Mental Capacity Act 2005 and best interest decision making responsibilities.

This policy will identify other agencies that may be able to provide support and advice including the Learning Disability Liaison Team, Community Team for People with Learning Disabilities (CTPLD), Primary Care LD Nurses and Children's Services.

2 Scope

This policy is for all staff working within Surrey and Sussex Healthcare NHS Trust, either employed directly or working through an agency who is involved in the care and/or treatment of any person who has a learning disability.

3 Purpose

The purpose of this policy is to ensure that people with learning disabilities are able access high quality health care with positive outcomes when attending SASH. To achieve this people with a learning disability will follow reasonably adjusted pathways (Appendices 2 and 3).

It is intended that the policy will also enable staff in the Trust to:

- Develop a better understand of people with learning disabilities and to equip them to deal more effectively with the needs of each individual.
- Paid/unpaid carers/relatives accompanying a person with learning disabilities into the acute trust are made aware of expectations around the carers roles and responsibilities including risk assessments and additional support
- Support Learning Disability staff in their role

- Embed the use of the carers passport for people with learning disabilities using hospital services
- Provide an opportunity for the Trust and Learning Disability Liaison staff to work together to develop:
 - appropriate effective communication with patients, families, their carers and other agencies
 - training for staff
 - awareness of the particular needs of a person with learning disability
 - easy read information at a level that can be understood by the patient
 - respect for expert knowledge of carers/family members

4 Explanation of Terms Used

The term Learning Disability (LD) is used to describe a person who has developmental delay or intellectual disabilities which are usually evident from birth or early childhood. There are three core criteria, which must be used for the term learning disability to apply:

- Significant impairment of intellectual function
- Significant impairment of adaptive and or social function (ability to cope on a day to day basis with the demands of his/her environment and the expectations of age and culture)
- Age of onset before adulthood

Learning disability does not include:

- The development of intellectual, social or adaptive impairments after the age of 18
- Brain injury acquired after the age of 18
- Complex medical conditions that affect intellectual and social/adaptive functioning: e.g. Dementia, Huntington's Chorea
- Specific learning difficulties, e.g. dyslexia, literacy or numeracy problems, or delayed speech and language development

People with learning disabilities may present as having:

- Difficulties communicating and expressing choices and needs including pain management
- Difficulty understanding their diagnosis, treatment options or services available to them
- Difficulty understanding the consequences their decisions can have on their health status

- Difficulties in adapting to a hospital environment and the expectations of hospital staff

The term 'Learning Difficulties' which is often used in educational services to describe people with specific learning problems does not indicate that a person has a learning disability as defined above.

5 Duties and responsibilities

Chief Executive

The Chief Executive has responsibility for ensuring that all reasonable measures are taken to ensure patients receive appropriate care and treatment; including any reasonable adjustments in line with Healthcare for All (2008) and that any concerns are managed appropriately.

Trust Board

The Trust Board has a corporate responsibility to ensure that suitable procedures are in place within the Trust. They have a particular responsibility for ensuring that reports are made available to them; including training records; to ensure that their arrangements are robust and operate effectively.

Chief Nurse and Medical Director

As Clinical Leads the Chief Nurse and Medical Director are responsible for ensuring that the trust is compliant with legislation and that staff have appropriate training and support to carry out their duties. They also provide senior clinical advice and support in cases of conflict or difference of opinion.

Learning Disability Acute Liaison Nurses

The main responsibilities of the Learning Disability Liaison Nurse are to respond to referrals in a timely manner; to visit the patient and maintain contact with the ward through the patients visit or admission; and to identify professionals involved in their care such as: funding authority, social worker, support provider and next of kin. Other responsibilities of the service include:

- communication support and easy read information
- reasonable adjustments for appointment and admissions
- assess patients on the wards and give advice and make recommendations in relation to their care
- support the completion of risk assessments to ensure the person has appropriate support
- flagging of individuals on the patient information systems

- signposting to other appropriate professionals or services
- support and advice in relation to the Mental Capacity Act, access to IMCA service and best interest decision making
- providing training opportunities to acute staff regarding the needs of people with learning disabilities
- identifying the help someone with learning disabilities may need to prepare for their hospital visit and/or stay
- support and provide information in relation to safeguarding concerns
- act as an advocate for patients with learning disability
- gather information to enable appropriate discharge planning including accommodation type and any changes to health and/or social care needs
- For West Sussex patients, to triage appropriately to ensure that they are a patient over the age of 14 with a learning disability and that they are identified on the learning disability register in a West Sussex GP practice.
- Documenting within the medical records, advice and outcomes following the review of a patient.

Divisional Chief Nurse (DCN), Associate Directors of Nursing (ADN), Associate Directors of Operations, Divisional Directors

Along with the supporting team they are responsible for ensuring that all staff under their management (including bank, agency, contracted, locum and volunteers), have received appropriate training, and are aware of their individual responsibilities. They are also responsible for delegating the development of working documents specific to their speciality or department. They should also have an overview of specific concerns or issues within their division.

Matrons, Ward Managers, Heads of Departments, Site Matrons/Managers and On Call Managers

They have a responsibility to ensure that the requirements of this policy are carried out in the areas within their remit. They must ensure that their staff are aware of this policy and have access to an electronic or paper copy. Managers have a responsibility for ensuring that they and their staff in their areas have completed appropriate training, are familiar with procedures for escalating concerns that arise and that documentation is completed appropriately. They also have responsibility for supporting and advising staff in relation to risk assessments and additional support requirements.

Trust Employees

All staff have responsibility for ensuring our patients are treated with dignity and respect. All patients should be able to access equal provision of care and should be supported to make decisions in relation to the treatment options available. If the patient lacks capacity to make the decision themselves staff should consider what is

in **their** best interest. Staff are also responsible for attending training and raising concern where they feel the Act is not being followed. It is the responsibility for Trust employees to refer any patient with a learning difficulty to the Learning Disability Acute Liaison Nurse and to also add a flag on to Cerner for any patients that has not been previously identified.

Learning Disability Paid Care Staff

People with learning disabilities have the right to the same level of medical and nursing care as that provided to the general population. However, due to their complex needs, they may require additional staff support to meet their particular needs. The responsibility for providing medical and nursing care remains with the hospital however where the patient is funded by Continuing Health Care of social services for one to one support in the community, this should continue during the hospital stay.

When the person with a learning disability is in residential care, the learning disability service who routinely provide care for the individual, should be approached by the Ward Manager/Matron regarding the support required. They may offer to support service users as appropriate with issues related to their learning disability and can be consulted for advice regarding this. This may include support with:

- Eating and drinking
- Communication
- Taking medication
- Managing behaviour
- Reducing stress and anxiety

Seeking advice from the Learning Disability Acute Liaison Nurse could help to identify this support and ensure that it is being used appropriately.

6 Policy

This policy covers the care and support of any person with a Learning Disability who is accessing the trust as an in-patient or using out-patient services (including ED). The trust has pathways (see appendix 3 and 4) for both emergency and planned admissions to the Trust.

For people with learning disabilities who use the services provided by Surrey and Sussex Healthcare NHS Trust, responsibility for the delivery of that care will remain with the hospital for the duration of the individual's treatment.

The key priorities identified are for staff to refer to the Learning Disability Acute Liaison Nurse who will respond to the referral and triage the situation to determine the level of support the individual needs.

The Learning Disability Acute Liaison Nurses are on site throughout the week. Contact details can be found on the Learning Disability Intranet page and on the posters displayed throughout clinical areas. There is a Learning Disability Acute Liaison Nurse for each county, covering West Sussex and Surrey patients. Referrals should be made to the liaison nurse for the relevant county in which the patient resides.

Staff should leave a message and the Learning Disability Acute Liaison Nurse will call back to gather further information. During periods of annual leave/training/absence etc., the Health facilitation/Community Team for People with Learning Disabilities will provide covering support.

It is the responsibility of clinicians/nursing staff to adapt communication style and follow guidelines for effective communication based on the individual's communication needs. Information on this should be included in the care passport or from carers, family members, the Community Team for People with Learning Disabilities (CTPLD) or the Learning Disability Acute Liaison Nurses.

Many people with learning disabilities have difficulties with communication. This may include problems with expression, articulation, comprehension, and coping with social situations. People with learning disabilities have difficulty understanding complex sentences and abstract concepts with time being a particularly difficulty concept to comprehend. This should be considered when discussing appointments or future treatments. It can be helpful to relate appointments to events in the person's life. They may also have difficulty understanding written communication and this should be taken into consideration when arranging appointments, particularly if pre-appointment instructions are included. Reasonable adjustments may include longer appointment slots to enable more time to explain and discuss treatment options.

7 Preparation for hospital visits/admissions/discharges

If a patient with Learning Disability is due to come in for a planned admission or procedure there may be additional services that can be offered to the person (e.g. pre-admission ward visits, tailored easy read information) to increase the likelihood of a successful outcome. Early identification of someone with a Learning Disability either by the GP or via the flagging alert on Cerner should initiate the use of the planned admission pathway (Appendix 2)

Flagging of patients with a Learning Difficulty

Patients with a Learning Difficulty should be flagged on Cerner to ensure that appropriate support and treatment can be put in place to meet their needs whilst under the care of the Trust. Trust staff have a responsibility to ensure that this flag is added to Cerner at the earliest opportunity.

Mental Capacity Act/Best Interest/DoLS/IMCA

The objectives of the Mental Capacity Act are there to ensure that people who use registered care treatment and support services can be confident that:

- They will continue to make decisions about their own lives whenever possible, or be included in such decisions as much as possible at all other times.
- If decisions have to be made on their behalf, they are always made in their best interests.
- Care, treatment and support services and their staff are aware of their duties and responsibilities under the Act.
- Their human rights will be respected.

One of the key principles of the Mental Capacity Act is that decisions made on behalf of a person who lacks capacity are made in the person's 'best interests'.

IMCA's (Independent Mental Capacity Advocates) safeguarding the interests of people who lack capacity to make important decisions if they have nobody except paid staff to advise, support or represent them.

Further information on the Mental Capacity Act, Best Interest decision making/Deprivation of Liberty Safeguards and the use of IMCA's can be found on the Trust Intranet under Adult Safeguarding.

Where Deprivation of Liberty Safeguarding applications and Best Interest decisions are to be made in the case of patients with Learning Disabilities, support should be sought from the Learning Disability Acute Liaison Nurse and where required, the Adult Safeguarding Team.

A flow chart providing further information for patients, who require procedure/investigations or other treatment needing consent by clinician, is provided in appendix 4.

Outpatient Appointments

If outpatient booking staff identify someone with a Learning Disability who is due to attend an appointment, they should view the flagging information on Cerner to see if there are any reasonable adjustments that need to be made. Staff may also be contacted by carers or family members to request that reasonable adjustments are made and these should be accommodated wherever possible. Reasonable adjustments may include longer appointment slots but also specialist equipment such as hoists or a communication handbook. Other examples of reasonable adjustments include:

- Where patients present with phobias/ extreme anxieties or challenging behaviour consideration to the following areas are necessary to ensure that their health needs are met.
- Avoid having the patient waiting around as this may increase the anxiety levels further, offer first or last appointment when the clinic is quiet.
- Where available a single quiet room is to be offered or suitably quiet waiting area, this will reduce anxiety and possible distress to other patients.
- Sedation should be planned in advance as required.
- Where a patient has a behaviour that is challenging to manage, the Learning Disability support staff or carer will be present to support and liaise with the Learning Disability Acute Liaison Nurse to ensure the appointment is planned to consider risks and how these will be best managed.

The care passport should be up to date prior to planned admission/ attendance. If the patient does not have a care passport, the carer/ family should be given a copy to complete and this should accompany the patient at any future attendance. A copy of which can be found here: [Hospital passport](#)

An Accessible Information Standard question prompt is in place on Cerner and where a sensory disability is noted, outpatient letters will be distributed in the format relevant to meet the patient's communication need, e.g. easy read, large print etc.

Day Surgery

The day surgery secretary will send out an appointment time for the Pre-op assessment on receipt of the referral. Once received, if times need to be altered to suit the need of the patient then this can be negotiated. Contact the Learning Disability Acute Liaison Nurse for help in co-ordinating this if required and for discussion regarding any other support necessary.

Routine Planned Admissions

The admissions department will send out a date for admission to hospital as soon as a referral has been received. Pre-op assessment should follow the same guidelines as with out-patients above and take place in a timely manner to allow the patient to process information and discuss care needs when it is felt the individual may require extra support. Consideration should be made to combining procedures for example blood tests which can be taken if someone is anaesthetised. Best interest discussions may also need to be undertaken around these issues.

The Matron for surgery must be informed to oversee the smooth running of the admission

The Site Matron/Manager can be contacted prior to admission to arrange a side room, to reduce anxiety in a busy ward environment.

Always inform the relevant Learning Disability Acute Liaison Nurse of the routine planned admission.

Urgent or Emergency Admissions

Urgent admissions are usually via the Emergency Department, SAU and AMU or as a result of attending an out-patient appointment. It is hoped that the patient will have their care passport with them but if not then the carers to be contacted to bring in or complete a fresh one as soon as they can. Copies of the passport can be found on the trust intranet or here: [Hospital passport](#)

As soon as it is identified that a patient needs an emergency admission, the Learning Disability Acute Liaison Nurse should be contacted (in office hours). In the day time at weekends, the Social Care Team in the hospital may be able to identify carers.

If a patient is funded by Continuing Healthcare (CHC) or social services for a 1:1 in the community, then this support should be provided at the hospital. Support from the Learning Disability Acute Liaison Nurses could help to identify this and ensure that it is being used appropriately.

Carers should stay if present until at least the patient is transferred to a ward and if the risk assessment demonstrates that additional arrangements are required i.e. 1:1 by staff that know the patient, then this should be discussed with the ward Divisional Matron or Site Matron and documented in the patient notes. It should be noted that in line with the Close Supervision Policy, 1:1 support flagged to assist with identifying seizures, reducing falls etc., will be helpful, there will be little benefit of a staff member unknown to the patient to providing 1:1 support with needs such as communication and anxiety.

Discharge Planning

On admission, a patient and/or his/her carer will be advised of a provisional date for his/her discharge. This date will be reviewed on a daily basis and may involve a number of the hospital team. The nurse in charge will liaise with the individual and/or his/her carer about safe discharge to home from hospital.

Any factors which may prevent discharge back to the person's home should be flagged to a discharge co-ordinator/matron as soon as possible. Prior to discharge, a multidisciplinary meeting of all key parties (including family member's as appropriate) involved in the care of the person should be convened to plan the discharge, especially where there has been a significant change in the patients'

health needs. This change in need may require a review of the package of care and/or review the need for temporary respite care or a permanent alternative placement.

A discharge meeting should be considered and may be requested by the care provider prior to discharge home. The Learning Disability Acute Liaison Nurse should be informed so they can ensure the discharge is safe and all aspects of after care and support are in place.

The care home staff/ support workers involved may have to co-ordinate training for carers to manage the changing health need so this may need to be arranged.

The Learning Disability Liaison Nurse should assess if a formal referral to the Community Learning Disability Team needs to be made where the patient appears to have additional care needs because of their learning disability and change in health, so when discharge occurs, their needs can be met and coordinated within the community.

8 Training

All staff must receive training at the appropriate level for their role as outlined in the Trust's training matrix, and have regular updates every 3 years. Training expectations and priorities will be reviewed annually at the Trust Adult Safeguarding Committee and will include any changes to national legislation and include learning from local issues, and reflecting compliance levels within the Trust.

9 Stakeholder Engagement and Communication

Learning Disability Acute Liaison Nurses, Divisional Chief Nurses, Site Team, Discharge Liaison Team, Safeguarding Adults Committee, Patient Safety Committee

10 Approval and Ratification

The policy will be ratified at the Trust Patient Safety Committee.

11 Dissemination and Implementation

When the policy is ratified it will be included in the Learning Disability Workspace on the Trust Intranet. Changes to the policy are highlighted in training.

Dissemination of the final policy is the responsibility of the author. They must ensure the policy is uploaded on the Intranet by the Head of Corporate Governance.

Divisional Directors and supporting management teams, matrons, ward managers and heads of departments are responsible for ensuring that all relevant staff under their management (including bank, agency, contracted, locum and volunteers) are made aware of the policy, explain how the policy will be rolled out to the target audience, and embedded into working practices.

12 Review and Revision Arrangements

This policy will be reviewed every 3 years or earlier if national policy or guidance changes are required to be considered. If the changes needed are of a minor nature the policy will not need to be subject to a review and re-ratification. If the change is a major change the policy will need to be subject to review and re-ratification. This policy will be archived in accordance with this document. The Head of Corporate Governance is responsible for ensuring that archive copies of superseded working documents are retained in accordance with the Records Management NHS Code of Practice, 2009.

13 Monitoring compliance with this Policy

Measurable Policy Objective	Monitoring/ Audit method	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/ committees, inc responsibility for reviewing action plans
There will be improvement in awareness and understanding of the needs of people with Learning Disability	Monitoring will be achieved by Peer Review and monitoring of referrals/ concerns	Annual	Deputy Chief Nurse	Trust Safeguarding Adults Committee.

14 Supporting References / Evidence Base

All Means All – Valuing People Support Team, DoH (2003)

Death by Indifference, Mencap, (2006)

Equal Treatment: Closing the Gap – Disability Rights Commission, September 2006

Healthcare for All (2008) is a report following a Department of Health inquiry into healthcare for people with learning disabilities Sir Jonathan Michaels.

Learning Disability Services Inspection Programme – National Overview (2012) Care Quality Commission,

Making Decisions : Helping People who have difficulty deciding for themselves _ A Guide for Healthcare Professionals - Lord Chancellors Department May 2003

Mental Capacity Act 2005 Guidance – Booklets are currently available from the Department for Constitutional Affairs and will be revised in 2007.

National Patient Safety Agency (NPSA), (2004) Understanding the Patient Safety Issues for People with Learning Disabilities

Promoting Access to Healthcare for people with a learning disability – a guide for frontline NHS staff. Best Practice Statement. NHS Quality Improvement Scotland (2006)

Six lives: the provision of public services to people with learning disabilities Ann Abraham, DOH (2010)
Page 32 of 52

Valuing People: a new strategy for Learning Disability for the 21st Century – Department of Health, DoH (2001)

Valuing Health for All (PCTs and Health of People with learning Disabilities) DOH (2003)

Parliamentary and Health Service Ombudsman (March 2009)

Valuing People : A New Strategy for Learning Disability for the 21st Century, published by the Department of Health 2001. Campaigns Date : March 2007. Report about institutional discrimination within the NHS, and people with a....learning disability.

Valuing People Now, DoH, (2007)

15 Document Control

This procedural document supports:

Standard(s)/key lines of enquiry	Paragraph/ID no	Standard/title
Care Quality Commission (CQC)	S1: Safeguarding and protection from abuse C1: Kindness respect and compassion C2 Involving people in decisions about their care E1: Assessing needs and delivering evidence based treatment. R2: Taking account of the needs of different people	Safe domain Caring domain Effective domain Responsive domain

Consultation record

Relevant service	Speciality, sponsor or user group name	Individual's name	Job title	Date consulted	Date feedback received
Divisions			Divisional Chief Nurses/Matrons	May 2018	May 2018
		Katie Stribblehill	Learning Disability Acute Liaison Nurse	May 2018	August 2018
		Eleonor Dunn	Learning Disability Acute Liaison Nurse	May 2018	August 2018
Radiology		Caroline Murray	Radiology Lead Nurse	May 2018	July 2018
	Safeguarding Adult Team			May 2018	May 2018

Change history

Version	Date (DD/MM/YYYY)	Author/Lead	Job title	Details of change	Ratification body	Archiving location
V2		Victoria Daley	Deputy Chief Nurse	Complete re-write to reflect	Patient Safety Committee	

				current practice and legislation		
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Appendix 1

Equality analysis

By completing this document in full you will have gathered evidence to ensure, documentation, service design, delivery and organisational decisions have due regard for the Equality Act 2010. This will also provide evidence to support the Public Sector Equality Duty.

Name of the policy/function/service development being assessed	An Organisation-wide Policy for supporting people with learning disabilities to access acute hospital services	
Date last reviewed or created and version number	2013, version 1	
Briefly describe its aims and objectives:	<p>The purpose of this policy is to ensure that people with learning disabilities are able to access high quality care with positive outcomes when attending SASH.</p> <p>The aim and objective of the policy is to ensure equitable access to healthcare for people with learning disabilities</p>	
Directorate lead	Victoria Daley – Deputy Chief Nurse	
Target audience (including staff or patients affected)	This policy is for all staff working within Surrey and Sussex Healthcare NHS Trust, either employed directly or working through an agency, who are involved in the care and/or treatment of any person who has a learning disability.	
Screening completed by (please include everyone's name)	Organisation	Date
Victoria Daley, Deputy Chief Nurse	Surrey and Sussex Healthcare NHS Trust	30/04/18

Equality group (or protected characteristic)	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
Age					
Disability	The policy implementation is a recommendation in 'Healthcare for All' to ensure that people with learning disabilities have equal access to healthcare.		Positive impact		
Gender reassignment					
Marriage and civil partnership					
Pregnancy and maternity					
Race					
Religion and belief					
Sex					
Sexual orientation					
Carers			Positive impact		

Appendix 2: Planned Care Pathway including specialist dentistry.

Outpatient Appointment with Consultant/Dentist

- Proposed treatment options discussed with patient and/or relevant persons. Ensure information regarding the procedure is available in an accessible format appropriate to the patient's level of understanding.
- Capacity to consent to treatment/procedures assessment and documented in the patient's notes.
- If patient lacks capacity, a best interest meeting or best interest discussion must take place with relevant people i.e. family, carers, IMCA (if appropriate), care manager and community learning disability team. This must be documented and communicated to the pre-operative assessment team.
- Contact the Learning Disability Acute Liaison Nurse regarding admission dates and planning around reasonable adjustments, i.e. time of admission and special consideration reasonable adjustments.



Pre-operative assessment

- Check referral has been made to the Learning Disability Acute Liaison Nurse. If not, this should be undertaken as soon as possible.
- Ask patient if they have a hospital passport. If not, ask the Learning Disability Acute Liaison Nurse to give a blank copy to carer or complete with the patient if appropriate.
- Consider the need to make reasonable adjustments to the care process to enable the patient to undergo the procedure and have better quality care.
- Ensure that the capacity assessment and best interest procedures are followed and documented in the notes.
- Use the hospital communication book to aid communication where appropriate.



Admission for Treatment

- Share the hospital passport with all members of staff who will come into contact with the individual. This includes nursing staff, bank/agency staff, administrative staff, housekeeping, medical staff and porters where appropriate.
- Consider the need for one to one support.
- Contact the Learning Disability Acute Liaison Nurse, Community Learning Disability Services, discharge facilitators and social services to make them aware of the admission of a person with learning disabilities.



Discharge

- Ensure consideration of the person's level of support at home i.e. how many hours of support do they have, if any? Is this support carried out by trained carers, nurses or members of family? Please note some family carers and/or friends may not be able to manage with changes in the individual following their hospital admission. Particularly if their health has deteriorated.
- Have the relevant services been informed i.e. main carer, car provider, care manager, community learning disability team?
- Ensure effective communication between relevant care providers.
- Outpatient follow up.

Appendix 3: Emergency Care Pathway

Arrival in ED

- Ask the patient or family member/ carers (if present and appropriate) for the hospital passport.
- If admitted via ambulance, check if 'message in a bottle' information is present.
- Ask family member/carers to provide an up to date list of current medication and history.
- Use the Hospital Communication Book to aid communication, where appropriate.
- Contact the Learning Disability Acute Liaison Nurses

Assessment

- Carry out an assessment of the patient, taking into consideration information from the family member, carer or contained in the hospital passport (if available).
- If the hospital passport is unavailable, consider what the person's usual presentation is i.e. behaviour and communication.
- It is important to ascertain how the patient usually presents when in pain. Some people with learning disabilities may become withdrawn, self-injurious, generally agitated or aggressive when experiencing pain.

Reasonable Adjustments

- Consider access to a quieter area to minimise distress if appropriate, whilst ensuring that the person has adequate supervision and support. This may involve one to one support, intermittent observations or the use of a buzzer as a means of contacting nursing staff.
- Fast track if deemed appropriate by the admitting nurse or doctor.

Admission to Ward Area

- Share the hospital passport with all members of staff who will come into contact with the individual. This includes nursing staff, bank/agency staff, administrative staff, housekeeping, medical staff and porters as appropriate.
- Consider the need for one to one support.
- Contact the Learning Disability Acute Liaison Nurse, community learning disability services, discharge facilitators and social services to make them aware of the admission of a person with learning disabilities.

Discharge

- Ensure consideration of the person's level of support at home i.e. how many hours of support do they have, if any? Is this support carried out by trained carers, nurses or members of the family? Please note, some family carers and/or friends may not be able to manage with changes in the individual following their hospital admission, particularly if their health has deteriorated.
- Have the relevant services been informed, i.e. main carer, care provider, care manager, community learning disability team?



Surrey and Sussex Healthcare
NHS Trust