

Hospital Liaison Graduate Project

Joint-working to improve equality in
healthcare for people with learning
disabilities

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Project Objectives

To draft an NHS and care provider joint working protocol for patients with Learning Disabilities as they transition between care and NHS hospital services.

Promote the work through out respective care and NHS provider networks to encourage improved joint working across the health and social care sectors.

What is a learning disability?

“Reduced intellectual ability and difficulty with everyday activities, for example, household tasks, socialising or managing money – which affects someone for their whole life” (Mencap)

- One of the most common forms of disability, affecting 1.5 million people in England alone
- Common health complications include respiratory disease, swallowing and eating disorders, epilepsy and gastrointestinal problems

Project Methods

When we started this project we decided on 4 methods to collect data and information that we could use to make recommendations.

- Data collection at EHA
- Shadowing at the hospital
- Surveys with managers and frontline staff
- Talking to people we support about what matters to them

What we are working to achieve

- Improve access to acute hospital settings for PWLD.
- Improve hospital experiences for PWLD.
- Facilitate a safer and more effective discharge process.
- Provide clarity in the responsibilities of health and care providers
- Promote new hospital pathways / Reasonable Adjustments for PWLD
- Inspire others to adopt a joint-working approach.

Project Milestones

Collect and
analyse case
studies

Establish baseline
data

Consider
Recommendations
and draft protocol

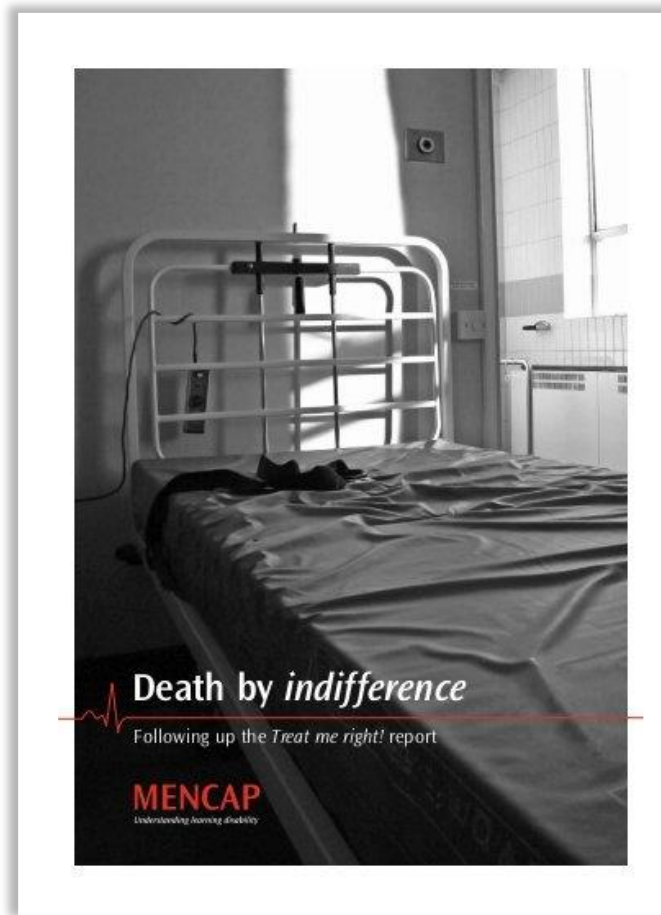
Disseminate
findings across
networks

What drove the project?

Equality in access is central to healthcare delivery.

There have been numerous reports highlighting the inequalities that people with learning disabilities face accessing healthcare;

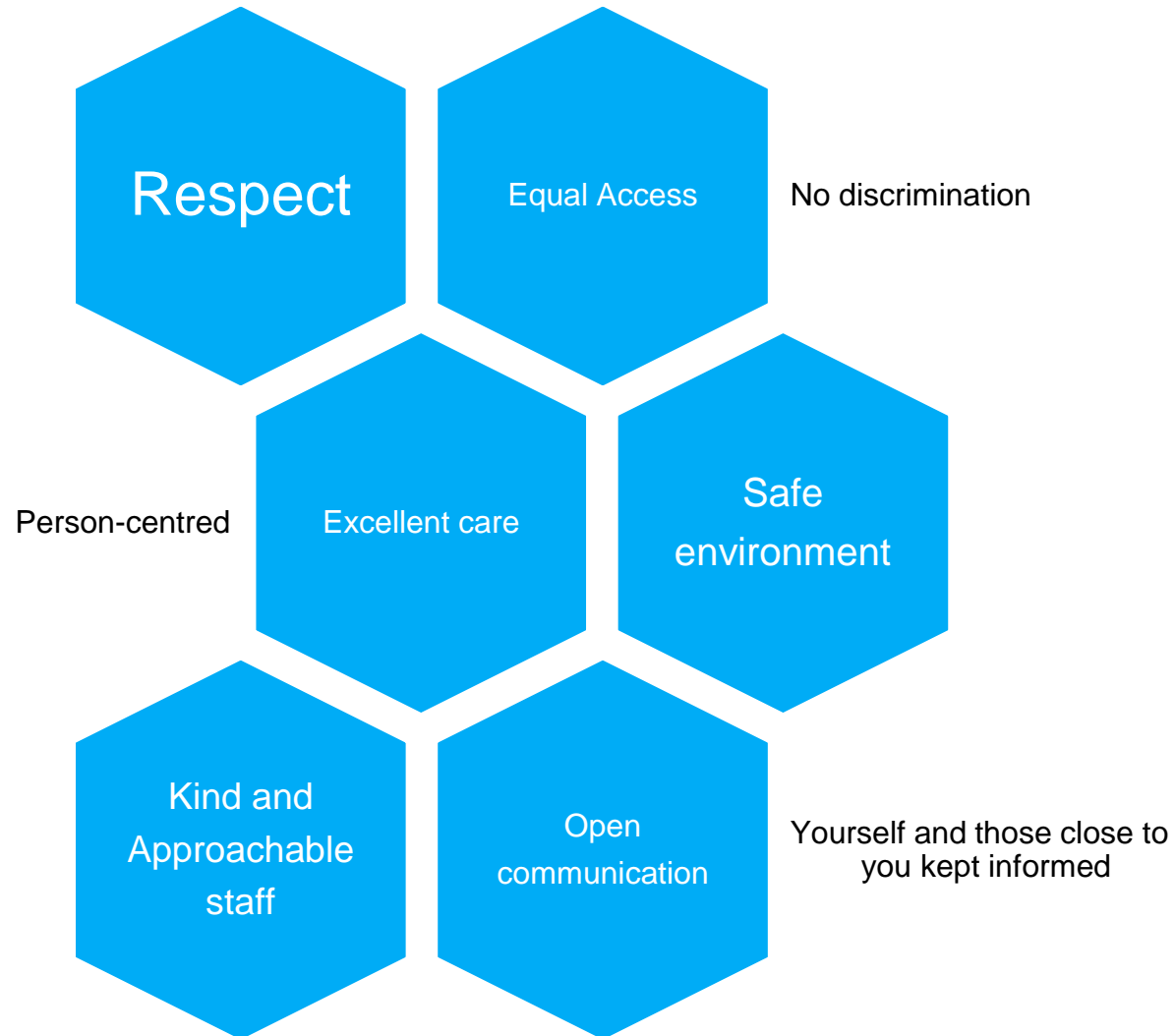
- **Death by Indifference**
- **Six Lives**
- **74 deaths and counting**
- **The confidential inquiry into the deaths of people with learning disabilities (CIPOLD)**



Key Themes of failures

- Clear lack of Awareness & Understanding around Learning Disabilities.
 - Training / education
- Poor communication
 - Patient – professionals, Hospital – provider
- Lack of reasonable adjustments
 - Equality Act 2010
- Approach was not person-centred leading to serious failings
 - MCA process / consent

Expectations in hospital



“PWLDs should expect no less a service and receive no less a service than anyone else”

Estuary's Experiences pre 2017

- Access – Attendance, admission, appointments
- Lack of reasonable adjustments
- Communication issues
- Differing expectations of roles and responsibilities
- Unsafe discharges



2018

We've seen many improvements...

Improved communication between hospital and care providers

“I found (the hospital liaison nurse) very useful in acting as a link between ourselves at the home and the professionals at Basildon hospital... (he) is usually on hand to attend planning meetings at the hospital to ensure that correct procedures are in place before a person is admitted.”

LD liaison nurse

“Pivotal in ensuring the superb level of care and support”

“A positive and driving force”

What we have achieved so far...



- Insights from shadowing
- Data on hospital admissions from EHA side
- Frontline staff and manager feedback
- Discussions with people we support
- Consulting with Health Access Champions
- We also hope to talk to families of people we support in the next couple of months

Themes from observations


- Hospital can be a highly stressful environment for everyone, particularly people with LD
- Interactions with staff can shape experiences
 - “It wasn’t nice but the people were nice”
- Key reasonable adjustments may be difficult to administer in acute environments
- Relies on contact with LD nurse/hospital
- Highly complex situations

Improving information sharing

This is my **Hospital Passport**
This leaflet will help you support me in an unfamiliar place

My name is

If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me.
This book can support you to make reasonable adjustments for me.
This passport belongs to me. Please return and update it when I am discharged.



- Things you must know about me
- Things that are important to me
- My likes and dislikes

Please be aware of any advanced decision, LPA, Court of Protection.

Mental Capacity Act 2005 - applicable to people aged 16 years and over
If a person is assessed as lacking the ability to make a decision and needing an advocate, please follow local Mental Capacity Act policies and Mental Capacity Act Code of Practice 2005.
If I am assessed as lacking the capacity to consent to my treatment, the following people must be involved in any decisions made in my best interests.

Name	Relationship	Contact details

- Hospital passports
 - Applicability to acute environments
- One-page profiles
- Initial feedback?



What can we do as a care provider?

Better management of health needs

- More accountability to health services in the community

Support for frontline staff

- Health needs
- Hospital processes

Developing and maintaining good relationships with hospital and families of people we support where possible

- Appropriate support where we can offer it

Coproduction

Get Involved

We'd love to hear your thoughts and ideas...

Email alice.owen@estuary.co.uk

For more info and updates on our work,
please visit the project page on our website:

<https://www.estuary.co.uk/hospital-liaison>

Useful Resources

- Six Lives, 2009:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/250750/0203.pdf
- Mencap reports (Death by Indifference, 2007; 74 Deaths and Counting, 2012): <https://www.mencap.org.uk/getinvolved/campaigning/our-reports>
- CIPOLD, 2013: <http://www.bris.ac.uk/media-library/sites/cipold/migrated/documents/fullfinalreport.pdf>