Reasonable Adjustments:

Everyone’s Business in Northumbria

People with learning disabilities are more likely to experience poorer physical and mental health than the general population. This health inequality is partly due to avoidable barriers in accessing good health care. Northumbria is leading the way in demonstrating how strategic level commitment can be the catalyst for enabling health professionals to push the boundaries with reasonable adjustments and improve access for people with learning disabilities.

Working proactively with primary care

The learning disability specialist health team is structured to maximise the impact of the expertise of the learning disability nurses:

- A focus on working with people with the highest health needs and preventative community work;
- A named link nurse for each GP surgery, who works proactively to support primary and secondary care colleagues;
- Two specialist roles - Primary Care Liaison Nurse and Joint Mental Health Primary Care Liaison Nurse - to work strategically with primary care to drive improvements.

Flagging and patient tracking in hospital

A computer based flagging system and a patient tracking tool that records the patient’s hospital journey, prioritises need and monitors outcomes. Data is collected using the tool and is fed into strategic bodies in the Trust, supported by the Medical Director, to inform service provision and improvements. An issue highlighted already is the disproportionate number of people with learning disabilities admitted with sepsis and pneumonia. An action plan is being implemented to improve the identification of the early signs and symptoms of infection across health and social care professionals.

CASE STUDY:

The patient tracker alerted the hospital liaison nurse to G, a man with a learning disability who had repeatedly attended A&E with chronic constipation. The hospital liaison nurse worked with G, his support provider and other key professionals to successfully agree and implement a plan to treat and relieve the constipation. G’s constipation has been alleviated and there have been no further visits to A&E.

To find out more contact: Kaydii Inglis Email: kaydii.inglis@nhct.nhs.uk
Planning for an emergency: Emergency Health Care Plans

The Emergency Health Care Plan, a tool already universally accepted in primary care, is being used by learning disability nurses to anticipate people’s needs should they have an unplanned admission to hospital, and reduce unnecessary delays and distress. The team have access to funding that can be used flexibly, for example, to buy additional support. Plans can be shared with professionals who may provide additional crisis support, such as acute services, police and out of hours’ colleagues.

To find out more contact: janet.harrison@nhct.nhs.uk

CASE STUDY:

K has a history of self-harm, a diagnosis of unstable border personality disorder and is well known to local emergency and care services. Previous responses from services were reactive, uncoordinated and perpetuated negative experiences for K. A personalised and proactive plan was agreed by the multi-disciplinary team and the revolving door cycle has been broken. K is happier and more settled, her self-harm has reduced and she uses emergency services less.

Joint working: joint learning disability mortality process

A joint arrangement created between three CCGs and four Trusts in the area, and LeDeR Reviewers which feeds into a single initial review. This avoids lengthy information trawls and enables shared learning and timely responses from individual Trusts where necessary.

Responding quickly to prevent crisis: The Dynamic Risk Register

A weekly Dynamic Risk Register meeting attended by learning disability health professionals, social workers and the mental health crisis teams is being used to successfully prevent unnecessary hospital and inpatient service admissions. Concerns about individuals are raised and a personalised plan is agreed to avoid crisis and maintain stability in the person’s life. The model will be trialled for physical health needs in early 2018.

“I want to thank everyone for their help, we’ve had the best experience we could have had.” Mother of C, admitted with injuries following self-harm.