

Policy Number CP12

Care of People with Learning Disabilities

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1.0 Policy Statement (Purpose / Objectives of the policy)

The purpose of the policy is to ensure that The Royal Wolverhampton’s NHS Trust, (RWT) reduce health inequalities faced by people with Learning Disabilities (LD). People with LD die on average 20 years younger compared to the general population. They have far greater healthcare needs, and sometimes those needs are not being met (Heslop et al 2013). People with LD die prematurely from avoidable causes twice as frequently as the general population, and the greatest cause of death was access to timely and effective healthcare (HQIP 2020).

The policy sets out the principles and framework for the care of patients with LD and their careers in line with the Mental Capacity Act 2005, the Equality Act 2010 and the Children’s Act 2004.

2.0 Definitions

Learning Disability	<p>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.</p> <ul style="list-style-type: none"> • 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 their environment and the expectations of age and culture). • Before the person has reached their 18th birthday
Exclusion Criteria	<ul style="list-style-type: none"> • 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 etc. • Specific learning difficulties, e.g. dyslexia, literacy or numeracy problems, or delayed speech and language development.
People with learning disabilities may present as having:	<ul style="list-style-type: none"> • Difficulties communicating and expressing choices and needs, including pain management. • Difficulty understanding a 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.

<p>Learning Disability and Autism</p>	<ul style="list-style-type: none"> • Autism is a lifelong neurodevelopmental disorder that affects how a person views and communicates with the world around them. It is estimated that 1% of the population has autism. • Not all people with autism have an LD but,60-70% do.
<p>Learning Difficulties</p>	<p>The term 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.</p>
<p>The Children’s Act 2004</p>	<p>The Children Act 2004 provides a framework for all kinds of safeguarding and child protection systems and laws that have been implemented across England. The key focuses of the Act are the importance of children’s welfare and the requirements and expectation of anyone who has a duty of care to a child.</p>
<p>Special Educational Needs and Disability (SEND)</p>	<p>The SEND Code of Practice 2014 and the Children and Families Act 2014 give guidance to health and social care, education, and local authorities to make sure that children and young people with SEND are properly supported.</p>
<p>Children’s and Families Act 2014</p>	<p>The Children and Families Act 2014 reforms the systems for adoption, looked-after children, family justice and special educational needs.</p>
<p>Advocacy Independent Mental Capacity Advocate (IMCA)</p>	<p>Advocacy means getting support from another person to help people express their views and wishes, and to help them to people stand up for their rights. Someone who helps in this way is called an advocate. An IMCA must be instructed if the person is lacks capacity for a specific decision and they do not have any friends or family to support them.</p>
<p>Mental Capacity Mental Capacity Act (2005)</p>	<p>The Mental Capacity Act (2005) is designed to protect and empower people aged 16 years and over who lack the mental capacity to make decisions about their own care, treatment and, or discharge plans. It details the circumstances where it is possible for a third party to make decisions in the best interests of someone who lacks mental capacity, and how best interests decisions must be made. See CP06 Consent to Treatment and Investigation Policy for further guidance.</p>
<p>Mental Health Act (1983)</p>	<p>The Mental Health Act (1983) is the main piece of legislation that covers the assessment, treatment, and rights of people with a mental health disorder.</p> <p>People detained under the Mental Health Act need urgent treatment for a mental health disorder and are at risk of harm to themselves or others.</p>

<p>Deprivation of Liberty Safeguards</p>	<p>The Deprivation of Liberty Safeguards (DoLS) (2009) is an addendum of the Mental Capacity Act (2005) and applies to people aged 18 or over who have been assessed as not having the mental capacity to make decisions for themselves with regards to their care and/or treatment. When concerned that a Deprivation of Liberty may be occurring the “acid test” should be considered:</p> <ul style="list-style-type: none"> • Does the patient lack mental capacity for care and, or treatment? • Is the patient suffering from a mental disorder? • Is the patient subject to continuous supervision and control? • Would the patient be free to leave (whether they are objecting or not)? <p>This is detailed in the Trust CP02 Deprivation of Liberty Safeguards (DoLS) Policy.</p>
<p>Children and Young People</p>	<p>A young person is aged 16 or 17 years and a child is younger than 16.</p>
<p>Transition</p>	<p>Transition is the purposeful, planned process for adolescents with chronic physical and medical conditions as they move from child-centred care to adult-oriented health care; a process that addresses their medical, psychosocial, and educational/ vocational needs.</p>
<p>Education, Health and Care Plans. (EHCP)</p>	<p>An Education, Health and Care Plan sets out a new way of working for children and young people who have more complex special educational needs and disabilities, and where an EHC needs assessment has been agreed by a multi-agency panel.</p>

3.0 Accountabilities

All staff working in the Trust must always act in the ‘best interests’ of patients and ensure that services provided are delivered in a way that meets the individual’s needs.

Chief Nurse:

- Has the overall responsibility to ensure that the Trust is compliant with legislation and that staff have appropriate training and support to carry out their duties.

Head of Safeguarding:

- Overall responsibility to ensure that the Trust has robust systems and processes in place to ensure that the additional support needs a person may have because of a Learning Disability is met.

Trust Lead for SEND:

- Overall responsibility for the implementation and reviewing of the EHCP's.
- Provide expert leadership for the SEND processes.
- Overall responsibility to provide a diagnostic service for young people considered to have a Learning Disability or be Autistic.

Deputy Head of Safeguarding:

- Manages the Learning Disability Team and provide expert leadership.
- Supports the Head of Safeguarding to ensure that the Trust has robust systems and processes in place to ensure that the additional support needs a person may have because of an LD are met.
- Ensures Trust policies are up to date and are aligned with national, regional, and local policies and procedures.
- Ensures monthly reports are submitted on Learning Disability Activity as required.

Lead Learning Disability and Autism Nurse:

- Provides Trust representation on the Learning Disability Mortality Review (LeDeR) panel.
- Coordinates LeDeR reviews within the Trust.
- Provides assurance against national papers and recommendations to the Trust.
- Responds to NICE guidance appropriate to learning disabilities.
- Ensures that relevant policies are maintained.
- Provides leadership and clinical support to the Learning Disability Specialist Nurses.
- Undertakes work of the LD specialist nurse.

Learning Disability Specialist Nurses:

- Have a visible presence within all clinical areas and provide expert Learning Disability advice and support.
- Ensure that all patients identified as having a LD will have been assessed within 24 hours of admission during the working week.
- Ensure core care plans and hospital passports are in place.
- Work with departments across the Trust to ensure that specialist care pathways are developed to support patients with LD.
- To undertake LeDeR reviews.
- Act as a resource providing accessible, accurate and relevant information to all RWT staff.
- Liaise with community LD staff where a patient is known to services, to provide continuity in care.

Learning Disability Champions:

- Support the work of the LD Specialist Nurses.
- To be a source of information and support in their clinical area.
- Ensure reasonable adjustments are made when required.
- Advocate for vulnerable patients and their families.

Trust Employees:

- Must have received the identified level of training for their role.
- Will be able to know how to contact the LD outreach team for support.

4.0 Policy Detail

This policy covers the care and support of children, young people and adults with LD whilst accessing RWT services. Whilst the person with LD is accessing our services it is The Royal Wolverhampton NHS Trusts responsibility to ensure that all reasonable adjustments are made that a person may require because of their LD.

It is the responsibility of clinicians and nursing staff to adapt the service they provide to meet the individual's needs. Information for the person can be found in the hospital passport for adults ([Appendix 6](#)), Health Passport for young people, or from carers, family members, the Community Team for People with Learning Disabilities (CTPLD) or the LD Nurses. The information on the Hospital passport will support staff to deliver care that is appropriate for the patient.

4.1 Identifying a person with a LD (and Autism).

You can identify if the person has a Learning Disability by:

- Identifying an LD flag on portal, Patient administration system (PAS) or MSS;
- The person may tell you.
- A parent or carer may tell you.
- You feel the person may have an LD (see [Appendix 1](#) for indications a person may have an LD).

4.2 Referral process ([Appendix 2](#))

- The LD team offer an open referral system allowing them to be contacted directly by staff, relatives, carers and patients themselves via switchboard, email or telephone.
- Referrals can be made via phone, email, or electronic referral on clinical web portal (CWP) during office hours 9-5 Monday to Friday (excluding bank holidays).

The LD team can support with:

- Physical assessments;
- Communication and behaviours that may challenge, and the use of the restraint policy.
- Consent and capacity concerns and the Mental Capacity Act.
- Advice on Deprivation of Liberty Safeguards.
- Reasonable adjustments.
- LD specialist services advice and support.
- Liaison with specialist LD services.
- Admission and discharge planning.
- LD Core care plans ([Appendix 6](#)).
- Hospital Passport ([Appendix 7](#)).

Emergency Admission ([Appendix 3](#))

Urgent admissions are usually via the Emergency Department (ED) or maternity. People can be identified by the flag on their electronic patient records. The admitting midwife or nurse must contact the LD nurse to inform of their attendance. The team can be contacted via the on-call phone on **07423 810777** (out of office hours, please leave an answerphone message).

Out of hours attendances will be reviewed by the team the next working day to identify if actions are required to support the patient.

Care staff are paid to hand the person over safely and effectively to our care if they are admitted to the hospital. Whilst the patient remains in the ED they are not admitted to the hospital and are in a public place, so care staff are expected to remain with the patient until they are admitted or discharged home.

Reasonable adjustments must be considered, and the environment made as accommodating as possible. This may include the presence of a family member or carer outside of the usual visiting or to accompany the patient for investigation etc.

Routine Planned Admissions and Appointments (See [appendix 4](#))

Non-emergency appointments need to be planned and take into consideration any reasonable adjustments that the person may require because of their LD. Planning for the appointment will lead to better health outcomes for the patient. The planned admissions support tool must be used. This should be done by telephone contact with the patient, a carer, or a family member prior to the appointment. Any identified reasonable adjustments must be documented on the reasonable adjustments tab on clinical web portal.

Mental Health

If a child, young person, or adult with LD attends RWT, presenting with mental

health concerns or is detained under the Mental Health Act, you must refer to the 'Signposting Guidance for the Management of Patients with Mental Health Conditions' on the Trust Intranet page. [OP11, Administration of the Mental Health Act 1983, in an acute Hospital Setting policy](#) must be followed.

<http://trustnet.xrwh.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=4819>

<http://trustnet.xrwh.nhs.uk/departments-services/m/mental-health/>

Transition

To support young people through transition (as defined in Section 2), we are implementing the *Ready Steady Go* transition programme originally developed by University Hospital Southampton. This programme (and its follow on '*Hello to adult services*' programme) has been designed to involve young people in their transition through effective planning. The transition plans provide a structure and support for the young person to track their journey in a gradual way. It encourages children's and adults' services to work together at earlier stages.

The Ready Steady Go Transition Programme – Getting Ready ([Appendix 9](#))

The Ready Steady Go Transition Plan – Steady ([Appendix 10](#))

The Ready Steady Go Transition Plan – Go ([Appendix 11](#))

Transition Plan ([Appendix 12](#))

Parent / Carer's Transition Plan ([Appendix 13](#))

Reasonable adjustments

Patients with Learning Disabilities may require reasonable adjustments to be able to access the services they require.

- Easy read information.
- Double appointment slots.
- Pre-admission visits.
- A trusted individual to accompany them.
- Restriction on the number of people attending to them.

Further information can be found on the NHS England website.

[NHS England » Reasonable adjustments](#)

Care staff, ongoing support

Each person will be assessed for their care requirement and this may require the support from their own care team, which should be negotiated on an individual basis. Not all carers are paid and can often be family members. In this case the expectation would be that they would give the appropriate information to allow you to support and treat the person in a way that is

appropriate to them. Not all people with LD require additional support.

The Hospital Passport for adults and the Health Passport for children should be completed by carers for patients who require them. They will provide staff with the information they will require to support the patient appropriately. When the patient is discharged, a copy of the passport should be scanned in with the patient notes and the original returned home with the patient. The LD team will support with passports if required.

Discharge planning

Planning discharge from hospital for people with LD is required to ensure safe and effective discharge. Consideration must be given to any change in medication and recommencing care packages where appropriate.

Any factors which may prevent discharge back to the person's home should be flagged to a discharge co-ordinator as soon as possible. Prior to discharge, a multidisciplinary meeting of all key parties (including family member's or carers as appropriate) involved in the care of the person should be convened, especially where there has been a significant change in the patient's 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 LD Nurse must be informed so they can support planning.
- 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.

Independent Mental Capacity Advocate (IMCA) ([Appendix 8](#))

Understanding the role of the IMCA service

- The aim of the IMCA service is to provide independent safeguards for people who lack capacity to make certain important decisions and, at the time such decisions need to be made, have no-one else (other than paid staff) to support or represent them or be consulted.
- IMCAs must be independent.

Instructing and consulting an IMCA

- An IMCA must be instructed and then consulted, for people lacking capacity who have no-one else to support them (other than paid staff), whenever:
 - an NHS body is proposing to provide serious medical treatment, or
 - an NHS body or local authority is proposing to arrange accommodation (or a change of accommodation) in hospital or a care home, and the person will stay in hospital longer than 28 days, or they will stay in the care home for more than eight weeks.

- An IMCA may be instructed to support someone who lacks capacity to make decisions concerning adult protection cases, whether family, friends or others are involved.

An IMCA can be contacted using,

<http://trustnet.xrwh.nhs.uk/departments-services/s/safeguarding-service/mental-capacity/#item6>

Primary Care Learning Disability Annual Health Checks. ([Appendix 5](#))

Learning Disability Directed Enhanced Service (DES) was established to support the reduction of health inequalities for people with LD by offering them an annual health check.

Primary Care GP's will undertake annual health checks on all people aged 14 and over who have a Learning Disability, to meet the requirements for the Learning Disability (DES).

Where a patient has been deemed to lack capacity for the decision to receive an immunisation, the Primary Care GP's are responsible to ensure decisions are made in people's best interests in line with the Mental Capacity Act 2005.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	Yes
2	Does the implementation of this policy require additional revenue resource	No
3	Does the implementation of this policy require additional manpower	Yes
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

6.0 Equality Impact Assessment

Completed.

7.0 Maintenance

The Lead Learning Disability and Autism Nurse and the Deputy Head of Safeguarding will be responsible for reviewing this policy to ensure it ensure it complies with legislation, professional guidance.

8.0 Communication and Training

Learning Disability training is mandatory for all staff who have contact with patients. The employee role will determine at what level this is required to ensure that they have the appropriate skills required to support the additional support needs a person may have because of their learning disability.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Compliance with Mandatory Training	IMTG	IMTG	Monthly	Trust Safeguarding Group
Monitoring via contact with people with LD	Learning Disability Team	Database of contacts	Monthly	Trust Safeguarding Group

10.0 References - Legal, professional, or national guidelines must underpin policies and be referenced here. Where appropriate cross references must be made to other policies.

The Mental Capacity Act 2005 available at: - www.legislation.gov.uk/ukpga/2005/9/contents

The Mental Health Act 1983 available at:- [Mental Health Act 1983 \(legislation.gov.uk\)](http://www.legislation.gov.uk/ukpga/1983/53/contents)

The Care Act 2014 available at: - [Care Act 2014 \(legislation.gov.uk\)](http://www.legislation.gov.uk/ukpga/2014/18/contents)

The Children Act (1989) Available at [www.legislation.gov.uk](http://www.legislation.gov.uk/ukpga/1989/20/contents)

The Equality Act 2010 available at: - www.legislation.gov.uk/ukpga/2010/15/contents

Heslop et al (2013) Confidential Inquiry into the Premature Deaths of People with Learning Disabilities (LeDeR) Available at: - [finalreportexecsum.pdf \(bris.ac.uk\)](http://www.bris.ac.uk/~h102033/finalreportexecsum.pdf)

Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) policy (2021) Available at:- www.england.nhs.uk/publication/learning-from-lives-and-deaths-people-with-a-learning-disability-and-autistic-people-leder-policy-2021/

The Learning Disabilities Mortality Review (LeDeR) Programme. Annual Report (2020) Available at: - <https://www.hqip.org.uk/resource/the-learning-disabilities-mortality-review-programme-annual-report-2019/#.YPbJqeT-iuU>

Part A - Document Control

Policy number and Policy version: V 1.0 CP12	Policy Title Care of People with Learning Disabilities	Status: Final		Author: Lead Learning Disability and Autism Nurse Chief Officer Sponsor: Director of Nursing
Version / Amendment History	Version	Date	Author	Reason
	1.0	January 2022	Lead Learning Disability and Autism Nurse	New policy to provide clear explanation support required for people with LD of all ages.
Intended Recipients: Trust Wide - This strategy applies to all staff members who are directly employed by RWT and for whom RWT have a legal responsibility. This includes clinical and non-clinical staff, students, and bank staff who have contact with autistic children, young people and adults.				
Consultation Group / Role Titles and Date: Trust Safeguarding Operational Group Director of Nursing Deputy Director of Nursing Medical Director Heads of Nursing Divisional Medical Directors Primary Care GP's Head of Safeguarding Head of Patient Experience / Equality and Diversity				
Name and date of Trust level group where reviewed		Trust Policy Group – January 2022		
Name and date of final approval committee		Trust Management Committee – January 2022		
Date of Policy issue		February 2022		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		January 2025 (3 yearly review)		

<p>Training and Dissemination: To be placed on the intranet Mandatory learning Disabilities training Trust Safeguarding Group (TSG) RWT Trust wide Bulletin.</p>	
<p>To be read in conjunction with: CP 06 Consent Policy CP 53 Safeguarding Adults at Risk CP 51 Safeguarding Children’s Policy CP 41 Induction and Mandatory Policy CP 04 Deprivation of Liberty Safeguards (DoLS) OP53 Patient Access policy OP11 Mental Health Act Transition policy</p>	
<p>Initial Equality Impact Assessment (all policies): Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904</p>	
<p>Monitoring arrangements and Committee</p>	<p>Monthly report will be presented at the Trust Safeguarding Group.</p>
<p>Document summary/key issues covered.</p> <p>The purpose of this policy is to identify clear guidance on the support that must be provided for patients with Learning Disabilities.</p> <p>To support the reduction in health inequalities for people with learning disabilities. Learning from lives and deaths- people with a learning disability and autistic people (LeDeR) Policy 2021.</p> <p>To support the Trusts commitment to complete LeDeR reviews.</p> <p>To support Trust wide training and awareness programme to comply with Trust mandatory training status.</p>	
<p>Key words for intranet searching purposes</p>	<p>Learning Disability</p>
<p>High Risk Policy? Definition:</p> <ul style="list-style-type: none"> • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. <p>If a policy is considered to be high risk, it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.</p>	<p>No</p>

Part B **Ratification Assurance Statement**

Name of document: Care of People with Learning Disabilities.

Name of author: Elaine Wharton Job Title: Lead Learning Disability and Autism Nurse

I, Elaine Wharton author confirm that:

- The Policy presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines (OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document, and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author:

Date:

Name of Person Ratifying this document (Chief Officer or Nominee):

Job Title:

Signature:

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version	Care of people with Learning Disabilities.	
Reviewing Group	Trust Safeguarding Group	Date reviewed:
Implementation lead: Elaine Wharton 01902 -695163		
Implementation Issue to be considered (add additional issues where necessary)	Action Summary	Action lead / s (Timescale for completion)
Strategy; Consider (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.		
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	LD training will be delivered across the Trust in line with the Oliver McGowan mandatory training programme.	Compliance will be monitored monthly by the Trust Safeguarding Group.
Development of Forms, leaflets etc; Consider 1. Any forms developed for use and retention within the clinical record MUST be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	No new form has been developed for this policy	
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	The updated policy will be accessible via the intranet site and be highlighted in the trust brief.	
Financial cost implementation Consider Business case development	N/A	
Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation		

Appendix 1

Indications a person may have a learning disability

It is important to note that a person with a learning disability will have talents and may excel in certain aspects of their lives. They will be part a social network have family and friends just like people who do not have a learning disability.

Does the person:

- Live independently, do they do their own shopping, cooking or money management?
- Have a qualification above an NVQ level 2.
- Have a full driving license.
- Have an EHCP.

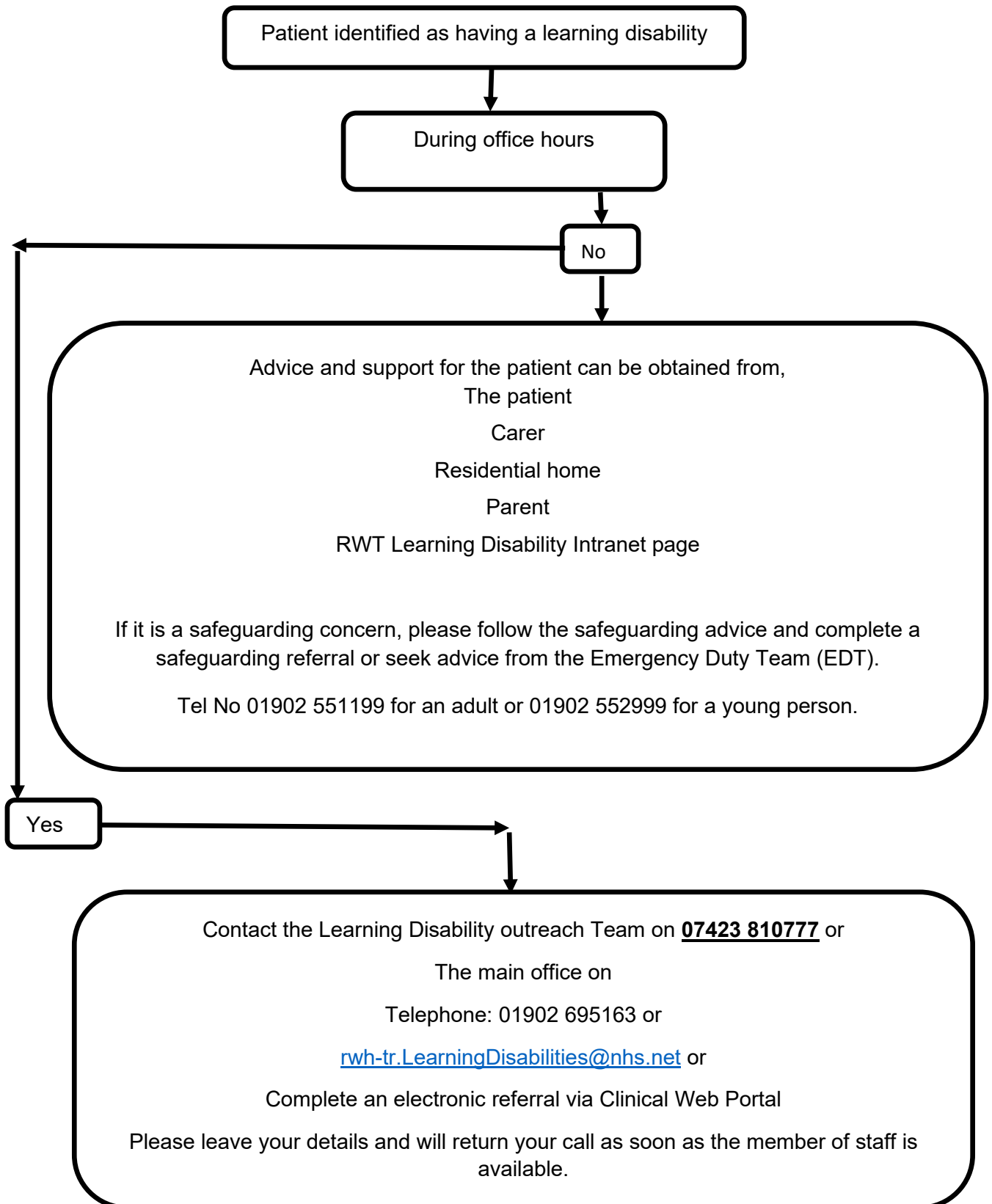
Has the person:

- Attended a special school.
- Been known to the specialist LD team in the past.
- Come to the hospital with a career.

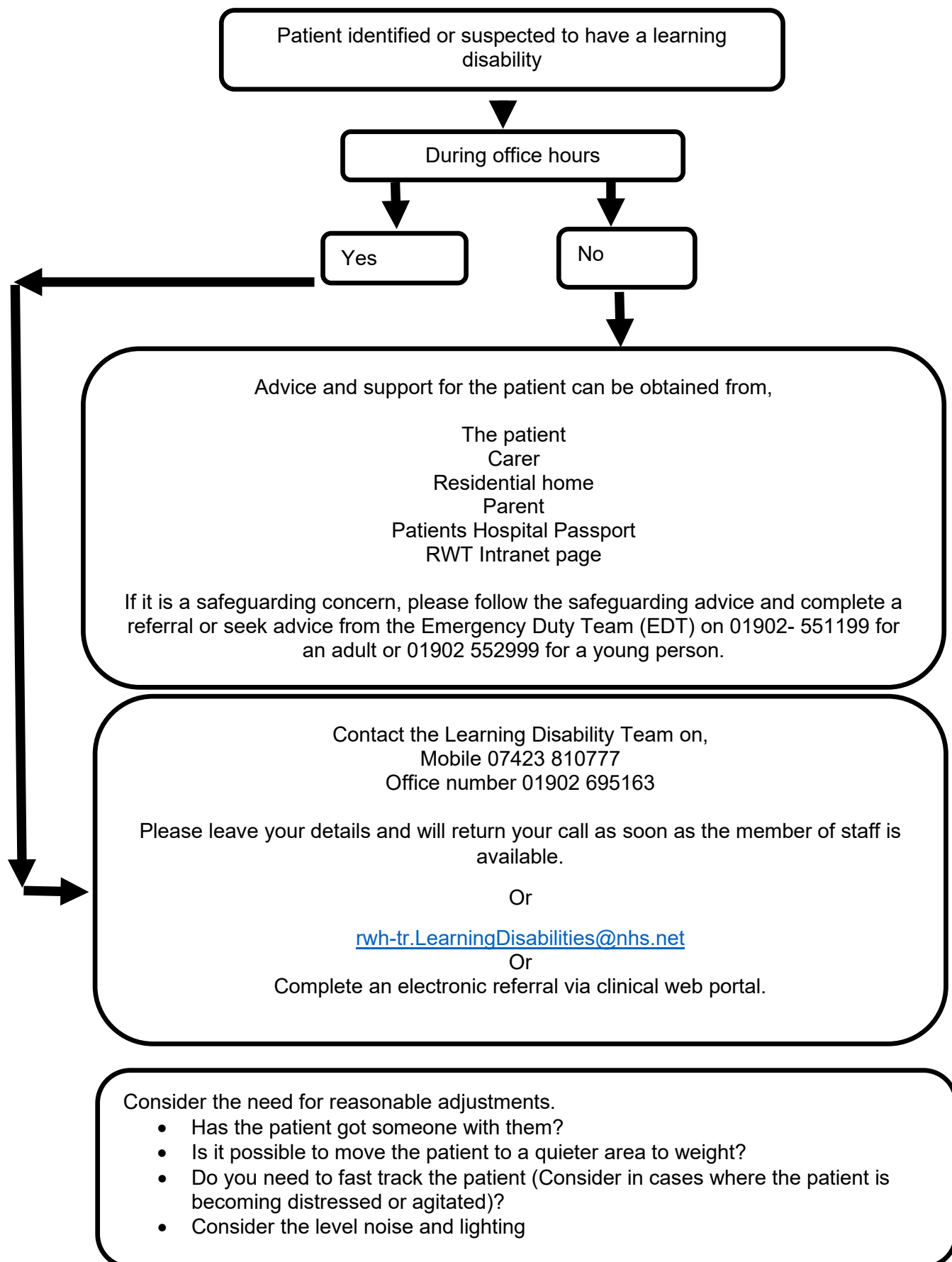
This is not a diagnostic tool and is only meant for the purpose of indication that the person may have a LD.

Appendix 2

Referral Process and Advice



Emergency admission



Appendix 4

**Care Pathway for Planned Admissions and Appointments
for People with Learning Disabilities**

Clinic lists should be checked every 2 weeks in advance to identify children, young people or adults with a learning Disability.

It is the responsibility of the department staff to contact the patients, family members or carers identified and check the following.

Appointment check list

- Is the patient aware that they have an appointment?
 - Do they remember the time and date?
 - Do they know how to get to the hospital?
 - Will they require patient transport?
 - Is the time of the appointment convenient for them?
- Would an early morning or late afternoon appointment be better for the patient if this is possible?
 - Is the appointment slot long enough to meet the patient's needs?

Admission check list

- Will the patient require additional support? If so, who will provide this?
- Will the patient have someone at home 24 hours following a GA, or will they require overnight admission?
 - If aftercare is required who will provide this?

Reasonable Adjustments

- Will the waiting room be suitable or would a quiet area/ room be more suitable?
- Is there anything that may cause difficulties whilst waiting? Noise, busy waiting room, length of wait?
- Will any equipment be required i.e. hoist or a rotunda if available?
- Would they like the Learning Disability nurse to support the appointment?
- Will they require a supporter with them? Some people may require more than one carer with them.
- Confirm that the hospital will make the reasonable adjustments required.

Documentation

- Record the contact and any reasonable adjustment required as a note on clinical Web Portal.
- Inform the department manager of the reasonable adjustments required for the patient's appointment.
- Contact the patient to confirm all arrangements will be in place and use as another reminder of the appointment.
- Ensure that the clinic staff are informed on the day of the reasonable adjustments required for the patient's appointment.

Learning Disability Annual Health Checks

