



Safer patient journey sought in general healthcare settings

Guidelines on caring for people in hospital have been published in Northern Ireland. Maurice Devine reports

GOING INTO hospital for any reason is stressful. People can find themselves in an unfamiliar environment, with unfamiliar people using unfamiliar language. Patients with a learning disability can feel even more vulnerable. They may have difficulties with communication and self-management, or they may have additional health issues, such as epilepsy, mental health issues, sensory impairment, or an increased risk of choking, all of which are more common in people with learning disabilities. Hospital staff who have a limited understanding of their needs can compound any feelings of vulnerability by having.

Health and social care policy in Northern Ireland is underpinned by the recognition of people with learning disabilities as equal and valued citizens of the country (Department of Health, Social Services and Public Safety (DHSSPS) 2005). It is the stated objective of the Equal Lives policy (DHSSPS 2005) to 'secure improvements

in the mental and physical health of people with a learning disability through developing access to high quality health services, that are as locally based as possible and responsive to the particular needs of people with a learning disability'.

Twelve areas for improvement

- Attitudes and values.
- Communication.
- Training.
- Legal issues.
- Outpatients.
- The admission process and support during the hospital stay.
- Discharge planning
- Emergency care.
- Support for carers.
- Nutrition and hydration.
- Pain.
- Children in hospital.

This objective is underpinned by 14 recommendations for service developments. Furthermore, legislation over the past decade, including the Human Rights Act (1998) and the Disability Discrimination Act (1995), has highlighted the legal requirement of health services to ensure equality, dignity and autonomy. These laws require that reasonable adjustments are made in all services to ensure they do not 'unlawfully discriminate' against people with learning disabilities, which includes the provision of accessible information.

Growing concerns

Despite this, a number of publications (Mencap 2007, Michael 2008, Parliamentary and Health Service Ombudsman 2009) have highlighted the difficulties many people encounter in using general hospital services; at times with grave consequences for people with learning disabilities.

People with learning disabilities are twice as likely to use a general hospital than the rest of the population (National Patient Safety Agency (NPSA) 2004), and access to primary and secondary healthcare services for people with learning disabilities has been a growing concern over the past decade. This has been reflected in a number of reports and inquiries, including Understanding the Patient Safety Issues for People with Learning Disabilities (NPSA 2004), which highlighted that the care of people with a learning disability in general hospitals was a major safety concern.

In Northern Ireland research projects such as Promoting Access (Barr 2004) and Patient People (Southern Health and Social Care Council 2008), together with research specifically into accident and emergency services (Sowney and Barr 2007), have also identified major challenges for people with learning disabilities accessing general health care.

New guidance from the Northern Ireland Guidelines and Audit Implementation Network (GAIN) has been published to enhance safe and effective care throughout the journey in the general hospital setting for people with a learning disability.

The document identifies 12 priority areas for improvement (see box) which focus on specific areas of the person's

journey to and through the general healthcare service; for example, through emergency care, transition processes from admission to discharge planning, and a number of specific clinical issues, such as nutrition and hydration. Each of these guidelines includes a best practice statement and a series of best practice indicators relevant to the particular area of improvement. Many of the best practice initiatives that have been highlighted can be delivered through better individual care planning, together with improved communication and effective liaison within and between services.

There will be resource implications in applying some of the best practice indicators and these may require more strategic planning. However, much progress can be made using existing resources through the actions of staff members, particularly in how they relate to people with learning disabilities and their families.

Maurice Devine is nursing officer at the Department of Health, Social Services and Public Safety, Northern Ireland

References

Barr O (2004) *Promoting Access: The Experience of Children and Adults with Learning Disabilities and their Families/Carers who had Contact with Acute General Hospitals in the WHSSB Area and the Views of the Nurses in these Hospitals*. Western Health and Social Services Board, Londonderry, Northern Ireland.

Department of Health, Social Services and Public Safety (2005) *Equal Lives*. DHSSPS, Belfast.

Mencap (2007) *Death by Indifference*. Mencap, London.

Michael J (2008) *Healthcare for All*. Department of Health, London.

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

Parliamentary and Health Services Ombudsman (2009) *Six Lives: The Provision of Public Services to People with Learning Disabilities*. TSO, London.

Southern Health and Social Care Council (2008) *Patient People: Experiences of Adults with a Learning Disability as Hospital In-patients in Craigavon Area Hospital and Daisy Hill Hospital*. SHSCC, Lurgan.

Sowney M, Barr O (2007) The challenges for nurses within the accident and emergency care service communicating with and gaining valid consent from adults with intellectual disabilities. *Journal of Clinical Nursing*, 16, 9, 1678-1686.

Find out more

To download Guidelines On Caring For People with a Learning Disability in General Hospital Settings, go to: www.gain-ni.org/Library/Guidelines/Gain%20learning.pdf

Students spell out their hopes for specialty in manifesto to government

Nursing profession needs to acknowledge the branch's unique and expert skills, trainees say.

Sophie Blakemore reports

THEY HOLD the future of services in their hands, but it is not often we hear the views of students who are training to become nurses. However, a one-day Positive Choices event at a National Network for Learning Disability Nurses (NNLDN) summer conference gave them the chance to voice their concerns and hopes for the profession.

A 'manifesto' of their priorities was drawn up and sent to the Department of Health for consideration by learning disability adviser, Ben Thomas and his colleagues. Helen Lavery, facilitator for the Positive Choices network, which represents learning disability students and is affiliated to the NNLDN, says she hopes the document will be used to inform future policy.

'Commissioners need to listen to students because they are so passionate about their specialty and have so much energy that can positively influence the care of people with a learning disability,' she says.

One of the students' main desires is for their branch of nursing to be viewed as a specialty in its own right and not a subsidiary of mental health nursing. They also express concerns about who will deliver health care to the growing number of people with a profound disability and complex health needs.

Higher profile needed

The trainees believe that while nurses are best placed to do this, the specialty currently suffers from a low profile meaning it is frequently overlooked as a viable resource.

'Our unique and expert skill is transferrable to other areas of nursing. The profession as a whole needs to acknowledge that: we need to raise our profile as all-round expert, holistic professionals,' the manifesto says.

To help nurses achieve this goal, the students have called for a national advertising campaign to promote the profession and

clearly define its scope, from a local and national perspective.

They also want the DH to start taking the profession seriously by injecting cash into resources to ensure that priorities in learning disability services are met and high quality care, in partnership with families and carers, becomes a reality.

More learning disability nurses should be appointed to high-level positions to guide practice, and legislation to protect vulnerable adults needs to be clearer and more concise for practitioners and clients' relatives, they say. The document also proposes assigning a senior nurse from the DH to work alongside students from the specialty to 'experience what it is really like'.

More NHS placements

Training is another area the students want to see progress in, starting with more NHS learning disability placements.

Many students say they have had no exposure to the NHS throughout their training, because of a reliance on placements in the independent sector. They call on the NNLDN to lobby the Nursing and Midwifery Council to ensure learning disability nursing students have placements with learning disability nurses in the NHS.

But it is not just learning disability nurses who should be given more exposure to the specialty. The document states that all adult nurses and doctors should have mandatory sessions throughout their training and careers on the care and respect of people who have a learning disability.

This, they say, would help to remove the stigma that caring for people with a learning disability is just about support, assessment and treatment for people who present with challenging behaviour. This does little to enhance the human image of the clients or the specialist image of the nurse.

Find out more

For information about Positive Choices, go to www.positivechoices.org.uk