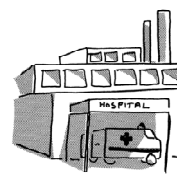


A2A

National Access to Acute Network
www.A2ANetwork.co.uk



17th March 2010
Edge Hill University
Ormskirk Campus
School of Health – Room H243
St Helens Road
Ormskirk
Lancashire

Minutes

Present

Rick Robson
Lesley Timperley
Judith Johnson
Clare Henley
Daniella Rubio Mayer
Michele Holroyd
Ellie Smith
Elaine Lincoln
Bernadette Oakes
Allison Malcolm
George Badieli
Julie Clift

Phil Dearden
Tracey Thistlewaite
Susan Porter
Dawn Hart
Nick Elsworth
Suzanne Robinson
Jainab Desai
George Sullivan
Cathy Rafferty
Sue Kelly
Johanna Lee
Rachel Mayner

Tracy Reed
Adam Dinsmore
Sarah Jones
Carmel Hale
Richard Whitehead
Knowsley Being
Involved Group
Simon Grindy
Anita Hardcastle
Sue Smith

Apologies

Judith Thorley
Patrick Olszowski
Sarah Lalljee
Jean Howieson
Rachel Blaney
Ben Thomas
Joanne Brown

Sally Evans
Simon Shorrick
Michelle Churchard
Catherine Mead
Mary Seaman
Cathy Mordaunt
Catherine Rotherham

Gail Pritchard
Jayne Davies
Yinmoi.Price
Jainab Desai
Karen Breese
Peter Croghan

1. Introduction to the day - Rick Robson

2. Adam Dinsmore (Mencap, Liverpool)

- Presentation – see **Appendix 1**

3. ‘Listening event’: Making the patient journey better “Complaints, compliments and suggestions” - Knowsley Being Involved Group, Health Advocacy sub groups: Knowsley, Liverpool & Sefton.

- Presentation – see **Appendix 2**

4. “Improving access in hospitals in Merseyside for people with Learning Disabilities”

Johanna Lee, Rachel Mayner, Tracy Reed

- Presentation – see **Appendix 3**

5. Improving Human Rights in Healthcare

Richard Whitehead

- Presentation – see **Appendix 4**

5. “Improving access in hospitals in Merseyside for people with Learning Disabilities”

Carmel Hale (Assistant Director of Nursing) Aintree University Hospitals NHS Foundation Trust

- Presentation – see **Appendix 5**

Local updates

6. Any other business

- **A2A Website** – www.A2ANetwork.co.uk
- **A2A – Questions:**

From: Masebo Jolly (5NC) Disability Co-ordinator [mailto:Jolly.Masebo@wf-pct.nhs.uk]

Sent: 16 March 2010 10:52

To: Robson Rick

Subject: Guidelines for LD in A&E

Hi Rick

I wonder if you or any of your colleagues have developed guidelines on how to attend to PLD when they access A&E. including what is expected of a carer/support worker.

Jolly Masebo

Disability Co-ordinator

NHS Waltham Forest (PCT)

Replies:

1. From: Howieson, Jean

Please see:

Appendix 6 – Role/Responsibility of Carer Organisations when a Client is admitted to Hospital

2. From: Chapman, Darryl

Please see:

Appendix 7 - Vulnerable Patients Protocol (February 2010)

Appendix 8 – Good Practice Guidelines

3. From: Clift Julie

I have utilized the flow charts for A&E that you will find on the A2A network website. I am also currently working on A&E care plans for all service users who have complex care needs. These are held by the service user and faxed through to the department when an admission is in progress. We are looking at a way of holding a copy of these plans in the A&E department. The problem we have with that at the moment is that we cannot agree on a process for care plan review. I think at least a first step is for carers to have a grab sheet of some kind that gives basic information that will inform the A&E department.

From experience the main difficulty is when admissions to A&E are out of hours, night time and at weekend when the accessibility of those with the skills to support A&E are not always available. Only just this week we had to look at a situation as to whether it was in a service users best interest to go to the A&E department late on a Friday afternoon after a minor fall when we knew that it would be likely he would need sedation to be examined as this had happened before. Luckily I was able to have support from a number of colleagues at the hospital who managed the previous admission.

They talked with the carers and an agreement was made not to attend unless there was any sign of the service user having any pain or bruising or of course if they had any further concerns. A plan was then made to have an admission on the Monday morning when a team would be in place to manage the admission. Luckily he was fine by Monday and so he did not need to go. Imagine if they had gone through the trauma of attending on Friday night. I realize that this is a matter for clinical judgment and carers are not in a position to make a decision not to attend for assessment. I have to say this is where the role of the acute liaison nurse comes into its own. Knowing who to go to and being available to sort this complex situation out prevented a lot of unnecessary anxiety for the service user and the carers.

If service providers have protocols in place where they have care plans agreed for the most complex service users, documenting how to support admissions to A&E and who to contact for advice and support, the process is much less anxiety provoking for the carer. I have attached our current grab sheet. It's pretty standard.

I am very fortunate that the staff in our A&E department are very supportive. We have an agreement that if the carers or I ring through to speak with the co-ordinator prior to an admission they will do all they can to arrange a quiet area and to be seen as quickly as possible.

See - **Appendix 9** – Hospital Admission Information Sheet

- **NNLDN Conference**

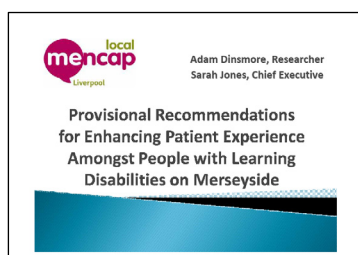
- **Date/region of future meetings**

16.06.10 – South West Region - Katie.Hopgood

15.09.10 – West Midland Region – Telford, Shropshire. Rick Robson

15.12.10 – Yorkshire & Humberside Region – Sheffield, South Yorks. Rose Bolland

APPENDIX 1 (separate attachment)



Presentation by Adam Dinsmore and Sarah Jones, Mencap Liverpool.

“Provisional Recommendations for Enhancing Patient Experience Amongst People with Learning Disabilities in Merseyside”

Appendix 2 (separate attachment)



Presentation by Knowsley BIG Group .

“Giving us a voice”

Appendix 3 (separate attachment)



Presentation by Johanna Lee, Rachel Mayner and Tracy Reed.

“Improving access in hospitals in Merseyside for people with Learning Disabilities”

Appendix 4 (separate attachment)



Presentation by Richard Whitehead, Amanda Roberts and Beth Greenhill.

“Improving Human Rights in Healthcare”

Appendix 5 (separate attachment)



Presentation by Carmel Hale (Assistant Director of Nursing) Aintree University Hospitals NHS Foundation Trust.

“Improving access in hospitals in Merseyside for people with Learning Disabilities”

Appendix 6

Role/Responsibility of Carer Organisations when a Client is admitted to Hospital.



Role/Responsibility of Carer Organisations when a Client is admitted to Hospital

Care staff will advise acute staff on the following:

- Clients Personal Details – Name, Date of Birth, Any known allergies
- Next of kin information
- G.P. information
- Other professionals involved
- Present medication
- Reason for admission
- Present health conditions e.g. (epilepsy/diabetes)
- Previous health conditions
- Give information on client's care needs:
 - How client communicates: pain distress, alert staff of their need, symptoms
 - Continence both urinary and bowels
 - Eating and Drinking guidelines
 - Moving, Handling and Positioning
 - Gastrostomy Information
 - Respiratory Information
 - Personal hygiene
 - Pressure area care
 - Risks to client e.g. wandering, absconding, falls, non-compliance with ID bracelet, abuse from others, to stay in a side room or 4-bedded area
 - Risks to others e.g. forensic issues
 - Compliance with IV lines/Drains, bed rest, postural restrictions, blood taking, catheterisation
 - Consent to treatment
 - Displays agitation/aggression (physical/verbal) to: self, others
 - Mental Health: memory, depression, anxiety

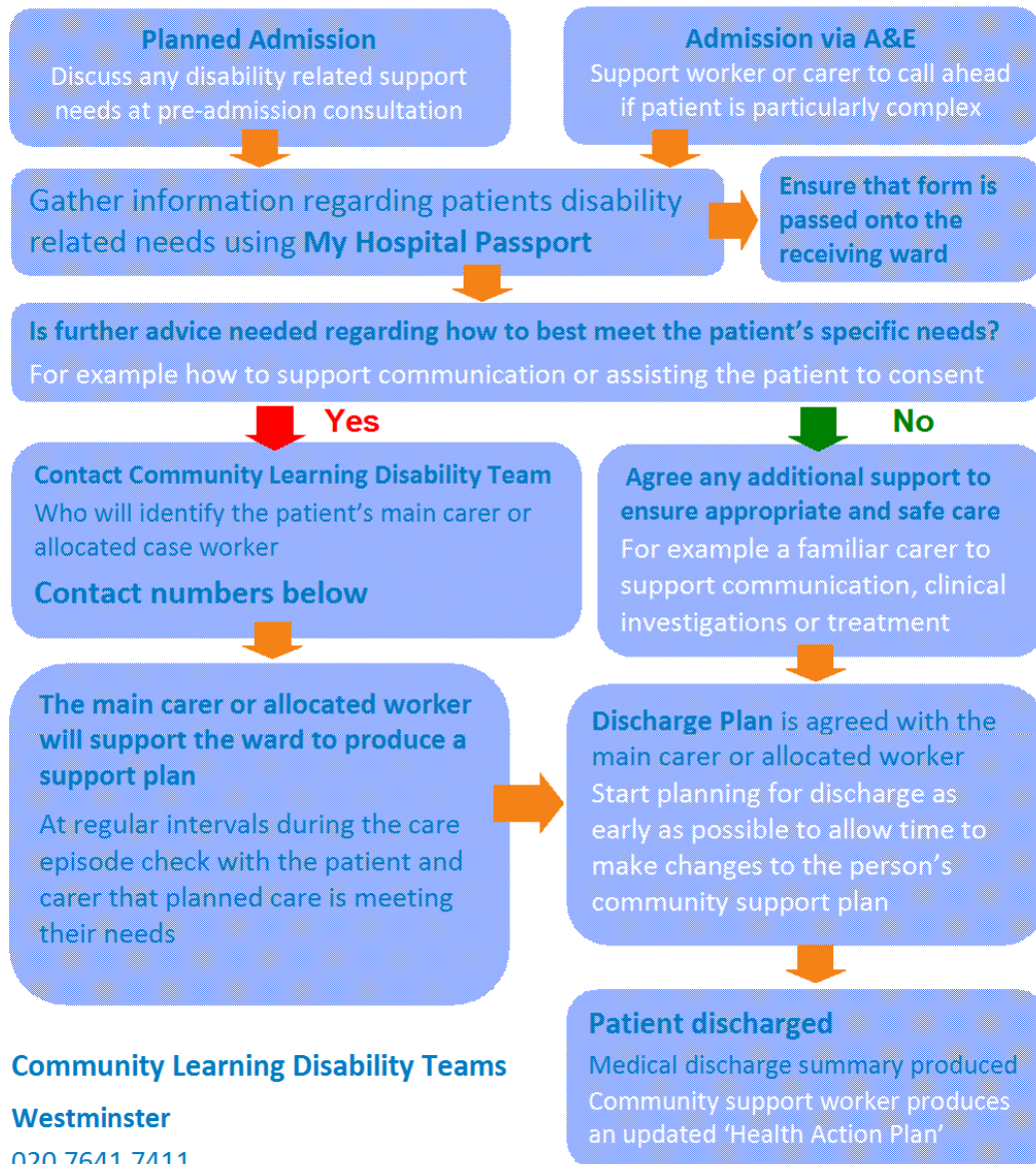
Carers will continue to support their client:

- Give emotional support to client
- Advise and support acute staff
- Will advise acute staff of when carer staff will be working in the ward
- Will discuss with staff on shift when carers have their meal breaks
- Will discuss with staff on shift the needs of their client e.g. two staff required for personal care/toileting etc.
- Will assist acute staff with the care the client requires within their scope of practice
- Nursing staff, require to administer medication as carers cannot administer it if they do not dispense it. If the patient refuses to take medication from nursing staff they need to discuss the issue with carers.
- Carers require to be kept informed of ongoing care and treatment whilst their client is an in-patient, and when the decision is taken to discharge.

Appendix 7

Vulnerable Patients Protocol (February 2010)

Admission and discharge procedure (learning disabilities)



Community Learning Disability Teams

Westminster

020 7641 7411

Kensington & Chelsea

0207 313 6843

Hammersmith & Fulham

020 8383 6464

Updated October 2009

For further information contact:

Darryl Chapman


Acute Liaison Nurse for Vulnerable Patients

darryl.chapman@imperial.nhs.uk

(Fixed term post until July 2011)

Appendix 8 (separate attachment)

Good Practice Guidelines

Imperial College Healthcare 
NHS Trust

Supporting patients with learning disabilities Good practice guidelines



Supporting information can be found on Source: learning disability project; including copies of the tools and assessments.

Produced by:

Darryl Chapman, Acute liaison nurse for vulnerable patients

February 2010



Appendix 9

Hospital Admission Information Sheet

NHS Number

Name

Date of Birth

HOSPITAL ADMISSION – INFORMATION SHEET

To be accompanied by current medication, current Medicine Card and any other relevant information.

Address: _____ _____ _____ _____ Tel No: _____ Name of Contact Person: _____ Relationship: _____	Next of Kin: _____ Relationship: _____ Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Address: _____ _____ _____ Tel No: _____ Next of Kin cannot give consent
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GP: _____	GP: Tel No: _____
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Religion: _____	Practising: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Cultural Considerations: _____

Medical History: Any diagnosed condition, past illness, operations, history of epilepsy, physical disability, mental health problems

Allergies: Document all known allergies	
Allergy	Reaction

Reason for Admission	Date of Admission

Date of last Tetanus: <input type="text"/>	MRSA Infection Status. Date Tested <input type="text"/>
	Methicillin Resistant Staphylococcus Aureus

