

Care of patients with a Learning Disability

1. Introduction

Patients who have a learning disability (LD) often need “reasonable adjustments” to be made to enable their care in an acute trust to be safe and a positive experience. It can be very distressing for them if not handled well, and several reports have shown that some patients experience poor standards of care just because of their LD, leading to serious avoidable harm, and even death. The recent Ombudsman’s Report entitled “Six lives: the provision of services to people with learning disabilities” provides a summary of their investigation reports into six cases where patients with an LD died whilst in NHS or local authority care.

The report recommends that all organisations review the systems they have in place to meet the needs of people with an LD that use their services. This review is being lead in our area by Gwen Moulster, NHS Haringey’s Nurse Consultant in LD, and the attached framework sets out the Whittington’s position against Haringey’s measures.

2. Work in progress

We have been working closely with colleagues in NHS Haringey’s LD team for some time, and more recently also with NHS Islington, as there is no in-house expertise in this specialist area here. As part of our work to improve the care of this group of patients at the Whittington, a strategy was developed and an awareness launch held in 2009. Following this, a set of standards was developed based on our own strategy, plus the national must dos, including “Valuing people now” (DH, 2008). They were agreed by Gwen Moulster, and have recently been updated (Attached).

The standards set out how we are raising awareness and training staff about the needs of these patients, particularly around better communication, and how we aim to ensure that their care is of the appropriate high standard. Most of the work, other than around coding, is underway or being planned, but is somewhat dependent on the appointment of a Learning Disabilities Liaison Nurse based at the Whittington Hospital, for whom partial funding has been agreed from Haringey, but is still being considered by Islington to whom we are looking for the remainder. The post-holder is needed not only to advise and support staff on individual patients that have an LD, but also to help deliver training and set best practice. At present, if our staff are uncertain how to care for a particular LD patient, they have to seek help from our community colleagues, who whilst very obliging do not have the resources to always respond swiftly and may be unfamiliar with acute care needs.

3. Conclusion

The foundations are now in place and awareness has begun to be raised, but there is still some way to go to ensure that all our staff, including administrative and facilities etc, understand the reasonable adjustments that must be made to ensure that this group of patients are not disadvantaged and that their care is safe. We will continue to work in partnership with our LD colleagues to improve this important area, and the Clinical Governance Committee is monitoring progress against the standards.