Improving general hospital care for people with learning disabilities

Dr Michael Brown,
Lecturer, Edinburgh Napier University &
Nurse Consultant, NHS Lothian
Aims

• Evidence of general hospital issues and people with learning disabilities
• Developments in general hospital care in Scotland
• Research study involving people with profound and multiple impairment
• Research opportunities for the future
Physical Health

- A different pattern of physical health than the general population
- Mortality profile different from the general population
- Diagnosis a problem
- High levels of unmet health needs
- High users of health services
- High users of general hospitals
Mental health

- A different pattern of mental ill health from the general population
- Dementia more prevalent
- Schizophrenia common
- Depression & anxiety disorder common
- Lower levels of suicide
- High levels of unmet need
Common health needs requiring general hospital care

- Respiratory disorders
- Gastrointestinal disorders
- Cardiovascular disorders
- Neurological disorders
- Accidents and trauma
- Musculoskeletal disorders
- Cancers
- Haematological disorders
- Ophthalmic disorders

Additional care needs due to:

- Autism Spectrum Disorder
- Communication disorders
- Challenging behaviours
- Mental illness
• Integration of the outcomes of the Nursing Review within the National QIS Learning Disability Inspection Programme
• National specialist health services inspection programme established 2004
• Inspection review report and action plans published 2006
• Service failures in general health services
• National general health services inspection programme commencing Autumn 2008, reporting 2009
Government and policy in Scotland

• Devolution 1997
• Scottish Parliament established
• Devolved legislative power – health, social care, education, social work, housing and many others
• Intellectual disability policy
• Nurse education policy
The Scottish Context

- Scottish population 5 000 000
- Estimates 120, 000 children and adults with intellectual disabilities in Scotland
- Learning Disability population increasing
- Health needs poorly historically addressed

1. Ageing learning disability subpopulation
2. Increasing number of people with complex learning disabilities
3. Limited data on needs across the life course to inform planning and commissioning
Policy Frameworks: The Drivers

Clear Policy Direction across the UK

- Social Inclusion
- Social Justice
- Community presence
- Ordinary lives
- Valued citizens
- Health Improvement

Modernising Nursing Careers
NMC review of pre registration programmes

- 56,000 + RNs and Nursing Support Workers
- RNs also in non government services
- Current UK nurse education based on a branch model: -
  - Learning Disability
  - Child Health
  - Mental Health
  - Adult
  - 3-year graduate university-based
  - Postgraduate developments
  - Different models nursing internationally
  - Limited focus on ID health within nursing curricula internationally
Promoting Health, Supporting Inclusion: Scotland’s National Nursing Review

- Mencap – Death by Indifference
- Mauchland Fatal Accident Inquiry
- Donnett Fatal Accident Inquiry
- DoH - Healthcare for All Report
- House of Lords and House of Commons Inquiry
- Disability Rights Commission Report
- NHS Health Scotland Health Needs Assessment
- 2009 - Parliamentary & Health Services Ombudsman Report
General hospital Issues

“People with learning disability may be more at risk of things going wrong than the general population, leading to varying degrees of harm being caused whilst in general hospitals”

(National Patient Safety Agency, 2004 p.11)

• Evidence of high health needs and increased admissions yet shorter admission periods
• Challenges of detecting pain and distress in people with ID
• Limited education and experience on the needs of people with ID for general health professionals
• Consent to treatment can be an issue
General health service failures in Scotland

• Failing to protect Human Rights

• People with learning disabilities as citizens

• Challenging institutional discrimination

• Duty of Care of all health practitioners

• Equality and diversity
NHS Constitution for England and Wales

‘The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual it serves and must respect their human rights.’
Six lives: the provision of public services to people with learning disabilities

Parliamentary & Health Services Ombudsman Report

Published 24th March 2009
Areas of concern include

• Communication
• Partnership working and co-ordination
• Relationships with families and carers
• Failure to follow routine procedures
• Quality of management
• Advocacy
So What . . . .

A different pattern of health need from the general population

Higher level of health needs

Overwhelming evidence to support significant levels of need are often unrecognised and untreated

High users of ALL aspects of healthcare systems, including general hospitals

Person-centred nursing
The study

• The aim of the study was to evaluate the use of the DisDAT (Disability Distress Assessment Toll) as a clinical tool to assess distress in people with intellectual disabilities attending for general hospital care

• To assess whether general hospital professionals find the tool straightforward to use and beneficial to the delivery of care

• To identify if the use of DisDAT has any demonstrable links to the management of the patient's care, including pain management

• To determine the perceptions of families and carers on the impact of DisDAT
DisDAT Assesses ...

- Communication levels
- Facial signs
- Skin appearance
- Vocal signs
- Habits and mannerisms
- Body posture
- Body observations

- DisDAT involves the main carers with intimate knowledge of communication methods and needs of the patient
- DisDAT acts as a means to capture the carers’ knowledge about the individual’s expression of distress
- The assessment evidence can support general healthcare professionals to plan and deliver care
The participants

- **Group one** subjects were people with profound intellectual disability unable to effectively communicate their possible distress (n=10)
  - n=5 planned admissions
  - n=5 emergency admissions

- **Group two** were general hospital professionals prepared on the use of DisDAT (n=8-10)

- **Group three** were families and carers involved in the care of the person with profound learning disabilities (n=10-20)
Participant identification

Healthcare databases of people with PIMD who previously attended for general hospital care

- n=168 potential patient participants
- n=31 potential PMID patient participants
- n=10 patients participants identified
Consent issues

- Detailed consideration given to obtaining informed consent from participants directly if possible
- Consultant Speech and Language Therapist with experience of PMID communication needs a member of the research team
- A range of augmentative methods identified and developed to support obtaining consent
- Ethics Board approval granted as part of the research process
Consent and vulnerable people

- No patient participants eventually able to provide informed consent, therefore alternative required...

- The Adults with Incapacity (Scotland) Act 2000 allows for such situations and states that:

  ‘consent has been obtained from any Guardian or Welfare Attorney who has power to consent to the adult’s participation in research or, where there is no such guardian or Welfare Attorney from the nearest relative’...
Consent issues

- No potential patients participants with Welfare Guardians or Welfare Attorneys to provide consent
- 3 close relatives provided consent
- 5 had no nearest relatives
- 2 nearest relatives contacted to seek consent and did not respond
The outcomes

- The small scale study exploring the issue of distress in people with PMID was not completed.
- Study design required to be reviewed and modified.
- Scotland appears to have a unique position regarding consent and research participation.
- Limit the opportunity for patients with PMID to participate in research that may be of benefit.
Research – the future

• **Review existing university research programmes & develop strands on healthcare in general hospitals for people with learning disabilities**

• **Research centres develop a research strand focussing on the healthcare of people with learning disabilities in general hospitals**

• **Research collaborations** between the NHS and university research departments need to be established in this area
Research – the future

- **Epidemiological studies** to fully understand the profile and use of general hospital services

- **Research to test the validity and reliability** of specific clinical physical and psychological interventions and tools

- **Dissemination of current evidence-base** from research papers and reports need to be shared with general hospital professionals
Thanks for taking the time to listen and now, please reflect on the nursing contribution where you are…

m.brown@napier.ac.uk

With thanks to our funder:
The Centre for Integrated Healthcare Research
‘Breaking down the Barriers’ – A Northern Ireland Project

Margaret Sowney, Linsey Sheerin
Increasing contact

People with intellectual disabilities:-

- are living longer
- more of whom have complex needs
- share same risk factors for major killer diseases
- have additional health care needs
- seldom present with one health problem
Pattern of health needs

- Increased risk of injuries/illness due to:
  - Epilepsy
  - Musculoskeletal disorders
  - Sensory impairment
  - Osteoporosis
  - Respiratory disease is more common

- Mainstream health services are often ill-equipped to meet their needs

- Efforts to address these health needs pose challenges to the professionals
Reason for the study

- Contact is increasing
- Barriers to accessing services are continuing:
  - Poor communication
  - Nurses lacking knowledge/competence
  - Negative attitude of nurses
  - Over dependence on carers
- However there is little research which has explored the experience of nurses caring for people with intellectual disabilities, particularly in Emergency care
Aim:

Explore the challenges that emergency care nurses encounter in assessing and providing care to adults with intellectual disabilities

Design: Qualitative Study
Data Collection:

Focus group (26 nurses, different grades)
5 Emergency Care Departments (regional representation)

Discussions were audio tape recorded and transcribed verbatim
Findings

Data analysis: Colaizzi’s procedural steps.

Six themes emerged

- Respect for individuals
- Good practice - Fast tracking, introduction to department, work with S&LT
- Reduced communication
- Issues with consent
- Lack of knowledge
- Dependence on carers

Main focus is on the information that adds to the existing knowledge
Lack of Knowledge

Participants identified:

- There was a lack of theory or experience within pre and post registration on intellectual disabilities

- They lacked of knowledge of Community Learning Disability Team/ sources of support

- They experienced fear in caring for people with intellectual disabilities

- Yet they were expected to cope
We are not trained in learning disability, yet we are on the front line treating these people who are acutely ill”

Lack of training

I think not having a basic understanding is certainly a deficit … From my point of view we had 12 weeks geriatrics, similar in paediatrics, similar in psychiatry and absolutely nothing in learning disability, yet we are supposed to cope.
You are always frightened of missing something important.

I think you are inclined to give them more tests and x-rays just to make sure there isn’t something more seriously wrong.
What to do!

the fear is that they will react in some way that I won’t be able to deal with or I don’t know what they mean, maybe it’s a fear of embarrassment

my fear is treating them differently, I know that sounds weird, but I am afraid that they would think I’m treating them differently because they have a learning difficulty”
Recalling an experience

...... his daddy was with him and any time his dad disappeared I was thinking please hurry up and come back, in case he gets up and wanders off, you know the whole stress of not knowing”
Coping mechanisms

I would very much take my lead from the carers. If you ask what’s wrong with them, the carers understand and they help with the conversation between you and them”

and you couldn’t do it without the family, you really couldn’t.
Fear and Vulnerability?

- People with intellectual disabilities!
- Not being able to identify needs!
- Missing something important!
- Being unable to care appropriately!
- Treating people differently!
- Being viewed as uncaring!
So how does this link with existing knowledge of the patients and the carers experience, of care within acute general hospitals?
PATIENT
- Reduced communication
- Unmet needs
- Inappropriate care
- Risk of diagnostic overshadowing
- Feeling devalued
- Reduced involvement in decision making
- Lack of health education
- Inequity accessing health care
- Overuse of investigations

CARER
- Expected to stay
- Knowledge not recognised
- Carers needs not addressed
- Reduced competence
- Fear and vulnerability
- Over-dependence on carers
- Passive caring role
- Obligation to remain and ensure appropriate care is received

NURSE’S LACK OF KNOWLEDGE
- Reduced competence
- Fear and vulnerability
- Over-dependence on carers
- Passive caring role

To provide care
To consent on behalf of
reduced involvement in decision making
Recommendations

- Staff training and education:
  Nature of intellectual disability/ health needs/Communication and consent

- Acute Liaison Nurse – to support people with intellectual disabilities and within acute hospitals nurses

- Development of links between Community Learning Disability Nurses and local Emergency Care Service
What Followed?

- Joint funded project to provide awareness training for nurses on:
  - the nature intellectual disabilities
  - the health care needs of this population
  - issues with consent
  - increasing effective communication
Knowledge of Intellectual Disabilities

Pre Training

Post Training

n=20
Confidence in Communication

n=20

Pre Training
Post Training

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<th>Moderate</th>
<th>Good</th>
<th>Excellent</th>
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Understanding of the Principle of Consent

Pre Training

Post Training

n=20
Knowledge of the Process To Test Capacity

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<th>Good</th>
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<td>7</td>
<td>3</td>
<td>1</td>
<td>3</td>
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<tr>
<td>Post Training</td>
<td>0</td>
<td>11</td>
<td>14</td>
<td>3</td>
</tr>
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</table>

n=20
Confidence in Testing Capacity

n=20

Pre Training

Post Training
Further initiatives

- Resources for nurses included:
  - Development of a Resource Pack
  - Hospital Communication Booklet

- For people with Intellectual Disabilities:
  - DVD showing the journey through the Emergency department
  - Booklet to show the journey
  - Picture postcard of the journey

- Chapter in 1 Emergency Care text book— a beginning

Chairman's Award
Guidelines and Audit Implementation Project:-

- Has an an important safety and quality improvement role in Health & Social Care Services throughout Northern Ireland (DHSSPSNI 2006)

- Project team is being established to develop regional guidelines regarding the care of people with intellectual disabilities in acute general hospitals.

- This will include gathering together information on good and sharing this throughout the region.
Impact of Learning Disability Liaison Services on health experiences and outcomes of people with learning disabilities attending for general hospital care

Juliet MacArthur
Lead Practitioner Research
NHS Lothian

On behalf of Lothian Learning Disability Research Group
Matt Hayes, Joan Fletcher, Dr Siobhan Mack, Dr Susie Gibbs, Dr Michael Brown, Dr Andrew McKechanie, Dr Heather Wilkinson
Overview

- Health Needs
- Learning Disability Liaison in Scotland
- Research Questions
- Emergent Findings
  - Referral data
  - Qualitative data – Interviews 6 Liaison Nurses
- Key Issues to date
History of LD Liaison Nursing in Scotland

- Original post in NHS Lothian 1999 (first in UK)
- NHS Quality Improvement Scotland *Quality Indicators for Learning Disability Services*
- Second FAI (Donnet 2007)
- Current position 11 of 14 Health Boards have Liaison Nurses (notable exception Glasgow – but have primary care liaison nurses)
- Learning Disability Managed Care Network
- Scotland-wide LD Liaison Network – 2 monthly meetings
Research Questions

1. What are the core elements and dimensions of the 4 different Learning Disability Liaison Nursing Services?

2. What elements of the Liaison Nursing Service are viewed as being particularly effective in supporting people with learning disabilities and their carers and healthcare professionals in general hospitals?

3. How do the different stakeholders view the Liaison Nursing Services and what are their criteria for evaluating the outcomes of a care episode?
4 Learning Disability Liaison Services

NHS Fife
- Population 354,500
- 3 Acute Hospitals
- Liaison Service Established 2004
- Managed by LD Service but based in hospital

NHS Forth Valley
- Population 281,000
- 2 Acute Hospitals
- Liaison Service Established 2008
- Managed by Acute Service

NHS Lothian
- Population 787,500
- 4 Acute Hospitals
- Liaison Service established 1999 (now 2 WTE)
- Managed by LD Services and community based

NHS Borders
- Population 109,200
- 1 Acute Hospital
- Liaison Service established 2005
- Within joint SW/LD Service
Research Design

Across each Health Board

- 18 month audit of Liaison Nurses’ referrals (first 12 months n=328). Analysis SPSS.

- Semi Structured Interviews/Focus Groups:
  - Phase 1 – September – April 2009
    - 6 Liaison Nurses
    - Primary Care Professionals
    - Secondary Care Professionals
  - Phase 2 – March – July 2009
    - Users
    - Carers – family and paid

- Analysis QSR NVivo8
- Questionnaire with open questions

**Interviews to date:**
- 6 Liaison Nurses
- 12 acute hospital nurses (10 Lothian, 1 Borders, 1 Fife)
- 6 primary healthcare professionals – 1 nurse, 1 physio, 4 SLT
- 3 GPs
- 3 acute hospital doctors

**Questionnaires:**
8 acute, 5 primary care professionals
Preliminary Findings
Distribution of Referrals – and relationship to population distribution between Health Boards

Proportion of population in relation to 4 Health Board areas

- Lothian: 51.4%
- Borders: 7.1%
- Fife: 23.1%
- Forth Valley: 18.3%

Questions to explore

NB – not all PWLD receiving general hospital care are referred to Liaison Services

- Borders – why higher?
- Fife – why lower?
- Allocation of resource
Link to Health Needs – reasons for referral

1. Neurology 13.3% (n=39)
2. Gastro-intestinal 9.9% (n=29)
3. Respiratory 8.2% (n=24)
4. Orthopaedic 7.5% (n=22)
5. Dentistry 7.2% (n=21)
6. MRI 4.8% (n=14)
7. Colorectal 4.4% (n=13)
8. Urology 4.4% (n=13)
9. Obs & Gynae 3.4% (n=10)
10. Oncology 3.1% (n=9)
11. Cardiology 2.7% (n=8)

- Matches very closely to known health needs
- MRI mainly for neurological related conditions
- Some variations across Health Boards
  - Neurology – Lothian (56%) & Fife (18%)
  - Dentistry – Lothian (43%) & Borders (52%)
  - GI – Lothian (62%)
  - Respiratory – Lothian (54%)
  - Orthopaedic – Lothian (55%)
Specific Conditions

- Neurology 69% male
- Dentistry 86% male
- Urology 92% male
- Renal 100% male
- MRI 71% female

Discussion Points

Higher proportion LD population male

Dentistry - ? Behavioural support for men with autism
Age

Overall age distribution (all Health Boards)

Age associated with Specific Conditions

- **Neurology**
  - 18-35 - 36%
  - 36-55 – 46%
- **Dentistry** 36-55 – 43%
- **Orthopaedic** 36-55 – 45%
- **Respiratory** 56-75 – 46%
- **Assessment** 56-75 – 62%
- **Oncology** 36-55 – 67%
Type of Admission

Discussion Points

- Forth Valley – LD nurse identifies most referrals from admission database
- Fife – OPD referrals from LD Consultant
- ? As services more established – increase in elective work
- ? As services more established – change in emergency as staff able to cope
## Referral From

<table>
<thead>
<tr>
<th>Borders</th>
<th>Fife</th>
<th>Forth Valley</th>
<th>Lothian</th>
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<tbody>
<tr>
<td>1. Paid Carer (46%)</td>
<td>1. LD Doctor (25%)</td>
<td>1. CLDT Nurse (31%)</td>
<td>1. Acute Nurse (25%)</td>
</tr>
<tr>
<td>2. Social Worker (25%)</td>
<td>1. Paid Carer (25%)</td>
<td>2. Other (26%)</td>
<td>2. Paid Carer (16%)</td>
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<tr>
<td>3. Other (17%)</td>
<td>3. CLDT Nurse (19%)</td>
<td>3. Acute Nurse (14%)</td>
<td>3. CLDT Nurse (5%)</td>
</tr>
<tr>
<td>4. CLDT Nurse (13%)</td>
<td>4. Other (8%)</td>
<td>4. Social Worker (9%)</td>
<td>4. Family (9%)</td>
</tr>
<tr>
<td>5. Acute Nurse (8%)</td>
<td>5. Family (6%)</td>
<td>5. CLDT AHP (9%)</td>
<td>5. Acute AHP (8%)</td>
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<tr>
<td></td>
<td>5. Social Worker (6%)</td>
<td></td>
<td>6. LD Doctor (7%)</td>
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### Discussion Points

- **NHS Borders** – integrated within SW services, strong primary care focus
- **NHS Fife** – LD Doctor strong advocate of service
- **NHS Forth Valley** – relatively new
- **NHS Lothian** – most established and possibly best known by acute nurses
### Activities undertaken by Liaison Nurses

<table>
<thead>
<tr>
<th>Proportion of clients where activity took place</th>
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<tr>
<td>1. Information Sharing</td>
<td>10. Carer Psychological Support</td>
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<tr>
<td>2. Adults with Incapacity</td>
<td>11. Client Education</td>
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<tr>
<td>5. Discharge Planning</td>
<td>14. Accompany to appointment</td>
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<tr>
<td>6. Communication Advice</td>
<td>15. Protection of Vulnerable Adults</td>
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<td></td>
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<tr>
<td>1. Information Sharing</td>
<td>63.1%</td>
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<tr>
<td>2. Adults with Incapacity</td>
<td>41.6%</td>
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<td>3. Risk Management</td>
<td>39.6%</td>
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<td>4. Behaviour Management</td>
<td>36.9%</td>
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<tr>
<td>5. Discharge Planning</td>
<td>36.5%</td>
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<tr>
<td>6. Communication Advice</td>
<td>29.7%</td>
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<tr>
<td>7. Bed Management</td>
<td>24.9%</td>
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<tr>
<td>8. Client Psychological Support</td>
<td>28%</td>
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<tr>
<td>9. Carer Education</td>
<td>27.6%</td>
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### Discussion Points

Direct contact work with clients infrequent

Type of contact varies between nurses and in relation to different clinical conditions

Adults with Incapacity a key issue – need to explore whether this is part of ‘routine care’ or because picking up problems
Role of Liaison Nurse – preliminary findings from Liaison Nurse Interviews

- Emerging Model of Practice - Balance Clinical, Education and Strategic Roles
- Definition of Role
- Factors Influencing Success
- Challenges
- Outcome Measures (as defined by Liaison Nurses)
- Involvement in Specific Initiatives
Emerging Model of Practice

Strategic
- Fatal Accident Inquiries
- NHS QIS Quality Indicators
- Policy and Practice Development

Educational
- Induction Programmes
- Professional Development – across Career Framework
- Medical Staff – CME & GP Sessions

Clinical
- Proactive (Pre-admission)
- Mainly Advisory rather than Direct Care
- Responsive (Emergency)

Discussion Points
Balance changes over time to become more strategic as service becomes more established. Also changes in response to priorities e.g. QIS inspection, FAI reviews
Role

- Promotion access
- Ensuring equity
- Facilitation
- Knowledge Exchange
- Protecting the rights of individuals
- Support for carers to understand the system
- Examining and establishing systems
- Instilling confidence in acute staff

Most of my work seems to be about un-sticking things (Liaison Nurse 6)

And I think they see you as being part of the team because already it’s kind of .. Well I have to keep this person lying flat on his back for the next 24 hours. He’s autistic, he’s got severe challenging behaviour, how do I do that? Let’s phone Mary. (Liaison Nurse 5)

Everything we do is about making sure that people with a learning disability are valued and respected and receive the same healthcare as anybody else. (Liaison Nurse 5)
Challenges

Within Acute Services
- Ownership of PWLD
  - Clinically
  - Strategically
- Liaison Service being seen as the solution
- Staff perception of role as involving more direct work
- Staff thinking doing things well (e.g. consent) when need to be improved
- 4 hour waiting time target impact of patient movements
- Adults with Incapacity – understanding of legislation

This lady came in, went to Ward 23, was moved to 21 that night, was moved to Ward 9 the next day, was moved from Ward 9 to Ward 8, discharged, came straight back in that afternoon. Went to Ward 22, was moved to Ward 8 and when I went back on the Monday morning she was in the Gynae ward. (Liaison Nurse 5)
Challenges

Operational Issues

- Maintaining profile and awareness of service
- Staff turnover (including loss of champions)
- Location
  - Remoteness from hospitals
  - Travel time
  - Access to communication (e.g. email, phones)
- Absence Cover
- Data protection issues impact on setting up effective alerts

Sometimes you think you’ve made an inroad and then the next week they don’t know who you are. .. And I think that’s something that the quicker you get your head round the concept the better … You can sit at your desk with rose-tinted specs on if you like but it is pure hard graft and it’s back and back and back. (Liaison Nurse 6)
Expectation Management

For Acute Staff
- Reassurance that they do have skills and can adapt
- Clarification on role of carers

For Learning Disability Staff
- Championing acute pressures to LD colleagues
- Recognition that PWLD & carers can present additional challenges

There are times you feel so much like piggy in the middle because each, nurses, care providers, both have valid points and you’re stuck there thinking, what do you want me to do? Yeah, I’ll just watch the ping pong going back and forward. (Liaison Nurse 2)

I had to change some of my beliefs, I think, and actually my attitudes as well, because it’s very easy as a community nurse I was constantly saying, oh, those people in hospital – but actually when you went in and saw how difficult their job is you suddenly started to feel slightly guilty about criticising them all the time. (Liaison Nurse 2)
Ways of Working

If you ask for help rather than going in and telling them what you need … you say ‘You know, I’m not really sure what I am looking for here and I wonder if you can help me with this?’ And it definitely pays dividends. (Liaison Nurse 6)

We’re getting there slow but sure in a roundabout sort of way! You’ve got to find a back entrance in everywhere almost … that’s what it feels like sometimes … you think right that’s not going to work so I need to find another way to do the same thing, but through somebody else! (Liaison Nurse 2)
Keys to success

- Positive working relationships with key strategic figures - e.g. in Lothian Chief Nurse Quality and Professional Standards, Patient Liaison Services
- Supportive Line Management/Links with LD Services
- Building on opportunities presented by strategic interest – NHS QIS
- Local knowledge and pre-existing relationships
- Building up and maintaining positive working relationships with key services – e.g. pre-assessment, CAMHS, dental, day surgery
- Positive working relationships with related specialist services e.g. Discharge Liaison, Transition Teams, Specialist Nurses, Pain Team
Outcome Measures

- Achieving the best practical outcome and process for the individual
- Reports of positive experience
- Reducing stress, distress and anxiety for all parties
- Increasing confidence of all parties
- Getting someone back to their own home

I don’t think people expect us to make everything marvellous and change the whole system, but if there’s just somebody there that can maybe make a difference for them. (Liaison Nurse 2)

For me the greatest satisfaction is just somebody thanking you and from their perspective whatever’s happened has been made easier, and to me, that’s stuff you can’t quantify. (Liaison Nurse 4)
Specific Initiatives

- **Policy Development**
  - Delegation Duties; Complaints: Care of Patients with Cognitive Impairment; Bed Management (minimal movement); Anticipatory Care.

- **Clinical Governance**
  - PEAT Audits; AWI Audits; Audit Best Practice Statement; Monthly reporting to Chief Nurses

- **Protocols**
  - Integrated Care Pathway Neurosciences; Palliative Care Checklist

- **Augmented Communication**
  - Accessible information on hospital attendance and palliative care; Symbolised leaflet to support GP appointment; Leaflets promoting Liaison Service

- **Health Promotion**
  - Primary Care Health Needs Assessment; Health Matters Group; Promotion of Learning Disability Week

- **Involvement**
  - Citizen’s Panel

- **Research**
  - Maternity Care Pathway
Future

- Completion of data collection
- Need to understand the perspective of health care professionals, users and carers
- Can LD Liaison Nurses influence the agenda as well as individual patient care?
- Local models of practice
- Embedding of roles
- Recognition of strategic involvement