How can the experience of Urgent and Emergency Care of people with learning disabilities be transformed across the health economy?

Adapted from Urgent and Emergency Report by Kim Manley, Carrie Jackson, Ann Martin, Juliet Apps, Ian Setchfield, Gemma Oliver

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Project Partners:
East Kent Hospitals University NHS Foundation Trust,
SEACamb, NHS Ashford CCG,
NHS Canterbury & Coastal CCG,
NHS South Kent Coast CCG
NHS Thanet CCG
Phase 1 Project Overview

Questions
- How do we solve the current workforce crisis in emergency departments creatively to promote sustainable transformational change?
- What does the workforce of the future look like?

Methods
- Literature Review
- Stakeholder Workshops
- Surveys
- Patient Stories
What we found out about people with Learning Disabilities

- People with learning disabilities and supporters came to stakeholder events, told us stories about their care.

- Learning Disability Nurses told us
  - More likely than other people to be admitted via A&E
  - Kent & Medway in the bottom quarter in UK for Annual Health Checks
2. A whole systems approach to integrated urgent and emergency care
Learning Disability Systems Leadership example

Story 4: Illustrates aspects of systems leadership in action

'During the last two weeks the Community Learning Disability Nurse and I have been in correspondence regarding a person with a severe learning disability and autistic spectrum condition who had recently been discharged from hospital having had a fall and fracture to a Residential Care Home. The Community Nurse contacted me regarding the individual's loss of skills and mobility over the last four months along with disturbances in behaviour which did not appear to be mental health related. On closer review of the records it was noted that the individual had experienced 2 admissions and 3 visits to A&E not quite triggering the Learning Disability Repeated Admission Pathway (www.ekuft.nhs.uk/idra), there was also reference to diagnostics suggesting a malignancy.

We were able to link up the Community Nurse with the Orthopaedic consultant and the GP via email, encouraging coordinated discussion regarding the individual, swiftly discounting the queried diagnosis of cancer, but there remained concerns regarding the behavioural changes and loss of skills.

The individual did not require emergency admission over the weekend, due in part to the collaborative practice across several organisational boundaries and the individual’s care being coordinated effectively.'
General observations

- Whole systems approach
- Better investment in primary, community and social care services
- Better easy to understand signposting for the public to services
The Report recommends 8 key actions:

- **Option 1**: Testing integrated career and competence framework
- **Option 2**: Establish Joint Appointments across integrated partners for systems leaders in a number of key areas at level 8 of the NHS career framework – consultant practitioner including Learning Disabilities.
- **Option 3**: Co-locating General Practitioners (GPs) in the proximity of Minor Injury Units (MIUs),
- **Option 4**: Develop advanced level practitioners and emergency practitioners across all key professions
- **Option 5**: Physicians Associates development
- **Option 6**: Develop support workers in focusing on Hospital at Home and social care in residential homes.
- **Option 7**: Increase number of associate practitioners in areas such as ambulatory care.
- **Option 8**: Develop administrative expertise around urgent and emergency care.