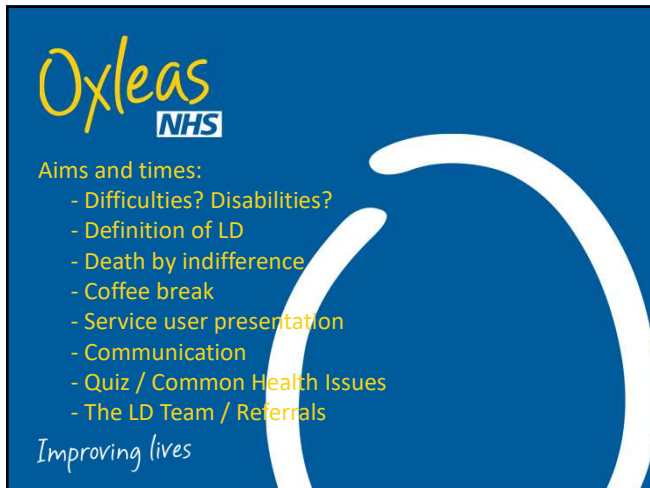
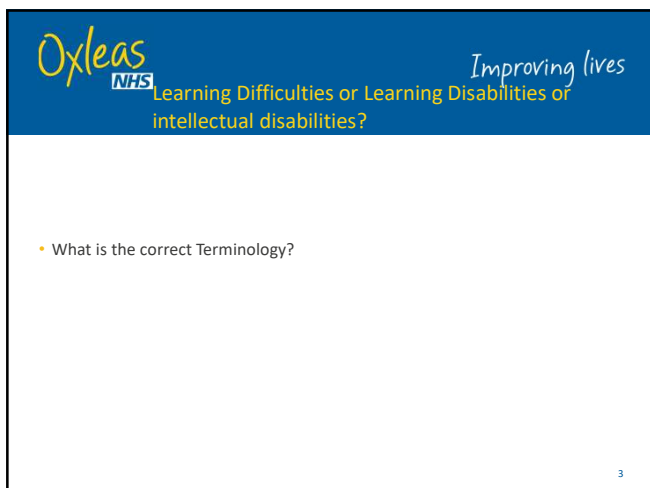




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Learning Difficulties

What are Learning difficulties?

- Learning difficulties affect the way information is learned and then processed.
- They include
 - Dyslexia
 - Mixing up of letters within words and words within sentences
 - Dyspraxia
 - Affects fine or gross motor skills
 - Dyscalculia
 - Difficulties with maths concepts and symbols
 - ADD
 - Attention deficit Disorder
 - ADHD
 - Attention Deficit Hyperactivity Disorder

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Learning Disability:

The Department of Health defines a Learning Disability as including the Presence of:

- A significantly reduced ability to understand new or complex information, or learn new skills (**impaired intelligence**), with;
- A reduced ability to cope independently (**impaired social functioning**);
- Which **started before adulthood (before 18)**, with a lasting effect on development.

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Autism

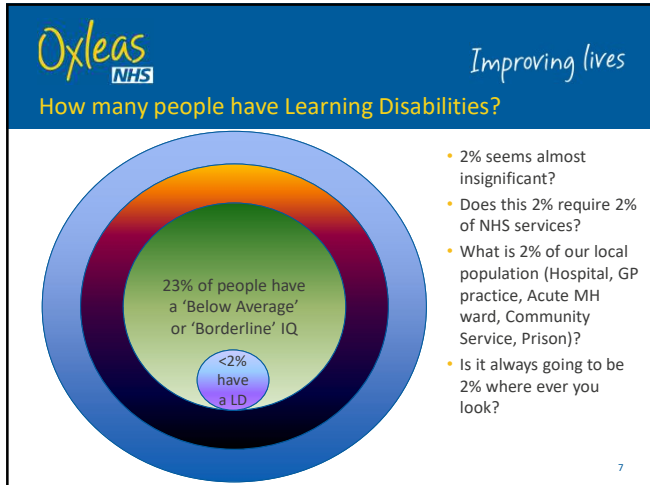
AUTISM SPECTRUM DISORDER

HIGH-FUNCTIONING AUTISM	AUTISM	SEVERE AUTISM
LEVEL 1 Needs support Patient's social and communication skills and repetitive behaviors are only noticeable without support.	LEVEL 2 Needs substantial support Patient's social and communication skills and repetitive behaviors are still obvious to the casual observer, even with support in place.	LEVEL 3 Needs very substantial support Patient's social and communication skills and repetitive behaviors severely impair daily life.

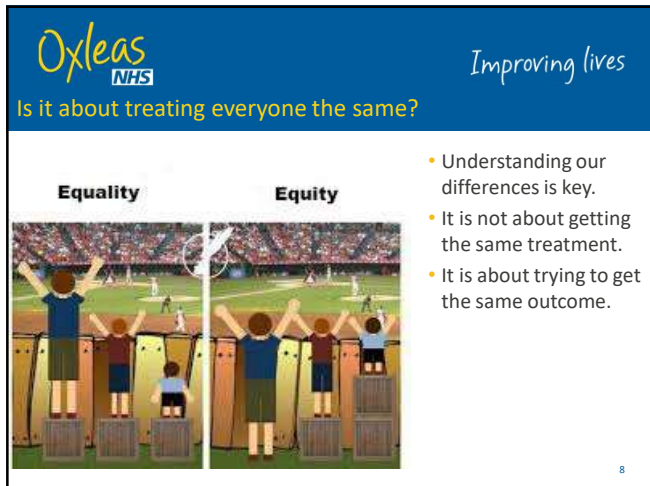
- Where does it fit?
 - Autism sits separately from Learning difficulties and learning disabilities.
 - i.e you can have autism and not have an LD or an LD
 - However the percentage chance of having an LD alongside Autism is much higher than that in the general population.

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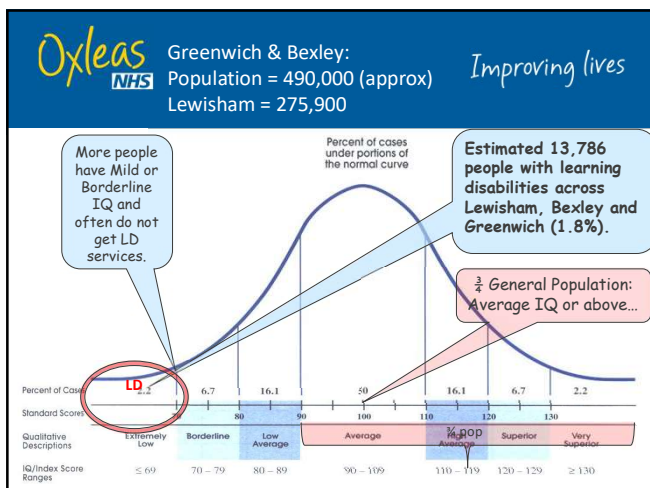
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Specialist LD Health Services see a small fraction of the LD population.

- Ability to cope safely and independently is key – as is who assesses this - you???
- Do you know when/how to refer??

6% of LD Population have Moderate to Severe LD

8,820 with LD in B & G alone.
 About 6% with IQ less than 55 = 529
 8,291 with Mild LD
 204 currently on RIO - Bexley
 318 (Greenwich CLDT, TOPs & Tall Trees).
 1,500 known to B&G local authorities.

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The Vast Majority of People (94%) with LD will only use Mainstream Services:

- This is 94% of 13k+ vulnerable people with LD from Bexley, Greenwich & Lewisham.
- They are more likely to access acute health services than LD Specialist Health Services.

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Causes of Learning Disability

1. Prenatal – chromosome, genetics, toxins Eg. Down's syndrome
2. Perinatal – birth complications, infections Eg. Cerebral Palsy
3. Post natal – infections or trauma Eg. Meningitis, Tumours, Brain Injury
4. Remember – it must have started before adulthood

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Recognising Learning Disability

Learning Disability (LD) Defined:

1. Cognitive Impairment, which reduces the ability to understand new or complex information (IQ<70).
2. Reduced ability to cope independently.
3. The limitation can show in many ways: spoken, written, coordination, attention or self control).
4. The condition is acquired before adulthood.

Possible indicators of the Presence of a Learning Disability (LD):

- ✓ Difficulty in following instructions.
- ✓ Difficulty in processing info.
- ✓ Not able to cope with more than one task at a time. Difficulty in understanding abstract concepts e.g. time, distance, directions. Repetition of phrases in conversation without expanding on content.
- ✓ Confusion about times of appointments.
- ✓ Poor planning & sequencing abilities.

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Small but complex population.....

- Too complicated to accurately illustrate.
- A-Z of syndromes & other conditions not illustrated.
- Massive overlap with other services.

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Differences between LD nursing and MH nursing

- LD nurses need to be very holistic and robust in their approach towards assessment and treatment due to several reasons.
- Communication
 - Often relying more on carers
 - Reliability concerns?
- Capacity
 - More of a prevalent concern rather than just when mentally unwell.
- Often underlying contributory factors which could potentially be missed by client or carers.
 - Diagnostic overshadowing
- Despite differences between disciplines, we all aim to ensure care is person centred and individualised

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The People Using NHS Services:

Death By Indifference (2007)

6 Lives:



- **74 Lives and Counting (2012)**
- 'Lack of Basic Care'
- 'Poor Communication'
- 'Delays in Diagnosis & Treatment'
- 'Failure to recognise pain'
- 'Do not resuscitate orders & MCA'
- 'DB Feb 07 – South East London'
- 'Susan Read Feb 11 – Lewisham'



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Deaths (02 – 06):

Name	Date of death	Hospital/Trust/PCT
Sophie Ham	Jan 02	Poole Hospital NHS Foundation Trust
Kirsty Pearce	Aug 03	Basildon & Thurrock University Hospitals
Mark Cannon	Aug 03	Barking, Havering and Redbridge Hospitals NHS Trust
Lisa Sharpe	Feb 04	Basildon & Thurrock University Hospitals
Barbara Thomas	May 04	Queen Alexandra Hospital, Southampton
Ted Hughes	May 04	Buckinghamshire Hospitals NHS Trust
Tom Wakefield	May 04	Gloucestershire Partnership NHS Foundation Trust
Emma Kemp	Jul 04	Royal Berkshire NHS Foundation Trust
Warren Cox	Sep 04	East Sussex Hospitals NHS Trust
Daisy Healy	Oct 05	Kettering Hospital
Martin Ryan	Dec 05	Kingston Hospital NHS Trust
Chantel Edwell	May 06	Bedford Hospital
Carole Foster	Oct 06	Fairfield Hospital
Kyle Flack	Oct 06	Basildon & Thurrock University Hospitals
M A R	Oct 06	Hospital – Surrey

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Deaths (07 -08):


Name	Date of death	Hospital/Trust/PCT
A B	Jan 07	Hospital – Chafford
A B	Feb 07	Hospital – South East London
Betty Dennis	Apr 07	North Middlesex Hospital
Maria Manitar	Apr 07	Barnet Hospital
Barbara Dyson	Nov 07	Royal Hallamshire, Sheffield
Christian Harrison	Feb 08	Queen Elizabeth II Hospital, Margate
L H	Feb 08	Hospital – Avon
T B	Feb 08	Hospital – Essex
Karen Mansbridge	Jun 08	Royal Berkshire NHS Foundation Trust
L R	Nov 08	Hospital – Southampton

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Deaths (09 – 11):		
Name	Date of death	Hospital/Trust/PCT
Clive Sanders	Jan 09	Royal Berkshire NHS Foundation Trust
Paul Ridd	Jan 09	Morrison Hospital
Tina Papalabropoulos	Jan 09	Basildon & Thurrock University Hospitals
Brian Nicholls	Feb 09	Royal Berkshire NHS Foundation Trust
Christopher Peters	Feb 09	Aintree University Hospital
E M C	May 09	Hospital – South West
G G	May 09	Hospital – East London
Ronnie Eaton	May 09	Central Manchester University Hospitals Foundation NHS Trust
Kelly Doherty	Jun 09	Newham University Hospital
E D	Sep 09	Royal Free Hampstead NHS Trust
E L	Sep 09	Hospital – Gloucestershire
David Ingleby	Oct 09	University Hospitals Birmingham NHS Trust
Michael Cosgrove	Nov 09	Kettering Hospital
Alan MacDonell	Feb 10	Multiple hospitals – South East

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Deaths (10 – 11):		
Name	Date of death	Hospital/Trust/PCT
Sandra Baker	May 10	Southampton General Hospital
Anne Clifford	Jul 10	Croydon University Hospital
Nicholas Garside	Aug 10	UHCW Coventry & Warwick
B M	Dec 10	William Harvey Hospital
David Tait	Dec 10	Royal Berkshire NHS Foundation Trust
A G	Jan 11	Hospital – Greater Manchester
Sammy Roberts	Jan 11	Multiple health providers –
Susan Read	Feb 11	Lewisham Hospital
Noel Tomlinson	Mar 11	Hull Royal Infirmary
Raj Vohra	Mar 11	West Middlesex Hospital
F C	Jul 11	Hospital – Birmingham
M Q	Oct 11	Hospital – London
Jasseke Van Dok	Nov 11	North East Essex PCT

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Emma's Story:


Emma died of cancer on 25 July 2004, aged just 26. She had a severe learning disability, which meant that she sometimes exhibited challenging behaviour and had difficulty in communicating how she felt. The hospital delayed treating her because they said she would not co-operate with treatment and therefore could not consent to treatment.

Emma's family has complained to the hospital and subsequently to the Healthcare Commission.

Death by indifference

Following up the *Treat me right!* report

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Emma's Story:


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Emma's mother first took her to her GP because Emma had not eaten for eight days. Her GP suggested it might be a virus. Her mother was not satisfied, as Emma was very unwell and still not eating. She decided to find another GP.


A month later, Emma was admitted to a surgical ward at the hospital with a swelling in her groin. She had an X-ray, and a scan culminating in a biopsy. While she was in hospital, Emma was distressed and in pain. She was not eating and couldn't take a painkiller orally. The hospital found Emma's behaviour very difficult to manage. Emma was discharged from the hospital on the grounds that there was nothing more they could do for her. She was sent home without any help to control her pain.

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Emma's Story:




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Eleven days later Emma and her mother went back to the hospital to get the results of the biopsy. They were told that Emma had Lymphoma B1 type cancer and that, with treatment, she had a 50:50 chance of survival. But the doctors decided not to treat her, saying that she would not co-operate with the treatment. Emma and her mother were sent home with no advice about Emma's care needs and still no way of dealing with her pain.

Emma was back in hospital again five days later, as by this time she had stopped drinking. Again, the doctor wanted to discharge her. Her mother refused to take her home. Emma received no treatment at the hospital for two more days, with the doctors again saying they could not treat her as she was unable to consent. So her mother instructed a solicitor to serve notice on the doctors to start treatment for pain relief by 9am the following day. Treatment did not start, so the solicitor started an action in the High Court and the hospital finally agreed to treat Emma.

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Emma's Story:

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A second medical opinion was sought and this doctor said that as the cancer had advanced she now had only a 10% chance of survival with treatment. It was decided that palliative care was now the only course of action to take.

A few days later Emma was moved to a hospice where she received excellent care for about a month. She started drinking again and her pain was well controlled until she died.

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Mencap's Questions:

The questions we want answered...


- If Emma had been diagnosed earlier and treatment started immediately, would her death have been avoidable?
- What assessment was made by doctors to show that treatment was not in Emma's best interests?
- What possible explanation can there be for failing to offer Emma pain relief?
- What training had hospital staff received to help them manage patients who do not co-operate well with treatment?

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Confidential Inquiry into Premature Deaths....

Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD)
Final report



- Reviewed the deaths of 247 people with learning disabilities.
- Findings include:
 - 43% of the deaths were unexpected.
 - Fewer deaths were reported to the coroner Vs general population (38% Vs 46%).
 - Men with LD died 13 years younger on average than the general population.
 - Women with LD were found to be dying 20 years younger.
 - 22% were under the age of 50.

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GMC E-Learning For Learning Disability

- The GMC have recognised the need for improved training and awareness in this area.
- There is a useful interactive training session on line:
- <http://www.gmc-uk.org/learningdisabilities/>
- Please use this as a means of reflection on the needs of potential patients with learning disabilities.

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How LD, MH and physical health is all connected

- People with Learning Disabilities are much more predisposed to a variety of physical and mental health conditions.
- Such as?

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HEALTH QUIZ!

Training often focuses on the pattern of ill-health in the general population.
For some populations, there are differences in health need and health outcome.
So.... what are these differences?

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People with LD are ??? times more likely to die before the age of 50:

7	19	52	73
21.6	46	9	22
4	100	58	10.3

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15% - 17% of the general population die of respiratory diseases. What is the percentage range in people with learning disabilities?

7	19	52	73
21.6	46	9	22
4	100	58	10.3

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1% of the general population have epilepsy. What % of people with LD have epilepsy?

7	19	52	73
21.6	46	9	22
4	100	58	10.3

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You are (??) times more likely to die from something that could have been avoided if you have a learning disability?

7	19	52	73
21.6	46	9	22
4	100	58	10.3

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The % of people with dementia (65+) is 5.7% (Gen pop). What is the percentage for adults (65+) with LD?

7	19	52	73
21.6	46	9	22
4	100	58	10.3

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In the general population 77% of women have cervical smear tests, for women with learning disabilities the percentage is?

7	19	52	73
21.6	46	9	22
4	100	58	10.3


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26% of people with LD are admitted to general hospitals each year compared to 14% of the general population




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Hospital Passports....












His Hospital Passport document was done by the staff so this went with him when he moved from place to place and whenever he went into hospital it went with him and 9 times out of 10 the nurses always said, 'What a wonderful document to have.' And I would say, 'Well, doesn't everybody?' 'No. It's fantastic.'

Sister of person with learning disabilities
CIPOLD – March 2013

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LEDER / LD Liaison

- As a result of the death by indifference and CIPOLD findings, regarding avoidable deaths of people with learning Disabilities, the LEDER programme was developed.
- Developed by The university of Bristol and NHS England, LEDER reviews all deaths of people with Learning disabilities to ensure that all possible lessons are learnt and acted upon.
- This is for both children and adults.
- One of the findings of this has been the value of having an LD Liaison nurse within mainstream hospitals
 - TRY TO FIND YOURS!

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LD - Stigma

- People with Learning Disabilities are often exposed to varying types of prejudice.
 - Not only from the general public but also from services themselves.
 - Such as?
- People with LD can't work.
- People with LD lack capacity.
- People with LD are all from poor backgrounds.
- People with LD need to be constantly looked after / cannot be independent.
- People with LD cannot (or should not) be in relationships / have children.
- People with LD never drink or do drugs.
- Among many others

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The Community Learning Disability Team

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- The CLDT is a multi disciplinary team consisting of:
 - Occupational Therapy
 - Speech and Language Therapy
 - Physiotherapy
 - Psychology
 - Psychiatry
 - Nursing
 - Transition
 - Mental Health
 - Complex Physical Health

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Referrals

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- Referrals often come from a variety of sources.
 - Social services
 - GP's
 - Health care professionals
 - Parents
 - Families
 - Professional Carers
 - Client's themselves
 - Additional services supporting clients (i.e. MENCAP, Advocacy)

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Referral Process

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- CLDT can be contacted via phone or E-Mail
- Details for your area will be on the Ox or Oxleas public website.
- You will need to complete a referral form
- The referral will be discussed with the Multi Professional Team to ascertain whether we would be the right service for the client.
- But remember our eligibility criteria:
 - Must have an LD (Moderate to severe or Mild with additional complexities)
 - Must have a Health need!

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- Any Questions?

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