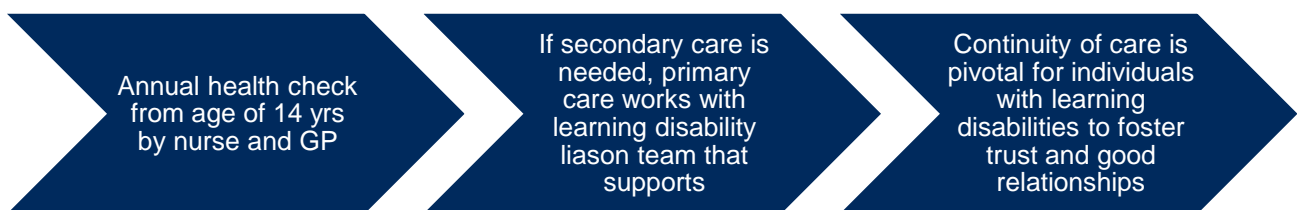


Person-centred care

PATIENT PATHWAYS: INDIVIDUALS WITH LEARNING DISABILITIES



WHAT ARE THE CURRENT PATHWAYS?

Individuals with learning disabilities have an annual health check from the age of 14 years. The health checks are done by both the practice nurse and GP. This combination of skill sets fosters a holistic assessment.

If an individual with learning disabilities requires secondary care, primary care can highlight this so reasonable adjustments can be made. There is a learning disability liaison team that can help facilitate appropriate care.

Continuity of care is pivotal to the care of individuals with learning disabilities to enable the development of trust and to foster good relationships.

WHAT ARE THE CHALLENGES OF THE CURRENT PATHWAYS?

The main challenge is providing continuity of care, in particular with the allocation of a particular professional(s).

Patients with learning disabilities can be made vulnerable due to lack of communication between primary and secondary care.

There can be issues around GPs understanding the mental capacity act and the implications for patients with learning disabilities.

WHAT WOULD A MORE PERSON-CENTRED PATHWAY LOOK LIKE?

- There would be greater liaison with the community and good relationships between primary care and the individual's carers.
- The individual will develop relationships with allocated health professionals with whom they will interact whenever possible.
- Care will be proactive rather than reactive with joined-up care for other long-term conditions.



WHAT ARE YOUR TOP TIPS FOR MAKING THIS PATHWAY MORE PERSON-CENTRED?

1. Develop a patient passport so that health professionals can understand what the individual is like when they are well. What are their interests and behaviour like? What is their social network?
2. Ensure that individuals do not find access more difficult with increased digitalisation.
3. Emphasis on ensuring continuity of care with designated health professionals who are responsible for care.
4. Ensure good communication with secondary care when patient transferred to ensure reasonable adjustments made.