**Benchmarks of Best Practice Primary Care Liaison Service**

*(2018)*

**Introduction**

 The Primary Care Liaison Service consists of a team of specialist learning disability nurses commissioned by Surrey’s Clinical Commissioning Groups (CCGs) to help adults with a learning disability access primary care services. The Primary Care Nurses work closely with GPs and other primary care services across Surrey and North East Hampshire. They also work closely with people who have a learning disability, their carers, and their families with the aims to improve health outcomes and reduce health inequalities for people who have a learning disability.

This document contains benchmarks of best practice with regards to the Primary Care Liaison Service. Each factor contains a patient-focused benchmark of **best practice** which can be seen on the far right of the continuum. It also contains a continuum between poor practice and best practice for that particular benchmark, guiding the service towards best practice. The factors also consist of several indicators which can be implemented to support the attainment of best practice by the service. The best practice benchmark factors can be seen below:

**Best Practice Benchmarking Factors**

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***Factor 1:***

**Improving Access to Mainstream Services**

**BEST PRACTICE**

*People with learning disabilities who are more likely to experience concurring health issues have wide access to mainstream health services.*

POOR PRACTICE

*People with learning disabilities have little or no access to mainstream health services.*

*Indicators of Best Practice*

The following indicators support best practice for improving access to mainstream services for people with learning disabilities, and show how this factor can be implemented:

1. Rapport building with mainstream services.
	* Keep in regular contact with GP practices and lead contacts, including face-to-face support and presence in practices or primary care hubs.
	* Raise awareness of the increased health needs of people with learning disabilities.
	* Challenge and reduce incidence of inequality and discriminatory practice.
	* Attend local CCG interface meetings.
	* Provide appropriate bespoke learning disability awareness training to primary/ acute or specialist services.
	* Lead by example in relation to working with individuals with learning disabilities.
2. Provision of resources.
	* Encourage the use of accessible information leaflets and appointment letters for people with learning disabilities.
	* Distribute information to practices explaining the role of the primary care liaison nurse and encourage contact if any questions are raised.
	* Distribute information to learning disability services to clarify role.
	* Create and distribute resources depending on local health themes.
3. Reasonable adjustments.
	* Endorse reasonable adjustments for people with learning disabilities, making it easier for them to attend appointments at their practice/ outpatient appointments;
		1. E.g. longer appointments, separate/quiet waiting rooms, home visits etc.
* Educate clinicians on reasonable adjustments and legal requirements.
* Promote that an annual health check and health action plan is a form of reasonable adjustment.
1. Improve accurate identification of people with learning disabilities.
	* Assist GP practice staff to validate their QOF registers and encourage regular review.
	* Educate GP practice staff on correct code implementation for the clinical recording system that they use, including the removal of codes.
	* Educate GP practice staff on indicators of learning disabilities and support to identify appropriate teams to support for individuals.
2. Work alongside people with learning disabilities to reduce any anxieties they may have about attending primary care appointments.
	* Assist primary care staff to prepare people with learning disabilities for medical appointments by making them aware of what will be happening.
		1. Use pictures and easy-read resources if necessary.
	* Ensure that the person with learning disabilities is aware of the reasonable adjustments that could be made for them.
	* Support people with learning disabilities to address any conflict or miscommunication they may have with their GP practice.
	* Support individuals with learning disabilities to understand their own health, therefore improving access.

***Factor 2:***

**Supporting Throughout Care Pathway**

**BEST PRACTICE**

*People with learning disabilities are fully supported throughout their entire primary care pathway, and beyond if necessary.*

POOR PRACTICE

*People with learning disabilities are offered no support or guidance during their time in primary care.*

*Indicators of Best Practice*

The following indicators support best practice for supporting people with learning disabilities throughout their entire primary care pathway, and show how this factor can be implemented:

1. Gather information regarding the care and treatment of the person who has been referred to the Primary Care Liaison Service.
	* Contact the person who has made the referral to enhance understanding of the needs of the individual.
	* Using nursing process and assessment contact anyone else who may have further information regarding the person with learning disabilities who has been referred.
	* Where appropriate, speak to the person who has been referred to the service.
	* All direct contact with people with learning disabilities to be recorded on the system one notes.
2. Create a care plan for the individual.
	* Create a person-centred care plan focusing on the specific health need that they have been referred to the service for.
3. Ensure that the care plan is implemented.
	* Offer guidance and advice to carers and families.
	* Offer guidance and advice to the individuals’ GP practice to ensure that they are able to meet the requirements of the care plan.
		1. Encourage the use of individual risk assessments and advise on appropriate measures to be taken to reduce any risks.
		2. Discuss the importance of reasonable adjustments.
		3. Provide appropriate learning disability specific training if necessary, depending on requirement.
4. Offer the use of the Flag/Alert for the individual with learning disabilities.
	* If not used already, the Flag/Alert can promote person-specific reasonable adjustments for future primary care involvement.
	* Discuss with the individual with learning disabilities and their families/carers the benefits of being a part of the flagging system.
	* Administer appropriate flagging paperwork (“*Extra Support at your GP Practice”*) if the person agrees to be a part of the flagging process.
	* Ensure that the person with learning disabilities is specifically coded with ‘learning disability code.’
5. Discharge the individual from the Primary Care Liaison Service when appropriate.
	* Ensure that a list of recommendations is completed and administered to the appropriate parties.
6. Provide follow-up advice/support if appropriate.
	* For example signposting to additional services if necessary.
	* Ensure person with learning disabilities and their supporters are aware that they can be re-referred at any time.

***Factor 3:***

**Training, Support and Advice for GP Practices**

POOR PRACTICE

*GP practices are not provided with any guidance, training or support with regards to people with learning disabilities.*

**BEST PRACTICE**

*GP practices are offered advice, training and support from the primary care liaison nurses with regards to people with learning disabilities.*

*Indicators of Best Practice*

The following indicators support best practice for providing training, support and advice to GP practices with regards to people with learning disabilities, and show how this factor can be implemented:

1. Provide Learning Disability Awareness training to improve the relationship between the person with learning disabilities, their GP and their GP practice staff.
	* Enhance knowledge, skills and attitudes of GP practice staff in relation to addressing the needs of people with learning disabilities (e.g. health needs, capacity and consent, communication, advocacy, best interest, safeguarding etc.)
	* Raise confidence for GP practice staff in working with people with learning disabilities.
	* Cover topics such as communication, challenging behaviour, autism, epilepsy, dignity and respect, mental health, LeDer, constipation, hot topics. etc., using ‘skills for health’ guidance
	* Provide GP practices with Learning Disability Recourse Packs to assist GPs in working with people with learning disabilities and thus improving relationships.
2. Advise GP practices on statutory requirements with regards to people with learning disabilities and their application.
	* For example the Mental Capacity Act, Deprivation of Liberty Safeguards, Reasonable Adjustments and Safeguarding etc.
3. Support GP practices to complete Annual Health Checks and create person-centred Health Action Plans.
	* Provide evidence-based information and reports to GP practices that support the need for Annual Health Checks.
		1. For example *“Death by Indifference”* (Mencap, 2007), *“Healthcare for All”* (Sir Johnathan Michael, 2008) and *“Confidential Inquiry into premature deaths of people with learning disabilities”* (CIPLOD Team, 2013).
	* Attend annual health checks initially if requested to support complex cases as an education tool for the clinician.
	* Discuss the benefits of signing up to the Enhanced Service Register for the GP practices themselves, as well as for the people with learning disabilities registered with them.
		1. Provide Enhanced Service Training to GP practices.
		2. Promote the completion of Annual Health Checks and the use of the new NHS England Annual Health Check template (*“National Electronic Health Check (Learning Disabilities) – Clinical Template”* (NHS England, 2017)) once practices are signed up to the Enhanced Service.
4. Support GP practices to complete Annual Health Checks and create person-centred Health Action Plans.
* Practice presence to upskill mainstream staff.
* Sections within enhanced service training package provide case study and practical skills.
* Guest speakers attend enhanced service training.

***Factor 4:***

**Health Maintenance**

POOR PRACTICE

*People with learning disabilities and their carers are not supported to maintain their own health.*

**BEST PRACTICE**

*People with learning disabilities and their carers are fully supported in ensuring the maintenance of their own health.*

*Indicators of Best Practice*

The following indicators support best practice for helping people with learning disabilities and their carers to maintain their own health. This would prevent people entering primary and/or acute care. The below indicators show how this factor can be implemented:

1. Rapport building with people with learning disabilities.
	* Assist the person in taking charge of their own health needs.
	* Increase independence and confidence in taking care of self.
	* Assist in accessing health promotion information/services for people with learning disabilities, as well as appropriate mainstream services.
	* Increase awareness of the eligibility of Annual Health Checks and Health Action Plans.
	* Face to face contact with individuals to support with maintaining own health.
2. Provision of resources.
	* Directly provide people with learning disabilities with accessible information on how to maintain a healthy lifestyle (e.g. healthy eating, staying active, the health risks of smoking etc.)
	* Signpost to national resources that would benefit the person with learning disabilities health.
3. Work with service providers/carers/families.
	* Advertise Primary Care Liaison role and distribute contact information.
		1. Encourage contact with any relevant queries.
	* Increase awareness of Annual Health Checks for people with learning disabilities.
	* Encourage involvement in Health Action Plans.
	* Assist service providers/carers/families to help people with learning disabilities maintain their health needs in their own homes.
		1. Promote health and well-being by providing information on how to maintain a healthy lifestyle.

***Factor 5:***

**Multi-Agency Engagement**

POOR PRACTICE

*Primary Care Liaison Nurses do not involve other people when working with people with learning disabilities.*

**BEST PRACTICE**

*Primary Care Liaison Nurses work jointly with other services/clinicians to ensure the best possible outcomes for people with learning disabilities.*

*Indicators of Best Practice*

The following indicators support best practice for multi-agency engagement within primary care with regards to people with learning disabilities, with the below showing how this factor can be implemented:

1. Work within GP practices.
	* Ensure that practice staff are involving the person with learning disabilities in any medical decisions made about them using relevant legislation/ laws.
2. Acquire information from service providers/carers/families.
	* Encourage their inclusion in the creation of Health Action Plans by GP’s.
	* Use learning from LeDeR themes when working with individuals and their supporters.
3. Promote the involvement of the person with learning disabilities in all stages of their health care.
4. Facilitate communication between organisations to ensure that people with learning disabilities receive the best health care as possible in an efficient manner.
	* Keep the individual and their families/carers informed of any health care developments.
5. Work closely with the Acute Care Liaison Service.
	* This would ensure a smooth transition between GP services and hospital admission/treatment.
		1. Notify the Acute Care Liaison Service of any potential admissions of people with learning disabilities into hospital, or any out-patient appointments.
		2. Share information regarding the individual with learning disabilities and work together to create one integrated care plan for that person.
		3. Regularly maintain contact with the Acute Care Liaison Service and offer support whenever necessary.
		4. Be a part of discharge planning meetings and promote the use of the Primary Care Liaison Service post-discharge.
		5. Ensure that the Primary Care Liaison Service is promoted to the person with learning disabilities, their families/carers and service providers before the individual leaves hospital.
6. Operate alongside local Community Team for People with Learning Disabilities (CTPLD).
	* Integrate into CTPLD by being based in their offices and attending their business meetings when appropriate.
	* Encourage referrals to the Liaison Service to streamline workload.
	* Ensure GP practices, service providers, people with learning disabilities, carers and families are aware of the role of the CTPLD.
	* Use feedback from physical health check screen carried out by CTPLD to support practices to increase the numbers of annual health checks they complete and additionally support individuals to access annual health checks.
	* Support CTPLD to streamline referrals by discussing CTPLD within GP practice training packages.
		1. Explain how to refer to the CTPLD and hand out referral forms when necessary.
		2. Discuss specific cases and whether a referral to the CTPLD may be appropriate to improve understanding.
		3. CTPLD to refer practices to primary care liaison service when inappropriate referral has been received so that learning disability education can be offered.
7. Signpost people with learning disabilities to alternative services as required.
	* Make sure that GPs are made aware of alternative services for people with learning disabilities (including mainstream services) that they can signpost people to.
		1. Advertise available services to GP practices during training.

***Factor 6:***

**Advocacy**

POOR PRACTICE

*People with learning disabilities have no one to act as an advocate for them when they are unable to do so.*

**BEST PRACTICE**

*The Primary Care Liaison Nurses act as advocates for people with learning disabilities to raise awareness of any inequalities that may occur in a primary care setting.*

*Indicators of Best Practice*

The following indicators support best practice for acting as an advocate for people with learning disabilities:

1. Attend broader health meetings to promote learning disability awareness.
	* For example, Partnership Board Meetings, Valuing People Groups, breast screening working group etc.
	* Ensure to explain the inequalities in health care that people with learning disabilities have to face.
	* Promote the Primary Care Liaison Service and offer assistance wherever needed.
	* Bring to meetings for discussion any points raised by people with learning disabilities and/or their families/carers.
2. Offer training/educational information to assist primary care services in better understanding the varying needs of people with learning disabilities.
* Include people with learning disabilities in training sessions to give service user perspectives.
1. Attend internal and external events to promote the service and educate as many people as possible with regards to learning disabilities.
2. Encourage involvement in Learning Disability Week to raise learning disability awareness.
	* Promote involvement as much as possible to GP practices, and also invite members of the community to attend any awareness events.

***Factor 7:***

**Service Evaluation**

POOR PRACTICE

*The Primary Care Liaison Service does not take into account any feedback they receive from people who use their service.*

**BEST PRACTICE**

*The Primary Care Liaison Service is constantly being evaluated by the people they support to ensure service enhancement.*

*Indicators of Best Practice*

The following indicators support best practice for the evaluation of the Primary Care Liaison Service:

1. Gain feedback from people with learning disabilities who have used the service.
	* Supply evaluation forms in accessible formats
	* Encourage use of ‘your views matters’ on iPhone and in paper format.
	* Provide evidence of how this information will inform services.
2. Attain feedback from GP practices regarding the assistance of their Primary Care Liaison Nurse.
	* Evaluate the service through questionnaire feedback via the post, telephone contact, email etc.
3. Ask for feedback from service providers/carers/families that use/have used the Primary Care Liaison Service.
	* Evaluate the service through questionnaire feedback via the post, telephone contact etc.
4. Evaluate the service taking into account the views of people who have used/are using the service.
	* Work to constantly improve the service that is provide to people with learning disabilities, their service providers/carers/families, and the GP practices that they attend.
	* Be transparent about what service does and why, be open to challenge.
	* Record appropriate information for quality standards as required by clinical commissioning group.
5. Ensure that any complaints are dealt with in a professional manner.
	* Inform manager of any direct complaints as soon as possible.
	* Log compliments and complaints using Trust/ hospital recording systems.
	* Follow the local complaints process (e.g. through the Patient Advice and Liaison Service (PALS)).
	* Ensure that any complaints/ compliments are dealt with in a professional manner.
6. Conduct peer reviews as a form of service evaluation.
	* This could involve staff in similar roles based elsewhere in the Trust, or staff from other trusts with the same job role.
	* Use the peer review feedback to assist in enhancing the Primary Care Liaison Service.
	* Involve people with learning disabilities in this process.
	* Share the learning from this in appropriate forums.