Hertfordshire - Stepping Up to Successful Blood Taking for People with a Learning Disability - Reducing Avoidable Delays in Diagnosis

**THE GP PRACTICE - Use Step One Form Below**

Patient requires bloods but is refusing without fully understanding the risks of possible undiagnosed and treated health conditions.

At Practice level:

* Check if they have a blood reluctance page in their Purple Folder that shows what has and hasn’t worked historically?

**IF NOT**– establish what has previously tried and what has previously been successful, if anything?

* Are there reasonable adjustments that the practice can make?
* Are there reasonable adjustments that the practice can request Phlebotomy make?
* Remember in requests to make it clear that this is requested as a Best Interest decision.

**IF YES** – Excellent! Bloods achieved - Make Sure the successful reasonable adjustments are flagged in their notes and also recorded on a Blood reluctance page in their Purple Folder

**IF NO** – there are no reasonable adjustment that can lead to successful bloods by the practice or Phlebotomy – then its time to **STEP UP** to **STEP 2**

**REMEMBER TO ALSO ENSURE STEPS ARE TAKEN FOR OPPORTUNISTIC BLOODS**

STEP 1

STEP 2

**The Community Learning Disability Nurses**

GP Makes a referral to community LD nursing **by completing step 1** on the blood pathway decision form below.

This helps the nurse triage according to risks of delays.

The nurse will assess in more depth with the person and those that support them whether there are any additional reasonable adjustment / creative approaches and desensitisation methods that could be used and will link with the relevant practitioner [practice nurse / phlebotomist] to help these be attempted.

The Learning Disability Nurses **BRIDGE** the health inequality gap and supports clinicians with overcoming barriers. They are not able to FILL the gap by carrying out the bloods.

If The urgency of bloods is too great or the CLDN assesses that there are no additional approaches to be tried at local level, they will link back with the referring GP to revisit the blood pathway decision and establish if the risk of not having the bloods makes it in the persons best interest to **STEP UP** to **STEP 3**

STEP 3

**Steps Beyond Reasonable Adjustments – Proposed secondary commissioned service by Specialist Dental Service**

The CLDN liaises with Step 3 team using the blood pathway decision tool who use their clinical and LD communication skills to use least restrictive pathway of sedation to achieving bloods.

• Using VR meditation

• Multisensory tools

• Inhalation sedation

• Oral sedation

• General anaesthetic

**STEP ONE**

The Surgery and People who know the person well work together making Reasonable Adjustments

To be Complete by GP / Clinician Requesting Support with overcoming barriers to Bloods being taken

|  |  |
| --- | --- |
| **Name** |  |
| **DOB** |  |
| **Address** |  |
| **NHS Number** |  |

|  |  |
| --- | --- |
| What Bloods are required? |  |
| What health conditions are being considered in taking these bloods? |  |
| How Urgently are these required?  **(weigh up the risk to the persons health if this isn’t achieved in a specific timeframe)** |  |

|  |  |
| --- | --- |
| Do they have the mental capacity to weigh up the risks to their health if they do not have the blood tests?  **(Please detail what you know / have observed of their level of understanding relating to this] If appropriate have to asked the people who support them to take time at home communicating what is needed and why? )** |  |
| What has been attempted by the surgery to date?  **(Using reasonable adjustments and the support and expertise of people who know them well, to overcome the barriers to accepting blood tests.)** |  |
| Is the person aware of this referral? |  |

**Send to relevant ACS Team for attention of CLDNs.**

**MAKE SURE YOU HAVE RECORDED AND FLAGGED ON THE SYSTEM AND IN THE PERSONS PURPLE FOLDER THE EXACT BLOODS YOU WOULD LIKE TAKEN OPPORTUNISTICALLY SHOULD THE PERSON REQUIRE SEDATION / GA IN OTHER HEALTH SETTINGS. ENSURE THOSETHAT SUPPORT THEM ARE AWARE OF THIS. THERE IS A BLOOD RELUCTANCE PURPLE FOLDER PAGE**

**STEP TWO**

To be completed by Learning Disability Nurse - Supporting any additional reasonable adjustments or desensitisation that may not have been tried.

|  |  |
| --- | --- |
| **Revisit and clarify -** Do they have the **mental capacity** to weigh up the risks to their health if they do not have these specific blood tests? |  |
| **Revisit and Clarify –** what **reasonable adjustments** have been tried, what has not yet been tried and what do key people in their life think is best next steps to successful bloods. And chose route A or B |  |

**A - IF THE LEARNING DISABILITY NURSE ASSESSES THAT THERE ARE FURTHER REASONABLE ADJUSTMENTS OR DESSENSITISATIONS TO BE ATTEMPTED**

|  |  |
| --- | --- |
| **Action Plan**  Detail any next LD nursing steps to attempt using reasonable adjustments, GP or Phlebotomy services, support from the people who know them. [consider VR hypnosis goggles] |  |
| **Timeframe of Action Plan –** Date notified to GP and GP agreement this is still within safe timeframe. |  |
| **Outcome –**  Detail the reasonable adjustments that were successful  and   1. request these are flagged on patient records [note date done] 2. record on a Reluctance for Bloods Page in their Purple Folder [note date done] |  |

**B - IF THE LEARNING DISABILITY NURSE ASSESSES THAT THE NEXT STEP IS STEPS BEYOND REASONABLE ADJUSTMENT**

|  |  |
| --- | --- |
| **Action Plan** state why it is unsafe / inappropriate to attempt further reasonable adjustments and detail next level of least restrictive approaches that should be considered by the GP [e.g. VR hypnosis, sedation, GA within secondary health setting |  |
| **Timeframe of Action Plan – IF GP wishes to Proceed -** Date notified to GP and GP agreement that the risks of NOT having the blood test outweigh the risks associated with sedation and approval to seek further clinical help to attempt bloods using sedation.  **go to STEP 3** |  |
| **Action Plan – IF GP feels the Risk of sedation outweighs the risk of NOT having the blood test and potential delays in diagnosis.**  **Request from GP details of signs and symptoms to report back that may indicate this needs reviewing again.**   1. Ensure this is recorded in their Purple Folder and blood reluctance page completed. 2. Ensure it is on their care plan / people who support them are aware. |  |

**MAKE SURE YOU HAVE REQUESTED and RECORDED IN THE PERSONS PURPLE FOLDER THE EXACT BLOODS THE GP WOULD LIKE TAKEN OPPORTUNISTICALLY SHOULD THE PERSON REQUIRE SEDATION / GA IN OTHER HEALTH SETTINGS.**

**STEP THREE**

**STEPS BEYOND REASONABLE ADJUSTMENTS –** CLDNs link with below people - There is no clear Pathway at present but using the passion and skills of HTC leads, HCT Specialist Dental, HCC Acute Liaison Lead nurse, Miranda Wellington and HCC Primary and Secondary LD strategic lead nurses, Hilary Gardener and Louise Jenkins we will support on a case by case situation until a clear pathway is developed**.**

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| **Action Plan**  Who doing what, time frame and who is responsible.  **Outcome**   1. Ensure this is recorded in their Purple Folder and blood reluctance page completed. 2. Ensure it is on their care plan / people who support them are aware. |  |

EVEN IF BLOODS WERE SUCCESSFUL, IT IS STILL IMPORTANT TO MAKE SURE YOU HAVE RECORDED IN THE PERSONS PURPLE FOLDER THE EXACT BLOODS THE GP WOULD LIKE TAKEN OPPORTUNISTICALLY AT ANY POINT IN THE FUTURE, SHOULD THE PERSON REQUIRE SEDATION / GA IN OTHER HEALTH SETTINGS.