



Public Health  
England

Protecting and improving the nation's health

# Reducing hospital admissions for people with learning disabilities

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# Webinar ground rules

- the host will introduce the presenter
- please mute your microphone throughout the webinar
- email questions to [LDT@phe.gov.uk](mailto:LDT@phe.gov.uk)
- the host will select questions to ask the presenter during the question session
- we remain online to answer questions for 15 minutes after the webinar
- if we are unable to answer all of your questions, email [LDT@phe.gov.uk](mailto:LDT@phe.gov.uk)
- slides are presented as overview, not in depth explanation

# Study design

- study used a General Practice research database (The Clinical Practice Research Datalink), linked to hospital admission statistics, covering roughly 5% of the population of England.
- compared population on GP practice learning disabilities registers (or with other obvious diagnoses), with everyone else.
- questions:
  - How did admission rates, and hospital bed use rates, differ between people with and without learning disabilities?
  - How did this vary between clinical specialties?
  - Were the proportions of emergency admissions the same?
  - Did we see comparable proportions of admissions for potentially avoidable causes?
- data from April 2010 to March 2014
- three age groups – Children and young (age 0-17), Working age (18-64), Older (65+)

## Proportions of population, episodes and bed use attributable to people with learning disabilities (LD)

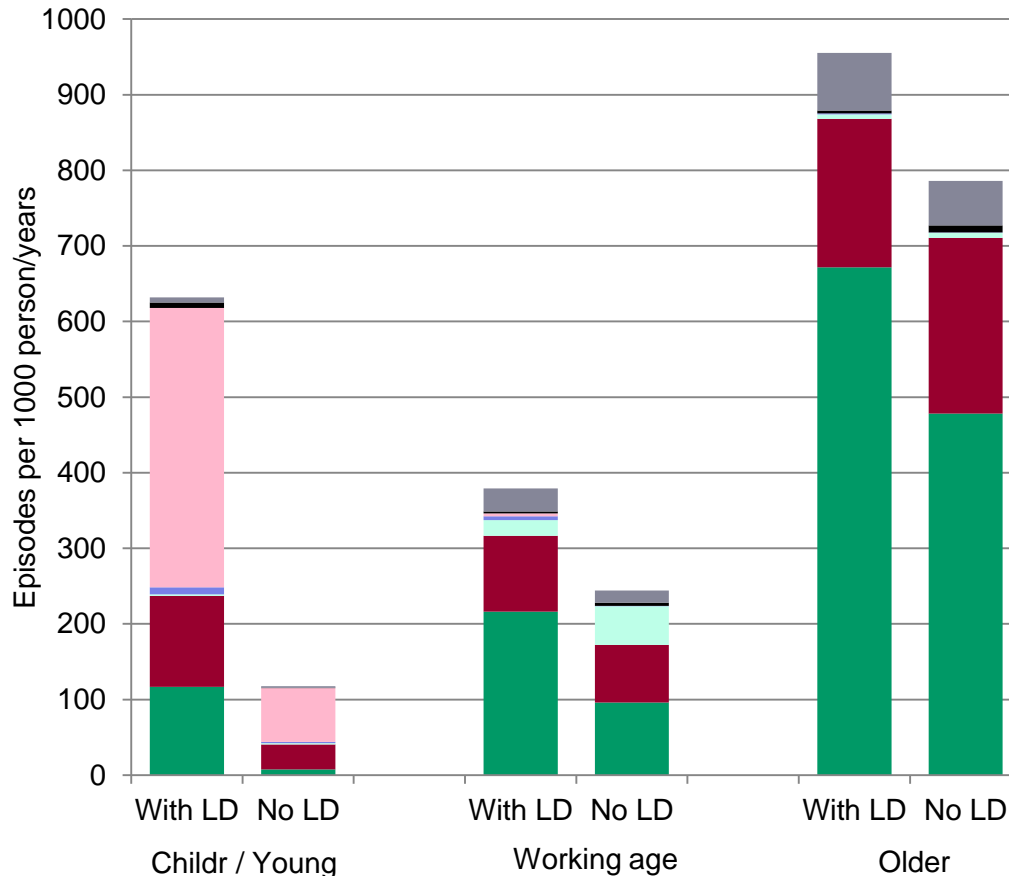
Numbers	With LD	Without LD
Person years	59,280	11,103,954
Average people	14,820	2,775,989
Hospital episodes	27,770	3,508,285
Bed days	97,450	10,833,580

Apologies for  
'LD'  
abbreviation

	Population prevalence of LD	% of hospital episodes for people with LD	% of bed days for people with LD
Children / young people	0.45%	2.41%	3.52%
Working age	0.64%	1.00%	1.46%
Older adults	0.24%	0.29%	0.34%
Total	0.53%	0.79%	0.90%

# Hospital episode rates

Episode rates per 1000 person/years



Key and rate ratios

	0-17	18-64	65+
Medicine	15.6x	2.3x	1.4x
Surgery	3.6x	1.3x	0.8x
O&G	1.1x	0.4x	0.9x
Dentistry	5.9x	25.5x	11.0x
Paediatr.	5.2x	12.7x	
Anaes & CC	17.5x	0.6x	0.4x
Other	3.0x	1.9x	1.3x

Rate ratios show rate for people with learning disabilities / rate for people without learning Disabilities

Chart shows how much each specialty contributes to the total

# Stay lengths

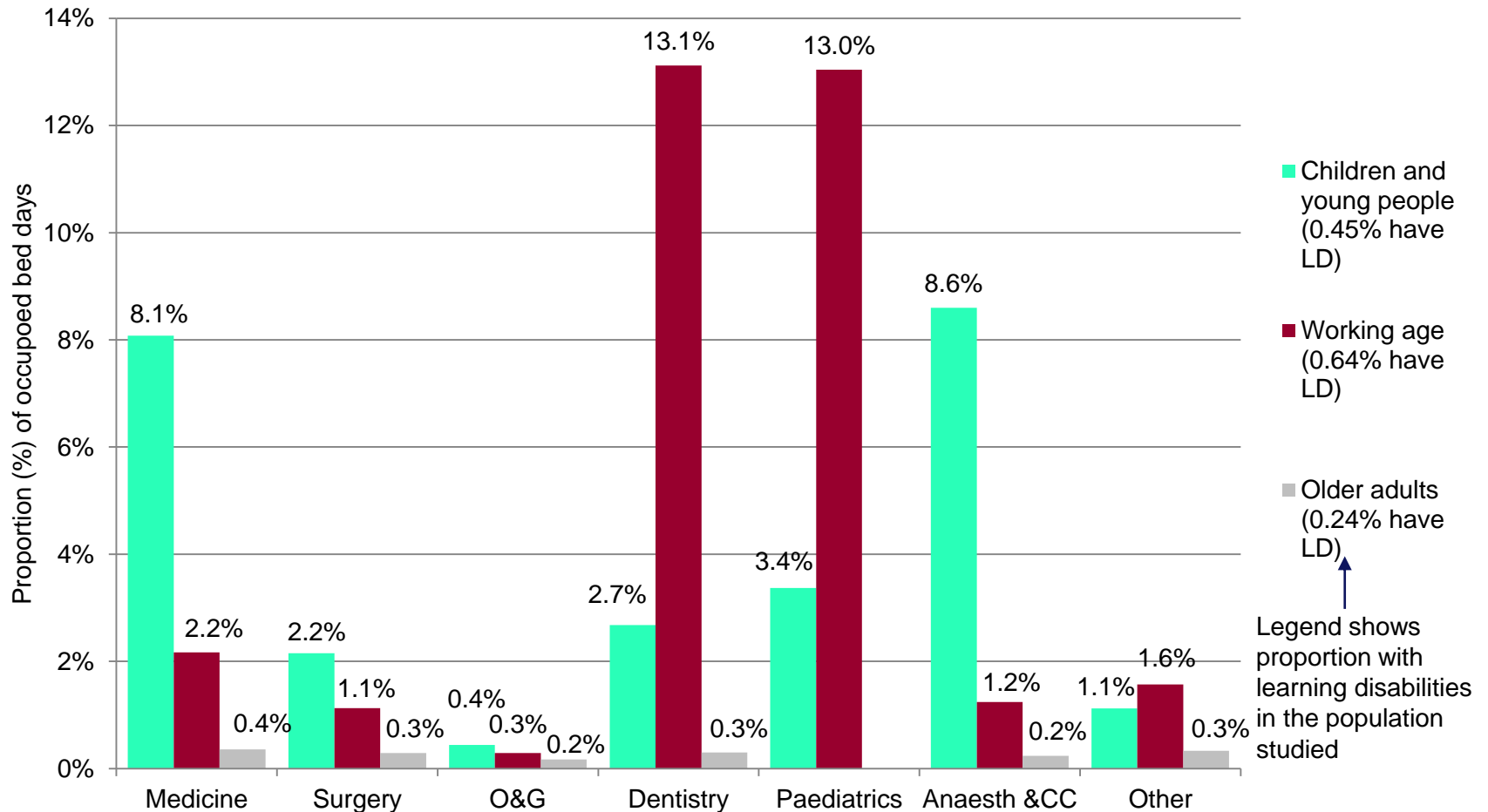
Table shows mean durations of stay (days) for people with and without learning disabilities, by age group and specialty.

Ratios are days for people with/days for people without LD.

	Ch & yng people			Working age			Older adults		
	With LD	No LD	Ratio	With LD	No LD	Ratio	With LD	No LD	Ratio
Medicine	3	2.4	1.3x	3.7	2.4	1.5x	4.8	4.4	1.1x
Surgery	2.4	1.8	1.3x	3.2	2.4	1.3x	5.2	3.6	1.4x
O&G	1.9	2	1.0x	2.4	2.2	1.1x	2.5	3.1	0.8x
Dentistry	1.1	1	1.1x	1	1.1	0.9x	1	6	0.2x
Paediatrics	3.2	2.1	1.5x	3.6	2.3	1.6x			
Anaesth &CC	5.2	4.7	1.1x	4.9	1.6	3.1x	4.8	2	2.4x
Other	1.2	1.4	0.9x	2.1	1.6	1.3x	4.1	3.9	1.1x
All specialties	3	2	1.5x	3.4	2.3	1.5x	4.8	4.1	1.2x

# Occupied bed days

Chart shows proportion of occupied bed days involving a person with a learning disability by specialty and broad age group



# Matron's rule of thumb

- the number of people with a learning disability *KNOWN TO THEIR GP* expected to be in some bed on any day in a district general hospital serving a population of 250k (an average CCG):
- on an average day there will be 670.2 total people in hospital. 6 of these will have a learning disability.
- 1.2 children/young people out of a total of 34.5
- 3.5 working age out of a total of 240.5
- 1.3 older adults out of a total of 395.0
- the probability of there being no-one with a learning disability in hospital on any day is 0.82%. This would be expected to occur on average on only three days in a year.

**REMEMBER – We don't know about the three quarters of people with learning disabilities whose GPs DON'T record this.**



# Episodes starting as emergencies

Table shows the proportions of episodes starting with an emergency admission. The significance is that these obviously cannot be pre-planned.

	Ch & yng people			Working age			Older adults		
	LD all	No LD	ratio	LD all	No LD	ratio	LD all	No LD	ratio
Medicine	6%	19%	0.3x	65%	41%	1.6x	71%	57%	1.2x
Surgery	9%	27%	0.3x	33%	25%	1.3x	43%	22%	1.9x
O&G	35%	18%	2.0x	12%	8%	1.4x	0%	11%	0.0x
Dentistry	0%	3%	0.0x	1%	0%	6.2x	0%	7%	0.0x
Paediatrics	35%	64%	0.6x	29%	18%	1.6x	0%	0%	
Anaesthetics & CC	11%	13%	0.9x	55%	8%	7.2x	28%	14%	2.0x
Other	83%	85%	1.0x	83%	48%	1.8x	81%	48%	1.7x
Total	25%	49%	0.5x	54%	29%	1.9x	65%	45%	1.5x

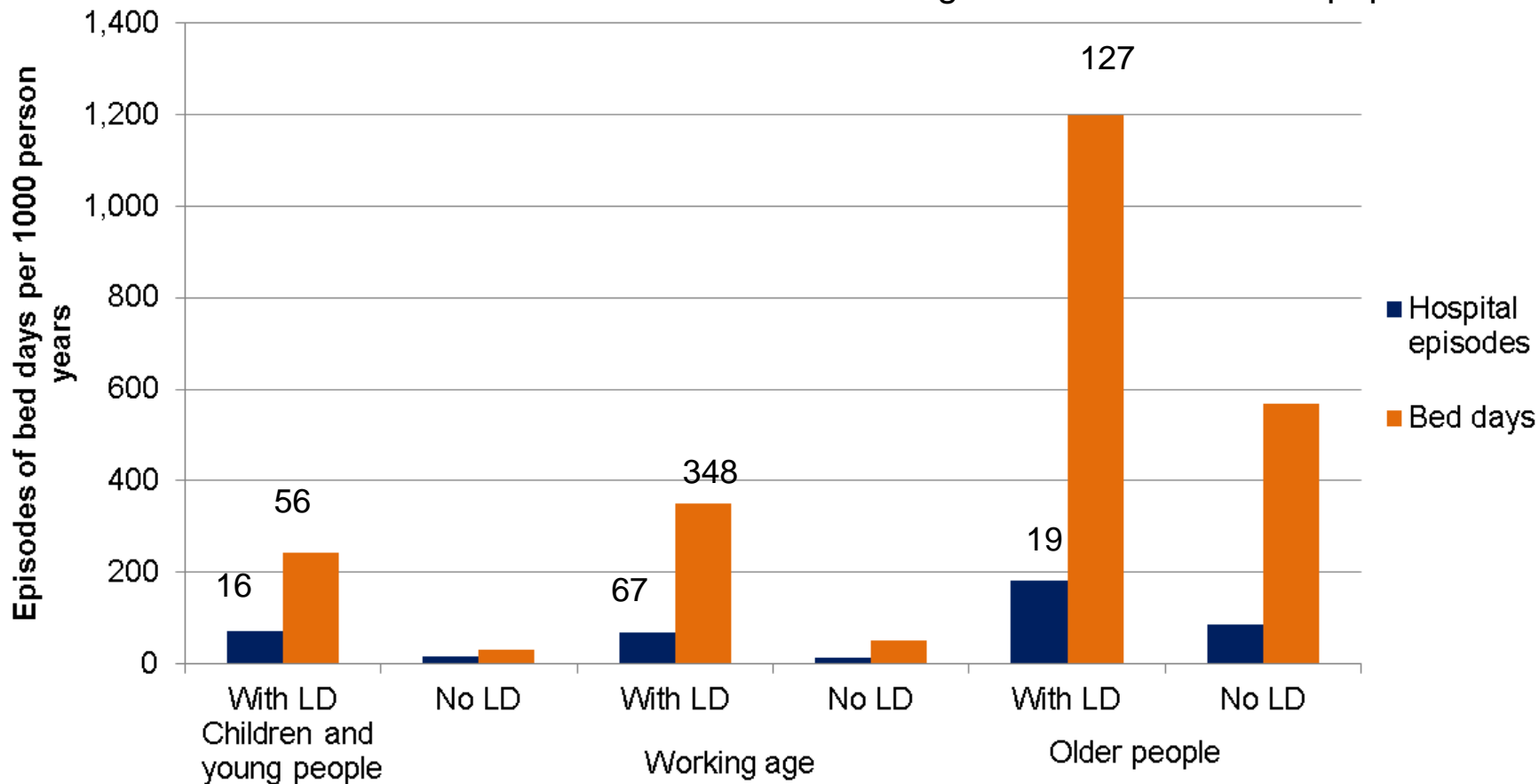
# Ambulatory Care Sensitive Conditions

- known as ACSCs for short
- conditions that can cause emergency hospital admissions, but where good primary or home care can usually avoid this.
- examples:
  - Influenza pneumonia
  - Diabetic
  - Epilepsy
  - Constipation
- note – this does not include planned admissions for example for specialist investigation of these conditions.
- the message from these is about what needs for hospitalisation tell us about care outside hospital.
- for hospitals the important implications are for ensuring care *after* discharge prevents recurrence

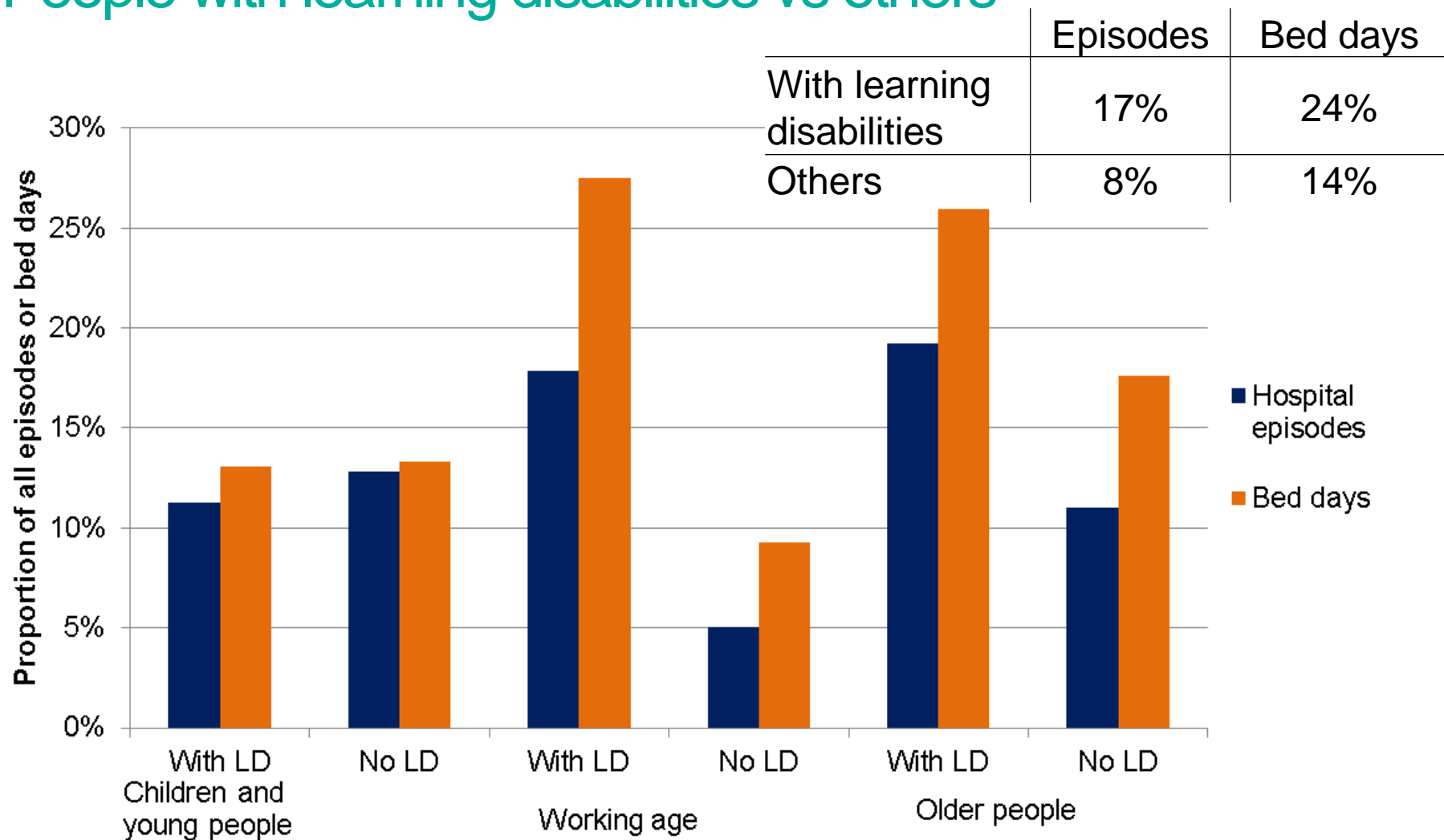
# How much hospital use for ACSCs?

Chart shows rates of episodes and bed days for people with and without learning disabilities per 1000 person/years.

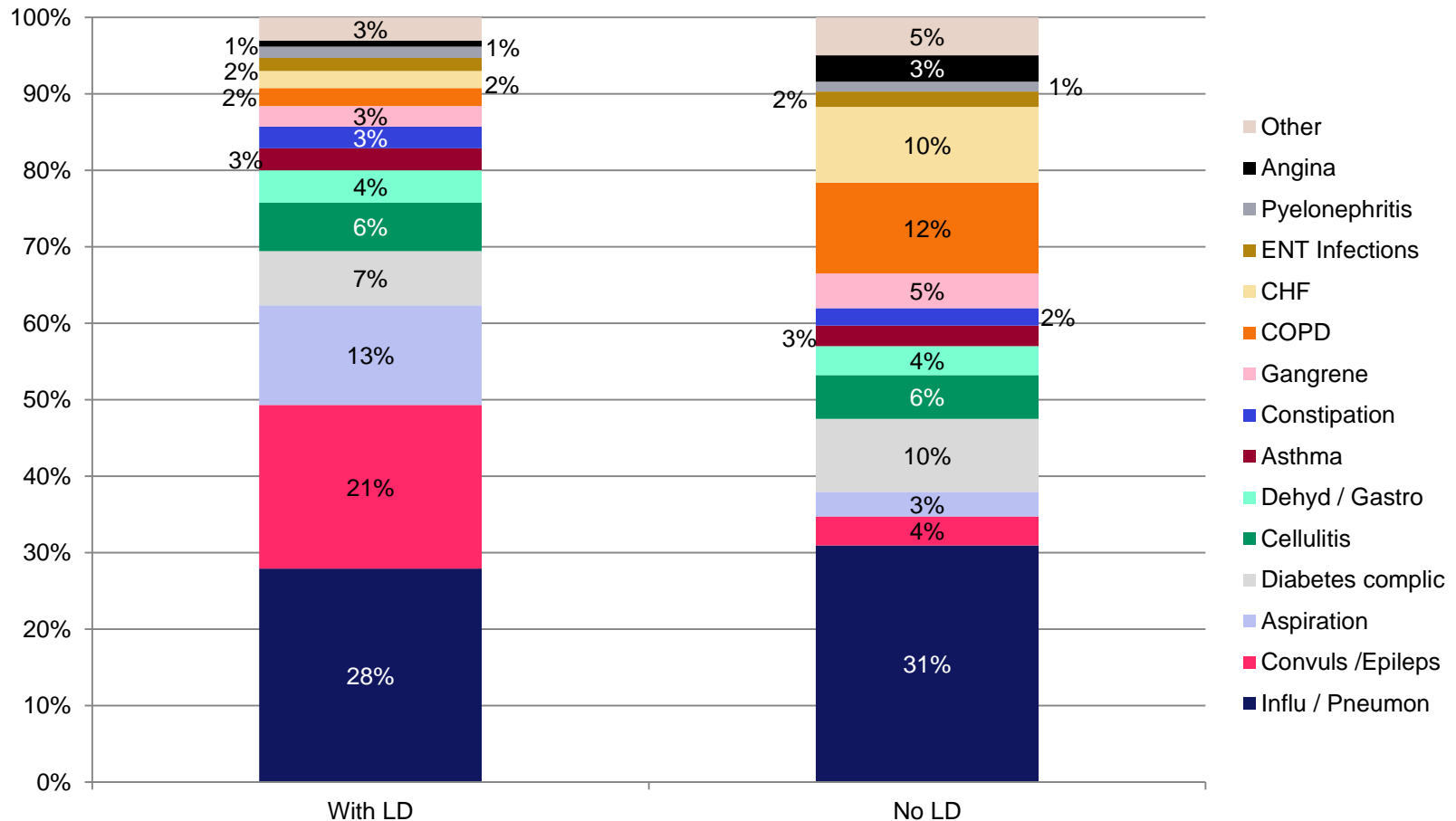
Numbers over bars for people with learning disabilities show estimated annual numbers in average district of 250k total population



# Proportion of hospital episodes / bed days for ACSCs – People with learning disabilities vs others



# Causes: % of emergency ACSC bed days



The chart shows the distribution of clinical causes of emergency ACSC bed days for people with and without learning disabilities. Convulsions/epilepsy and aspiration pneumonitis are much more prominent.

# Summary

- people with learning disabilities have higher rates of hospital episodes than other people and longer stays
- they occupy disproportionately more bed days than average for their numbers
- these are focussed in some specific clinical specialties (medicine, paediatrics, dentistry)
- a higher than average proportion of admissions for people with learning disabilities start as emergencies – don't allow planning so hospitals need to be able to identify and respond
- a higher than average proportion are emergency admissions for conditions which should be avoidable with good personal and primary care – need after care planning to prevent recurrence
- in the hospital system for a local area with a population of 250,000 (an average CCG) there would be an average of 6 people with learning disabilities *KNOWN TO THEIR GP* in hospital on any day and only three days in an average year when there was none. Probably substantially more not known.

# Reducing hospital admission in Camden

Camden Learning Disability Service have been concentrating on those conditions that can cause emergency hospital admissions, but where good primary or home care can usually avoid this.

As we have heard the national picture for the top causes of emergency hospital admission are:

- Influenza pneumonia
- Epilepsy
- Constipation

Over past 5 years the top 3 cause of emergency admissions to the Royal Free Hospital were:

- Epilepsy (55)
- Influenza (19 admissions)
- Aspiration pneumonia (10)

# Influenza

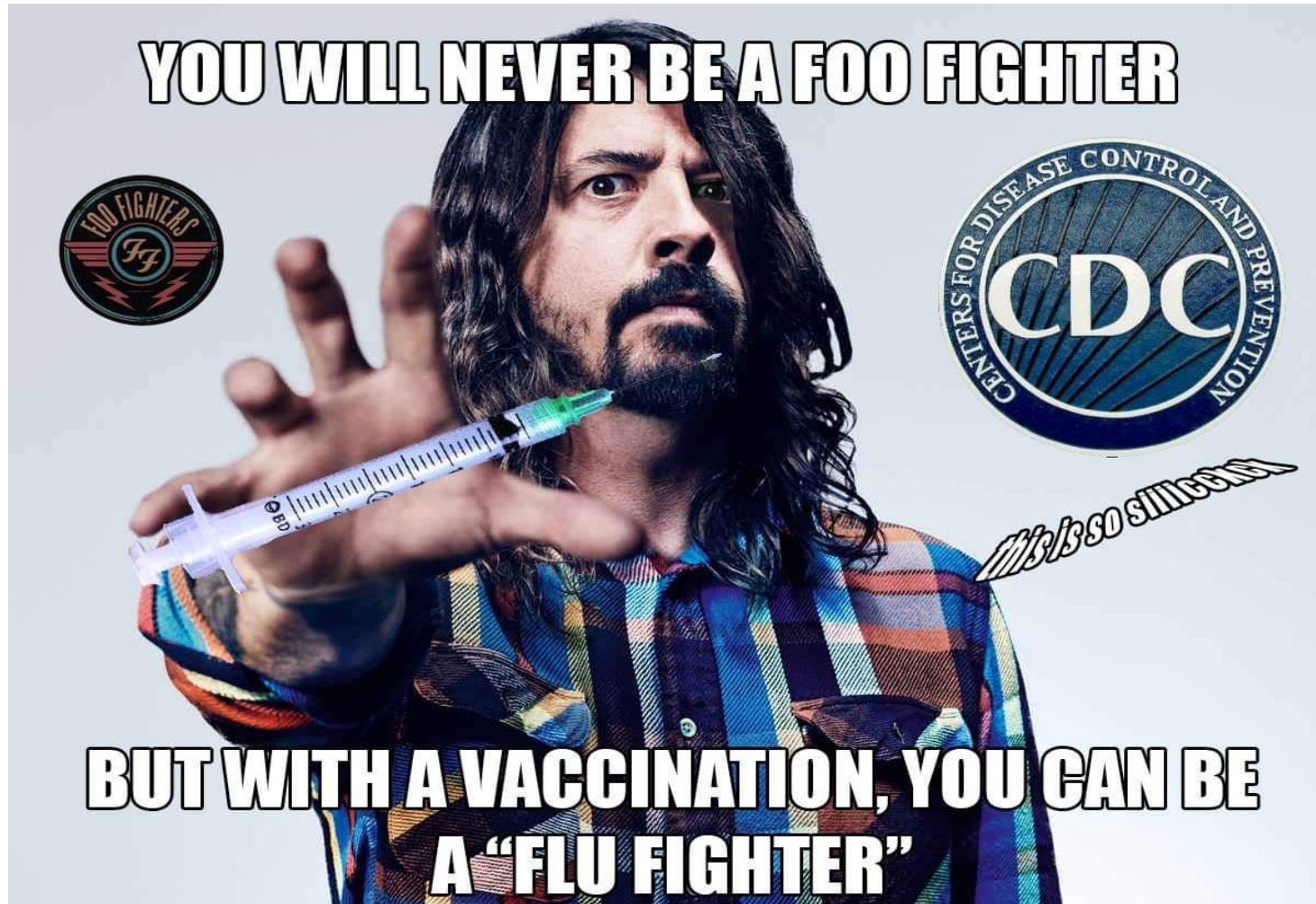
- all CLDS nurses were trained to administer Flu Vaccinations
- agreement from employing NHS Trust the nurses could vaccinate front line staff from health and social care
- offer vaccine to service users that do not engage with primary care services
- set up 'flu' clinics in the building where health and social care are based and sent out calendar invites to all
- took advantage of opportunity to vaccinate people outside of these times
- liaised with GP practices to ensure that they were offering nasal spray, to people with learning disabilities, as a reasonable adjustment
- ensured that MCA appropriately applied when making decisions and that the trust paperwork considered people that were assessed not to have capacity
- myth busting



# Key messages about flu

- flu immunisation is one of the most effective interventions we can provide to reduce harm from flu and pressures on health and social care services during the winter
- it is important to increase flu vaccine uptake in clinical risk groups i.e. people with learning disabilities because of increased risk of death and serious illness if people in these groups catch flu
- influenza during pregnancy may be associated with perinatal mortality, prematurity, smaller neonatal size, lower birth weight and increased risk of complications for mother
- vaccination of health and social care workers protects them and reduces risk of spreading flu to their patients, service users, colleagues and family members
- by preventing flu infection through vaccination, secondary bacterial infections such as pneumonia are prevented. This reduces the need for antibiotics and helps prevent antibiotic resistance

# Influenza pneumonia



# Learning Disabilities Mortality Review (LeDeR)

National picture for cause of deaths in people with learning disabilities for the first part of 2018 were

- pneumonias
- aspiration pneumonia
- epilepsy

Camden LeDeR reviews

- cancer
- aspiration pneumonia
- respiratory arrest

From those reviews undertaken 2 have progressed to safeguarding adult reviews (SARs)

# Learning from LeDeR

- inconsistent record keeping
- diagnostic overshadowing
- lack of knowledge of who to escalate concerns to
- inconsistency in being able to effectively communicate what the problem is
- delays in primary care responding to concerns (impacted by above point)
- social care providers (i.e. not nursing homes) needing additional support to manage complex health risks e.g. the local enhanced service (LES), support from CLDS clinicians
- if LeDeR hadn't been in place then neither death that has resulted in a SAR would have been investigated

# Learning into action

- task and finish group produced ‘dying for a poo’ and ‘getting it off your chest’
- streamlined paper work in one provider and set up meetings to undertake this piece of work across providers – this is ongoing
- speech and language therapists and nursing working with provider to raise awareness about diagnostic overshadowing
- work with providers to enhance their communication with acute services and GP’s, using Situation, Background, Assessment, Recommendation (SBAR) approach
- allocation of learning disability nurse to work with all provider services to review care plan and risk assessments for epilepsy
- regular training for staff on epilepsy and medication
- links with neurology and epilepsy nurse specialist

# Next steps

- start planning for next year's flu campaign earlier ( August 2019)
- distribute information from task and finish group
- make it easier to access flu vaccines for service users
- meeting has been set up across all support providers in Camden to map out current training programme with the aim to standardise training across all providers working in Camden
- meet with GP surgeries with lowest levels of annual health checks undertaken to understand why and how we can support them
- meeting with Royal Free hospital, learning disability GP lead, commissioning and CLDS to review the hospital admission data to think how this data can be used to reduce health inequalities

# Avoiding hospital admissions - flu

- Public Health England webpage with guidance for health and social care professionals
- more detailed guidance on supporting people who have a needle phobia
- easy read leaflet aimed at people with learning disabilities, their family carers and paid supporters
- PHE easy read leaflet – printed copies of this can be ordered
- NHSE Film about flu vaccinations for people with learning disabilities
- best interests paperwork
- guide for pharmacists



# Avoiding hospital admissions - epilepsy

## Reasonable adjustment guidance on epilepsy (2014)

### Films

- facts about epilepsy
- experiences of epilepsy

### Information leaflets

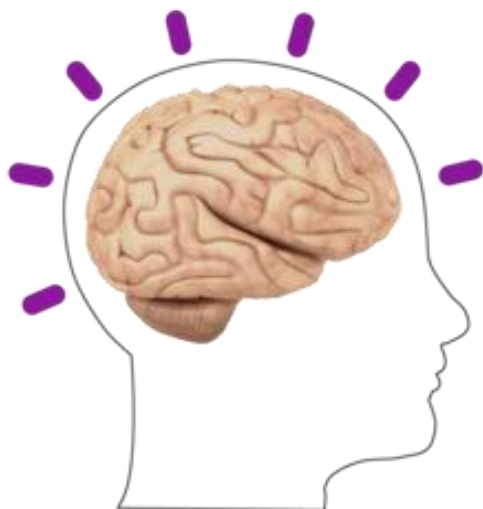
- Epilepsy Research UK
- living with epilepsy

### Web pages

- Epilepsy Society
- Epilepsy Action

### Easy-read resources

- anticonvulsant information
- Nottinghamshire resources
- sudden unexpected death in epilepsy (SUDEP) easy-read with supporting information for parents and carers





# Avoiding hospital admissions - dysphagia



- aspiration pneumonia is linked to problems people have with swallowing – known as dysphagia
- reasonable adjustment guidance on dysphagia

# Avoiding hospital admissions - constipation



- constipation can generally be managed through fairly straight-forward approaches
- further details in our reasonable adjustment guidance
- guideline on management of chronic constipation of adults within the community

# General resources



Going into hospital can be frightening, confusing and stressful but there are resources that can help prevent admission and improve the experience when it does happen:

- Working Together guidance – practical suggestions from pre-admission planning to discharge
- guidance for social care staff
- reasonable adjustment guides
- Easyhealth website
- A Picture of Health website



# Questions



# Thank you!



Archived website: <https://tinyurl.com/ihalarchive>

Community of interest Knowledge Hub group –  
email [LDT@phe.gov.uk](mailto:LDT@phe.gov.uk) for an invitation to join



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