QNLD Newsletter

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS | QNLD QUALITY NETWORK FOR FOR LEARNING DISABILITY SERVICES

Winter Edition 2023

This Issue

Patient artwork from Firshill Rise assessment and treatment unit.

Patient artwork from Bryon Court assessment and treatment unit.

WELCOME

Welcome to the first newsletter of 2023 for QNLD, this is the winter edition and we plan to publish a summer edition. Within this newsletter, you will get to know the QNLD project team and QNLD Carer representatives better. You'll also have a chance to gain insight from colleagues on their accreditation journey and on what it is like to be a peer reviewer. We recognise there is a range of good practice within services and acknowledge the importance of sharing such practices to support quality improvement, within this newsletter members across QNLD inpatient (acute services) and QNLD community have shared recent and ongoing quality improvement projects and research, we hope these will be insightful!

This year is set to include lots of new developments and activities within the network, which we are pleased to share with you. Some of these include the development of a new arm to QNLD – the specialist mental health rehabilitation services for people with a learning disability, with the first review cycles beginning this year, on QNLD community we're looking forward to the first accreditation peer reviews taking place from March 2023 and on QNLD inpatient (acute services) the first face-to-face peer reviews since the COVID-19 pandemic took place in January 2023, we'll also be publishing a national report analysing data from services which underwent review cycles on the fourth edition of QNLD inpatient standards and the fifth edition standards are set to be published this year.

We'd like to thank all our members for their continued support and we're looking forward to working with and engaging with you this year. We'd also explicitly like to thank all the members and individuals who contributed to this newsletter, we hope you enjoy reading it!

QNLD Project Team

QNLD Legal Issues Special Interest Day

Excellent

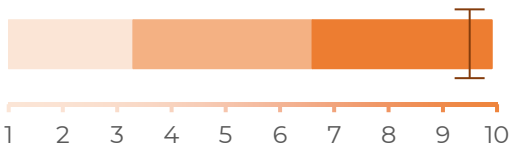
100% of respondents rated the event organisation as excellent

Over 80 attendees

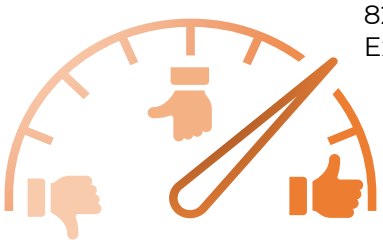
Thank you to everyone who participated and everyone who attended! You can watch the event now on YouTube

How interesting did you find the speakers? (1=not interesting at all - 10 = extremely interesting)

Average response = 9.45



How likely are you to attend one of our events in the future? (1=not likely at all, 10 = extremely likely)



82% responded Extremely likely

"It was a very productive day with lots of learning and discussions"

QNLD Virtual Special Interest day featured 4 insightful Presentations on Legal Issues:

- **Informed consent - People with a learning disability** by Danielle Adams, Specialist Mental Health Pharmacist and PhD student, and Claudia Carr, Principal Lecturer in Medical Law and Ethics and Director of wellbeing
- **Capacity and Sexual Relations** by Neil Allen, Barrister and Senior Lecturer
- **Executive Dysfunction and Issues of Mental Capacity** by Dr Nicholas Todd, Consultant Clinical Psychologist
- **Restricted and Conditionally Discharged Patients** by Christine Hutchinson –Consultant Nurse Approved Clinician and Associate Director of Nursing

Enjoyed

What delegates enjoyed...

"It was pitched at the appropriate standard. Very interesting and thought promoting."

"The knowledge of the presenters and real life case examples"

"The speakers did a really good job of making the information accessible to a wide audience and relevant to our practice."

Least Enjoyed

What delegates least enjoyed...

"Limited interaction"

"It could've been a bit more interactive"

What we will change ...

We included a networking session in the QNLD annual forum which was held in December last year and this year we will be hosting the QNLD Annual Forum at the College (Prescott street, E1 8BB) this will be held face-to-face to encourage more interaction and facilitate greater opportunities for asking questions, networking and open discussions.

QNLD Annual Forum: Working with Co-morbidities

The QNLD Annual Forum featured 8 interesting presentations on Working with Co-morbidities:

Through the looking glass - Epilepsy and intellectual disabilities the last decade by Professor Rohit Shankar MBE, Professor in Neuropsychiatry/Clinical Director – Adult Learning Disability services/Consultant in Adult Developmental Neuropsychiatry, Cornwall Partnership NHS Foundation Trust

Co-morbidity with Neurodevelopmental disorders by Dr Deepak N Swamy, Specialist Psychiatrist in Autism & Neurodevelopment, Sheffield Adult Autism & Neurodevelopmental Service (SAANS), Sheffield Health & Social Care NHS Foundation Trust

Working with primary care to provide joint annual physical health checks for people with learning disabilities by Dr Nathalie Leyland, Consultant Psychiatrist, Avon and Wiltshire MH Partnership NHS Trust Dr Chetal Sheth, General Practitioner (GP) Millstream Medical Practice, Salisbury

Co-production of a Gold Standard Environment Audit – a focus on the environmental needs of people with Autism when admitted to hospital by Sylvia Dubarry-Lassalle, Regional Director of Occupational Therapy, Caragh Allbright, Clinical Lead Speech and Language Therapist for Learning Disability and Autism, Rebecca Griffiths Regional Lead Occupational Therapist & Flo, Patient Contributor Cygnet Health Care LTD

Managing constipation in people with learning disability by Dr Richard Laugharne, Emeritus Consultant Psychiatrist, Cornwall Partnership Trust and CIDER (Cornwall Intellectual Disability Equitable Research)

Trauma Informed Care by Dr Vicky Lauté, Clinical Psychologist, Intensive Support Service, Surrey & Borders Partnership NHS Foundation Trust

Health Factors and co-morbidities within Learning Disabled and Autism populations by Matt Edgar and Owen Bruce, Operational Team Managers, Greater Manchester Specialist Support Team

Advocacy for Autistic People in Mental Health Inpatient Settings by Sarah Jackson, Consultant Nurse, Associate Director of Nursing Autism Clinical Pathway Lead and Trainee Approved Clinician, Lancashire & South Cumbria NHS Foundation Trust & Ellie Bradley, Advocacy Manager, Advocacy Focus

Over 60 attendees

Thank you to everyone who participated and everyone who attended! You can watch the event now on YouTube

89% Rated the organisation and the event overall as **Excellent**

100% Are **very likely or extremely likely** to attend future QNLD Events

What **ideas or learning** will you take back from the event

- Adapting the ward environment to cater for autistic needs
- Focusing on Trauma informed care
- Engaging with GP surgeries
- Epilepsy management
- Importance of annual health checks
- Checking for signs of physical health problems which may impact behaviour

Delegates **Enjoyed**

Enjoyed

- Range, scope and variety of topics/presentations
- 'Relevance of presentations to my current practice'
- 'Confirmation that my issues are everyone's issues too.'
- Finding out about current research and statistics

Suggestions for **Improvement**

- Sharing resources from quality improvement projects via email
- "More time"
- "Ideally more networking opportunities"

Meet QNLD Carer Representatives...

QNLD currently has three carer representatives, two carer representative Mary Rodgers and Janet Seale and Elisha McQueen have been with the team since 2020 and Elisha McQueen has recently joint the network in 2022. We've asked them to provide an introduction to themselves and their role as a Carer Representative...

QNLD would like to welcome the newest member of the team Carer Representative ....

Elisha McQueen

Janet Seale

When did you join the College?

In 2020 late summer time

Tell us a little bit about your role

I have various roles in the college, I am a reviewer for three work streams, Older Adults, Learning Disabilities and Home and Treatment and Crisis teams and a member of several committees.

What is your favourite thing about the role?

Meeting new people, finding out more about mental health services and issues.

If you could learn anything new, what would it be?

Possibly to be a Peer Support Open Dialogue worker and how to use Excel properly

What is your favourite food?

Gosh so many to choose from, egg and chips, avocado vinaigrette, smoked salmon.

What is your favourite quote/saying?

Although I am not a fan of Mao Tseung I do like this quote "A journey of a thousand miles begins with a single step"

Mary Rodgers

I am Mary Rodgers, semi-retired and live near Woodbridge in Suffolk. Currently I work on the QNLD and MSNAP (Memory Services National Accreditation Programme) and I am also a Hospital Manager with Norfolk and Suffolk Foundation Trust. The role of a Hospital Manager is to consider at hearings whether a patient needs to remain on a Section 3 or to be discharged.

Previously I worked in education and local government. My first Degree was in Politics and Political Philosophy and my Master's Degree was in Education.

I was invited to start my work with the College as a Carer Representative about 12 years ago as part of the MSNAP Team. Prior to COVID all reviews were conducted face-to-face and I travelled widely including visits to the Isle of Man and Isle of Wight. I continue to work with MSNAP and started my work with QNLD about 3 years ago. I also assisted the MSNAP team in training sessions for potential carers, patients and professionals.

How I see a carer being useful as part of a review team, specifically in:

- Being able to relate as a lay person to patients and carers by engaging with them during the interview process
- By providing continuity and support of the review process to those professionals new to the role
- Bringing the perspective of patients and carers to the service to help with improvement
- Reflecting and sharing my own experience of caring for someone who is disabled.

Meet the QNLD Project Team...

The QNLD Project Team consists of programme manager, Amy Colwill and project officers, Izzy Sanders and Tianna Stephens. We've provided a brief introduction to our ourselves and our roles...

Amy Colwill

Izzy Sanders

Tianna Stephens

When did you join the College?

Amy: I joined the College as a Programme Manager in June 2019 but had previously worked at the College as a Project Officer between 2014-2016.

Izzy: I joined the College over a year ago in September 2021.

Tianna: I joined the College in September 2021, around a year and half ago.

Tell us a little bit about your role...

Izzy: As a Project Officer I support services going through the review cycle, setting them up for self-review, leading on review days and then working with services if they are being presented to the Accreditation Committee. Project Officer roles also have other really interesting responsibilities including peer reviewer training, organising special interest days and Annual forum events, creating reports, supporting standard revision and the creation of new standards.

Tianna: My main role as a project officer is to support services going through their review cycles, amongst other things support includes regular communication and liaison with services, facilitating and leading peer reviews and writing reports. Outside of this, my role includes lots of interesting activities such as writing national reports, support in organising events, facilitating peer reviewer training and working with the network's carer representatives.

Amy: I oversee the delivery of four quality networks for different types of mental health services and manage staff within the networks. As well as QNLD, I also manage similar quality networks for community mental health teams, acute inpatient wards for working age adult and alcohol care teams.

What is your favourite thing about your role?

Tianna: I really enjoy the amount of learning that I get to engage in through this role. From conversations with staff, patients and carers during peer reviews days there is always a lot to learn and take away, as every service is different you get to learn and reflect on new things every visit. Most of what you learn is transferrable beyond the setting of learning disability services and can be applied to various aspects of life. I'm also really enthused by data so thoroughly enjoying analysing data and working on reports.

Amy: I really enjoy the variety in my role and I learn a lot from the people I work with. I enjoy working with a range of people from different backgrounds such as our team's patient and carer representatives, nurses, psychologist & psychiatrists (and more!)

Izzy: I always enjoy the review days, getting to speak to a wide range of services across the country. It's really rewarding to hear services have found the review experience useful and have made improvements based on the recommendations given. It has also been really interesting to speak with service users to hear their experiences and to hear about various ongoing research in this field at our events.

Meet the QNLD Project Team...

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If you could learn anything new, what would it be?

I'd love to learn to play lots of instruments but if I have to choose one it would be the drums. I love live music so would love to play to a huge crowd at a festival!

I would commit to learn to play the piano. I've tried many times but have not been dedicated to see it through, so would it great if I could easily pick up those skills and become an established pianist.

What was the last book you read?

Hamnet by Maggie O'Farrell and I would highly recommend it. It imagines the life of Anne Hathway, wife of Shakespeare, as very little is actually known about her. It's lyrical and poetic and a beautiful depiction of life after loss. It's also based in the town I grew up in so it was fun to read familiar street names and descriptions of places I know well.

The last book I read was 'The seven deaths of seven deaths of Evelyn Hardcastle' by Stuart Turton which I rated as 4.3/5, it was very engaging, somewhat intense and without spoiling too much it was a nice reminder that everyone has different strengths which we can embrace and for the attributes that are somewhat less desirable we can change, grow and learn for the better.

I have just finished 'The Beekeeper of Aleppo' by Christy Lefteri who worked at the same refugee camp as me in Athens so has been on my reading list for while – highly recommended!

What three things would you take with you if you were stranded on a desert island?

A comfy pillow, a radio set to Radio 4 and a healthy supply of Lidl own brand Jaffa Cakes.

What is your favourite quote/saying?

I have so many, it is difficult to choose one. The quote that's resonated with me for the past few years is 'Bloom, where you are planted' by Ella Grasso. Five simple words but so many different meanings, you can take what you need from it for one occasion and come back and take a different meaning for a different occasions – it's beautiful.

My Grandad always says 'better looking at it than looking for it' (to be said with a Scottish twang) and it's now something I've started saying to my friends and to myself. It's versatile and can be used when considering something important or making frivolous decisions.

What superpower would you like to have and why?

Teleportation would be great; I love travelling but hate airplanes. It would also be handy for the commute.

What is your favourite food and when was the last time you had it?

I like most foods and always open to trying new flavours! Today, if I had to pick it would be sushi, mainly because it's a break from all the rich & hearty food I had over the Christmas period.

My favourite food changes quite a lot I discover new food and it instantly becomes my favourite.

The one food that always stays with me is Doubles, a dish from Trinidad and Tobago made with chickpeas and like a roti style bread – it's delicious. I can't remember when I last had it so will definitely be getting some soon.

Insight into the role of a peer reviewer...

What is it like to be a peer reviewer.... Dr Deepak Swamy and Kelly Webster are active peer reviewers on the network and have shared with us their thoughts about their role.

Pictured on the left... Kelly Webster, Patient and Carer Facilitator for Leicestershire Partnership Trust

Pictured on the right... Dr Deepak N Swamy, Specialist Psychiatrist in Autism and Neurodevelopment, Sheffield Adult Autism and Neurodevelopmental Service

View to find out more about Kelly Webster and Deepak Swamy

Why did you want to become a peer reviewer?

Deepak: This was a new type of academic work which I had not done before, and I like exploring and doing new types of work. Engaging with academic work, serves to complement my clinical work and I feel it is important to develop across clinical, academic, or managerial roles. This allows me to develop my portfolio and keeps my interest retained in my core clinical work. Just doing clinical work can be monotonous so engaging with roles which are diverse from my routine work, such as being a peer reviewer helps to sustain my interest.

Other reasons why I was interested in becoming a peer reviewer:

- RCPsych is a respectable organisation, therefore I was happy and keen to support their work.
- Contributing to QI is important as change and development should be constant, this is something we aim to do in my own organisation and engaging in QI work with other services helps me to learn and expand on the QI work in my own service.
- As I've worked within the LD speciality, both inpatient and community services, I'm familiar with the structures of these services and I know these services very well so would be able to contribute well to the peer review process.

Kelly: I joined to be a peer reviewer to share best practices, ultimately, if we all are aiming for the gold standard, then that improves everyone's experiences, patient, carers, and staff. To recognise that there is always room for improvement, so to learn from others across the country, who will probably have come across similar barriers to that we do. Also, to better prepare ourselves as a unit for our accreditation review.

What do you enjoy most about being a peer reviewer?

Kelly: I love meeting new people and being noisy 😊 I am always the one asking "why?" "How did we get to this?" "what next?" Through the peer reviews it has been fabulous to see what patients are proud of, what they want to show off to the panel – whether that is something they have achieved personally, or how they get on with the staff team that supports them.

Deepak: The idea of facilitating QI by looking into and providing my opinion on quality standards for LD Community/Inpatient units situated in places across the country was appealing to me. By being in a reflective mode on peer reviews, I can learn from new places, get to know how they work and can improve my own clinical practice. Speaking to various professionals, patients and carers is something I enjoy as meeting new people is enjoyable, although I like speaking with the patients the most.

Insight into the role of a peer reviewer...

29 Peer reviews were completed this year (Sept 2021 – Sept 2022), we would like to thank all **36 individuals** who volunteered as a peer reviewer this year, we wouldn't have been able to do the peer reviews without you. supported the running of peer reviewer.

Why is the role of a peer reviewer important?

Kelly: To be able to have an impartial viewpoint on a situation. Having a fresh set of eyes evaluate how looking over something is sometimes the best thing you can do to review and things are going.

Deepak: To keep up the good work done by the QNLD project team and to ensure that LD units meet the criteria for QNLD standards. As stated by the QNLD project team, without peer reviewers the peer review element wouldn't be possible, the comments, feedback and suggestions from peer reviewers is vital.

As well as this the overall review process is important as it supports in raising standards for patient care and treatment in LD units, the peer reviewer role plays a valued part in this.

What advice would you give to new peer reviewers?

Deepak: Be open minded, learn as you go, enjoy the experience, if in doubt ask questions. Being a peer reviewer will support in improving your own understanding of LD care standards, reflect on the things you learn in this role as it will improve your own clinical practice as well.

Kelly: Ask questions and be honest with your fellow peer reviewers on the day

Describe one key attribute you think is important for a peer reviewer to have and why?

Deepak: Having knowledge and experience of working in LD speciality and having insight into the systems and structure of NHS is particularly helpful when reviewing evidence. Good attention for detail or eye for detail is specifically important when looking at each standard and the information provided by the team. It is also beneficial to be able to formulate pertinent questions which will be asked to the host team.

Kelly: "Don't just hear but listen". When taking information in, whether that be written, or verbal be non-judgemental. Everyone is trying their best with what they have. What may seem small to you, is monumental for someone else.

Train as a peer reviewer

Please the below dates for the next peer reviewer training sessions:

QNLD inpatient (acute services)
Tuesday 11 July, 1pm – 3.30pm, to sign up please complete the booking form.

QNLD community
Wednesday 26 April, 9:30 – 11.30am, to sign up please complete the booking form.

If you would like to train as a peer reviewer but are unable to attend on that date, please fill out an expression of interest and we'll keep you informed about future dates.

As a reminder to Members Services, it is expected that a minimum of two individuals from the team are trained as a peer reviewer and attend peer reviews.

Meet two QNLD peer reviewers

Kelly Webster

My Name is Kelly Webster and I am the Patient and Carer Facilitator for Leicestershire Partnership Trust Learning Disability In-Patient Service.
Never heard of a Patient and Carer Facilitator? – No , not many have!
My role was a pilot role within our Trust, after we acknowledged that it requires a dedicated role to ensure that feedback is being collected, analysed, and listened to. We recognised that when we tried to "add this on" to other clinical roles, it got lost.
We spent 2 years establishing this role, carefully outlining what we needed it to achieve as well as working in line with service developments.
Thankfully this hard work paid off with our unit receiving Gold Award for an Internal Accreditation as well as the role itself receiving Outstanding Feedback from CQC (October 2021):

"We found the following outstanding practice in wards for people with learning disability and or autism: The trust had appointed a patients and carers facilitator, whose role was to actively support, promote and encourage patient and carer involvement at all levels of the services. Support for patients and carers included active involvement in care planning, day to day running of the service, wider service development, such as the planned short breaks service and recruitment. The post holder also acted as a liaison between all levels of the organisation therefore ensuring the patients' and carers' voice was heard both up and down the information system. The post holder ensured that all information was in an accessible format, and where technology was proving to be a barrier finding creative ways of breaking down these barriers. The impact of this post had been to free up care staff from these lead roles, to focus more on direct patient care."

I work closely with colleagues within the unit to ensure that the patient voice is being captured and listened to. I have contact with all our families on a weekly basis, again ensuring they are supported and involved, acting as a key link for them and the wider team, as well as facilitating Carers Brunches, allowing carers to meet with others in similar situations.
Underneath my computer I have a note that states *"A day at work for us, can be a life changing event for a patient or their family"* This is something I try to incorporate into my working life, as we all know that being in hospital or having a loved on in hospital is an incredibly stressful time.
In addition, my role is about linking across the Trust, to ensure best practices are being shared, and that as a service we are offering every opportunity for our patients /families to share what it is like to receive treatment or support.

Deepak Swamy

Dr Deepak N Swamy is a Specialist Psychiatrist in Adult Autism and Neurodevelopment at Sheffield Adult Autism & Neurodevelopmental Service (SAANS), Sheffield Health & Social Care NHS Foundation Trust. SAANS is a regional specialist adult neurodevelopmental diagnostic service providing assessments to both Sheffield and Regional patients. SAANS is an approved placement for ST Higher Trainees as special interest post in Neurodevelopment in the South Yorkshire Psychiatry Higher Training Scheme. He has previously worked in Learning Disabilities service at Nottinghamshire. Apart from medical qualifications, he has additional qualifications in healthcare management, clinical research and medical education.

He has special interests in neurodevelopmental disorders and physical healthcare management. He is an Honorary Senior Clinical Teacher, Faculty of Medicine, Dentistry and Health, University of Sheffield Medical School. He has been involved in teaching a variety of professionals including medical students, Nurses, Psychiatry trainees and GP trainees. He has been a Mentor for Foundation Year doctors, Supervisor for ACP trainees, NMP Supervisor, OSCE examiner for medical students and IMGs, ST Higher Trainees Clinical Supervisor for special interest post at SAANS. He is currently the SAS Doctors Representative for RCPsych LD Faculty, RCPsych College Assessor, RCPsych QNLD Peer Reviewer and RCPsych QNLD Accreditation Committee ID Faculty Representative

View to find out more about the benefits of being a peer reviewer

Reflecting on the Accreditation Journey by Deacon Unit (The Intensive Support Service)

The Intensive Support Service (ISS) is a multi-disciplinary team of health professionals for people with Intellectual Disabilities, within Surrey & Borders Partnership NHS Foundation Trust. The team is comprised of Team Administrator, LD Directorate, Head of Specialist Care, Senior Clinical Lead, Deacon Unit Manager, ISS Manager, ISS Deputy Manager, Occupational Therapist, Speech & Language Therapist, Clinical Psychologist, two Assistant Psychologists, Consultant Psychiatrist, two Therapy Assistants, Nurses and Senior Support Workers.

We operate in the community to provide support for people with Intellectual Disabilities, who are experiencing severe and complex mental health needs and/or challenging behaviours. In addition, we offer inpatient services within the Deacon Unit, which is an assessment and treatment unit. The overall aim of our service is to prevent placement breakdown and avoid hospital admission, in line with the principles of Transforming care Agenda. We work across the inpatient unit and in the community.

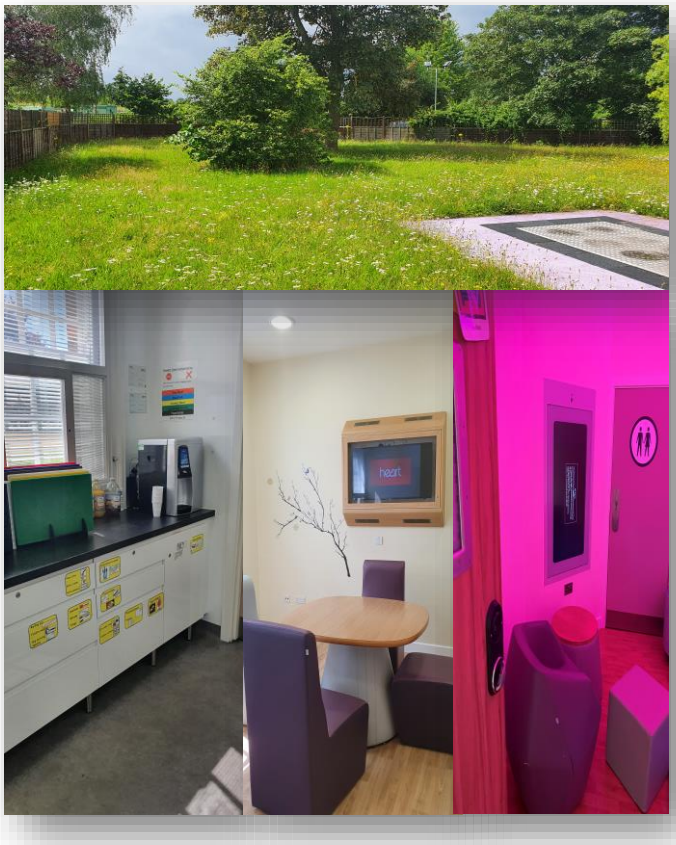
Self-review

The Deacon unit is a proud member of the Quality Network for Inpatient Learning Disability (QNLD). The QNLD is a multi - disciplinary approach to improve Quality and sharing best practice. The Deacon unit went through the accreditation process on the 28th of September 2021. The process started with a three-month self review process with clear guidance and standards that we must evidence and submit for review. We submitted the evidence over three months through the online platform. We also sent relevant questionnaires to carers, families, and the service users to complete. This process was an opportunity for us to reflect on our practice, the care we deliver and evidence our practice against national standards. There were lots of opportunities for me to meet with the QNLD project team regarding this process and they offer training and guidance which was immensely helpful.

Peer-review

The Peer Review Day is led by a group of clinicians from other similar services and including carers and patients who reviewed and validated our practices using the evidence provided as part of the 3-month self-review. This is a very supportive process, and it was an opportunity for us to showcase our practice, discuss our achievements and talk through the evidence submitted and for the peer review team to validate our self review evidence and ask any relevant questions. This is a whole day process which is led in a supportive way, and it was also an opportunity for us to share ideas and for the peer review team to offer advice, recommendations and highlight our areas of achievements. The peer review team will also speak to the service users, carers and families which is a very essential part of the accreditation process which we very much welcome as they are very much part of the journey which is essential in thriving for excellence.

Following the accreditation review on the 28 September 2021, we had opportunities to further submit any more evidence if required and answer any questions that may arise. The Deacon Unit was brought before the Combined Committee of Accreditation (CCA) on 15 November 2021 for a decision on our accreditation status. We were pleased and proud to have been accredited until November 2024. It was a great achievement which we are very proud, and we celebrated as a team which is very good for staff morale and showcase our achievements. We then received the final report and a certificate of accreditation. We were given some recommendations, and we are working on those recommendations to enhance our service.



Pictured above is a collection of photos from Deacon Unit (from top left – bottom right) outdoor space, kitchen, lounge and calm room

Reflecting on the Accreditation Journey by Deacon Unit (The Intensive Support Service)

Benefits of going through the process:

It was paramount for the Deacon unit to join this process as this was an opportunity to reflect on our service and work towards quality improvement and excellence. It was also an opportunity for us to reflect as a team on our practice and benchmark ourselves against national standards. We have learnt a lot about this process, the standards required and ensuring that we are working towards achieving evidence-based practice. This process also provides evidence to support CQC inspections.

The QNLD team is very supportive and was always there for us as a team to answer any questions and support us towards this process. This process helps with sharing of best practice. Accreditation also provides a platform for recognition.

Being a member also gave us opportunities to attend special interest events held by the QNLD and we had the privilege to present about our service and its achievement. It is also a good opportunity to network with other colleagues across other services and share best practices. It's a good platform to learn and take back to your services and also evidence continuing professional development.

The network also provided myself and my colleagues with the relevant training to become peer reviewers and we had the opportunity to be part of the peer review team visiting other inpatient units and being part of the panel for the peer review.

My advice to other colleagues who are going through this process is to include the whole Multi-Disciplinary team as this is key in achieving this accreditation and reach out to other services who have been through this process.

I want to say a massive thank you for the Project team and the network for their support over the last few years and the opportunity to write this reflective piece and sharing our achievements.

Selven Daniel

Senior Clinical Lead (Surrey and Borders Partnership NHS Foundation Trust)

Pictured above is the outside of Deacon Unit

Improving service user understanding of physical health through the introduction of a 'Health Library'

The Speech and Language Therapist (SLT) is a core component of the multidisciplinary team within inpatient learning disability and forensic services. SLTs play a key role in supporting those with behavioural, social, emotional and mental health needs by identifying concomitant communication and swallowing difficulties; advising staff on how to respond to and care for service users appropriately and providing direct therapeutic intervention to those who need it. Research indicates that the majority of people accessing inpatient LD, mental health and Forensic settings have communication difficulties; but that behaviours which challenge often mask the presence and severity of speech, language and communication needs.

There is an ever-growing body of research demonstrative of the significant impact of language and communication difficulties on mental and physical health. People with communication difficulties additional to learning disabilities, autistic spectrum disorders and mental health needs often have less understanding of, and insight into, the management and maintenance of their own mental and physical health. Gaining timely access to healthcare services often requires a high level of health literacy and unsupported communication needs can be a barrier to a person expressing their health needs to a clinician or carer during assessment, diagnosis, treatment and care planning. People with communication difficulties are likely to have difficulties in accessing and understanding information about their health and are less likely to be engaged in active discussions in relation to their own care planning. Sadly, the aforementioned equate to grossly unidentified and unmet health and care needs, which can become significant barriers to rehabilitation, recovery, and overall health and wellbeing outcomes.

At the Broadland Clinic at Little Plumstead Hospital in Norfolk, a SLT-led CQI project targeting service user understanding of physical health needs commenced in early 2022.

The solution to the lack of service user knowledge in relation to physical health, it would seem, would be to collate a source of high quality, clinician approved, easy read information detailing relevant physical health diagnoses – but where on earth to start?

Firstly, case reviews were completed in order to gather information in regards to which particular physical health conditions are experienced by current service users. Of course, this is a dynamic process as physical health changes over time, meaning that new diagnoses were added to an ever-growing list during the period of audit. Interestingly in itself, this audit provided a striking overview of physical health on the wards, with 88% of service users classed as overweight or obese, and 31% diagnosed with type 2 diabetes (or borderline type 2 diabetes). Other common physical health diagnoses included: hypertension, Gastro-oesophageal reflux disease (GORD) and anaemia.

Prior to implementing an intervention of any kind, it was key to gather baseline measures of service user understanding of physical health. An easy read questionnaire was developed for service users to complete (with staff support), and an online survey for staff was circulated. Service user outcomes were converted into quantitative data based on the accuracy of service user self-reports of physical health and associated management strategies. Baseline measures indicated that the pre-intervention levels of service user knowledge were, on average, sitting at 34% (where 0% = no accurate answers and 100% is complete accuracy). The confirmed lack of service user understanding of physical health conditions was not unexpected, however, when presented as numerical values, the figures are somewhat alarming.

Next came the task of finding sources of accessible written information which were fit for purpose and complied with Accessible Information Standards. One might assume that, within the National Health Service, somewhere there must exist a neatly packaged and perfectly formed collection of accessible physical health literature; rigorously reviewed by clinicians and published for standardised usage. Unfortunately, this is not the case. Medical and Allied Health Professional contacts were forthcoming in suggesting various reputable sources of easy read information, with 'easyhealth.org.uk' and 'choiceandmedication.org' yielding the best results. After countless hours of trawling the internet and multiple dead ends and disappointments, a set of easy-read information sheets were sourced and carefully collated in order to form the Broadland Clinic 'Health Library'.

The introduction of a 'Health Library' - *Broadland Clinic, Little Plumstead Hospital*

Enclosed within a bright yellow folder embossed with pictures of medication bottles, pills and syringes, it was hoped that this new resource would be enticing enough to inspire service user interest in physical health.

The outcome: success.

Service users immediately gravitated towards the yellow folder - "what is that?", "can I look at it?", "give it here!". They were offered the opportunity to explore the Health Library at their leisure during 1:1 sessions with the Speech and Language Therapist. Feedback in relation to the Health Library was overwhelmingly positive – "It's the most in depth book I've seen about health things", "The pictures and the writing are good", "Please can you do a folder like this for me?", "Can we look at it again?" and a firm favourite: "I give it 1000 out of 10". Despite encouraging levels of engagement with the resources provided, there remained uncertainty as to whether any consequential learning could be demonstrated. However, when the initial questionnaire was re-administered as an outcome measure, It was clear that concerns were unfounded.

Outcome questionnaires demonstrated a 60% average increase in response accuracy, which could be interpreted as an increase in the levels of insight and understanding in relation to physical health diagnoses of more than double. All service users reported that they liked the way that the information was presented and found this comprehensible and user-friendly. Interestingly, the majority of service users felt that they benefitted from a 1:1 discussion with a staff member in order to support them to interpret and encode the information; highlighting that this resource is best viewed and utilised as just one component of a verbal and written health education toolkit.

As yet, it is unknown whether the participating service users will indeed retain the information that they acquired from the Health Library; and perhaps more importantly, whether they will draw upon this to make more favourable informed choices in relation to their health and care. It is however hoped that once finalised, Health Libraries can be distributed throughout the hospital and accessed as frequently as desired by service users. By providing adequately accessible information, service users will, as a minimum, be equipped with the relevant literature to facilitate decision making; whether they choose to utilise this or not. In order to boost knowledge retention and health-related engagement, service users will be actively encouraged to continue dynamic streams of conversation through the commencement of 1:1 drop-in sessions with a dedicated Physical Health Nurse and engagement with other pre-existing initiatives such as the CALMPOD-ID programme which focuses on mindful eating.

There remains a huge body of work to be completed in order to bring physical health provision up to the standard of mental health provision in LD & Forensic services. However, it is important to remain optimistic in the face of this challenge, and to be cognizant of the colossal impact that small, targeted, service-level interventions can have upon the health, care and quality of life of service users.

Hollyanna Wilson, Advanced Specialist Speech and Language Therapist

Physical health and weight management - *Lombard House and Richmond House*

Exploring the attitudes and motivations of forensic inpatients with an intellectual disability (& complex mental health?) on physical health and weight management

The aim of the study is to explore whether and to what extent irrational beliefs (IBs) are prevalent within the general population when using fitness technology, and whether this irrationality influences mental health and quality of motivation. The specific objectives are:

- To investigate the perceptions and attitudes of intellectually disabled patients within a forensic rehabilitation setting on physical health, weight and lifestyle behaviour
- To explain how these perceptions influence motivation for changing lifestyle behaviour regarding obesity
- To use results to inform individualised health interventions in the future

To gather and analyse data using:

- Irrational performance beliefs inventory (iBIP; Turner et al, 2016) to gauge prevalence of irrational or rational beliefs (?)
- 21-item depression, anxiety and stress scale (DASS-21; Lovibond & Lovibond, 1995) to measure the emotional states (?)
- PHQ9? GAD-LD? GAS-LD (?)
- Sport motivation scale II (Pelletier et al, 2013) measures different types of behavioral regulations in sport and/or exercise (?)
- Interviews, to qualitatively analyse participant's explanations of beliefs / attitudes in conjunction with mental health and motivation.

Why use this model?

The aim of REBT (Ellis, 1957) is to reduce IBs in favour of rational beliefs (RBs); the model encourages a decrease in unhealthy negative emotions (UNEs) and an increase in health negative emotions (HNEs). The model works as a non-complex way for clients of REBT practitioners to understand it is their IBs (B) which cause dysfunctional reactions (C), not outside events (A) (Turner, 2016).

SDT proposes behavioural regulation towards an activity can be motivated differently. Intrinsic motivation, integrated and identified regulation represent autonomous motivational regulations, whereas introjected and external regulation represent low-self-determination (Thogersen-Ntoumani, 2005). Turner (2019) notes REBT and the implications for SDT receive scant research attention, despite interest in the motivational effects of REBT within sport. The study may reaffirm evidence which suggests reductions in IBs can facilitate increases in SD motivation.

Mental health symptoms such as 'anger, guilt and shame, and psychopathological conditions' (Browne et al, 2010b, p.3) are highlighted in the literature as unhealthy associates of IBs. However, 18 studies meeting analysis criteria provided weak evidence that IBs cause dysfunctional emotions (Turner, 2016), which is arguably reason for further research into the mechanisms through which IBs influence mental health.

Intended outcomes of the project will be on three levels:

1) Understand IBs/RBs/attitudes of participants
2) Understand connections between beliefs and mental health, and whether any secondary IBs/attitudes enhance the mechanism between these variables.
3) Understand connections between beliefs and types of motivation presented by participants as a result, and whether any secondary IBs enhance the mechanism between these variables.

'Problem' observed within our services:

Since admission, service users have gained or maintained weight (specific figures and graphs to follow). The majority of patients within our services are classified as clinically overweight, obese, or morbidly obese.

External motivation strategies employed by MDT to combat weight-based issues:

- Employ the use of typical weight loss interventions e.g., dieting, exercising.
- MDT delivered weight loss education and encouragement. Educated food choices and support to develop a healthy menu.
- Monthly visits from a dietician.
- Regularly planned health and wellbeing / exercise sessions with OT and nursing. These are individualised and patient led wherever possible.
- Least restrictive ways of motivating service users to engage in healthy behaviours e.g., encouraged to eat fruit before unhealthier snacks
- Outdoor and indoor gym equipment available for use by service users. Increased opportunities to uptake exercise, such as aqua swim or dog walking.

Physical health and weight management - *Lombard House and Richmond House*

Somewhat less of a focus upon intrinsic goal setting

- Health based 'goal setting' incorporated into therapy sessions and homework session provided to coach service users in skills to achieve 'small, achievable' goals.
- Due to ID / complex MH high levels of support required to consistently aim for these goals.

Why our study is justified / needed:

- Results from aforementioned studies highlight the need for effective weight management interventions with this population and in other, more general forensic / inpatient settings.
- These include proposed individualised, multifactorial approaches in weight loss programmes (Every-Palmer et al, 2018). Suggestions indicate further studies should begin with **understanding the origins and scope of the problem** (Russell et al, 2018).
- While similar qualitative studies have been completed within forensic inpatient populations (e.g., Every-Palmer et al, 2018), this has never been explored within a learning disabled population.
- Evidence indicates that research in the field of disability has typically been completed on individuals with disabilities, rather than with them (Coons & Watson, 2013).
- Consistently reoccurring requirements from external teams that service users need to be supported to lose weight.
- Current weight loss interventions are proving to be ineffective.
- Service users remain at risk of maladaptive ill health due to increasing weight or remaining obese.
- Fulfils service user Drake Award goals in participating
- Uncovers therapeutic optimism - "present when a research participant expresses the view that he/she will benefit from participation in a trial"; "positive emotional outlook on the future resulting in a particular healthcare outcomes (Hallowell et al, 2016) and ethical considerations (Jansen 2006, 2011).

Research on ADHD – Deepak Swamy

Audit of Attention Deficit Hyperactivity Disorder (ADHD) Medications in Transition ADHD Referrals to the Sheffield Adult Autism and Neurodevelopmental Service (SAANS)

Dr Deepak N Swamy, Associate Specialist in Autism and Neurodevelopment and Becky Richmond, MBChB Student, Sheffield Medical School, University of Sheffield

Background and Aims:

Attention Deficit Hyperactivity Disorder (ADHD) is a common neurodevelopmental disorder which usually manifests as a triad of symptoms – inattention, hyperactivity and impulsivity although there can be variations. In UK alone it is estimated that between 2% and 5% of school age children have ADHD, and between 3% and 4% of adults have ADHD1. In the UK Stimulants and Non-Stimulants are the two types of ADHD medications available. The main five medications for ADHD treatment are Methylphenidate, Lisdexamfetamine, Dexamfetamine, Atomoxetine and Guanfacine. Each of these medications has different licensing requirements.

When a child with ADHD is transferred to the adult services, their treatment could possibly be reassessed to see if it is still appropriate and necessary, which will allow a smooth transition from Children's Services to SAANS. Guanfacine is not licensed for use in the UK in adults with ADHD4. Therefore, patients who were prescribed Guanfacine as a child, will need to be prescribed an alternate medication after age 18.

The purpose of this project was to look at the transitions young people make when moving from Children's service to SAANS. The aims of this audit were to look at real-time transition referrals and any limitations in the process. Examples of these would be lengthy waiting times and inappropriate medication combinations. The audit would then suggest potential improvements and plan further recommendations to improve practice, enhancing the quality of the service at SAANS.

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Service Evaluation Project of ADHD referrals and ADHD medications in transition age group patients to the Sheffield Adult Autism and Neurodevelopmental Service (SAANS)

Dr Deepak N Swamy, Associate Specialist in Autism and Neurodevelopment, Sheffield Adult Autism and Neurodevelopmental Service (SAANS), Sheffield Health & Social Care NHS Foundation Trust Chloe Wong Xin, MBChB Student, Sheffield Medical School, University of Sheffield

Introduction

SAANS is a Regional Specialist Neurodevelopmental Diagnostic Service. It is part of Sheffield Health and Social Care NHS Foundation Trust. The service purview includes Assessment, Treatment and Management Service for ASD and ADHD. It is a high demand service with a multi-disciplinary team providing multifaceted input to meet the holistic needs of patients with ASD and/or ADHD.

The aims of this service evaluation project were:

- To review the clinical, demographic, and social factors of transition age patients who were referred to specialist adult neurodevelopmental service in Sheffield.

- To ascertain current referral status for transition age patients referred to specialist adult neurodevelopmental service in Sheffield.

- To analyse ADHD medication use in transition age patients referred to Adult ADHD service.

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Flash review of current research – Rohit Shankar

Pharmacogenomics: an opportunity for personalised psychotropic prescribing in adults with intellectual disabilities

Bhathika Perera, Charles Steward, Ken Courtenay, Timothy Andrews and Rohit Shankar

There is growing evidence for the use of pharmacogenomics in psychotropic prescribing. People with intellectual disabilities are disproportionately prescribed psychotropics and are at risk of polypharmacy. There is an urgent need for safeguards to prevent psychotropic overprescribing but it is equally crucial that this population is not left behind in such exciting initiatives. Understanding how genetic variations affect medications is a step towards personalised medicine. This may improve personalised prescribing for people with intellectual disabilities, especially given the high rate of psychiatric and behavioural problems in this population. Our editorial explores opportunities and challenges that pharmacogenomics offers for the challenges of polypharmacy and overprescribing of psychotropics in people with intellectual disabilities.

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People with epilepsy and intellectual disability: More than a sum of two conditions

Francesca M Snoeijen-Schouwenaars, Charlotte Young, Charles Rowe, Jans S van Ool, Helenius J Schelhaas and Rohit Shankar

Background: Around 25% of people with Intellectual Disability (PwID) have comorbid epilepsy with seizures in up to two-thirds being drug-resistant. Little is known of the general characteristics and prescribing practices to this population.

Aim: Describe and compare characteristics of two cohorts of PwID and epilepsy in two different countries to inform clinical practice better.

Method: An explorative, retrospective, case-note review in a specialist ID community service in England and in an expert center for PwID and epilepsy in the Netherlands was conducted. Information on ID severity, medical/behavioral/psychiatric/neurodevelopmental/genetic comorbidities, psychotropic, and antiepileptic drugs (AEDs) for each cohort was collected.

Findings: The English cohort consisted of 167 people (98 males; age range 18-73 years; mild/moderate ID- 35%) and the Dutch cohort of 189 people (111 males; age range 18-85 years; mild/moderate ID - 51%). The two cohorts were comparable in their baseline characteristics. The Dutch had higher rates of physical comorbidity, but less mental or behavioral disorders and were more likely to be on anti-psychotic medication. The mean dosages between three most common AEDs prescribed were similar. The most frequently prescribed drug in both centers is valproate. Three-quarters of the Dutch were on three or more AEDs compared to a third in the English cohort.

Conclusions: Structured description of the characteristics, differences, and commonalities of PwID, treatment, and services of both countries is presented. This is the first real-world study to reveal unique characteristics of managing epilepsy for a complex ID population. In particular, it highlights the considerable comorbid psychiatric burden and psychotropic prescribing.

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Creating Capable Communities for People with Intellectual Disabilities: Challenges and Opportunities

Sarah Lennard, Richard Sharpe, Rebecca Goodey, Sharon Hudson & Rohit Shankar

Introduction: People with learning disabilities in the United Kingdom are being incarcerated in hospital settings due to lack of suitable community care and support. Factors influencing discharge from institutional/hospital care to enable successful community living have not been explored systematically.

Method: A systematic review using the PRISMA guidance identified studies via five electronic database searches of Medline, CINAHL, Embase, psychINFO, and Cochrane Library. A predesigned inclusion/exclusion criterion was applied to selected articles. A thematic analysis approach was used.

Results: A systematic review using the PRISMA guidance identified studies via five electronic database searches of Medline, CINAHL, Embase, psychINFO, and Cochrane Library. A predesigned inclusion/exclusion criterion was applied to selected articles. A thematic analysis approach was used.

Conclusion: Factors affording a successful transition from hospital/institution to community are discussed. Suitable standards of housing, staff support/training, and health-care access influence the success of sustainable repatriation. An evidence-based tool kit is proposed from available factors to enable safe, sustainable, and timely discharge.

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Flash review of current research – Rohit Shankar

Humanizing Health and Social Care Support for People With Intellectual and Developmental Disabilities: Protocol for a Scoping Review

Milne-Ives, M., Shankar, R., Goodley, D., Lamb, K., Laugharne, R., Harding, T., and Meinert, E.

Background: Health care is shifting toward a more person-centered model; however, people with intellectual and developmental disabilities can still experience difficulties in accessing equitable health care. Given these difficulties, it is important to consider how humanizing principles, such as empathy and respect, can be best incorporated into health and social care practices for people with intellectual and developmental disabilities to ensure that they are receiving equitable treatment and support.

Objective: The purpose of our scoping review is to provide an overview of the current research landscape and knowledge gaps regarding the development and implementation of interventions based on humanizing principles that aim to improve health and social care practices for people with intellectual and developmental disabilities.

Methods: The PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) and PICOS (Population, Intervention, Comparator, Outcome, and Study) frameworks will be used to structure the review. A total of 6 databases (PubMed, MEDLINE, Embase, CINAHL, PsycINFO, and Web of Science) will be searched for English articles published in the previous 10 years that describe or evaluate health and social care practice interventions underpinned by the humanizing principles of empathy, compassion, dignity, and respect. Two reviewers will screen and select references based on the eligibility criteria and extract the data into a predetermined form. A descriptive analysis will be conducted to summarize the results and provide an overview of interventions in the following three main care areas: health care, social care, and informal social support.

Results: The results will be included in the scoping review, which is expected to begin in October 2022 and be completed and submitted for publication by January 2023.

Conclusions: Our scoping review will summarize the state of the field of interventions that are using humanizing principles to improve health and social care for adults with intellectual and developmental disabilities.

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Attention-deficit hyperactivity disorder in people with intellectual disability: statistical approach to developing a bespoke screening tool

Indermeet Sawhney, Bhathika Perera, Paul Bassett, Asif Zia, Regi T Alexander and Rohit Shankar

Background: Attention-deficit hyperactivity disorder (ADHD) is common among people with intellectual disability. Diagnosing ADHD in this clinically and cognitively complex and diverse group is difficult, given the overlapping psychiatric and behavioural presentations. Underdiagnoses and misdiagnoses leading to irrational polypharmacy and worse health and social outcomes are common. Diagnostic interviews exist, but are cumbersome and not in regular clinical use.

Aims: We aimed to develop a screening tool to help identify people with intellectual disability and ADHD.

Method: A prospective cross-sectional study, using STROBE guidance, invited all carers of people with intellectual disability aged 18–50 years open to the review of the psychiatric team in a single UK intellectual disability service (catchment population: 150 000). A ten-item questionnaire based on the DSM-V ADHD criteria was circulated. All respondents' baseline clinical characteristics were recorded, and the DIVA-5-ID was administered blinded to the individual questionnaire result. Fisher exact and multiple logistic regressions were conducted to identify relevant questionnaire items and the combinations that afforded best sensitivity and specificity for predicting ADHD.

Results: Of 78 people invited, 39 responded (26 men, 13 women), of whom 30 had moderate-to-profound intellectual disability and 38 had associated comorbidities and on were medication, including 22 on psychotropics. Thirty-six screened positive for ADHD, and 24 were diagnosed (16 men, eight women). Analysis showed two positive responses on three specific questions to have 88% sensitivity and 87% specificity, and be the best predictor of ADHD.

Conclusions: The three-question screening is an important development for identifying ADHD in people with intellectual disability. It needs larger-scale replication to generate generalisable results.

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