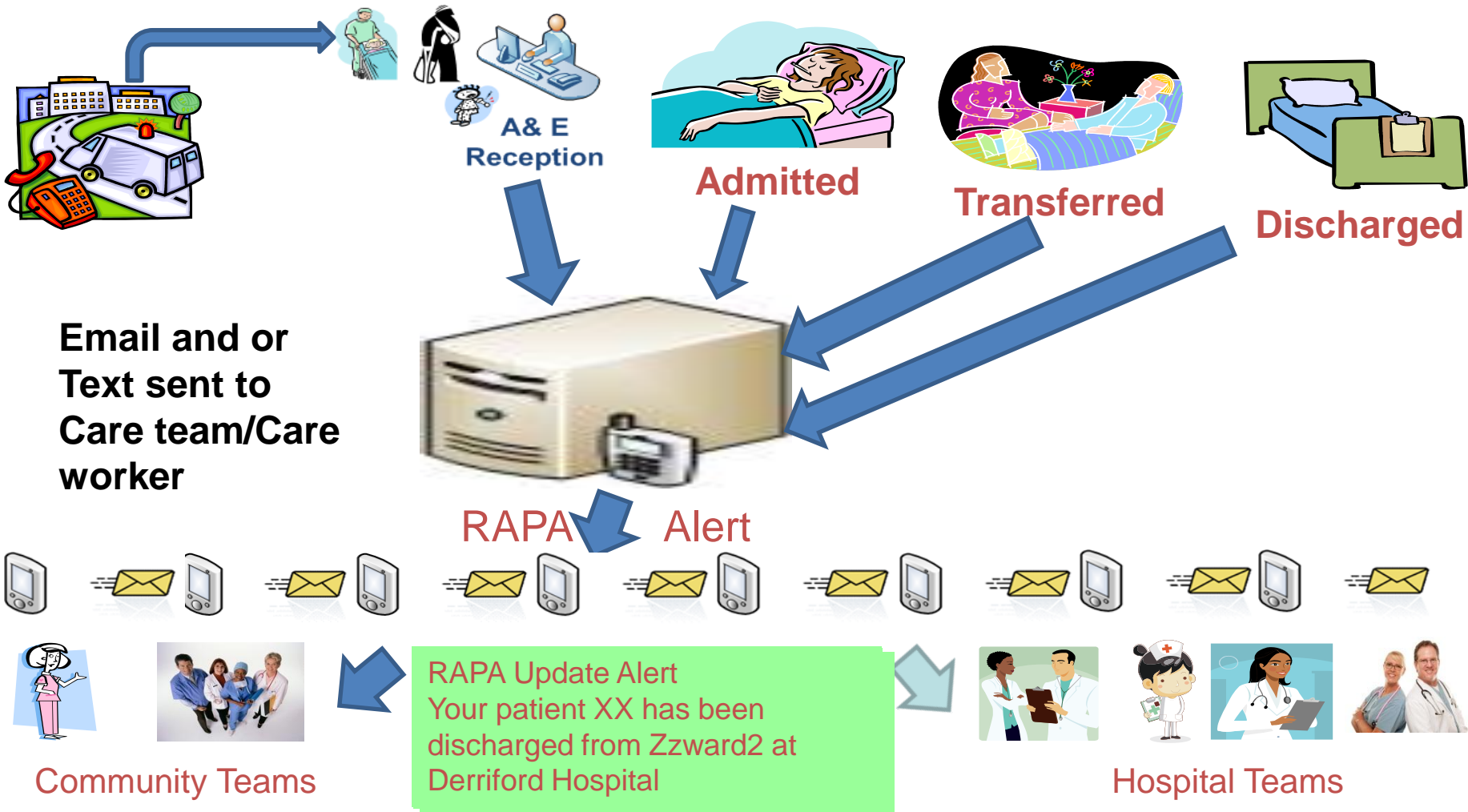# Identifying people with learning disabilities

**Risk of Admission Patient Alerts (RAPA) - How this flagging/alert system works for people with a LD at Derriford Hospital, Plymouth**

*Saoirse Read LD Liaison Team Leader*

# RAPA
## (Real-time Automated Patient Alert)

**A& E Reception**

**Admitted**

**Transferred**

**Discharged**

**Email and or Text sent to Care team/Care worker**

RAPA    Alert

RAPA Update Alert
Your patient XX has been discharged from Zzward2 at Derriford Hospital

Community Teams

Hospital Teams

RAPA is a simple, effective communication solution that ensures Care Teams, both inside the hospital and out in the community, know when their patient attends A&E, is admitted to hospital, transferred to another ward or discharged.

# Patient care manager (PCM) - Learning disabilities custom list.



A list of all currently admitted patients linked to the learning disabilities team from where ward staff and the learning disabilities team can review patients, set attributes and communicate with each other

**Hill, Roy**

X ⚠ EAH

**RAPA Users Linked to this Patient**
Select one to see the details

👤 SS, SS (Team: Learning Disability Derriford Liaison Team, Specialty: Derriford Liaison Team)

👤 **Team Member Details**

| Name | Organisation | Specialty | Prefered Method of Contact | Contact Times | Mobile Telephone Number | Telephone | Email | Other Contact |
|------|--------------|-----------|----------------------------|---------------|-------------------------|-----------|-------|---------------|
| SS SS | PHNT | Derriford Liaison Team | E-Mail | | | | test@test.co.uk | |

👥 **Team Details**

| Name | Telephone Number | Mobile Number | Email Address |
|------|------------------|---------------|---------------|
| Learning Disability Derriford Liaison Team | 01752431567 | | test@test.com |

From PCM the users on the ward, and the learning disabilities team can view the RAPA contacts linked to the patient, as well as any inpatient, outpatient, waiting list or referral activity..

# Pro's and cons of using this system:

- Reliable way of knowing when a person with LD is admitted to hospital.
- Reliable real time list of all our known in patients
- Reliable real time movement of our patients within the hospital.
- Reliable real time discharge of our patients.
- Once alerted to the team the team can arrange to see them and complete LDL team nursing process which includes a reasonable adjustment risk assessment.
- Live communication updates seen by our team and vice versa for ward staff.
- Alerts can be sent to community services including GP practices, who may also have the system, simultaneously. We can see who else the alerts go to.

- Community LD services or GP practices can alert people on the system once they turn 18.
- It is easy to alert a person with just a hospital or NHS number.
- Can also be used for alerting out patient appointments as it can be used on any system.
- Can alert the team if a person did not attend (DNA) once, or on the second DNA.
- You can run reports from the system depending on what information you put on your custom list, for example if you have a symbol for hospital passport you can run a report on how many in patients in the last six months had one or what was the average stay or who the repeat attenders are.
- Alerts for our deceased patients.

# And the Cons are:

- The RAPA will not integrate automatically to your system it will be easier to implement if you have a system in place that already has people with a LD highlighted/alerted.

- It will take admin time to alert all patients onto RAPA from your system or LD list, but you only need to input a NHS number or hospital number and as you are not inputting personal information yourself, this does not need consent as it is data protected anyway.

- You rely on your email system to work, if there has been a fault with your email you may not have an automatic alert – however you can double check manually.

- You may get more alerts than expected(!) and not having first hand knowledge of the person may make prioritising difficult.

- Convincing/organising other services to have the system and to use it.

- There will be a cost element to setting it up.

# What are cost benefits of being able to make such reasonable adjustments for people with a Learning Disability in the Acute Setting:

- In regards to patients with a LD cost savings are available through the implementation of efficient and effective pathways; improved staff skills, knowledge and attitudes; sufficient learning disability liaison nurse capacity; achieving key protocols and joint agreements. The indicative savings which it has been possible to identify are £196,500 per year for an acute hospital serving a 350,000 population.

- It all starts with knowing that people with LD are using the acute services and when. LDL nurses can't do their job effectively unless they know people are coming to or are already in the hospital.

- Your system needs to be able to report to show LD activity in the acute setting which can show areas to focus on, for example additional staff training needs or pathways, DNA's, Repeat Attenders, people occupying beds for long periods of time.

Improving Acute Hospital Patient Pathways for Adults with a Learning Disability & Adults with Autism. NHS East of England.

http://www.rcpsych.ac.uk/pdf/EOE2%20april_2011_full_report.pdf

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