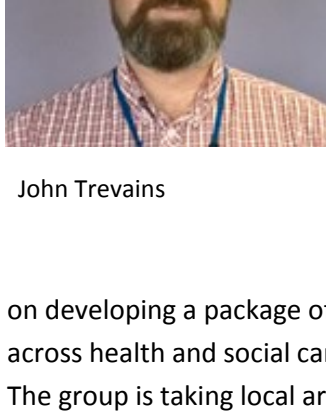


# Aspiration Pneumonia

## New national Learning into Action group has been set up

by John Trevains, NHS England



Work is already happening at a national level to help share learning and better direct services to address the themes which arise from mortality reviews.

One area which I believe will make an impact is the national *Learning Into Action* group.

NHS England has established this group, which includes, amongst others, NHS Improvement, Health Education England, NHS provider organisations, NHS Resolution, Royal College of Nurses, University of Bristol's LeDeR Programme, urgent care forum and learning disability hospital liaison nursing networks. This group is working

on developing a package of best practice measures and urgent health interventions across health and social care for people with a learning disability.

The group is taking local area examples of good practice and working to share them nationally. Where areas are identified for wider national work, for example improving guidance on the application of the Mental Capacity Act in urgent care situations, the national group are working to develop this.

Through professional networks, the number of colleagues across the country volunteering to contribute to this work is brilliant to see. Thank you all for your energy and commitment on this important matter. I look forward to supplying updates on this in future newsletters. If you're interested in contributing to this or have an area of best practice you are keen to share, please email me at [john.trevains@nhs.net](mailto:john.trevains@nhs.net)

Looking at how we can best share information, we have progressed some good work with colleagues from the NHS England Sustainable Improvement Team to develop a web-based platform for sharing this knowledge across professional and stakeholder networks. We are working to get this up and running in the next few months, so we can really start to develop the community of practice in this area.

### Latest data from LeDeR programme

In 2017, 17 per cent of notified deaths to the LeDeR programme cited aspiration pneumonia as a cause, or contributory cause, of death.

## Work being carried out at a local level to reduce deaths

Here are some examples from around the country of best practice actions to reduce aspiration pneumonia deaths following completed LeDeR reviews:

### Northamptonshire

In Northamptonshire, they are planning to hold a training afternoon in November for care home, nursing home, domiciliary care and supported living providers to educate them on aspiration pneumonia and the dangers for people with learning disabilities. The area is seeing an increasing number of reviewed deaths where aspiration pneumonia has been the cause of death, or a contributing factor.

As a result, Northamptonshire is now prioritising those reviews so a plan can be completed for the local steering group to support a thematic review of those deaths. That review will be looking to determine if there are any local issues which need addressing to prevent further premature deaths from aspiration pneumonia. If so, an action plan will be drawn up.

### Hertfordshire

In addition to tasks identified through its Joint LeDeR / Improving Health Delivery Plan, stakeholders in Hertfordshire are this year focusing on respiratory problems, including aspiration pneumonia.

Different stakeholders are working together, focusing on different tasks with a view to improving services and reducing premature deaths throughout the area. The Integrated Health Care Commissioning Team is looking at existing services which offer physiotherapy and postural support services. It wants to see if there's a link between a higher number of respiratory cases and a lack of specialist physiotherapy services.

The Hertfordshire Partnership Foundation Trust is considering developing a risk register which can be shared with the Health Liaison Team, which supports adults with learning disabilities to access mainstream health services, so there's a better awareness of the dysphagia pathway.

The risk register may also be shared with Community Learning Disability Nurse team so people with learning disabilities can be better supported during their annual health checks.

And in a similar way to Northamptonshire, Hertfordshire's end of life service is looking at implementing an education programme to improve understanding and awareness with hospices, care services and families as well.

Meanwhile, the area's acute care teams at East and North Herts NHS Trust and West Hertfordshire Hospitals NHS Trust are reviewing training so people with learning disabilities can be better supported. They want to improve understanding of how to recognise symptoms when someone has a learning disability to reduce, and ultimately prevent, admissions.

The impact of all this work throughout the area will be assessed in April 2019.

### Liverpool

The region held a LeDeR good practice sharing event in March and collated information about common themes. One of their main areas of concern was Aspiration Pneumonia. It was agreed that it was necessary to develop a pathway in the area to identify what best practice should look like and identify any gaps. Liverpool CCG and Liverpool Royal have now set up the project which will be shared across the North West.

The project has identified a need to develop simple and brief guidance to ensure that adults with learning disabilities, who have dysphagia, receive the highest possible level of assessment, care and support to minimise risk whilst striving to maintain quality of life.

The aim is to provide all staff with a clear stepped up flowchart with safeguarding principles incorporated into this. The project team is currently in the process of reviewing a draft version of this guidance.

### Leicestershire

The area's learning disability service has an Eating and Drinking Pathway which supports both inpatients and community patients. It has resources aimed at raising awareness for carers and families.

It also looks at referral for support, advice or assessment and then looks at interventions and treatments. This can lead to training, additional equipment, or suggesting different foods and drinks, all aimed at reducing or eliminating dysphagia risks and aspiration.

### Cumbria

There has been a strong recognition across the county that aspiration pneumonia is a continuing challenge. The teams have a county-wide physical health pathway that has a monthly meeting. They have arranged for a Speech Therapist to look out for. There is also a recognition that this is only a starter and work will be ongoing from here.

### Hampshire

Following recommendations made in LeDeR reviews, the seven factors in the table below are now considered holistically by Hampshire's multi-disciplinary teams, both during initial clinical assessment — following referral to their services — and during profession-specific assessments.

Clinical interventions aimed at minimising and proactively managing identified risk factors are provided by the most appropriate healthcare professionals.

For more information, [email](#) Rachael Middle, Advanced Speech and Language Therapist at Southern Health NHS Foundation Trust.

### Table: Contributory Factor and Actions taken to manage risks

Contributory Factor	Actions taken to manage risks
<b>Poor oral/dental status (including number of decayed teeth, excess secretions, dry mouth)</b>	- Working with 'Special Dental Care Service' - Interventions to support access to dentistry - Interventions to support positive oral hygiene - Training to manage excess secretions
<b>Tube feeding</b>	- Partnership working with Dietetics - Contribution to Mental Capacity assessments
<b>Dysphagia</b>	- Eating and drinking risk screening - Centralised Speech and Language Therapy service available Monday-Friday for queries and advice - Access to video-fluoroscopy service - Provision of training for adult social care providers and voluntary organisations
<b>Dependent for feeding and dependent for oral care</b>	- Provision of training for staff teams and carers - Provision of aids, adaptations and exercise programmes to promote independent feeding wherever possible. - Mealtime assessments undertaken
<b>Physical health- (particularly: multiple medications, multiple medical diagnosis, epilepsy, oesophageal dysmotility, gastroesophageal reflux, COPD,CHF)</b>	- Holistic assessments to identify health needs and risk factors - Proactive and holistic management of known health conditions/diagnoses - Monitoring and, and timely management of, hyper salivation associated with psychotropic medications and provision of postural advice - Interventions to promote activity and aid cardiovascular and respiratory functioning
<b>Postural issues</b>	- Assessment, advice and support with regard to appropriate seating options - Postural programmes and staff training
<b>Knowledge and competence of those supporting the person</b>	- Individualised training for carers - Training for adult social care providers and voluntary organisations - Optimal positioning and posture recommendations - Periodic service reviews to monitor eating and drinking recommendations - Provision of accessible information - Development of Positive Behaviour Support - Training and support for local GP surgeries.

### How one LeDeR review led to service changes nationwide

by Jackie Nixon, director for safe-guarding & customer experience at Creative Support

A LeDeR review was undertaken following the death of a person who had learning disabilities and Cerebral Palsy. Their cause of death was aspiration pneumonia due to acute bowel obstruction.

As the director for safeguarding at Creative Support, a charitable organisation which promotes the independence, inclusion and wellbeing of people with care and support needs, I was aware that undetected constipation and bowel problems were being increasingly reported through Safeguarding of Adult Remotely deaths in people with learning disabilities.

We immediately asked our learning and development team, in consultation with the health promotion lead, to develop a full day training course entitled 'Capacity & Constipation' along with a workbook. The aims of the training are to:

- enable learners to have a better understanding of continence issues/constipation and associated health problems.
- enable staff to practically apply their knowledge.

This course was initially delivered in the London area, but has now been included on the training calendar for all support staff across the country.

We launched a national campaign called 'Move & Act' and produced a checklist that was available on our website. We also produced a 'Happy & Healthy' four week challenge calendar that was sent out to all services.

We want staff to encourage and support service users with healthy lifestyle choices, including providing support with choosing varied balanced diets, having good fluid intake and regular exercise.

We need to ensure everyone takes responsibility to know the signs of constipation and how to seek help and guidance.

We asked staff to take the time to read the good practice information sheet, supporting people well with constipation which is part of the Move & Act campaign and think about how they could promote this with service users in services.

The impact constipation can have on the people we support is a high priority and the learning from the LeDeR review has been shared at the highest level within the organisation.

We want to ensure that all members of the executive team and service managers are aware and engaged in promoting good practice in this area.

### Useful links: further reading

- [Public Health England Guidance: Swallowing difficulties \(dysphagia\)](#)
- [Swallowing difficulties: management in adults with learning disability](#)
- [Reducing the risk of choking for people with a learning disability - a multi-agency review in Hampshire](#)
- [Learning Disability Practice : Dysphagia in people with learning disabilities](#)

### Emerging topics:

In 2017, the other main individual causes of death notified to the LeDeR programme were 1) other types of **pneumonia** (26% of 'known' causes of death); 2) **Sepsis** (11%); 3) **Dementia** (6%); 4) **Epilepsy** (6%).

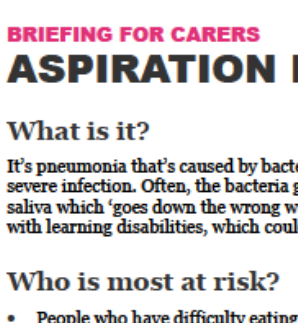
These figures are a snapshot of all notifications, including reviews not yet started, in progress, and completed at the end of 2017.

We will be exploring some of these topics in future issues of this newsletter.

### Next issue:

In September's bulletin, we will be focusing on infection (sepsis). Please let us know about your best practice actions by emailing [chris.allen@bristol.ac.uk](mailto:chris.allen@bristol.ac.uk) by September 10, 2018.

### Briefing for Carers poster:



#### BRIEFING FOR CARERS ASPIRATION PNEUMONIA

##### What is it?

It's pneumonia that's caused by bacteria entering the lungs and causing a severe infection. Often, the bacteria get into the lungs through food, fluid or saliva which 'goes down the wrong way'. It's a cause of death for many people with learning disabilities, which could sometimes be avoided.

##### Who is most at risk?

- People who have difficulty eating or drinking.
- People who have certain eating and drinking behaviour, such as eating too fast or overloading their mouth, moving around while eating, or not chewing food well.
- Those who are reliant on others for eating and drinking.
- People who have poor oral hygiene, tooth decay or gum disease.
- People who need help to brush their teeth and gums.
- Those who have experienced stroke, Parkinson's disease or dementia.
- People with profound and multiple disabilities.
- People who take medications which make them sleepy or give a dry mouth, or who take lots of different medicines.
- Those who receive their food through a tube.
- People who are immobile or inactive.

##### Reducing the risk: what you can do:

**Refer** to a Speech and Language Therapist if repeated chest infections or any concerns about swallowing.

**Follow** mealtime and eating and drinking management plans.

**Oral Hygiene:** support the person with twice daily toothbrushing (teeth and gums) and regular dental checks.

**Monitor** food and drink intake, weight, coughing and choking incidents at mealtimes.

**Review:** ask the GP for a review of a person's medications if you think they may be aspirating.

**Activity:** help the person stay active and spend time out of bed.

**Training:** ensure everyone supporting the person knows how to deal with a choking incident.

##### Common signs of Aspiration

Coughing or choking when eating or drinking

Difficulty breathing: the person may breathe rapidly, gasp or wheeze

A wet or gurgly voice at mealtimes

Eyes watering at mealtimes

Raised temperature

Change in skin colour

##### Longer term

Weight loss

Recurrent chest infections or pneumonia

Refusing food or reduced enjoyment of eating

Dehydration or malnutrition

If someone shows signs of infection, call GP or out of hours service

If they are very poorly, dial 999

Prompt treatment can save someone's life!