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An exploratory study to investigate how community learning disability nurses (CNLDs) support adults with learning disabilities in Wales to access secondary healthcare.

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Background

- Health Inequalities that people with learning disabilities face when accessing secondary healthcare heavily evidenced
- Different liaison models being used in Wales
- Other countries within the UK starting to implement and evaluate LDLNs
- Personal experience of working as a CNLD and supporting clients access healthcare

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Unique features of this study…

The unique features of this study respond to the gaps in existing literature in the following areas:

- explore how CNLDs support adults with learning disabilities access secondary healthcare in Wales
- explore the identification and removal of barriers to access secondary healthcare
- explore influences on the role of the CNLD when there is a LDLN in post
- explore differences in the role of the CNLD depending on banding
- address potential lack of clarity in the role of CNLD among themselves, and other health professionals within primary and secondary healthcare.

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Research Design

- All Wales Study
- Two stage mixed method study design
- Stage One – October/November 2015
  Qualitative interviews (n=14)
- Stage Two – November/December 2016
  Questionnaires (developed from data obtained via stage one interviews (n=112))

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Stage One – Critical Incident Technique (CIT)

- Defining features of CIT include:
  - it focuses on determining facts, as opposed to generalisations, to find solutions to practical and real problems;
  - uses either direct observation or obtains participants' clearly described memories of a specific incident;
  - incidents, rather than participants, are the units of analysis

(Butterfield et al., 2005, Flanagan, 1954 and Kemppainen, 2000).

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Sampling using Critical Incident Technique (CIT)

- Allows scope throughout the design of the study
- Sample Size - critical incidents rather than number of participants
- No set rule on how many incidents are sufficient (Butterfield et al. 2005)
- Theoretically, sampling should continue until saturation is reached.
- Twelker (2007) states that over 100 incidents are generally accepted to be a reasonable figure for analysis.
- Sample size does not reflect the volume of data generated.

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Data Collection

- Interviews appear to be popular. (Bailey 1956, Beech & Norman 1995, Grant et al. 1996, Jay 1996, Cheek et al. 1997, Redfern & Norman 1999, Wendt et al. 2004, Aveyard & Woolliams 2006, Persson & Martensson 2006, Hensing et al. 2007).

- Most CIT interviews are face to face, but some researchers have used telephone interviews (Bormann et al. 2006).

- A common approach among researchers performing CIT interviews is to elicit positive incidents and negative incidents from each participant (Grant et al. 1996, Kemppainen et al. 1998, Redfern & Norman 1999, Wendt et al. 2004, Persson & Martensson 2006).

Stage One – Qualitative Interviews Critical Incident Technique (CIT)

- A mixture of 13 positive and negative statements relating to situations that nurses may come across in practice in regards to supporting clients to access secondary care:

  'In your role as a CNLD, you have felt really excited about a piece of work you have done with your client when accessing secondary care.'

  'In your role as a CNLD, you felt frustrated when supporting your client to access secondary care.'

- The statements were refined via a small pilot involving band 7 community nurses that have had some involvement in liaison with secondary care.

- Prior to the interview (at least one week), the participants were provided with statements which allowed them to reflect on their experiences.

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Stage One – Qualitative Interviews Critical Incident Technique (CIT)

- Participants were asked to choose five or six statements and recall the occasions and the context when they felt this way.

- Once the participant had identified an event, the following probing questions were used:

  - What were the circumstances leading to that event?
  - Exactly, what did you (CNLD) do?
  - What was the outcome for the person with learning disabilities?

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Data Analysis

- An inductive process…
- Sharoff (2007) argues that CIT data should be analysed according to the specific type of study being conducted, for example phenomenology.
- Thematic Analysis (Polit & Beck, 2014)
- 4 themes generated from 74 critical incidents

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Data Collection – examples of responses and themes

Theme 2 - Therapeutic Relationships
"we worked jointly, myself and secondary healthcare to support him through the process and it all went according to plan it shows that when you take the time to put all those measures in place that it actually benefits the patient hugely."

"I just think I would have been there every step of the way, it is how I work and what I think my role is to support through stages from admission to discharge."

Theme 3 - Coordination
"I think my role was a coordination role, it was a matter of coordinating all the services, the breast care nurse, social services, day service and the hospital."

"It went really really well. I feel that the coordination prior to the consultation made a big difference to my client's experience."

Theme 1 - Proactive/Preparatory Work
"Prior to his appointment I contacted the rheumatology department and spoke to the consultant that was actually overseeing the care of this gentleman and we spoke quite in length about his level of anxiety and not wanting to come to appointment."

"This was going to be absolutely horrendous surgery, it was a team of people because we had to work out if this was in her best interest, we went through all that process, several MDT meetings, but the outcome of which was yes, we would proceed."

Significant Incident
Supporting adults with learning disabilities to access secondary healthcare

Theme 4 – Influencing Healthcare Outcomes
"I think initial frustration, quite testing, that is where I felt I needed to advocate for him. I needed to make sure that I had responded in some way on behalf of him, you know because I just thought it was so appalling how everything was managed so then to actually go there the second time and see it go according to plan from admission to discharge was amazing."

"I think if I had not been involved with this lady, I feel as though her sisters would have continued to support her, and I feel that maybe her physical health problems would have been missed."

The Reflective Practitioner (CNLD)

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Stage One - Themes/ Sub Themes

Key Theme	Proactive/ Preparatory Work	Therapeutic Relationships	Co-ordination	Influencing Healthcare Outcomes
Sub Themes	CNLD Referral	Direct client support	Communication	Advice & Consultancy
	Capacity & Consent	Key Constant over time and settings	Promoting MDT Working	Awareness raising
	Person centred care	Interpreting information	Working between and across services	Promoting use of Care Bundles
	Facilitating Reasonable Adjustments	Knowledge exchange	Medication monitoring	Advocacy
	Risk assessments	Supporting families & carers	Partnership working with acute liaison nurse	
	Discharge Planning			

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Stage Two - Questionnaires

- **Demographic Information**
- **Frequency Scale Questions**

		Always	Almost Never	Sometimes	Almost Always	Always
3.1	I provide direct client support (i.e. attend hospital appointments, pre visits) when supporting my client to access secondary healthcare.					

- **Yes or No Questions**

3.5 In which ways to do you interpret information for clients, families and paid carers when accessing secondary healthcare? (please tick all that apply)

Meet with client/healthcare staff prior to appointment	
Seek further clarification	

- **Further Information**

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Stage Two - Demographic Data

- 112/114 - Response rate of 98%
- 20 (17.9%) Male CNLDs
- 92 (82.1%) Female CNLDs

Banding	Total (%) n=112
Band 5	5 (16.3%)
Band 6	69 (61.6%)
Band 7	25 (22.3%)
Band 8	2 (1.8%)

Age	Total (%) n =112
25-34 years	14 (12.5%)
35-44 years	29 (25.9%)
45-54 years	55 (49.1%)
55+ years	14 (12.5%)

Health board	Total (%) n=112
Heath board A	13 (11.6)
Health board B	16 (14.3%)
Health board C	15 (13.4%)
Health board D	9 (8%)
Health board E	34 (30.4%)
Health board F	9 (8%)
Health board G	16 (14.3%)

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	Discharge Planning		CHC Discussion	
Cross-cutting theme	Palliative/End of Life Care			

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Stage Two – Results

- Stage two results confirmed stage one results
- Significant relationships were found between health board area and:
  - Discussing & Monitoring Discharge Medication
  - Visit to ward or department prior to appointment/ admission
  - Attendance at MDT meetings during admission
  - Working in partnership with LDLN
  - Providing Advice & Guidance to secondary healthcare staff
- There are no relationships between the role of the CNLD and banding

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What next?

- International Dissemination
- Publications
- All Wales Health Liaison Model?

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Thank-you

Any Questions?

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