**Report & Recommendation Response Form**

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| Report sent to  | **Julie Edwards**  |
| Date sent | 1/07/2024 |
| Report title | Empowering Voices: Examining Healthcare Access for Adults with Learning Disabilities and Autistic Adults in Southwark.  |
|  | Response(If there is a nil response please provide an explanation for this within the statutory 20 days) |
| Date of response provided | 01/07/2024  |
| Please outline your general response to the report including **what you are currently doing to address** some of the issues identified.  | In Special Care Dentistry at King’s College Hospital we are passionate about improving health outcomes and reducing stress and anxiety for patients with Learning Disabilities and Autistic Adults. We are an adult only service that is Hospital based but have strong links and working relationships with our local Community Dental Services and have done for many years. This makes the transition from primary to secondary care more seamless for these patients and access to care is easily expedited when necessary. We work really closely with other Specialties in the dental institute, so that optimal levels of care is available throughout the Dental Institute. This is either as support, advice or to take over care. In particular we are always prepared to discuss or help with those patients who arrive in the emergency service, due to lack of access in more appropriate services. A visit from Mencap described our services as a shining example of how patients with a Learning Disability, or who are Autistic should be treated. However, we continue to champion because there is always more that we can do to improve services. This document empowers patients but it also empowers us when striving to make these necessary and important changes, so that we can optimise and improve patient and family/carers experiences and patient outcomes. Currently we are 1. Allowing extra time for patients with learning disabilities and Autistic adults. However, it isn’t always known when patient referrals are accepted and booked for their first assessment, that they may require extra time or additional support. We have recently started booking patients for telephone assessments prior to the initial assessment so that we can plan ahead with the patient, family and care teams. At this stage we can make a decision as to whether extra time is required. It also prepares everyone. In some situations where the patient will find it difficult to attend the hospital we do go and see them at home for the planning stages prior to treatment.
2. All our staff including nurses and dentists have extensive experience with assessing and treating patients with Learning Disabilities and Autistic Adults. All consultants and most of our nursing team have additional training around understanding those who have Learning Disabilities and are Autistic. As a team we train and educate trainees, nurses, therapists and other dental practitioners on treating patients with learning disabilities and those who are Autistic. As per the Nuffield report there is a need to address the lack of workforce available and the utilisation of therapists for treatment. I am due to present at national levels to UK dental therapists on treating patients who are Autistic at their annual conference in December. There is training delivered to trainee dental therapists at King’s, delivered by specialists from our community services that focuses on Learning disability and Autistic individuals.

As a trust it is now mandatory that we carry out Oliver McGowan training. As a department we always happily assist other departments/specialties, so that all understanding is given. As patient outcome lead, I am not aware that we have ever had feedback that would show that we are dismissive or rude as a service in dental. A recent satisfaction survey of our general anaesthetic lists showed that our staff have a good attitude, are friendly, helpful and great at communicators. 100% of patients asked felt our service was good or excellent, however the waiting times for the service were too long. Please see recommendation 3 as to how we aim to address this. 1. We are aware of the level of anxiety involved with attending hospital appointments and having dental treatment. We offer a range of options to help with this including extra time, CBT, sedation and general anaesthesia. We are very well supported by our anaesthetic teams for general anaesthesia and to our knowledge, on the very rare occasion, are the only trust that will offer sedation to patients at home and transfer them via ambulance, so that their dental treatment can be carried out. This does require court of protection applications and can be lengthy in planning as a result however, these patients would otherwise not have their dental treatment carried out. Please see recommendation 1 as to our plans to reduce stress and anxiety prior to visits to our service.
2. Where possible we will bring patients from the noisy waiting room and sit them in our quiet recovery area. Our rooms are painted in softer tomes rather than bright white. We have sensory boxes available to patients with a range of items that can be used to help regulate anxiety. These sensory boxes were donated by the charity starlight, after our senior nurse applied for them.
3. We now have a business administrator and a receptionist that has helped to improve the ability to contact our services as audit and feedback showed this was an issue for all patients. The use of emails has also aided this too.
4. We have a well-established transition pathway for paediatric to adult care. Our patients are never discharged without a robust plan for follow up care. Where there is a transition of care we offer follow ups with our team until the transfer has happened and been successful. See recommendation 4 for our plans for transition of care going forward.
5. We have a strong working relationship with our Learning Disability teams and safeguarding teams. We have a dedicated patient outcome lead and safeguarding lead that sit within Dental.
6. We work really closely with wider Learning Disability nurses, social workers, advocates, consultant psychiatrists and wider medical teams to ensure our treatment is safe, optimal and in the patient’s best interests. We work with families and care teams where possible to optimise care and experiences.
7. All our patient leaflets have been converted to easy read leaflets, working with our communications teams. These have been hugely successful.

Feedback questions from the friends and family test were converted to easy read versions. However, for those patients who find reading difficult we plan to create a video. Please see recommendation 1. 1. During COVID we still had access to theatre time for emergencies as our patients are vulnerable. This was a huge step forward in recognition for how vulnerable our patients are and how important their dental health is. This has helped our waiting lists but they are still longer than we would like. Please see recommendation 3 for what we are planning for this.
2. Due to the recent cyber warfare incident, kings was heavily impacted resulting in cancellation of lists. We do take blood tests for our patients during their anaesthetics. Our patients were made a priority and not cancelled due to the vulnerability of the groups of patients we see, this was endorsed and supported at managerial level in the trust.
3. We now write all of our aftercare correspondence to patients themselves and copy in the relevant individuals. Patients are treated as adults and given respect and understanding. Simple language and non-jargon is always used.
4. Following an audit, we now routinely ask all new patients if they have a hospital passport.
5. As a team we use every resource available to our patients to enable them to communicate and alos empower them to consent for themselves, where possible. An EDI audit carried out shows that we cater for very diverse cultural and ethnicity backgrounds at King’s. Our nurses have had Makaton training. The aim will be to have the team Makaton trained although we all know the basics. We now have a new translating service that allows us to connect to a translator immediately on a screen that can be wheeled into the surgery. We always ask about communication aids as part of our assessment and consent processes.
6. The dental institute at King’s has an accessible surgery on ground floor that has space and equipment that can be removed for a less threatening environment. We also have bariatric chairs and wheel chair tippers available in primary and secondary care. Reasonable adjustments are always made where possible to accommodate patients such as appointment times and length. Changing appointments at short notice is understood. We always investigate into patients that do not attend and they are not automatically discharge if their appointment is missed. We do go out to see patients in our community clinic to give expert advice and on some occasions visit them at home.
7. Patients are given time to adjust and understanding given from a sensory perspective. We are aware of the stimulating environment they are in when visiting the dentist and a hospital setting. Our communication styles and practices are adapted and adjusted to each individual.
8. All our patients are treated equally and to their specific needs. We are becoming increasingly aware that some of our phobic patients who find dentistry difficult, may be phobic because of sensory and comminution complexities from an unconfirmed neurodiversity.

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|  | Please outline what **actions** and/or improvements you will undertake **as a result of the report’s findings and recommendations**.If not applicable, please state this and provide a brief explanation of the reasons. |
| Recommendation 1  | Preparation ahead – we are currently working with a media team and King’s Grant team to fund a video that prepares patients before they arrive for their visit.  |
| Recommendation 2 | We are currently looking to employ a dentist that will sit within the emergency dental services, so that someone with a special care background and has experience in treating patients with a learning disability or who are autistic, is available at all times to assist.  |
| Recommendation 3 | We have recently carried out a large theatre utilisation project to help utilise our theatre time and bring down waiting times for patients. This has been successful and has meant adding extra lists and extra patients on these lists without reducing any care quality or experience.  |
| Recommendation 4  | PIFU pathways offer the opportunity for patients to be seen again if required after discharge for a set time period. This navigates the lengthy referral pathways that currently exist if the need to return to us. We are currently auditing and creating a SOP for this.  The work between hospitals in the South East of London acute provider collaborate (APC) is addressing the long waiting times so that the three main trusts work together to reduce this. Current projects are looking at automation of referrals to use AI to streamline referrals and access and aligning patient pathways across the trust to increase productivity and reduce patient waiting times. A big part of the project is about reducing inequalities and that DEI principles are followed.  |
| Add recommendations if there are more than 4.  |  |
| Signed | Sent electronically  |
| Name | Julie Edwards  |
| Position | Consultant Special Care Dentistry King’s College Hospital London Dental Institute Patient Outcome Lead Dental  |