South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

Learning Lessons Quarterly Bulletin

Newsletter Date October 2015

Diagnostic Overshadowing

Welcome to South Staffordshire and Shropshire Healthcare NHS Foundation Trust's Learning Lessons bulletin.

As a Trust we recognise the benefits that can be had from sharing and cascading learning from incidents and near misses, and know that if this is done effectively it can help to minimise future risk and strengthen the quality of the services we provide.

The Trust is committed to quality improvement, and will continue its strong focus on delivering high quality, safe and effective services. This new quarterly bulletin is an important component of a number of key approaches embraced by the Trust to drive forward the quality agenda.

The ultimate aim of evaluating our services and learning lessons is to improve outcomes for service users. This bulletin is intended to support this aim by communicating and strengthening local and national lessons to be learnt from both positive practice and areas for improvement.

In this issue we are focusing on reducing incidents of diagnostic overshadowing .

We hope that you find this bulletin informative and useful and welcome your ideas and input into future issues.

Inside This Issues

Diagnostic Overshowing—What is it?

Diagnostic overshadowing occurs when symptoms of physical illness are attributed to the service user's mental illness or learning disability. This increases the risks of treatment delay and the development of complications. The situation may arise due to stigmatisation of the mental condition or learning disability and negative attitudes among healthcare practitioners, together with a lack of education and training in physical or mental health, or a lack of confidence in clinical skills and symptom recognition.

Preventing diagnostic overshadowing is challenging because it requires staff to reflect continually on their attitudes, skills and education needs, and practice.

Studies have found this diagnostic overshadowing bias occurs across professions/disciplines not just specific to nurses.

Once a Day (DOH 1999) highlights that mental health including challenging behaviour occurs in up to 50% of people with learning disabilities. Depression or withdrawal from everyday activities is frequently not diagnosed or treated.

Case studies/Vignettes

Learning Disabilities

Sarah had a moderate learning disability and a history of mild depression following the death of her mother. She started to feel unwell and complained of a 'tummy bug' putting her off food and drink and causing severe diarrhoea and vomiting.

She was treated by her GP but continued to feel unwell, lost weight and was eventually admitted to the local Acute hospital through the Emergency department. Following admission she had a number of tests but a clear diagnosis of the cause of her illness was not made. She continued to vomit after eating and despite clearly stating she didn't want to eat or drink because it made her feel sick, extreme additional weight loss following her admission to hospital and changes in her blood results indicating she was seriously unwell, the treatment plan hinged on getting her discharged if possible to a psychiatric bed.

The mental health liaison nurses and the community learning disability nurse visited Sarah regularly. They shared her family's concern that she was deteriorating and becoming increasingly unwell and frail and raised these concerns with the ward staff and the Consultant. She was assessed by the Community LD psychiatrist who considered she was not mentally unwell. Despite this Sarah did not receive any additional treatment for her failing physical health, with all the focus on her 'mental health'. Sadly, Sarah died from malnutrition and heart failure, she was 42 years old.

In Sarah's case, better joint working would have made a difference. The LD nurse was able to get her to eat a little by reassuring her, staying with her and encouraging her to eat things she liked—not those that were considered 'healthy' offered by the hospital. No account was taken of her learning disability. The ward staff did not refer her to the learning disability team, the LD nurse was alerted to her admission by her family. An early multi-professional joint discussion involving LD services to plan strategies for her care and support could have helped the acute staff take a holistic approach to her treatment and prevented the fixation on discharging her and the belief that her problems were psychiatric.

"Once a diagnosis is made of a major condition there is a tendency to attribute all other problems to that diagnosis, thereby leaving other co-existing conditions"

Mental Health

Robert, diagnosed with bipolar disorder 17 years ago, has experienced the impact of diagnostic overshadowing personally. "Early on, I had a very unsympathetic GP who would not take my severe stomach pains seriously – he didn't appear to feel it was important to investigate them," says Robert. When he stopped taking antibiotics prescribed for another condition, the pains stopped. He realized that his symptoms were due to the drug reacting with his other medication. "I would have expected the GP to be aware of the possibility of adverse drug reactions, but he never offered this as a possible explanation," says Robert. For the next eight years he struggled with suboptimal treatment that left him debilitated from musculoskeletal pain. "It is also important for doctors not to overlook the fact that physical disorders can also be symptoms of a mental illness not being treated effectively," he says.

Paediatrics

Jane was brought to the paediatric Service aged 5 with a history of excessive crying, sleep disturbances, excessive clinging to the mother and poor communication skills. During the assessment the clinician noticed that Jane wanted to maintain excessive physical contact with her mother and short instances of separation resulted in excessive crying and screaming for 30-45 mins and she was extremely anxious. She was diagnosed with Separation Anxiety Disorder (SAD). The intervention plan targeted to improve her vocabulary and communication as well as to decrease her anxiety through systemic desensitization by graded exposure of separation from the mother. At the end of the 3 months, Jane's vocabulary had increased and was able to consistently use words like 'mother', 'give' and 'come'. Jane had a number of further interventions with the Speech and Language Therapist . By the time Jane reached 9 years of age Jane continued to exhibit a number of features which meant clinicians reassessed her eventually identifying Jane's diagnosis was Pervasive Development Disorder. There are studies wherein the primary disorders like autism and specific language impairment overshadowed the comorbid conditions like anxiety and depression (MacNeil et al. 2009).

Learning Lessons Features—Healthcare For All

Recommendation One
Those with responsibility for the provision and regulation of undergraduate and postgraduate clinical training must ensure that curricula include mandatory training in learning disabilities. It should be competence based and involve people with learning disabilities and their carers in providing training.

Recommendation Two
...collect the data and information necessary to allow people with a learning disability to be identified by the health service and their pathways of care tracked.

Recommendation Three
Family and other carers should be involved as a matter of course as partners in the provision of treatment and c are, unless good reason is given. Trust Boards should ensure that reasonable adjustments are made to enable and support carers to do this effectively. including provision of information, practical support and service co-ordination.

Recommendation Four
Primary care trusts should identify and assess the needs of people with learning disabilities and their carers as part of their Joint Strategic Needs Assessment. They should consult with their Local Strategic Partnership, their Learning Disability Partnership Boards and relevant user-led learning disability organisations or groups.

Recommendation Five
The Department of Health should raise awareness in the health service of the risk of premature avoidable death, and to promote sustainable good practice in local assessment, management and evaluation of services. The Department of Health should establish a learning disabilities Public Health Observatory. This should be supplemented by a time-limited Confidential Inquiry into premature deaths in people with learning disabilities to provide evidence for clinical and professional staff of the extent of the problem and guidance on prevention.

Recommendation Six
The Department of Health amend the Core Standards for Better Health to include an explicit reference to the requirement to make “reasonable adjustments” to the provision and delivery of services to vulnerable groups, in accordance with the disability equality legislation.

Recommendation Seven
Inspectors and regulators of the health service should develop and extend their monitoring of the standard of general health services provided for people with learning disabilities, in both hospitals and the community sector.

Recommendation Eight
The Department of Health should direct PCTs to secure general health services that make reasonable adjustments for people with learning disabilities, through a Direct Enhanced Service. PCTs should commission enhanced services that include regular health checks by GPs and improved data, communication and cross-boundary partnership working.

Recommendation Nine
Section 242 of the NHS Act 2006 requires NHS bodies to involve and consult patients and the public in the planning and development of services, and in decisions affecting the operation of services. All trust boards should ensure that the views and interests of people with learning disabilities and their carers are included.

Recommendation Ten
ll trust boards should demonstrate in routine public reports that they have effective systems in place to deliver effective, reasonably adjusted health services. This should include arrangements to provide advocacy for all those who need it, and secure effective representation on PALS from all client groups including people with learning disabilities.

Top Tips

See the person - not the disability
Find time to:

- Listen to the person
- Listen to the family

Find the best way to communicate:

- Pay attention to facial expressions
- Notice gestures and body language
- Try pointing to pictures
- Try signing

Keep information simple and brief
Avoid using jargon
Don't make assumptions about the person's quality of life
People with a learning disability/mental ill health feel pain too
People with a learning disability/ mental ill health get ill too
Don't confuse a learning disability/mental ill health with illness
Be suspicious about serious illness – act quickly!
Get to know some of the health conditions that are more common for people with a learning disability/mental ill health

You may well need to be assertive on behalf of your service user.
Consultant to consultant conversations work!

The law and you

You must make reasonable adjustments to ensure that each person has the same opportunity for health, whether they have a learning disability or not (Disability Discrimination Act, 2005)

Capacity is specific to a particular decision and time. You must assume the person has capacity. If assessment shows they don't, a decision must be made in their best interest (Mental Capacity Act, 2005)

Recommendations from Trust SIs

The following were recommendations from investigations in to serious incidents in which diagnostic overshadowing was identified as an issue:

- ◊ Role of Mental Health and Learning Disability liaison staff to include advice to Acute staff on Mental Capacity Act and the Mental Health Act.
- ◊ The competences of Mental Health and Learning Disability Liaison staff to be developed enabling them to flag issues relating to diagnostic overshadowing and support Acute Trust staff to ensure the causes of symptomatology are addressed in a timely effective manner.
- ◊ Trust to produce a Learning Lessons Bulletin on Diagnostic Overshadowing.

National Resources

Patient Safety First is a national campaign and is sponsored by the National Patient Safety Agency and the NHS Institute for Innovation & Improvement. The campaign aims to make safety of patients everyone's highest priority with no unavoidable deaths and no unavoidable harm . The Campaign website contains a range of simple, yet effective ideas for improving patient safety within organisations. The link to the Patient Safety First Campaign website is: http://www.patientsafetyfirst.nhs.uk

Central Alerting System The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care. Risk management distribute relevant alerts to directorate risk co-ordinators for cascading. Further information about alerts can be found at: https://www.cas.dh.gov.uk/Home.aspx

Preventing suicide in England
A cross-government outcomes strategy to save lives

On 10th December 2012 the Department of Health issued "Preventing Suicide– A Cross-Government Outcomes Strategy to Save Lives. The strategy is intended to provide an approach to suicide prevention that recognises the contributions that can be made across all sectors of our society. It draws on local experience, research evidence and the expertise of the National Suicide Prevention Strategy Advisory Group, some of whom have experienced the tragedy of a suicide within their families. The strategy identifies measures to support families – those who are worried that a loved one is at risk and those having to cope with the aftermath of a suicide. The strategy also makes more explicit reference to the importance of primary care in preventing suicide and to the need for preventive steps for each age group.

HM Government

Further information can be found at the following link: http://www.dh.gov.uk/health/files/2012/09/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf

Hospital Passport - http://www.easyhealth.org.uk/listing/hospital-passports-(leaflets)

Literature:

GMC : *http://www.gmc-uk.org/learningdisabilities/200.aspx*

Institute of Psychiatry: 2012. Why people with mental health problems might not get the treatment they need in A&E. http://www.mentalhealthcare.org.uk/media/downloads/accident_and_emergency.pdf

Mental Health Practice 2013 Diagnostic Overshadowing: a potential barrier to physical healthcare for mental health service users. http://journals.rcni.com/doi/abs/10.7748/mhp2013.12.17.4.22.e862

Copies of "Getting it right" are available from Mencap at www.mencap.org.uk/gettingitright

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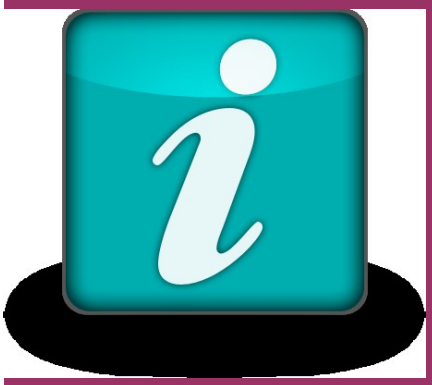

This Bulletin is available on the Trust website at :

http:// www.southstaffsandshropshealthcareft.nhs.uk/Default.aspx

Or alternatively

A hard copy can be obtained by contacting the Trust Risk Management Department on 07850 257888 ext 5953

- We welcome your feedback on this Learning Lessons Bulletin to help us to ensure that future editions are helpful and informative

- We would also welcome your ideas for future features or areas of learning you feel are relevant to be cascaded across the Trust

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