Northern Care Alliance
NHS Foundation Trust

Home Sedation and Transfer Service for Patients with Complex Needs requiring Hospital investigations and treatment

Lead Author:	Fiona Armstrong, Consultant Anaesthetist
Additional author(s)	N/A
Division/ Department:	Anaesthesia
Applies to:	Salford Care Organisation
Approving Committee:	SCO Clinical Standards & Policies Meeting
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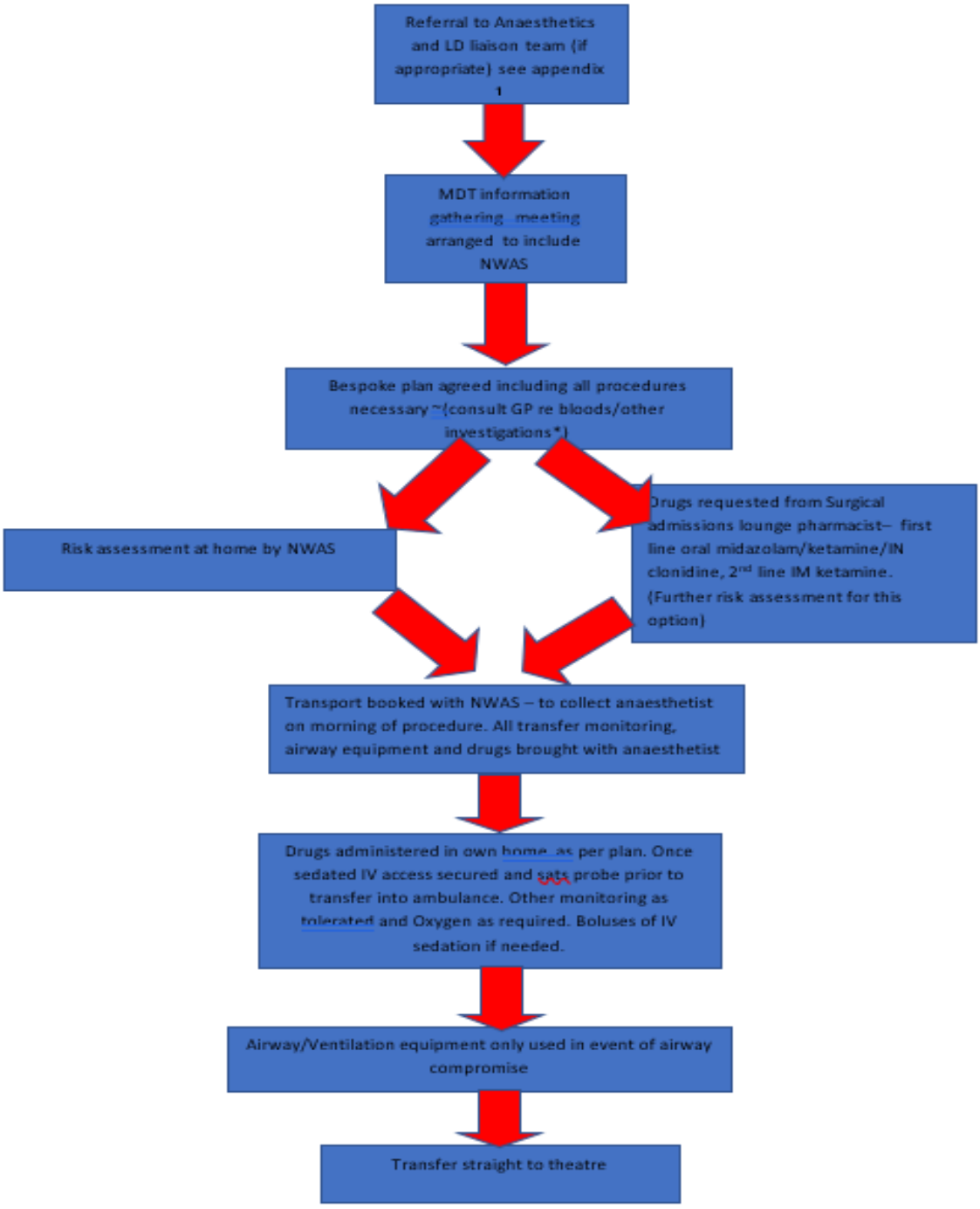
Contents

Document Summary Sheet

Pathway for the management of pre-hospital sedation for the complex patient



1. Overview

1.1 Policy that governs the provision of safe home sedation administered by an anaesthetist and transfer into hospital in partnership with NWAS.

1.2 Designed for patients with complex psychiatric conditions, learning disabilities or neurodiversity who require hospital-based treatment or investigations that are unable to travel to hospital calmly with all other reasonable adjustments.

1.3 Includes referral pathways, inclusion and exclusion criteria, risk assessment and process

1.4 For guidance on sedative pre-medications to be available please consult the formulary in the policy “Anxiolytic pre-medication for hospital procedures involving anaesthesia or sedation”.

If you have any concerns about the content of this document, please contact the author or advise the Document Control Team.

2. Scope

2.1 Relevant only to patients over the age of 16 who have complex needs resulting from psychiatric conditions, learning disabilities or neurodiversity and find it impossible to attend hospital calmly and safely without significant sedation

2.2 All staff who may refer or admit patients for procedures or investigations should have a working knowledge of inclusion criteria and referral pathways. This includes admission lounge staff, pre-operative nurses, medical and surgical clinicians. An in-depth knowledge of the logistical details of the policy is required by anaesthetists and ODPs, specifically those who will be on the transfer teams.

2.3 Psychiatric the learning disability liaison team members must have a working knowledge of the scope of the policy.

2.4 Within the community it is important that community learning disability and psychiatric teams are aware of inclusion criteria and that general practitioners are fully aware that the service exists for appropriate patients.

2.5 The policy will be available to the Northwest Ambulance service via their lead for learning disabilities and autism lead paramedic. It is vital that ambulance personnel involved in a transfer have access to it.

2.6 The suggested procedures that could utilise this service (it should be noted this is not an exhaustive list) are: any procedure that would normally require an anaesthetic or deep sedation such as surgery, endoscopy, diagnostic imaging (including MRI, CT, ultrasound), minor procedures normally carried out under local anaesthetic such as cystoscopies, biopsies, skin lesions, dental procedures. Other investigations or treatments such as ECGs, blood tests, vaccinations etc can be done at the same time but would not normally be the sole reason for utilising this service.

Associated documents

Anxiolytic pre-medication for hospital procedures involving anaesthesia or sedation (awaiting approval July 22)

3. Background

3.1 Provision of care for patients with learning disabilities has become a key government priority and subsequently many medical governing bodies have also adopted measures to promote reasonable adjustments and ensure appropriate governance is in place to improve patient safety and enhance patient care. [1,2,3,4]

3.2 Care of these patients is often performed ad hoc with great variation in practice. Standardisation of care will improve patient safety and experience[3]

3.3 Patients with complex needs and significant healthcare environment anxiety leads to delay in being able to access vital investigations and treatment.[3]

3.4 Multiple failed attempts including restraint can enhance stress and reinforce difficult behaviours posing a danger to both the patient and staff and reducing the success of subsequent medical interventions.[3]

3.5 Multiple failed attempts also comes with a significant resource cost.[3]

3.6 A multi-agency formal pathway allows us to ensure all professionals are involved and all potential procedure needs can be met with one admission. It also makes us early adopters of national priorities. [3]

4. What is new in this version?

New document

5. Policy

5.1 Identification of patients

5.1.0 Patients should ideally be identified by the referring clinician and referred to the lead anaesthetist and appropriate liaison nurse using the form in appendix A.

5.1.1 Patients may also enter the pathway by referral by another anaesthetist or the liaison nurse due to a previous failed experience

5.1.2 The patient must have evidence of failing usual reasonable adjustments/pre-operative sedation techniques (this does not have to be for this referral reason)

5.1.3 The treatment need has to have been identified as in the patient interest following formal assessment and discussion

5.1.4 The patient must not be deemed high risk for home sedation by the anaesthetist this would include anticipated difficult airway or medically complex patient and may include very high BMIs.

5.1.5 The patients home must be within a realistic 30minute blue light transfer of the hospital.

5.1.6 The patients home environment must be deemed safe for extraction by NWAS.

5.2 Pre-procedure planning

5.2.0 An MDT planning meeting which may also involve the formal best interest meeting must take place. This should include representatives from the anaesthetic team, NWAS, LD or psychiatric liaison, the patient/carers, community teams and the referring clinician.

5.2.1 Formal pre-operative assessment by the anaesthetist/pre-op assessment nurses must take place although it is accepted that this is likely to be virtual or telephone in nature.

5.2.2 The patient passport should be updated by the relevant liaison team

5.2.3 Other procedures necessary should be identified this will often involve discussion with the GP. These may include blood tests, scans, vaccinations, ECGs or other procedures that have been difficult to achieve in an uncooperative patient. The best interest meeting must include all procedures required.

5.2.4 NWAS must perform a pre-visit for home suitability assessment.

5.2.5 A formal bespoke plan should be drawn up and the procedure must be booked and listed including allowing the time for sedation and transfer.

5.2.6 Staffing and listings should be planned to allow for anaesthetist and ODP to be offsite collecting prior to procedure.

5.2.7 Medications should be formally prescribed and requested from the surgical admissions lounge pharmacist. These must be made available to collect from the admissions lounge on the morning of the procedure on a named patient basis.

5.2.8 Formal booking of a ring-fenced appropriate ambulance should be made via NWAS – via the Autism and LD lead paramedic.

5.3 Sequence of events on day of procedure

5.3.0 Anaesthetist collects medication from day surgery and emergency drug box and prepares any medications for transfer

5.3.1 ODP collects transfer trolley, emergency transfer bag including airway equipment

5.3.2 NWAS ambulance collects anaesthetist, ODP and equipment from hospital at agreed time and travels to patient's home.

5.3.3 Patient is offered agreed sedative in agreed manner.

5.3.4 Once it has taken effect patient is transferred by NWAS in agreed manner into ambulance

5.3.5 Anaesthetist and ODP apply monitoring, insert IV access and apply oxygen if required

5.3.6 Once secured on transfer trolley and stable transfer takes place.

5.3.7 Monitoring is documented throughout transfer

5.3.8 Top up does of sedatives are given intravenously as required

5.3.9 Airway or other intervention is only performed if necessary or in an emergency.

5.3.10 NWAS crew are expected to provide logistical support or support in an emergency, they are not clinically responsible for the patient.

5.3.11 On arrival at the hospital NWAS support transfer by the anaesthetist and ODP of the patient to the agreed location for full anaesthetic

5.3.12 The procedure would then proceed following normal anaesthetic guidelines

5.3.13 The patient would be supported in recovery and post procedure with reasonable adjustments in place until they would meet recovery discharge criteria and not be expected to transfer home sedated.

5.4 Emergency response

5.4.0 Emergency transfer equipment should be taken as is standard for any interhospital transfer this must include airway equipment and emergency drugs.

5.4.1 Formal airway intervention (eg intubation or LMA) should only be carried out with any sign of airway compromise.

5.4.2 In the event of any airway management being required the ambulance crew should be informed and the ambulance stop while intervention takes place.

5.4.3 The ambulance crew would be expected to assist in the event of an emergency eg cardiac arrest, anaphylaxis

6. Roles & responsibilities

6.1 Referring clinician

- Identify patient may need further input and prior to booking admissions/procedures make appropriate referrals to liaison team and learning disability lead anaesthetist.
- Attend MDT BIM as required.

6.2 Lead Anaesthetist

In advance:

- Assess referral and liaise with relevant teams for clinical and logistical information to assess suitability and ensure meets inclusion criteria
- Perform pre-operative assessment (likely to be virtual and by proxy)
- Attend MDT BIM and planning meeting
- Identify all treatment needs and ensure all possible in one visit

- Liaise with teams over dates and ensure ODP and theatre management aware
- Liaise with pharmacy to order premedication

On day:

- Liaise with ODP to ensure all equipment available
- Travel to patients address via NWAS
- Administer sedation at home
- Once sedated secure IV access and apply monitoring and oxygen as required
- Travel in ambulance with patient, monitor patient and top up sedation IV as required on route
- Respond to any requirement for airway support or emergency intervention
- Complete monitoring paperwork
- On arrival in hospital transfer to agreed anaesthetic site and proceed with anaesthetic and treatment.
- Document process on EPR

6.3 Learning disabilities liaison nurse/psychiatric liaison team

- Assess referral and gather supporting information to plan and support admission
- Involve patient carers and ensure patient passport up to date
- Gather team (community and hospital) for and lead MDT planning/BIM meeting.
- Provide any additional support for admission eg for recovery/post procedure

6.4 Admissions Pharmacist

- Liaise with anaesthetist regarding premedication prescription and supply on a named basis to be available on the morning of transfer to collect and take to the patients home.

6.5 NWAS Representative

In advance:

- Attend MDT planning/BIM meeting when requested
- Perform risk assessment at patients address
- Book ring-fenced planned transfer vehicle and team for day of procedure

On day:

- Transport anaesthetic team and equipment to patients address

- Once sedated in home provide means of transfer into vehicle
- Blue light transfer to hospital and assistance into appropriate area of hospital
- NO CLINICAL RESPONSIBILITY FOR SEDATED PATIENT EXCEPT ASSISTANCE IN AN EMERGENCY

6.6 Operating Department Practitioner/Anaesthetic Nurse

- Ensure all transfer equipment available – transfer trolley, emergency transfer bag, pre-medication drugs.
- Travel to patients' home with anaesthetist via NWAS
- Support in delivery of pre-medication, siting of IV access and application of monitoring and oxygen as per normal practice
- Support with any interventions required on transfer
- Upon arrival in hospital transfer to agreed anaesthetic site and proceed with anaesthetic as per normal practice

6.7 Admissions nurses

- Complete paperwork with carers/anaesthetist on arrival in hospital including supplying a name band.
- Support rapid discharge if applicable.

7. Monitoring document effectiveness

- **Key standards:**
  100% patients will have a formal MDT BIM and planning meeting documented on EPR
  100% of patients should have a formal pre-op assessment documented
  100% of patients should have an NWAS home visit prior to the transfer
  100% patients will have their need for home sedation documented on the theatre list
  100% patients will have the sedation, transfer and procedure details documented on EPR after the case

- **Method(s)*:**
  Notes of all patients will be reviewed annually (as expect less than 5 per year) and audited.
  Patient/carer experience reports

- **Team responsible for monitoring:** Anaesthetic team will monitor.

- **Frequency of monitoring:** Annually

- **Process for reviewing results and ensuring improvements in performance:**
  Outcomes discussed with liaison teams and anaesthetic teams annually to assess performance and plan any changes to procedures.
  Case series prepared (after first 5 patients) to present to departmental and divisional governance for further wider discussion and learning

8. Abbreviations and definitions

Abbreviations

BIM	Best Interest Meeting
BMI	Body Mass Index
GP	General Practioner
IV	Intravenous
LD	Learning disability
MDT	Multidisciplinary Team
NCA	Northern Care Alliance
NWAS	Northwest Ambulance Service
ODP	Operating Department Practioner

Definitions

Anxiolysis	The reduction of anxiety by means of sedation
Neurodiversity	Variations in the human brain and cognition includes, autistic spectrum disorders, attention deficit hyperactivity disorders and sensory processing disorders.
Pre-medication	Administration of medication before induction of anaesthesia
Reasonable adjustments	Changes that organisations and service providers are legally obliged to make if your disability puts you at a disadvantage compared with others who are not disabled. In this case in accessing health care.

9. References

References:

1. Royal College of Anaesthetists ACSA standards 2021 https://rcoa/safety-standards-quality/anaesthesia-clinical-services-accreditation/acsa-standards

2. NHS England Improvement The Learning disability standards for NHS Trusts (2018) https://www.england.nhs.uk/learning-disabilities/about/resources/the-learning-disability-improvement-standards-for-nhs-trusts/

3. King T and Duffy, J Peri-operative care of elective adult patients with a learning disability. *Anaesthesia* 77 (6):674-683 (2022)

4. Salford Royal CQC report 24 April 2018 https://www.cqc.org.uk/location/RM301

Legislation

- MENCAP Treat me well campaign https://www.mencap.org.uk/get-involved/campaign-mencap/treat-me-well/treat-me-well-campaign-resources

- Public Health England Reasonable adjustments: a legal duty (2020) Reasonable adjustments: a legal duty - GOV.UK (www.gov.uk)

- Royal College of Anaesthetists ACSA standards 2021 https://rcoa/safety-standards-quality/anaesthesia-clinical-services-accreditation/acsa-standards

- NHS England Improvement The Learning disability standards for NHS Trusts (2018) https://www.england.nhs.uk/learning-disabilities/about/resources/the-learning-disability-improvement-standards-for-nhs-trusts/

- UK Government Equality act 2010 https://www.legislation.gov.uk/ukpga/2010/15/contents

- UK Government Mental Capacity Act 2005 https://www.legislation.gov.uk/ukpga/2005/9/contents

10. Document Control Information

Part 1 Must be fully completed by the Author prior to submission for approval			
Name of lead author:	Fiona Armstrong		
Job Title:	Consultant Anaesthetist		
Contact number:	01612065107		
Email address:	fiona.armstrong2@nca.nhs.uk		
Consultation: List persons/group included in consultation. **N.B** Include Pharmacy/Medicine Optimisation Group (MOG) for documents containing drugs. Indicate whether feedback used/received and no suggested changes (FU), not used (FNU) or not received (NR)			
Name/s of person or group	**State which COs/ corporate services/ staff groups the person or group represents**	**Date**	**Response: FU/ FNU / NR**
Michael Lloyd	NWAS	4/7/22	FU
Chris Grant	NWAS	4/7/22	FU
Sarah Braham	Anaesthetic department	25/7/22	NR
Surgical Division Governance	Surgical Division	25/7/22	NR
Clinical Standards and Policies	SCO	14/7/22	FU
EqIA sign off: See Appendix 11			
Name:		**Date:**	
Joe McMahon		20/7/22	
Communication plan: State in the box below how the practice in this document will be rolled out across the organisation and embedded in practice. A communication plan may be requested for review by the approving committee – if applicable, add owner details.			
This will be prioritised to the learning disability liaison teams and anaesthetic teams in the first instance. Already complete August 2022. It will be sent to governance leads in surgical specialities, medical specialities and radiology to be communicated to all potential referring practioners December 2022.			

Part 2 Must be fully completed by the Author following committee approval. Failure to complete fully will potentially delay publication of the document. Submit to Document Control Team for publication		
Approval date:	**Method of document approval**	
11/11/2022	Formal Committee decision Yes	Chairperson's approval Yes
Name of Approving Committee	SCO Clinical Standards & Policies Meeting	
Chairperson Name/Role	Dr Sarah Rose, Clinical Effectiveness Lead	
Amendment's approval: Name of approver, version number and date. Do not amend above details		

Part 3 Must be fully completed by the Author prior to publication	
Keywords & phrases:	Learning disability, complex needs, home sedation, transfer
Document review arrangements	Review will occur by the author, or a nominated person, within five years or earlier should a change in legislation, best practice or other change in circumstance dictate.
Special requests	

11. Equality Impact Assessment (EqIA) tool

- The below tool must be completed at the start of any new or existing policy, procedure, or guideline development or review. **N.B.** For ease, all documents will be referred to as 'Policy*'. The EqIA should be used to inform the design of the new policy and reviewed right up until the policy is approved and not completed simply as an audit of the final Policy itself.
- All sections of the tool will expand as required.
- EqIAs must be sent for review prior to the policy* being sent to committee for approval. Any changes made at committee after an EqIA has been sign off must result in the EqIA being updated to reflect these changes. Policies will not be published without a completed and quality reviewed EqIA.

Help and guidance available:

- Click here for the How to complete an Equality Impact Assessment Help Resource
- Email the Group EDI Team: eqia@pat.nhs.uk for advice or training information.
- Submission of policy* documents requiring EqIA sign off to: eqia@pat.nhs.uk. Allowing an initial four week turnaround.
- Where there is a statutory or significant risk, requests to expedite the review process can be made by exception to the Group Equality & Inclusion Programme Manager tara.hewitt@nca.nhs.uk

1. Possible Negative Impacts			
Protected Characteristic	**Possible Impact**	**Action/Mitigation**	
Age	N/A		
Disability	New service is more resource heavy than other ad hoc measures currently attempted. There is potentially a greater risk of cancellation and longer delays in getting a slot if other less extreme options not considered.	Ringfence the service as a priority by NWAS and the hospital as not cases to cancel if bed/staffing/ambulance availability issues Ensure other alternative reasonable adjustments have been discussed	
Ethnicity	N/A		
Gender	N/A		
Marriage/Civil Partnership	N/A		
Pregnancy/Maternity	N/A		
Religion & Belief	N/A		
Sexual Orientation	N/A		
Trans	Need to ensure awareness of increased co-existence of neurodiversity/ psychiatric conditions and gender identity differences is not lost	Ensure education for staff involved in the service. Ensure preferred pronouns used.	
Other Under Served Communities (Including Carers, Low Income, Veterans)	Less advocacy is common in this group so may not engage with all the stages required to use the service Homes of multiple occupancy or in a less well maintained state may be	Support from initial referral Liaison with NWAS from risk assessment on adaptations to	

	unsafe to utilise this service so be excluded	make the environment safe with early risk assessment	

2. Possible Opportunity for Positive Impacts		
Protected Characteristic	**Possible Impact**	**Action/Mitigation**
Age	Ability to extend the service for elderly dementia patients or paediatric patients in the future	Once the service is established it will be looked at the feasibility and safety of extending to these populations which are inherently higher risk
Disability	Many healthcare inequalities in the learning disabled/mental heath population stem from difficulty accessing healthcare, this service will facilitate closing that gap	Ensure information regarding the service is disseminated to community teams including GPs so patients can be advocated for Ensure information is provided in an easy read format
Ethnicity	Opportunity to support patient advocacy is this often under supported group	Encourage discussion as to needs from initial pre-operative visit and referral Ensure information can be made available in varying languages
Gender	N/A	
Marriage/Civil Partnership	N/A	
Pregnancy/Maternity	N/A	
Religion & Belief	N/A	
Sexual Orientation	N/A	
Trans	N/A	
Other Under Served Communities (Including Carers, Low Income, Veterans)	Many patients with the difficulties fall into this group. Many issues reported by carers about difficulties of accessing standard healthcare and lack of adaptation for their service users/family members	Ensure carers/family members are supported to advocate to plan best options

3. Combined Action Plan			
Action *(List all actions & mitigation below)*	**Due Date**	**Lead** *(Name & Job Role)*	**From Negative or Positive Impact?**
Ensure information about the service is disseminated to community teams so they can support	September 2022	Lisa Tobin, Learning Disability liaison nurse NCA	P
Ensure information about the service is made available in easy read format	September 2022	Fiona Armstrong, LD lead department of anaesthesia SCO	P

Ensure the service is ringfenced and prioritised for ambulance provision and staffing once dates set	September 2022	Michael Lloyd, Autism and LD lead, NWAS Fiona Armstrong, LD lead department of anaesthesia SCO	N
Ensure information can be translated into varying languages	TBC	TBC	P

4. Information Consulted and Evidence Base *(Including any consultation)*

Protected Characteristic	Name of Source	Summary of Areas Covered	Web link/contact info
Age			
Disability	Consultation with support workers and carers Article in anaesthetic journal	Current experiences, aspirations for services, logistics Reasonable adjustments	Personal details of people involved in consultation King T and Duffy, J Peri-operative care of elective adult patients with a learning disability. Anaesthesia 77 (6):674-683 (2022)
Ethnicity			
Gender			
Marriage/Civil Partnership			
Pregnancy/Maternity			
Religion & Belief			
Sexual Orientation			
Trans			
Other Under Served Communities (Including Carers, Low Income, Veterans)	Consultation with carers and community teams	Need for service Trust in service Current experiences – good and bad	Personal details of families consulted

5. EqIA Update Log

(Detail any changes made to EqIA as policy has developed and any additional impacts included)

Date of Update	Author of Update	Change Made

6. Have all of the negative impacts you have considered been fully mitigated or resolved? *(If the answer is no please explain how these don't constitute a breach of the Equality Act 2010 or the Human Rights Act 1998)*

Yes, as stated in section 3

7. Please explain how you have considered the duties under the accessible information standard if your document relates to patients?

This service is intended to specifically benefit populations that are usually detrimented by lack of access to accessible information. The policy includes ensuring all other reasonable adjustments have been attempted which would include providing information in a way the person can understand – accompanying policy "Anxiolytic pre-medication for hospital procedures involving anaesthesia or sedation" references this. The appendix on the pre-operative assessment that should be performed on all patients with a learning disability is included which includes identifying communication needs. A new resource of visual hospital journey available to download in pictoral and easy read form are being developed alongside this service.

8. Equality Impact ~~A~~ssessment completed and signed off? *(Insert named lead from EDI Team below). Please also add this information within Section 11.*

Name: **Date: 20/07/2022**

12. Appendices

Appendix 1

Referral form for consideration of home sedation and hospital transfer for patients with complex needs.

Patient details:
Name:
Address:
DOB:
NHS or hospital number:

Referring clinician:

Procedure/Investigations required:

Urgency:

Underlying psychiatric/learning disability diagnosis:

Clinical information:

Please complete the above form and email to fiona.armstrong2@nca.nhs.uk, LDHospitalTeam@srft.nhs.uk (if learning disability/neurodiversity diagnosis) and timothy.mcminn@nca.nhs.uk

Appendix 2

Audit tool for assessing effectiveness of home sedation service

How was the patient referred into the service?

Did an MDT planning/BIM meeting take place?

Who attended this meeting?

Did NWAS perform a risk assessment?

Did the patient have a documented pre-operative assessment?

Were details of the home sedation made clear on the theatre list and were timings adjusted appropriately?

Was there any problems with medication or equipment availability on the day?

Was there any problems with ambulance availability on the day?

Were there any emergencies/incidents with the transfer?

Was the documentation of the transfer sufficient?