8 The Transforming Care agenda: A service evaluation of admissions and discharges of people with learning disability in acute general adult and older adult units within Cheshire and Wirral Partnership NHS Foundation Trust

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Aims and hypothesis: To evaluate the admissions and discharges of patients with a learning disability (LD) to non-LD specialist units across Cheshire and Wirral Partnership NHS Foundation Trust (CWP) in the context of the Transforming Care (TC) agenda.

Background: The TC agenda was published in 2012 and provided national guidance on supporting people with LD and/or autism to move from hospital placements back into local communities; ensuring any admission was only ever necessary with subsequent discharge timely and effective. Identifying reasons and rates of admission and discharge to local mental health units is crucial for informing how local health and social care services and commissioners can implement national guidance.

Methods: A computer generated list was compiled of all admissions within CWP during a 5 year period (1/12/2013 – 30/11/2018) with an alert for "Learning Disability" and/or an ICD-10 diagnosis of F70-F79 on their electronic record. The list was reviewed and cases removed if the patient was under 18 years old on admission or if they were admitted to a respite, rehabilitation, forensic or specialist-LD unit. All cases were reviewed and data gathered and recorded using a specifically generated form including variables identified from the TC agenda.   Data was then analysed for all collected variables including reason for admission, length of admission, barriers to discharge and diagnosis. Further analysis was then conducted to compare patients with a co-morbid diagnosis of autism vs. those without.

Results: 2328 admissions were initially identified. Following application of the exclusion criteria a total of 136 admission cases were included. Average age was 40.8 years with a male to female ratio of 1:2. Prior to admission 90% were receiving care from mental health services and 70.6% were under the care of a specialist-LD team. The most frequent reasons for admission were suicidality (39.7%), psychosis (25.7%) and aggression (13.2%). Most patients had a diagnosis of mild mental retardation (89.7%). A co-morbid diagnosis of autism had been given in 18 (13.4%) of cases.   On further analysis a diagnosis of autism was associated with a reduced length of admission (34.1 vs. 52.1 days) and none had barriers to discharge associated with placement funding.

Conclusions: Following the TC agenda a complex recovery assessment and consultation (CRAC) service was created within CWP with an aim of reducing hospital admissions for those with LD and/or autism by working alongside allied services. This evaluation supports the importance of CRAC to help implement the TC agenda by reducing barriers to discharge.