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| No. | **Recommendation** | **Action** | **Who** | **Time frame** | **RAG**  | **Update**  |
| 1 | A review of ISC practice in the borough, by the CCG, to ensure that all patients managing incontinence via ISC are offered a regular medical review by their GP, at least every 12 months. This should be undertaken with reference to the subsequent guidance on best practice as set out in Nice Guidance. | 1. Review NICE guidance to establish best practice regarding Intermittent Self Catheterisation
 | 1. Designated Nurse for Adult Safeguarding
 | Completed January 2021 |  | *There is no specific NICE guidance relating to ISC. There is however guidance on “Urinary incontinence in neurological disease”, which states that “monitoring and surveillance of the kidneys should take place at annual or 2 yearly intervals”* |
| 1. Establish whether the CCG can run searches to establish how many patients are being regularly prescribed single use catheters. Target practices with high usage.
 | 1. Medicines management
 | 1. completed
 |  | Unable to establish whether the catheter is for intermittent or long-term use from prescribing data without looking into individual records |
| 1. Through CCG newsletter, ensure that all GP practices are familiar with the CCG repeat prescribing protocol, in particular section 3.3: *“Measures should be put into place to ensure that reviews, monitoring and medicine end dates are not missed. These include appliances.”*
 | 1. Designated Nurse for Adult Safeguarding
 | Completed Feb 2021 |  | *Adult safeguarding newsletter sent out to all GP practices* |
| 2 | If patients do not attend for scheduled health reviews of ISC, then GPs should consider whether they need to be followed up by an appropriate community health service, such as District Nursing. | 1. Provide advice and guidance to GP practices on the learning from this SAR through the CCG newsletter.
 | 1. Designated Nurse for Adult Safeguarding
 | Completed February 2021 |  | *Adult safeguarding newsletter sent out to all GP practices* |
| 1. Incorporate learning from this SAR into adult safeguarding training
 | 1. Designated Nurse for Adult Safeguarding
 | Completed March 2021 |  | *Included in adult safeguarding training. Also discussed with GP adult safeguarding leads on 21st October 2021* |
| 1. Named GP to discuss with GP practices
 | 1. Named GP for Adult Safeguarding
 | Completed October 2021 |  | *Named GP discussed at GP forum on 21st October 2021* |
| 3 | That patients with urinary and faecal incontinence, who also have a long-term neurological condition (such as Spina Bifida) are flagged up on GP health records as being at high risk of complications and always given appropriate advice and support to identify and report any concerns regarding infections etc. | 1. Liaise with IT regarding whether this is possible on GP systems or whether this can be done at a practice level
 | 1. Named GP for Adult Safeguarding
 | March 2021 |  | Uncompleted  |
| 1. Provide advice and guidance to GP practices on the learning from this SAR through the CCG newsletter.
 | 1. Designated Nurse for Adult Safeguarding
 | Feb 2021 |  | *Adult safeguarding newsletter sent out to all GP practices Also discussed with GP adult safeguarding leads on 21st October 2021* |
| 1. Consider the development of a PMS premium relating to neurological conditions and incontinence
 | 1. Named GP for Adult Safeguarding
 | September 2021 |  | Uncompleted  |
| 4 | Ensure expert advice and consultation on the impact of this condition is available to support health practitioners across local services. | 1. Liaise with Oxleas NHS Foundation Trust and LGT Hospitals Trust about whether there are subject experts who may be contacted for support and advice
 | 1. Designated Nurse for Adult Safeguarding
 | October 2021 |  | Uncompleted  |
| Nn | Make necessary improvements to the coordination of records between health and social care services to ensure that when clients with Spina Bifida do not attend for appointments they are not subsequently lost to all services. They require assertive follow up in the community for management of their condition. | 1. Review current DNA policy across primary care to ensure that where there are complex cases consideration is given to further follow-up in the community
 | 1. Named GP for Adult Safeguarding
 | End June 2021 |  | Uncompleted  |
| 1. Provide advice and guidance to GP practices on the learning from this SAR through the CCG newsletter.
 | 1. Designated Nurse for Adult Safeguarding
 | February 2021 |  | *Adult safeguarding newsletter sent out to all GP practices Also discussed with GP adult safeguarding leads on 21st October 2021* |
| 6 | A key link worker for all patients with Spina Bifida living in the community to make regular contact with the client and their family to regularly assess/review the risks of self-neglect and support for family carers to be provided in line with the requirements of the Care Act 2014. | 1. Health and Adult Social care to ensure anyone with conditions such as spina bifida are offered contact details of support groups such as the Spina Bifida association during the assessment process for both the individual and the carers.
 | Health and Adult survives/ SE London CCG | Complete  |  | *When a local support group is identified as beneficial as part of the assessment then the information is sent over to the client and carer with the assessment.*  |
| 1. Specific awareness raising sessions to be undertaken with GPs to inform them around the specialist type of care or someone with a long-term condition such as spina bifida and what support is available.
 | Named GP for Adult Safeguarding | October 2021 |  | *Named GP discussed at GP forum on 21st October 2021* |
| 7 | Where adults with Spina Bifida chose to live alone, they should be linked into appropriate community services and assisted to attend any outpatient’s appointments. If patients do not attend appointments a home visit should be arranged prior to decisions being made to discharge the person from the service (e.g. Podiatry, Physiotherapy, Occupational Therapy etc). | 1. Review current DNA policy across primary care to ensure that where there are complex cases consideration is given to further follow-up in the community
 | 1. Named GP for Adult Safeguarding
 | September 2021 |  | Uncompleted  |
| 9 | Shared information sharing at a systems level between Housing and Social Care Departments, so that when a housing application is accepted, and an offer will be made, on grounds of physical disability, a referral is made for re-assessments under Section 9, 11 of the Care Act 2014. | Housing to incorporate Adults services representation into the monthly Housing panel meetings to consider cases where adults have physical health needs and are applying for housing.  | Housing/ Health and Adult services  | December 2020 | Green | *Adult Services is engaged with the housing panel meetings and attend when necessary.*  |
| 10 | Improve direct links between relevant tenancy support officers and local social care services at a level, where tenants whose needs for adapted accommodation due to physical disabilities are part of a re-housing decision. An initial joint visit could then be made by tenancy and social work services as part of a housing offer being processed. A plan could be coordinated to ensure that new tenants with disabilities are followed up for an agreed timeframe to enable them to prepare for a move and to adjust to independent living, with the right care in place (this could follow the discharge to assess model in place when patients are first discharged home from hospital). | Housing to ensure that any adults housing applicants with physical health needs are referred for assessment of care needs under The Care Act.  | Housing/ Health and Adult services | December 202 |  | *When someone needs to move to an adapted property or requires adaptions to their existing properties housing make a referral for an OT assessment and / or the DHIT team, who then liaise with Adults social care if necessary, for a further assessment of care needs.*  |
| 11 | Coordination of any specialist community health and relevant social care services should also be made as part of this initial transition period following rehousing (led by Adult Social Care Services, with GP input), to agree on a joint plan for ongoing information sharing and decision making to manage health and care needs during this time. A shared health and social care plan could then be developed, with a lead worker identified to monitor and review this. | Social care worker to liaise with specialist community health professional at point of review and assessment.  | Principal Social Worker/ Head of Safeguarding Adults  | April 2020 | Green | A multi-disciplinary approach is seen as best practice in Greenwich where professionals work together to support people with their desired outcomes. This would be reflected in the support plan which would be holistic in its approach.  |
| 12 | A local policy to support health practitioners in considering the impact of physical disabilities on an adults’ decision making, including the duties to assess, where capacity to take a major decision is in doubt (as outlined in 11). | MCA- All Adult social staff to receive updated MCA training  | Head of Adult Safeguarding  | Jan/ Feb 2022 | Amber  | *MCA Training is being undertaken for all Adult social care staff which includes considering physical disabilities on a person’s decision making.*  |
| 13 | Guidance and training for health practitioners on the role of the decision maker identifying doubt about relevant decision-making (for example consent for/refusal of health care treatment), arising or related to a physical disability prompting the need for a formal MCA assessment | Clinical staff to undertake Mental Capacity Act training with a focus on relevant decision makers.  |  | Sep 2021 |  | *LGT- New mandatory training on Mental Capacity Act 2005 and Best Interests for registered healthcare professionals launched 1st September 2021 eLearning - staff must take a test to pass this and it must be completed every three years*. *Workbook Mental Capacity Act and Best Interests for registered health care professionals launched 1st September* |