##### REFERRAL TO

##### SERVICES FOR PEOPLE WHO HAVE A LEARNING DISABILITY (SPLD)

##### SPECIALIST HEALTHCARE TEAM

**Send this referral via email to-** [**elt-tr.spldreferrals@nhs.net**](mailto:elt-tr.spldreferrals@nhs.net)

Or by post to: The Receptionist, The Clinical Resource Centre, Twinwoods Health Resource Centre, Milton Road, Clapham, Bedfordshire, MK41 6AT

**ELIGIBILITY CRITERIA TO ACCESS OUR SERVICE:**

* **Must** be registered with a GP in Bedfordshire & Luton
* **Must** be aged 18 years or over to receive direct clinical support (Referrals/ information for young people approaching 18 will be considered to support transition, from age 17)
* Must have a learning disability, *which prevents access to mainstream services*
* **Must** consent to this referral (please ensure that section on consent/ capacity/ best interests is fully completed)
* **Must** agree to have their information shared where appropriate

**PERSONAL DETAILS**

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| **DETAILS OF PERSON BEING REFERRED (Print clearly: Use CAPITALS to identify client. etc. Please complete all pages. Unclear or incomplete referrals cannot be accepted and will be returned)** | | | | | | |
| **Name:** | | | **DOB:** | | | |
| **NHS No:** | | | **Ethnicity:** | | | |
| **Address:**  **Postcode:** | | | **Interpreter Required:**  **Yes**  **No**  If yes please state language | | | |
| **Telephone No:**  **Mobile No:** | | | **Email:**  **Please tick the best way to contact the service user** | | | |
| Funding authority | | |  | | | |
| **DETAILS OF NEXT OF KIN:** | | | | | | |
| **Name:** | | | | **Relationship:** | | |
| **Address:** | | | | | | |
| **Telephone:** | **Mobile:** | | | | **Email address:** | |
| **Advocate/ LPA/Court Appointed Guardian contact details (if applicable)**  **Name:** | | | | | | |
| **Telephone:** | | **Mobile:** | | | | **Email address:** |

**GP DETAILS**

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| --- | --- | --- | --- | --- | --- | --- |
| **GP Name:** | | | | | | |
| **Address:** | | | | | | |
| **Telephone:** | | | | **Email:** | | |
| **Is this person on the GP Learning Disability register? Yes**  **/ No**  **Do they receive an Annual Health Check? Yes**  **/ No** | | | | | | |
| **Current Medication/ Allergies** | | | | | | |
|  | | | | | | |
| **Is there a documented diagnosis of learning disability? (If unsure please complete screening tool towards the end of referral)** | | | | | | |
| Yes | No | Diagnosis: | | | | |
| Mild | | Moderate | Severe | | Profound | Not known |

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| **Which school did the person attend? Do they have an Educational Health Care Plan (ECHP) in place?** |
| **School:**  **EHCP? Yes**  **/ No**  **If Yes, please provide copy with this referral** |

**CONSENT (*essential*)**

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| **Does the person consent to the referral: You must ensure that you are making this referral with the consent of the client and/or carer** | |
| 1. Does the above named person understand why they are being referred? Yes / No  2. Is the person able to remember the reason for the referral and repeat it back to you?  Yes  / No | 3. Does the person agree to this referral being made?  Yes  / No  4. If the person is unable to discuss the referral or is unable to consent, a capacity and best interest discussion is REQUIRED. Has this taken place? Yes  / No  Date of meeting: |
| Does the person consent to having their information shared back with their GP surgery? Yes  / No  **If yes then no further information governance documentation is required to cover the transfer of patient data from ELFT to GP surgeries.** | |

**REASON FOR REFERRAL (*essential*)**

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| **What is the clinical need?**  (What’s happening that the service user needs help with? Is it around activities of daily living/sensory needs/ communication/eating and drinking/eyes and ears/accessing Primary Care/Annual Health Checks/health prevention and health promotion,/medication review/mobility/bereavement/behaviours/emotions/or support around mental health/ weight management and obesity with BMI ≥30 (or a lower BMI of 27.5 for south Asian residents) | |
| **Detail clinical need here:**  **How long has this been an issue?**  **Has the service user tried mainstream services for this clinical need?** | |
| **If you think you know which team/s you need support from, please tick appropriate boxes below:** | |
| **Physiotherapy**  **Occupational Therapy**  **Psychiatry**  **Psychology**  **Arts Therapies** | **Positive Behaviour Support**  **Health Facilitation (including Acute Liaison)**  **Sight and Hearing**  **Speech and Language Therapy**  **IST – crisis support**  **Weight Management** |

**RISK (essential)**

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| **Please provide details of any immediate risk?** |
| What are the risks for the person themselves?  Are there risks for other people?  Are there any risks for professionals from our team when we visit?  Are there any other challenges or issues that we need to know about before we work with this person?  Anything else risk-related that we should know? |

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| **Are you aware of any safeguarding issues?** |
| Yes  No  Don’t know |
| **If yes, please provide details below** |
|  |

**ABOUT YOU**

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| --- | --- | --- | --- |
| **Details about you, the referrer** (Please give all details) | | | |
| **Full Name of Referrer** | **Relationship to Service User** | **Address** | **Contact details (including telephone & email address)** |
|  |  | **Postal:** | **Telephone:**  **Mobile:**  **Email:** |
| **Please provide details of current professionals involved.** E.g. Community Mental Health, Wellbeing Hub, Social worker, Day Services | | | |
| **Name** | **Title/Role** | **Address** | **Contact details (including telephone & email address)** |
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**Each referral may be allocated to a team or teams at the service’s weekly Referral Allocation Meeting based on needs and resources, not necessarily to the team/s suggested by you.**

**Please note that some information in this form will be entered on the computer in accordance with the Data Protection Act. Some information may be shared with service colleagues on a need to know basis only.**

**Learning Disability Screening Tool**

**Use of the LD Screening Tool to support identification Screening Tool**

* This can help as a checklist for GPs and other professionals to assist them in identifying learning disability
* This is not intended as a diagnostic tool so apply sound clinical judgement

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| **Questions to consider** | **Yes** | **No** |
| Has anyone ever told the person that they have a learning disability? |  |  |
| Is there a diagnosis of a learning disability/mental handicap in any notes? IQ  under 70 |  |  |
| Did person attend any special schools (SILC) or were they statemented in mainstream school? |  |  |
| Did the person achieve qualifications at school?(GCSE at low grades could  indicate LD but high grade GCSE, A Levels or university education LD is not likely) |  |  |
| Is the person known to the Community Learning Disability Team? |  |  |
| Does person have a consultant psychiatrist for learning disabilities? |  |  |
| Does person need assistance with transport? (Unable to get around independently?) |  |  |
| Does person have problems with simple numerical calculations? (i.e. ‘If I gave you £5 to buy milk. Milk costs £1.50 – how much is left?) |  |  |
| Does person have problems reading? (Reading a novel or newspaper usually rules out a learning disability.) |  |  |
| How does the person function in society? Does the person need support with activities of daily living? |  |  |

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| **Does the person have difficulty with:**  Communicating Yes  No  Writing Yes  No  Self-Care Yes  No  Living independently Yes  No  Interpreting social cues Yes  No  Controlling behaviour Yes  No  Co-ordinating movement Yes  No  Learning new skills Yes  No  Understanding new complex information Yes  No  Several ‘YES’ answers will often indicate the presence of a learning |

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| --- | --- |
| Factors which **MAY NOT** indicate a learning disability   * Normal development until other factors impact (before 18). * Diagnosis of ADHD, dyslexia, dyspraxia or Asperger’s * Successfully attend mainstream education without support. * Gained qualifications (GCSE and/or A ’Levels) * Able to function socially without support * Able to complete complex purchases e. g. buying a house. * Able to drive a car * Contact with mental health services * Recorded IQ above 70. | Factors which **MAY** indicate a indicate a learning disability   * Record of delayed development/ difficulties with social functioning daily living before 18. * Requires significant assistance to provide for own survival (eating &drinking, keeping self-clean, warm and clothed) and/or with social/ community adaptation (e.g. Social problem solving/reasoning). * NB need for assistance may be subtle. * Presence of all three criteria for LD i.e. Impairment of intellectual functioning/social adaptive functioning and age of onset. * Range of information presenting a picture of difficulties in a number of areas of function, not explainable by another ‘label’. * Contact with specialist Learning Disability consultant. |