

### DERBYSHIRE BREAST SCREENING PATHWAY FOR WOMEN WITH LEARNING DISABILITIES

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Breast screening unit send out an information pack to GP practices 6-7 weeks before the mobile/static screening round starts. GP practices to indicate if patients have a disability (learning or physical) and if they require any reasonable adjustments.

Appointment invitation sent to patients registered address. Women aged 50-70 years\* are invited every 3 years.

If the GP practice has indicated a Learning disability & the need for reasonable adjustments, the breast screening unit send out easy read guide with information & give a longer appointment slot at the Static screening unit. See appendix 1& 2.

A Reminder is sent if women do not attend for screening and are asked to phone the breast screening unit for appointment.

\* 47-49 and 70-73 year old women may be invited as part of randomisation trial

# Patient attends for screening

In line with MCA 2005, does the patient have capacity to give informed consent? (must be assessed by individual who has undertaken MCA

If there is doubt, carry out a Mental Capacity Assessment and clearly document this in the woman's records (see appendix 3 & 4).

- Does she understand what having Breast screening means, what happens, and that she may need more tests/treatment?
- Can she retain the information long enough to make a decision?
- Can she communicate this decision? If not, consider best interests.

See the following website for easy read information:

http://www.chesterfieldroyal.nhs.uk/patients/ea sy\_read/index

## Patient declines screening.

Breast unit to talk to the lady/carer when she rings to decline, & check whether;

- She understands what breast screening is for/what it involves.
- Is it the patient or carer declining?
- Discuss any fears/anxieties about the process and try to relieve these.
- Offer the lady further information in a way that she understands, easy read. http://www.chesterfieldroval.nhs.uk/patients/ easy\_read/index
- Talk to the patient/carer and consider what reasonable adjustments and extra support may be needed.
- Offer a familiarisation visit to breast screening unit, to see the surroundings and screening process.
- Is the lady open to the Community Learning Disability Team (CLDT)?
- Refer to CLDT for extra support if needed. See appendix 8.

### Patient is a non-responder

GP Surgery can contact the patient and send the accessible letter (appendix 1) and easy read information (appendix 2)

GP Surgery to consider the following during the patient's Annual Health Check:

- Discuss screening as part of the Annual Health Check- offer easy-read/accessible resources.
- Explore the barriers that the patient may be
- What reasonable adjustments/support can be provided?
- Suggest visit to breast screening unit to familiarise with the surroundings and screening process.
- Refer to the Community Learning Disability Team for extra support if needed.

Patient will be referred back to recall if they continue to not respond after all the above has been attempted.

Follow pathway from 'Patient consents to screening' or 'Patient declines screening' should they respond.

### **Document**

Liaise with the lady & carers, would the static unit be more suitable?

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Yes, lady gives

consent, document.

Does the lady require any reasonable adjustments and extra support for the screening to be successful? (appendix 5)

Refer to Community Learning Disability Team for extra support if needed (appendix 8) No, lady cannot give consent. document.

> In line with the MCA 2005, Does patient have capacity to make an informed choice?- (must be assessed by individual who has undertaken MCA training)

- If there is doubt, carry out a Mental Capacity Assessment and clearly document this in the woman's records. (see appendix 3 & 4).
- Does she understand what the breast screening test is for/what it involves?
- Does she understand the risks of not having breast screening?
- Can she retain the information long enough to make a decision?
  - Does she make an informed decision? Can she communicate this?

**Document** 

No, the lady is unable to make decision. **Document** 

Proceed with screening with woman's consent.

No

**Breast screening** is successful.

Yes

Could another attempt be considered? Can further adjustments be made? **Document** 

Woman automatically referred back to recall No

Yes

Encourage breast awareness/ education for patient and carers. This can be provided by CLDT or breast unit. See appendix 2.

Lady

chooses

to **have** screening

Yes, able to make

an informed

decision

Lady chooses not to have screening. **Document** 

- Discuss Best interests & risks, ensuring that all relevant people are involved and that it is clearly documented.
- Consider referral to IMCA if there is no family involved.
- Consider safeguarding if carers are refusing to support screening.
- Screening is in woman's best interests: consider reasonable adjustments and extra support. Document

Screening is not in the woman's best interests.

- Send withdrawal letter or automatic referral to recall. (appendix 6/7)
- Document decision making and reasons patient will not attend, inform GP surgery.

Encourage breast awareness/ education for patient and carers. This can be provided by CLDT or breast unit. See appendix 2.

Version 4 03/01/2014