



DERBYSHIRE BREAST SCREENING PATHWAY FOR WOMEN WITH LEARNING DISABILITIES

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Breast screening unit send out an information pack Prior Notification List (PNL) 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)

The breast unit should alert Hospital Acute Liaison Nurse for Adults with Learning Disabilities, Debbie Edwards, Tel: 01332 788611 (See appendix 8) 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 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 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.

Yes, lady gives consent, document.

No, lady cannot give consent. document.

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

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

Disability Team for extra support if needed (appendix 8).

Refer to Community Learning

Contact Hospital Acute Liaison Nurse for adults with LD.

Proceed with screening

with woman's consent.

No

Yes

Yes, able to make **Breast screening** an informed is successful. decision \downarrow

ld_carersguide.pdf

Yes

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

No

Woman automatically referred back to recall Encourage breast awareness/ education for patient and carers. This can be provided by

CLDT or breast unit. (See appendix 2)

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.
- 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).
- Contact Hospital Acute Liaison Nurse for adults with LD, Debbie Edwards Tel: 01332 788611

Document

Lady

chooses

to **have** screening

Lady chooses **not** to

have screening.

Document

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 facing.
- 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.

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

- 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, tel: 01332 380224
- 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 for patient and carers. This can be provided by CLDT or breast unit. (See appendix 2) Version 4 April 2015