



Improving Healthcare Access - A View from Practice

ANP Health & Wellbeing in Intellectual Disability



Sligo/Leitrim Disability Services

- ▶ De-congregation two large residential services
- ▶ 75 community Groups Homes, 300+ People
- ▶ 70% (approx.) moved to community living from residential service in past 10 years
- ▶ 180 people living alone/with family access support from community RNID team
- ▶ Mostly nurse led services / changing



Obstacle to Healthcare Access Experienced

- ▶ Aging profile/Multiple co-morbidities / Dual Diagnosis
- ▶ Access to healthcare Issues/Competing for access
- ▶ Unfamiliar GPs/primary care staff/busy services
- ▶ Poorer health history collation
- ▶ Reduced access to annual health checks / episodic care
- ▶ Historically poor participation cancer screening services
- ▶ High staff turnover



Advanced Nurse Practitioner Role

- ▶ ANP role funding sourced 2021/Sáintecare right care, right place, right time
- ▶ Identification of the needs of the population
- ▶ Annual Medicals/Bone Health Assessments/ECG/ Medication Reviews
- ▶ Collaborated with clinical supervisor GP to develop annual health assessment document.
- ▶ Completed by person and nurse in service prior to medical with GP/ANP health assessment.
- ▶ Focus consultation on the issues that are presenting for the person.



Health Assessment



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Annual Health Check and Examination

Name:	Date of Birth:	Date of Assessment:
Primary Diagnosis (syndrome/congenital condition (please list all))		
Secondary Diagnosis (additional Health issues)		
Diagnosis of Dementia: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Diagnosis:	
Family History all questions below specifically in relation to 1 st degree family members Mother/Father/Sister/Brother:	Family History Details Please specify the relationship of family member, age of developing disease, outcome	
Asthma/Atopy Yes <input type="checkbox"/> No <input type="checkbox"/>		
Coeliac disease/IBD/Inflamed Colon/cholecystitis Yes <input type="checkbox"/> No <input type="checkbox"/>		
Diabetes Mellitus Yes <input type="checkbox"/> No <input type="checkbox"/>		
Cardio Vascular Disease developing cardiac particularly if developed before 60yrs of age Yes <input type="checkbox"/> No <input type="checkbox"/>		
Cancer (check breast and cervical cancer for females) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Medications: List of current medication (including OTC medication)		



Record of Health Screening

HEALTH SCREENING OVERVIEW

If screening is declined this must be an informed decision the person is making and revisited on a regular basis as they may have a change of mind.					Date of last test/check	Next test due
CERVICAL SMEAR	N/A <input type="checkbox"/>	25-29yrs (every 3 years) 30-65yrs (every 5yrs)	Y <input type="checkbox"/> N <input type="checkbox"/> Declined <input type="checkbox"/>			
BREAST EXAM	N/A <input type="checkbox"/>	(as required and every year)	Y <input type="checkbox"/> N <input type="checkbox"/> Declined <input type="checkbox"/>			
BREAST CHECK	N/A <input type="checkbox"/>	50yrs (every 2yrs until 69)	Y <input type="checkbox"/> N <input type="checkbox"/> Declined <input type="checkbox"/>			
TESTICULAR EXAM	N/A <input type="checkbox"/>	As recommended by GP	Y <input type="checkbox"/> N <input type="checkbox"/> Declined <input type="checkbox"/>			
PROSTATE EXAM	N/A <input type="checkbox"/>	50-75yrs or as recommended by GP	Y <input type="checkbox"/> N <input type="checkbox"/> Declined <input type="checkbox"/>			
COLORECTAL SCREEN	N/A <input type="checkbox"/>	59-69yrs (every 2yrs)	Y <input type="checkbox"/> N <input type="checkbox"/> Declined <input type="checkbox"/>			
DIABETIC RETINOPHTHY	N/A <input type="checkbox"/>	Annual, Type 1 & Type 2 Diabetics	Y <input type="checkbox"/> N <input type="checkbox"/> Declined <input type="checkbox"/>			
BONE DENSITY SCAN		As recommended by GP	Y <input type="checkbox"/> N <input type="checkbox"/> Declined <input type="checkbox"/>			
EYESIGHT TEST		Every 2-3 years over 40yrs/as required	Y <input type="checkbox"/> N <input type="checkbox"/> Declined <input type="checkbox"/>			
HEARING TEST		Every 2-3 years over 40yrs/as required	Y <input type="checkbox"/> N <input type="checkbox"/> Declined <input type="checkbox"/>			
DENTAL CHECK UP		6 monthly	Y <input type="checkbox"/> N <input type="checkbox"/> Declined <input type="checkbox"/>			
DENTAL HYGIENIST		As Required				
CHIROPODY CHECK UP		As required/3 monthly	Y <input type="checkbox"/> N <input type="checkbox"/> Declined <input type="checkbox"/>			
PODIATRY CHECK UP		Annual, Type 1 & Type 2 Diabetics	Y <input type="checkbox"/> N <input type="checkbox"/> Declined <input type="checkbox"/>			
FULL BLOOD SCREEN		Annually/as required	Y <input type="checkbox"/> N <input type="checkbox"/> Declined <input type="checkbox"/>			
ECG (on psychotropic medication) N/A <input type="checkbox"/>		Annual or as recommended by GP	Y <input type="checkbox"/> N <input type="checkbox"/> Declined <input type="checkbox"/>			

Note here all issues for discussion with GP at consultation:



Advanced Health Assessments

- Self-referrals, MDT, GP, RNID, Service Manager.
- Make reasonable adjustment for person, using preferred communication method, allowing time, environment comfortable for person.
- **Advanced Health Assessment**, Detailed Health History/ Physical Exam/Bone Density Screening/ECG /Medication Review (optimisation/reduce polypharmacy).
- Support engagement with screening services and health protection activities.
- **Develop Health Action Plan** – an individualised plan targeting current/future health issues, proactively educate/supports person to protect their health.

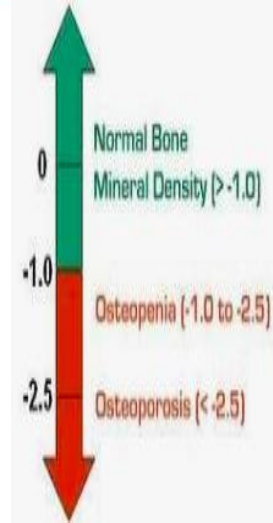


- Referral to other MDT members, SALT/Physio/OT/Dementia CNS/Positive Behaviour Support CNS/Psychology/Audiology/Ophthalmology.
- Collaborate working with primary care/GP.
- **Inclusion** in Chronic Disease Management Clinics /Epilepsy Services etc.
- Facilitating better access across services/reducing stress for person/carer.
- **Health Promotion & Protection:** Improving Health Literacy/Collaborative development of Easy Read Documents with Self-Management Support Coordinator for Chronic Conditions/Co-Produced Documents.



Bone Health Monitoring

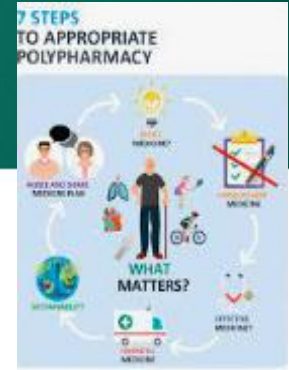
- 7/10 people with ID have osteoporosis/osteopenia, developed significantly earlier age, fractures frequently overlooked in health examinations, preventative services underutilised by this population (McCarron *et al.* 2015; Frighi *et al.* 2019; Srikanth *et al.* 2011).
- Fractures often go undetected for non-verbal people, leading to increased morbidity, pain and increased loss of independence.
- Insufficient reasonable adjustment, lack of wheelchair accessible DEXA.
- Use of Achilles Bone Ultrasonometer/ Echolight Bone Scanner/Approved for use in this population by IOS.
- Prescribe preventative treatment/onwards referral/education and support to prepare for DEXA.



- ECG tracing, 43% ID population prescribed antipsychotics, (IDS TILDA 2014).
- Required for routine monitoring for people on psychotropic medication, hypothyroidism/hyperthyroidism, congenital cardiac conditions/high risk cardiovascular conditions/increased risk metabolic syndrome.
- Carried out at a time that suits the person, in an environment of their choice.
- Shared with GP on the day for review and follow up.



Medication Review



- Polypharmacy 31.5%, Excessive Polypharmacy 20.1% people with ID, (O'Dwyer et al. 2015).
- Aging population ID increased exposure to anticholinergic burden, increased risk falls/constipation/poorer levels of independence, (O'Dwyer et al. 2016).
- Ensuring indication remains for each medicine, optimised, taken at right time, right dose, avoidance of medications that interact etc.
- As nurse prescriber, using evidenced based tools (Isimpathy/STOP/START), working collaboratively with GP, optimising treatment plans to suit person.

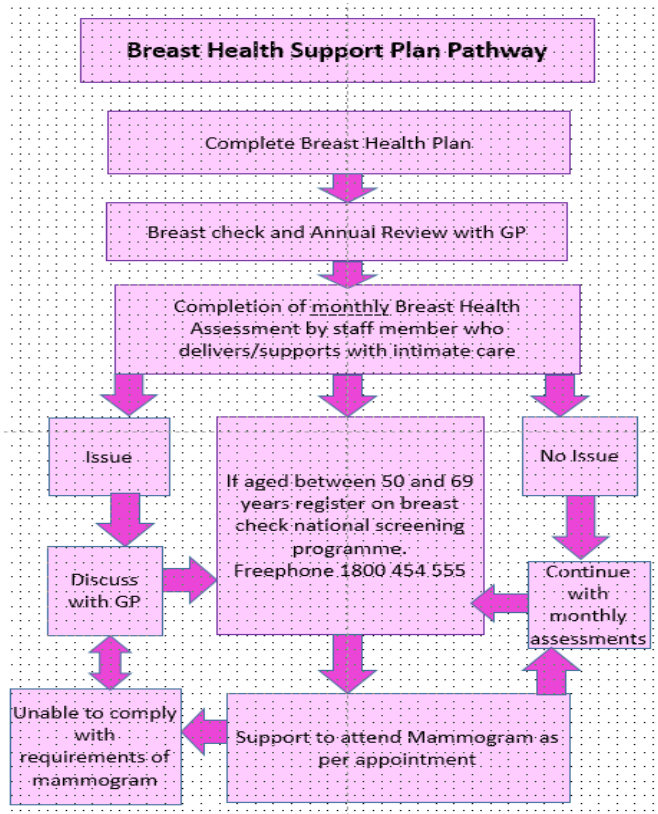


Breast Health what did we do?

- ▶ Poor awareness about breast cancer risk/warning signs/Screening (Reidy *et al.* 2018)
- ▶ Low baseline of participation in Breast Check/Mammogram/Body Awareness, better participation rates for individuals who have lived in community setting versus residential service.
- ▶ Often a decision made for the person they will not comply with mammogram, made in the person's best interest.
- ▶ No breast health care plan in place/poor recording of physical breast examination by GP/lack of education for the person/Tick Box approach to care.



Now Use Breast Health Care Plan



Breast Health Care Plan

Personal Details	
Name	
Date of Birth	
Address	

General Information	Comments
Bra size	
Type of bra	
Where I like to purchase my bras	
Date of last Bra Fitting	
Date of last breast check with GP	
Family history of breast Cancer	

How will this person be supported to monitor her breast health	
Where	
Time of day	
How to prepare	
How will be supported to participate in breast health monitoring	

Breast Health			
Usual presentation of my breasts			
Right Breast		Left Breast	
Usual Shape		Usual Shape	
Usual Size		Usual Size	
Usual Colour		Usual Colour	
Any distinguishing mark or feature		Any distinguishing mark or feature	
Any noticeable changes linked to menstrual cycle?		Any noticeable changes linked to menstrual cycle?	
Any differences between right and left breast		Any differences between right and left breast	
Presence of densities		Presence of densities	

Right Nipple		Left Nipple	
Colour of Nipple		Colour of Nipple	
Thickness of nipple		Thickness of nipple	
Colour of areola		Colour of areola	
Difference between right and left nipple		Difference between right and left nipple	

Record detail of any existing features



Use All Available Supports to Assist Education/Preparation for Screening



<https://www.youtube.com/watch?v=mSfs4cmDcEg>

The poster features the logo of the National Cancer Research Institute at the top. The title is prominently displayed in the center. Below the title is a photograph of an elderly woman in a red jacket sitting in a wheelchair and holding a document. At the bottom left is a small graphic of a person holding a sign that says 'easy read'. The bottom right text states: 'This is Easy to Read information about a research study'.

The cover has a green background. It features an illustration of a doctor and a patient sitting at a table. The text 'EASY READ' is in large white letters on a green background, with 'HANDBOOK' in white letters on a red rectangular background below it. 'BREAST CANCER' is written in white letters at the bottom.

The brochure has a light blue background. It features the 'Breast Cancer' logo and the 'Find cancer early' text. The NCCP logo is in the top right corner. Below the title is a list of signs and symptoms of breast cancer, each preceded by a red arrow. The list includes: 'A lump or swelling in your breast', 'A change in the shape or size of your breast', 'A change in the way your breast feels', 'A change in the way your breast looks', 'A change in the way your breast feels', 'A change in the way your breast looks', 'A change in the way your breast feels', 'A change in the way your breast looks'. At the bottom is a small graphic of a person holding a sign that says 'easy read'.



Support to Assist Recognition of what is normal and what is not



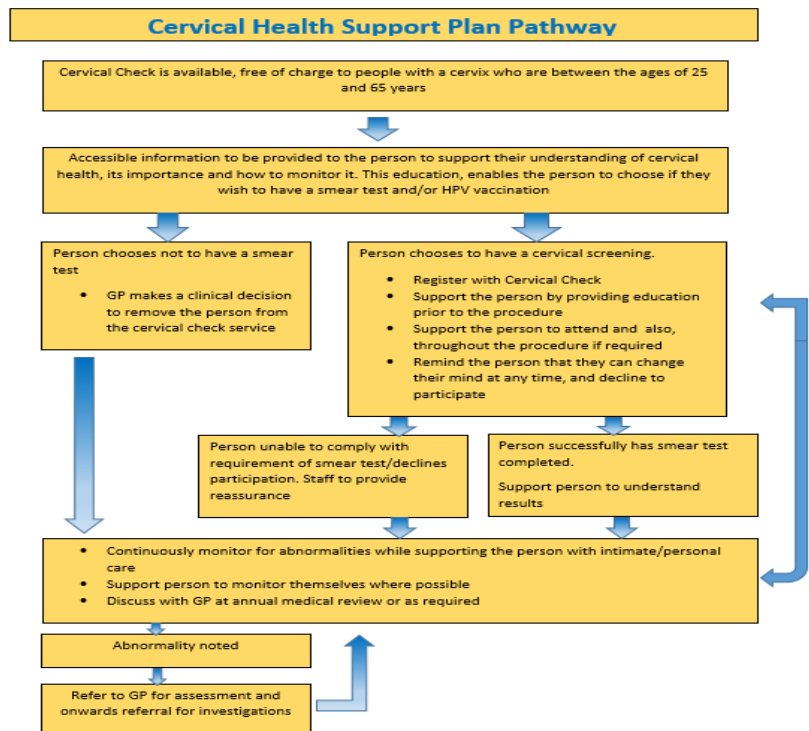


Cervical Health Monitoring what did we do?

- Poor participation in screening, need for collaborative work between screening services, disabled people's organisations and disability services to improve access to screening services, (Cithambaram *et al.* 2023;Power *et al.* 2024).
- Poor participation/Too traumatic for the person who does not understand the rationale or benefits.
- Maternalistic Approach, not sexually active no need for screening.
- No ongoing education to people about cervical health
- Tick Box Approach in Care Planning Document
- Monitor menstrual Cycle/Menopause
- Bleeding post menopause red flag for cervical health



Developed Cervical Health Support Pathway



Guidance on Supporting Women with Disabilities to Use the Cervical Screening Programme

- Prostate Specific Antigen is not a routine test/consent
- Some people are independent and don't want invasion of privacy
- Continence wear may mask symptoms.
- Bloods done as per GP advice/agreement.
- Referred to Urology Dept. for further investigations





Barrett's Oesophagus/Mucosa

- High levels of anxiety/self stimulation/medications increasing risk of regurgitation/reflux.
- High rate of Helicobacter pylori/gastritis
- Barrett's oesophagus is a condition in which the lining of the oesophagus becomes damaged by acid reflux, causing changes that which causes the lining to thicken and become red.
- Aware of risks when prescribing medications that increase risk of bleeding/damage to oesophagus.



An Roinn Sláinte
Department of Health

**Diagnosis, staging and treatment
of patients with oesophageal or
oesophagogastric junction cancer**

National Clinical Guideline No. 19

August 2019





Other Cancer Screenings Discussed

- ▶ **Metabolic Syndrome** increased risk of **Cardiac Issues, Stroke, Diabetes, Cancers (Breast/Uterus/Bowel most common).**

Healthy Eating/ Exercise/Stress Reduction

- ▶ **Oral Cancer Screening** – National Oral Care Guidance/OHAT

- ▶ **Bowel Screen-** High level participation within our services

- ▶ **SunSmart** – Slip, Slap, Slop, Seek & Slide

Review and monitoring of moles changes in symmetry/appearance

- ▶ **Smoking** Cessation/Alcohol intake ↓ (MECC)



Supporting you to be as Healthy as Possible

- Getting regular health checks is important
- Knowing what is normal for you/what's not
- Recognising pain/changes in your body
- Screening services are available for you too.
- Help you understand about your health and how to protect it.
- Ask for help, ask for more time, ask for easy read information.





We need to do more

- Listening to/Including you in your healthcare
- Educating you/your carer about what is available, how to access services/understand
- Making services more accessible/equal access
- Educating healthcare professional to be able to communicate better with you.
- Working collaboratively together for better health, so you can live your best quality life.





Thank You
For
Listening



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