Case 6: Jameela

Case for discussion

Jameela is a 34-year-old woman with Down syndrome, which has resulted in moderate learning disability, a speech impediment and mild immunosuppression (impaired ability to fight infection). She lives in supported accommodation but is largely independent. She feels slightly unwell and has a rash on her abdomen (tummy). This concerns her and she wants help from her general practice.

Consider all the ways in which triage and onward care might be handled in your practice. Talk about ‘best case’, ‘standard case’ and ‘worst case’ scenarios. Focus on access and triage issues, not Jameela’s clinical management.

Consider what would happen if…

A. **Jameela telephones but gets an automated answerphone message** advising her to submit an online form or call 999 if an emergency. Would she be able to follow this instruction? How would the receptionist know whether she did or not?
B. **Jameela speaks to a receptionist.** But the receptionist is unaware of Jameela’s disability, struggles to understand her, and asks if the matter is urgent. When Jameela says “no”, she is advised to phone back at 8.30 am the next day. What might Jameela do next?
C. **Jameela is asked to use a link to upload a file.** The receptionist picks up that there is a rash and tells Jameela that she will text her a link to upload a picture of it. Jameela agrees but can’t attach the photograph. Could this sequence of events occur in your practice?
D. **The receptionist, following learning disability protocol**, allocates Jameela to the duty doctor call-back list and texts the contact on her record to ensure that she can attend. How likely is this outcome in your practice (think ‘best case’ and ‘worst case’ scenarios)?

The safety incident

Jameela telephoned the practice. The receptionist was not able to fully understand her concerns or how urgent they were. She advised Jameela to respond to a text message by uploading a photo of her rash to the link provided. But Jameela couldn't, and nobody noticed that the photo didn't appear. Jameela had no further contact with the surgery until a family member went to see her 10 days later and phoned on her behalf. A subsequent diagnosis of shingles was made, but it was too late to give the antiviral medication that could have stopped the rash from spreading. Jameela now struggles with post-shingles pain.

*This case highlights the need for all staff to be aware of features of a patient's circumstances that make it **difficult for them to identify the nature and urgency of their problem**. Digital access to healthcare may be difficult for some. Just because a patient has a smartphone, they may not be able to use it fully.*

Checklist for practice discussion

Might any routes for this patient have resulted in a safety incident in your practice? If so, what were they and how could you improve them?	☐
How are patients with a learning disability identified when they phone in?	☐
What reasonable adjustments are you able to make to support patients with a learning disability to access care?	☐
What systems are in place to follow up on requests to the patient to supply further information and safeguard where a response does not arrive?	☐

Learning outcomes

On completion of this exercise, we hope that staff in your practice will be better able to:

Identify barriers to safe care for patients who have difficulty communicating when they contact the practice. These include (but are not limited to)

a. Learning difficulties or cognitive impairment;
b. Speech impairment (e.g. stammer, post stroke);
c. Hearing impairment;
d. Unable to speak the language(s) spoken by practice staff.