

**Elisabeth Alton -named GP for safeguarding adults at the East Riding of  
Yorkshire CCG.**

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As the named Gp for safeguarding adults, I have been delivering MCA training since the *House of Lords Post Legislative Review of the MCA*, and involved in the *Learning Disabilities Mortality Review*, (LeDeR), since it's inception within the East Riding of Yorkshire.

In The 1st LEDER annual report not adhering to the MCA was the third most commonly cited issue particularly around capacity assessments and the best interest process. The NHSE MCA LeDer task and finish group of which I am a member is working to address these issues particularly around improving knowledge and awareness of the ACT.

Bringing the Mental Capacity Act to life has been my mission in training in the East Riding. This is how I have set out to achieve this goal.

When training the GPs we always used real cases, commonly national cases such as that of Richard Handley who died of constipation. I give the GPs time to discuss in small groups what a capacity assessment would look like if you had been the GP that 3 days before Richard's death had left a prescription for laxatives? Practising in pairs, the words and language they would have used and what responses would either reassure you or conversely worry you that Richard hadn't understood. Then thinking how they would have recorded the capacity assessment.

Local LeDeR cases have been anonymised and used. One example was the delay in a best interest process for a lady needing a brain CT scan, the ensuing delay led to her death. Looking at the causes of the delay and how these could and should have been avoided. In real terms the delay was initially as the correct professionals had not been invited to the meeting, such that the initial scan had to be cancelled. A further delay was due to a meeting being held over the holiday period when many professionals were on holiday. Giving GPs chance to think and discuss firstly who needs to be consulted, and secondly how the process could be streamlined. We also discuss what support the practice could provide to make the process as time efficient as possible both for the patient and the staff concerned.

*At the Annual Learning Disability Health Check Training* every speaker was asked to include how their area of work adhered to the MCA and promoted it's good use. The bowel screening service talked about supporting patients with an LD to understand the process of colonoscopy, this made Gps realise the importance of marking notes so the screening service know that a person may need extra support and maybe even to visit the department prior to their appointment.

A speech therapist presenting top tips for facilitating communication for capacity assessments around a specific medical intervention which takes place in primary care.

The whole practice team is involved in looking after people with a learning disability in primary care, they have training needs too. Starting with the

*National Mental Capacity Act Competency Framework* and then working with a large practice I asked reception secretarial and health care assistants to write down for a week anything they came across that was possibly an issue with the MCA. This enabled me to put a training presentation together, this has been trialled at two large practices and is going to be rolled out CCG wide to reception secretarial and health care assistants at our next protected time for learning.

This method of training has not been validated by any research method. The feedback from the sessions is good. I also act as a point of contact for any queries.

Elisabeth Alton- summary of presentation for NMCF Action Day 15th March 2019