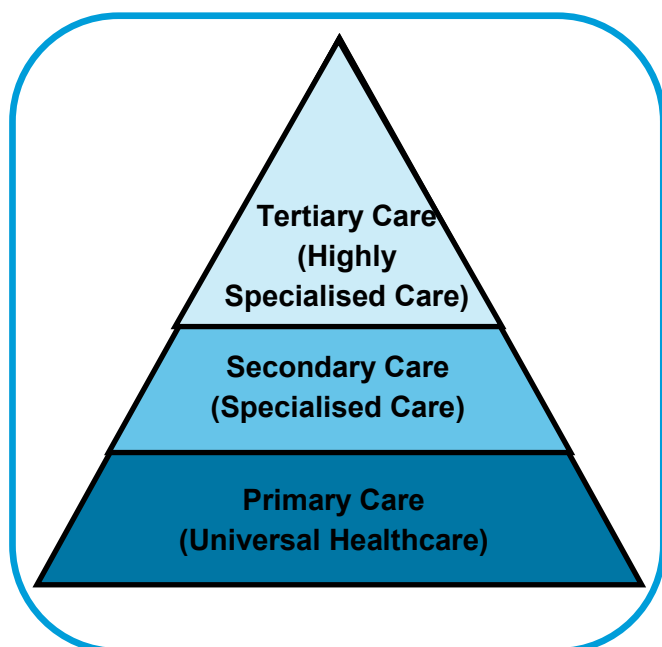


# Health Care



All families will come into contact with the NHS at some point, but if your child has a disability or health condition then you may find you use lots of different services provided by the NHS and have more frequent contact with health professionals.

There are a number of ways that disabled children and young people will come into contact with the health system:



## Primary Care

This is **universal healthcare** provided for a local community that is accessed directly.

It includes professionals and services accessed through a general practice including **GPs**, practice **nurse** and some **community health professionals** such as community children's nurses or community dentists, podiatrists and opticians. Accident & Emergency Departments also provide some elements of Primary Care.

Primary Care is commissioned by NHS England, School Nursing is commissioned by the Local Authority and A&E services are commissioned by your local Clinical Commissioning Group.



## Secondary Care

This is more specialised healthcare that requires a **referral from primary** care to access. In most cases your GP will be responsible for providing a referral to a secondary health care professional. This secondary care maybe based in a community health setting or a local hospital. Some examples include:

- Community Paediatricians
- Occupational Therapists
- Physiotherapists
- Speech & Language Therapists
- Audiologists
- Child Adolescent & Mental Health Services (CAMHS)

Most secondary health services will be commissioned by the local Clinical Commissioning Group (CCG).



## Tertiary Care

This is **highly specialised healthcare** services that requires a referral from primary or secondary care, normally this will be your GP or community paediatrician, but may include other secondary health professionals. Examples include:

- Consultant Paediatrician (Specialist Hospital)
- Specialist Nursing Teams
- Child Adolescent and Mental Health Services (CAMHS)

Specialist Tertiary services are commissioned by NHS England.



## Appointment Anxiety

If your child finds it difficult to wait, is anxious about going to new places or meeting new people, then taking them to visit the doctor or hospital can be extremely stressful for yourself and your child.

Here are some tips which other parents have found useful in this situation:

- try and get appointment times at the start of clinics when there is likely to be less of a wait
- if your child does not like to be in crowds of people, explain the problem to the receptionist and ask if there is a quieter room where they can wait
- write on a postcard what might be difficult for your child and give it to the receptionist, so you do not have to say it out loud for others to hear
- ask the receptionist to let you know if there is going to be a long wait, so you can take your child for a walk and come back later
- ask if you can wait in the car outside and be called on your mobile when the doctor is nearly ready to see you
- if possible, try to get appointments with the same doctor/health professional on subsequent visits, so they get to know your child's additional needs and you do not have to keep repeating your story
- before they examine your child explain to the doctor what might stress your child or trigger behaviour that challenges, and suggest strategies that might help.



## Hospital Admission

If you know your child is to be admitted to hospital telephone the hospital to let them know your child has additional needs. Ask for a pre-admission meeting with a senior nurse on the ward where your child will stay to discuss your child's additional support needs. If your child has a learning disability ask if the hospital has a learning disability nurse and try to speak to them as well. They can be very helpful in liaising with hospital staff to make sure the stay is less stressful for your child.

Write down all the things that your child might find particularly stressful and how they are likely to respond. Take this with you. It is also useful to take this with you if your child has to go to hospital in an emergency.

Leicester Children's Hospital Patient Passport is available for free [here](#). Simply print it out and fill it in before you visit the hospital with your child.

## Consent to Treatment

Before a medical practitioner can examine or treat your child, they need consent. The way consent is asked for partly depends on what the medical practitioner plans to do.

If a GP wishes to look in your child's throat they will ask your child to open their mouth. You may then need to encourage your child to do so. This is usually enough to demonstrate that they and you have given consent. For more complex health care and treatment there are some differences in the rules about consent for children, young people and adults.

### Adults

Once a person has reached the age of 18, no one can give consent on their behalf. If they are not competent, clinicians can provide treatment and care providing this is in their best interests.

The Mental Capacity Act 2005 governs decisions made on behalf of adults when they do not have mental capacity.

### Young people aged 16 and 17 years

These young people are presumed to have the competence to give consent to treatment for themselves. The Department of Health recommends that it is good practice to encourage young people of this age to involve their families in decisions about their care, unless it would not be in their interests to do so.

## Children under 16 years of age

Children under 16 years of age can give consent to medical treatment, providing they have demonstrated they have sufficient capacity to decide. This depends on their ability to understand what is involved in making the decision. There isn't a general test to assess a child's capability and each case should be assessed based on the individual circumstances. When a child is not able to give informed consent, a person with parental responsibility can give consent for them.



## Patient Information and Liaison Services

The Patient Information and Liaison Service (PILS) is a confidential service provided by NHS organisations including hospitals, mental health services, community services and clinical commissioning groups. They can help if you:

- don't know what's happening
- want information but don't know where to get it
- want to resolve a situation but don't want to complain
- want to complain but not sure how
- want to speak to someone but not sure who

The Leicester Hospitals PILS can be found [here](#).



0808 178 8337

[pils@uhl-tr.nhs.uk](mailto:pils@uhl-tr.nhs.uk)

## Local Authority Responsibilities

[Leicester's Health and Wellbeing Board](#) has been set up to develop and deliver joint health and wellbeing strategies through partnership working.

### The SEND Code of Practice says:

Local authorities, CCGs and other partners must work together in local Health and Wellbeing Boards to assess the health needs of local people, including those with SEN or who are disabled. (1.19)

CCGs, NHS Trusts and NHS Foundation Trusts must inform the appropriate local authority if they identify a child under compulsory school age as having, or probably having, SEN or a disability (Section 23 of the Children and Families Act 2014). (1.16)

The introduction of the 2014 Care Act gave Local Authorities the **legal duty** to offer access to independent **Advocacy** to anyone engaged in adult social care processes.

The Local Authority must arrange an independent advocate to facilitate:

- The involvement of a person in their assessments
- Preparation and review of their care and support plans
- Support through safeguarding adult enquiries and reviews under the Care Act 2014

## Who is Independent Care Act Advocacy for?

The service is available to anyone living in the counties of Leicestershire or Rutland for:

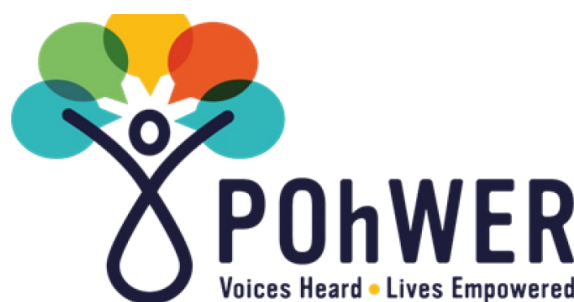
- Adults
- Young people going through transitions
- Care leavers
- Carers
- Young carers
- Prisoners currently detained in the area who are subject to Social Care processes and are struggling to engage with or understand the process.



0116 204 5110



[advocacy@ageukleics.org.uk](mailto:advocacy@ageukleics.org.uk)



POhWer is a charity that provides information, advice, support and advocacy to people who experience disability, vulnerability, distress and social exclusion. The Leicester service handles NHS complaints, Independent Mental Health Advocacy and Mental Capacity Advocacy.



0300 456 2370



[pohwer@pohwer.net](mailto:pohwer@pohwer.net)



## Healthcare within School and Education Settings

Every child is entitled to education. Governing bodies must ensure that arrangements are in place in schools to support pupils at school with their medical needs. School leaders should consult health and social care professional, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

### Supporting Pupils with Medical Conditions

Designated Clinical Officers (DCO's) are the point of contact for local authorities, schools and colleges seeking health advice on children and young people who may have SEN or disabilities. They can support schools with their duties under the '[Supporting Pupils with Medical Conditions](#)' guidance.

Health professionals (for example school or specialist nurses and therapists) may work directly with your child/young person and advise or train settings to manage health conditions such as epilepsy and diabetes, or with techniques such as tube feeding, in schools.



School policies should include:

- who is responsible for ensuring that sufficient staff are suitably trained;
- a commitment that all relevant staff will be made aware of the child's condition;
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- briefing for supply teachers;
- risk assessments for school visits, holidays, and other school activities outside the normal timetable; and
- monitoring of individual healthcare plans



### Individual Healthcare Plans

An Individual Healthcare Plan is designed to keep children with medical conditions safe, well and involved at school. **They are not the same as Education, Health and Care Plans (EHCP)**, but some children may have both an EHCP and an Individual Healthcare Plan.

You and your child's school should agree how often the healthcare plan will be reviewed. It's advised that this happens at least once a year, but it may need to happen more frequently if your child's condition is unstable or their medication changes.

## Who needs an Individual Healthcare Plan?

There's no specific guidance on what sort of medical conditions warrant an individual healthcare plan, and it's up to schools to decide if your child needs one. If your child has a severe or complex medical problem or needs specialist care, a healthcare plan is likely to be essential, but for less complicated conditions, it may not be necessary.

Schools are advised to use common sense when deciding whether a child should have a healthcare plan, and **should take your views into account**. They must also consider each child's case individually – children vary in how they cope with medical conditions, and some may need extra help to manage a condition that another child is able to handle by themselves.

## What does an Individual Healthcare Plan include?

Individual healthcare plans should be as simple and uncomplicated as possible. Schools are free to draw up their own plans, and the level of detail included will depend on each child's needs.

However, a good care plan should include:

- Your child's personal details: name, date of birth, class, and ideally a photo to help staff identify them.
- The name of their condition/s.
- Contact details for both parents or other family members, the GP and their clinic or consultant.

- A description of their condition and the symptoms that affect them.
- Information about your child's daily care requirements: for instance medication (including dose, storage requirements and side effects), dietary requirements, special facilities needed in school (such as access to a disabled toilet), and social and environmental needs (such as extra time between lessons).
- What sort of support your child needs with their daily care, and who at school will administer it.
- What constitutes a medical emergency relating to your child's condition, and what action they should take if it occurs – for example, administering an epipen in the event of an anaphylactic reaction.
- The date of preparation of the plan, and the date when it should be reviewed.

**If your child will need to be given medication at school, you should also be asked to fill in a form giving details of their treatment** and your permission for staff members to administer it (or for your child to take it themselves, if they are old enough and able to do so).



## Model Process for Developing Individual Healthcare Plans (IHCPs)

The flow chart to the left is the Department for Education's guidance for Supporting Pupils at School with Medical Conditions. The parents, health professionals or school can start the process.

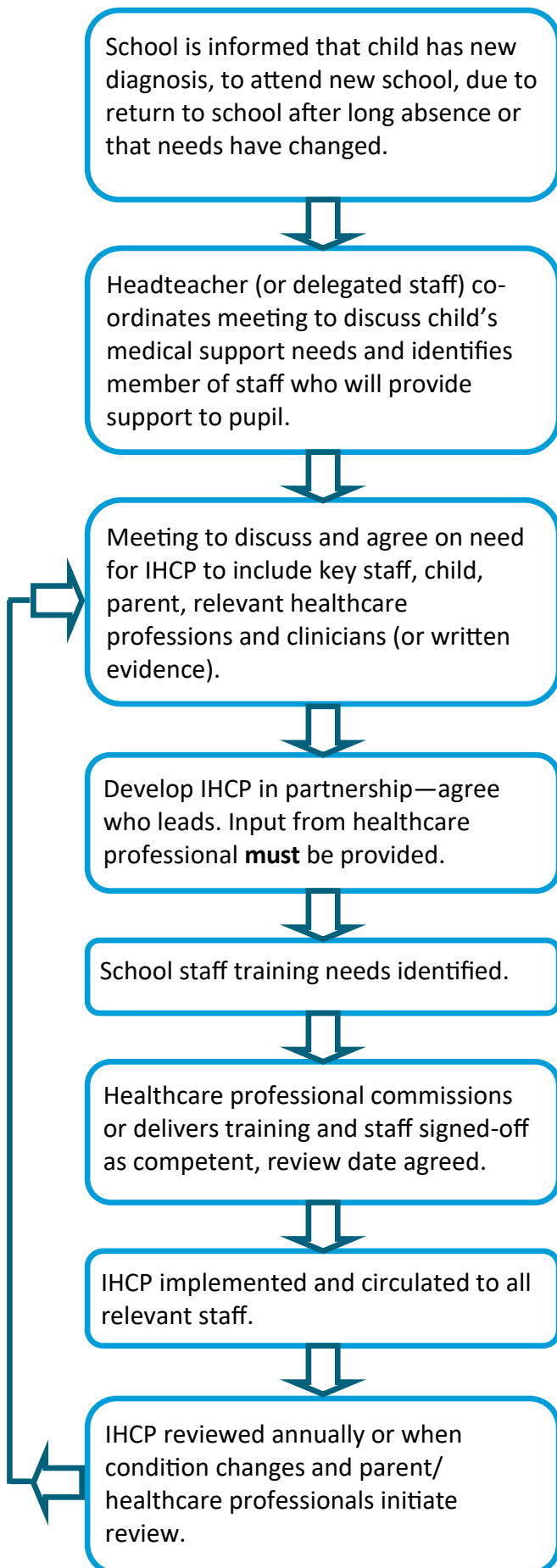


# Department for Education

## Equality and Inclusion

Some children may not be able to attend school for health reasons, for long term or intermittent periods.

For children with SEND, anxiety or sensory overload are common factors affecting attendance, which are sometimes not immediately identified. If you think there may be underlying needs affecting your child's attendance, discuss and explore with school how these might be supported.





A reduced timetable can be an effective **temporary measure** to support some children. There should be a plan to support an increase to full-time, regular reviews and **only with parental agreement** and involvement of appropriate services.

If you are feeling pressured to accept a reduced timetable, talk to school about whether there are other appropriate support options, for example:

- A Common Assessment Framework (CAF), which is a shared assessment and planning framework.
- Referral for Alternate Provision (such as the Children's Hospital School or a Pupil Referral Unit)
- Referral to a health service (such as CAMHS)
- Where support options in school have been exhausted, a request to the local authority to **carry out an EHC needs assessment**
- where an EHC plan is already in place, requesting an early annual review

The [Department for Education guidance about Attendance](#) says:

"All pupils of compulsory school age are entitled to a full-time education. In very exceptional circumstances there may be a need for a temporary part-time timetable to meet a pupil's individual needs. A part-time timetable must not be treated as a long-term solution. Any pastoral support programme or other agreement must have a time limit by which point the pupil is expected to attend full-time or be provided with alternative provision."

## Unacceptable Practices

Many parents report that they are being asked to come into school to attend to their child or are facing action over the poor attendance of a sick child. The guidance lists a number of practices that are considered unacceptable, for example:

- Asking parents to come in to give medication or attend to toileting.
- Ignoring the views of children, parents and medical professionals.
- Sending children home unnecessarily.
- Penalising pupils who are absent for medical reasons.
- Assuming that all children with the same condition require the same treatment.
- Preventing access to medication.
- Stopping children from eating or taking toilet breaks where this is necessary.
- Putting barriers in the way of children taking part in all aspects of school life including trips.



## Getting the right help in place

It's important to notify the school as soon as your child is diagnosed with a medical condition. If your child is about to start or change school, try to work with the new school in advance so the right support can be put in place from the beginning. Ask for the school's medical needs policy and ask for a meeting with the member of staff responsible for medical needs.

## My child has medical needs. Can she/he have an Education, Health and Care (EHC) plan?

Although EHC plans cover all three areas, including health, they are education driven. It is only possible to trigger the EHC assessment process if your child has an educational need. However it is worth bearing in mind that the definition of special educational need has two parts and includes:

1. Children who have significantly greater difficulty in learning than others of their age.
2. Children with a disability who can't access educational facilities normally available in mainstream school.

Some children with medical needs may fit the disability part of the definition.

## Can school staff refuse to give my child medication?

Giving medication is not part of schoolteachers' conditions of service, so an individual teacher can't be forced to give medication. Teachers can volunteer to do so if they wish. Support staff may have the requirement to give medicine written into their contract.

The **school should ensure that there are sufficient trained staff available** to give medication to children who cannot manage it themselves. Parents should not be asked to come into school to give medication.

## Can health and social care provision be written in to an EHC plan?

It is important to note that health care provision or social care provision which educates or trains a child or young person is treated as special educational provision (section 21(5) of the Children and Families Act 2014). A good example of this is speech therapy. It looks like it should be health provision – because it is usually provided by the Health Service – but it must be treated as special educational provision. This is because speech and language therapy “educates or trains” a child or young person to communicate more effectively.

Any health care provision will have to be agreed by the local Clinical Commissioning Group (“CCG”) before it can be written into an EHC plan. Once provision is written in to an EHC plan, it is **legally enforceable**. If it is in the education or social care provision sections of the EHC plan, then the Local Authority (LA) must ensure it is provided. If it is in the health care provision section, then the CCG must provide it.

## What if the health and social care provision in the EHC plan is inaccurate or inadequate?

During an EHC needs assessment, the LA should seek advice and information from health and social care. If this is not done, this could lead to inaccurate or inadequate sections of the EHC plan, which are blank, or say “not known to the service” or “no health/social care needs” when this is not the case.

## Leicester & Leicestershire Based Organisations:

- [Clasp the Carers Centre](#)  
Leicestershire based charity, dedicated to supporting family carers who look after people with different needs.
- [Early Intervention Service \(Relate Leicestershire\)](#)  
An emotional wellbeing support service for children and young people between the age of 5-18 years old living in Leicester with low/moderate mental health needs.
- [Healthwatch Leicester](#)  
Champion the views of patients and social care users in Leicester and Leicestershire
- [Leicester Carers Support Service](#)  
Support and information for Carers over the age of eighteen.
- [Leicester City Disabled Children's Services](#)  
Support for disabled children, young people and their families ran by the council.
- [Leicester City Early Help](#)  
Our early help offer brings together a range of services to support children, young people and their families who need some additional help.
- [Leicester Local Offer](#)  
Information and guidance that can support children and young people with SEND, aged 0 to 25, in Leicester.

- [Parent Carer Forum](#)  
Parent Carers who have children aged 0-25 with SEND who live in Leicester City.

## National Organisations:

- [Contact a Family](#)  
Supporting families that have a disabled child.
- [Council for Disabled Children](#)  
Umbrella body for the disabled children's sector bringing together professionals, practitioners and policy-makers.
- Health for [Under 5's](#) / [Kids](#) / [Teens](#)  
Information and health advice for parents and carers from pregnancy through to when a child starts school, and for children and young people up to the age of 25.
- [Mencap](#)  
Mencap are here to improve the lives of people with a learning disability and their families.
- [NHS: Children and Young People's Services](#)  
Information about what to do if you are concerned about your child.
- [Scope](#)  
Disability equality charity in England and Wales that provide practical information and emotional support to families

SENDIASS Leicester can support you and your family when it comes to the educational needs of your child/young person who has Special Educational Needs or Disabilities.

**Telephone:** 0116 482 0870  
**Facebook:** SENDIASS Leicester

**Email:** [info@sendiassleicester.org.uk](mailto:info@sendiassleicester.org.uk)  
**Twitter:** @SendiassL