

Specialist Health Team for Adults with Learning Disabilities

Referral Guidelines and Information Pack

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Service Improvement Group

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This policy does apply to Medical/Dental Staff

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| 1.0 | Review | Sue Young | 2.10.15 |

REFERRAL GUIDELINES AND INFORMATION PACK

SPECIALIST HEALTH TEAM FOR ADULTS WITH LEARNING DISABILITIES

**Art Psychotherapy
Clinical Psychology
Community Learning Disability Nursing
Music Therapy
Nutrition and Dietetics
Occupational Therapy
Physiotherapy
Podiatry
Psychiatry of Learning Disability
Public Dental Service
Recreation
Speech & Language Therapy**

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**NHS TAYSIDE – PRIMARY CARE DIVISION
SPECIALIST HEALTH TEAM FOR ADULTS WITH LEARNING DISABILITIES**

REFERRAL GUIDELINES AND INFORMATION PACK

Enclosed in this information pack are details of specialist services provided by the health team for adults with Learning Disabilities in Tayside. This pack should also give you information to decide if the person with learning disabilities whom you are concerned with would benefit from referral to the team.

Team Philosophy, Aim and Objectives

The aim of the Specialist Health Team for adults with Learning Disabilities in Tayside is to provide high quality, specialist health care services for people with Learning Disabilities that enables and supports the individual to participate in the activities of everyday life.

The key objectives of the team are to:

- Provide specialist assessment, intervention, education and advice to adults with Learning Disabilities, their families, carers and other professionals.
- Support General Practitioners and Primary Health Care teams to identify and meet the health needs of people with Learning Disabilities.
- Work in partnership with others to ease transition and enhance the coordination of services across boundaries and agencies, in line with Health and Social Care Integration.
- Facilitate access to Primary and Secondary Health Care services.
- Provide specialist assessment and intervention where the Primary and Secondary health services are unable to meet the person's needs.
- Encourage and facilitate a positive healthy lifestyle.

What are Learning Disabilities?

If you are thinking of making a referral to the specialist health team for adults with Learning Disabilities you may already know that the person you are referring has a diagnosis of Learning Disabilities. If you are unsure then the following definition may help.

“People with Learning Disabilities have a significant, lifelong condition that started before adulthood, that affected their development and which means they need help to understand information, learn skills and cope independently.”

(Scottish Executive (2013) Keys to Life, page 6)

Criteria for a diagnosis of Learning Disabilities:

- A significantly reduced ability to understand new or complex information, to learn new skills (i.e. significantly impaired intelligence),
- A reduced ability to cope independently e.g. impaired social functioning or difficulty performing personal care/daily living skills.
- Onset of difficulties before the age of 18.

Making a referral for a Specialist Assessment

Who can refer?

General Practitioners, care managers, social workers, other professionals, carers and people with Learning Disabilities can all refer.

What are the referral criteria?

The individual must have a learning disability, be over the age of 16 and have left full time education (if they are still in full time education they must be over 18 to access our services).

As we are a health team, there must be an identified health need requiring intervention or support.

How do I refer?

Each discipline has a separate trigger point sheet to help referrers identify the appropriate disciplines to refer to. Start in the left hand column of the first trigger point table. If you know that they have a Learning Disability then put a ✓ in the trigger point box. If you are unsure then the definition on page 2 should help, or you can refer to the team for an assessment to determine if the person has a learning disability (*please note: we can only accept referrals for cognitive assessment when there is an additional clinical need outlined in the referral information*).

Next move on to complete each Column in turn. The action column will tell you what to do next. Please work your way through each trigger point table. Once this is completed you will know which disciplines to refer to.

Next complete the referral form. All disciplines will be using the same referral form therefore you will only have to complete the basic information once (please be sure to identify specific reasons for referral for each discipline referred to). You can make copies of this sheet and attach it to each trigger point table if referring to multiple disciplines (there is an address list at the end of the referral pack).

Please include as much information as possible on the referral form as this helps us to prioritise those in most urgent need and avoid unnecessary delay. If you are referring for an assessment to determine if the person has a learning disability, please include the following information:

- The information that has led you to suspect the individual has a learning disability.
- Details of any cognitive assessments already undertaken by either Child & Adolescent Mental Health Services or an Educational Psychologist and any previous assessments in relation to a learning difficulty (e.g. dyslexia, dyspraxia or dyscalculia).
- Evidence of a significant life event or acquired brain injury occurring at birth or in childhood (e.g. complications during pregnancy or at birth, premature birth, oxygen starvation, meningitis or cerebral palsy).
- Any evidence of a delay in the individual referred reaching key developmental milestones such as walking and talking.
- Details of their schooling e.g. did the individual attend mainstream or specialist primary and secondary schools and/or went onto further education, and any qualifications gained.
- Any previous or current paid employments and/or voluntary placements.
- Current physical health status of the individual referred including any medical or neurological conditions.
- Any current and/or previous alcohol or substance misuse problems.
- The individual's current living arrangements (e.g. living at home with parents, own tenancy, supported living accommodation).
- Whether the individual requires support in their activities of daily living (e.g. attending to their personal care needs, completing shopping tasks, independent travel, preparing meals, completing domestic tasks or managing their finances).
- Whether they are in receipt of any additional support from a care provider.
- Whether the individual referred has any difficulties with communication or socialisation.

Once we have received your referral you will get an acknowledgement letter/call to inform you if this referral has been accepted.

REFERRAL FORM Specialist Health Team for Adults with Learning Disabilities

| | | |
|---|----------------------------------|--------------------|
| Surname: (Mr/Mrs/ Miss/Ms) | Address: | GP: |
| First Name: | Post Code: | Address: |
| DOB/CHI: | Tel No: | Post Code: |
| Religion/Ethnic Origin: | Day Placement/Occupation: | Tel No: |
| Weight (kg): | Height (metres): | Consultant: |

Contact People: (carer/next of kin/Guardian/other agencies/services/care manager/respite agencies, etc)

| Name | Relationship/Agency | Address | Tel No: |
|------|---------------------|---------|---------|
| | | | |
| | | | |
| | | | |

Has Client given their consent to refer? Yes/No Is a guardianship order in place? Yes/No
 Has Carer been informed of the referral? Yes/No

| | |
|--|--------------------|
| Diagnosis/relevant medical history: | Medication: |
|--|--------------------|

Other relevant information (present circumstances of person referred including risks and special considerations)

Reason for Referral:

Urgent Routine
 (Please indicate whether, in your opinion, referral is urgent or routine)

Please circle all disciplines you have made a referral to.
 Art Therapy,
 Clinical Psychology,
 Community Learning Disability Nursing,
 Music Therapy,
 Nutrition and Dietetics,
 Occupational Therapy,
 Physiotherapy,
 Podiatry,
 Psychiatry of LD,
 Public Dental Service,
 Recreation,
 Speech & Language Therapy.

Referred by.....**Designation**.....**Signature**.....
 (Print name)

Date.....

Address: **Tel No:**

Email Address:

ART PSYCHOTHERAPY - CRITERIA FOR SPECIALIST ASSESSMENT

Please tick all appropriate boxes in each column

| TRIGGER COLUMN 1 | TRIGGER COLUMN 2 | TRIGGER COLUMN 3 | ACTION TRIGGER |
|--|--|--|--|
| <p>Does the person have learning disabilities <input type="checkbox"/></p> | <p><u>COMPLEX NEEDS</u></p> <p>Mental Health Needs e.g. <input type="checkbox"/> depression, anxiety, psychotic illness, and stress disorders</p> <p>Physical Disability <input type="checkbox"/></p> <p>Challenging Behaviour <input type="checkbox"/> e.g. aggression towards self or others</p> <p>Alcohol/substance Misuse <input type="checkbox"/></p> <p>Offending Behaviour <input type="checkbox"/></p> <p>Sensory impairment <input type="checkbox"/></p> <p>Brain Injury <input type="checkbox"/></p> <p>Autistic Spectrum Disorder <input type="checkbox"/></p> <p>Other unstable health conditions e.g. epilepsy, diabetes, cardio pulmonary conditions <input type="checkbox"/></p> <p>Progressive health conditions <input type="checkbox"/></p> <p>Profound and Multiple Learning Disabilities <input type="checkbox"/></p> <p>Dementia <input type="checkbox"/></p> | <p><u>ART THERAPY CRITERIA FOR SPECIALIST ASSESSMENT</u></p> <p><i>Art Therapy offers an exploration of emotional problems through the use of a creative medium.</i> ABILITY IN ART MAKING IS UNNECESSARY</p> <p>Family or relationship problems <input type="checkbox"/></p> <p>Self-isolation <input type="checkbox"/></p> <p>Low self-esteem/confidence <input type="checkbox"/></p> <p>Communication difficulties <input type="checkbox"/></p> <p>Difficulty for the person in expressing or naming their feelings <input type="checkbox"/></p> <p>Major life event <input type="checkbox"/></p> <p>Bereavement or loss <input type="checkbox"/></p> <p>History of sexual abuse <input type="checkbox"/></p> <p>History of physical abuse <input type="checkbox"/></p> <p>History of emotional abuse <input type="checkbox"/></p> <p>Suicidal indications <input type="checkbox"/></p> <p>Self abusive behaviour <input type="checkbox"/></p> <p>Verbal or physical outbursts <input type="checkbox"/></p> <p>Obsessive or addictive behaviours <input type="checkbox"/></p> <p>Psychosomatic problems <input type="checkbox"/></p> | <p>Have you placed a ✓ in a 3 columns</p> <p style="text-align: center;">↓</p> <p style="display: flex; justify-content: space-around;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </p> <p style="text-align: center;">↓</p> <p>Refer to Art Therapy</p> <p style="text-align: center;">↓</p> <p>Move on to the next discipline</p> |

CLINICAL PSYCHOLOGY - CRITERIA FOR SPECIALIST ASSESSMENT

Please tick all appropriate boxes in each column

| TRIGGER COLUMN 1 | TRIGGER COLUMN 2 | ACTION TRIGGER |
|--|---|--|
| <p>Does the person have learning disabilities <input type="checkbox"/></p> | <p style="text-align: center;"><u>CLINICAL PSYCHOLOGY CRITERIA FOR SPECIALIST ASSESSMENT</u></p> <ul style="list-style-type: none"> • Mental health and emotional problems, e.g. anxiety, depression, anger, psychosis, abnormal bereavement reactions, eating problems <input type="checkbox"/> • Challenging behaviour, e.g. aggression towards self or others <input type="checkbox"/> • Assessment and treatment for sexual knowledge and understanding <input type="checkbox"/> • Cognitive/adaptive behaviour skills assessment <input type="checkbox"/> • Dementia Assessment <input type="checkbox"/> • Screening and treatment for Autistic Spectrum Disorder with Learning Disabilities <input type="checkbox"/> • Skills deficits, e.g. assertiveness, social skills, life cycle <input type="checkbox"/> • Health promotion, e.g. alcohol management, smoking, relationships <input type="checkbox"/> • Assessment/treatment for offending behaviour, including sexually abusive behaviour <input type="checkbox"/> • Advice/training for families, carers and other services who are supporting the person with a learning disability <input type="checkbox"/> • Advice on service provision, development and planning for change <input type="checkbox"/> • Assessment of Capacity and Competence <input type="checkbox"/> | <p>Have you placed a ✓ in both columns</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>↓</p> <p>Yes</p> <p><input type="checkbox"/></p> <p>↓</p> <p>Refer to Clinical Psychology then</p> </div> <div style="text-align: center;"> <p>↓</p> <p>No</p> <p><input type="checkbox"/></p> <p>↓</p> <p>Move on to the next discipline</p> </div> </div> |

COMMUNITY LEARNING DISABILITY NURSING - CRITERIA FOR SPECIALIST ASSESSMENT

Please tick all appropriate boxes in each column

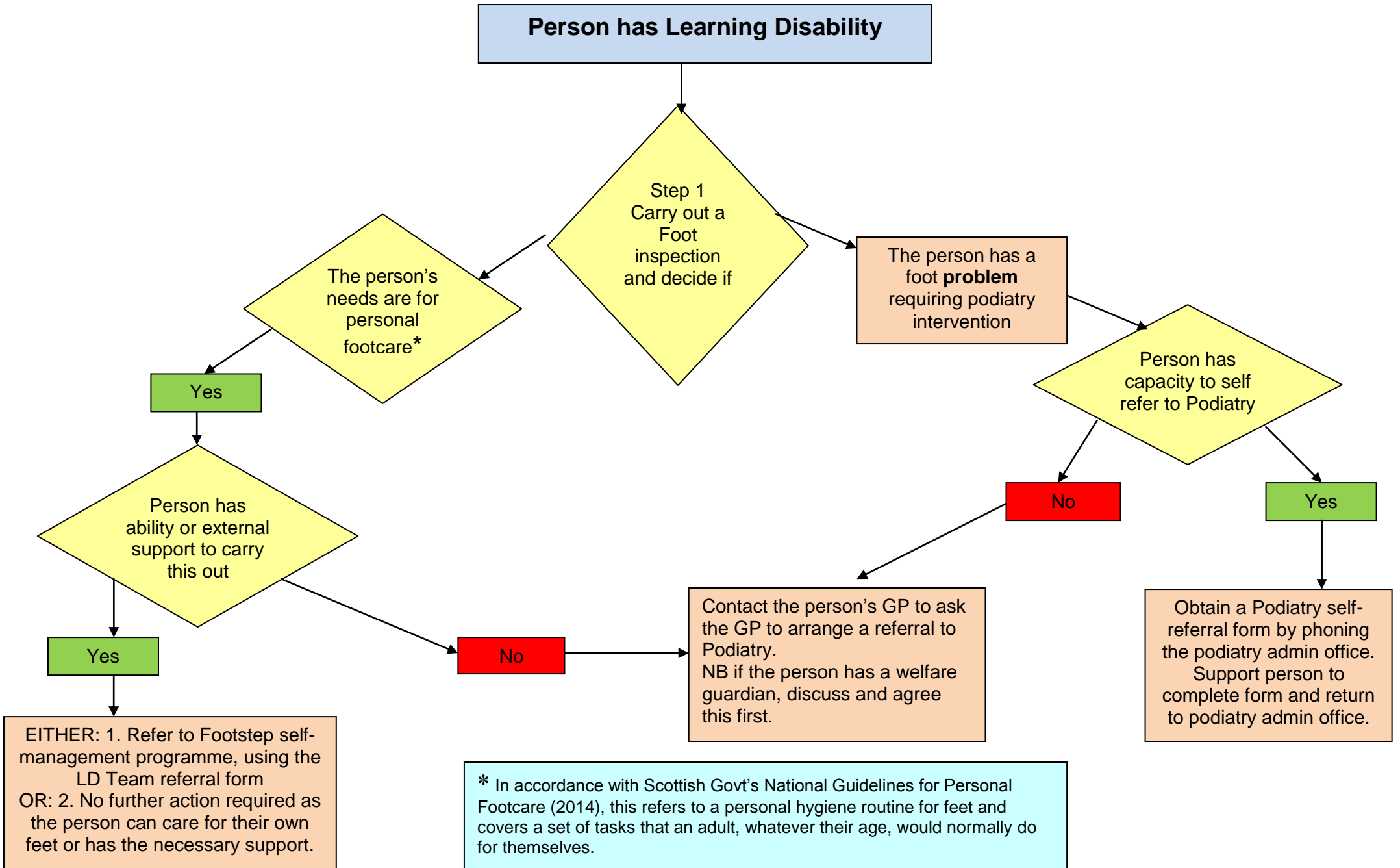
| TRIGGER COLUMN 1 | TRIGGER COLUMN 2 | TRIGGER COLUMN 3 | ACTION TRIGGER |
|--|--|--|---|
| <p>Does the person have learning disabilities <input type="checkbox"/></p> | <p><u>COMPLEX NEEDS</u></p> <p>Teaching & Education <input type="checkbox"/></p> <p>Mental Health Needs <input type="checkbox"/></p> <p>Physical Disability <input type="checkbox"/></p> <p>Challenging Behaviour <input type="checkbox"/></p> <p>Alcohol Misuse <input type="checkbox"/></p> <p>Sensory Impairment <input type="checkbox"/></p> <p>Brain Injury <input type="checkbox"/></p> <p>Autistic Spectrum Disorder <input type="checkbox"/></p> <p>Other unstable health conditions <input type="checkbox"/></p> <p>Profound and Multiple Learning Disabilities <input type="checkbox"/></p> <p>Dementia <input type="checkbox"/></p> <p>A history of offending behaviour <input type="checkbox"/></p> | <p><u>LEARNING DISABILITY NURSING CRITERIA FOR SPECIALIST ASSESSMENT</u></p> <p><u>Everyday Living Skills (please underline all applicable areas)</u></p> <p>Personal hygiene, healthy eating, social skill training</p> <p>Counselling</p> <p>Relationship issues <input type="checkbox"/></p> <p>Multiple and Profound Learning Disabilities</p> <p>Advice and practical help on enteral feeding <input type="checkbox"/></p> <p>Health Monitoring and Health Education</p> <p>Women’s and men’s health issues, sexual health, health screening, monitoring mental health, relaxation, stress/anxiety management, liaison with consultant psychiatrist, depo administration, venepuncture, drug monitoring and education, advice on specific health issues, e.g. asthma, diabetes, epilepsy. <input type="checkbox"/></p> <p>Advice and Support (to families, carers and other services) <input type="checkbox"/></p> <p>Downs Health Screening clinic <input type="checkbox"/></p> <p>Tayside Sexual Health & Reproductive Service <input type="checkbox"/></p> | <p>Have you placed a ✓ in all 3 columns</p> <p style="text-align: center;">↓</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Refer to Community Learning Disability Nursing</p> <p style="text-align: center;">↓</p> <p>Move on to the next discipline</p> |

MUSIC THERAPY - CRITERIA FOR SPECIALIST ASSESSMENT

Please tick all appropriate boxes in each column

| TRIGGER COLUMN 1 | TRIGGER COLUMN 2 | TRIGGER COLUMN 3 | ACTION TRIGGER |
|--|--|--|--|
| <p>Does the person have learning disabilities <input type="checkbox"/></p> | <p><u>COMPLEX NEEDS</u> Does the person have?</p> <p>Mental Health Needs <input type="checkbox"/></p> <p>Physical disability <input type="checkbox"/></p> <p>Challenging Behaviour <input type="checkbox"/></p> <p>Alcohol misuse <input type="checkbox"/></p> <p>Offending Behaviour <input type="checkbox"/></p> <p>Sensory impairment <input type="checkbox"/></p> <p>Brain Injury <input type="checkbox"/></p> <p>Autistic Spectrum Disorder <input type="checkbox"/></p> <p>Profound and Multiple Learning Disabilities <input type="checkbox"/></p> | <p><u>MUSIC THERAPY CRITERIA FOR SPECIALIST ASSESSMENT</u></p> <p>A person with the need to develop or improve one or more of the following <input type="checkbox"/></p> <p>a. Cognitive Skills (attention, concentration, memory) <input type="checkbox"/></p> <p>b. Sensory Skills (auditory, tactile and spatial awareness) <input type="checkbox"/></p> <p>c. Physical Skills (gross and fine motor skills, dexterity, co-ordination) <input type="checkbox"/></p> <p>d. Social Skills (peer interaction, co-operation, tolerance) <input type="checkbox"/></p> <p>e. Personal Skills (motivation, self-awareness, confidence, emotional expression) <input type="checkbox"/></p> | <p>Have you placed a ✓ in a 3 columns</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>Refer to Music Therapy</p> <p style="text-align: center;">↓</p> <p>Move onto the next discipline</p> |

PODIATRY - CRITERIA FOR SPECIALIST ASSESSMENT



* In accordance with Scottish Govt's National Guidelines for Personal Footcare (2014), this refers to a personal hygiene routine for feet and covers a set of tasks that an adult, whatever their age, would normally do for themselves.

PSYCHIATRY OF LEARNING DISABILITY - CRITERIA FOR SPECIALIST ASSESSMENT

Please tick all appropriate boxes in each column

| TRIGGER COLUMN 1 | TRIGGER COLUMN 2 | TRIGGER COLUMN 3 | ACTION TRIGGER |
|--|---|---|--|
| <p>Does the person have learning disabilities <input type="checkbox"/></p> | <p><u>COMPLEX NEEDS</u></p> <p>Does the person have?</p> <p>Mental Health Needs <input type="checkbox"/></p> <p>Physical Disability <input type="checkbox"/></p> <p>Challenging Behaviour <input type="checkbox"/></p> <p>Alcohol/Substance Misuse <input type="checkbox"/></p> <p>Dementia <input type="checkbox"/></p> <p>Offending Behaviour <input type="checkbox"/></p> <p>Epilepsy <input type="checkbox"/></p> <p>Autistic Spectrum Disorder <input type="checkbox"/></p> <p>Profound and Multiple Learning Disabilities <input type="checkbox"/></p> | <p><u>PSYCHIATRY OF LEARNING DISABILITY CRITERIA FOR SPECIALIST ASSESSMENT</u></p> <p>Does the person require a mental health assessment? <input type="checkbox"/></p> <p>Does the person require a review of psychotropic medication? <input type="checkbox"/></p> <p>Are there issues with challenging behaviour that require specialist psychiatric services? <input type="checkbox"/></p> <p>Does the person require a specialist capacity assessment? <input type="checkbox"/></p> <p>Is there a requirement for the use of the Mental Health Act? <input type="checkbox"/></p> | <p>Have you placed a ✓ in all 3 columns</p> <p style="text-align: center;">↓</p> <p style="display: flex; justify-content: space-between;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Refer to Psychiatry</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Move on to the next discipline</p> |

PUBLIC DENTAL SERVICE - CRITERIA FOR SPECIALIST ASSESSMENT

Please tick all appropriate boxes in each column

| TRIGGER COLUMN 1 | TRIGGER COLUMN 2 | TRIGGER COLUMN 3 | TRIGGER COLUMN 4 | ACTION TRIGGER |
|--|---|---|--|---|
| <p>Does the person have learning disabilities <input type="checkbox"/></p> | <p>The person does not have a dentist and is in pain which requires an emergency referral ? <input type="checkbox"/></p> <p>If ticked yes then go straight to action triggers column A <input type="checkbox"/></p> | <p>The person does not have their own dentist but does not require emergency referral <input type="checkbox"/></p> <p>If ticked yes then go straight To action triggers column B <input type="checkbox"/></p> | <p>The person has their own dentist however the individual has complex needs which impacts adversely on their ability to receive care in the general practice setting, or the nature of treatment is such that specialist care is required <input type="checkbox"/></p> <p>If ticked yes then go straight to action triggers column C <input type="checkbox"/></p> | <p style="text-align: center;">A</p> <p>Have you placed a ✓ in columns 1 and 2</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes refer to the local emergency dentistry service for an appointment at 8.30am for an appointment that day</p> <p>Dundee 01382 596990 Angus 01241 432481 Perth & Kinross 01738 450550</p> <hr/> <p style="text-align: center;">B</p> <p>Have you placed a ✓ in columns 1 and 3</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes refer to Public Dental Service at the address on the last page of this booklet</p> <hr/> <p style="text-align: center;">C</p> <p>Have you placed a ✓ in columns 1 and 4</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes refer to the persons own dentist who would then make the decision as to the most appropriate form of care and onward referral</p> |

SPEECH AND LANGUAGE - CRITERIA FOR SPECIALIST ASSESSMENT

Please tick all appropriate boxes in each column

| TRIGGER COLUMN 1 | TRIGGER COLUMN 2 | TRIGGER COLUMN 2 | ACTION TRIGGER |
|---|--|--|--|
| Does the person have learning disabilities <input type="checkbox"/> | Does the person have? Profound and Multiple Learning Disabilities <input type="checkbox"/> Challenging Behaviour <input type="checkbox"/> Autistic spectrum Disorder <input type="checkbox"/> Sensory disorder <input type="checkbox"/> Mental Health Needs <input type="checkbox"/> Dementia <input type="checkbox"/> | <p><u>SPEECH AND LANGUAGE CRITERIA FOR SPECIALIST ASSESSMENT</u></p> Difficulty with: <ul style="list-style-type: none"> • <u>Comprehension</u> understanding speech or language or routine <input type="checkbox"/> • <u>Expression</u> being understood including: <input type="checkbox"/> Ineffective use of speech <input type="checkbox"/> Poor use of Makaton or other gesture system <input type="checkbox"/> Use of challenging behaviours to get message across <input type="checkbox"/> Failed conversations with friends or family or other people they know <input type="checkbox"/> • <u>Eating & Drinking</u> Coughing or choking during or after meals <input type="checkbox"/> Recurrent chest infections <input type="checkbox"/> | Have you placed a ✓ in columns 1 and 3 <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ↓ Yes <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> ↓ No <input type="checkbox"/> ↓ </div> </div> Refer to Speech & Language Therapy Your have now completed the trigger point system |

Thank you for taking time to complete all the trigger points. Please fill in the referral form, photocopy and send to the relevant disciplines (see address list)

SPECIALIST HEALTH TEAM FOR ADULTS WITH LEARNING

Please send completed referrals to the addresses below:

| TAYSIDEWIDE SERVICE (Inpatient & Specialist Services) | DUNDEE Team | PERTH & KINROSS Team | ANGUS Team |
|---|--|--|--|
| <u>ART PSYCHOTHERAPY</u> Principal Art Psychotherapist Specialist Health Team for Adults with Learning Disabilities Craigmill Skill Centre Strathmartine Hospital Dundee DD3 0PG | Principal Art Psychotherapist Specialist Health Team for Adults with Learning Disabilities Craigmill Skill Centre Strathmartine Hospital Dundee DD3 0PG | Principal Art Psychotherapist Specialist Health Team for Adults with Learning Disabilities Craigmill Skill Centre Strathmartine Hospital Dundee DD3 0PG | Principal Art Psychotherapist Specialist Health Team for Adults with Learning Disabilities Craigmill Skill Centre Strathmartine Hospital Dundee DD3 0PG |
| <u>CLINICAL PSYCHOLOGY</u> Psychological Therapies Service (Learning Disabilities Section) Wedderburn House 1 Edward Street Dundee DD1 5NS | Psychological Therapies Service (Learning Disabilities Section) Wedderburn House 1 Edward Street Dundee DD1 5NS | Clinical Psychologist Learning Disability Service Murray Royal Hospital GAP Office Muirhall Road Perth PH2 7BH | Psychological Therapies Service (Learning Disabilities Section) Wedderburn House 1 Edward Street Dundee DD1 5NS |
| <u>DIETETICS</u> Learning Disability Nutrition and Dietetic Service Social Work & Health Claverhouse East Jack Martin Way Dundee DD4 9FF | Learning Disability Nutrition and Dietetic Service Social Work & Health Claverhouse East Jack Martin Way Dundee DD4 9FF | Learning Disability Nutrition and Dietetic Service Social Work & Health Claverhouse East Jack Martin Way Dundee DD4 9FF | Learning Disability Nutrition and Dietetic Service Social Work & Health Claverhouse East Jack Martin Way Dundee DD4 9FF |
| <u>MUSIC THERAPY</u> Music Therapist Craigmill Skill Centre Strathmartine Centre Dundee DD3 0PG | Music Therapist Craigmill Skill Centre Strathmartine Centre Dundee DD3 0PG | Music Therapist Craigmill Skill Centre Strathmartine Centre Dundee DD3 0PG | Music Therapist Craigmill Skill Centre Strathmartine Centre DUNDEE DD3 0PG |
| <u>LEARNING DISABILITY NURSING</u> Forensic Community Learning Disability Nursing Team Craigmill Skill Centre Strathmartine Centre Dundee DD3 0PG | Community Learning Disability Nursing Team Wedderburn House 1 Edward Street Dundee DD1 5NS | Community Learning Disability Nursing Team Murray Royal Hospital GAP office Muirhall Road Perth PH2 7BH | Angus Integrated LD Team (Coastal) Bruce House Wellgate Arbroath ANGUS DD11 3TS Angus Social Work & Health LD Team (Inland) Ravenswood New Road Forfar DD8 2WZ |
| <u>OCCUPATIONAL THERAPY</u> Occupational Therapy Service for Adults with Learning Disabilities Craigmill Skill Centre Strathmartine Centre Dundee DD3 0PG | Occupational Therapy Service for Adults with Learning Disabilities Claverhouse Social Work & Health Jack Martin Way Dundee DD4 9FF | Occupational Therapy Service for Adults with Learning Disabilities Murray Royal Hospital GAP office Muirhall Road Perth PH2 7BH | Angus Integrated LD Team (Coastal) Bruce House Wellgate Arbroath ANGUS DD11 3TS Angus Social Work & Health LD Team (Inland) Ravenswood New Road Forfar DD8 2WZ |

| | | | |
|---|---|--|---|
| <p><u>PHYSIOTHERAPY</u> Physiotherapy Service for Adults with Learning Disabilities. Social Work Dept. Jack Martin Way, Claverhouse West, Dundee. DD49FF</p> | <p>Physiotherapy Service for Adults with Learning Disabilities. Social Work Dept. Jack Martin Way, Claverhouse West, Dundee. DD49FF</p> | <p>Physiotherapy Service for Adults with Learning Disabilities. Murray Royal Hospital GAP office Muirhall Road Perth. PH2 7BH</p> | <p>Angus Integrated LD Team (Coastal) Bruce House Wellgate Arbroath ANGUS DD11 3TS</p> <p>Angus Social Work & Health LD Team (Inland) Ravenswood New Road Forfar DD8 2WZ</p> |
| <p><u>PODIATRY</u> Podiatry Department Westgate Health Centre Charleston Drive Dundee DD2 4AD Tel: 01382 641154</p> | <p>Podiatry Department Westgate Health Centre Charleston Drive Dundee DD2 4AD Tel: 01382 641154</p> | <p>Podiatry Department Perth Royal Infirmary Taymount Terrace Perth PH1 1NX Tel: 01738 473980</p> | <p>Podiatry Department Whitehills HCCC Station Road Forfar DD8 3DY Tel: 01307 475056</p> |
| <p><u>PSYCHIATRY OF LEARNING DISABILITY</u> Consultant Psychiatrist Learning Disability Service Flat 4 Bridgefoot House Strathmartine Centre Dundee DD3 0PG</p> | <p>Consultant Psychiatrist Learning Disability Service Flat 4 Bridgefoot House Strathmartine Centre Dundee DD3 0PG</p> | <p>Consultant Psychiatrist Learning Disability Service Murray Royal Hospital GAP Office Muirhall Road PERTH PH2 7BH</p> | <p>Consultant Psychiatrist Learning Disability Service Flat 4 Bridgefoot House Strathmartine Centre Dundee DD3 0PG</p> |
| <p><u>PUBLIC DENTAL SERVICE</u> N/A</p> | <p>Dental Department Kings Cross Health & Community Care Centre Dundee DD3 8EF</p> | <p>Broxden Dental Centre Tweed Place PERTH PH1 1TJ</p> | <p>Dental Department Springfield Medical Centre Ponderlaw Street ARBROATH DD11 1ES</p> |
| <p><u>SPEECH & LANGUAGE THERAPY</u> Speech & Language Therapy Service for Adults with Learning Disabilities Wedderburn House 1 Edward Street Dundee DD1 5NS</p> | <p>Speech & Language Therapy Service for Adults with Learning Disabilities Wedderburn House 1 Edward Street Dundee DD1 5NS</p> | <p>Speech & Language Therapy Service for Adults with Learning Disabilities Wedderburn House 1 Edward Street Dundee DD1 5NS</p> | <p>Speech & Language Therapy Service for Adults with Learning Disabilities Wedderburn House 1 Edward Street Dundee DD1 5NS</p> |
| <p><u>RECREATION</u> Recreation Service for People with Learning Disabilities & Autism Strathmartine Centre Dundee DD3 0PG (Gary Porter)</p> | <p>Recreation Service for People with Learning Disabilities & Autism Claverhouse Social Work & Health Jack Martin Way Dundee DD4 9FF (Eileen Ramsay)</p> | <p>Recreation Service for People with Learning Disabilities & Autism Strathmartine Centre Dundee DD3 0PG (Gary Porter)</p> | <p>Recreation Service for People with Learning Disabilities & Autism Strathmartine Centre Dundee DD3 0PG (Gary Porter)</p> |