6 REASONABLE ADJUSTMENTS

CASE STUDY: GOOD CARE

Carers shared many relatively small adjustments that benefited those they supported. Most were practical, such as the provision of a quiet space or side room for the person they cared for. One carer said that rather than sitting in the surgical lounge with others, the person they cared for was able to wait with their carer in their own room prior to an operation, which helped them to stay calm. Others highlighted more subtle adjustments such as the positive staff response when a woman's non-verbal sister became distressed.

Reviewers thought that these were small changes that potentially had a big impact for patients, carers and staff.

CASE STUDY: ROOM FOR IMPROVEMENT

A 57-year-old patient with a learning disability was admitted with community-acquired pneumonia. There was a clinical suspicion of a pulmonary embolism (PE), but the patient refused the CT scan. There was no contact with the learning disability team and no documented assessment of mental capacity. A healthcare professional who knew the patient from a previous admission suggested an orientation to radiology as this had helped previously, but this reasonable adjustment was never actioned, and the scan was never performed. Treatment was commenced for a PE without confirmation.

Reviewers stated that as orientation to radiology had worked previously a similar approach could have helped and enabled radiological confirmation of a PE, and supported decisions on long-term anti-coagulation.

Reasonable adjustments involve removing barriers that disadvantage people with a disability in physical environments, processes and communication. There is a legal requirement to make reasonable adjustments for people with a disability under the Equality Act 2010 and getting these adjustments right is important to make the correct diagnostic and treatment decisions for an individual.[20]

Reasonable adjustments policy

A policy on the use of reasonable adjustments was in place in 134/199 (67.3%) hospitals, but only 116/199 (58.3%) had a standardised approach to identify reasonable adjustments for patients with a learning disability.

The practicalities of sharing reasonable adjustment flags varied, with many hospitals having more than one approach to identifying the needs of patients (T6.1).

T6.1 How reasonable adjustment flags were share	Number of hospitals	%
Digitally on patient record	81	69.8
Digitally on patient administration system	50	43.1
Paper record	39	33.6
Pop up alert	23	19.8
National regional adjustment flag	16	13.8
Other	4	3.4
Total	**116**	

Organisational questionnaire data. Answers may be multiple

While most flags were shared digitally (81/116; 69.8%), in 39/116 (33.6%) hospitals, flags were also shared in paper notes, which inevitably could reduce staff awareness of patients' needs. The new

reasonable adjustment flag, mandated in England, provides an opportunity for sharing reasonable adjustments across healthcare settings but was only mentioned by 16/116 (13.8%) hospitals. A number of 'other' responses referred to the national flag currently being incorporated into electronic patient records as it was being rolled out at the time of this study (2025) in England.[23]

Reasonable adjustments available

Reasonable adjustments may be made at an organisational level, such as providing accessible toilets or parking. However, for an individual, reasonable adjustments need to be personalised. The Royal College of Physicians have grouped routinely available adjustments across five areas: Time, Environment, Attitude, Communication and Help.[24] Adjustments falling under the 'Time' and 'Help' categories were most uniformly offered by hospitals. In addition, learning disability service involvement was reported as a commonly available adjustment (T6.2).

T6.2	Routinely available reasonable adjustments	Number of hospitals	%
Time	Increased appointment length	185	93.0
	Early/late appointments	180	90.5
Environment	Quiet private rooms	175	87.9
	Equipment to support sensory needs (noise cancelling headphones etc)	140	70.4
Attitude	Involving patients in decision-making	179	89.9
	Mental capacity assessments - decision support tools	167	83.9
Communication	Support from someone who knows the person and can support communication	180	90.5
	Accessible information - easy read formats	170	85.4
	Accessible information - audio-visual versions	123	61.8
	Strategies to support understanding and expression (key word signing)	140	70.4
	Learning disability service involvement	186	93.5
Help	From someone the patient knows	186	93.5
	Involving advocates	182	91.5
	Referring to hospital passport	186	93.5
	Other	40	20.1
	Total	**199**	

Organisational questionnaire data. Answers may be multiple

Other reasonable adjustments mentioned included the use of 'Language Line' for patients with a learning disability for whom English is not a first language.

More than half (220/408; 53.9%) of health and social care professionals working in acute physical health hospitals reported that reasonable adjustments could be put in place routinely within their organisation (T6.3), while less than half were of the opinion that it was easy to flag adjustments needed in the patient's record (119/265; 44.9%) (T6.4).

T6.3 Routinely available reasonable adjustments	Acute (physical health)		Community/primary care	
	Number of responses	%	Number of responses	%
Yes	220	53.9	236	74.4
Variably	167	40.9	70	22.1
No	21	5.1	11	3.5
Subtotal	**408**		**317**	
Unsure	76		30	
Total	**484**		**347**	

Health and social care professional survey data

T6.4 Ease of flagging reasonable adjustments in the patient record	Acute (physical health)		Community/primary care	
	Number of responses	%	Number of responses	%
Yes	119	44.9	154	63.6
No	146	55.1	88	36.4
Subtotal	**265**		**242**	
Unsure	122		64	
Total	**387**		**306**	

Health and social care professional survey data

One example of a reasonable adjustment is the accessible information standard, which is mandatory for all organisations providing NHS care in England.[25] Providing information in easy read and accessible formats supports compliance with the standard.

Only 15/187 (8.0%) hospitals always offered clinical information and letters in accessible formats. Most hospitals (135/187; 72.2%) used accessible formats inconsistently, and there was an awareness that even if organisations comply with the standard, information may still not be accessible for people with complex needs (T6.5).

T6.5 Clinical information/letters are offered in accessible formats	Number of hospitals	%
Yes - always	15	8.0
Yes - sometimes	135	72.2
No	37	19.8
Subtotal	**187**	
Unknown	12	
Total	**199**	

Organisational questionnaire data

Asking about reasonable adjustments

A key message in the Care Quality Commission report '*Experiences of being in hospital for people with a learning disability and autistic people*' was that people found it difficult to access care because reasonable adjustments to meet their individual needs were not always made.[16] Clinicians reported that 292/666 (43.8%) patients and/or their carers were asked if any reasonable adjustments were needed during the admission. The corresponding figure for the reviewers was lower (121/366; 33.1%) (T6.6).

T6.6 Documentation that the patient and/or their carer were asked if any reasonable adjustments were needed	Clinician questionnaire		Reviewer assessment form	
	Number of patients	%	Number of patients	%
Yes	292	43.8	121	33.1
No	374	56.2	245	66.9
Total	**666**		**366**	

Clinician questionnaire and reviewer assessment form data

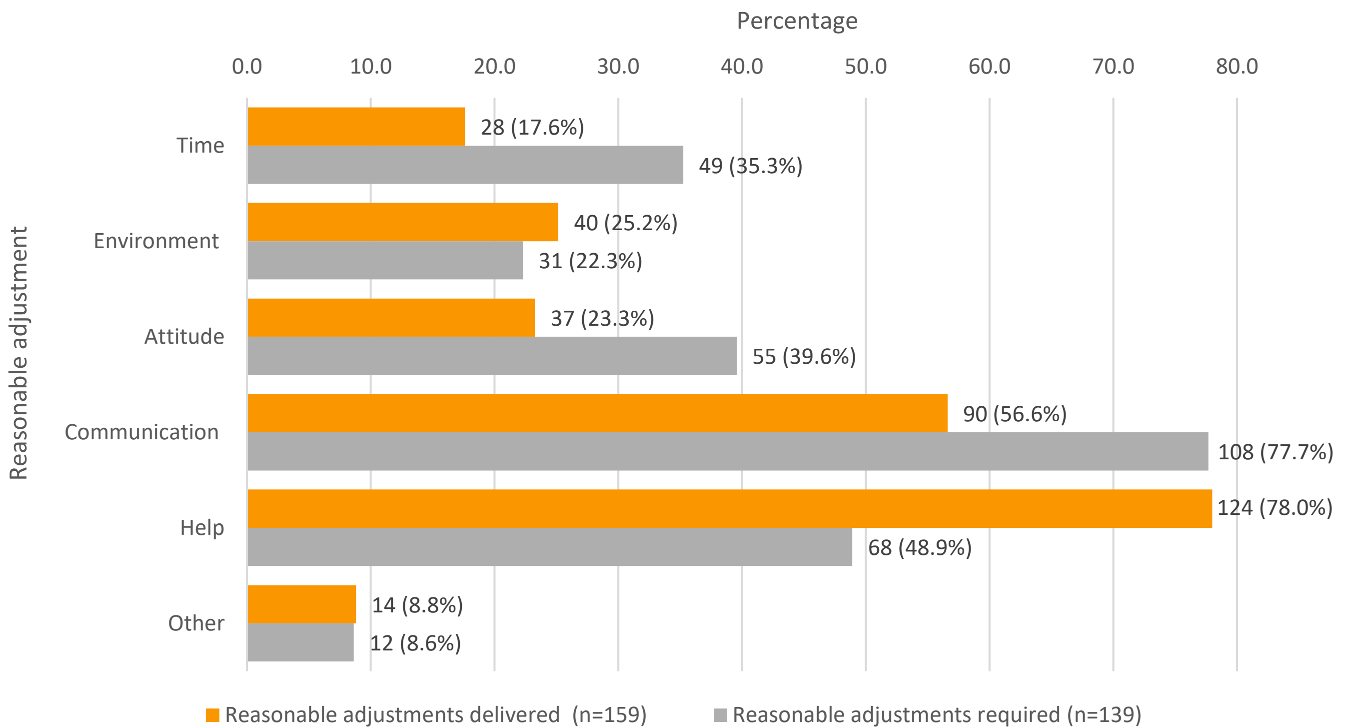
Reasonable adjustments made

The reviewers could find documented evidence of reasonable adjustments being made for 159/366 (43.4%) patients. However, reasonable adjustments were often made inconsistently throughout the admission (77/366; 21.0%). Help (124/159; 78.0%) and Communication (90/159; 56.6%) were the most common adjustments. While many patients may not have needed any adjustments, it is important to recognise that some adjustments may not always be possible - for example, overcrowding may mean there are no available side rooms, or the acute hospital learning disability service may not be available overnight.

Clinicians identified reasonable adjustments that could have been made and could have helped 45/430 (10.5%) patients, whereas reviewers identified many more (139/279; 49.8%) patients who could have benefited from reasonable adjustments. Communication, including learning disability service input, was the most common reasonable adjustment identified as something that could have helped during the admission (108/139; 77.7%), this may not have been delivered due to pressures within the system (T6.7 and F6.1).

T6.7 Reasonable adjustments that could have been made and could have helped that were not made	Clinician questionnaire		Reviewer assessment form	
	Number of patients	%	Number of patients	%
Yes	45	10.5	139	49.8
No	385	89.5	140	50.2
Subtotal	**430**		**279**	
Unknown	236		87	
Total	**666**		**366**	

Clinician questionnaire and reviewer assessment form data



F6.1 Reasonable adustments delived to patients and reasonable adjustments that would have been beneficial
Reviewer assessment form data. Answers may be multiple

Reviewers found that reasonable adjustments were much more likely to have been made if the carer was involved throughout the admission (69/168; 41.1% vs 3/75; 4.0%). Reviewers determined that for 107/366 (29.2%) patients, carer involvement was inconsistent (T6.8).

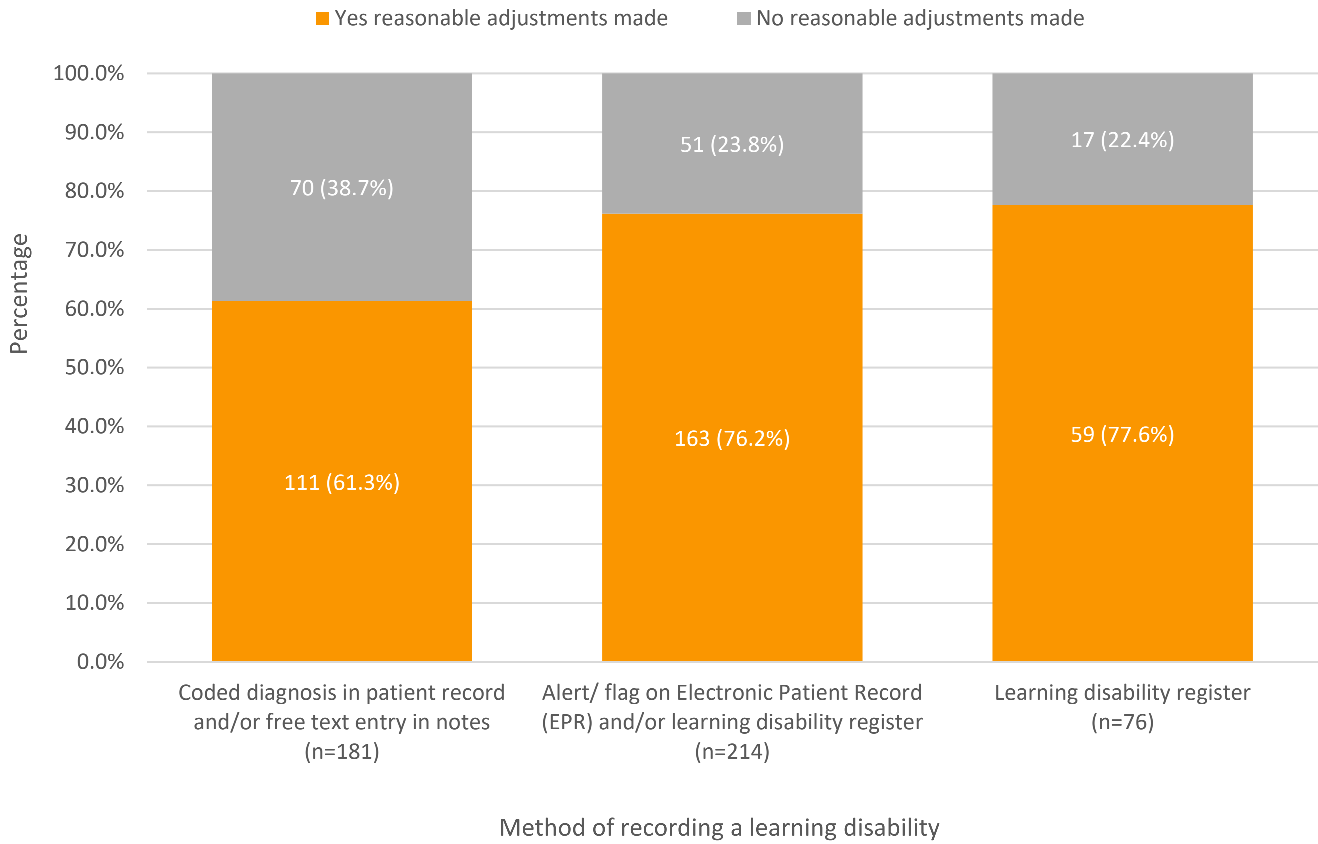
T6.8 Carer/next of kin involvement in care decisions	Number of patients	%
Yes - all the time	168	45.9
Yes - inconsistently	107	29.2
No	75	20.5
N/A - no carer/next of kin	16	4.4
Total	**366**	

Reviewer assessment form data

From the 50 responses received from the carers survey, 22/50 felt that changes were not offered or made to meet the needs of the person they supported.

Effective implementation of reasonable adjustments

The effective implementation of reasonable adjustments depends on an awareness of individual needs. One reviewer noted "*the carer knew the situation well, reasonable adjustments were made without a second thought and worked closely with the family*." Having a learning disability alert on the electronic patient record or a learning disability register meant that it was more likely that reasonable adjustments were made during the admission (F6.2).



F6.2 Reasonable adjustment delivery by learning disability identification method

Clinician questionnaire data