



## Learning Together

A review of the quality of care provided to adults with a learning disability when admitted to hospital acutely unwell.



# IMPROVING THE CARE PROVIDED TO PATIENTS WITH A LEARNING DISABILITY ADMITTED TO HOSPITAL

Easy read information

# How did we run the study?

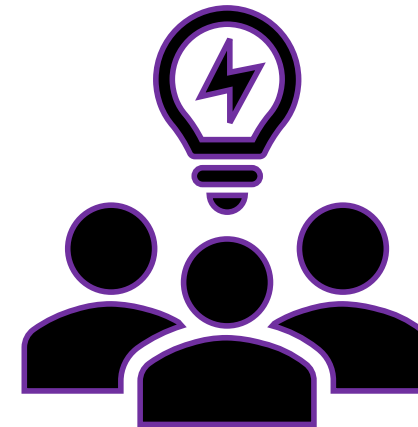
## Learning Together

A review of the quality of care provided to adults with a learning disability when admitted to hospital acutely unwell.



We collected information from hospitals about patients with a learning disability, who were admitted to hospital between **1st July – 30th September 2024.**

We asked doctors, patients with a learning disability and their carers their thoughts on how to improve care during a hospital admission.



# What we found

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We found areas where things could be **improved** when people with a learning disability go to hospital.



# 1. DOCTORS AND NURSES SHOULD ALWAYS USE THE CORRECT TERMS

LEARNING DISABILITY and LEARNING DIFFICULTY are not the same



**LEARNING DISABILITY:** This describes a significant impairment in processing information and social functioning, starting before adulthood. *For example, some people with chromosomal conditions are born with an associated learning disability, e.g., people who have Down Syndrome.*

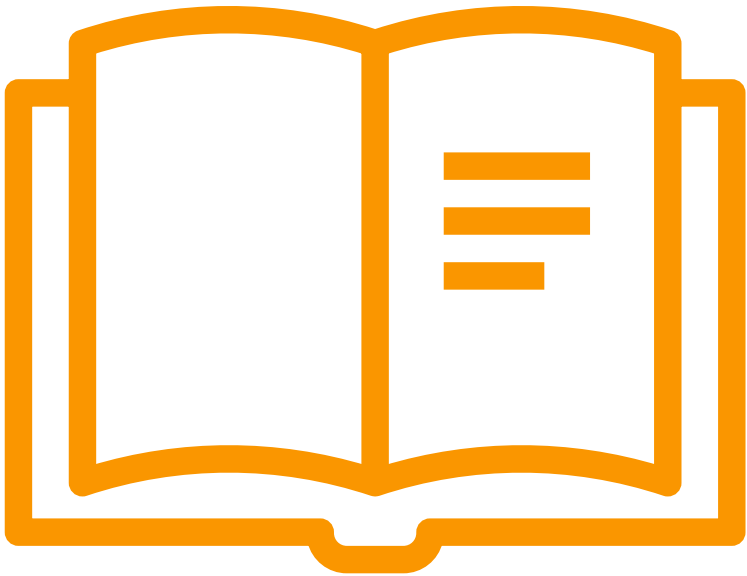


**LEARNING DIFFICULTY:** Describes the way a person learns specific skills. *For example, dyslexia is a type of learning difficulty that mainly affects reading and writing skills.*

Learning disability and learning difficulty were often mixed up, **1 in 3 patients had the wrong term used!**

## 2. DOCTORS AND NURSES SHOULD ALWAYS:

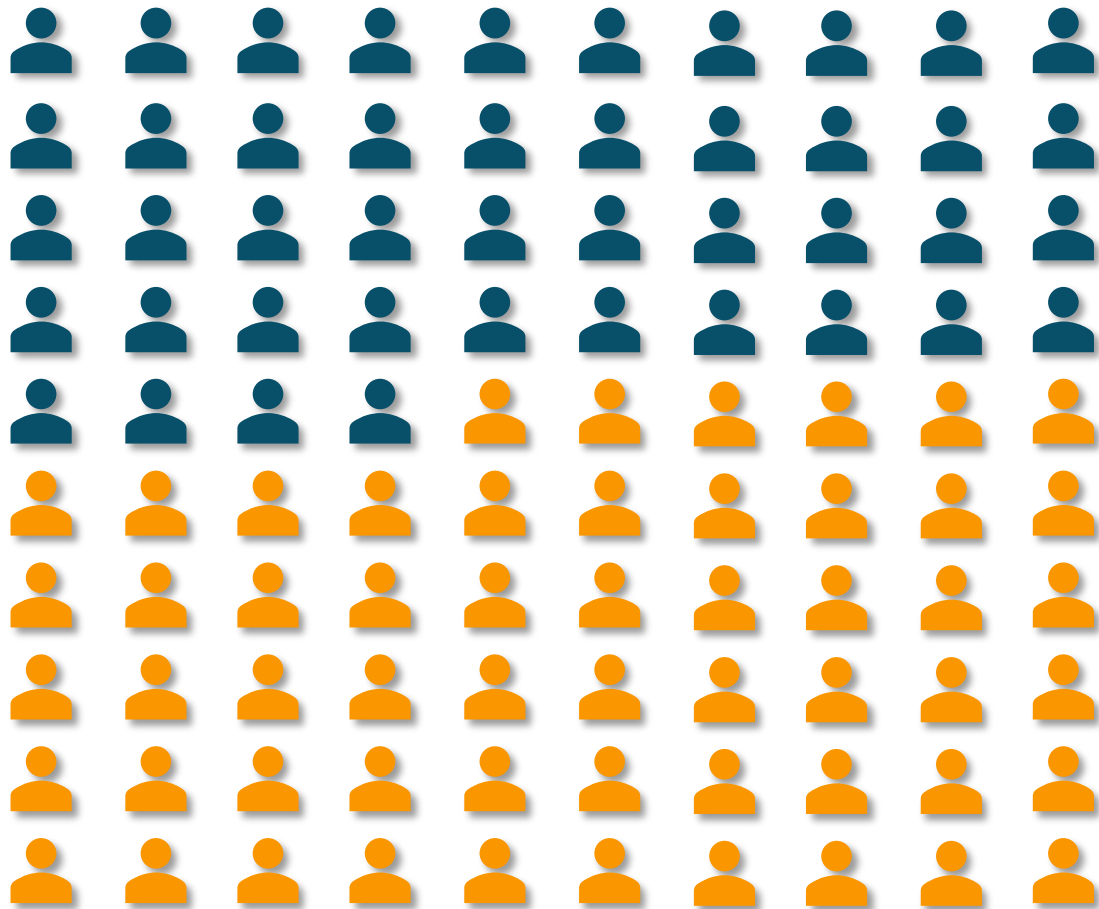
Record that a person has a learning disability in the electronic patient record/clinical notes



**50%** of hospitals had a way to show on their digital patient system, that someone had a learning disability

### 3. DOCTORS AND NURSES SHOULD ALWAYS:

## Make reasonable adjustments for patients with a learning disability



Only **44%** of patients and/or their carer were asked if any reasonable adjustments were needed during the admission.

Reasonable adjustments should be made as soon as a person gets to hospital.

## 4. DOCTORS AND NURSES SHOULD NEVER:

Assume someone with a learning disability cannot make decisions about their care



**53%** of patients with a learning disability should have had an assessment to find out what they understood about their care.

This is called a mental capacity assessment

## 5. DOCTORS AND NURSES SHOULD ALWAYS: Involve people with a learning disability in their care



55% of patients were involved in making care decisions during their stay in hospital.

42% of patients or carers were not involved in care decisions before discharge from hospital.



## 6. DOCTORS AND NURSES SHOULD: Ask the learning disability team for help

Learning disability team members can help people with a learning disability while they are in hospital.



# Useful information

[NCEPOD - Learning Together - patient information leaflet](#)

[NCEPOD - Learning Together - audio report](#)

[Down's Syndrome Association - Going to the Doctor - easy read](#)

[NHS England - Health and Care passports - easy read](#)

[Mencap - Learning Disability Nurses - easy read](#)

[Nottinghamshire Healthcare NHS Foundation Trust - Understanding Mental Capacity](#)