

RECOMMENDATIONS

These recommendations have been formed by a consensus exercise involving all those listed in the acknowledgements. The recommendations have been independently edited by medical editors experienced in developing recommendations for healthcare audiences to act on. The recommendations highlight areas that are suitable for regular local clinical audit and quality improvement initiatives by those providing care to this group of patients. The results of such work should be presented at quality or governance meetings and action plans to improve care should be shared with executive boards.

1	<p>Accurately record a person’s identified learning disability in the electronic patient record/clinical notes and in learning disability registers/lists.</p> <ul style="list-style-type: none"> ▪ This information should be accessible across healthcare settings to ensure prompt recognition and proactive care for patients with a learning disability on arrival at hospital.
FOR ACTION BY	<p>Integrated care boards and local commissioners in discussion with primary/community care, hospital trusts/health boards and associated learning disability services as well as electronic patient record providers.</p>
RATIONALE FOR THE RECOMMENDATION	<p>Diagnosis of a learning disability was not always recorded on a register/list or patient record systems/in clinical notes. In addition, patients were commonly recorded as having a learning difficulty or the terms used interchangeably.</p> <p>The current digital infrastructure is embedding inequity for such a vulnerable population. A digital system that can be viewed and accessed across all healthcare settings would enable a structured and proactive response to be able to meet the needs of a person with a learning disability arriving in hospital and prevent healthcare professionals repeating questions or needing to actively share information across services.</p> <p>There are numerous stages of a patient pathway where assessments are made and could be used to check that a learning disability is correctly recorded for future reference.</p>
ASSOCIATED GUIDANCE	<p>NICE QS187 LEARNING DISABILITY: CARE AND SUPPORT OF PEOPLE GROWING OLDER NHS ENGLAND: REASONABLE ADJUSTMENT FLAG NHS ENGLAND: IMPROVING IDENTIFICATION OF PEOPLE WITH A LEARNING DISABILITY GUIDANCE FOR GENERAL PRACTICE OLIVER MCGOWAN MANDATORY TRAINING PAUL RIDD LEARNING DISABILITY TRAINING</p>
SUGGESTIONS TO AID LOCAL IMPLEMENTATION OF THIS RECOMMENDATION	

<h1>2</h1>	<p>Assess and implement reasonable adjustments for patients with a learning disability. This should be undertaken:</p> <ul style="list-style-type: none"> Proactively if the reasonable adjustments have been flagged, and in place when the patient arrives in hospital As soon as practicable after arrival/admission to hospital and be reassessed throughout the admission. <p><i>The reasonable adjustments should be recorded in the patients electronic record/notes register/list for future admission and on the person's reasonable adjustment digital flag which will be mandatory in England from September 2026.</i></p>
<p>FOR ACTION BY</p>	<p>Integrated care boards and local commissioners in discussion with their hospital trusts/health boards.</p>
<p>RATIONALE FOR THE RECOMMENDATION</p>	<p>This study found that patients and their carers were often not asked about the reasonable adjustments they needed during their hospital admission. There is a legal duty to deliver reasonable adjustments for patients. Increased appointment times, a quiet waiting area and easy-read information are often offered but future commissioning needs to consider overall equity of care with a focus on preventative approaches and early healthcare for people with a learning disability. Reasonable adjustments such as support with scans could reduce diagnostic overshadowing when symptoms are misattributed to a disability.</p>
<p>ASSOCIATED GUIDANCE</p>	<p>NHS ENGLAND: REASONABLE ADJUSTMENTS NHS ENGLAND: REASONABLE ADJUSTMENT FLAG NHS ENGLAND: ACCESSIBLE INFORMATION STANDARD</p>
<p>SUGGESTIONS TO AID LOCAL IMPLEMENTATION OF THIS RECOMMENDATION</p>	

<h1>3</h1>	<p>Use decision support tools to aid healthcare professionals when assessing mental capacity in patients with a learning disability.</p>
<p>FOR ACTION BY</p>	<p>Integrated care boards and local commissioners in discussion with their hospital trusts/health boards as well as Royal Colleges and specialty associations.</p>
<p>RATIONALE FOR THE RECOMMENDATION</p>	<p>A person with a learning disability should not be presumed to lack mental capacity to make health related decisions. There was inconsistency in how mental capacity assessments and best interest decisions were made for the patients in this study. Furthermore, healthcare professionals reported a lack of confidence in assessing the mental capacity of patients with a learning disability.</p>

ASSOCIATED GUIDANCE	NHS ENGLAND: GUIDANCE TO SUPPORT IMPLEMENTATION OF THE MENTAL CAPACITY ACT IN ACUTE TRUSTS FOR ADULTS WITH A LEARNING DISABILITY NHS ENGLAND: MENTAL CAPACITY ASSESSMENT FLOWCHART HEALTH NI GOVERNMENT: MENTAL CAPACITY ACT
----------------------------	--

SUGGESTIONS TO AID LOCAL IMPLEMENTATION OF THIS RECOMMENDATION

4	<p>Consistently and continuously involve people with a learning disability in their care during a hospital admission. This should be from the point of arrival through to discharge. Include:</p> <ul style="list-style-type: none"> ▪ Support from carers as appropriate. ▪ Reasonable adjustments at all stages, e.g., using communication tools to support conversations.
----------	--

FOR ACTION BY	Integrated care boards and local commissioners in discussion with their hospital trusts/health boards.
----------------------	--

RATIONALE FOR THE RECOMMENDATION	The report found that people with a learning disability were inconsistently involved in decisions regarding their care. Similarly, carers were not always involved as appropriate. Carers who know the patient well are a valuable resource, but they should not be over-burdened with care duties while a patient is in hospital nor replace the nursing care.
---	---

ASSOCIATED GUIDANCE	NHS ENGLAND: INVOLVING PEOPLE WITH A LEARNING DISABILITY, AUTISTIC PEOPLE AND FAMILY CARERS NICE: NG150 SOCIAL AND COMMUNITY SUPPORT FOR CARERS DHSC: STATUTORY GUIDANCE. CARE AND SUPPORT STATUTORY GUIDANCE. PERSON CENTRED CARE AND SUPPORT PLANNING
----------------------------	---

SUGGESTIONS TO AID LOCAL IMPLEMENTATION OF THIS RECOMMENDATION

5	<p>Commission local learning disability support services to enable equitable access to care for patients with a learning disability who attend or who are admitted to hospital. Consider:</p> <ul style="list-style-type: none"> ▪ Using multidisciplinary community learning disability services to provide an in-reach service. ▪ Upskilling all healthcare professionals to care for people with a learning disability. ▪ Locally assessing how many patients are seen annually to determine the size of the service needed. This would be aided by improved recognition and recording of patients with a learning disability (see recommendation 1).
----------	---

FOR ACTION BY	Integrated care boards and local commissioners in discussion with their
----------------------	---

	hospital trusts/health boards.
RATIONALE FOR THE RECOMMENDATION	<p>This study highlighted that acute hospital learning disability services did not always exist and when they did, it was often just one person. This did not allow for a 24/7 service needed to care for patients admitted as an emergency. Acute hospital learning disability services provide important support to teams caring for patients with a learning disability who may have limited experience. They can advocate for and optimise communication between patients, carers and clinical teams to support day-to-day care.</p> <p>Input from the community learning disability team, who are likely to have known the person and supported them for many years, would be invaluable. They also have connections with primary care and other support agencies, such as accommodation support. Good liaison with the community learning disability team may also facilitate hospital discharge.</p>
ASSOCIATED GUIDANCE	<p>ROYAL COLLEGE OF EMERGENCY MEDICINE: LEARNING DISABILITIES TOOLKIT V2</p> <p>HEALTH NI GOVERNMENT: LEARNING DISABILITY SERVICE MODEL</p>
<u>SUGGESTIONS TO AID LOCAL IMPLEMENTATION OF THIS RECOMMENDATION</u>	

Key stakeholders who should take note of this report include: all healthcare providers in all healthcare settings. Royal College of General Practitioners, Royal College of Emergency Medicine, Royal College of Physicians, Royal College of Physicians of Edinburgh, Royal College of Nursing, Royal College of Paramedics, Royal College of Surgeons of England, Royal College of Surgeons of Edinburgh, Royal College of Physicians and Surgeons of Glasgow, Association of Surgeons of Great Britain & Ireland, Royal College of Anaesthetists, Association of Anaesthetists, Royal College of Speech and Language Therapists, Chartered Society of Physiotherapy, Royal College of Occupational Therapists, Royal College of Radiologists, Independent Healthcare Providers, Royal College of Obstetricians and Gynaecologists, Royal College of Psychiatrists, Royal Pharmaceutical Society, Academy of Medical Royal Colleges, Society for Acute Medicine, specialty associations, social services, Patients Association, Learning Disability England, Down's Syndrome Association, Down Syndrome UK, MENCAP, Carers UK, Carers Trust, Carers Network, Challenging Behaviour Foundation, Foundation for People with Learning Disabilities.