

Learning Together

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

**RECOMMENDATION
IMPLEMENTATION SUGGESTIONS**

1

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Accurately record a person's diagnosed learning disability in the electronic patient record/clinical notes and in learning disability registers/lists.

- **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.**
- Check your current IT systems to see if they have the facility to record a person's learning disability and consider adding this to electronic hospital dashboards if possible.
- Liaise with your electronic patient record provider ask if the terms 'learning disability' and 'learning difficulty' could come with an alert/information button which states the definition of the term and asks something along the lines of "are you sure you mean learning difficulty?", that then prompts them to consider a learning disability.
- When a patient with a diagnosed learning disability presents to hospital, healthcare professionals should check if the person is on the learning disability register/ list and add them if they are not.
- General practitioners can use the 'inclusion tool' to add a person to the register regardless of a formal diagnosis if they consider a person will benefit from an annual health check and health action plan. This is in line with NHSE policy.
- To improve identification, learning disability status could also be added to:
 - the reasonable adjustment flag
 - standardised admission checklists
 - patient passports
 - Make Every Contact Count proformas
 - discharge summaries.

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Assess and implement reasonable adjustments for patients with a learning disability. This should be undertaken:

- 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.

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.

- Raise awareness of reasonable adjustments amongst all involved in the delivery of healthcare and how they can be identified and provided.
- Ensure all patients with a learning disability and/or their carer, if appropriate, are asked whether any reasonable adjustments are needed to help the patient while they are in hospital.
- Maximise the potential of electronic patient record systems to record discussions and decisions regarding reasonable adjustments and to ensure sharing both within and across healthcare settings e.g. EPR, trust electronic system and the reasonable adjustment flag.
- At admission undertake an assessment of:
 - baseline levels of physical function
 - communication needs
 - support needs and any reasonable adjustments required
 - sensory needs
 - eating and drinking support
 - behaviours and identification of risks
 - pain management
- This assessment process could also be supported by the development and validation of a standardised proforma/tool, to be used for all patients with a learning disability attending or admitted to hospital.
- The assessment should be recorded in health and care passports and/or the patient's care record and updated at hospital discharge .This information could also be linked to the reasonable adjustments flag in England, and the NHS App.
- Consider having accessible formats of patient information that are compliant with the accessible information standard.

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RECOMMENDATION IMPLEMENTATION SUGGESTIONS

Use decision support tools to aid healthcare professionals when assessing mental capacity in patients with a learning disability.

- Use decision support tools e.g., flow charts to raise awareness of how to assess mental capacity and best interest decisions, and the involvement of Independent Mental Capacity Advocates (IMCAs).
- Share online electronic mental capacity assessment decision tools to enable a structured approach to the assessment and recording of mental capacity and best interest decisions within the patient's EPR.
- Share reasonable adjustments such as accessible information in various formats to support communication with patients and decision making. Such resources could be developed locally or nationally.
- Appoint mental capacity leads within organisations to provide general oversight and support initiatives such as upskilling clinicians to increase confidence in making assessments of mental capacity.
- Embed the use of tools in local service specifications/contract key performance indicators.
- Promote a recommended way of assessing mental capacity as part of safeguarding training.

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RECOMMENDATION IMPLEMENTATION SUGGESTIONS

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:

- Support from carers as appropriate.
 - Reasonable adjustments at all stages, e.g., using communication tools to support conversations.
- Provide accessible information to maximise opportunities for patient communication and decision-making. Examples of this could include easy read information, simplified language, use of visual supports, key word signing, breaking the information into smaller sections, using communication tools and giving a longer time to digest information.
 - Involve people with a learning disability in the development of hospital pathways.
 - Involve experts with lived experience in the delivery of training on the care of people with a learning disability.
 - Recognise the value and positive impact of carers. This could include:
 - Developing physical ways to identify carers, e.g., a badge, card or carer's passport.
 - Record carer information in electronic patient records, e.g., an alert or on a reasonable adjustment flag.
 - Consider a carer's policy or charter to help carers know what support they could expect and signpost them to additional information such as a carer's allowance.

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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:

- **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).**

- Acute hospital learning disability teams/services would help deliver the required level of support in a timely and consistent manner, including:
 - being available to support patients on admission, including in the emergency department
 - being multidisciplinary
 - being available seven days per week ideally 24 hours per day
 - supporting discharge from hospital and transition of care to the community as required.
- Liaise with community learning disability teams.
- A learning disability physician role would expand the 'acute' element of care available in hospitals.
- Provide training and support to ensure that healthcare professional staff members feel confident in caring for patients with a learning disability.
- Support audit and reporting of outcome.