

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

NCEPOD reviewed the care of adults with a diagnosed learning disability who attended/were admitted to hospital as an emergency between 1st July and 30th September 2024. Care was reviewed using 666 clinician questionnaires, 366 sets of case notes, 144 primary care questionnaires, 199 organisational questionnaires, 832 healthcare professional survey responses and 82 patient/carer surveys.

Use the correct terminology.

LEARNING DISABILITY and **LEARNING DIFFICULTY** are not the same and using 'LD' does not help.

119/366 (32.5%) patients were described as having a learning difficulty rather than a learning disability and the two terms were often used interchangeably.



LEARNING DISABILITY

Describes a significant impairment of intellectual and social functioning, both arising before adulthood



LEARNING DIFFICULTY

Describes the way a person learns specific skills or processes information

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

175/196 (89.7%) organisations reported using alerts or flags on electronic patient records. However, only 310/583 (53.2%) patients had such alerts.



Assess and implement reasonable adjustments for patients with a learning disability – ideally proactively.

Only 292/666 (43.8%) patients and/or their carer were asked if any reasonable adjustments were needed during the admission.

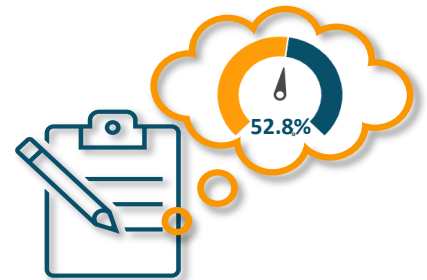


Reasonable adjustments were more likely if there was an alert on the patient's record.

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

121/229 (52.8%) patients who did not have a formal assessment should have received one.

Only 169/277 (61.0%) healthcare professionals reported being confident in undertaking mental capacity assessments in patients with a learning disability.



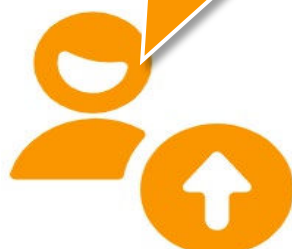
Consistently and continuously involve people with a learning disability in their care during a hospital admission.

200/366 (54.6%) patients were involved in decisions regarding their care in the acute setting and in 148/353 (41.9%) cases there was no involvement of the patient or the patient's carer at discharge.



54.6% of patients involved during their stay

41.9% of patients/carers involved at discharge



Commission equitable acute hospital learning disability services.

Only 35/186 (18.8%) learning disability services were multidisciplinary, 69/186 (37.1%) were a single profession and 82/186 (44.1%) a single individual.

Multidisciplinary team



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Single profession team

One person

