

Healthcare for All – report of the Independent Inquiry Into Access To Healthcare fo People With Learning Disabilities

Recommendation	Comments	Further Action	Action By	Timescale
<p>Department of Health</p> <p>1. The Department of health should immediately amend Core Standards for Better Health, to include an explicit reference to the requirement to make 'reasonable adjustments' to the provision and delivery of services for vulnerable groups, in accordance with the disability equality legislation. The framework that is planned to replace these core standards in 2010 should also include a specific reference to this requirement.</p>	<p>This is already covered by Standard 7e</p> <p>A review of all standards by the Care Quality Commission would be appropriate.</p>	<p>Await publication of new standards and take action as necessary.</p>	<p>K Sharp</p>	<p>Following publication by Healthcare Commission</p>

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<p>2. The department of Health should direct primary care trusts (PCTs) to secure general health services that make reasonable adjustments for people with learning disabilities through a Directed Enhanced Service. In particular, the Department should direct PCTs to commission enhanced primary care service which include regular health checks provided by GP practices and improve data, communication and cross-boundary partnership working. This should include liaison staff who work with primary care services to improve the overall quality of health care for people with learning disabilities across the spectrum of care.</p>	<p>NHS Employers and the GPs Committee of the BMA have now agreed a Directed Enhanced Service as part of the negotiations for the GP contract. This is a service which PCTs must offer to commission from GPs but which GPs are not obliged to provide.</p> <p>Practices taking part will be required to liaise with the local authority and collate information to identify those with moderate to severe learning disabilities and take part in a multi-professional education session.</p>	<p>Offer DES to GPs</p> <p>Develop multi-professional training</p>	<p>K Sharpe</p> <p>C Richardson</p>	<p>Nov 2008</p> <p>Nov 2008</p>

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	<p>They will provide an annual health check for patients using either the Cardiff health check protocol of a locally agreed protocol</p>	<p>Use Cardiff Health check protocol or agree local protocol.</p> <p>Consult Learning Disability Partnership Board / Local Medical Committee, as necessary.</p>	<p>C Richardson</p> <p>N Bucktin / K Sharpe</p>	<p>Nov 2008</p> <p>Nov 2008</p>
<p>3. To raise awareness in the health service of the risk of premature avoidable death, and to promote sustainable good practice in local assessment, management and evaluation of services, the Department of Health should establish a learning disabilities Public Health Observatory. This should be by a time limited confidential Inquiry into premature deaths in people with learning difficulties to provide evidence for clinical and professional staff of the extent of the</p>	<p>Agreed</p>	<p>To note</p>	<p>V Little</p>	<p>-----</p>

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problem and guidance on prevention.				
<p>Trainers</p> <p>4. Those with responsibility for the provision and regulation of Undergraduate and postgraduate clinical training, must ensure that curricula include mandatory training in learning disabilities. It should be competence-based and involve people with learning disabilities and their carers in providing training.</p>	Agreed	None Required	-----	-----
<p>Commissioners</p> <p>5. Primary care trusts should identify and assess the needs of people with learning disabilities and their carers as part of their Joint Strategic Needs Assessment. They should consult with their Local Strategic Partnership, their Learning Disability Partnership Boards and relevant voluntary user-led learning disability organisations and use the information to inform the development of</p>	Agreed. This needs to be included in the future production of the Joint Strategic Needs Assessment.	Review Joint Strategic Needs Assessment and ensure DCP, LD Partnership Board and other stakeholders are consulted.	V Little / N Bucktin	Feb 2009

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local Area Agreements.				
<p>Providers</p> <p>6. All healthcare organisations, including the Department of Health, should ensure that they collect the data and information necessary to allow people with learning disability to be identified by the health service and their pathways of care tracked.</p>	<p>Agreed. With Dudley we are fortunate to have a Special Needs Register, which holds the basic information on people with a moderate to severe level of learning disability known to Social or Health Services. This register is voluntary and relies on information being voluntarily added by families, clinicians and clients. This register is one of the most developed in England. Further development of this register with more input from health and</p>	<p>Further investment in the development of the Special Need Register would enable the baseline information to be validated and its accuracy expanded.</p> <p>In addition concentration on the development of the NCRS system would be the key to gathering and tracking health care pathways for patients with learning disabilities within the health care system. Without a whole system approach between primary, community and secondary care, the pathways taken by these clients would be impossible to track.</p>	T Norris / R Carter	April 2009

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	<p>widening of the data held would be valuable.</p> <p>Each general practice has been assisted by the Specialist team to hold up to date information by creating a learning disability register for each practice with a designated Reed Code.</p> <p>The PCT's End of Life Co-ordinator has been working with the Specialist Health team to develop the application of the Liverpool Care Pathway and the Gold Standard to meet the needs of this client</p>	<p>Ensure practices are encouraged to apply Reed Codes as part of implementation of the new DES.</p>	<p>K Sharpe</p>	<p>Nov 2008</p>

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	<p>group. The Co-ordinator has been working with surgeries to ensure they are putting patients with learning disabilities on to these pathways with some success. However we cannot validate this is happening as the data collection systems are not in place. Similarly if surgeries are putting patients on to the Chronic Disease Register again we have no way at present of monitoring this.</p>			
<p>7. All Trust Boards should demonstrate in routine public reports that they have effective systems in place to deliver effective, 'reasonably adjusted' health services. This should include</p>	<p>Agreed</p>	<p>Ensure any requirements for 'reasonable adjustment' are addressed in Board reporting process.</p>	<p>K Sharpe</p>	<p>Oct 2009</p>

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<p>arrangements to provide advocacy for all those who need it, and arrangements to secure effective representation on PALs from all client groups including people with learning disabilities.</p>				
<p>8. Section 242 of the National Health Service Act 2006 requires NHS bodies to involve and consult patients and the public in the planning a development of services, and in decisions affecting the operation of services. All Trust Boards should ensure that the views and interests of people with learning disabilities and their carers are included.</p>	<p>The Ridge Hill transition is a good example of how this has been achieved locally in the past.</p>	<p>To note</p>	<p>T Norris / R Carter</p>	<p>Ongoing</p>
<p>9. Family and other carers should be involved as a matter of course as partners in the provision of treatment and care, unless good reason is given, and Trust Boards should ensure that reasonable adjustments are made to enable and support carers to do this effectively. This will include the provision</p>	<p>The Specialist team when appropriate consults with families and carers and involves them in the development of care plans, Person Centred Plans, Communication</p>	<p>The Provider services need to recognise that taking into account the client/patient confidentiality issues into account it is often beneficial and constructive for the care being provide to the client/patient if the</p>	<p>To note</p>	<p>T Norris / R Carter</p>

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<p>of information, but may also involve practical support and service co-ordination.</p>	<p>Passports etc. There will be cases where the client is at the centre of the work and their wishes regarding confidentiality need to be respected but this should not be to the exclusion of families and carers whose involvement will be essential to the development work with these clients.</p>	<p>family/carer are involved and consulted upon during the care being provided. In addition the Provider organisation could develop information for families and carers on the types of care and support they are able to provide to clients/patients with special needs which include learning disabilities. This information should be in accessible format to ensure it is easily understood by both the client/patient and their carers.</p>		
<p>Inspectors and Regulators 10. Inspectors and regulators of the health service should develop and extend their monitoring of the standard of general health services provided for people with learning disabilities, in both</p>	<p>Agreed</p>	<p>None Required</p>	<p>-----</p>	<p>-----</p>

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<p>the hospital sector and in the community where primary care providers are located. The aim is to support appropriate, reasonable adjustments to general health services for adults and children with learning disabilities and their families and to ensure compliance with and enforcement of all aspects of the disability discrimination Act. Healthcare regulators and inspectors (and the Care Quality Commission, once established) should strengthen their work in partnership with each other and with the Commission for Equality and Human Rights, the National Patient Safety Agency and Office for Disability Issues.</p>				