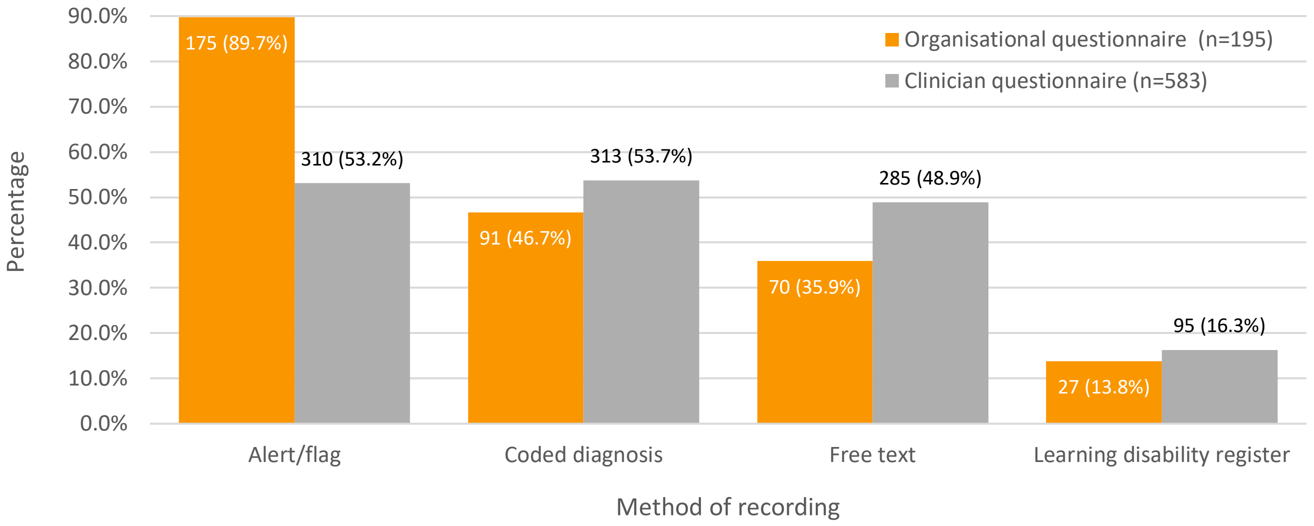
3 IDENTIFICATION AND RECORDING OF PATIENTS WITH A LEARNING DISABILITY

Hospital records systems

The Equality Act 2010 requires public bodies to consider all individuals when delivering services so that people with a disability are not disadvantaged when accessing healthcare.[12] It is recommended that a learning disability should be recorded in hospital case notes and electronic health records to enable healthcare professionals to identify if someone has a learning disability when they arrive at hospital.[13]

It was possible to identify a patient with a learning disability on the patient record system in 195/199 (98.0%) acute hospitals.

The way in which patients with a learning disability were identified and recorded varied by organisation. A total of 175/196 (89.7%) organisations reported using alerts or flags on electronic patient records, while clinicians reported only 310/583 (53.2%) patients had such alerts (F3.1).



F3.1 How a learning disability is recorded by data source

Organisational and clinician questionnaire data. Answers may be multiple

Review of the case notes showed that 119/366 (32.5%) patients were described as having a learning difficulty rather than a learning disability and that the two terms were often recorded interchangeably throughout the patients' notes. If patients with a learning disability were miscoded as having a learning difficulty throughout an admission they would not have been identified as part of the study population, and more importantly this could impact their care while in hospital.[14]

Reviewers gave numerous examples of the confusion between a learning disability and a learning difficulty. One reviewer noted "*shortened to 'LD' so not sure what they mean*" and another noted that the terms were "*used interchangeably in the same assessment by the same medic*".

Healthcare professionals in acute settings and the community also reported that it was not easy to identify patients with a learning disability from electronic patient records or hospital systems, noting that it was slightly harder for healthcare professionals in acute care settings than for those in the community (178/415; 42.9% vs 171/301; 56.8%) (T3.1).

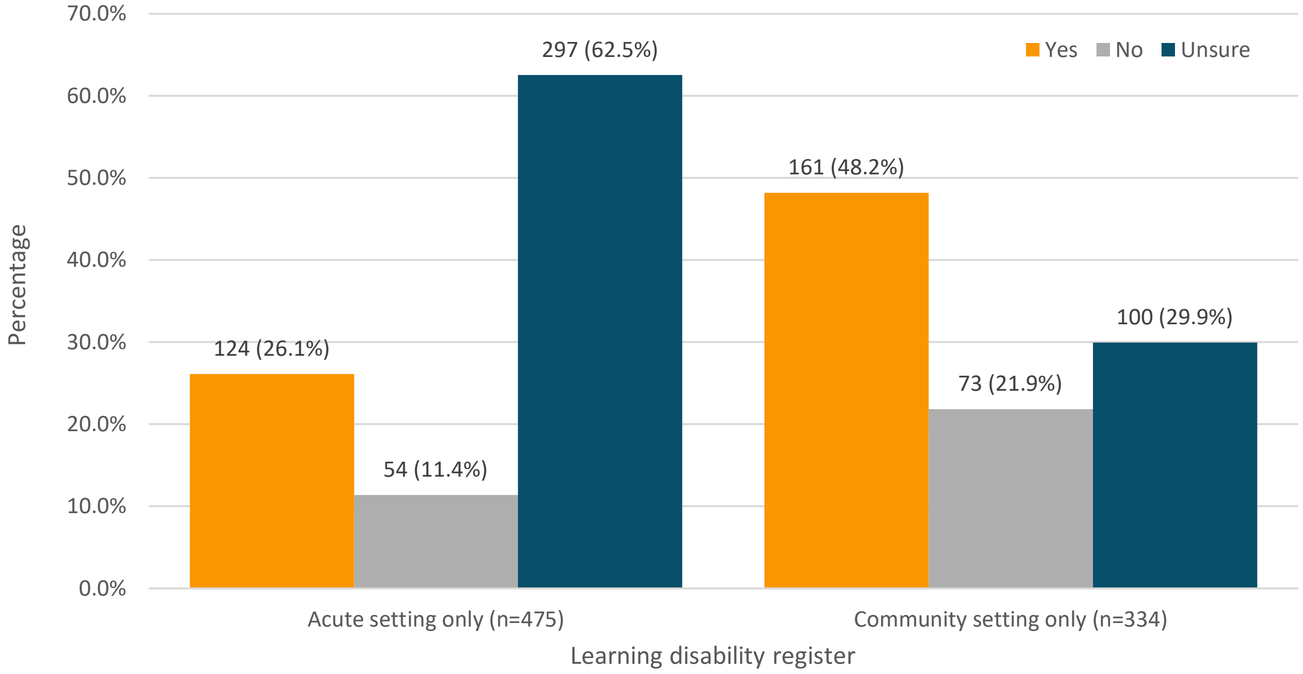
T3.1 The ease of identification of patients with a learning disability on patient record systems	**Acute (physical health) setting**		**Community/primary care setting**	
	Number of responses	**%**	**Number of responses**	**%**
Yes	178	42.9	171	56.8
No	237	57.1	130	43.2
Subtotal	**415**		**301**	
Unsure	54		33	
Not applicable	15		14	
Total	**484**		**348**	

Health and social care professional survey

This lack of clarity was compounded by unclear diagnoses and the use of a variety of terms to describe a learning disability. Often a patient would be described as having 'Down Syndrome' due to its strong association with learning disabilities and outdated terms such as 'mental retardation' were also still sometimes used.

A register of people with a learning disability could support a hospital response to the delivery of care. However, it was reported that only 27/195 (13.8%) acute hospitals had a register.

More widely there were 285/809 (35.2%) health and social care survey respondents who reported that their organisation had a learning disability register, but this was much more common in community settings than in acute settings (F3.2). In addition, 297/475 (62.5%) survey respondents working in acute settings were unsure whether a register existed in their organisation. Therefore, if a register is developed, teams will need to be aware that it is available.



F3.2 Learning disability registers within organisations
Health and social care professional survey