**Learning Disability Resource Pack**

**for General Practice**

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**Introduction**

The information in this pack has been devised to support Practitioners to work with patients with a learning disability.

It gives advice and guidance and links to information on issues such as communication; a screening tool to assist in the identification of patients with a learning disability; information on the Mental Capacity Act (2005); Best Interest guidelines; information on current legislation and issues pertinent to people with a Learning Disability.

**Who we are**

Coventry and Warwickshire Partnership NHS Trust provides mental health, learning disability and children’s services to the population of Coventry and Warwickshire. The Trust also provides learning disability services for Solihull, in addition to providing a range of specialist health services to people across the UK.

In a typical day, the Trust sees nearly 5,000 patients from an overall catchment area with a population of more than one million people.

To find out more about the Trust, visit [www.covwarkpt.nhs.uk](http://www.covwarkpt.nhs.uk).

**About the Adult Community Learning Disability Teams**

Our service is currently commissioned to provide assessment and intervention to support adults with a Learning Disability. To meet our service criteria, a person must have:

* A global impairment in intellectual functioning (otherwise referred to as Intellectual or Learning Disability). To help people understand what this means, we define this as an IQ of 70 or less.

**And**

* An identifiable health need that is extensive and highly complex so that it cannot be met by mainstream NHS services alone. The need may be medical, nursing, psychological, social, communication and physical health needs in addition to their cognitive impairment.

CLDT’s are **not** commissioned to provide a service to people with a learning difficulty (e.g. autism, dyslexia, ADHD) unless they also have a Learning Disability. They are also **not** commissioned to diagnose a person’s learning disability.

**These are the different disciplines in the community learning disability teams:**

* Registered Learning disability nurses
* Occupational therapy (including meaningful engagement, Sensory processing)
* Psychiatry
* Psychology (including arts therapists)
* Physiotherapy
* Speech and language therapy (including dysphagia specialists)

**Referral process**

Referrals into Community Adult Learning Disability Services throughout Coventry, Warwickshire and Solihull are managed by our Learning Disability Referral Team

A referral form can be found in appendix 1 of this document

Please return to:

**Learning Disability Referral Team,**

The Loft,

Manor Court Avenue

Nuneaton

CV11 5HX

Tel: 0300 131 2320.

Email: [LDreferrals@covwarkpt.nhs.uk](mailto:LDreferrals@covwarkpt.nhs.uk)

**Please include detailed information in your referral to the community learning disability team pertinent to the referral criteria:**

* The global impairment in intellectual functioning/Learning disability (please see following pages for guidance on how/when this is indicated and types of evidence the service will accept)

**And**

* The identifiable health need that is extensive and highly complex so that it cannot be met solely by mainstream NHS services.

If you are unsure whether a referral meets the above criteria or if you need general support and advice, please email:

[CLDTGPadvice@covwarkpt.nhs.uk](mailto:CLDTGPadvice@covwarkpt.nhs.uk)

**Please note that this is not a referral line.**

**Referral process: Children with moderate to severe learning disabilities**

Referrals should be submitted to:-

Rise Navigation Hub

Floor 2 Swanswell Point

2 Stoney Stanton Road

Coventry

CV1 4FS

**Telephone: 03002002021**

**Website**: [www.cwrise.com](http://www.cwrise.com)

[Rise Navigation Hub Referral Form.pdf[pdf] 295KB](https://cwrise.com/download.cfm?doc=docm93jijm4n3326.pdf&ver=4725)

[RISE - Navigation Hub Referral Form.docx[docx] 245KB](https://cwrise.com/download.cfm?doc=docm93jijm4n3325.docx&ver=4723)

The Childrens Community Learning Disability Team will accept referrals via the Rise navigation service for all children with a moderate to severe Learning Disability and behaviours that challenge where needs cannot be met within Primary care services.

The Children’s Leaning Disability Team consists of

* Registered Learning Disability Nurses,
* Consultant Psychiatry
* Clinical Psychology, and a music therapist
* Speech and language therapists
* Occupational therapists

The team are centrally based in Coventry, but work across Coventry, Rugby, North Warwickshire and South Warwickshire and work with ages birth to 18 years of age.

**What is a learning disability?**

Learning disability may be defined as a state of arrested **global** development, occurring pre-, peri- or postnatally. Some people with a learning disability may have an identifiable cause for their condition, for example genetic condition such as Down syndrome. For many people it is not possible to identify the primary cause of learning disability – the important factor to recognise is the functioning ability of the individual.

People with a learning disability present with a wide spectrum of care needs, ranging from a person who is totally dependent on others for all aspects of care, to individuals who, while appearing independent, have specialist health needs such as behaviours of concern, mental health issues or epilepsy etc.

A learning **disability** is a permanent condition and is nearly always present from birth however, this can sometimes not be recognised until children fail to reach milestones in their development such as sitting/talking. A learning disability will always be present before adulthood.

The nature and degree of people’s learning disability varies widely and will affect the kind of support that they may require. Someone with a learning disability finds it more difficult to understand new or complicated information and may need extra time to process information. They also find it harder than other people to learn new skills. These may be practical everyday things like tying shoelaces or social skills such as holding a conversation. Some people may not speak and need to find other ways of communicating with those around them. Some need help with everyday things like getting dressed or preparing a drink. Others will live quite independently with much less assistance.

**To have a learning disability three criteria must be present:**

**1: Global or general (not specific or narrow) deficits in intellectual functioning, the person has significantly reduced ability to understand new or complex information, to learn new skills,** formally assessed as aFull-Scale IQ score of less than 70.

**2:** **Deficits in adaptive functioning:** The person is reliant on the support of others in most aspects of their life

**3: Started before the age of 18 years and is a permanent, irreversible state**

It is important **NOT** to confuse learning disability with the following:

1. Learning **difficulty** (such as dyslexia, dyspraxia, dyscalculia) Specific scholastic problems
2. Mental illness
3. Brain Injury in adulthood
4. Cerebral palsy
5. Autistic Spectrum Disorder/Asperger’s Syndrome with no effect on IQ
6. Epilepsy or Neurological conditions with no effect on IQ

**Learning disability categories**

Learning Disabilities are categorised into four degrees of severity: mild, moderate, severe, and profound. Psychometric testing, which scores an individual’s intelligence quotient, can assess this.

|  |  |  |
| --- | --- | --- |
| **Category of Learning Disability** | **IQ Range** | **Typical Abilities (Based on ICD-10)** |
| Mild | 50 – 70 | - Hold conversation.  - Full independent in self-care.  - Practical domestic skills.  - Basic reading and writing.  - Many adults will be able to  maintain good social relationships and employment. |
| Moderate | 35 – 50 | - Limited language.  - Need help with self-care.  - Simple practical work (with  supervision).  - Usually fully mobile.  - Most adults will achieve a degree of independence and will require varying levels of support. |
| Severe | 20 – 35 | - Use of words and gestures for basic needs.  - Activities need to be supervised.  - Work only in very structured  situations.  - Movement problems common.  - Ongoing support / supervision  required |
| Profound | Below 20 | - Unable to understand requests.  - Very limited communication.  - Little or no self-help skills.  - Usually incontinent with severe impairment to mobility.  - Will require support to fulfil all daily living skills. |

**Learning Disability Indicators**

**Some of the following questions may help you to explore whether the person has indicators of a Learning Disability:**

* Does the person have a statement of special educational needs? Or Education Health Care Plan (EHCP)? What was this for? e.g. learning disability.
* Where does the person live? e.g. supported accommodation, family home as an adult where they are supported by parents.
* Has the person had special schooling because of their learning disability?

**It is unlikely that someone has a learning disability or global developmental delay if:-**

* They can read a newspaper article, understand, and discuss it.
* They write grammatically correct sentences and develop a complex story.
* They live alone without support.
* They have a paid employment which they attend without support or reasonable adjustments.
* They manage their finances /use a bank account independently and pay household bills.
* They travel independently to new places or use multiple means of transport.
* They hold a full driving licence.
* They have gained academic qualifications in school and further education.

[Improving identification of people with a learning disability: guidance for general practice](https://www.england.nhs.uk/wp-content/uploads/2019/10/improving-identification-of-people-with-a-learning-disability-guidance-for-general-practice.pdf)

This information can be useful to include on a **referral for to the Community Learning Disability team** and can support you to make an **entry onto the GP register.**

People do not need a formal diagnosis of a learning disability to be referred to specialist LD services. However, we do require evidence of learning disability indicators as detailed in this document alongside a health need that cannot be met in mainstream services even with reasonable adjustments.

If a formal diagnosis of a learning disability is required for example for legal proceedings, then this would need to be commissioned separately. The British Psychological Society hold a register of Chartered Psychologists who can be approached to complete such work. Please follow the link below to access this register.

[BPS > Psychologist search > Directory of Chartered Psychologists](https://portal.bps.org.uk/Psychologist-Search/Directory-of-Chartered-Psychologists)

As the information on this link advises please check the Psychologist is also registered with the Health and Care and Professions Council who are the regulator for Practitioner Psychologists.

**When a Learning Disability diagnosis is not appropriate**

Some people may have no previous diagnosis of Learning Disability and there can be a desire to try to seek a diagnosis to increase support for the person. It is important that the support comes from the best source.

The term ‘learning **difficulty**’ can often be confused for a ‘learning/intellectual disability’.

Here is a summary of the key differences:

|  |  |
| --- | --- |
| Learning ***Disability or***  Intellectual ***Disability*** | Learning ***Difficulty*** |
| * Has an impact on **most areas** of a person’s life and skills and includes: * A significant reduced ability to understand new and complex information (impaired intelligence) * Reduced ability to cope independently (impaired social functioning). i.e., everyday skills such as travelling, budgeting, domestic skills etc. * These difficulties started in early childhood and influence all aspects of development. * Cannot be cured will be lifelong. | * Has a **specific** effect on one area of a person’s life (reading, writing, counting, coordination, speech) * Specific difficulty in learning often in an educational context:  1. Dyslexia (difficulties with reading) 2. Dyspraxia (difficulties with planning, executing tasks and coordinating movement (person can be viewed as clumsy) 3. Dyscalculia (difficulties in learning and comprehending numbers) 4. Other linguistic difficulties  * It’s remediable or can be improved with intensive teaching and support. * Has strengths in other areas * Development in other areas is as expected for age or peer group |

People with **a Learning difficulty** often don’t wish to be associated with a **Learning disability** service as they are often more able than others around them.

People with a **Learning Difficulty** will **not** be eligible for a service within the **community Learning Disability team**.

**My Patient has a Learning Disability. Next steps…**

Many professionals will have seen recent and historic media footage around people with a learning disability such as:

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[BBC iPlayer - Panorama - Will the NHS Care for Me?](https://www.bbc.co.uk/iplayer/episode/m001d39x/panorama-will-the-nhs-care-for-me)

**Learning from Lives and Deaths, people with a learning disability (LeDeR)**

* LeDeR is a service improvement programme for people with a learning disability established in 2017.
* LeDeR works to: improve care for people with a learning disability and prevent early deaths
* Looks at key episodes of health and social care the person received that may have been relevant to their overall health outcomes.
* Looks for areas that need improvement and areas of good practice.
* This helps to reduce inequalities in the care and aims to reduce the number of people dying sooner than they should.
* A LeDeR review looks at key episodes of health and social care the person received that may have been relevant to their overall health outcomes. (<https://leder.nhs.uk/about>)

[20231019\_LeDeR\_action\_from\_learning\_report\_FINAL.pdf](https://leder.nhs.uk/images/resources/action-from-learning-report-22-23/20231019_LeDeR_action_from_learning_report_FINAL.pdf)

Coventry and Warwickshire Annual LeDeR report 2023 /24

[LeDeR - Happy Healthy Lives](https://www.happyhealthylives.uk/integrated-care-board/resources-and-services/learning-disability-and-autism/leder/)

**YOU can improve one life… many lives with simple strategies:**

**The Mental capacity Act 2005**

Does the person have **Capacity** to consent to their service:

C.U.R.E Able to **C**ommunicate, **U**nderstand, Retain, **E**valuate?

I.D (Impairment or Disturbance of the mind?)

If the persons capacity is in doubt is it in their **best interests?**

[Mental Capacity Act - Social care and support guide - NHS](https://www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act/)

**Reasonable adjustments**

What **reasonable adjustments** could you put in place to enable people with vulnerabilities to access your service? (think simple!)

The 4 P’s [The 4 P’s Reasonable Adjustments Model](https://api.warwickshire.gov.uk/documents/WCCC-600065477-464)

[What are Reasonable Adjustments? | AbilityNet](https://abilitynet.org.uk/workplace/what-are-reasonable-adjustments)

[Reasonable adjustments for people with a learning disability](https://www.youtube.com/watch?v=DBW7EwpfRt0) |(video)

**STOMP**: Stop over medicating people with learning disabilities- consider referrals to specialist teams for interventions that may reduce the need for inappropriate medication for behaviours

[NHS England » Stopping over medication of people with a learning disability and autistic people (STOMP) and supporting treatment and appropriate medication in paediatrics (STAMP)](https://www.england.nhs.uk/learning-disabilities/improving-health/stomp-stamp/)

[Stopping Over-Medication of People with a Learning Disability, Autism or Both](https://www.england.nhs.uk/wp-content/uploads/2017/07/stomp-gp-prescribing-v17.pdf)

[Medicine Information - Learning Disabilities Medication Guideline - University of Birmingham](https://www.birmingham.ac.uk/research/activity/ld-medication-guide/downloads/medicine-information.aspx)

<https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>

**Regular Annual health checks**

People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people’s heath by spotting problems sooner.

Anyone over the age of 14 with a learning disability is eligible to have an annual health check.

The below resources can help you to prepare for the conversation, manage the appointment and follow up: **check in, check-up, checkout**



**Useful Resources for Patients**

**Cancer Screening**

[An easy\_guide\_to\_cervical\_screening](https://assets.publishing.service.gov.uk/media/687a4b02a8ee0c6e06f4529b/CSP05_easy_guide_to_cervical_screening__July_25.pdf)

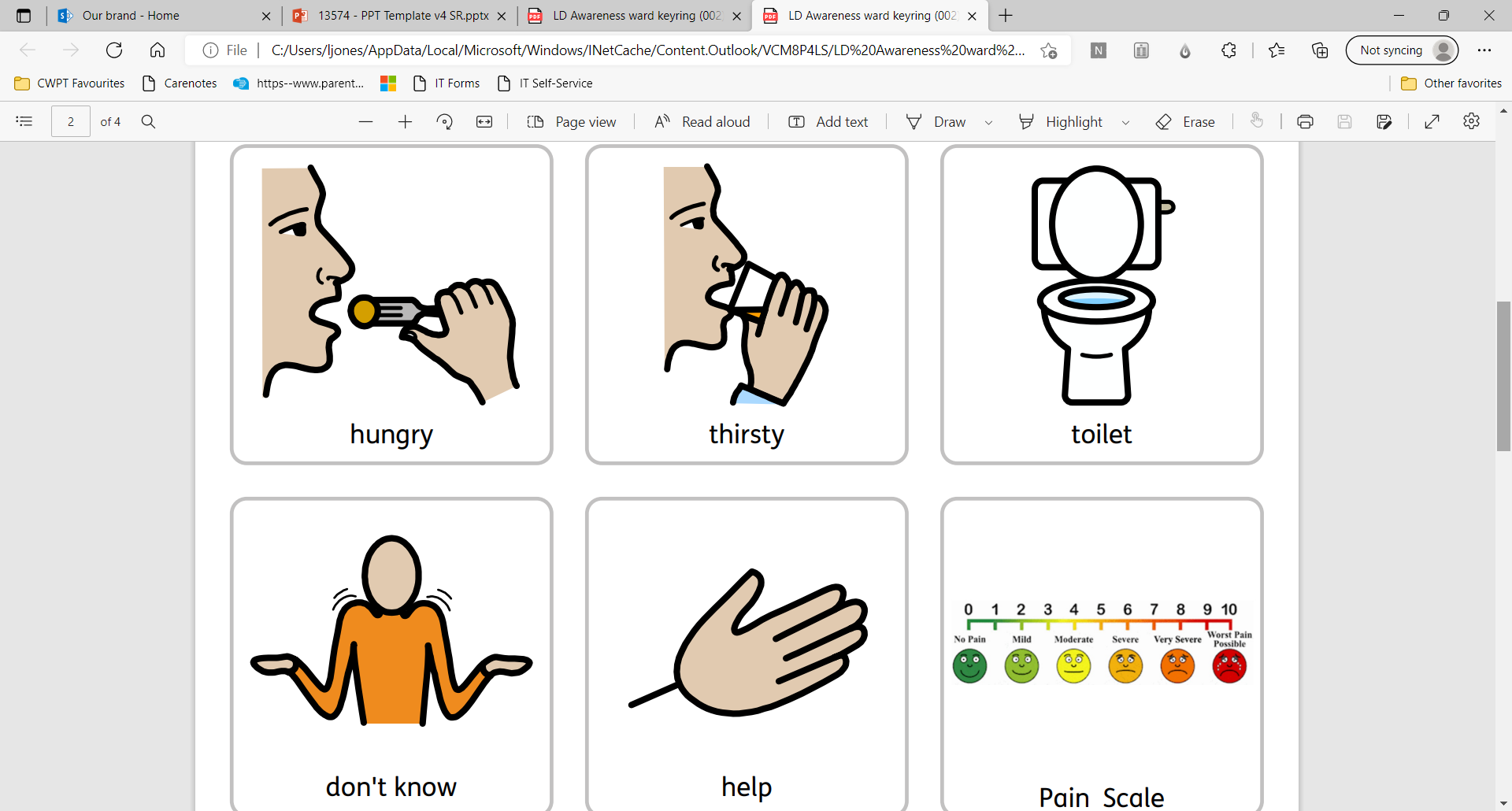
[An\_easy\_guide\_to\_breast\_screening](https://assets.publishing.service.gov.uk/media/67acc2e937726e9056af60b6/An_easy_guide_to_breast_screening_Feb25.pdf)

[An easy read guide to bowel cancer screening](https://assets.publishing.service.gov.uk/media/686e5e8610d550c668de3cec/09.07.25_nhs-bowel-screening_FIT_EasyRead-Leaflet-WebAcc.pdf.pdf)

**Dysphagia**

<https://www.youtube.com/watch?v=qXCn0JTPEZs> dysphagia video

**Pain Scale**



**General information**

[Adult Learning Disability and Autism Services | Coventry and Warwickshire Partnership NHS Trust](https://www.covwarkpt.nhs.uk/adult-learning-disabilityand-autism-services)

* **LeDeR**
* [Learning from Lives and Deaths - people with a learning disability and autistic people (LeDeR) (kcl.ac.uk)](https://www.kcl.ac.uk/research/leder)
* **Confidential Inquiry into People with Learning Disabilities**
* <http://www.bristol.ac.uk/media-library/sites/cipold/migrated/documents/fullfinalreport.pdf>
* **CWPT Learning disability GP resource repository**

<https://www.covwarkpt.nhs.uk/learning-disability-and-autism-support-hub>

* **Death By Indifference**
* <https://www.mencap.org.uk/sites/default/files/2016-06/DBIreport.pdf>
* **RCGP Health Check Toolkit**
* <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/health-check-toolkit.aspx>
* http://www.easyhealth.org.uk/
* <https://www.mencap.org.uk>
* **The Disappearance of Margaret**
* <https://www.bbc.co.uk/programmes/m000d2cw>
* **Dying for a poo**
* <https://www.bristol.ac.uk/media-library/sites/sps/leder/ConstipationJANnewsletter.pdf>
* Constipation resource pack



* **LeDeR Covid -19 deaths of people with learning disabilities**
* <https://www.gov.uk/government/publications/covid-19-deaths-of-people-with-learning-disabilities/covid-19-deaths-of-people-identified-as-having-learning-disabilities-summary>
* <https://www.england.nhs.uk/publication/improving-identification-of-people-with-a-learning-disability-guidance-for-general-practice/>

**SUDEP**

[Clive-Treacey-Checklist-Guidance.pdf](https://www.england.nhs.uk/midlands/wp-content/uploads/sites/46/2023/11/Clive-Treacey-Checklist-Guidance.pdf)

**Dimensions tool link** [Dimensions - Home](https://dimensions.covwarkpt.nhs.uk/)

Appendix 1

**REFERRAL FORM**



***LEARNING DISABILITIES***

**Please return to:** Learning Disability Referral Team, The Loft, Manor Court Avenue Nuneaton CV11 5HX **Tel: 0300 131 2320.  Email:** [**LDreferrals@covwarkpt.nhs.uk**](mailto:LDreferrals@covwarkpt.nhs.uk)

|  |
| --- |
| **For office use only** |
| **Routine 🞎 Urgent 🞎** |
| **Date and Time received**  **Email 🞎 Phonecall 🞎 Post 🞎** |
| **Processing clerk name** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PATIENT DETAILS** | | | | | | |
| **Forename:** |  | | **Surname:** | |  | |
| **Date of Birth:** |  | | **Gender:** | |  | |
| **Address:**  **Post code:** |  | | | | | |
| **Home phone no** |  | | **Mobile No.** | |  | |
| **NHS No.** |  | | **Ethnic Origin** | |  | |
| **1st language  (if not English):** |  | | **Is an interpreter required?** | |  | |
| **Mobility:** |  | | **Is an assistant required?** | |  | |
| **NEXT OF KIN/CARER DETAILS (if applicable)**  (Person who can give collateral history or facilitate assessment if needed) | | | | | | |
| **Forename:** |  | | **Surname:** | |  | |
| **Address:** |  | | | | | |
| **Phone No. Home** |  | | **Relationship to person:** | |  | |
| **Mobile** |  | |
| **GP DETAILS:** | | | | | | |
| **GP Name:**  **Phone Number:** |  | | **GP Practice:** | |  | |
| **REFERRER DETAILS (If not GP)** | | | | | | |
| **Referrers Name:** |  | | **Relationship to Patient:** | |  | |
| **Referrers Phone Number:** |  | | **Agency:** | |  | |
| **Is the person referred aware of the referral?**    **Is the person able to consent to the referral?** | | | | | **Yes  No**  **Yes  No** | |
| **Does the client have a formal diagnosis of a Learning Disability?** Yes No  If YES, what appropriate adjustments would be required to enable the client to access services?  *Box to expand as required* | | | | | | |
| **Current Medications:**  *Box to expand as required* | | | | | | |
| **Allergies:**  *Box to expand as required* | | | | | | |
| **Medical History: include recent investigations & current physical health**  *Box to expand as required* | | | | | | |
| **Current Consultation / Symptoms: Include length of presenting symptoms, previous mental /health history**  *Box to expand as required* | | | | | | |
| **PERSONAL & ENVIRONMENTAL RISKS:** Does this person have a known: | | | | | | |
| History/risk of being exploited/vulnerability? | |  | | History/risk of self-harm/attempted suicide? | |  |
| History/risk of self neglect? | |  | | History/risk of aggression? | |  |
| History/risk of drug/alcohol misuse? | |  | | Risk to dependents or others? | |  |
| Please expand below if any of these areas ticked | | | | | | |
| **REASON FOR REFERRAL:** | | | | | | |
| **Other comments** | | | | | | |