

# Learning Disability - Clinician Questionnaire

## A. Introduction

### **What is this study about?**

This study aims to identify avoidable and modifiable factors in the care of patients with a learning disability who present to hospital acutely unwell.

### **Inclusions**

Patients aged 18 and over, who have been diagnosed with a learning disability AND who had an emergency admission to hospital between 1st July - 30th September 2024 inclusive.

### **Exclusions**

Patients that do not have a learning disability. Patients that were admitted electively. Patients admitted as a day case, including Same Day Emergency Care (SDEC) admissions.

### **Who should complete this questionnaire?**

This questionnaire should be completed by the named consultant, or the most appropriate clinician, responsible for the patient's care when they were treated in hospital.

### **Questions or help**

For more information - <https://www.ncepod.org.uk/Learning.html>

For definitions - <https://tinyurl.com/yh7c695u>

For any questions about this study or questionnaire, contact [learning@ncepod.org.uk](mailto:learning@ncepod.org.uk) or call 0207 251 9060.

### **CPD accreditation**

Completing NCEPOD questionnaires helps consultants contribute to patient care investigations, review their clinical management, and engage in personal reflection. This activity supports continuing professional development (CPD) and can be recorded as evidence for appraisals.

### **About NCEPOD**

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews healthcare practice by undertaking confidential studies, and makes recommendations to improve the quality of the delivery of care, for healthcare professionals and policymakers to implement. Data to inform the studies are collected from NHS hospitals and Independent sector hospitals across England, Wales, Northern Ireland and Jersey. NCEPOD are supported by a wide range of bodies and the Steering Group consists of members from the Medical Royal Colleges and Specialist Associations, as well as observers from The Coroners Society of England and Wales, and the Healthcare Quality Improvement Partnership (HQIP).

### **Impact of NCEPOD**

Recommendations from NCEPOD reports have had an impact on many areas of healthcare including: Development of NICE Clinical Guidelines for Acute Kidney Injury (CG169), published 2013 - 'Adding Insult to Injury' (2009).

Development of ICS Standards for the care of adult patients with a temporary Tracheostomy, published 2014 - 'On the right trach?' (2014).

Development of guidelines from the British Society of Gastroenterology: diagnosis and management of acute lower gastrointestinal bleeding, published 2019 - 'Time to Get Control' (2015).

Development of the British Thoracic Society's Quality Standards for NIV, published 2018 - 'Inspiring Change' (2017).

Development of NHSE Children and young people's cancer service specification - 'On the Right Course?' (2018)

Development of the Centre for Perioperative Care Guideline for Perioperative Care for People with Diabetes Mellitus Undergoing Elective and Emergency Surgery, published 2021 - 'Highs and Lows' (2018)

Update to NICE 'Transition from children's to adults' services' Quality Standard (QS140), updated 2023 - 'The Inbetweeners' (2023)

Update to NICE 'Endometriosis: diagnosis and management' guideline (CG73), updated 2024 - 'A long and painful road' (2024)

Development of the GIRFT Children and Young People: Testicular torsion pathway, published 2024 - 'Twist and Shout' (2024)

**This study was commissioned by The Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into Medical & Surgical care.**

## B. Patient Details

**To be included in the study the patient MUST have a learning disability.**

If this patient DOES NOT have a learning disability please contact NCEPOD

### 1. Age at presentation to hospital:

 Years

*Value should be no less than 18*

Unknown

### 2. Sex:

Female

Male

Other

Unknown

### 3. Ethnicity

White British/ White - other

Black/ African/ Caribbean/ Black British

Asian/ Asian British (Indian, Pakistani, Bangladeshi, Chinese, other Asian)

Mixed/ Multiple ethnic groups

Not recorded

Unknown

If not listed above, please specify here...

### 4a. Patient's usual place of residence:

Own home

Supported living

Residential home

Nursing home

Homeless

Unknown

If not listed above, please specify here...

### 4b. If answered "Own home" to [4a] then:

**Was this:**

Independent

With parents/family

Unknown

### 5a. Was the patient receiving any social support/ care?

Yes - Full time care

Yes - Part time care

No

Unknown

### 5b. If answered "Yes - Full time care" or "Yes - Part time care" to [5a] then:

**Was this:**

*Please tick all that apply*

Informal

Paid

Family/ friend

### 6a. Was the patient diagnosed with a learning disability prior to this admission?

Yes

No - Identified during this admission

Unknown

### 6b. If answered "Yes" to [6a] then:

**For this patient, how was the learning disability identified on the hospital system or patient record?**

*Please tick all that apply*

Coded diagnosis in patient record

Free text entry in notes

Alert/ flag on Electronic Patient Record (EPR)

Learning disability register

Unknown

**6c. If answered "Yes" to [6a] then:**

**Was this patient known to the community learning disability team before admission?**

- Yes  No  Unknown

**6d. What severity of learning disability did the patient have?**

*Please see definitions page*

- Mild learning disability  Moderate learning disability  Severe learning disability  
 Profound learning disability  Unknown

If not listed above, please specify here...

**6e. Is there a known cause of this patient's learning disability?**

- Yes  No  Unknown

**6f. If answered "Yes" to [6e] then:  
What was the cause?**

- Down syndrome  Fragile X  Brain injury at birth

If not listed above, please specify here...

**6g. In addition to the learning disability, is this patient autistic?**

- Yes  No  Unknown

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**7a. Does this patient have any physical disabilities?**

- Yes  No  Unknown

**7b. If answered "Yes" to [7a] then:**

**Which physical disabilities does this patient have?**

- Physical impairment  Visual impairment  Hearing impairment  Speech impairment

Please specify any additional options here...

**7c. If answered "Physical impairment" to [7b] then:**

**What type of physical impairment does this patient have?**

- Gait abnormality  Walking aid  Walks with assistance  
 Wheelchair user  Bed bound

If not listed above, please specify here...

**7d. Was a tool used to assess baseline functional status?**

- Yes  No  Unknown

**7e. If answered "Yes" to [7d] then:**

**Which tool?**

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**8. Were baseline care needs documented for this patient?**

- Yes  No  Unknown

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**9a. Was a standardised admission checklist used for this patient with a learning disability?**

- Yes  No  Unknown

**9b. If answered "Yes" to [9a] then:  
Please provide details:**

**To be included in the study the patient must have been admitted as an emergency.**

**1. Presentation to hospital:**

*Please tick all that apply*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> GP referral             | <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Outpatient clinic |
| <input type="checkbox"/> Urgent care centre      | <input type="checkbox"/> Out of hours service | <input type="checkbox"/> Transfer          |
| <input type="checkbox"/> Inter-hospital transfer | <input type="checkbox"/> Unknown              |  |

Please specify any additional options here...

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**2a. Date of arrival to hospital:**

Unknown

**2b. Time of arrival to hospital:**

Unknown

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**Initial working diagnosis**

**3a. What type of emergency admission was this?**

*Please tick all that apply*

- |                                  |                                   |                                 |  |
|----------------------------------|-----------------------------------|---------------------------------|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Surgical | <input type="checkbox"/> Trauma | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Unknown |                                   |                                 |  |

Please specify any additional options here...

**3b. Please state the initial working diagnosis:**

**3c. Did this change?**

- Yes       No       Unknown

**3d. If answered "Yes" to [3c] then:  
What did the diagnosis become?**

**3e. Please use this space to provide a brief overview of the admission to hospital:**

*To be included in the study the patient must be 18 or over with a learning disability diagnosis*

**4. Did the patient have any other health problems pre-dating this admission?**

*This includes pre-existing co-morbidities/ long-term conditions. Please tick all that apply*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cardiovascular condition   | <input type="checkbox"/> Respiratory condition      | <input type="checkbox"/> Neurological condition  |
| <input type="checkbox"/> Gastrointestinal condition | <input type="checkbox"/> Endocrinological condition | <input type="checkbox"/> Renal condition         |
| <input type="checkbox"/> Musculoskeletal condition  | <input type="checkbox"/> Cancer                     | <input type="checkbox"/> Mental health condition |
| <input type="checkbox"/> Obesity                    | <input type="checkbox"/> None of the above          | <input type="checkbox"/> Unknown                 |

Please specify any additional options here...

**5a. Was the patient on any medication(s) on admission to hospital?**

- Yes                       No                       Unknown

**5b. If answered "Yes" to [5a] then:**

**Please specify the number of medications:**

- Unknown

**6a. Was the patient accompanied by someone they knew?**

- Yes                       No                       Unknown

**6b. If answered "Yes" to [6a] then:**

**What was the relationship of the accompanying person(s) to the patient?**

*Please tick all that apply*

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Family member/ partner | <input type="checkbox"/> Friend                 | <input type="checkbox"/> Paid carer |
| <input type="checkbox"/> Informal carer         | <input type="checkbox"/> Relationship not known |                                     |

Please specify any additional options here...

**6c. If answered "Yes" to [6a] then:**

**Was the accompanying person able to contribute to the history?**

- Yes                       No                       Unknown

**6d. If answered "No" to [6a] then:**

**Was an attempt made to contact carer/ NOK?**

- Yes                       No                       Not applicable                       Unknown

**7a. Were there any challenges to getting a full history of the presenting problem?**

- Yes                       No                       Unknown

**7b. If answered "Yes" to [7a] then:**

**What were the challenges?**

*Please tick all that apply*

- |   |   |
|---|---|
| <input type="checkbox"/> Patient too unwell                           | <input type="checkbox"/> Communication (e.g. non-verbal patient)      |
| <input type="checkbox"/> No carer or advocate to support with history | <input type="checkbox"/> No access to previous medical records        |
| <input type="checkbox"/> No hospital or health and care passport      | <input type="checkbox"/> Sensory overwhelm                            |
| <input type="checkbox"/> Patient distress                             | <input type="checkbox"/> Clinician time/ Time pressures of department |

Please specify any additional options here...

**8a. Did the patient have a hospital or health and care passport?**

- Yes                       No                       Unknown

**8b. If answered "Yes" to [8a] then:**

**What form did the passport take?**

- Paper                       Electronic                       Both                       Unknown

**8c. If answered "Yes" to [8a] then:  
Is there evidence that the passport was used?**

- Yes                       No                       Unknown

**8d. If answered "Yes" to [8a] then:  
Was any advance care plan included in the passport?**

- Yes                       No                       Unknown

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**9. Was a Lasting Power of Attorney for Health and Care consulted during the admission?**

- Yes                       No                       Unknown

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**10a. With hindsight, is it possible that diagnostic overshadowing\* took place when the patient was assessed?**

*\*A situation where a patient's signs and symptoms are attributed to the learning disability thereby causing diagnostic inaccuracy.*

- Yes                       No                       Unknown

**10b. If answered "Yes" to [10a] then:  
Please give further details:**

**Initial assessments****1a. Which observations were taken on arrival?***Please tick all that apply*

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Respiratory rate | <input type="checkbox"/> Oxygen saturation | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Consciousness level |
| <input type="checkbox"/> Temperature      | <input type="checkbox"/> Pulse rate        | <input type="checkbox"/> Pain score     | <input type="checkbox"/> None                |
| <input type="checkbox"/> Unknown          |  |   |  |

Please specify any additional options here...

**1b. Were the family or carers asked about the patient's usual level of consciousness?**

- Yes
  No
  No - patient unaccompanied
  Unknown

**2a. Was a full set of observations taken on arrival?**

- Yes
  No
  Unknown

**2b. If answered "No" to [2a] then:****If a full set of observations was not taken, was any reason provided for this?**

- Yes
  No
  Not Applicable
  Unknown

**2c. If answered "Yes" to [2b] then:****What was the reason?**

**3a. Was NEWS2 (or equivalent EWS) calculated at the first assessment?**

- Yes
  No
  Unknown

**3b. If answered "Yes" to [3a] then:****What was the NEWS2 (or equivalent EWS) score?**

 Unknown
**4a. Were there any delays in collecting observations for this patient?**

- Yes
  No
  Unknown

**4b. If answered "Yes" to [4a] then:****Please give further detail:**

**5a. Was this patient seen by a member of the learning disability team in the emergency department/ assessment unit?**

- Yes
  No
  Not applicable
  Unknown



**5b. If answered "Yes" to [5a] then:  
What grade was this person?**

*If more than one person from the learning disability team reviewed this patient in ED/ the assessment unit, then please select the most senior grade*

- Consultant
- Staff grade/ Associate specialist
- Trainee with CCT
- Senior specialist trainee (ST3+ or equivalent)
- Junior specialist trainee (ST1-2 or CT equivalent)
- Specialist nurse (Nurse consultant, nurse practitioner)
- Senior staff nurse, enrolled nurse
- Unknown

If not listed above, please specify here...

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**Investigations**

**6a. Were any blood tests taken during this admission?**

- Yes                       No                       Unknown

**6b. Were any radiological investigations undertaken during this admission?**

- Yes                       No                       Unknown

**6c. Were all appropriate blood tests and/ or investigations undertaken?**

- Yes                       No                       Unknown

**6d. If answered "No" to [6c] then:**

**Please provide details:**

*Please include details of any omissions of investigations that one would expect as standard for the presenting complaint*

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**7a. Were there any delays in undertaking the investigations?**

- Yes                       No                       Unknown

**7b. If answered "Yes" to [7a] then:**

**What was the reason for the delay?**

*Please tick all that apply*

- Not related to the learning disability (organisational e.g. overcapacity, staffing, overcrowding)
- Related to the learning disability
- Unknown

Please specify any additional options here...

**7c. If answered "Related to the learning disability" to [7b] then:**

**Delays related to the learning disability:**

*Please tick all that apply*

- Challenges with communication
- Challenges to making reasonable adjustments
- Behaviours of distress, such as agitation
- Patient refusal
- Delay in Mental Capacity Assessment or Best interest decision
- Lack of access to learning disability team

Please specify any additional options here...

**7d. If answered "Yes" to [7a] then:**

**Did this result in delayed treatment?**

- Yes                       No                       Unknown

**7e. If answered "Yes" to [7d] then:**

**Please provide details:**

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**On-going care during the admission**

**8. Which type of ward was the patient first admitted to?**

*Please specify the first ward the patient was admitted to*

- |   |   |
|---|---|
| <input type="radio"/> Medical assessment unit | <input type="radio"/> Surgical assessment unit          |
| <input type="radio"/> General medical ward    | <input type="radio"/> General surgical ward             |
| <input type="radio"/> Specialist medical ward | <input type="radio"/> Specialist surgical ward          |
| <input type="radio"/> Care of the elderly     | <input type="radio"/> Level 2 (e.g. HDU)                |
| <input type="radio"/> Level 3 (e.g. ICU)      | <input type="radio"/> Combined level 2/3 (e.g. HDU/ICU) |
| <input type="radio"/> Unknown                 |   |

If not listed above, please specify here...

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**9a. In your opinion, was there evidence of attempts to involve the patient and/ or their carer/NOK in decisions around their care?**

- Yes                       No                       Unknown

**9b. Was there evidence of regular communication with the patient's family/ carers to provide updates or allow them an opportunity to raise any concerns?**

- Yes                       No                       Not applicable                       Unknown

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**10a. Was the patient reviewed by a surgical team/surgeon during this admission?**

- Yes                       No                       Unknown

**10b. At any time during the admission did the patient undergo surgery\*?**

*\*This can include procedures such as central line insertion, joint manipulation etc*

- Yes                       No                       Unknown

**10c. If answered "Yes" to [10b] then:**

**What operation was undertaken?**

**11a. In relation to their learning disability, was this patient identified as needing extra care?**

*This could include enhanced supervision*

- Yes  No  Unknown

**11b. If answered "Yes" to [11a] then:  
Was this need met?**

- Yes  No  Unknown

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**12a. Did the patient require restraint at any point during the admission?**

- Yes  No  Unknown

**12b. If answered "Yes" to [12a] then:  
What form did this take?**

*Please tick all that apply*

- Physical  Chemical - Oral  Chemical - Injection  
 Unknown

Please specify any additional options here...

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**Escalation of care**

**13a. Did the patient have an advanced care plan?**

*Such as ReSPECT form or other advanced decision tools*

- Yes - Paper  Yes - Electronic  Yes - Both  No  
 Unknown

**13b. If answered "Yes - Paper", "Yes - Electronic" or "Yes - Both" to [13a] then:  
Were the patient's wishes followed?**

- Yes  No  Unknown

**13c. If answered "No" to [13b] then:**

**Why were the patient's wishes not followed?**

**13d. Did this patient have a DNACPR form completed?**

- Yes - Prior to admission  Yes - During admission  No  
 Not applicable  Unknown

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**14a. Was the patient reviewed by the Critical Care Outreach Team (CCOT)?**

- Yes  No  Unknown

**14b. Was the patient cared for in the High Dependency Unit (HDU) or Intensive Care Unit (ICU) at any point during the admission?**

- Yes - HDU  Yes - ICU  Yes - Both  No  
 Unknown

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**Learning disability team involvement**

**15a. Did the clinical team ask for a learning disability team review?**

- Yes  No  Unknown

**15b.If answered "Yes" to [15a] then:**

**How did the learning disability team review the patient?**

- In person                       Remote review of notes                       Both

If not listed above, please specify here...

**15c. Was the learning disability team involved in the care of the patient during the admission?**

- Yes                       No                       Unknown

**15d.If answered "Yes" to [15c] then:**

**Which healthcare professionals were part of the learning disability team providing care for the patient during the admission?**

*Please tick all that apply*

- |  |   |
|--|---|
| <input type="checkbox"/> Community learning disability nurse             | <input type="checkbox"/> Acute learning disability liaison nurse    |
| <input type="checkbox"/> Learning disability physician                   | <input type="checkbox"/> Learning disability pharmacist             |
| <input type="checkbox"/> Learning disability physiotherapist             | <input type="checkbox"/> Learning disability occupational therapist |
| <input type="checkbox"/> Learning disability dietitian                   | <input type="checkbox"/> Learning disability psychiatrist           |
| <input type="checkbox"/> Learning disability speech & language therapist |   |
| <input type="checkbox"/> Mental Capacity Assessment (MCA) specialist     |   |

Please specify any additional options here...

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**16a.If answered "Yes" to [15c] then:**

**What was the date of the first review by the learning disability team following admission?**

- Unknown

**16b.If answered "Yes" to [15c] then:**

**What was the time of the first review by the learning disability team following admission?**

- Unknown

**16c.If answered "Yes" to [15c] then:**

**In your opinion, did the involvement of the learning disability team occur at an appropriate time?**

- Yes                       No                       Unknown

**16d. Was this patient reassessed by the learning disability team during the admission?**

- Yes                       No                       Unknown

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**17a. Were there any delays in the delivery of care for this patient?**

- Yes                       No                       Unknown

**17b.If answered "Yes" to [17a] then:**

**In your opinion, could any of these delays be attributed to the patient having a learning disability?**

- Yes                       No                       Unknown

**17c.If answered "Yes" to [17b] then:**

**Please select all that apply:**

- Challenges with communication
- Challenges to making reasonable adjustments
- Behaviours of distress such as agitation
- Patient refusal
- Delay in Mental Capacity Assessment or Best interest decision
- Lack of access to learning disability team
- Sensory overwhelm
- Difficulties with patient tolerating intervention

Please specify any additional options here...

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**18a.In your opinion, could care have been better provided in an alternative setting?**

- Yes                       No                       Unknown

**18b.If answered "Yes" to [18a] then:**

**Please provide details:**

**Reasonable adjustments**

The Equality Act (2010) states all organisations including health and social care, such as hospitals and GP surgeries must take steps to remove the barriers individuals face because of disability. These changes are called reasonable adjustments. They are specific to an individual person. They can be for physical or mental health conditions.

**1a. During this admission, was the patient and/or their carer asked if any reasonable adjustments were needed?**

- Yes                       No                       Unknown

**1b. Were any reasonable adjustments made?**

- Yes                       No                       Unknown

**1c. If answered "Yes" to [1b] then:**

**Please specify which adjustments were made for this patient:**

*T.E.A.C.H. is an acronym to remember how to make reasonable adjustments: Time. Environment. Attitude. Communication. Help. Please tick all that apply*

- Time - e.g. extra time to explain condition
- Communication - e.g. speaking clearly, accessible information, learning disability team involvement, c
- Environment - e.g. quiet private room, noise cancelling headphones
- Help - e.g. from someone the patient knows, involving advocates
- Attitude - e.g. involving patient in decision making, MCA

Please specify any additional options here...

**1d. Are there any particular reasonable adjustments that were made for this patient that you would like to highlight?**

**2a. Are there any reasonable adjustments that could have been made and could have helped that were not made?**

- Yes                       No                       Unknown

**2b. If answered "Yes" to [2a] then:**

**What particular adjustments could have helped?**

*Please tick all that apply*

- Time - e.g. extra time to explain condition
- Communication - e.g. speaking clearly, accessible information, learning disability team involvement
- Environment - e.g. quiet private room, noise cancelling headphones
- Help - e.g. from someone the patient knows, involving advocates
- Attitude - e.g. involving patient in decision making, MCA

Please specify any additional options here...

**2c. If answered "Yes" to [2a] then:  
Please provide details of what could have helped:**

**3a. Was it documented that any support was provided to the carer?**

- Yes                       No                       Not applicable                       Unknown

**3b. If answered "Yes" to [3a] then:  
What support was provided to the carer?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Carer passport | <input type="checkbox"/> Free parking              | <input type="checkbox"/> Refreshments provided |
| <input type="checkbox"/> Meals provided | <input type="checkbox"/> Open visiting hours       | <input type="checkbox"/> Staying 24/7          |
| <input type="checkbox"/> Fold up beds   | <input type="checkbox"/> Access to toilets on ward |  |

Please specify any additional options here...

### **Mental Capacity Assessments**

**4a. Was a formal assessment of mental capacity made?**

- Yes                       No                       Unknown

**4b. If answered "Yes" to [4a] then:  
How was it recorded?**

- Paper                       Electronic                       Both                       Unknown

**4c. If answered "Yes" to [4a] then:  
In your opinion, was the mental capacity assessment conducted at the appropriate time?**

- Yes                       No                       Unknown

**4d. If answered "Yes" to [4a] then:  
Was the mental capacity assessment reviewed during the admission?**

- Yes                       No                       Unknown

**4e. Was a Deprivation of Liberty Safeguards (DoLS) application made during the admission?**

- Yes                       No                       Unknown

**5a. Was a best interest decision made?**

- Yes                       No                       Unknown

**5b. If answered "Yes" to [5a] then:  
How was it recorded?**

*Please tick all that apply*

- Paper form                       Electronic form                       Unknown

**6. Was an Independent Mental Capacity Advocate (IMCA) involved?**

- Yes                       No                       Not applicable                       Unknown

**7a. With the benefit of hindsight, could there have been improvements in the assessment of mental capacity?**

Yes

No

Unknown

**7b. If answered "Yes" to [7a] then:  
Please provide details:**



**1a. Date of discharge/ death:**

Unknown

**1b. What was the patient's discharge destination?**

- |   |   |
|---|---|
| <input type="radio"/> Own home                        | <input type="radio"/> Supported living              |
| <input type="radio"/> Residential home                | <input type="radio"/> Nursing home                  |
| <input type="radio"/> Transferred to another hospital | <input type="radio"/> Hospice                       |
| <input type="radio"/> Unknown                         | <input type="radio"/> Patient died during admission |

If not listed above, please specify here...

**If discharged**

**2a. If answered "Own home", "Supported living", "Residential home", "Nursing home", "Transferred to another hospital", "Hospice" or "Unknown" to [1b] then: Who received a copy of the discharge summary?**

*Please tick all that apply*

- |  |   |
|--|---|
| <input type="checkbox"/> General practitioner      | <input type="checkbox"/> Community learning disability team |
| <input type="checkbox"/> Learning disability nurse | <input type="checkbox"/> Residential home                   |
| <input type="checkbox"/> Nursing home              | <input type="checkbox"/> Patient                            |
| <input type="checkbox"/> Carer(s)                  | <input type="checkbox"/> Community pharmacist               |
| <input type="checkbox"/> Unknown                   |   |

Please specify any additional options here...

**2b. If answered "Own home", "Supported living", "Residential home", "Nursing home", "Transferred to another hospital", "Hospice" or "Unknown" to [1b] then: What information was included in the discharge summary?**

*Please tick all that apply*

- |   |  |
|---|--|
| <input type="checkbox"/> Reason for admission                         | <input type="checkbox"/> Management/ Treatment |
| <input type="checkbox"/> Learning disability coded                    | <input type="checkbox"/> Medications           |
| <input type="checkbox"/> Follow up arrangements                       |  |
| <input type="checkbox"/> Reasonable adjustments made during admission |  |
| <input type="checkbox"/> Mental Capacity Assessments                  | <input type="checkbox"/> Unknown               |

Please specify any additional options here...

**2c. If answered "Patient" to [2a] then:**

**Was a discharge summary provided to the patient in an accessible format?**

- Yes                       No                       Unknown

**Follow-up**

**3a. If answered "Own home", "Supported living", "Residential home", "Nursing home", "Transferred to another hospital", "Hospice" or "Unknown" to [1b] then: Was a follow up appointment made for this patient?**

- Yes                       No                       N/A - not required                       Unknown

**3b. If answered "Own home", "Supported living", "Residential home", "Nursing home", "Transferred to another hospital", "Hospice" or "Unknown" to [1b] and "Yes" to [3a] then: Which team(s) had scheduled follow up appointments for the patient?**

*Please tick all that apply*

- |   |   |
|---|---|
| <input type="checkbox"/> Hospital team                  | <input type="checkbox"/> Primary care team/ Community team  |
| <input type="checkbox"/> Acute learning disability team | <input type="checkbox"/> Community learning disability team |
| <input type="checkbox"/> Mental health team             | <input type="checkbox"/> Unknown                            |

Please specify any additional options here...

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### Readmissions

**4a. If answered "Own home", "Supported living", "Residential home", "Nursing home", "Transferred to another hospital", "Hospice" or "Unknown" to [1b] then: Was the patient readmitted within 30 days of discharge?**

- Yes                       No                       Unknown

**4b. If answered "Yes" to [4a] then: Was this readmission related to the original admission under review?**

- Yes                       No                       Unknown

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### Death

If the patient died during the admission

**5a. If answered "Patient died during admission" to [1b] then: Cause of death 1a:**

**5b. If answered "Patient died during admission" to [1b] then: Cause of death 1b:**

**5c. If answered "Patient died during admission" to [1b] then: Cause of death 1c:**

**5d. If answered "Patient died during admission" to [1b] then: Cause of death 2:**

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**6a. If answered "Patient died during admission" to [1b] then: Was this patient reported to LeDeR\* programme?**

*\*LeDeR - Learning from Lives and Deaths - people with a learning disability and autistic people audit - Please see definitions*

- Yes                       No                       Unknown

**6b. If answered "Patient died during admission" to [1b] and "Yes" to [6a] then: Has the LeDeR review taken place?**

- Yes                       No                       Unknown

**6c. If answered "Patient died during admission" to [1b] and "Yes" to [6b] then: Has any learning been shared with the clinical team who cared for the patient?**

- Yes                       No                       Unknown

**6d. If answered "Yes" to [6c] then:  
How were the findings shared?**

*Please tick all that apply*

- Written report       Email report       Report to staff       Report to board

Please specify any additional options here...

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**7a. If answered "Patient died during admission" to [1b] then:  
Was the patients case discussed at a morbidity and mortality meeting?**

- Yes       No       Unknown

**7b. If answered "Yes" to [7a] and "Patient died during admission" to [1b] then:  
Were remediable factors in the care of this patient identified?**

- Yes       No       Unknown

**7c. If answered "Yes" to [7b] then:  
What were the remediable factors and what action was taken?**

**1a. In your opinion, was there a deviation to standard treatment that one would expect to provide to a person of the same demographics without a learning disability?**

- Yes                       No                       Unknown

**1b. If answered "Yes" to [1a] then:  
Please give further detail:**

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**2a. In your opinion, are there any particular organisational aspects of the learning disability service that work well?**

- Yes                       No                       Unknown

**2b. If answered "Yes" to [2a] then:  
Please use this space to provide further detail:**

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**3a. In your opinion, are there any particular organisational aspects of the learning disability service that could be improved?**

- Yes                       No                       Unknown

**3b. If answered "Yes" to [3a] then:  
Please use this space to provide details:**

**End of questionnaire**

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE