Liverpool University Hospitals
NHS Foundation Trust

Improving the identification and flagging of patients with learning disabilities in an acute hospital setting

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1 Introduction

Historically patients with learning disabilities have not been flagged correctly on NHS systems. The learning disability team (LDT) has been circumventing numerous internal systems to try to highlight patients so we can support them within our hospital since service inception in 2016 with varying success.

In 2018, NHS Digital began trialling a 'reasonable adjustment' flag on the spine of the NHS system. Further to the NHS Long Term Plan, the requirement states that "By 2023/24, a 'digital flag' in the patient record will ensure staff know a patient has a learning disability or autism."

Working towards the NHSi 'Improvement Standard Framework' our aim was to create a flagging system to improve access to relevant information held across Cheshire and Merseyside NHS Trusts for people with learning disabilities, autism or both starting internally at Liverpool Foundation Trust (LFT), and using the evidence to show an increase in patients flagged.

Using the internal systems and a bank of patient information collected and collated from our team we wanted to flag patients using the new Vulnerable Patient (VP) indicator on the 'dashboard' computer system created in Oct 2019.

When a patient is flagged, the evidence shows better health outcomes, including earlier support from the LDT. The ultimate aim is reduce admission rate, streamline length of stay, and evidence an improvement in care and ultimately a reduction in avoidable deaths fitting in with national guidelines (ie Mencap Treat Me Well campaign; LeDeR mortality review).

2 The Approach

What were we trying to accomplish?
To create a quantifiable improvement in patients flagged on the system with a year on year increase.

Due to system issues previously, there was no way to adequately flag patients if it was not completed at time of admission. This led to a noticeable gap of correctly identified patients, including patients not coded correctly prior to the Vulnerable Patient (VP)status on Dashboard system.

What we measured to understand if our change was an improvement?
With analysis it was determined that there has been over 2660 patient admissions (both inpatient and outpatient appointments) from June 2016 – Sept 2019.

From the 2660 patients referred to our service, those with no learning disability diagnoses and patients who have died were removed from the overall figure. I was then able to remove duplicate patient admissions (around 50% readmission rate) This left us with 1060 individual patient identifiers known to our service.

In October 2020 we looked at the last 12 months and the patient numbers had increased to 1572, an addition of 512.

What changes have we made/are making?
- PDSA1 – system change. With support from our service (including this project), the Trust's system development team was able to edit the system to include a Vulnerable Patient (VP) status for patients.
- PDSA 2- The team kindly supported me by changing all 1060 patients on the dashboard system to being VP.
- PDSA 3 – rerun of the figures 12 months on to see changes.

3 The Impact:

One of the Senior Information Analysts from Information Services was able to add the additional 1060 patients to his patient information list for both inpatients and outpatients, and we analysed this list to see if the changes had any noticeable differences.

Patients flagged	Sept 2019	October 2019	November 2020
	Unable to ascertain	1060	1572

There was a statistically significant increase in identified patients and statistical evidence of people being coded incorrectly highlighted too.

4 Challenges

There are issues that patients can be wrongfully labelled which could cause discrimination or upset which needs to be managed carefully. Not all people with learning disabilities are on GP record and therefore there may be a point where the acute trust has more patients identified than GP surgery.

5 Leadership Learning

The project led me to working with various professionals in the hospital including system designers, senior analysts', clinical coding team, and our own team administrators as well as nursing teams.

I was pleasantly surprised that the wider team was happy to listen to my thoughts and amend some systems to make the changes needed. I would like to think my passion for the project, and the obvious patient benefits aided this too.

Once the initial results were analysed, the biggest shock and surprise was an increase in patients from being unaware of who our base was to having a figure of 1060. A 48% year on year increase.

As a leader I was keen, passionate and driven. Reflectively I had to be aware that the passion may have spilled over into being pushy, wanting people to work at the speed I demanded, so I was aware to check all emails and my communication approach throughout to be careful of this.

Short Term	Medium Term	Long Term
Learning Disability Flag on main banner on our system. PDSA a system to remove incorrect flagging. Project to look at readmission rates in relation to general hospital population.	Systems to merge across new hospital post merger. Receive and update NHS numbers from local NHS Trusts to add to systems at LFT.	System to flag automatically on computer systems when GP record states Learning Disability. Take project regionally, and nationally.