

Capturing Complexity: A Quality Improvement Project of the Health Needs of Young Adults with Learning Disabilities in South Glasgow

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Background:

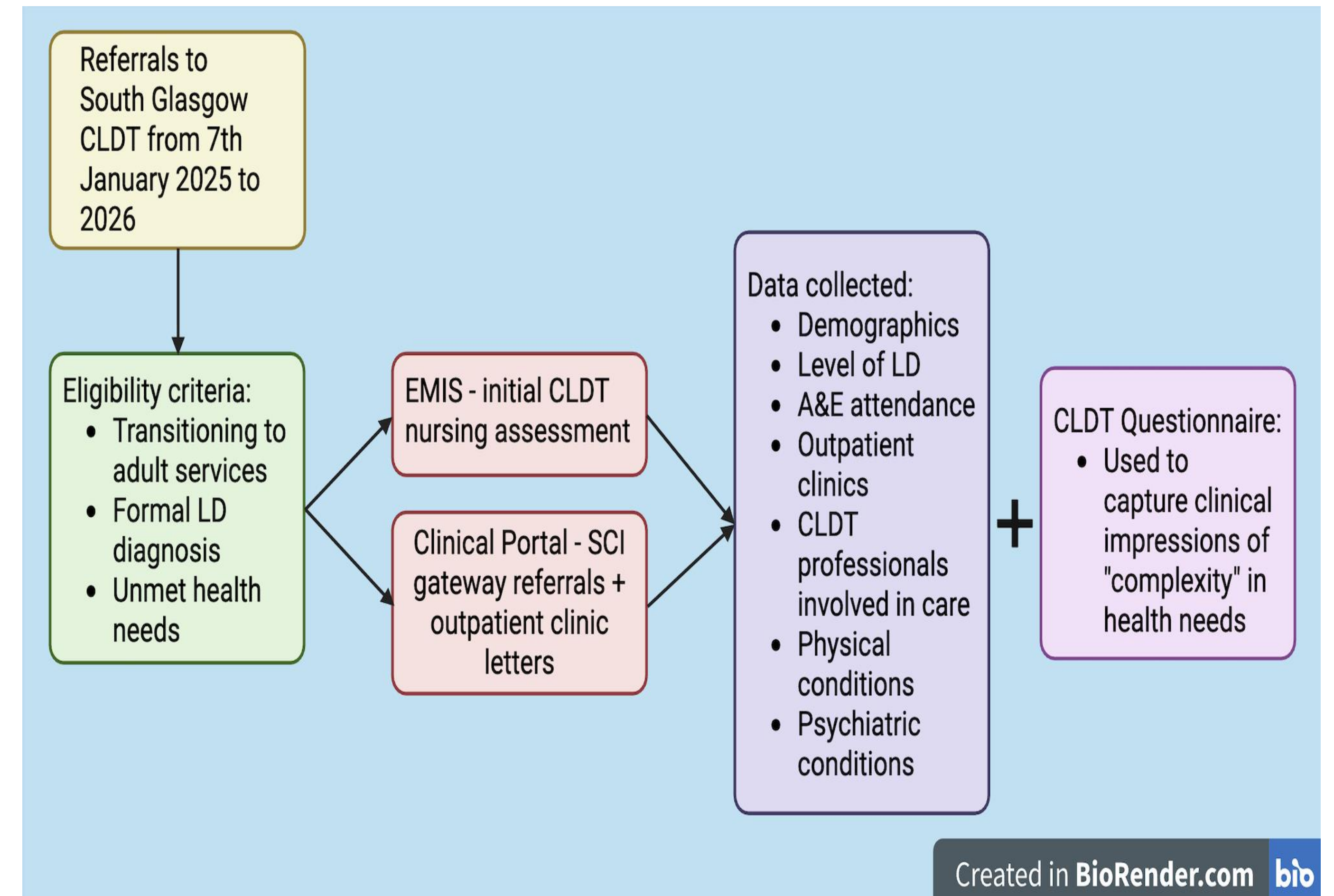
Young adults with learning disabilities (LD) in Scotland are 9 times more likely to die from treatable causes compared to the general population¹. More varied and complex health needs are thought to contribute^{2,3,4}. 98.7% of adults with LD in NHS GGC are living with multimorbidity – defined as 2 or more long-term health conditions in addition to LD⁵. Existing definitions of “complex health needs” include autism, mental health needs, challenging behaviour, and profound disabilities^{6,7}. However, there is no consistent definition, and opinion may vary between clinicians.

Question: how do we define complexity of health needs in this population and how can we capture this?

Aim: to identify measurable markers of complexity in health needs of young adults with LD.

Method:

- Young adults identified within South Glasgow CLDT.
- Data collected for possible markers of complexity.
- Questionnaire used to capture clinician-rated impression of complexity of patient's health needs to compare to potential markers.



Results:

Demographics:

- 8 out of 10 clinicians responded (mix of SLT, Nurses, Dietetics).
- 7 patients (ages 17-18) included.

Multimorbidity:

- **Range of physical co-morbidities** observed (Figure 2). Most patients (n=5) had multimorbidity.

Complexity:

- **Most patients had some level of complexity** on clinical impression (Figure 3).
- **General trend of rising complexity seen with rising co-morbidities** (Figure 1).
- 3 out of 4 autistic patients were rated as **complex/ very complex**.
- 1 patient was rated as complex for **autism and behaviour that challenges**, in absence of multimorbidity.

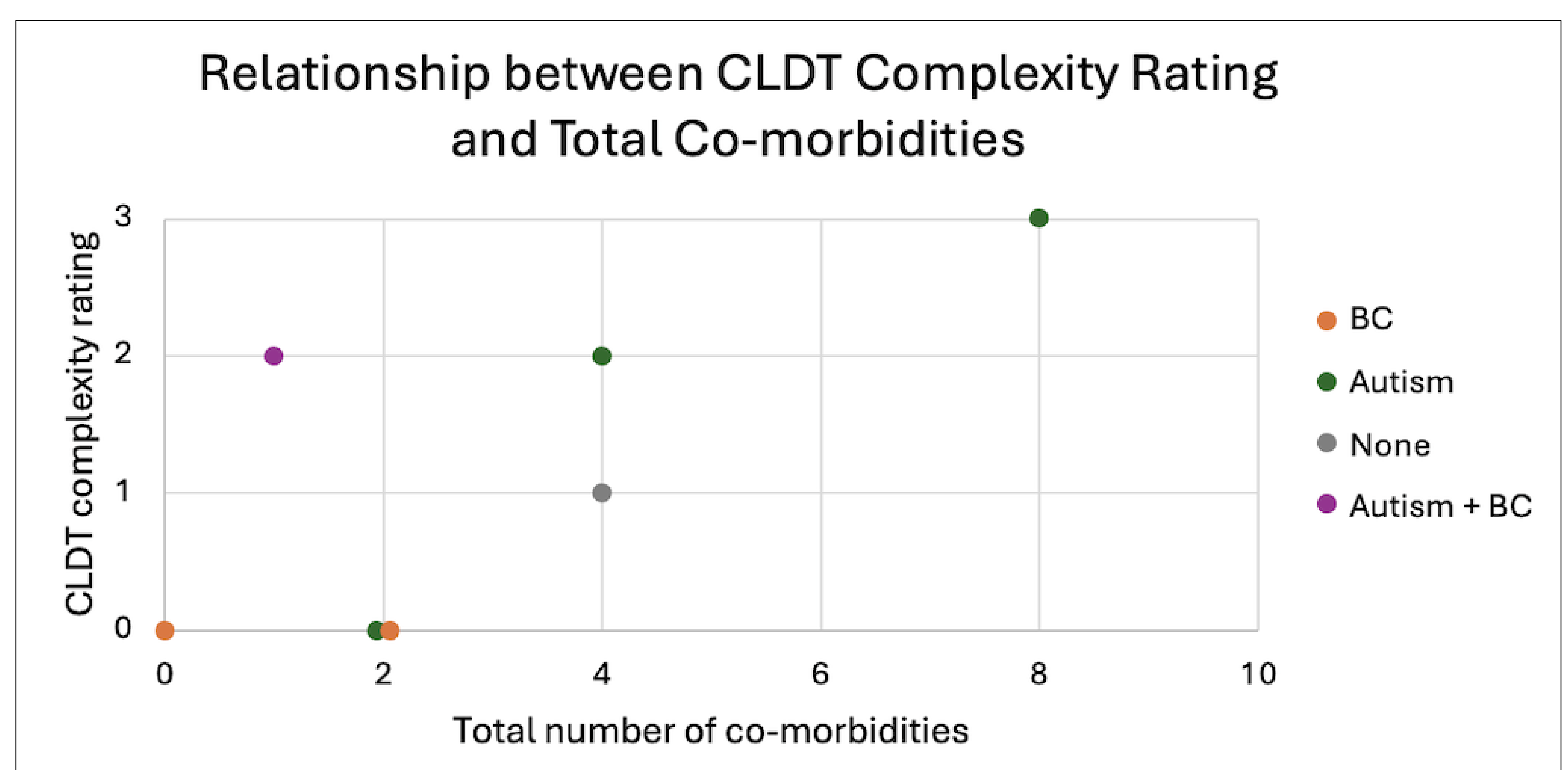


Figure 1: CLDT complexity rating (0="not complex", 1="slightly complex", 2="complex", 3="very complex") vs total conditions representing number of co-morbidities in addition to LD diagnosis. Each data point represents one patient. Abbreviations: BC= behaviour that challenges.

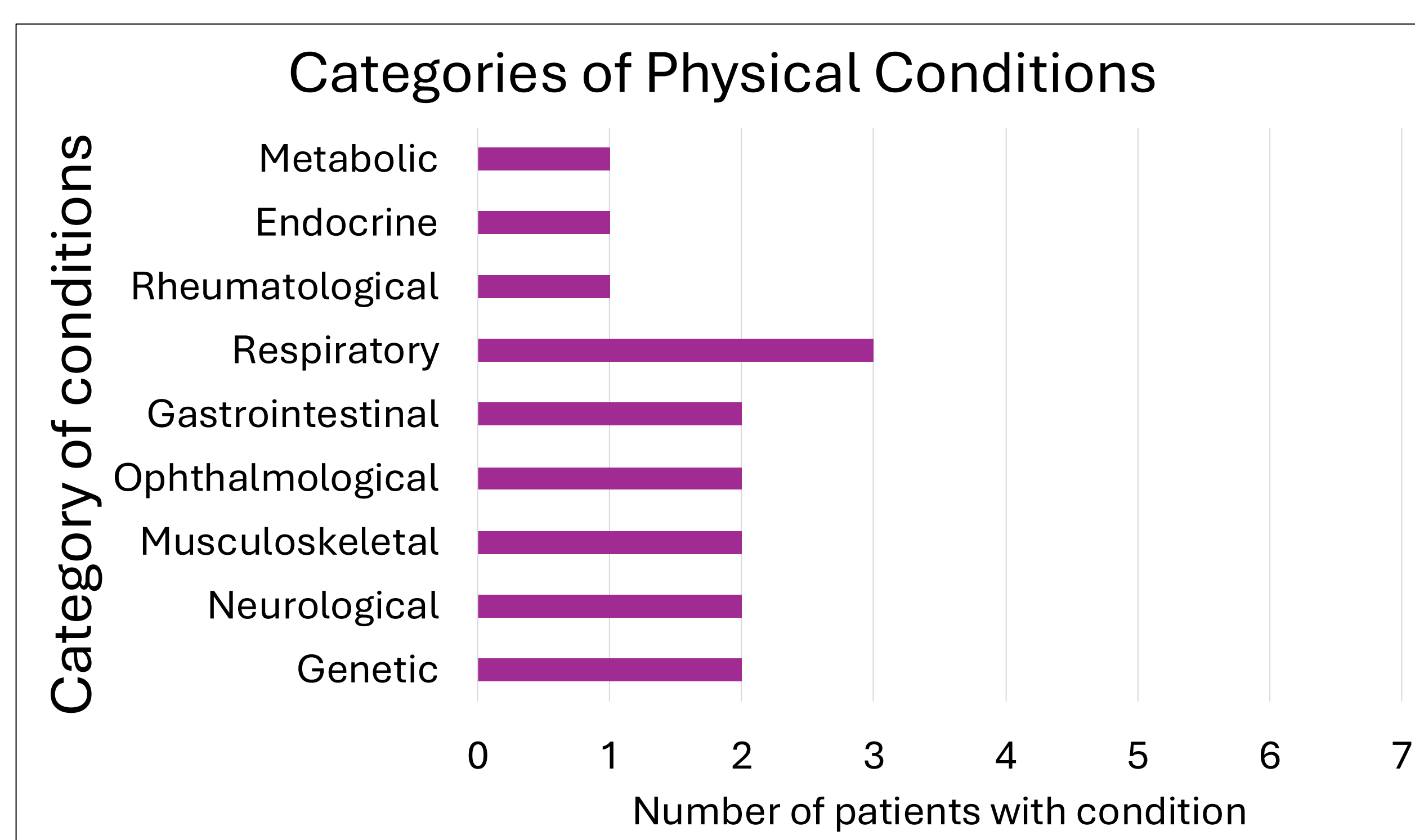


Figure 2: Distribution of patients across nine categories of physical co-morbidities. Bars represent number of patients.

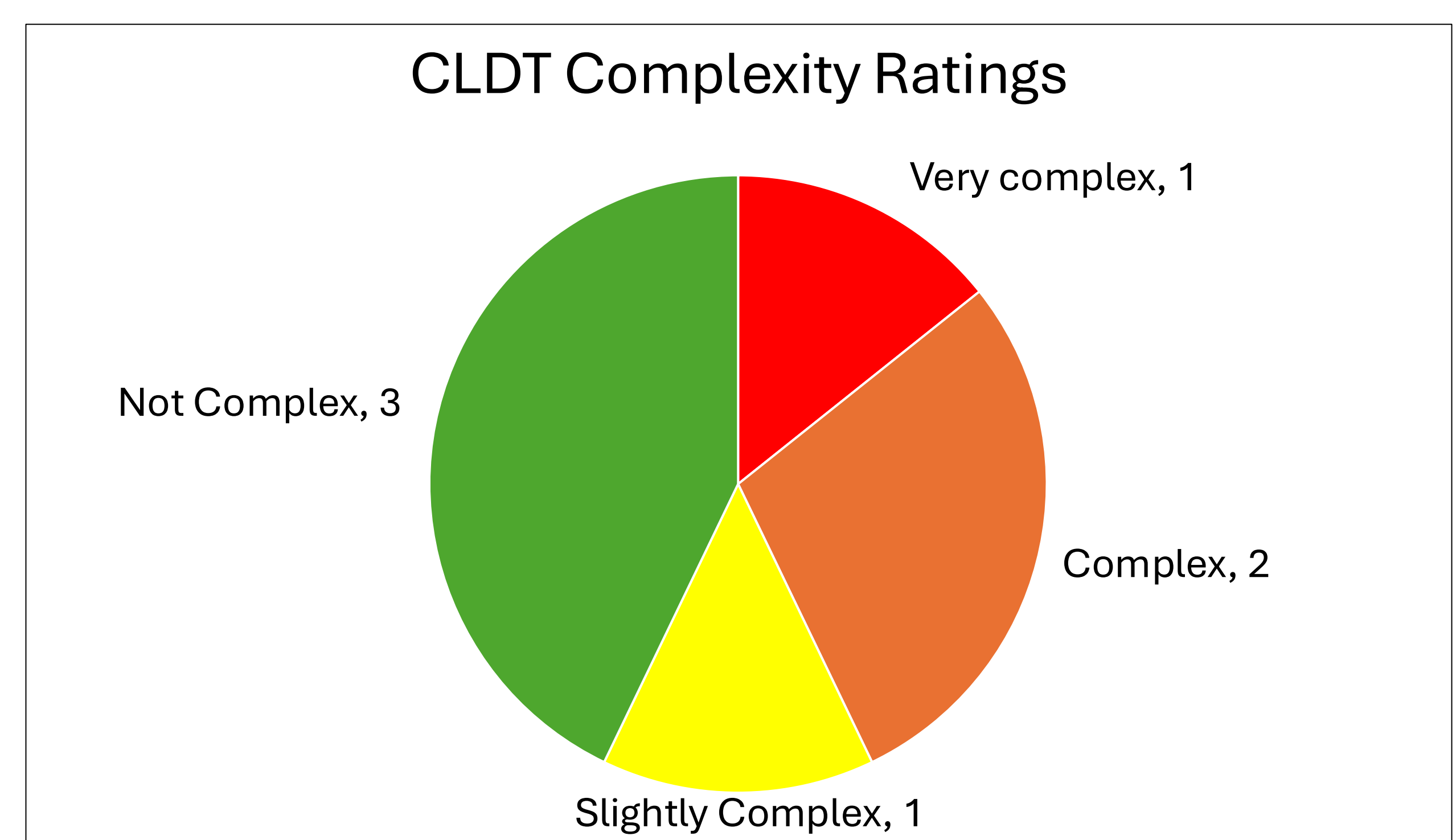


Figure 3: CLDT complexity ratings. Numbers show patient count in each category from "not complex" to "very complex".

Discussion:

Results suggest **multiporbidity could be used as a marker for complexity** in the health needs of young adults with LD. This appears to be the first evidence to report on this. A limitation to the use of multimorbidity as a marker for complexity is that a simple disease count may underestimate the true impact of the disease itself.

Autism and behaviour that challenges as indicators of complexity are in line with recent definitions of “complex health needs”.

Caution must be had with internally driven definitions of complexity. Ultimately, **any health need is as complex as the ability of the service to meet that need**. Thus, any definition of complexity must be capable of encompassing external factors such as service design/ resource availability.

Conclusion:

Multiporbidity, autism, and behaviour that challenges emerged as potential indicators of complexity in young people with LD.

However, complexity may also reflect systemic factors, as subjective complexity may be increased where a service is unable to meet certain health needs. Further research is required to validate these markers and perform statistical analysis.

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References:

