

Brief guide: monitoring the physical health of people with a learning disability and/or autism on admission to a ward

Context

In general, people with a learning disability have poorer health and die on average 20 years younger than people without a learning disability.¹ Many of the causes of poor health are avoidable. The main causes of death are doctors attributing symptoms of ill health to people's learning disability², respiratory diseases and epilepsy. Inpatient admission offers an invaluable opportunity to monitor and manage the physical health of people with a learning disability.

Evidence required³

- Look for evidence that there is a physical healthcare policy in place for inpatients and that is updated regularly. As a minimum, the policy should outline the Royal College of Psychiatrists' standards. There should also be evidence that the provider is checking the policy is being followed.
- Review patient notes to make sure that physical health is appropriately assessed on admission, and that basic signs are being documented when the patient refuses to be examined. For patients who lack the capacity to make decisions about their physical health, check that the Mental Capacity Act 2005 framework is being followed.
- Check patient notes for evidence that people's physical health is being adequately monitored and long-term conditions, including epilepsy, are managed.
- Check, in patient notes or by speaking with staff and patients, that the provider is undertaking health promotion work, for example, there are health action plans on smoking, diet or exercise.
- Look in patient notes for evidence that the care plan includes physical health monitoring and management.⁴
- Check patient notes for evidence that the provider is exchanging information with primary care providers about their physical health. Also check that last known date of annual health check is recorded. This includes asking the GP for further information on admission where necessary, and keeping the GP informed about investigation results and any physical health issues on discharge.
- Check that the team know the signs of when a person is in pain or unwell. This may include communication passports or non-verbal pain assessment tools, such as DisDat. Consider whether the team proactively screen for pain and discomfort, and if the patient's physical health is the first consideration when there is challenging behaviour.

¹ Heslop P, Blair P, Fleming P, Hoghton M, Marriott A and Russ L, *Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD): Final report*, www.bris.ac.uk/cipold/reports/

² Also known as 'diagnostic overshadowing'.

³ Refer to Royal College of Psychiatrists' standards in appendix 1

⁴ NICE clinical guidelines on psychosis and schizophrenia (CG 178) say that practitioners should "Write a care plan in collaboration with the service user as soon as possible following assessment, based on a psychiatric and psychological formulation and a full assessment of their physical health".

- Talk to staff to check that they are considering both mental and physical causes of ill health or challenging behaviour, and that they are not only attributing their symptoms to the person's learning disability (diagnostic overshadowing).
- Use of antipsychotic drugs and multiple medications (polypharmacy) has been found to be high in people with learning disabilities. Review medication administration record (MAR) sheets to check if patients are being prescribed multiple antipsychotics, and what the medications are prescribed for. Check that there is a plan in place to reduce their use alongside other interventions. Check that staff are aware of the health risks of using antipsychotics, for example can they describe how they monitor for tardive dyskinesia?

Intelligence

- In the data pack, check whether the provider is an outlier against the Intelligent Monitoring indicator "proportion of patients who have been in hospital less than a year who received a physical health check on admission".
- Also check the data packs for information from previous MHA reviewer visits, which may comment on the how adequately the provider records physical healthcare checks.

Reporting

- Under **effective, 'assessment of needs and planning of care'**, report on whether patients' physical health is appropriately assessed on admission. Also comment on the extent to which care plans include provision for physical health monitoring and if the provider is undertaking health promotion work.
- Under **effective, 'best practice in treatment and care'**, report on whether people's physical health is being adequately monitored and whether long-term conditions, are being managed. This includes access to/communication with specialists and primary care.
- Under **effective, 'best practice in treatment and care'**, report on how effectively the provider is exchanging information with primary care and with secondary care services when relevant.

Policy position

- The Mental Health Act Code of Practice states that, "commissioners and providers should ensure that patients with a mental disorder receive physical healthcare that is equivalent to that received by people without a mental disorder". The National Institute for Health and Care Excellence (NICE) provides guidelines on the physical health monitoring of people with psychosis and those starting antipsychotics.⁵
- The Royal College of Psychiatrists have also published guidelines on the physical health monitoring on inpatient wards.

Link to regulations

CQC can take action relating to the physical healthcare of inpatients under:

- Regulation 12, "Safe care and treatment" – this could be used if appropriate health risk assessments were not taking place or acted on to mitigate the risks.

Or:

- Regulation 9, "Person centred care" – this could be used if a person or their family was not suitably involved in drawing up any care or treatment plans to meet their healthcare needs.

⁵ [NICE guidelines \[CG178\]](#), *Psychosis and schizophrenia in adults: prevention and management*

Appendix: Physical health standards for inpatients⁶

Initial physical assessment of inpatients

Physical examination

- A clinician should undertake a comprehensive physical examination within 24 hours of admission.
- If an examination is not possible (e.g. if the patient refuses or is too disturbed) the reason should be clearly stated in the notes, and relevant observations (e.g. nutritional status, gait, abnormal movements) documented.

Physical health review

- A clinician should complete a full physical health review within 2 weeks of admission. This should include:
 - details of past and present illnesses
 - a comprehensive symptom review
 - review of all current medication
 - health promotion history (including smoking, diet and exercise)
 - details of health screening (e.g. dental care, cervical screening)

It is recommended that this information is collected on a standard form, and an action plan agreed with the patient.

Physical investigations

- A clinician should complete appropriate physical investigations during the first week of admission.⁷
- A clinician should review the results of physical investigation and file in the patient's notes.

Ongoing management of inpatients

Ongoing physical healthcare of in-patients

- Staff should record patients' weight and blood pressure at least monthly.
- Physical health review, examination and investigations should be repeated at least every six months. This should be more frequent when there are changes in psychotropic medication.
- Staff should ensure that patients have access to dental care, chiropody, a dietician, physiotherapy, sexual healthcare and an optician.

Management of long-term physical illness of inpatients

- A clinician should review symptoms, progress and treatment of long-term physical disorders (e.g. diabetes, hypertension, arthritis) with the patient and document this at least monthly.

⁶ Royal College of Psychiatrists (2009). *OP 67: Physical Health in Mental Health*

⁷ Which investigations are ordered will be a function of findings made during history taking and examination. However, the importance of monitoring weight and cardiovascular and metabolic indicators is emphasised in NICE guidance on Schizophrenia and Bipolar Disorder.

- A general practitioner or hospital specialist should review long-term physical disorders at least every 6 months. All patients should be offered an annual health check where relevant.

Health promotion for inpatients

- Staff should ensure that patients have easy access to appropriate written health promotion information.
- Staff should ensure that patients have access to exercise, smoking cessation support and appropriate dietary advice.