Factoid: The learning from deaths of people with a learning disability or LeDeR programme was set up to look at why people are dying. By finding out more about why people died we learn about what can be changed to make a difference to people's lives.

## **Top Tips for Clinicians**

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Subject	LD : Common Causes or Mortality & Morbidity
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Disclaimer	These are intended only as good practice prompts. Use your clinical judgement.
Top Tip 1	<ul> <li>Diabetes</li> <li>Patients with LD &amp; DM – Diabetes UK have produced some excellent resources to support both the practice &amp; your patients with LD to manage their DM more effectively: resources on reasonable adjustments, info about other relevant health checks in easy read etc – the link:         <ul> <li>Diabetes UK – Improving care for people with diabetes and a learning disability</li> </ul> </li> <li>For patients with LD who need more support than you can reasonably provide please consider if a referral to the specialist Learning disabilities health team at Waddiloves (dieticians, nurses, OTs etc) may be appropriate - they may provide additional support to your patient to help them manage their DM better. Ring the Duty team on 01274 497121 to see if a referral would be appropriate</li> </ul>
Top Tip 2	<ul> <li>Constipation</li> <li>Poor diet, lack of exercise, high rates of medications &amp; postural issues mean constipation rates are much higher in people with LD and nationally a number of people have died from constipation related issues so this is a serious concern for lots of your patients with LD</li> <li>Public Health England guidance: Constipation: making reasonable adjustments</li> <li>BTM have an easy read leaflet on Constipation -which you can share with people</li> <li>The team at Waddiloves provide easy to understand training to people with LD as well as their care staff about Constipation &amp; what they can do to reduce this risk - see above number</li> <li>Clear monitoring is crucial to getting the right treatment &amp; support – what monitoring are people doing? See link to accessible monitoring form</li> </ul>
Top Tip 3	<ul> <li>Epilepsy</li> <li>Rates of epilepsy are significantly higher for people with LD than the general population</li> <li>Are your patients with epilepsy seen by the Epilepsy team in Bradford &amp; if so have they been reviewed in the last year?</li> <li>Are there any concerns that people are not able to take their epilepsy medications &amp; do people understand the importance of taking this correctly?</li> <li>Public Health England guidance: Making reasonable adjustments to epilepsy services with people with learning disabilities</li> </ul>
Top Tip 4	<ul> <li>Aspiration &amp; chest Infections</li> <li>Respiratory disease is the biggest killer of people with LD &amp; is particularly related to chest infections - Check with your patient (or their carers) whether the person has had hospital admissions or required antibiotics to treat chest infections in the last 6 months</li> <li>Do they need additional support with safe swallowing, eating or drinking, their posture or positioning in their wheelchair, etc – please think about referring to the specialist LD team at Waddiloves on 01274 497121 if so - highlighting your concerns about respiratory issues</li> <li>Flu jabs –ensure your patients are offered their flu jab to reduce risk</li> <li>Public Health England guidance: <a href="Dysphagia in people with learning difficulties: reasonable adjustments guidance">Dysphagia in people with learning difficulties: reasonable adjustments guidance</a></li> </ul>
My CPD	Document the key points simply, reflect on what it means for me, so what?
My QI	Take action, then document a simple Quality Improvement for my next appraisal