INFORMATION FOR CCG INTRANETS

SPECIALIST HEALTH SERVICES FOR PEOPLE WITH LEARNING DISABILITIES
Provided by Nottinghamshire Healthcare NHS Trust

Referral criteria
Patient has to be aged 18 or over and have a learning disability:
• Significant impairment in cognitive functioning (in the lowest 2% of the population, IQ below 70)
• Significant impairment in adaptive behaviour (coping skills)
• Onset in childhood

Patient has to have a significant mental/psychological and/or physical health need arising from their learning disability, that cannot be met in mainstream services.

NB Dyslexia, specific learning difficulties, literacy problems do not constitute a learning disability.

Specialist services
We offer specialist expertise in working with this population. We also have a role in supporting, advising and facilitating access to mainstream services.

We offer assessment and treatment for mental health problems, autistic spectrum disorders, challenging behaviour, sexuality and relationship issues, dementia, epilepsy, dysphagia, and the complex health needs of people with profound and multiple learning disabilities.

We work in partnership with Local Authority Social Care services, linked to Community Learning Disability Teams, but we have separate eligibility criteria.

An overview of each profession’s contribution to the service can be found below

How to refer
Use the attached form or by letter to

Department of Learning Disabilities
Highbury Hospital
Highbury Road
Bulwell
Nottingham
NG6 9DR
Fax: 0115 975 2519

Or to the Mental Health SPA,
clearly marking the referral ‘FAO Learning Disability Service’
[amend as relevant to locality for North of County teams]
Professional groups

**Psychiatry:** offering specialist assessment, diagnosis and treatment for people with learning disabilities with mental health problems and/or challenging behaviour, with 24 hour cover

**Clinical psychology:** Psychological assessments and interventions, advice, consultancy and teaching for adults with learning disabilities, their carers, support staff and multi-disciplinary teams.

**Community nursing:** assessment, direct care and interventions to people with learning disabilities, and advice, support and training to paid and unpaid carers, to address the physical and mental health needs of people with learning disabilities.

**Speech and Language Therapy:** specialist assessment, formulation, therapy, support and advice for people with learning disabilities and their carers, regarding difficulties with communication (both expressing themselves and understanding what others say) and dysphagia (eating and drinking difficulties).

**Occupational Therapy:** experts in occupational well-being, assessment of function and activity analysis, who work with people with learning disabilities and their carers to support occupation in education, employment and independent living.

**Physiotherapy:** assistance and advice to people with learning disabilities and their carers with issues relating to movement, mobility, balance and positioning, to help minimise the effects of physical disabilities.

**Specialist epilepsy service:** a consultant nurse led service providing an integrated service with the Neurology Department at Nottingham University Hospitals and Kings Mill Hospital, taking a holistic approach to patients’ neurological problems, diagnosing and treating epilepsy and associated health conditions.

**Support to primary and secondary healthcare**

**Health Facilitators**
Employed by the Trust in the County, by CITI care in the City.
Facilitate equal access to primary health care for people with learning disabilities

**Acute Liaison Nurses**
Employed by the Trust in NUH, by the acute Trusts elsewhere in Nottinghamshire.
Facilitate equal access to secondary healthcare
We also provide other services for more acute and/or severe presentations, but these are not open to direct GP referral. They include:

- Intensive Community Assessment and Treatment teams,
- Day assessment and treatment,
- Acute inpatient assessment and treatment and
- Locked rehabilitation.

We also have a tertiary specialist dietetics service, for people with learning disabilities who have complex nutritional needs.
Further information to be made accessible by hyperlink:

**Terminology**
The term ‘learning disability’ is unique to the UK. The commonly used term in other English speaking countries is now intellectual disability.

In the USA ‘learning disability’ refers to what is called in this country ‘specific learning difficulty’ e.g. dyslexia: a specific difficulty with reading and writing in the context of an otherwise normal or even above average IQ.

The proposal for the next edition of ICD, ICD 11, is to re-label the condition ‘intellectual developmental disorder’.

**Sub-classification**
The classification of levels of learning disability can be confusing. The health service, following the ICD10 classification, uses the terminology mild – moderate – severe – profound. ICD 10 suggests that ‘Mild’ applies to IQs between 50 and 69, ‘moderate’ to IQs of 35-49. However modern IQ tests cannot measure IQs below 48.

Many note that the term ‘mild’ can be confusing, suggesting that the impairment is insignificant, when in fact it represents the lowest 2% of the population in terms of ability, and needs can be very complex. Interestingly DSM-V proposes that the severity level of intellectual disability should be determined by the severity of the adaptive behaviour deficit rather than the intellectual impairment.

The UK education service uses ‘moderate learning disability’ for the health service’s ‘mild learning disability’ and ‘severe’ for all more severe levels of impairment.

Various UK laws distinguish between ‘mental impairment’ and ‘severe mental impairment’. The British Psychological Society (2001) recommends using a statistically based classification, noting that IQ tests are standardised so that the mean score is 100, and the standard deviation is 15. This is why learning disability is defined by IQs below 70, two standard deviations below the mean. It is therefore statistically logical to use standard deviations to define further sub-classifications. The BPS therefore recommends classifying IQs of 55-69 as ‘significant impairment’, and IQs below 55 as ‘severe impairment’. In addition the BPS notes the importance of quoting ‘confidence intervals’ when giving IQ test results, which recognise that statistically there is always a margin of error in any test result.

**Relationship to ‘mainstream’ services**
Intellectual and adaptive ability fall on a continuum, and the cut-off point for impairment will always be arbitrary. The view in national policy (Valuing People, 2001, and Valuing People Now, 2011) is that people with a mild learning disability should not be excluded from mainstream services, and so should receive their mental health and other health input from ordinary services wherever possible.

There is a responsibility under the Disability Discrimination Act for services to make reasonable adjustments to enable access.