New guidance on the management of Type 2 diabetes in adults with a learning disability

The NHS RightCare Pathway for Diabetes (Reasonable Adjustments for People with a Learning Disability who have Diabetes) offers guidance on diabetes services for adults with a learning disability, and self-management for patients. Diabetes UK also provides resources for professionals and patients, aimed at improving the care of those for whom self-management is difficult without additional support. Dr Louise Bryant and Professor Allan House, Leeds Institute of Health Sciences, present the main recommendations

Organisational working – especially between NHS diabetes services, NHS mental health services, where most learning disability services sit, and local authorities, where weight management and exercise services are managed.

- Ensure structured education programmes are available in a suitable format for people with a learning disability.
- Ensure that all commissioned services make the reasonable adjustments mandated by the Equality Act 2010 and meet the requirements of the NHS Information Standard.

Primary care clinical teams

- Ensure staff are trained in the basic skills required for working with people with a learning disability, including the ability to assess mental capacity.
- Ensure the practice’s learning disability register is comprehensive by implementing the most up to date search strategies to identify eligible patients on your list, and cross-reference with the diabetes register.

Recommendations

The main recommendations on delivering care to this population are given below, with links to useful resources for planning services.

Commissioners

- Ensure the needs of adults with a learning disability are specifically addressed in contracts with providers of diabetes services and weight management programmes.
- Through joint planning, avoid barriers to cross-organisational working – especially between NHS diabetes services, NHS mental health services, where most learning disability services sit, and local authorities, where weight management and exercise services are managed.
SELECTED REFERENCES

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Ensure all eligible adults with a learning disability have an Annual Health Check, including screening for diabetes in those without a diagnosis. Research shows that most adults with a learning disability would like more help with managing their diabetes, with changing their diet and losing weight, and with being more physically active. Reasons for wanting to lose weight are typically the same as they are in the general population. Use the Health Check as an opportunity to discuss obesity and physical activity levels and offer referral to community services for support with weight management, increasing activity or smoking cessation.

When diabetes self-management is compromised by mental health problems, consider referral to local learning disability or mental health services. Comorbidity can define complex cases, who then meet criteria for entry on a learning disability register and referral to specialist services, even when the learning disability is otherwise not severe enough.

Ensure the availability of a good range of accessible (Easy Read) materials – see resource list below.

Be alert to the risk of hypoglycaemia in a population who find it difficult to recognise or report symptoms; remember that hypoglycaemia may mimic, facilitate or follow an epileptic seizure and therefore it is important to check the blood glucose level when a fit has occurred.

Check attendance at retinal screening, foot and dental care, and the other checks listed in Diabetes UK’s 15 Healthcare Essentials (www.diabetes.org.uk/essentials)

When at all possible, involve a supporter in key assessment and decision-making consultations. Be aware that a person’s supporter may also have a learning disability.

Acute trusts
• Develop joint care pathways for adults with a learning disability and diabetes who present acutely with medical problems – for example, by involving a learning disability liaison nurse in all cases.

Learning disability services
• Create a diabetes register, particularly covering groups of patients at especially high risk, such as those on longer-term antipsychotic medication.
• Implement training in diabetes-related competencies for all staff.
• Use audit to ensure current practice in diabetes care follows NICE recommended guidelines.

Community services
• Ensure that reasonable adjustments (including accessible written materials) are available to support referral to, and use of, services for diabetes care or prevention, weight management, dental care and screening programmes.
• Plan delivery of services to encourage involvement of supporters.