



## Department of Health

Mr E. Thomas  
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AL10 OES

*Rt Hon Alistair Burt MP  
Minister of State for Community and Social Care*

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Dear Mr Thomas,

Thank you for your letter of 12 August 2015 following the inquest into the death of Eileen Smith. I was extremely sorry to hear of Eileen's death and the circumstances around it and wish to extend my sincerest condolences to her family. As you know, Jeremy Hunt wrote to her family last year.

You explain that Miss Smith was a person with learning disabilities (LD) and that your primary purpose in issuing this Regulation 28 letter is to ask whether the Department can assist further in the care of persons with LD.

A particularly worrying aspect of this case is the failure of nursing staff to escalate concerns about the patient, resulting in a lost opportunity for medical intervention.

Following the death, the Trust carried out a Serious Incident Investigation and produced a report detailing failings, including gross failings of nursing care. A detailed action plan has been produced and changes made to prevent this failure from happening again. A copy of the report has been sent to the Clinical Commissioning Group. The Trust has also produced a hospital communications book which assists medical nursing staff in understanding patients with learning disabilities.

I can advise that both the National Patient Safety Agency (NPSA) and the National Institute of Health and Care Excellence (NICE) have issued guidance in this area. Links are provided in the annex to this letter. NHS England is currently working on how better to escalate and respond to patient concerns. Work continues with the Royal College of Physicians to examine the system of care based around the Early Warning Score process.

You mention the “purple folder” which accompanies a LD person to hospital and which contains details of their health record, their disabilities and a health action plan. The purple folder was produced by the Health and Community Services of Hertfordshire County Council (HCC) and is a tool that is used in the East and North Hertfordshire NHS Trust to improve the care of LD patients.

You suggest that something similar should be deployed throughout England and Wales. The NHS in Wales is however the responsibility of the Welsh Assembly.

In addition, the Council has suggested to you that each acute Trust should introduce, or continue to use, a “Reasonable Adjustments Audit Tool” for all LD patients admitted to hospital. I understand that HCC is currently piloting such a tool in Watford General Hospital and intends to implement it in the East and North Hertfordshire Hospital NHS Trust soon.

HCC also suggests that training of staff in such things as LD awareness and risks, admissions policy, use of purple folder, reasonable adjustments and additional support should be mandatory for all acute Trust staff.

The idea of a hospital type passport detailing the patient’s needs is familiar. For example, the *Autism Passport* has been developed by the National Autistic Society to help people with autism to communicate their needs to doctors, nurses and other healthcare professionals should they need hospital treatment.

The purple folder system is similar to this but is intended for those patients with a learning disability who require hospital treatment. Introducing a ‘purple folder’ or similar system in the NHS is an operational matter for NHS England and individual NHS Trusts to consider. NHS England is aware of your letter and I am making an inquiry of them to gauge the urgency of their response.

I welcome a better focus in hospitals on making reasonable adjustments to meet the care needs of patients admitted with learning disabilities. NHS England is currently working with commissioners, providers, third sector partners, families and experts to support this.



Department  
of Health

There are many other examples of good practice in preparing and treating hospital patients with a learning disability. These are promoted by NHS Choices, the General Medical Council (GMC) and Public Health England (PHE). Links to these resources are attached in the annex to this letter.

*Yours sincerely  
Alistair Burt*

**ALISTAIR BURT**

**Cc David Behan CQC**

## Annex -Links

- **NPSA:** Recognising and responding appropriately to early signs of deterioration in hospitalised patients (NPSA):

<http://www.nrls.npsa.nhs.uk/resources/?entryid45=59834>

- **NICE:** Acutely ill patients in hospital: Recognition of and response to acute illness in adults in hospital (NICE CG50):

<https://www.nice.org.uk/guidance/cg50/chapter/introduction>

- **NHS Choices:** Going into hospital with a learning disability:

<http://www.nhs.uk/Livewell/Childrenwithalearningdisability/Pages/Going-into-hospital-with-learning-disability.aspx>

- **GMC:** learning disabilities communication aids, health passports and hospital care:

<http://www.gmc-uk.org/learningdisabilities/333.aspx>

- **PHE:** Reasonable Adjustments Database - includes examples of health and hospital passports, and the purple folder, in use across various NHS Trusts:

<https://www.improvinghealthandlives.org.uk/adjustments/?adjustmenttype=10>

- **PHE:** Working together 2: Easy steps to improve support for people with learning disabilities in hospital - guidance that incorporates approaches by hospitals, paid carers and families:

[https://www.improvinghealthandlives.org.uk/publications/1247/Working\\_together\\_2:\\_Easy\\_steps\\_to\\_improve\\_support\\_for\\_people\\_with\\_learning\\_disabilities\\_in\\_hospital](https://www.improvinghealthandlives.org.uk/publications/1247/Working_together_2:_Easy_steps_to_improve_support_for_people_with_learning_disabilities_in_hospital)