Making a difference together:
A health toolkit

An introductory guide to the Toolkit

Professor Sue Read, Chair, Project Working Group
November 2014

Making a difference

Making a difference is working together and
being positive about the people you care for
Making a difference means treating the patient by sharing knowledge and ideas
accepting that everyone is different, especially the vulnerable
Make that difference,
and make that difference for everyone.
By listening to the issues as a team of service users
And other sectors of the NHS and the private sectors
To make healthcare better for the vulnerable people out there, like me
Making a difference will be the difference for a better health care service
Let's make a difference together...

A poem by Stephen Heath

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Acknowledgments

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Preface to the second edition

The first edition of the Toolkit was launched in May 2009, and attracted much attention both within and outside of North Staffordshire. The (then) West Midlands Strategic Health Authority subsequently funded initiatives to introduce the Toolkit across the West Midlands, through workshops in five different geographical locations. This project won the West Midlands Health and Social Care Award for Partnership Working, in 2010 (see Figure 1), in recognition of the collaborative nature of the work involved in its development.

Figure 1. Receiving the West Midlands Health and Social Care Award for Partnership Working (2010)

The introduction of this first Toolkit was formally evaluated (Read & Rushton, 2012), and Toolkits have subsequently been distributed across the world (e.g. Australia, Canada). The concept of health Toolkits has been widely accepted as a constructive medium to complement and enhance existing resources around health and social care workers' knowledge and skills. Acting as a conduit, a Toolkit can purposively bring together a range of resources to promote understanding about what it is like to live (and die) with a learning disability.

The original Toolkit focussed around improving access to healthcare in hospital for people with a learning disability. This new Toolkit adopts a much broader focus; it aims to support access to health care wherever it is delivered, albeit in the community, at the GP surgery, or in generic hospital services. Whilst there are some elements of the original Toolkit that we have included in the new edition, there are a number of new and exciting additions that we hope clinicians will find useful whatever (or wherever) their clinical practice.

As Chair of the Project Working group, I remain convinced that if we can get healthcare services right for people with a learning disability, then we get healthcare services right for everyone. Working with such a passionate and diverse group of people across this project, who continue to drive and perpetuate its development, reminds me constantly of the importance of this work. It affirms my belief that the Toolkit can make a positive difference to the health and social care experiences of people with a learning disability and other disenfranchised, marginalised groups. Long may the work continue and thank you all for your passion, support, creativity and patience.

Sue Read

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November 2014
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Chair of the Project Working Group

Introduction

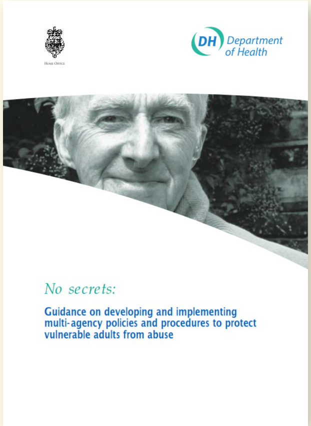
For many people, accessing the healthcare system remains a frightening experience as they are often confronted by new environments; meet unfamiliar people; and usually don't really know what to expect. Even when just visiting family and friends who are in hospital, some people report feeling uncomfortable. Yet there are positive experiences gained from hospitals such as (for example) leaving feeling better; being cured of ill health and disease; receiving positive news from investigations and tests; and having children. As a health care professional, working in hospitals and community clinics all the time, one becomes very familiar with them, and some professionals may not fully appreciate how uncomfortable others (i.e. patients) may become when entering their established 'territory'. Such fears may be compounded when the patient already has an identified health need (such as a mental health condition; dementia; or a learning disability). Such conditions might affect the patient's perceptions or understanding of hospital experiences. Such conditions or labels might also influence the perceptions that health professionals hold about the person before they even meet them. This Toolkit is focussed upon one particular population: people who have a learning disability, although we recognise that much of the Toolkit might easily be useful with other patients.

Health of people with a learning disability

The Department of Health (DH, 2001) define people with a learning disability as having a reduced ability to understand new or complex information, or to learn new skills (impaired intelligence) with a reduced ability to cope independently (impaired social functioning) which started before adulthood and with a lasting effect on development (DH, 2001). This definition incorporates a whole range of individuals with differing competencies and abilities; varied communication abilities and styles; and different associated health and social care needs. Emerson *et al.*, (2011: 2) estimate that there are approximately 1,198,000 people with learning disabilities in England, of which 298,000 are children and young people under the age of 17. Yet they remain one of the most marginalised groups in contemporary society (DH, 2001), and never more so when it comes to having their health needs identified, assessed and ultimately met. Emerson et al (2011) also estimate that 14.9% of carers in England care for someone with a learning disability, and 1.9% of these carers have a learning disability themselves (Emerson et al, 2011:67). "*We know that people with a learning disability have poorer health than other people and are more likely to die younger*" (MENCAP, 2004), and this remains a stark reality for this vulnerable population.

A vulnerable adult is someone aged 18 or over:

- Who is, or may be, in need of community services due to age, illness or a mental or physical disability
- Who is, or may be, unable to take care of himself/herself, or unable to protect himself/herself against significant harm or exploitation (DH, 2000)



Department of Health

No secrets:

Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse

Vulnerable adults can include:

- Older people
- People with mental health problems
- People with learning difficulties and disabilities
- People with physical disabilities
- People with acquired brain damage
- People who misuse substances
- People whose first language is not English

This Toolkit can be used to support all patients who can be described as vulnerable. It remains everyone’s responsibility to recognise and support a person who is vulnerable whilst receiving healthcare, and therefore professionals need to ensure that they are aware of any local interagency, vulnerable adult’s policy or procedures within their local Trusts. It is also important that all professionals attend regular training updates around vulnerable adults when this is available within their own localities.

Healthcare for people with a learning disability

Historically, campaign reports (see Figure 2) have highlighted that when a person with a learning disability needs to access the health care system, they are likely to receive different care and treatment than the average person who does not have a learning disability (Mencap 2004; Mencap 2007). The Death by Indifference Report (Mencap, 2007) identified the plight of six people who had a learning disability, with varying health needs who, after admittance to hospital, reportedly died un-necessarily.

Figure 2. Reports documenting health access issues

Treat me right!

Better healthcare for people with a learning disability

Accessible Summary

MENCAP

Death by *indifference*

Following up the *Treat me right!* report

MENCAP

Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD)

Easy read report

HEALTHCARE FOR ALL

REPORT OF THE INDEPENDENT INQUIRY INTO ACCESS TO HEALTHCARE FOR PEOPLE WITH LEARNING DISABILITIES

SIR JONATHAN MICHAEL

JULY 2008

Mencap (2007) argued that the six people died because of ‘institutional discrimination’. The subsequent DH report (DH, 2009) identified that some of the six people investigated died because professionals didn’t really understand what healthcare was needed.

Michael (2008) chaired an independent enquiry into the healthcare of people with a learning disability. Michael aimed to identify the action needed to ensure adults and children receive appropriate treatment in general health care ; to learn from the Mencap report (2007); to learn from the Ombudsman's investigation; and ultimately to make recommendations to the Secretary of State for the NHS as a whole. Michael (2008) reiterated the plight of people with a learning disability from a health care perspective, recognising that *'people with a learning disability are not visible or identifiable to health services'* (2008: 8), and that data pertaining to their care is *'largely lacking, inadequately co-ordinated or misunderstood'* (Michael, 2008: 8). He acknowledged that a lack of awareness of the health needs of people with a learning disability, particularly in primary care, was important, since this is the single point of access to health promotion and ill health prevention in addition to health care and treatment. He argued that these issues, combined with prevailing negative attitudes, fear and ignorance associated with people with a learning disability, *'contribute to a failure to deliver equal treatment or to treat people with dignity or respect'* (Michael, 2008:8).

The report found compelling evidence to support the view that people with learning disability have worse health and greater unmet health needs; that there is a avoidable morbidity and mortality; that opportunities for improvement (e.g. of work in partnership with carers) are missed; that **'reasonable adjustments'** in health care settings are not made to accommodate the needs of individuals with differing needs; that staff lack knowledge; and services are largely unaware of their responsibilities under the legislation (Michael, 2008). Michael made 10 key recommendations for healthcare practice, underpinned by the key themes of leadership, quality and political priority. Fundamentally, Michael (2008) argued that all the necessary policies and procedures already exist to protect vulnerable adults in health services; what is required is for professionals to make **reasonable adjustments** to these environments to ensure equal access and treatment for all.

The Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPDPLD, 2013) analysed the deaths of 247 people with a learning disability and compared this with deaths of 58 people without a disability. The key findings can be found in Figure 3.

Figure 3. Key findings from the CIPLOLD report (2013)

Men with died 13 years sooner

Women died 20 years sooner

Had more medical problems

Poor of communication between professionals

People did not always have the chance to make choices at the end of life

Poor record keeping

Most common reason for death was heart conditions & chest infections

Many deaths were unexpected

Some were premature deaths, largely due to delays in diagnosis and treatment

The CIPDPLD report incorporated 18 recommendations (summarised in Figure 4), incorporating previously identified issues (such as reasonable adjustments, barriers to healthcare access) whilst also reiterating the need for better record keeping with clearer identification of people with a learning disability on the NHS central registration system; equity of access; and (importantly) a National Learning Disability Mortality Review Board.

Figure 4. Key recommendations from the CIPLOLD report (2103)

Clear identification of people with a learning disability on NHS central registration system

Reasonable adjustments to be audited and sharing of good practice

Same access to investigations and treatment

Barriers to health access addressed by proactive referrals to specialists LD services

Adults with a learning disability to be considered a high risk group re respiratory problems

A National Learning Disability Mortality Review Board

These reports are catalogued to provide a brief contextual backcloth against which this revised Toolkit has been developed. This Toolkit reflects these issues, and responds to them in meaningful ways. The Toolkit will help to ensure that health professionals have access to appropriate resources and information that prepares them to support their next patient who has a learning disability in the health care system, whatever the healthcare context.

Contextual development

Funding was secured from the Health Education West Midlands, Mental Health Institute Learning, Education and Training Council to review the existing Toolkit and develop a revised Toolkit. Our first task was to talk to people across the West Midlands region to find out what needed to be included in this new resource.

Seeking the views of others

One of the main differences of the revised Toolkit is that it has been designed to meet the needs of hospital and community staff across a wider geographical region: the West Midlands. We therefore had to establish what this professional group already knew about the existing Toolkit and to identify what would help to improve it. We did this in several ways:

1. We organised three consultation meetings (incorporating 70 nurses and midwives) across the West Midlands to establish what they liked about the existing Toolkit and what might improve it. We used three particular techniques to gather information from groups of professionals:

   Idea Writing is a simple but powerful way of generating and developing ideas, working in small groups. Each new idea is written on a separate sheet of paper. Each group member selects a sheet at random, writes a constructive comment about the original idea and/or the comments around it then returns the sheet to the pile of ideas, and repeats the process on a new sheet. One key advantage of this method is that everyone in the group can work simultaneously; another is that each idea is developed on its own sheet of paper, so the method doesn't require transcription or coding afterwards.

Card sorts are useful for identifying and clarifying ways that people categorise issues, thoughts and ideas. The method involves participants sorting through cards repeatedly into groups, using a different criterion of their choice for each sort. For instance, each card can have the name of a different medical condition, and the participant can then sort the cards into groups that reflect the nursing implications of each group.

Short self-directed learning modules, film clips, links to key resources that we could read and learn from...

Laddering is useful for exploring how a person interprets a particular term, such as learning disabilities. It involves systematically breaking down the explanations, and then the explanations of the explanations, until the process reaches terms that can't be broken down any further. It's particularly useful for making sense of situations where different people are interpreting a particular term such as "professionalism" in very different ways.

(N.B. Informative Website links to these three methods can be found in the reference section of this Guide)

These approaches helped to formulate collective, focused thinking about what resources remained useful and needed to stay in the revised Toolkit; what existing resources were important but required updating; and what new resources needed to be developed.

2. We conducted a Survey across the West Midlands to ascertain what resources were available to help professionals to support people with a learning disability to access healthcare. Responses to the nine points in the questionnaire were received from 15 different professional groups (including Physiotherapists, Community Nurses, Clinical Psychologists, and Speech and Language Therapists) spanning 12 different geographical locations.

Having access to easy read leaflets at no cost would be beneficial

Feeling confident to deliver clear messages...

Such feedback was important from a Toolkit content and format perspective. We were also able to cross check identified needs from this survey to the proposed content and track how the Toolkit components were being developed to maximise impact. This ensured that the revised Toolkit was accessible, fit for purpose and suitable for practitioner needs across the West Midlands.

I think resources should be available in varied formats in order to meet the needs of the client i.e. for someone who struggles to read a DVD might be a better option.

3. People with a learning disability had previously talked very poignantly about their fears and anxieties of hospitals.

I wish that the consultant had given me a full and easy explanation of what they wanted me to do.
Carl

I felt sick because I was all alone.
Alan

They put a tube with a camera on down my throat. That was horrible. I thought I was going to die.
Mark

Hospitals are scary- I wonder what is going to happen to me.
Linda

A&E is very upsetting for me...lots of blood and people with cuts... this is upsetting.
Susan

I think that people with a learning disability should have a chance to look around and have things explained to them to help them feel safer.
Carl

But, people with a learning disability also recognised that good health care remains important for everyone.

Getting good healthcare is important for everyone whether you have got a learning disability or not. Things should be better for everyone.
Carl

All of this information helped the Project Working Group to explore the content and format of the Toolkit. The debates and discussions around the provisional content list were fruitful and interesting, and these were subsequently fed back to the Regional Steering Group and discussed, as part of the wider consultation process. What follows is an overview of the resultant content of the revised Toolkit.

The Toolkit

This Toolkit has been developed by a range of people (as reflected in the acknowledgments), who aimed to provide a dynamic resource that would support healthcare professionals when caring for people with a learning disability. Building on the original Toolkit, the subsequent revisions have extended the breadth and focus, aiming to:

1. Support professionals working in a range of **hospital and community settings,** not just hospital environments.
2. Help professionals to care for the person with a learning disability who has additional health care needs **across the lifespan**. Adopting a lifespan approach means that the resources will support people with a learning disability from childhood, through to adulthood, to end of life care and beyond to bereavement.
3. Respond to previous comments, reports, and wider consultation around contemporary healthcare practice, and has been developed to incorporate **three specific themes:**

   Theme one: Access to healthcare

   Theme two: Safe healthcare

   Theme three: End of life care

This revised Toolkit has 40 components and has been designed so that it includes a range of easily accessible, practical information in a variety of formats. There are four new topics, which focus on: 1. Understanding autism; 2. Understanding dementia; 3. Understanding safeguarding; and 4. Accessing the GP (an ABCD checklist).

Contents

Theme one: Access to healthcare

1. Making a Difference Together: Key messages
2. Booklet: Understanding autism
3. Booklet: Understanding dementia
4. Communication app to use on iPad and Android devices
5. Communication flash cards on a ring (10 cards)
6. Hospital communication passport
7. The Hospital Communication Book
8. Film: Making a Difference Together
9. Film: Going into hospital
10. Film: Understanding autism
11. Leaflet for professionals: Understanding autism
12. Leaflet for professionals: Understanding dementia
13. Leaflet: Getting it Right (Mencap)
14. Power point presentation: Understanding autism

15. Power point presentation: Understanding dementia
16. Power point presentation: Access to healthcare
17. Meeting the health needs of people with learning disabilities (RCN Guidelines)
18. Leaflet for professionals: ABCD checklist for primary care practices
19. Communication pictograms cards

Theme two: Safe healthcare

20. Safeguarding Vulnerable Adults (Staffordshire and Stoke on Trent Adult Safeguarding Partnership)
21. Booklet: Understanding safeguarding

Theme three: End of life care

22. Booklet: When someone you know has died…a guide for carers offering bereavement support
23. Leaflet: When someone you know has died… clear information
24. Booklet: When someone you know has died…a guide for professionals offering bereavement support
25. Booklet: Children's Hospices, useful information (a for staff, children, and families)
26. Booklet: Culture, Faith and Spiritual Care (for staff, children, and families)
27. Booklet: Emotions (for staff, children, and families)
28. Booklet: Everyone Communicates (for staff, children, and families)
29. Film: Conversations about death and what it means
30. Booklet: Living with an illness that I will die from: A Carer's Guide
31. Leaflet: Living with an illness that I will die from: 1. Finding out… (for people with learning disabilities)
32. Leaflet: Living with an illness that I will die from: 2. My Questions… (for people with learning disabilities)
33. Leaflet: Living with an illness that I will die from: 3. What Next… (for people with learning disabilities)
34. Leaflet: Living with an illness that I will die from: 4. Being Prepared… (for people with learning disabilities)
35. Booklet: Living with an illness that I will die from: A guide for professionals offering palliative care and support
36. Booklet: When someone you know has died…people with learning disabilities supporting each other
37. Power point: Loss and bereavement

Miscellaneous

38. Introductory guide
39. Web links
40. Evaluation form

As you can see, the resources include a range of supportive leaflets and booklets in a variety of different formats. There is a resource section, with numerous internet and practical references and resources. There is a DVD which contains copies of all four films in the Toolkit, and copies of four PowerPoint presentations. The Toolkit is fully, freely accessible from the following websites:

West Midlands: www.learningdisabilitymadeclear.nhs.uk

Keele University: http://aldhc.co.uk/wttk

Many professionals will not need to read the whole Toolkit; it is deliberately designed to support professionals who need to find specific information easily and quickly. However, professionals should familiarise themselves with what it contains, they may be pleasantly surprised. Resources alone will never replace education and training, and resources are only as good as the person using them. There are a number of resources in the Toolkit, and what now follows are suggestions about getting the most from some of these.

Ways of using the Toolkit

The Toolkit provides a range of practical resources that have flexibility of usage.

Books on a ring are provided in that particular format for ease of access, flexibility and portability. A professional might take the Communication pictogram cards (for example) to the bedside of a patient to promote and engage in a particular conversation. The key messages on a ring are there so that healthcare professionals can access important information quickly at the time they need it the most, without searching through the whole Toolkit.

The **booklets** have been designed to help professionals to engage with people with a learning disability in a meaningful way around specific health topics (e.g. dementia, autism, safeguarding, and bereavement). They all follow a similar format, incorporating pertinent information followed by a work-book style approach to enable people to record responses and hence they become personalised.

To complement the booklets, some **information leaflets** for professionals have also been included, to ensure professionals have access to important, accurate information around topics such as dementia and autism in relation to people with a learning disability.

The **ABCD checklist for Primary Care practices** is a quick and easy to complete checklist to evaluate how well services are making reasonable adjustments to support people with a learning disability. Organisations could easily translate this checklist into a measurable auditing tool, to be completed on a regular basis, to measure their service to ensure reasonable adjustments are in place for marginalised groups.

Communication is an important fundamental thread that weaves through everything that we do when supporting a person with a learning disability through life generally, and with health issues specifically. A new communication resource is the app called *picTTalk*, which was developed over five years by professionals, children and adults with a learning disability. It was developed to facilitate stories and conversations, helping people to have a voice in what's happening in their lives.

The ***picTTalk* app** is available in two modes:

1. **Conversation mode**
   A single pictogram can be used to set the context of a conversation, to explore and visualise meaning and to check understanding.

2. **Story mode**
   A group of up to 6 pictograms can be used help people to build and share their story by linking the pictograms into a storyboard.

Everyone has a story to tell and storytelling remains a unique human activity that can have tremendous impact, influence and importance in the lives of people with a learning disability (Jennings, 2005). Telling stories of loss, change, and ill health can often be difficult, and where people have a limited range of verbal skills to articulate their story *picTTalk* can be particularly helpful.

Professionals can use *picTTalk* to help people to ask questions, to indicate choices, share information about health issues and to explore sensitive topics such as loss and bereavement. Sharing stories can also be cathartic, and can help others to learn about the nature of loss, change, ill-health and its often profound and potential impact on individuals (Read & Bowler, 2007; Read & Corcoran, 2009).

The *picTTalk* app can be used by a range of professionals (e.g. advocates, nurses, physiotherapists, GPs etc.) to help people to talk about difficult topics and to promote spontaneous expression that can be shared with others (Read, Nte, Corcoran & Stephens, 2012). To aid generalizability, the words on the *picTTalk* app are available in five different languages (English, Polish, Urdu, Punjabi and Gujarati).

Teachers and other professionals have told us that the images on *picTTalk* are an excellent resource for '...unlocking conversations...' and that it '...is a super tool for extra language...'.

The *picTTalk* app was developed for use on tablets with 10 inch screens, and can be downloaded on both iPad and android devices. Although the app will work on devices with smaller screens, image display may not be optimal. The communication app is available to down load from iTunes and Google Play.

The **Hospital Communication Passport** has been designed specifically to help health care professionals to provide effective care and support to people with a learning disability in any healthcare setting. It is not designed to duplicate existing hospital information, but to gather together pertinent information that can directly help the nurse/ doctor or other professional to communicate in a meaningful way with patients with a learning disability.

The Passport has four pages:

Page 1, is where **information about the person**, their background, support needs and preferences is recorded. Check if the person already has a copy of this Hospital Communication Passport (or equivalent).

Page 2, contains **important information** that will help you to understand how the patient with a learning disability might show pain or distress, and what might help them when they feel scared. For example, someone with a learning disability and autism might not like anyone getting too close or looking at them directly, and may need time to think things through.

Page 3, includes **information that you must know** whilst you are caring for them. It will help you to understand what helps the patient with a learning disability to take their medication, eat and drink or use the bathroom facilities.

Page 4, is where **information that you need is recorded**. This information will help you to understand how the patient with a learning disability might feel, what might upset them or frighten them; what makes them feel calm; and their likes and dislikes.

Many people with a learning disability won't automatically tell you this important information, so the questions in this Passport are designed to prompt you into asking about information that may be forgotten by the person themselves, but remain crucial for effective care and support in the healthcare setting. When talking to a person with a learning disability always:

- talk to the person themselves wherever possible
- use clear language, avoiding jargon or abbreviated words
- be aware of your own body language and eye contact
- listen and look carefully for cues that the person fully understands what you are saying
- be prepared to repeat what you say or say it again using different words
- give the person time to think about what you have said
- don't be afraid to ask the person to repeat things if you didn't quite understand what they were saying
- be prepared to show the person where they need to go if they cannot easily follow verbal instructions / directions

Think about whether:

- the person has any personal space preferences
- the person uses language and communication aids to supplement speech
- the person looks anxious or frightened
- the person is accompanied by a friend, relative or professional carer and how they can help you and the person with a learning disability

Remember: If any of this information is important to you, it is likely to be important to the patient and similarly to your healthcare colleagues too, so **document it on the Passport.** Sharing such information can make a real difference to the person with a learning disability in any healthcare setting. The Toolkit includes a range of resources to help you to support the person with a learning disability.

The **communication pictogram cards** will never replace traditional talking, but can help to prompt people with a learning disability to explore how they are feeling and what their health needs are. Professionals really need to familiarise themselves with these cards before using them, to have some understanding about how they may be used and in what context.

The communication pictogram cards are categorised for ease of recognition around the following themes and colours: Feelings (orange), Places (brown), Relationships (purple), Death and dying (black), Medical (blue), Decisions and Communication (green). They can be used in a number of different ways:

- Individually, to prompt the person to ask questions, to indicate how they are feeling or to communicate their preferences and decisions.
- Several cards can be presented together, to encourage the person to choose the most appropriate cards(s) for them at that time.
- Some people can use several cards together, to form short sentences or descriptions about what they might be feeling or what questions they might have about their health needs.
- There is a card left blank deliberately for you or the person you are supporting to write on using a dry wipe pen to personalise the card around the person's needs.

The **films** have been purposely produced and carefully selected for inclusion in the Toolkit. Three of the films specifically involve people with a learning disability, whilst the Understanding autism film focusses on the experiences of people with autism, their families and various professionals. **There are four films in the Toolkit:**

1. **Going into hospital**
   This film was designed to illustrate the process of going into hospital and receiving an anaesthetic specifically from a person with a learning disability's perspective.

2. **Making a difference together**
   This is a delightful, short film based around the real life experiences of a woman with a learning disability (Gilly) and her mother, and how they overcome communication challenges with health care professionals in the hospital setting.

3. **Understanding autism**
   This film was commissioned by Staffordshire and Stoke County Councils, and we negotiated its availability to be used within the Toolkit. It is a film of interview footage that gives wonderful insight into autism from a range of different, complementary perspectives.

4. **Conversations about death and what it means**
   This was the one of the outcomes of a collaborative research project between Keele University and Cardiff University (Todd & Read, 2010). The aim of this qualitative research study was to explore the understandings that people with a learning disability had around loss, dying and death. The primary outcomes of this research were depicted in this film and translated into short vignettes, portrayed by actors with a learning disability.

The four films can be used with people with a learning disability, to prepare them for treatment or to explore issues around loss and bereavement; equally they can be used as training resources for professionals, parents and families.

The Toolkit includes a number of **PowerPoint** presentations that can easily be incorporated into training sessions around (for example) autism, dementia, loss and bereavement and access to healthcare. The Access to healthcare presentation incorporates a number of film clips, and Keele University would like to acknowledge that these clips have been included with kind permission of Health Education West Midlands.

Conclusion

This revised Toolkit adopts a much broader focus; it aims to support access to health care wherever it is delivered, albeit in the community, at the GP surgery, or in generic hospital services. People with a learning disability can teach us so much, and as is often the case, whilst the primary focus of the Toolkit is to support people with a learning disability, it is anticipated that many of the resources will be useful to other patient groups, particularly those for whom English is not their first language.

If we manage to get healthcare services right for people with a learning disability, then chances are we get healthcare services right for everyone. There are a number of new and exciting additions in the Toolkit that we hope clinicians will find useful whatever (or wherever) their clinical practice.

Let us know your views on the Toolkit by completing the evaluation sheet, and sending it back to us:

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Links to websites around the methods used in the evaluation:

Idea Writing: http://hydeandrugg.wordpress.com/2013/09/21/idea-writing-generating-practical-ideas-quickly-and-efficiently/

Card sorts: http://hydeandrugg.wordpress.com/2013/06/11/a-card-sorts-tutorial/

Laddering: http://www.hydeandrugg.com/resources/laddering.pdf

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