Reviewer’s report

Title: Investigating the patient safety issues for people with intellectual disabilities in NHS acute hospitals: evidence from a mixed-methods study

Version: 1 Date: 21 January 2014

Reviewer: Allan House

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The topic is important and topical – there is a good deal of current interest in the physical health of adults with learning disability, as cited in the introduction. Given what we know about the acute hospital care received by other vulnerable groups such as people with dementia, it is reasonable to ask what happens to people with learning disability. There were however a number of ways in which I found the research as presented rather disappointing.

[1] Definitions
a. The term “patient safety issues” is used repeatedly and is a catch-all for at least three phenomena: events in hospital that might lead to harm; reports of actual harm that befell patients; possible reasons for either risky events or actual harms.
b. The report doesn’t distinguish between actual events and perceived events or risks. Thus it is difficult to judge what it means to say that management of challenging behaviour was inappropriate, that treatment took place in an inappropriate clinical area or that communication was inadequate or not as good as it should have been.

Major revision – the introduction and methods should be rewritten with more clarity about the terms used.

It is difficult to get a feel for what was collected when the questionnaires and topic guides for the interviews are not provided.

Major revision – more detail is required, probably as supplementary material

[3] Analysis
There are at least three possibilities here:
o Poor care is the same for adults with learning disability as it is for everybody else, and there isn’t a learning disability-specific problem
o Poor care is the same for adults with learning disability as it is for everybody else, but people with learning disability are more likely to suffer harm as a consequence
o Poor care is more likely for adults with learning disability and they are more likely to suffer harm as a consequence.

Failure to distinguish between these options makes it difficult to link results to
proposed solutions.

Major revision – more attention in the presentation of the results is needed to distinguish these possibilities, or the inability to do so should be discussed as a limitation.

[4] Results

a. The results seem reasonable as far as they go, although given the scale of the project they do seem a little meagre. There is for example no indication of what was gained by studying six Trusts in different locations or so many staff of different grades.

b. It is disappointing that there is no attempt to distinguish different sorts of risk. For example:
   o Age – children and adults were included, but it is difficult to believe that the experience of an 8 year old on a paediatric ward is the same as that of a 50 year old on an adult medical ward
   o Physical disorder – severity, need for special nursing, length of stay, surgical or medical care for example
   o Nature of learning disability – do people with a visible condition like Down Syndrome have the same exposure as others?

Major revision – additional results need to be presented, at the very least indicating what differences there were between children and adults.

[5] Discussion

I don’t see the case for a large research study as the next step. A number of rather more obvious interventions seem immediately indicated without need for more research

a. Lack of understanding and confidence in the use of the Mental Capacity Act is common in general hospitals. All staff should be familiar with the basics and this is a matter for staff training.

b. Indiscriminate use of DNAR decisions is something that should be dealt with by a policy directive

c. Recording of learning disability in general hospital, like recording of dementia or severe mental disorder, is poor and again could be dealt with by policy and training rather than more research.

The authors conclude by saying that research is needed to act as a catalyst for tailored interventions, which rather suggests that they have already decided what the research would show. An alternative and plausible proposition is that what is needed is organisation-level change to improve hospital environments for all those with cognitive deficits like delirium or dementia, learning disability, or severe mental illness.

Major revision – additions to the discussion are required. At the moment the call for a major new research project isn’t as convincing as some obvious practical steps to improve care.
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

Your associate editor Dr Bryant works in the same Institute as me but I have not discussed the manuscript with her and do not know her own views on it.