

Appendix B: Stakeholder consultation comments table

2020 surveillance of [Mental health problems in people with learning disabilities: prevention, assessment and management](#) (2016)

Consultation dates: 10/07/2020 to 23/07/2020

1. Do you agree with the proposal to not update the guideline?			
Stakeholder	Overall response	Comments	NICE response
College of Mental Health Pharmacy (CMHP)	Yes	<p>However:</p> <p>Although the information is correct in the existing document it is very difficult to navigate for people with learning disabilities and their carers.</p> <p>There are approximately 10 links to different NICE guidelines. Including more as recommended in the scope makes the information difficult to find easily.</p> <p>There will be at least 9 more. See next section</p>	<p>Thank you for your comment. NICE appreciates that guidelines can often be confusing and difficult to navigate for users. NICE is currently working on how to help people access the information they need quickly and easily and are reviewing how they produce and present guidance. This work can be seen on our NICE Connect web page. We greatly appreciate feedback in this area and if you would like to provide feedback you are very welcome to do so via this link. Once the NICE Connect work has been finalised all presentation of guidelines will be updated accordingly.</p>

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			NICE also provide “pathways” that bring together recommendations from different NICE guidelines in a way that should be easier for users to follow. The pathway for this guideline can be found here .
NHS England and NHS Improvement	Yes	On the proviso there is explicit reference to the needs of people with LD and Autism in all other specifications this would be preferable (DD)	Thank you for your comment.
Royal College of Nursing	Yes	We agree, there is insufficient new evidence to warrant a change/update.	Thank you for your comment.
The Challenging Behaviour Foundation	No	The Guidance is largely appropriate and links to other guidance e.g. decision making and mental capacity. However, we question the decision not to include more detailed information on grief and bereavement and trauma informed care. The CBF has recently been involved in research into the impact of trauma on the families of individuals with learning disabilities and/or autism. Initial findings have indicated a high ongoing impact of trauma on this group. This group experience mainstream trauma (e.g. grief and bereavement) with an additional layer of trauma related to accessing care and support. Therefore, we believe that there is enough evidence to update the guidance to ensure that professionals who work with people with learning disabilities and their families are trauma informed and aware.	<p>Thank you for your comment. In this surveillance review, NICE considered including more detailed information on grief and bereavement and trauma informed care in this guideline. NICE specifically added these terms to the search strategy for the surveillance in order to find evidence in these areas. During the surveillance review limited evidence was found on interventions to use for these conditions for this population group however and therefore NICE were unable to suggest any amendments to the guideline.</p> <p>The guideline does refer to NICE guideline NG11 Challenging behaviour and learning disabilities, which suggests history of trauma and abuse should be considered in this population group. The guideline will also cross refer to mental health services guidelines which will include NICE guideline NG10 Violence and aggression which will soon be updated and may contain further information regarding trauma informed care.</p>

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		<p>We recognise the concerns about annual health checks and welcome the proposal to link to the NHS learning disability annual health check electronic template. However, at the CBF, we know that many annual health checks are not taking place. Though linking to the electronic template is a useful point of reference, it will not be used if the checks are not taking place in the first instance. Guidance needs to be strengthened to act as a lever to ensure that these checks do happen.</p>	<p>Research recommendation 3 also formally states that further research is needed for CBT for anxiety disorders such as generalised anxiety disorder, obsessive compulsive disorder and post-traumatic stress disorder. The NICE guideline NG116 on Post-Traumatic Stress Disorder would be valid for this population group.</p> <p>Therefore there will be no amendment to the guideline at this time.</p> <p>Thank you for your feedback regarding the use of annual health checks. Recommendation 1.6.1 is clear in saying that GPs should offer an annual health check using a standardised template for this population group. NICE guidelines are not mandatory and therefore we are unable to enforce this activity, however we will pass your concerns on to our implementation team so they are aware of the issue and can consider whether action is necessary.</p>
Care Quality Commission (CQC)	Yes	<p>Agree with NICE's proposal NOT to update NG54, based on NICE's evidence and surveillance review.</p> <p>Notable these are live issues – is there an appetite/process to revisit and review NG54 in 12-18mnths?</p> <p>NICE should explicitly explain why NG54 refers to Intellectual and Developmental Disabilities (IDD) as well as Learning Disabilities (LD), i.e. is it because IDD is a better, more accurate description?</p> <p>Also, if NICE are using / intend to use IDD now as the preferred term, should NICE use/refer to IDD consistently throughout proposal / NG54 rather than using both IDD and LD terms?</p>	<p>Thank you for your comment. Due to the large volume of guidelines in the NICE portfolio we commit to review guidelines at least every 5 years. However, we constantly track ongoing studies and events to assess their impact on guidelines, and in cases where we become aware of areas that have been impacted by newly published evidence/policy we can initiate an exceptional surveillance review.</p> <p>NICE Guideline NG54 only uses the term 'learning disabilities' in its recommendations. In the summary of evidence for the surveillance review both terms were used depending on which term had been used in the evidence. This was to ensure accurate representation of the study details. There is a paragraph in section 2.1.1 of the full guideline which states that 'the term learning disabilities is synonymous with the term 'intellectual disabilities', used commonly within the academic literature' and therefore it is felt that the</p>

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			commonalities between the 2 terms have been covered and the sole use of learning disabilities is suitable.
Royal College of Paediatrics and Child Health	Yes	<p>NG 54 satisfies the guidelines evaluation checklist with appropriate identification and interpretation of evidence with applicability, clarity, quality assurance and identifying clear standards. Recommendations have been formulated well with the techniques having been explained clearly. However, the focus of management and research in the area has changed from the development to the implementation of guidelines. The use of guidelines in practice is also reported as being unpredictable, slow and complex. Frequent changes would therefore make implementation more difficult. The focus should be on outcomes. In the given proposals, the objectives for change has been stated clearly and the evidence has been scrutinised in detail. The fact that guidelines when inflexible can cause harm by leaving insufficient room for adaptation has also been taken into account. NG54 is linked well with other NICE Guidelines and is recommended to be used alongside NG43, 53, 66, 108, 150 and other mental health services guidelines thus overcoming some of the deficiencies pointed out. Neither does the new evidence and information identified have an impact on the existing guidelines recommendations. The current unprecedented and unpredictable times should be also taken into account.</p>	<p>Thank you for your comment. NICE have noted your statements about the implementation. The NHS Long Term Plan focuses on mental health but also learning disabilities and autism. It is therefore envisaged that the implementation of this guideline will increase.</p> <p>There is no published evidence at this time which addresses our current unprecedented and unpredictable times, however we are tracking evidence and will assess impact on the guideline on publication.</p>

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<p>Royal College of Speech and Language Therapists</p>	<p>The Royal College of Speech and Language Therapists recommend that the Guideline is updated with regards to the risk of dysphagia in this population. This is for the reasons set out below.</p> <p>The prevalence of dysphagia in people with learning disability is high and ranges from 36% to over 70%.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Making reasonable adjustments to dysphagia services for people with learning disabilities, Public Health England, www.ndti.org.uk/uploads/files/Dysphagia_RA_report_FINAL.pdf <p>There is an elevated rate of dysphagia amongst people with mental health conditions.</p> <p>Evidence</p> <ul style="list-style-type: none"> • Regan, J., Sowman, R. and Walsh, I., 2006. Prevalence of dysphagia in acute and community mental health settings. <i>Dysphagia</i>, 21(2), pp.95-101 <p>Dysphagia is a common problem in adults with mental health problems.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Aldridge KJ, Taylor NF. Dysphagia is a common and serious problem for adults with mental illness: 	<p>Thank you for your comment. Dysphagia is mentioned within the NHS Learning Disability Annual Health Check electronic clinical template, which NICE are suggesting NG54 refers to. Please note the scope is focused on the management of mental health problems.</p>
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		<p>a systematic review. <i>Dysphagia</i>. 2012;27(1):124-137. doi:10.1007/s00455-011-9378-5</p> <p>Eating, drinking and swallowing difficulties have potentially life-threatening consequences. They can result in choking, pneumonia, chest infections, dehydration, malnutrition and weight loss. They can also make taking medication more difficult. Swallowing difficulties can result in avoidable hospital admission and in some cases death.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • RCSLT Factsheet on Dysphagia https://www.rcslt.org/-/media/Project/RCSLT/rcslt-dysphagia-actsheet.pdf?la=en&hash=18AEDA640CDABD6D2CAB1A9293E8F44ED4E9572A <p>This evidence leads to the conclusion that guideline needs to be updated with regards to the risk of dysphagia in this population.</p>	
2. Do you have any comments on areas excluded from the scope of the guideline?			
Stakeholder	Overall response	Comments	NICE response

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College of Mental Health Pharmacy (CMHP)	Yes	<p>Page 7 “Topic experts suggested that the guideline is not being implemented in practice. This information was forwarded to our implementation team for them to consider whether action is needed.”</p> <p>This is a real problem due to the complexity of the all the guidelines included within this guideline.</p>	<p>Thank you for your comment. NICE provide “pathways” that bring together recommendations from different NICE guidelines in a way that should be easier for users to follow. The pathway for this guideline can be found here. NICE have noted your statements about the implementation. The NHS Long Term Plan focuses on mental health but also learning disabilities and autism. It is therefore hoped that the implementation of this guideline will increase.</p> <p>NICE is currently working on how to help people access the information they need quickly and easily and are reviewing how they produce and present guidance. This work can be seen on our NICE Connect web page. We greatly appreciate feedback in this area and if you would like to provide feedback you are very welcome to do so via this link. Once the NICE Connect work has been finalised all presentation of guidelines will be updated accordingly.</p>
NHS England and NHS Improvement	No	No answer	Thank you.
The Challenging Behaviour Foundation	Yes	<p>Section 1.7.1 should also highlight the risk of mental health diagnostic overshadowing. Families in touch with the CBF have told us how their loved one’s physical health needs have been overlooked, with changes in behaviour being incorrectly associated with their disability or mental health condition. The guidelines should indicate that the first port of call when assessing a change in behaviour or increase in challenging behaviour should be to rule out any physical health needs before moving onto a mental health assessment.</p>	<p>Thank you for your comment. It is recommended in section 1.6 that this population group receive annual health checks which includes a physical health review. Recommendation 1.8.4 also states that when conducting mental health assessments health care workers should be aware that an underlying physical health condition may be causing the problem. Therefore the guideline will not be amended at this time.</p> <p>The NHS STOMP and STAMP programmes were considered during the surveillance of this guideline. It was felt that Section 1.10 adequately sets out specific principles for delivering pharmacological</p>

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		Section 1.10 on pharmacological intervention does not give due consideration to the fact that children and adults with learning disabilities are more regularly overmedicated than other members of the general population . The guidelines should cross reference to the NHS STOMP STAMP initiative and state clearly that any decisions made by medical professionals should be in line with this.	interventions safely to this population group and therefore amendments to this section are not necessary at this time.
Royal College of Nursing	No	The plan to cross reference newer guidelines makes sense.	Thank you for your comment.
Care Quality Commission (CQC)	Yes	Is clarity needed as to whether people who have autism are included/excluded from applicability of guidance NG54? Many people with IDD/LD have autism too, but it's unclear if autism aspects are specifically included in NG54 guidance	Thank you for your comment. People with autism are not excluded from the scope of this guideline, however NICE have a suite of guidelines that are more specific to autism which consider the recognition, referral, diagnosis, management and support for this condition.
Royal College of Paediatrics and Child Health	Yes	NG54 is linked well with other NICE guidelines thus overcoming some of the issues associated with the areas that have been excluded. NG54 does not contain PTSD, trauma informed care and an explanation to this has been given but as 30% of children with learning disability have 1 or more associated mental problems, including other disorders as mentioned in the ICD- 10 such as eating disorders, alcohol and substance abuse etc. would be considered appropriate. Including other additional NICE guidelines which relate to interventions for mental health problems with learning disabilities, those related to shared protocols with individuals and families and across services,	Thank you for your comment. NICE have guidelines which consider mental health disorders alongside substance misuse and eating disorders. NICE Guidelines CG120 , NG58 and NG69 cover these issues and do not exclude people with learning disabilities. It is hoped that if people with learning disabilities had these disorders then these NICE Guidelines would be referred to. Any NICE Guidelines that relate to mental health services should be referred to once the editorial amendments are made to this guideline by cross referencing to NICE's mental health services guidelines.

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		improving the experience of care are also to be taken into account.	
Royal College of Speech and Language Therapists	Yes	<p>Evidence shows an elevated rate of asphyxia in acute mental health settings due to the effects of medication and the neurological condition.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Corcoran, E. and Walsh, D. 2003. 'Obstructive asphyxia: a cause of excess mortality in psychiatric patients', Irish Journal of Psychological Medicine 20:3, 88-90 • Bazemore, P.H., Tonkonogy, J. and Ananth, R. 1991. 'Dysphagia in psychiatric patients: clinical and videofluoroscopic study', Dysphagia 6:1, 2-5 <p>Evidence shows a need for specialist speech and language therapy assessment and support among the mental health population to support dysphagia.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Walsh I, Regan J, Sowman R, Parsons B, McKay AP (2007) A needs analysis for the provision of a speech and language therapy service to adults with mental health disorders. Ir J Psychol Med. 2007 Sep;24(3):89-93. 	Thank you for your comment. Dysphagia is mentioned within the NHS Learning Disability Annual Health Check electronic clinical template, which NICE are suggesting NG54 refers to.

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		<p>The annual health check (1.6.3) should include review of eating, drinking and swallowing difficulties as a high risk issue for this population.</p> <p>36% to over 70% of people with learning disability have dysphagia.</p> <p>Evidence:</p> <ul style="list-style-type: none"> • Making reasonable adjustments to dysphagia services for people with learning disabilities, Public Health England, www.ndti.org.uk/uploads/files/Dysphagia_RA_report_FINAL.pdf <p>Over 30% of people in a mental health population showed signs of dysphagia</p> <p>Evidence</p> <ul style="list-style-type: none"> • Regan, J., Sowman, R. and Walsh, I., 2006. Prevalence of dysphagia in acute and community mental health settings. <i>Dysphagia</i>, 21(2), pp.95-101. 	
3. Do you have any comments on equalities issues?			
Stakeholder	Overall response	Comments	NICE response

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College of Mental Health Pharmacy (CMHP)	Yes	<p>Independent advocacy is not mentioned in NG54 –Where do you intend to include the link?</p> <p>It may be supportive to develop an information source for people with learning disabilities and their carers written in appropriate language.</p> <p>If healthcare professionals are not implementing the guidance consider whether the complexity of this guidance is a problem and how to minimise this.</p> <p>Management of physical health and the annual health checks and the ongoing STOMP agenda. Is there new evidence from STOMP publications and annual health checks that could be added to support the benefit of these on an ongoing basis as part of the newly forming PCN networks? There is a recently published article which showcases the role specialist mental health pharmacists in primary care: Raynsford J, Dada C, Stansfield D, et al Impact of a specialist mental health pharmacy team on medicines optimisation in primary care for patients on a severe mental illness register: a pilot study. European Journal of Hospital Pharmacy 2020;27:31-35.</p>	<p>Thank you for your comment. Independent advocacy is mentioned in NICE guideline NG108 Decision making and mental capacity. This guideline belongs in the mental health services group. NICE will cross refer to this group in recommendation 1.1.2. NICE are also currently developing a guideline on Advocacy services for adults with health and social care needs and the impact of this will be considered at publication.</p> <p>NICE have provided an easy read information tool. Unfortunately the only other language this is provided in is Welsh.</p> <p>NICE have noted your comments around the implementation of this guideline. NICE is currently working on how to help people access the information they need quickly and easily and are reviewing how they produce and present guidance. This work can be seen on our NICE Connect web page. We greatly appreciate feedback in this area and if you would like to provide feedback you are very welcome to do so via this link. Once the NICE Connect work has been finalised all presentation of guidelines will be updated accordingly.</p> <p>NICE also provide “pathways” that bring together recommendations from different NICE guidelines in a way that should be easier for users to follow. The pathway for this guideline can be found here.</p> <p>STOMP was considered during the surveillance review, and all new evidence since this guideline was developed was also considered. It was concluded that there was no need to update the guideline. NICE believe that NG54’s recommendations around pharmacological interventions adequately address the issues of overmedication.</p>
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			Thank you for referencing Raynsford J et al 2020. Unfortunately NICE do not consider pilot studies during surveillance reviews, however it is believed that medicines optimisation is fully covered in NICE Guideline NG5 Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes which is cross referenced by recommendation 1.10.2 in NG54.
NHS England and NHS Improvement	No	No answer	Thank you.
The Challenging Behaviour Foundation	No	No answer	Thank you.
Royal College of Nursing	Yes	<p>There might be barriers to people with mild learning disabilities and autism. We note the discussion that there is insufficient evidence. Whilst we agree that there is no specific evidence re learning disability and mental health problems, but wondered if the case of Oliver MacGowan had been considered and if it was not worthy of inclusion?</p> <p>We understand that Oliver had mild learning disabilities and autism and was admitted to a general hospital with a physical health need, where he was prescribed antipsychotic medication despite his parents' advice. An allergic reaction to this medication caused his brain to swell and ultimately led to his death. Since his death his mother has campaigned and now Autism and Learning Disability Training is mandatory in all health services.</p>	<p>Thank you for your comment and for highlighting this important and tragic case. NICE strongly advocate patients being involved in and making decisions on their own care. Making decisions about your care is referenced in every NICE guideline. The editorial amendments suggested in the surveillance report will ensure that the NICE guideline NG108 Decision-making and mental capacity is cross referenced. NICE Guideline NG54 also cross references to the NICE guidelines on service user experience in adult mental health and patient experience in adult NHS services, to improve the experience of care for adults with learning disabilities and mental health problems. Recommendations 1.2.9, 1.2.10 and 1.2.11 discuss the important area of staff training and supervision when caring for this population group. NICE does not include references to singular cases in its national guidelines.</p> <p>Thank you for suggesting further research recommendations. There are some NICE Guidelines that already consider these. NICE Guideline NG93 Learning disabilities and behaviour that challenges:</p>

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		<p>The lack of new and up to date evidence is concerning. This group, their needs, treatment, and support seem underrepresented in research and it may be useful to consider making specific research recommendations. For example:</p> <ul style="list-style-type: none"> • how to improve accessibility to services, or encourage patients to use services • interventions to improve diet and physical exercise for this population group • effective service delivery for people with autism and mental health issues • safety and patient outcomes at specialist tertiary services 	<p>service design and delivery supports children, young people and adults with a learning disability (or autism and a learning disability) and behaviour that challenges to live their lives in the community like everyone else. NICE's guidelines on weight management and physical activity do not exclude population groups with learning disabilities. NICE will consider the areas you have suggested during each full surveillance review. NICE also regularly track studies that are relevant to our guidelines to see if any newly published evidence suggest an immediate "exceptional review" is necessary.</p>
Care Quality Commission (CQC)	Yes	<p>No specificity in NG54 guideline based on gender focus of female/male people with IDD/LD.</p> <p>Similarly, no specific reference to trans focus for trans people with IDD/LD.</p> <p>May be helpful to incorporate, reflect and acknowledge NHSE information here:</p> <p>https://www.england.nhs.uk/ltphimenu/mental-health/providing-effective-trauma-informed-care-for-women/</p>	<p>Thank you for your comment. No evidence was found to suggest that there would need to be a change in interventions when considering gender identification in patients.</p> <p>Thank you for referencing the NHSE Providing effective trauma informed care for women. This document is not specific to those with learning disabilities and is only written for women therefore it is not felt that a direct cross reference would be useful at this time.</p>
Royal College of Paediatrics and Child Health	No	No answer	Thank you.

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Royal College of Speech and Language Therapists	No answer	No answer	Thank you.
4. NICE acknowledges that services may be affected by the current COVID-19 situation, however most of the content of the guideline was developed before this arose. Please tell us if there are any particular issues we should be considering?			
Stakeholder	Overall response	Comments	NICE response
College of Mental Health Pharmacy (CMHP)	Yes	It is too early to understand the impact. Currently deaths are being reviewed and physical health implications assessed. There may be learning from COVID for this population that will need adding e.g. poorer underlying physical health or support in care homes or supported accommodation.	Thank you for your comment.
NHS England and NHS Improvement	No answer	No answer	Thank you.
The Challenging Behaviour Foundation		CBF is concerned that the Covid-19 pandemic has left many people with learning disabilities and/or autism without their health and support needs being appropriately met. People with disabilities are already at heightened risk of not having their health needs met https://www.who.int/news-room/fact-sheets/detail/disability-and-health), and the pandemic has exacerbated this. Data published during the pandemic shows there have been twice as many deaths of people with learning disabilities as normal during this period, and	Thank you for your comment. NICE have produced a rapid guideline regarding arranging planned care in hospitals are diagnostic services. The purpose of this guideline is to help healthcare professionals deliver efficient planned care while minimising the risk of COVID-19 in the context of increasing or decreasing local prevalence. It also aims to help patients make decisions about their planned care. Even during this unprecedented and unpredictable time the NHS Long Term plan is still an important part of the future of the NHS. This focuses on mental health but also learning disabilities and

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	<p>that the risk is higher for younger people than in the general population. (https://chrishatton.blogspot.com/2020/06/, data source: CQC, LeDeR). The pandemic has made it more difficult for some families to access healthcare for their loved ones, as many GP appointments have moved online. Although the availability of online appointments might be beneficial for some individuals, for other children and adults with learning disabilities this may not be appropriate, and other families may have no access to the internet.</p> <p>Children with learning disabilities have also found it increasingly hard to access regular health care. Where schools have closed, therapies such as Child and Adolescent Mental Health Services (CAMHs), Speech and Language Therapy (SALT) and Occupational Therapy (OT) have been suspended for many. The Disabled Children's Partnership #LeftInLockdown report found that many families were seeing declines in both mental and physical health during lockdown. Some children have been denied treatment for conditions such as kidney stones.</p> <p>We are also concerned that lack of timely access to health checks and screening for health issues, especially during Covid 19 may lead to an increase in frequency or intensity of challenging behaviour (e.g. self-injurious behaviour or pica behaviour) for people with learning disabilities. Increase in challenging behaviour could have a serious impact on the health and wellbeing of children and adults</p>	<p>autism. Therefore it is hoped that this population group will not be ignored moving forward.</p> <p>We will add any areas that we feel need specific guidance to our COVID-19 topic selection suggestions.</p>
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		<p>with learning disabilities and their families. An increase in behaviour that is challenging is an indication of an unmet need. Challenging behaviour may have increased due to pain caused by a physical health need (e.g. toothache, or ear infection). As individuals with learning disabilities are unable to access routine health care/ checks, there is increased risk of use of restrictive interventions including inappropriate medication and physical restraint.</p> <p>People with learning disabilities were already at a disadvantage when it came to having their health needs met, it is vital that a concerted effort is made throughout the pandemic and afterwards, both in practice and in guidance, to ensure that this disparity does not widen any further and that people with learning disabilities have timely access to appropriate health care.</p>	
Royal College of Nursing	No	Support during Covid-19 (or any other significant life event for the client) should form part of any standard risk assessment and person-centred care plan.	Thank you for your comment. NG54 regularly mentions the development of care plans within its recommendations.
Care Quality Commission (CQC)	Yes	<p>COVID-19 related issues/risks;</p> <p>Mortality related issues for people with IDD/LD.</p> <p>Mental Health care (access and provision) related issues for people with IDD/LD.</p> <p>Issues related to IDD/LD space via other organisations</p>	Thank you for your comment.

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		<p>e.g. CQC / NHSE/I / Learning Disabilities Mortality Review (LeDeR).</p> <p>Factors around Mental Health to be considered in next review of NG54, if and when more information becomes available</p>	
Royal College of Paediatrics and Child Health	Yes	<p>Mental illness is the next wave of the pandemic. The impact is clearly higher in children who are differently abled. The COVID-19 crisis has exposed inequalities for children with mental health disorders and learning disabilities. The pathoplastic problems of the pandemic on these children are to be viewed with a more focused gaze. Worldwide alarms were raised about the discriminatory nature of guidelines that may limit acute care and resources for people with disabilities. Although efforts have been made to protect people physically from the virus, the same attention has not been given to those needing mental health care. Children with disabilities face health risks, disruption and marginalisation. The effects of school closure, medical equipment shortages and social distancing are further amplified for families of children with disabilities. The lack of support and resources paired with extra care responsibilities during this phase may compound the physical and mental health challenges already experienced by many parents of children with disabilities. The mental symptoms are qualitatively and quantitatively different depending upon the age and type of disability and existing problems such as anxiety, OCD and paranoia, are further exacerbated. Presentation of symptoms heralding the onset of a mental health condition may be different in</p>	<p>Thank you for your comment and useful feedback. We will add any areas that we feel need specific guidance to our COVID-19 topic selection suggestions.</p>

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		<p>these children. Additionally, there has been a concerning surge in domestic violence and abuse. Learning and developmental disabilities are not to be given as reasons for DNR orders. To overcome these current difficulties, the following should be incorporated; accessible information, establishing a continuum of care service, continued access to emergency support and health care measures, introducing digital tools, use of digital platforms for training, support and consultation and evidence based yogic/ relaxation methods can help.</p> <p>References:</p> <ul style="list-style-type: none"> • “the advantages and limitations of guideline adaption frameworks” – Zhi Cheng Wang, Susan L, Lisa Bero. BMC 2018. • “Social determinance of health” Wilkinson R. WHO. 1998 • “Factors influencing long term adherence to two previously implemented guidelines” – Knops A.M & Storm Versloot .international ournal of quality healthcare 2010. • “Process and methods guides- developing NICE guidelines: The Manual” – 2014 • “What is the evidence that NICE guidelines has been implemented” – Sheldon T.A. & Cullum N. BMJ 2004 	
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<p>Royal College of Speech and Language Therapists</p>	<p>No answer</p>	<ol style="list-style-type: none"> 1. Telehealth and digital poverty 2. Escalation of mental health due to social isolation/shielding 	<p>Thank you for your comment. We will add any areas that we feel need specific guidance to our COVID-19 topic selection suggestions.</p> <p>Please note that socioeconomics and access to tools is something NICE would consider when working up protocols. As an example, we are developing guidance on digital interventions for behaviour change and as part of that work have considered <u>socioeconomic status</u> in terms of delivering health interventions in a digital format. Going forward, further NICE guidance in this area, for example in relation to COVID-19 or delivery of other health interventions in a digital format would also consider socioeconomic status alongside other potential barriers to access.</p>
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