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Enhancing the Quality of Care for Patients with Learning Disabilities in Primary Care: A Quality Improvement Initiative Conducted Between 2020 to 2022

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Abstract **Original Research Article**

Background: People with learning disabilities experience substantial health inequalities, including higher rates of preventable mortality, multimorbidity, reduced access to preventive healthcare services, and inappropriate medication prescribing. Primary care plays a crucial role in addressing these disparities through accurate patient identification, personalized care planning, medication optimization, and implementation of reasonable adjustments. ***Objective:*** To evaluate and improve the quality of care provided to patients with learning disabilities within the Midland Medical Partnership (MMP), a large UK primary care network, through a structured quality improvement initiative targeting key areas of healthcare delivery. ***Methods:*** A multi-component quality improvement project was conducted across 11 primary care sites serving approximately 72,000 patients. Four targeted Quality Improvement Projects (QIPs) were implemented: (1) improving identification and coding of patients with learning disabilities, (2) recording and implementing reasonable adjustments, (3) optimizing medication prescribing practices in line with the Stopping Over-Medication of People with a Learning Disability, Autism, or Both (STOMP) initiative, and (4) utilizing findings from Learning Disabilities Mortality Review (LeDeR) reports to inform service improvements. Data were collected from electronic health records, clinical audits, and practice feedback and analyzed descriptively. ***Results:*** A review of 384 potentially eligible patients identified previously unregistered individuals with learning disabilities, resulting in improved register accuracy among participating practices. The implementation of reasonable adjustment flags enhanced documentation of patient-specific needs and improved healthcare accessibility. A structured medication review involving more than 360 patients identified opportunities to reduce inappropriate psychotropic prescribing and strengthen medication safety practices. Analysis of LeDeR findings highlighted recurrent themes including communication barriers, delayed diagnosis, and challenges in care coordination. Despite barriers such as workload pressures and variable practice engagement, the initiative demonstrated measurable improvements in patient identification, accessibility, and quality of care. ***Conclusion:*** Targeted quality improvement interventions can enhance healthcare delivery for people with learning disabilities within primary care settings. Accurate patient identification, implementation of reasonable adjustments, regular medication reviews, and systematic learning from mortality reviews are essential strategies for reducing health inequalities and improving patient outcomes. Sustained organizational support, staff training, and multidisciplinary collaboration are necessary to ensure long-term improvements in care quality.

Keywords: Learning disabilities, Health inequalities, Medication review, STOMP, Reasonable adjustments, LeDeR.

INTRODUCTION

People with learning disabilities (LD) experience significant and persistent health inequalities across all stages of life. Evidence from national reports indicates that individuals with learning disabilities have a substantially reduced life expectancy compared with the general population and are more likely to die from preventable causes. Approximately 42% of deaths among people with learning disabilities have been reported as potentially avoidable through timely access to healthcare, early diagnosis, and appropriate management of chronic conditions [1,2]. These disparities are often compounded by communication barriers, socioeconomic disadvantage, and challenges in navigating healthcare systems.

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Individuals with learning disabilities frequently experience multimorbidity, including epilepsy, mental health disorders, cardiovascular disease, obesity, and respiratory illnesses. Despite having greater healthcare needs, they are less likely to access preventive services such as immunizations, cancer screening programs, and routine health checks [1,3]. Consequently, many conditions remain undiagnosed or inadequately managed until they become more severe, contributing to poorer health outcomes and increased healthcare utilization.

Accurate identification and registration of patients with learning disabilities within primary care are essential for delivering equitable healthcare. However, national data suggest that only a fraction of eligible individuals are appropriately recorded on learning disability registers, resulting in missed opportunities for targeted interventions and annual health reviews [1,3]. Inadequate coding and inconsistent data management further limit the ability of healthcare providers to monitor and improve care quality.

Another important concern is the inappropriate use of psychotropic medications, particularly antipsychotics, in individuals with learning disabilities. Such prescribing practices may expose patients to unnecessary adverse effects, including metabolic complications, cardiovascular risks, and reduced quality of life. National initiatives such as STOMP (Stopping Over-Medication of People with a Learning Disability, Autism, or Both) have highlighted the need for regular medication reviews and person-centered prescribing approaches [1,6].

In response to these challenges, the present quality improvement initiative was undertaken within the Midland Medical Partnership (MMP) to improve identification, accessibility, medication safety, and learning from mortality reviews. Through a structured, multidisciplinary approach, the project sought to reduce healthcare inequalities and enhance the quality of care delivered to patients with learning disabilities in primary care settings [1,2].

METHODS

Study Design and Setting

This quality improvement (QI) initiative was conducted within the Midland Medical Partnership (MMP), a primary care network and GP super-partnership operating across 11 general practice sites in the United Kingdom. The project was undertaken between January 2020 to December 2022 and aimed to evaluate and improve the quality of healthcare provided to patients with learning disabilities in primary care settings. The initiative was developed in accordance with NHS England recommendations and the Quality and Outcomes Framework (QOF) guidance for supporting individuals with learning disabilities [1,4].

Study Population

The study included 384 patients with confirmed or suspected learning disabilities who were identified through electronic health record searches and existing learning disability registers across participating practices during the study period. Eligible patients included adults and adolescents registered with participating practices who had a documented diagnosis of a learning disability or who were identified as potentially meeting the criteria for inclusion on the learning disability register.

Healthcare professionals involved in the project included general practitioners, practice nurses, pharmacists, healthcare assistants, and administrative staff. These professionals participated in the implementation of interventions and contributed to data validation and service improvement activities.

Quality Improvement Framework

A structured quality improvement framework was implemented over the three-year period using a Plan-Do-Study-Act (PDSA) approach. Four interconnected Quality Improvement Projects (QIPs) were designed to address key areas associated with health inequalities among individuals with learning disabilities. These projects focused on:

- Improving identification and coding of patients with learning disabilities.
- Recording and implementing reasonable adjustments.
- Optimizing medication prescribing practices.
- Learning from mortality reviews to inform service improvements.

The interventions were implemented sequentially and monitored through regular multidisciplinary meetings, audit cycles, and practice feedback sessions.

QIP 1: Improving Identification and Coding

Accurate identification of patients with learning disabilities is fundamental to ensuring access to annual health checks, preventive healthcare services, and individualized care planning [1,3]. Electronic clinical record searches were performed across participating practices to identify patients who may have had a learning disability but were not appropriately coded within practice registers.

A total of 384 patient records were reviewed during the study period. Clinical documentation, specialist correspondence, educational records, and previous diagnoses were examined to determine eligibility for inclusion on the learning disability register. Where appropriate, coding was updated and patients were added to the register. The primary outcome measure for this component was the number of patients accurately identified and recorded.

QIP 2: Recording Reasonable Adjustments

Reasonable adjustments are recognized as an important mechanism for reducing barriers to healthcare access among people with learning disabilities [5]. This component of the project focused on improving the identification and documentation of individual patient needs through the implementation of the NHS Reasonable Adjustment Flag system.

Healthcare professionals were encouraged to record communication requirements, appointment preferences, environmental adaptations, and carer support needs within electronic health records. Educational sessions were conducted to increase staff awareness regarding the importance of reasonable adjustments and their role in promoting equitable healthcare delivery.

QIP 3: Medication Optimization

A structured medication review was undertaken to evaluate prescribing practices among patients with learning disabilities. Particular emphasis was placed on psychotropic medications, including antipsychotics, antidepressants, anxiolytics, and mood stabilizers, in line with the Stopping Over-Medication of People with a Learning Disability, Autism, or Both (STOMP) initiative [6].

More than 360 patient medication records were reviewed to assess treatment appropriateness, documented indications, duration of therapy, monitoring practices, and evidence of regular clinical review. Opportunities for deprescribing, dose reduction, and multidisciplinary review were identified and communicated to prescribing clinicians. Medication safety and adherence to evidence-based prescribing principles were evaluated throughout the intervention period.

QIP 4: Learning from Mortality Reviews

The Learning Disabilities Mortality Review (LeDeR) Programme provides important insights into factors contributing to preventable mortality among people with learning disabilities [2]. Published LeDeR reports and locally available mortality review findings were examined to identify recurring themes and opportunities for service improvement.

Areas assessed included communication failures, delayed diagnosis, inadequate care coordination, barriers to healthcare access, and recognition of clinical deterioration. Lessons learned were shared with participating practices through multidisciplinary meetings and incorporated into ongoing quality improvement activities.

Data Collection

Data were collected from electronic health records, prescribing databases, learning disability registers, audit reports, and quality improvement documentation generated between January 2020 and December 2022. Information collected included patient demographic characteristics, coding status, implementation of reasonable adjustments, medication review outcomes, and identified opportunities for service improvement.

Practice-level feedback regarding barriers and facilitators to implementation was also collected and reviewed.

Outcome Measures

The primary outcome measures included:

- Improvement in the accuracy of learning disability registers.
- Number of patients added to the learning disability register.
- Documentation and implementation of reasonable adjustments.
- Identification of medication optimization opportunities.
- Service improvements arising from mortality review findings.

Secondary outcome measures included clinician engagement, participation rates among practices, and identification of organizational barriers affecting implementation.

Statistical Analysis

Data were analyzed using descriptive statistical methods. Continuous variables were summarized using means and standard deviations where appropriate, while categorical variables were presented as frequencies and percentages. Qualitative feedback obtained from participating practices was analyzed thematically to identify common barriers, facilitators, and lessons learned. Findings from all four quality improvement projects were synthesized to evaluate the overall impact of the initiative on healthcare delivery for patients with learning disabilities.

Ethical Considerations

This project was conducted as a quality improvement and service evaluation initiative designed to improve routine healthcare delivery within participating practices. No experimental interventions were performed, and all activities were undertaken as part of standard clinical governance processes. Patient confidentiality was maintained throughout the study, and all data were managed in accordance with NHS information governance requirements and applicable data protection regulations. Formal ethical approval was not required under local quality improvement governance policies.

RESULTS

Register Accuracy and Patient Identification

The review identified 384 patients who were potentially eligible for inclusion on the learning disability register. Despite repeated engagement efforts, only two participating sites completed validation exercises. At one site, 9 out of 26 reviewed patients were confirmed and added to the register, while at the second site, 4 out of 5 reviewed patients were added. These findings suggest that a proportion of patients with learning disabilities remain unrecognized within primary care records, potentially limiting access to specialized support and annual health assessments [1,4].

Several barriers to implementation were identified. General practitioners reported significant workload pressures, limited protected time for data validation activities, and insufficient training regarding eligibility criteria for learning disability registration. These factors contributed to variable levels of participation across practices and highlighted the need for additional organizational support and educational resources [1,4].

Table 1: Outcomes of Learning Disability Register Validation Across Participating Sites

Practice Site	Patients Reviewed (n)	Patients Added to Register (n)	Percentage Added (%)
Site A	26	9	34.6
Site B	5	4	80.0
Total	**31**	**13**	**41.9**

Among the 31 patients reviewed across the two participating practices, 13 (41.9%) were confirmed as eligible and subsequently added to the learning disability register. This finding suggests that a substantial number of patients with learning disabilities may remain unidentified within primary care records, limiting access to targeted healthcare interventions and annual health checks.

Reasonable Adjustments and Accessibility

The implementation of reasonable adjustment flags facilitated the identification and communication of individual patient needs across healthcare services. Practices reported improved awareness regarding accessibility requirements, including appointment scheduling preferences, communication support, and environmental modifications. These changes promoted a more patient-centered approach and enhanced healthcare accessibility for individuals with learning disabilities [5].

Medication Optimization Outcomes

The medication review project involved more than 360 patients registered with learning disabilities. The audit identified multiple opportunities to optimize prescribing practices, particularly concerning long-term psychotropic medication use. Several patients were found to be receiving medications without recent documented clinical review, emphasizing the importance of regular reassessment and multidisciplinary oversight. The review process supported safer prescribing practices and increased alignment with STOMP recommendations [6].

Mortality Review Learning

Analysis of findings from LeDeR reviews provided valuable insights into recurrent themes contributing to poor outcomes among individuals with learning disabilities. Common issues included delayed recognition of deterioration, communication barriers, diagnostic overshadowing, and insufficient coordination between healthcare services. Dissemination of these lessons encouraged practices to adopt strategies aimed at preventing avoidable harm and improving patient safety [2].

System-Level Improvements

The integration of reasonable adjustment systems, enhanced register validation processes, and structured medication reviews contributed to improvements in care coordination across participating practices. Although engagement levels varied, the project demonstrated the feasibility of implementing targeted quality improvement interventions within primary care networks and highlighted opportunities for wider adoption [1,5].

MEDICATION REVIEW

Medication optimization formed a central component of this quality improvement initiative due to the recognized risks associated with inappropriate prescribing among people with learning disabilities. Psychotropic medications, particularly antipsychotics, are frequently prescribed for behavioral management despite limited evidence supporting their long-term use in the absence of a diagnosed psychiatric condition. Excessive or prolonged use may result in significant adverse effects, including weight gain, diabetes, cardiovascular disease, sedation, and reduced quality of life [6].

A comprehensive medication audit involving over 360 patients was undertaken to evaluate prescribing patterns and identify opportunities for improvement. The review assessed the indication for therapy, duration of treatment, monitoring practices, documentation quality, and evidence of patient or caregiver involvement in decision-making. Particular attention was given to psychotropic medications in accordance with the national STOMP framework [6].

The audit revealed several cases where medication reviews were overdue or where prescribing documentation required updating. In some instances, the rationale for continued treatment was unclear, emphasizing the importance of structured review processes. Recommendations included regular multidisciplinary medication reviews, shared decision-making with patients and caregivers, improved monitoring of adverse effects, and consideration of non-pharmacological interventions whenever appropriate [1,6].

Implementation of these recommendations supports safer prescribing practices and aligns with national efforts to reduce over-medication among vulnerable populations. Ongoing monitoring and audit cycles are necessary to sustain improvements and ensure that medications continue to provide meaningful clinical benefit while minimizing potential harm [6].

Table 2: Key Findings and Outcomes of the Quality Improvement Projects

Quality Improvement Project (QIP)	**Intervention Implemented**	**Key Findings**	**Outcome**
QIP 1: Improving Identification and Coding	Review and validation of potentially eligible patients	Variable engagement across practices; previously unregistered patients identified	Improved register accuracy
QIP 2: Recording Reasonable Adjustments	Introduction of reasonable adjustment flags	Improved documentation of patient-specific needs	Enhanced accessibility and care coordination
QIP 3: Medication Optimization	Structured medication review of >360 patients	Opportunities identified to reduce inappropriate psychotropic prescribing	Improved medication safety and STOMP compliance
QIP 4: Learning from Mortality Reviews	Analysis of LeDeR findings	Identification of recurring themes affecting patient outcomes	Enhanced organizational learning and patient safety

The quality improvement interventions resulted in measurable improvements in patient identification, accessibility, medication management, and service learning. Together, these initiatives contributed to a more structured and equitable approach to caring for patients with learning disabilities in primary care settings.

DISCUSSION

This quality improvement initiative demonstrated that meaningful improvements in care for patients with learning disabilities can be achieved through targeted interventions addressing identification, accessibility, medication safety, and organizational learning. The findings reinforce existing evidence that healthcare inequalities experienced by people with learning disabilities are often driven by systemic barriers rather than individual patient factors [1,2].

One of the most significant challenges encountered was limited engagement from participating practices. High clinical workloads, staffing constraints, and competing priorities affected the ability of clinicians to undertake register validation and quality improvement activities. Similar barriers have been reported in previous NHS initiatives and highlight the need for dedicated resources and protected time to support sustainable quality improvement efforts [1,4].

The introduction of reasonable adjustment flags represented a practical intervention capable of improving patient experience and healthcare accessibility. By systematically recording individual needs, healthcare professionals can provide more personalized care and reduce communication-related barriers. Such approaches are increasingly recognized as essential components of equitable healthcare delivery for individuals with learning disabilities [5].

Medication optimization emerged as another important area for improvement. The findings support previous research demonstrating that inappropriate psychotropic prescribing remains prevalent among people with learning disabilities. Regular medication reviews, multidisciplinary collaboration, and adherence to STOMP principles can substantially reduce unnecessary medication exposure and associated adverse outcomes [6].

The incorporation of learning from LeDeR mortality reviews provided additional value by identifying systemic weaknesses and opportunities for service improvement. Lessons from mortality reviews emphasize the importance of early recognition of illness, effective communication, coordinated care pathways, and proactive management of long-term conditions [2].

Overall, the project illustrates how relatively simple interventions, when implemented within a structured quality improvement framework, can contribute to reducing healthcare inequalities. However, long-term success will depend on continued leadership support, staff education, regular auditing, and sustained organizational commitment [1,2].

CONCLUSION

People with learning disabilities continue to experience substantial health inequalities, including reduced access to preventive services, higher rates of multimorbidity, and increased risk of preventable mortality [1–3]. This quality improvement initiative demonstrated that targeted interventions focusing on patient identification, reasonable adjustments, medication optimization, and learning from mortality reviews can enhance the quality and safety of care delivered within primary care settings.

The project highlighted the importance of accurate register maintenance, accessible healthcare pathways, and regular medication reviews in promoting better health outcomes. While implementation challenges such as workload pressures and variable clinician engagement were evident, the positive changes observed suggest that structured quality improvement approaches can effectively address many of the barriers faced by this vulnerable population [1,4,5].

Future efforts should focus on strengthening multidisciplinary collaboration, expanding staff training, improving data quality, and embedding continuous quality improvement processes into routine practice. Sustained organizational support and ongoing evaluation will be essential to ensure lasting improvements and further reduce health inequalities among individuals with learning disabilities [1,2,6].

Ethical Considerations

This project was conducted as a service evaluation and quality improvement initiative aimed at improving healthcare delivery within existing clinical services. No experimental interventions were undertaken, and all patient information was handled in accordance with NHS information governance policies and data protection regulations. Patient confidentiality and anonymity were maintained throughout the project. Formal research ethics committee approval was therefore not required under local quality improvement governance procedures.

REFERENCES

1. NHS England and NHS Improvement. (2020). QOF quality improvement domain 2020/21: Supporting people with learning disabilities. NHS England. https://www.england.nhs.uk/wp-content/uploads/2020/02/20-21-qof-qi-supporting-people-with-learning-disabilities.pdf
2. University of Bristol. (2019). The Learning Disabilities Mortality Review (LeDeR) Programme annual report 2018. University of Bristol. https://www.bristol.ac.uk/media-library/sites/sps/leder/LeDeR_Annual_Report_2018%20published%20May%202019.pdf
3. Public Health England. (2016). People with learning disabilities in England 2015: Main report. Learning Disabilities Observatory, Public Health England. https://assets.publishing.service.gov.uk/media/5a81e329ed915d74e3400976/PWLDIE_2015_main_report_NB090517.pdf
4. Leeds and Yorkshire Partnership NHS Foundation Trust. (n.d.). Learning disability register inclusion tool. Leeds and Yorkshire Partnership NHS Foundation Trust. NHS England. (2025). Reasonable adjustment flag. NHS Digital. https://digital.nhs.uk/services/reasonable-adjustment-flag
5. Elattar, M., & Fareed, A. (2021). STOMP audit on learning disability registered patients at High Street Surgery, Midland Medical Partnership, Birmingham [Quality improvement audit report]. High Street Surgery, Midland Medical Partnership.
6. Robertson, J., Hatton, C., Emerson, E., Baines, S., & Christie, A. (2014). Health checks for people with learning disabilities: A systematic review of evidence. Journal of Applied Research in Intellectual Disabilities, 27(5), 429–443. https://doi.org/10.1111/jar.12086