

# Learning disability and autism training for health and care staff

## Overview

The Department of Health and Social Care is consulting on whether health and social care staff have the right skills and training to provide the most effective care and support for people with a learning disability or autism.

We would like your permission to quote parts of your response,

- Yes, you may quote parts of my response, identifying me.
- You may quote parts of my response but do not identify me.
- Please do not publish any part of my response

What is your e-mail address?

sophiepavlovic@opticalconfederation.org.uk

Is it okay for the Department of Health and Social Care to contact you in relation to your consultation response?

- Yes
- No

Would you like to receive updates on this policy via the email address you have provided?

- Yes
- No

Are you responding as an individual or as part of an organisation?

- As an individual
- As an organisation

If you selected organisation, what is the name of your organisation?

Optical Confederation and Local Optical Committee Support Unit

Do you work with people that have a learning disability or autistic people?

- Yes
- No

## The content of training

For more information about proposals about the content of training, please refer to chapter 2 of the consultation document.

We propose that the mandatory training covers the following:

- an understanding of what learning disability and autism mean for different individuals
- the skills to support and care for someone with a learning disability or an autistic person
- awareness of the statutory framework (e.g. the [Human Rights Act 1998](#), the [Mental Capacity Act 2005](#), the [Equality Act 2010](#), the [Children and Families Act 2014](#)), the [Autism Act 2009](#)) and the rights of people with a learning disability or autistic people, and how these impact on the way they provide support

- autism and highlight the differences between autism and learning disability. The Autism Core Competency Education and Training Framework will provide a basis for assessing what skills and knowledge staff in different roles will need, and can inform our implementation plan

Should the 3 main elements to learning disability and autism training include the above?

- I agree with the proposals
- I disagree with the proposed amendments
- I do not know if I agree or disagree

## Could you please provide the reason for your answer above? Should other elements be included?

We agree that the elements proposed - understanding of learning disabilities and autism, the skills required to support them and make reasonable adjustments and understanding of relevant legislation - are correct.

The skills required to make reasonable adjustments may vary between different types of clinician. For example, optometrists and dispensing opticians who deliver a locally commissioned eye care pathway (developed by the Local Optical Support Committee, Mencap and SeeAbility) which provides adapted sight tests for adults and children with learning disability and / or autism currently undertake a distance-learning course delivered by the Wales Optometry Postgraduate Education Centre (WOPEC). The course specification includes learning makaton symbols, non-verbal communication; methods to obtain visual acuity measurements; potential eye conditions encountered and prescribing and management.

This service is currently commissioned by 25 Clinical Commissioning Groups across England. In addition to the optical practices in these areas who will see the most patients with learning disabilities, the charity SeeAbility has put together a national database of other optical practices that are experienced in providing services for people with learning disabilities. Staff working in these settings will already have a good understanding of the needs of people with learning disabilities and the skills to support them.

The Optical Confederation is currently working closely with NHS England, SeeAbility and other stakeholders to develop a new framework for eye healthcare for children with learning disabilities or autism in special schools. This will include a competency framework for providers, which will cover the skills needed to understand and care for children with learning disabilities or autism. It is hoped that the new framework, which is intended to deliver the commitment in the NHS Long Term Plan to ensure that children with learning disabilities or autism have their needs met by eye health sight and other services, will expand to cover other children with learning disabilities or autism and in due course adults with learning disabilities or autism in the future.

Given this range of existing and planned specialist provision to meet the eye health needs of people with learning disabilities or autism, we suggest that, in the context of eye health service, the proposed new mandatory training for **all** health and care professionals should cover only the generic skills required of all health and social care professionals.

We would also highlight that the suggestion in the consultation document that providers should book a double appointment for people with learning disabilities or autism is not practicable for optical practices within the current restrictions on NHS-funded sight tests. Patients will either be eligible for NHS-funded sight tests (if they meet current eligibility criteria, which do not cover all people with learning disabilities or autism) or they will need to pay for a sight test privately. The fee for NHS funded sight tests does not currently allow for extended appointment times.

There are two changes that would overcome this and greatly improve services for people with learning disabilities or autism. First, as with other groups with a high predisposition to refractive problems and eye disease, all people with learning disabilities should be automatically eligible for

NHS-funded sight tests. Second, the pathway developed by LOCSU and the two charities described above, which allows for longer, adapted sight tests, should be commissioned on a wider, national scale, ideally as a new additional primary ophthalmic service (POS). This should be a priority for consideration by NHS England.

Do you agree that awareness of how the Mental Capacity Act impacts on the way in which support is provided needs to be a significant part of training for all staff?

- I agree with the proposals
- I disagree with the proposals
- I do not know if I agree or disagree

Could you please provide the reason for your answer above?

<p>We agree with this proposal. Most optical practitioners will already have a good understanding of the Mental Capacity Act especially as they already routinely support patients with various forms of cognitive impairment.</p>

Are there additional elements which need to be covered by training on awareness of autism and the needs of autistic people?

## Staff roles and training

For more information about staff roles and training, please refer to chapter 3 on the consultation document

### We propose

- employers should assess the level of training needed for each member of staff, based on their role, using the 3 tiers of the Learning Disability Core Skills Education and Training Framework and have responsibility for ensuring that training was undertaken
- the Department of Health and Social Care should consider what support employers might need in making this assessment
- training might be undertaken as:
  1. part of pre-registration training
  2. induction on recruitment (where a member of staff could not demonstrate that they had undertaken the training e.g. as part of pre-registration training, or at another employer)
  3. part of continuing professional development
  4. apprenticeships in health or social care
- provision should be made for documenting training undertaken and standards attained (e.g. through a training passport) to allow portability between different health and care employers.

Do you agree that the different levels of training should reflect the Learning Disability Core Skills Education and Training Framework (and in due course, the Autism Framework)?

- I agree with the proposals
- I disagree with the proposals
- I do not know if I agree or disagree

We propose that locally employers should assess which level of training staff need and ensure that they get it

- I agree with the proposals
- I disagree with the proposals
- I do not know if I agree or disagree

What support might employers need in determining the appropriate level of training for a member of staff - e.g. a more detailed tool for assessment?

Employers are best placed to assess which level of training their staff need. The current Learning Disability Core Skills Education and Training Framework is clear, and in the case of optical practices, optometrists and dispensing opticians would certainly fall under tier 2, as professionals who provide direct support to people with learning disabilities.

We do not propose that all staff should have face to face training; just those with roles which mean they will be in regular contact with people with a learning disability or autistic people in Tiers 2 and 3. Do you agree or disagree with the proposals?

- I agree with the proposals
- I disagree with the proposals
- I do not know if I agree or disagree

Should there be a standard form of documentation, to act as a training passport, portable between employers, indicating when and where training was undertaken, and documenting the specific skills developed?

Yes. We agree that evidence of learning disability and autism training should be portable between employers.

Optical professionals already develop specific skills through accreditation courses which would need to be included in the training passport.

The Department should therefore include representatives from the optical sector in designing the system to ensure this is right for optical professionals from the outset.



## Delivering training

Please refer to chapter 4 on the consultation document for information about delivering training.

### We propose:

- the Department of Health and Social Care, working with appropriate partners such as Health Education England and Skills for Care, and professional bodies, agree a common curriculum for mandatory learning disability and autism training
- professional bodies, including the medical and clinical royal colleges, regulators and Postgraduate Deaneries, agree how the curriculum would be reflected in clinical education and training, and expectations for continuing professional development for regulated professions
- the Department of Health and Social Care will work with people with a learning disability and autistic people to develop materials and identify good practice, to support the common curriculum for learning disability and autism training
- e-learning will be developed by Health Education England to provide foundation-level training for all staff (and which can be used for training for staff in Tier 1 roles in particular);
- that apprenticeships should reflect the Skills Frameworks
- encouraging a culture of practice leadership, potentially developing competence in sharing good practice and coaching in specialist staff (e.g. in Tier 3) supporting people with a learning disability or autistic people

We propose that a common curriculum for the content of training in learning disability and autism for health and social care staff should be developed which could inform implementation of professional standards.

- I agree with the proposals
- I disagree with the proposals

- I do not know if I agree or disagree

What support are employers of health and social staff likely to need to ensure their staff can have mandatory learning disability and autism training?

What best practice are you aware of in delivering training on learning disability or autism?

As described in our comments on question 1, the eye care pathway providing adapted sight tests for people with learning disabilities or autism already incorporates distance learning training. This is delivered by the Wales Optometry Postgraduate Education Centre (WOPEC) and covers the skills and knowledge required to meet the needs of patients with learning disabilities or autism.

Who should be responsible for ensuring the promotion of best practice in how to support people with a learning disability or autism (e.g. through guidance or training for trainers)?

People with learning disabilities and / or autism, carers and the patient groups that represent them are well placed to identify and promote best practice.

We would commend the work of the charity SeeAbility in helping NHS England to develop a framework for sight tests in special schools. Their expertise could be utilised to develop training and guidance.

How quickly after taking up a post should new members of staff who have not previously received training, have to complete training?

The timeframe should be flexible so that it can be covered at an appropriate point in the induction of new starters, depending on the demands and scope of their role. We think any member of staff who is likely to be frequently involved in providing eye health services to people with learning disabilities or autism should start the training within 3 months and complete it successfully within 12 months of taking up their post. These limits would ensure staff start their training at an early stage in any new role whilst allowing them train at an appropriate and sensible pace, in parallel with any on-the-job training, for their new roles.

## Involving people with learning disability and autistic people

Please read chapter 5 of the consultation document for more information about involving people with learning disability and autistic people.

We propose the Department of Health and Social Care would work with:

- key partners such as NHS England and with people with a learning disability and autistic people and employers, to develop a framework for involving people with a learning disability or autistic people in training, drawing on the best existing practice;
- people with a learning disability and autistic people with stakeholders such as Health Education England, and providers of higher education, to identify good practice in how best to involve people with a learning disability and autistic people in clinical training.

What are the barriers to involving people with a learning disability or autistic people in delivering training as proposed?

The charity SeeAbility would be well placed to identify barriers and how to overcome them.

What support or advice might be needed for people on how to best involve people with a learning disability or autistic people in developing training?

Again, we suggest that the charity SeeAbility could help to advise on how to involve people with a learning disability or autism in the development of training. They have a suite of resources on their website aimed at professionals, which has been developed in conjunction with people with learning disabilities and autism.

How should people with a learning disability or autistic people be remunerated for participation in training to health and social care staff?

In the same way as everyone else, i.e. for their time, travel and expenses.

## Mandating training

Please refer to chapter 6 of the consultation document for proposals on mandating training.

### We propose:

- the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) are amended to place duties on employers to ensure staff undertaking regulated activities have learning disability and autism training at the requisite level for their role;
- we will explore with NHS England how the [NHS Standard Contract](#) can be used to require providers to ensure staff have learning disability and autism training at the requisite level for their role;
- the Department of Health and Social Care should provide a timeline as part of their implementation plan for ensuring the entire health and social care workforce are trained.

Do you agree with our proposal to use the Regulated Activities regulations to place further requirements on service providers who carry on regulated activities within the meaning of the Health and Social Care Act 2008 with a view to ensuring that all staff whose role may involve interaction with people who have learning disabilities or autistic people have received appropriate training in learning disability and autism?

- I agree with the proposals
- I disagree with the proposals
- I do not know if I agree or disagree

Please explain your answer.

The clinical work of all optical practices is subject to the standards set by the General Optical Council for individual registrants). These require clinical staff to be competent in all aspects of their work and aware of current good practice, to delegate functions only to those who have appropriate qualifications, knowledge and skills, and to retain clinical responsibility when delegating functions.

Most practices will also be subject to the General Optical Council's standards for optical businesses which, in parallel, require all staff to be suitably trained, qualified and supervised.

The General Optical Council is currently reviewing its requirements for continuing education and training (in effect CPD) with a view to widening its scope beyond qualification-level competences. Training about people with learning disabilities or autism should be part of that wider range of options.

Do you agree that we could use the NHS Standard Contract to place requirements on providers to ensure unregulated staff have received appropriate training in learning disability and autism?

- I agree with the proposals
- I disagree with the proposals
- I do not know if I agree or disagree

Please explain your answer.

Although optical practices providing extended services in England (including the currently locally commissioned pathway for people with learning disabilities) are contracted to do so under the NHS Standard Contract, there is no need to make provision for 'unregulated' staff in optical practices because all clinicians are already covered by the standards and regulatory requirements of the General Optical Council.

What do you think we should do to ensure that self-employed staff / lone practitioners/ partners undertake training to an appropriate level?

All self-employed and lone practitioner optometrists and dispensing opticians providing eye healthcare to people with learning disabilities or autism are already subject to the General Optical Council's standards and regulatory requirements as described above.

## Monitoring and evaluating impact

Please refer to chapter 7 of the consultation document. for more information about proposals on monitoring and evaluating the impact of staff training

### We propose:

- the Department of Health and Social Care and the Department for Education explore with CQC and Ofsted how they can monitor learning disability and autism training in their inspections;
- NHS Improvement Learning Disability Standards are used as vehicle for ensuring Trusts are implementing mandatory learning disability and autism training;
- the Department of Health and Social Care work with NHS Digital and other stakeholders in identifying appropriate datasets to monitor uptake of learning disability and autism training;
- the Department of Health and Social Care commission a formal evaluation into the impact of mandatory learning disability and autism training once the new arrangements are fully embedded.

We envisage that CQC and Ofsted inspections will provide a robust means of ensuring mandatory learning disability and autism training is happening. Do you agree?



- I agree with the proposals
- I disagree with the proposals
- I do not know if I agree or disagree

Please explain your answer

Optical practices are not and do not need to be regulated by the CQC. Patients are already protected by General Optical Council regulation of clinicians and registered optical practices and NHS contractual requirements, including inspections.

## Costs and benefits

Please refer to chapter 8 of the consultation document.

What do you think are the likely costs of implementing mandatory training for health and care staff in learning disability and autism?

Optical practices vary in size, ranging from small, independent practices with only a handful of staff, through SMEs, small and medium size chains to large national businesses.

In all cases the indicative costs for tier 2 training outlined in the consultation document (approximately £900 for a two-day training course plus lost staff time) will be a significant and disproportionate burden especially if each practice has to deliver its own training.

It may be feasible for groups of practices in a geographical area to group together to deliver this training jointly, for instance through Local Optical Committees. Where that is not possible, practices should be eligible for financial support for training costs from commissioners. Many will be providers for 'whom it would be uneconomical or impractical to establish their own training sessions'.

What evidence is available on the economic benefits of mandatory training?

We doubt there is solid evidence of this in the eye care sector.

What evidence can you provide on the current provision of learning disability and autism training around the country?

As discussed in our comments on Question 1, many optical professionals undertake specialist training in learning disability and autism awareness in order to become accredited to deliver an eye care pathway for children and adults with learning disabilities and / or autism. This might include the Wales Optometry Postgraduate Education Centre (<https://wopec.co.uk/>) course, which has been peer-reviewed by Dr Margaret Woodhouse OBE, a leading academic optometrist with a special interest in the visual needs of people with learning disabilities.

Other optical professionals undertake specialist training as part of their Continuing Education and Training under the General Optical Council's CET framework. For instance, the charity SeeAbility provides a CET course delivered by SeeAbility's Head of Eye Health (an optometrist) and a member of staff with a learning disability. It includes myth-busting, communication skills and case studies, and covers both learning disability and autism.

## Before you submit your response

We have a few questions we would like to ask to help us improve future consultations.

How did you hear about this consultation?

- Social Media
- Received an email
- Word of mouth (family, friend or colleague)
- Direct communication from third sector organisation or regulatory organisation
- Broadcast news (TV or radio)
- GOV.UK or other government website
- Newspaper (online or print)
- Website (non-government)
- Other

If you answered other, please specify