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Special Edition

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## Development of a respiratory health pathway for people with learning disability and complex posture: Phase one, creating an evidence informed guide to identify and respond to respiratory health concerns and deterioration

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### Background

In 2021, 49% of deaths within the learning disability population were avoidable, this is double the general population, 22% (White *et al.*, 2022). Until 2020, where COVID-19 had a global health impact, congenital malformations and diseases of the respiratory system were reported as the leading causes of death for people with learning disabilities since 2017 (White *et al.*, 2022).

A 2022 audit of respiratory assessments and management within Cornwall's adult learning disability service found they were not fully achieving the standards of practice targets suggested by the Association of Chartered Physiotherapists for People with Learning Disabilities (Bruce and Standley, 2019). The audit and evidence from the LeDeR report (White *et al.*, 2022) highlights the need to focus on respiratory health improvements for people with learning disability and complex posture.

### Review of the evidence

Terms relating to respiratory health, learning disabilities and complex posture were combined with Boolean operators. An initial literature search of the NHS Knowledge and Library Hub yielded five results, of which one systematic review was relevant (Winfield *et al.*, 2014). A further search in both EMBASE (Ovid) and CINAHL(EBSCO) databases to identify the relationship between complex posture and respiratory health in the learning disability population yielded no recent publications in this field. A limit of published since 2010 and English language was applied. The limited literature and LeDeR reports identify that health and care providers need to look at ways of reducing avoidable deaths. And those who have respiratory health conditions within the learning disability population should have interventions and pathways well established to reduce hospitalisation and

mortality rates, both avoidable and non-avoidable (Patja *et al.*, 2001; Chang *et al.*, 2017; White *et al.*, 2022).

## Project plan

This is a three-phase project utilising the JBI Evidence Implementation Model (Porritt *et al.*, 2020). The aim of the first phase is to create evidence and lived experience informed guide to help service users and their support networks identify and respond to respiratory health concerns and deterioration. This project will follow a co-production model and use Patient and Public Involvement and Engagement (PPIE) as the guide needs to be easy to use by service users and their support network. Research demonstrates PPIE involvement increases the quality of research and strengthens research effectiveness and meaningfulness (Ocloo and Matthews, 2016). Phase two will aim to develop a training package for physiotherapists, with phase three measuring impact of the developed pathway.

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