



**Health Systems, Health Policies, and Health Issues for
People with Intellectual Disabilities in England**

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1 Associate Editor Suggestions

Feedback	Change	Page/line number (tracked changes version)
Consider to use subheadings on first pages	<p>“Health system in England” subheading added to top of page 2</p> <p>“Legislation Regarding the Health System in England” added to page 2</p>	<p>Page 4, line 54</p> <p>Page 4, line 65</p>
Can you provide the year of the Winterbourne View Scandal?	Added year to information about scandal	Page 6, line 168
On page 5 you use the subheading 'Health care Provision for adults with intellectual disabilities'. Does the paragraph only apply to people with ID, or also to learning disabilities? Can you please specify within the paragraph?	Added clarification: It is important to note that frequently the term for intellectual disabilities used by the UK government and NHS is “learning disabilities”, which includes individuals with intellectual disabilities.	Page 6, line 173-175
'While training is not legally binding, it is highly recommended and promoted to health and social care staff' --> can you mention by whom?	<p>Added clarification:</p> <p>While this training is not legally binding by legislation, it is highly recommended and promoted to health and social care staff by the NHS and affiliated organizations.</p>	Page 7, line 197-198
A short reflection on the (unique) ID nurse in England would be of added value.	<p>Community-based learning disabilities nurses, a profession that is unique to the UK and the Republic of Ireland, also provide and coordinate much community-based care for adults who are registered with their general practitioner as having an intellectual disability (Breau et al., unpublished data). The aim of this unique health professional role is to provide preventive care and coordinate healthcare for this group.</p>	Page 6, lines 152-265

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Health Systems, Policies, and Issues in England

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3 Reviewer 1

4 No additional suggestions

5

6 Reviewer 2 Suggestions

Feedback	Change	Page/line number
For me, as an international reader, it feels UK and England are used interchangeably. Can you please check and be consistent throughout the paper?	Added: " This article will focus on the health system, both generally and for people with intellectual disabilities, in England, although the health system in other nations in the UK (i.e. Scotland, Wales, and Northern Ireland) is similar. Legislation discussed frequently applies to all of the UK."	P. 3, line 36-38
You mention that UK consists of 3 nations, but mention 4? Please adjust.	Clarified structure of UK	P. 3, line 26-27
The sentence regarding 55.7% is incorporated in the statistic is still confusing, I suggest to rephrase the sentence so that it is clear what is meant.	Added " In spite of universal health coverage, only 55.7% of the general population was included in recent (2021-2022) health statistics regarding intellectual disabilities prevalence in England. Of those included in these statistics, 0.5% of patients were recorded by their general practitioner as having intellectual disabilities	p. 3, lines 39-43
Can you explain (briefly) about the difference between specialized and local hospitals? Later, you mention NHS-hospitals. What is the difference between these?	Clarified that instead of local and specialized hospitals, instead these hospitals are "public hospitals with different levels of specialization and different catchment areas"	P.4, lines 84-85
I would suggest to move the last paragraph shortly after where you introduce Table 1.	Moved last paragraph to just before introduction to Table 1	p. 7-8, lines 209-218

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11 Health Systems, Health Policies, and Health Issues for People with Intellectual Disabilities in England

13 Abstract

14 People with intellectual disabilities face health disparities, including in high-income countries
 15 such as the United Kingdom, despite publicly funded healthcare. This paper describes the healthcare
 16 system in England (a nation of the United Kingdom) for the general population, and more specifically for
 17 people with intellectual disabilities. Key legislation that impacts the lives of people with intellectual
 18 disabilities, such as the UK Equality Act 2010, the, the Mental Capacity Act 2005, and the UN Convention
 19 on the Rights of Persons with Disabilities, and its implementation in the United Kingdom, is discussed.
 20 The role of deinstitutionalization and the shift to living in the community for people with intellectual
 21 disabilities is also discussed. Programmes that have been implemented to address the health disparities
 22 experienced by people with intellectual disabilities are reviewed. Finally the recent changes to
 23 healthcare organization in the UK, the COVID-19 pandemic, and the implementation of the Valuing
 24 People white paper are discussed.

25 Introduction to the General Healthcare System in the United Kingdom

26 The United Kingdom (UK) is a constitutional monarchy that is composed of ~~Great Britain, which~~
 27 ~~consists of three~~~~four devolved~~ nations: England, Wales, and Scotland; and Northern Ireland. (Ministry of
 28 Justice, 2022) Each nation has its own healthcare system, thus for this paper I will focus on the healthcare
 29 system in England. The National Health Service (NHS) was established in 1948 and is localized to each
 30 nation and provides comprehensive healthcare to all residents of the UK that is generally free at the point
 31 of access (NHS, 2013). People with intellectual disabilities receive much of their care from generalist
 32 community-based providers and are less likely to receive healthcare in an institutional setting (Mansell,
 33 2007). Despite similar availability of healthcare, adults with intellectual disabilities have a lower life
 34 expectancy and may be more likely to die from avoidable and easily treatable causes. Recent
 35 programmes in the UK aim to overcome these inequalities (National Institute for Health and Care
 36 Excellence, 2021). This article will focus on the health system, both generally and for people with
 37 intellectual disabilities, in England, although the health system in other nations in the UK (i.e. Scotland,
 38 Wales, and Northern Ireland) is similar. Legislation discussed frequently applies to all of the UK.

39 In 2021, the population of England was estimated to be 56,490,048 residents (Office for
 40 National Statistics 2022). ~~Most recently (2021-2022), 55.7.0% of people in the general population in~~
 41 ~~England were included in government statistics~~In spite of universal health coverage, only 55.7% of the
 42 general population was included in recent (2021-2022) health statistics regarding intellectual disabilities
 43 prevalence in England.- Of these patients~~those included in these statistics~~, 0.5% of patients were
 44 recorded by their general practitioner as having intellectual disabilities (NHS Digital, 2022). Under the
 45 Equality Act 2010, the public sector has a legal duty to provide services to people with disabilities,
 46 including intellectual disabilities, and to make reasonable adjustments (Public Health England, 2020a).
 47 Some of these reasonable adjustments may include including clear, simple, and possibly repeated
 48 explanations of medical processes and treatments, assistance with attending medical appointments
 49 enabling people with intellectual disabilities to access comprehensive publicly-funded healthcare. In
 50 accordance with the Mental Capacity Act (2005) there may be a need for people with intellectual
 51 disabilities to have accommodation such as having another adult consent on their behalf for medical

52 procedures, if the clinician decides that the person with intellectual disabilities may have difficulties with
53 consent.

54 Health System in England

55 The National Health Service was established in 1948 to provide comprehensive, free at the point
56 of use care to UK residents (NHS, 2013). In England, funding for the NHS is voted on by the House of
57 Parliament, and the money goes to the Department of Health and Social Care. The department is
58 overseen by the Secretary of State for Health (Department of Health and Social Care, 2013). The
59 majority of funding goes to NHS England. Prior to July 2022, many (although not all) funds went to
60 Clinical Commissioning Groups which purchased and commissioned care (from both public and
61 private/third party providers) and then the funds were received by NHS trusts and NHS providers
62 (Department of Health and Social Care, 2013). Some, but not all health and social care were, and are
63 still, monitored by the Care Quality Commission, an independent body that ensures national standards
64 of quality and safety are met (Department of Health and Social Care, 2013).

65 Legislation Regarding the Health System in England

66 Under the Health and Social Care Act 2022, Clinical Commissioning Groups were replaced by
67 Integrated Care Systems (ICs), composed of an Integrated Care Board (ICB) and an Integrated Care
68 Partnership (ICP). ICBs are responsible for commissioning care and are accountable to NHS England,
69 while ICPs have some membership from ICBs and integrate NHS and local authorities (who may provide
70 social care and public health) to provide care (King's Fund 2022). These new functions were established
71 with the aim of better integrating health and social care locally. Such meetings allow providers to
72 provide more joined-up care planning and delivery across sectors. As of July 1, 2022, there were 42
73 Integrated Care Systems (ICs) in England, highlighting some of the complexities of delivering care at the
74 local level (NHS England, 2022). The aim of establishing ICBs and ICPs was to deliver more integrated
75 care to patients and service users, allowing for more communication and collaboration between
76 hospitals and health organizations, social care providers, and the community and voluntary sector.
77 Especially since adults with intellectual disabilities may receive care from numerous providers, having
78 structures that allow for greater communication and collaboration across organizations and providers
79 may allow for more joined-up care, and ultimately better health outcomes (King's Fund, 2022).

80 At the local level, Integrated Care Systems (ICs) in conjunction with their constituents,
81 commission primary and specialist healthcare. Primary care is mainly delivered by general practitioners
82 (non-specialist physicians) and associated staff such as nurses, nursing assistants, and community
83 pharmacies (Thorlby, 2020). General practitioners may refer patients to specialized care, which may be
84 ambulatory or in-patient, and is delivered at ~~local and specialized hospitals~~ public hospitals with
85 different levels of specialization and different catchment areas. Most care delivered by the NHS is free
86 at the point of contact, with the exception of some services (i.e. co-payments for prescription
87 medications, fees for dispensing optometry products).

88 *Legislation Regarding People with Intellectual Disabilities*

89 The United Nations (UN) Convention on the Rights of Persons with Disabilities was adopted by
90 the UN General Assembly on December 13, 2006, and its entry into force was May 3, 2008 (United
91 Nations, 2007). The UK signed the convention on March 30, 2007, and the UK ratified the convention on

June 8, 2009. In 2011, the Office for Disability Issues (HM Government, 2011) issued a report on how the UK government was meeting the UN Convention, especially in light of the Equality Act 2010. The UN Committee on the Rights of Persons with Disabilities held an inquiry as to whether the UK was fulfilling its requirements under the Act in 2016, and the UK issued a follow-up report with its progress meeting each article of the Convention in 2021 (Department for Work and Pension and Disability Unit, 2021)

Much of the legislation in the UK relevant to people with intellectual disabilities comes from the Equality Act 2010, which outlines the protected characteristics of people that cannot be discriminated against. These characteristics include age, gender reassignment, disabilities, marriage and civil partnership, race, religion or belief, sex, and sexual orientation. This legislation specifically addresses reasonable accommodations in housing, employment, provision of health and government services, education, and transport, and defines the forms of discrimination that are not allowed. The Equality Act 2010 defines disabilities as: a person is disabled if he or she has a physical or mental impairment resulting in substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. 'Long-term' means that the effect of the impairment has lasted or is likely to last at least twelve months. This definition applies when determining whether someone is disabled for the purposes of this Act.

There are other pieces of legislation in the UK that apply to individuals with intellectual disabilities, and provision of health and social care. The Mental Capacity Act 2005 covers processes for obtaining consent if the person is unable to provide consent, such as intellectual disabilities. Another key piece of legislation with regards to provision of healthcare is the Health and Social Care Act 2012, which made major structural changes to the NHS. Further changes to healthcare provision were made by the Health and Social Care Act 2022.

The Organization of Health and Social Care for Adults with Intellectual Disabilities in England

Historically, much, but not all, of the healthcare for adults with intellectual disabilities was delivered as part of publicly funded institutions. However, beginning in the mid-twentieth century, there was a shift to delivering healthcare to adults with intellectual disabilities within the community, resulting in better health outcomes (Emerson & Hatton, 2016).

Deinstitutionalization and its Impact on the Lives of Adults with Intellectual Disabilities

In recent decades, there has been a shift from institutionalization of people with intellectual disabilities to community living in many European countries, including the UK (Mansell et al., 2007). In the UK, including England, in recent years healthcare for adults with intellectual disabilities has been delivered through a mix of state (National Health Service or NHS) funding and private and benefits funding.

In 1948 with the founding of the NHS, much of the responsibility for caring for people with intellectual disabilities was transferred to NHS-run hospitals (Mansell et al. 2007), although some people with intellectual disabilities lived in the community. By the 1960's, there was growing public recognition regarding some of the problems of institutional care, and in 1971 there was an increasing focus to increase outpatient and community-supported care for adults with intellectual disabilities (Mansell et al. 2007). In the 1960's and 1970's when NHS Mental Handicap hospitals were decommissioned, initially people with intellectual disabilities with less support needs were transferred to existing community

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2
3 132 supports like hostels and supported group housing or living with family or independently (Emerson &
4 133 Hatton, 1996). The focus at the time was on residential support for people with more severe or complex
5 134 needs (Emerson & Hatton, 1996), however since the 1990's advocates for community inclusion
6 135 demonstrated in during this time that people with intellectual disabilities, even with complex needs, can
7 136 live in the community with appropriate supports (Mansell et al. 2007). By the 1980's and 1990's, the
8 137 community inclusion model, led by advocates with physical and sensory disabilities, was more widely
9 138 adopted, and resulted in a greater focus on community inclusion (Mansell et al. 2007).

12 139 The shift away from institutional care has had positive impacts on the lives of adults with
13 140 intellectual disabilities. In the 1990's, Emerson and Hatton (1996) found in their review that there was
14 141 more engagement in activities, including social activities, and greater contact with staff in supported
15 142 housing than institutional care, more social contact including with family members, and greater life
16 143 satisfaction. Similarly, Hamlin and Oakes (2008) found that community based residential care led to
17 144 greater social contact, while provision of care was still similar. By 2004, fewer individuals with
18 145 intellectual or developmental disabilities received non-profit or for-profit institutional care (28% and
19 146 29%), and only 12% of individuals with intellectual disabilities were residing in NHS-funded hospitals
20 147 (Emerson, 2004).

24 148 Although people with learning disabilities are increasingly living in the community, they receive
25 149 a hybrid model of generalist and specialist support. Much primary care is delivered by community-based
26 150 general practitioners and other providers at general practitioner surgeries and community pharmacies,
27 151 with more specialized medical care delivered at hospitals. Community-based learning disabilities nurses,
28 152 a profession that is specific-unique to the UK and the Republic of Ireland, also provide and coordinate
29 153 much community-based care for adults who are registered with their general practitioner as having an
30 154 learning-disability/intellectual disability (Breau et al., unpublished data). The aim of this unique health
31 155 professional role is to provide preventive care and coordinate healthcare for this group.

34 156 Despite the growing push for adults with intellectual disabilities receiving care and support in
35 157 the community, some adults with intellectual disabilities are still hospitalized long-term, for multiple
36 158 reasons. After the Winterbourne View Hospital scandal in 2011, when it became public that some
37 159 residents were abused at this private hospital and staff were prosecuted, the government introduced a
38 160 plan to encourage health and social care to work more closely together, and for the CQC to more closely
39 161 and thoroughly investigate facilities providing care (Department of Health, 2012). In 2015, the Building
40 162 the Right Support policy paper was issued, to further push for more joined-up services for adults with
41 163 intellectual disabilities (Local Government Association, ADASS, & NHS England, 2015). Given the recent
42 164 legislation (Health and Social Care Act 2022) calling for greater integration of health and social care,
43 165 these developments may result in more integrated care and ultimately better health outcomes for
44 166 people with intellectual disabilities.

48 167 ***Health Care Provision for Adults with Intellectual Disabilities***

50 168 The NHS provides general and specialist care for adults with intellectual disabilities similar to the
51 169 general population. However, in recent years there have been programmes that have been
52 170 commissioned in collaboration with the NHS with the aim of reducing health inequities. These
53 171 programmes include the Learning Disabilities Mortality Review Programme and the Oliver McGowan
54 172 Mandatory Training programme to ensure adults with intellectual disabilities are prescribed medication
55 173 appropriately, and additional training for healthcare providers. It is important to note that frequently

174 [the term for intellectual disabilities used by the UK government and NHS is “learning disabilities”, which](#)
175 [includes individuals with intellectual disabilities.](#)

176 In 2013, the Department of Health established the Confidential Inquiry into the Premature
177 Deaths of People with Learning Disabilities to investigate the premature deaths of people with
178 intellectual disabilities especially in southwest England (Kennedy, Long, Parkin, & Powell, 2021).
179 Consequently, in 2017, the Learning Disabilities Mortality Review Programme was commissioned by
180 Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England, with the aim of
181 investigating the deaths of people with intellectual disabilities and/or autism, and the health and social
182 care they received (NHS, n.d.). This programme aims to improve care, reduce health inequalities, and
183 prevent early deaths in people with intellectual disabilities and autism, and has carried out over 9,000
184 reviews to date. A 2018 report found many of these deaths were attributed to preventable and
185 treatable conditions: sepsis (11% of deaths), constipation, dysphagia and associated aspiration
186 pneumonia (16%), and cancer (14%), including cancers for which population-based exist (NHS England &
187 NHS Improvement, 2019).

188 Other recent initiatives to enhance the health care provided include the Learning Disabilities
189 Core Skills Education and Training Framework (Skills for Health, Health Education England and Skills
190 for Care, 2016) that was established to provide training to staff providing care to people with
191 intellectual learning disabilities. It draws from existing legislation, and provides knowledge and skills
192 to staff who have contact with people with intellectual disabilities. This framework was updated in
193 2019, and consists of three levels of training: training for health and social care staff and family
194 members who may make decisions about care for people with intellectual disabilities, health and
195 social care staff who may not be in a decision-making role but provide care to adults with
196 intellectual disabilities, and staff who need a general awareness about intellectual disabilities. (Skills
197 for Health, Health Education England and NHS England, 2019). While this training is not legally binding
198 [by legislation](#), it is highly recommended and promoted to health and social care staff [by the NHS and](#)
199 [affiliated organizations.](#)

200 Despite this initiative, prescribing of certain medications, such as antipsychotic medications,
201 is greater in people with intellectual disabilities: 14.5% of people with intellectual disabilities were
202 prescribed this medication in 2021-2022, compared to approximately 0.9% of the general
203 population (NHS Digital, 2022) In response to the 2016 death of a teenager, Oliver McGowan, who
204 had autism and had antipsychotic medication administered improperly, and the resulting campaign
205 led by his mother, the Oliver McGowan Mandatory Training programme was implemented and a
206 report was commissioned by NHS Health Education England (2023). This programme aimed to train
207 healthcare professionals on proper psychotropic medication prescribing for people with intellectual
208 disabilities and/or autism (National Development Team for Inclusion, 2022).

209 [In 2001, the Valuing People White Paper was released, outlining several key policies and](#)
210 [programmes for individuals with intellectual disabilities \(Department of Health, 2001\), including the](#)
211 [development of Partnership Boards. This report was followed up in 2010 with the publication of the](#)
212 [Valuing People Now Report \(Department of Health, 2010\), although there has been little policy action](#)
213 [on this topic since then. However, given the recent stories in the media regarding people with](#)
214 [intellectual disabilities being placed long-term in in-patient situations, NHS England, as part of its Long-](#)

215 [Term Plan, unveiled the Mental Health, Learning Disability and Autism Inpatient Quality Transformation](#)
216 [Programme in 2022 to help address these issues. \(NHS England, n.d.\). It remains to be seen if some of](#)
217 [these policy actions will be translated into actions addressing the health inequalities experienced by](#)
218 [people with intellectual disabilities.](#)

219

220 **Key Recent Studies Regarding the Health and Social Care System for Adults with Intellectual** 221 **Disabilities**

222 In Table 1, five articles that address the health of people with intellectual disabilities, are
223 summarized to provide greater information about key issues affecting healthcare provision in adults
224 with intellectual disabilities in England. These articles provide information regarding some of the
225 contemporary health issues raised in this manuscript, including the role of the learning disability nurse in
226 the UK, greater information and data on mortality patterns for adults with intellectual disabilities in
227 England, and data on adults with intellectual disabilities' experiences accessing health care, including
228 accessing primary care and overprescription of anti-psychotic drugs (Bur, Missen, & Cooper, 2021;
229 Cooper et al., 2018; Glover et al., 2017; Heslop et al., 2014; Paten et al., 2016).

230

231 **Conclusions and Future Directions**

232 Healthcare in England is often provided free at the point of access, and there are generally, with
233 the exception of Learning Disabilities Nurses, limited specialist health services for adults with intellectual
234 disabilities. Recent legislation introduced in the United Kingdom, the Health and Social Care Act 2022,
235 may have an impact both on how health care is organized and commissioned and will, through ICBs
236 and ICPs, lead to more collaborative planning between the health and social care sectors. Other
237 initiatives in England, such, Oliver McGowan Mandatory Training programme to monitor medication
238 prescribing to people with intellectual disabilities, and training for health and social care staff may have
239 an even greater impact in the coming years.

240 The COVID-19 pandemic has also had a major impact on the health of adults with intellectual
241 disabilities. Due at least in part to this health challenge, Public Health England was disbanded in 2021
242 and replaced with the UK Health Security Agency and the Office for Health Improvement and Disparities
243 (Public Health England, n.d.). While the latter aims to improve health and reduce health disparities, it
244 remains to be seen if this agency facilitates reducing the health disparities faced by adults with
245 intellectual disabilities (Office for Health Improvement and Disparities, n.d). In addition, the death rate
246 from February 2020-June 2020 for COVID-19 for adults who were identified as having intellectual
247 isabilities was 240 per 100,000, a rate 2.3 times higher than the general population (Public Health
248 England, 2020b). Given some of the other challenges people with intellectual disabilities faced with
249 accessing health and educational support (e.g. Jeste et al., 2020) and the impact of COVID-19 on the
250 health of people with intellectual disabilities more generally (Totsikas et al. 2021), it remains to be seen
251 the long-term impact of the COVID-19 on healthcare provision for adults with intellectual disabilities.
252 Additionally, given the increasing focus of the NHS on providing preventive care and chronic disease
253 management, and moving away from acute care, the health disparities faced by this group may be
254 reduced.

~~In 2001, the Valuing People White Paper was released, outlining several key policies and programmes for individuals with intellectual disabilities (Department of Health, 2001), including the development of Partnership Boards. This report was followed up in 2010 with the publication of the Valuing People Now Report (Department of Health, 2010), although there has been little policy action on this topic since then. However, given the recent stories in the media regarding people with intellectual disabilities being placed long term in in-patient situations, NHS England, as part of its Long-Term Plan, unveiled the Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme in 2022 to help address these issues. (NHS England, n.d.). It remains to be seen if some of these policy actions will be translated into actions addressing the health inequalities experienced by people with intellectual disabilities.~~

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267 insightful comments on an early version of this manuscript.

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Table 1. Key recent studies regarding the healthcare system for adults with intellectual and disabilities

Author and Year	Title of Publication	Type of Publication	Aim	Reference
Bur, Missen, and Cooper (2021)	The impact of intellectual disability nurse specialists in the United Kingdom and Eire Ireland: An integrative review	Integrative Review	The objective of this review was to systematically identify, appraise and synthesize the best available evidence for the impact of Intellectual Disability Nurse Specialists in comparison with an alternative or no intervention.	Bur, J., Missen, K., & Cooper, S. (2021). The impact of intellectual disability nurse specialists in the United Kingdom and Eire Ireland: An integrative review. <i>Nursing Open</i> , 8: 2018-2024.
Cooper et al. (2018)	Management and prevalence of long-term conditions in primary health care for adults with intellectual disabilities compared with the general population: A population-based cohort study	Cross-sectional observational study (in Scotland)	The aim of this study was to measure the management of long-term conditions within primary health care for adults with intellectual disabilities, and to compare this with the general population, using indicators of best practice from the Quality and Outcomes Framework.	Cooper, SA, Hughes-McCormack, L., Greenlaw, M., McConnachie, A., Allan, L., Baltzer, M., McArthur, M., Henderson, A., Melville, C., McSkimming, P, & Morrison, J. (2018). Management and prevalence of long-term conditions in primary health care for adults with intellectual disabilities compared with the general population: A population-based cohort study. <i>Journal of Applied Research in Intellectual</i>

				<i>Disabilities.</i> 31(S1): 68-81.
Glover et al. (2017)	Mortality in people with intellectual disabilities in England	Data linkage study (in England)	The authors identified the rates and patterns of mortality of people living in England and identified by their GP as having intellectual disabilities, in relation to age, sex and causes of death.	Glover, G., Williams, R., Heslop, P., Oyinlola, J., Grey, J. (2017). Mortality in people with intellectual disabilities in England. <i>Journal of Intellectual Disability Research.</i> 61(1): 62-74.
Heslop et al. 2014	The Confidential Inquiry into premature deaths of people with intellectual disabilities in the UK: a population-based study	Quantitative	Aim of Confidential Inquiry to establish how similar or different circumstances of death in people with intellectual disabilities were to people without intellectual disabilities	Heslop, P, Blair, P, Fleming, P, Hoghton, M. , Marriott, A., & Russ, L. (2014). The Confidential Inquiry into premature deaths of people with intellectual disabilities in the UK: a population-based study <i>Lancet.</i> 383: 889-895.
Paton et al. (2016)	Quality of prescribing of antipsychotic medication for people with intellectual disability under the care of UK mental health services: a cross-sectional audit of clinical practice	Quantitative	To determine the prevalence and quality of antipsychotic prescribing for people with intellectual disability	Paton, C., Bhatti, S., Pirandare, K., Roy, A., Barnes, T. (2016). Quality of prescribing of antipsychotic medication for people with intellectual disability under the care of UK mental health services: a cross-sectional audit

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				of clinical practice. <i>BMJ Open</i> , 6: e013116.
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