



## EVIDENCE SEARCH RESULTS

<b>Question/subject of request:</b>	Has there been incidents where medics have prescribed from a hospital passport which has caused an incident? In many hospital passports, there is a section where young adults, adults, care givers can write in what medication they take and how much. We have previously spoken to NHS England and they have mentioned that they have found some evidence of doctors prescribing from a hospital passport, not looking at the medical records and therefore prescribing either incorrect prescriptions, old prescriptions or medicines that patients have put in that they're not currently prescribed.
<b>Date requested:</b>	26/3/25
<b>Date completed:</b>	2/6/25
<b>Compiled by:</b>	Jess Pawley

### CITING THIS SEARCH

If you reference this search in any paper, publication or presentation, please let us know.

The citation format is:

- Pawley, J., (2025). *Evidence summary: Incidents arising from hospital passports*. Taunton, UK: Somerset Foundation Trust Knowledge and Library Services.

### CONTACT DETAILS

<b>Knowledge &amp; Library Services:</b>	<b>Email:</b> <a href="mailto:library@somersetft.nhs.uk">library@somersetft.nhs.uk</a> <b>Telephone:</b> MPH (01823) 342433 or YDH (01935) 384495 / 4697 <b>Website:</b> <a href="https://somersetft-nhs.libguides.com/home">https://somersetft-nhs.libguides.com/home</a> <b>BlueSky:</b> <a href="https://www.bsky.social/@somersetft-cls.social">@somersetft-cls.social</a>
<b>Quality Improvement Team:</b>	<b>Email:</b> <a href="mailto:jessica.pawley@somersetFT.nhs.uk">jessica.pawley@somersetFT.nhs.uk</a> <b>Website:</b> <a href="#">Somerset Collaboration Hub - Home</a>
<b>Primary Care:</b>	<b>Email:</b> <a href="mailto:LibraryPrimaryCare@somersetft.nhs.uk">LibraryPrimaryCare@somersetft.nhs.uk</a>

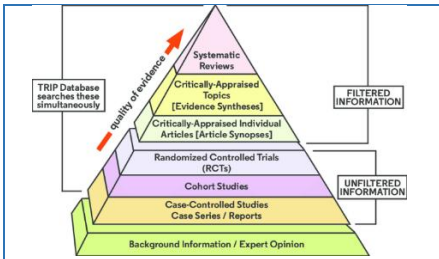
### Librarian's Comments:

Abstracts are provided where available and relevant. Some articles have full text availability, as indicated by a corresponding link. If you have any problems accessing the links or would like an article which does not have immediate full text access, please contact a member of the library staff who will arrange for the article to be supplied.



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The results are presented according to the hierarchy of evidence which is used to rank the relative strength of results obtained from scientific research.

The design of the study and the endpoints measured affect the strength of the evidence.

Evidence hierarchies are often applied in evidence-based practices and are integral to evidence-based medicine.

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**Contents** (click to jump to each section):

### **Summary of search results:**

*This review was generated in part using AI.*

Very little out there on this topic.

I contacted x8 organisations from the list you compiled relating to who has hospital passports in place, and perhaps unsurprisingly, did not receive any responses on the topic of potential harms arising from use/lack of use of hospital passports. This is disappointing, as this is where the richest learning could potentially have come from.

**From the previous search carried out for you by my library colleague, I have pulled out a handful of articles which I think tangentially refer to harm:**

Stamm-Balderjahn S., Faliniski R., Rossek S., Spyra K. [Development and evaluation of a patient passport to promote self-management in patients with heart diseases](#). *BMC Health Serv Res* 2019;19(1):716.

#### **Mentions:**

**“You just have to decide who is leading the passport. Do you enter it yourself? [...] Then everyone would have to go along with it. Otherwise, if it’s not updated, it can cause harm.”**

Lunsky Y. [Hospital passports require standardisation to improve patient safety and person-centred care for those with intellectual disability](#). *Evid Based Nurs* 2018;21(2):56. doi:10.1136/eb-2018-102869

Ellis R., Williams K., Brown A., Healer E., Grant A. [A hostile context, very limited intervention theory and almost no change in outcomes: findings from a systematic realist review of health passports for Autistic adults](#). *medRxiv* 2022

Jackson, J., Sinyor, J., & Trower, H. (2024). [Umbrella review of hospital passports: Their use and improvements](#). *British Journal of Learning Disabilities*, 52(4), 700-708.



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## Other resources I have found:

You may well be aware of this one:

[Oliver McGowan draft code of practice on statutory learning disability and autism training](#) – Department of Health and Social Care

**Did not read Oliver's hospital passport, resulting in harm/death**

["I am afraid of being treated badly if I show it": A cross-sectional study of healthcare accessibility and Autism Health Passports among UK Autistic adults](#)

Grant et al, PLOS One, 2024

**Intentional vs unintentional harm**

The fear of being treated poorly when presenting an Autism Healthcare Passport (AHP) can lead to increased anxiety and stress for autistic individuals, negatively impacting their overall health and willingness to seek medical care in the future. Miscommunication and misunderstanding may arise if healthcare providers do not properly utilise the information in the AHP, resulting in inappropriate treatment or lack of necessary accommodations. Negative experiences, such as dismissive attitudes from healthcare staff, can reinforce stigma and discourage autistic individuals from disclosing their needs, leading to a cycle of avoidance and inadequate healthcare. The inconsistent implementation of AHPs across different healthcare settings can result in substandard care, and the cumulative effect of these negative experiences can deter autistic individuals from seeking necessary medical help, exacerbating their overall health condition and quality of life.

[Umbrella review of hospital passports: Their use and improvements](#)

Jackson et al, British Journal of Learning Disabilities, 2024

The review identifies several barriers to the routine use of hospital passports despite their effectiveness. These barriers include a lack of managerial support, which is crucial for implementing reasonable adjustments effectively, and the need for standardisation at a national level to ensure accessibility and comprehensive information. Additionally, there is a pressing need for education and awareness among healthcare staff regarding the utility of hospital passports. Addressing these issues can empower patients to engage more actively in their care, ultimately improving their healthcare experiences and outcomes.

[Hospital passports, patient safety and person-centred care: a review of documents currently used for people with intellectual disabilities in the UK](#)

Northway et al, Journal of Clinical Nursing, 2017 **abstract only, full paper can be provided if needed**

Sixty hospital passports in use in the UK were reviewed against a coding frame by two members of the research team. Areas of interest included key patient and primary care information, support network details, consent and capacity, support required in relation to activities of daily living, length of the document and completion details. Considerable variation was found between documents in terms of terminology, length and format. Most included information regarding communication and support needs although some omitted important information such as allergies, risk assessment and need for reasonable adjustments.

I hope this is helpful. Please do let us know if you need any further information.





The Knowledge & Library Service have a growing archive of completed evidence summaries on [inSPIRE](#) – the organisation’s knowledge, research and evidence repository. You can browse the evidence summaries [here](#).

These results of this search will only be shared in the repository if you have given your permission to do so (we ask this in the evidence search request form).

Thank you.



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You will be added to the Research Community MS Teams channel where you will have access to discussion forums about be the first to know about events and knowledge sharing opportunities.

## FOR OFFICE USE ONLY

### DATABASES AND INFORMATION SOURCES USED

	Pubmed		HMIC		BMJ Best Practice
	Medline		Social Policy and Practice		Cochrane Library
	Emcare		CINAHL		TRIP
	Embase		PsycINFO	x	Grey Literature LinkedIn BlueSky KnowledgeShare National Patient Safety Agency
	AMED		UpToDate	x	Other Consensus AI CoPilot AI SCISpace AI Library Knowledge Hub Litmaps

### PURPOSE OF SEARCH

x	Patient info/health & well being	x	Clinical decision making (inc. patient care)
	Executive Team support		Research/Education/Professional development
x	Quality Improvement		Primary Care & Neighbourhoods Directorate support



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	<b>KM/Management decision making</b>		<b>Other</b>
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<b>USER CATEGORY OF REQUESTOR</b>			
	<b>Medical students</b>		<b>Patients/public</b>
	<b>Nursing/midwifery students</b>		<b>Physician Associates</b>
	<b>Doctor/Psychiatrist</b>		<b>Public Health (Somerset CC)</b>
x	<b>Nurses/Midwives</b>		<b>Other</b>
	<b>Allied Health professionals</b>		

<b>HAS PERMISSION TO SHARE THE RESULTS BEEN OBTAINED FROM THE REQUESTOR?</b>			
x	<b>YES - share</b>		<b>NO – do not share</b>

<b>KEY WORDS/SEARCH STRATEGY INCLUDING MESH HEADINGS</b>	<b>LIMITS USED</b>
Adverse events medication errors prescription errors human factors healthcare passport health and care passport health passport “inaccurate information in hospital passport” barriers communication/communication barriers effectiveness standardisation Consistency	

