



Public Health  
England

Protecting and improving the nation's health

# **Quality Checking Health Checks for People with Learning Disabilities**

A way of finding out what is happening  
locally

# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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# Contents

About Public Health England	2
Foreword	4
Introduction	6
1.How well is the GP practice doing at performing the AHC?	8
Rationale	8
Indicators of success	10
2.How well are we doing at identifying patients with learning disabilities?	12
Rationale	12
Indicators of success	13
3.How well are we doing at arranging for people to attend for a health check?	15
Rationale	15
Indicators of success	17
4.How well are we doing at putting reasonable adjustments in place to maximise the effectiveness of AHCs?	19
Rationale	19
Indicators of success	20
5.How well are we doing at arranging for and supporting the uptake of follow-up actions?	22
Rationale	22
Indicators of success	23
6.How well are we doing at improving our practices?	25
Rationale	25
Indicators of success	27
Use of audit results	29
References	30

## Foreword

NHS England and NHS Improvement have set a target for GPs and Clinical Commissioning Groups (CCGs) to improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP Learning Disability register in England will be receiving an annual health check. Yes, having a national target is important but it is effects for the individual patients and their family carers that really count.

Mencap's Don't Miss out 2017 Campaign encourages people with learning disabilities to ask for an annual health check and highlights:

- you don't need to be ill to get a health check, but you can ask your doctor about anything that is hurting or worrying you
- it is a good way to get to know your doctor better, and for them to find out more about you

Usually we, as GPs, will encounter the person when they are ill and are required to provide a reactive response to health change and decline with little understanding of the person's and their life. The annual health check helps us to transform to a proactive approach with health protection and promotion the main goals as well as addressing any concerns.

Annual health checks and health action plans have become a vital component in addressing the hidden inequality or "unfairness" in health care for people with learning disabilities. The lowering of the age limit from 18 years to include all those aged 14 years and over is helping to plan a smooth transition to adult healthcare, based on a young person's health action plan.

The annual health check offers an opportunity for protected time for a comprehensive "head to toe" health check with a person's GP and practice nurse. GPs and practice nurses are true generalists and our whole-patient oriented view of disease is likely to be more useful than a disease oriented specialist view for people with learning disabilities.

People with learning disabilities have increased prevalence of multimorbidity, complexity, polypharmacy and greater likelihood of adverse events from incompatible interventions. A person-focused approach is essential to help patients and their families navigate our increasingly complex health care system, particularly the potential barriers from multi agency working and the increasing use of direct technology interfaces with patients.

We are getting additional tools to help deliver better quality checks and health action plans such as:

- a standard Electronic health check template in all GP IT systems
- an updated comprehensive RCGP 2017 Step by Step toolkit for annual health checks for GPs <http://www.rcgp.org.uk/clinical-and-research/toolkits/health-check-toolkit>
- the enhanced summary care record which allows great information sharing of individual reasonable adjustments and other essential health information
- this helpful updated annual health check audit tool to help us review and reflect on our own practice in order to address the variation in quality of checks being performed

Good quality annual health checks do not happen by accident and need planning and preparation by practices. By organising and investing in annual health checks and health action plans we can build relationships and trust with people with learning disabilities and their families so that we can try to avoid unnecessary disruptive crisis and ensure joint decision making in the future. Let's try and beat this target of 75% so that Tony, Sally, Louise, Ben and all our patients with learning disabilities get the chance to have an annual check and health action plan.

'No person can change the world but together we can change the world of one person'

Dr Matt Houghton RCGP Medical Director  
Clinical Innovation and Research Centre

## Introduction

Annual health checks for people with learning disabilities have been a key part of NHS plans to improve health and reduce premature mortality since 2008.<sup>a</sup>

Evidence suggests that annual health checks (AHCs) are effective in identifying unmet health need. Conditions identified include serious and life threatening illnesses as well as more minor health conditions.<sup>1</sup> There is also evidence that health checks are effective in prompting health actions to address identified health needs. Surgeries providing AHCs have been shown to make more referrals to primary and secondary health services.<sup>2</sup> NICE guidance on mental health and people with learning disabilities explicitly recommends annual health checks.<sup>3</sup>

This Enhanced Service (ES) is designed to encourage practices to identify all patients aged 14 and over with learning disabilities, to maintain a learning disabilities 'health check' register and offer them an annual health check, which includes producing a health check action plan. Although most requirements of the Enhanced Service have remained unchanged since 2015/16, in 2017/18 the payment for the Learning Disabilities Health Check Scheme increased to £140 per health check, and a new National electronic health check template has been developed by NHS England for practice use if they so choose. These changes are part of an overall strategy by NHSE to increase the number of health checks delivered. Related initiatives include updated guidance from the Royal College of GPs which follows the new template, guidance developed by Mencap for people with learning disabilities and families, and guidance and associated film developed for social care providers. The Royal College of GPs has updated their guidance and it follows the new template.<sup>4</sup>

Since the scheme started the numbers and coverage of reported AHCs have continued to rise, although direct comparisons with previous years are difficult because the data collection processes and eligible age group have changed. Data shows that 52% of eligible patients had an AHC in 2014/15. The proportion of GP practices participating in the Enhanced Service has increased. However there is substantial variation across the country and approximately one in seven people with learning disabilities is registered with a practice that does not appear to be offering AHCs.<sup>5</sup>

This brief audit tool is an update of one published by the Learning Disabilities Observatory (then known as IHaL) in 2011. It is designed to support practices, primary care liaison staff, health facilitators and others to improve the uptake and quality of

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<sup>a</sup> <https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/>

annual health checks (AHCs) and thereby reduce the health inequalities experienced by people with learning disabilities.

The audit tool (based on six simple questions) can be used by GP practices and those providing support to GP practices to:

- identify good practice and encourage services to improve their practice further
- establish whether health checks and primary care services are provided consistently across a geographical area
- monitor progress
- embed key 'reasonable adjustments' within primary care

For five of the questions, there are three levels of success; bronze, silver and gold. Bronze is the basic level and includes the minimum requirements needed to meet the Enhanced Service specifications. There is also a column listing suggested evidence which auditors may find helpful to gauge the performance level. The evidence in this column is not intended to match up to specific items in the columns to the left.

The results of undertaking the audit do not imply endorsement by any external organisations or bodies.

There is an easy-read version of this report available at [www.ndti.org.uk/news/quality-checking-health-checks-for-people-with-learning-disabilities](http://www.ndti.org.uk/news/quality-checking-health-checks-for-people-with-learning-disabilities)

# 1. How well is the GP practice doing at performing the annual health check?

## Rationale

The first issue to consider is how well the GP practice is doing at performing the AHC. This is not graded at three levels as we consider that every annual health check should be meeting all of the listed criteria.

Practices taking part in the Enhanced Service (ES) are required to:

- establish and maintain a learning disabilities 'health check register' of patients aged 14 and over with learning disabilities
- attend a multiprofessional education session (training is mandatory for any new practices wishing to participate in this service and should be updated as the practice requires)
- invite all patients on the register for an annual health check and produce a health action plan

The contract also states that practices are required to use a suitably accredited protocol agreed with the commissioner. There is now a national template<sup>b</sup> available. All relevant sections should be completed in full. If the national template is used a health check action plan (HCAP)<sup>c</sup> is directly populated from specific sections. Therefore simple language and short sentences should be used in these sections.

The contract guidance (page 72) specifies details of the checks required, including that they should be undertaken by an appropriately trained provider and based on a protocol that as a minimum covers:

- a collaborative review of physical and mental health with referral through the usual practice routes if health problems are identified. This includes conditions such as epilepsy and dysphagia
- a specific syndrome check
- a check on the accuracy of prescribed medications
- a review of whether vaccinations and immunisations are up-to-date, for instance seasonal influenza or hepatitis B
- a review of coordination arrangements with secondary care
- a review of transition arrangements where appropriate

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<sup>b</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/05/nat-elec-health-check-ld-clinical-template.pdf>

<sup>c</sup> A health check action plan is the document produced by the GP practice following a health check. This would form the basis for an accessible Health Action Plan developed with the individual



- a discussion of likely reasonable adjustments should secondary care be needed
- a review of communication needs, including how the person might communicate pain or distress
- a review of family carer needs
- offering support to the patient to manage their own health and make decisions about their health and healthcare, including through providing information in a format they can understand any support they need to communicate

Since August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard.<sup>d</sup> The Standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read and understand and with support so they can communicate effectively with health and social care services.

The person attending for the AHC should be asked if they want their carer/ supporter with them during the health check. They may feel more comfortable with someone to support them or they may not want to discuss some aspects of their health with a carer/ supporter present. It may be helpful to have part of the check without the carer/supporter in the room in order to assess if there are any safeguarding concerns or something the person wants to talk about in confidence.<sup>4</sup>

If the person with learning disabilities is unable to consent (either to having the health check or to some specific tests undertaken as part of the health check), the principle of 'best interest' should be considered and documented in the notes. See:

[http://www.gmcuk.org/guidance/ethical\\_guidance/consent\\_guidance\\_index.asp](http://www.gmcuk.org/guidance/ethical_guidance/consent_guidance_index.asp)

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<sup>d</sup> <https://www.england.nhs.uk/ourwork/accessibleinfo/>

## Indicators of success

	<b>Level that every annual health check should be meeting</b>	<b>Evidence</b>
<b>How well is the GP practice doing at performing the AHC?</b>	<p>The patient should be asked if they want their carer/supporter with them during the AHC.</p> <p>If the person with learning disabilities is unable to consent (either to having the health check or to some specific tests undertaken as part of the health check), the principle of ‘best interest’ should be considered and documented in the notes. See:  <a href="http://www.gmcuk.org/guidance/ethical_guidance/consent_guidance_index.asp">http://www.gmcuk.org/guidance/ethical_guidance/consent_guidance_index.asp</a></p> <p>The national template<sup>e</sup> or similar is used for the AHC (this should be based on GMS contract requirements) and all relevant sections completed in full. This includes the provision of a health check action plan (HCAP).<sup>f</sup></p> <p>The GP practice is working in accordance with the Accessible Information Standard. This means the practice:</p> <ol style="list-style-type: none"> <li>1. asks people if they have any information or communication needs, and finds out how to meet their needs</li> <li>2. records those needs clearly and in a set way</li> <li>3. highlights or flagged the person’s file or notes so it is clear that they have information or communication needs and how to meet those needs</li> <li>4. shares information about people’s communication needs with other providers of NHS and social care, when they have consent or permission to do so</li> <li>5. takes steps to ensure that people receive information which they can access and understand, and receive communication support if they need it</li> </ol>	<p>Documentation on ‘best interest’ decision making.</p> <p>Copy of AHC template.</p> <p>Feedback from people with learning disabilities and family carers.</p> <p>Review of completed AHCs</p> <p>Review of completed HCAPs</p> <p>Review of patient records – checking if information or communication needs are noted.</p>

<sup>e</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/05/nat-elec-health-check-ld-clinical-template.pdf>

<sup>f</sup> A health check action plan is the document produced by the GP practice following a health check. This would form the basis for an accessible Health Action Plan developed with the individual

	<p><b>If the GP practice is not meeting the above criteria then action should be taken as this means they are not meeting the basic requirements of the GP contract.</b></p> <p>In such cases steps that can be taken include:</p> <ul style="list-style-type: none"><li>• alerting the practice manager</li><li>• reporting this to NHS England Calculating Quality Reporting Service (CQRS) payment manager</li><li>• reporting this to the Quality Team at the CCG</li><li>• reporting this to those commissioning the health checks (often Local Area Teams).</li></ul>	
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## 2. How well are we doing at identifying patients with learning disabilities?




### Rationale

Unless young people and adults with learning disabilities are identified on GP registers, they will not be offered an AHC. Practices participating in the Enhanced Service (ES) are required to establish and maintain a learning disabilities 'health check register' (ES register) of patients aged 14 and over with learning disabilities. This should be based on the practice's quality and outcomes framework (QOF) learning disabilities register (QOF indicator LD003)115 and any patients identified (not already on the QOF LD register) who are known to social services. The practice should liaise with appropriate Local Authorities on an ongoing basis to share and collate information.

All people on the Enhanced Service register should be offered an AHC. The QOF register should include all patients with learning disabilities known to the practice. Some people on this register who do not meet the eligibility criteria for an AHC may still benefit from one. Offering an AHC to these patients could be considered to be a reasonable adjustment under the Equality Act 2010.

This Enhanced Service requires the data on the registers to be in reasonable order but recognises that the lists are subject to ongoing improvement. There is information in the RCGP guidance on how to improve prevalence on the register.<sup>4</sup> Practices are required to confirm the count of patients on the Enhanced Service register for the calculation of payments for AHCs. The contract states it is expected that most practices should have a learning disability prevalence of at least 0.5 per cent of their population.

Indicators of success

	<p><b>Level 1/Bronze</b></p> 	<p><b>Level 2/Silver</b></p> 	<p><b>Level 3/Gold</b></p> 	<p><b>Evidence</b></p>
<p><b>How well are we doing at identifying patients with learning disabilities?</b></p>	<p>GP practices have a health check learning disabilities register (ES register) which includes all people with learning disabilities aged 14 and over who are eligible for an AHC on their quality and outcomes framework (QOF) register and any patients identified (and not already on the QOF LD register) who are known to social services.</p> <p>The practice works in partnership with local learning disability services and LA to validate their QOF register.</p>	<p><b>In addition to level 1:</b> Identification of people for QOF is done drawing on information from Local Authority (LA), education and specialist health services.</p> <p>The ES register is validated on an annual basis.</p>	<p><b>In addition to level 2:</b> Health checks are offered to all people aged over 14 with learning disabilities known to the practice/on the QOF register.</p> <p>The practice uses Miquet searches, Electronic Patient Record (EPR) system searches or locally run searches as well as manual checking to regularly update the QOF register. This includes checking that people with certain conditions (like Down's syndrome) are added where appropriate. There is a list of Read</p>	<p>Number of individuals on the QOF and ES registers and prevalence of total population.</p> <p>System in place to ensure that everyone with learning disabilities eligible for a health check moves onto the ES register at the age of 14.</p> <p>Last date when work was done to improve comprehensiveness of registers.</p> <p>Named contact at local learning disability service.</p>

			<p>Codes for conditions that will/may cause a learning disability at <a href="http://www.ndti.org.uk/uploads/files/LD_codes_for_prevalence_miquest_search.pdf">www.ndti.org.uk/uploads/files/LD_codes_for_prevalence_miquest_search.pdf</a></p>	<p>Evidence of partnership working with local authority and education or learning disability liaison services.</p> <p>Liaison with paediatrician and children's services to ensure letters diagnosing a learning disability are sent to GP practice and that they are encouraging people to book in for an AHC.</p>
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## 3. How well are we doing at arranging for people to attend for a health check?

### Rationale

If people with learning disabilities do not understand the information they have been sent, and the reason for having a health check, they may not attend their appointment. GP practices should be working in accordance with the Accessible Information Standard. This means the GP practice:

- asks people if they have any information or communication needs, and finds out how to meet their needs
- records those needs clearly and in a set way
- highlights or flags the person's file or notes so it is clear that they have information or communication needs and details how to meet those needs
- shares information about people's communication needs with other providers of NHS and social care, when they have consent or permission to do so
- takes steps to ensure that people receive information which they can access and understand, and receive communication support if they need it

Therefore practices need to offer appointments in a manner that the person can understand. This may include sending easy read/accessible appointment letters and/or telephoning the individual. It is good practice to send easy read information about what to expect with the invitation letter. There are lots of existing resources that can be used:

- NHS Lanarkshire has a website with a section for health professionals with easy read templates for letters that can be used to send out to patients to let them know time, day and date of appointments. This can be found at <http://www.healthlanarkshire.co.uk/letter-templates>  
There is a template for an AHC invitation letter and it is simple to personalise it and print off.
- Mencap has a range of resources that can be used. These include easy read information about AHCs and videos. These resources can be found at <https://www.mencap.org.uk/advice-and-support/health/dont-miss-out/dont-miss-out-annual-health-checks>
- Further easy read health information can be found at [www.easyhealth.org.uk](http://www.easyhealth.org.uk) and [www.apictureofhealth.southwest.nhs.uk](http://www.apictureofhealth.southwest.nhs.uk)

Telephone calls or a text the day before the appointment to remind them to attend and of anything they need to bring can also be helpful.




Sending a pre-health check questionnaire can help prepare the patient and their carer/supporter for the health check appointment. This may reduce anxiety and improve the effectiveness of appointment. Examples of these can be found at:

- <http://www.rcgp.org.uk/clinical-and-research/toolkits/health-check-toolkit.aspx>
- [https://www.ndti.org.uk/uploads/files/Health\\_Check.pdf](https://www.ndti.org.uk/uploads/files/Health_Check.pdf)

If people do not attend, practices should review their appointments process to ensure that reasonable adjustments are in place, and liaise with the local health facilitator/primary care liaison nurse or similar for advice and support. NICE<sup>3</sup> recommends that the person attending the annual health check should be supported by a family member or paid supporter who knows the person well.



Indicators of success

	<p><b>Level 1/Bronze</b></p> 	<p><b>Level 2/Silver</b></p> 	<p><b>Level 3/Gold</b></p> 	<p><b>Evidence</b></p>
<p><b>How well are we doing at arranging for people to attend for a health check?</b></p>	<p>All patients on the ES register receive an invitation for an annual health check in a format that meets their communication needs (in accordance with the Accessible Information Standard).</p> <p>Any patient who declines a health check will have this recorded in their medical record.</p> <p>Less than 50% of eligible patients have had an AHC but there is a plan in place to increase this.</p>	<p><b>In addition to level 1:</b></p> <p>If no response to first invitation then another letter is sent or another form of communication is used.</p> <p>Easy read information about what to expect is sent with the invitation letter.</p> <p>GPs send out a pre-assessment questionnaire based on the template being used for the AHC.</p> <p>There is system in place for patients to receive a phone call or text the day before the appointment reminding them to attend</p>	<p><b>In addition to level 2:</b></p> <p>All information is given in accordance with the individual’s recorded preference for communication.</p> <p>After two attempts to contact the individual, the practice will liaise with the local health facilitator/primary care liaison nurse or similar for advice and support.</p> <p>The practice makes reasonable adjustments to their protocol for patients who do not attend.</p> <p>The practice works with care providers, self-</p>	<p>Number of people offered an AHC.</p> <p>Number of people who have had an AHC.</p> <p>Proportion of eligible patients who have had an AHC.</p> <p>Example of accessible invitation letters.</p> <p>Example of accessible information regarding the health check.</p> <p>Example of accessible pre-health check questionnaire.</p> <p>Information about people who did not attend for their AHC</p>

		<p>and to bring any relevant health book or information, pre-assessment questionnaire with them.</p> <p>The practice works with the local learning disability service to promote awareness of health checks.</p> <p>The practice publicises AHCs in practice newsletter and in the waiting room (posters or leaflets).</p> <p>More than 50% of people on the ES register have had an AHC in last year.</p>	<p>advocacy and family carer organisations to promote awareness and uptake of health checks.</p> <p>The practice publicises AHCs on its website.</p> <p>At least 75% of people on the ES register have had an AHC in last year.</p>	<p>and what was done about this.</p>
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## 4. How well are we doing at putting reasonable adjustments in place to maximise the effectiveness of annual health checks?

### Rationale

Reasonable adjustments are the modifications that should be made by services in terms of their approach or provision, to ensure that disabled people can access the service in the same way as the general population. Under the Equality Act 2010 there is a legal obligation for these to be put in place.

Some people with learning disabilities may need a number of reasonable adjustments put in place in order for them to be able to attend an AHC. Reasonable adjustments should be personalised in order to meet the individual's needs. However, some examples of what might be needed include:

- an appointment at a time when the surgery is less busy than usual or when waiting time will be minimised
- alternative waiting areas which are quiet
- an appointment with a GP or nurse of the individual's choice
- an extended appointment or the AHC done over a number of appointments
- offering the AHC in a different setting, such as the person's home

It may also be necessary to make clinical adjustments during the AHC, for example to measure someone's body mass index (BMI) or to take a blood test. The RCGP guidance gives advice on using reasonable adjustments to improve communication and to ensure the AHC can be fully completed.<sup>4</sup>

The reasonable adjustments needed by an individual can be recorded in their GP practice record. Additionally we recommend that during the AHC the GP asks permission to add additional information to the individual's Summary Care Record (SCR). If the patient is unable to consent to this then a 'best interest' decision can be taken. Additional information can include communication preferences and other reasonable adjustments. The Summary Care Record can be seen and used by authorised staff in other areas of the health care system involved in the patient's direct care.

Indicators of success

	<p><b>Level 1/Bronze</b></p> 	<p><b>Level 2/Silver</b></p> 	<p><b>Level 3/Gold</b></p> 	<p><b>Evidence</b></p>
<p><b>How well are we doing at putting reasonable adjustments in place to maximise the effectiveness of annual health checks?</b></p>	<p>Appointment with a GP or nurse (advanced nurse practitioner) of their choice.</p> <p>All patients are offered an extended appointment (normally 30 minutes to an hour).</p> <p>The GP asks permission to add additional information to the individual's Summary Care Record (SCR).</p> <p>Check their SCR, EPR and GP practice record for any reasonable adjustments that have been identified for the person and put these in place.</p>	<p><b>In addition to level 1:</b></p> <p>Put important reasonable adjustments on front screen as alert or reminder.</p> <p>Appointment times reflect individual needs (eg avoiding busy times at surgeries).</p> <p>Reasonable adjustments to minimise waiting times are in place and, where possible, alternative waiting areas are provided.</p> <p>The patient is offered a choice of separating out appointments out with a nurse and a doctor.</p>	<p><b>In addition to level 2:</b></p> <p>People are offered an AHC in a different place (eg a home visit)</p> <p>People with learning disabilities are enabled to attend the surgery prior to their health check so that they can get used to the building and equipment.</p> <p>The practice asks people with learning disabilities and their supporter/ carer for feedback on what worked well and what could have been done better at the AHC.</p> <p>If appropriate, there is consultation with</p>	<p>Review of patient records – checking if information or communication needs are noted.</p> <p>Details of any health checks carried out away from the surgery and if yes, details of how the decision was made.</p> <p>Times of health check appointments.</p> <p>Average length of health check appointment.</p> <p>Review of SCRs.</p> <p>Feedback from people with learning disabilities</p>

	<p>There has been a training session for staff in accordance with the GP contract.</p>	<p>The GPs and nurses delivering AHCs have had some training in working with people with learning disabilities.</p> <p>Patients are supported to make choose &amp; book appointments before leaving the surgery.</p>	<p>someone from the local Learning Disability service about reasonable adjustments.</p> <p>Clinical reasonable adjustments are put in place (eg a finger prick blood test is used instead of venepuncture).</p> <p>Inclusion of people with learning disabilities or family carers on practice patient participation group or reference group.</p>	<p>and family carers.</p> <p>Description of how the practice works in partnership with other groups.</p>
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## 5. How well are we doing at arranging for and supporting the uptake of follow-up actions?

### Rationale

The primary purpose of health checks is to identify treatable health conditions or impairments so that appropriate and timely action can be taken. Ensuring that these actions are taken will be dependent on:

- having a clear record of actions to be taken following the health check that specifies who will do what and by when
- having a system in place to review whether follow-up actions have been undertaken, identify and record any resulting actions and/or any additional steps to ensure that follow-up actions are undertaken

A health check action plan should include:




- goals and plans for future care
- who is responsible for co-ordination of care and how this is communicated to other professionals and services involved
- timing of follow-up and how to access urgent care

The actions in the health check action plan might be for the GP, other clinicians, the individual or their carers/supporters. All actions should be agreed with the person and a copy of the health check action plan should be provided to them. Findings from an AHC and details of the health check action plan should feed into people's care plans and, for patients aged under 18, their Education, Health and Care Plan if they have one.

Reasonable adjustments necessary for the delivery of the agreed follow-up actions should be recorded and communicated to relevant personnel and agencies (eg in referral letters).

Additional information should be provided in a suitable format about any issues/conditions identified in the AHC. Resources for this can be found at [www.easyhealth.org.uk](http://www.easyhealth.org.uk) and [www.apictureofhealth.southwest.nhs.uk](http://www.apictureofhealth.southwest.nhs.uk).

Indicators of success

	<p><b>Level 1/Bronze</b></p> 	<p><b>Level 2/Silver</b></p> 	<p><b>Level 3 /Gold</b></p> 	<p><b>Evidence</b></p>
<p><b>How well are we doing at arranging for and supporting the uptake of follow-up actions?</b></p>	<p>HCAP is generated, is on their record and has been provided to the individual.</p> <p>Follow-up actions are agreed with the patient with learning disabilities (and if appropriate their carer).</p> <p>Follow-up actions include a reminder to attend other relevant health checks (eg asthma, diabetes and screening).</p> <p>Any needed referrals identified in template are recorded in the HCAP.</p> <p>Any needed referrals</p>	<p><b>In addition to level 1:</b></p> <p>Reasonable adjustments necessary for the delivery of the agreed follow-up actions are recorded and communicated to relevant personnel and agencies (eg in referral letters).</p> <p>Review dates for follow-up actions are recorded in the patient’s record.</p> <p>Delivery of the agreed follow-up actions is systematically reviewed and recorded.</p> <p>Additional information is provided in a suitable format about any issues/conditions identified in the AHC.</p>	<p><b>In addition to level 2:</b></p> <p>The practice is liaising with those supporting the individual regarding ways of improving support to deliver agreed follow-up actions.</p> <p>Learning Disability services are included in practice MDT meetings.</p> <p>HCAP is part of the electronic template used and is completed at time of review.</p> <p>HCAP is reviewed at the next visit and outstanding actions prompted.</p> <p>Additional information is provided in a suitable</p>	<p>Referral letters.</p> <p>Examples of accessible information.</p> <p>Evidence of HCAPs.</p> <p>Review of patient records – checking if HCAP actions have been followed up.</p> <p>Feedback from people with learning disabilities and family carers.</p> <p>Review of patient satisfaction data.</p>

	<p>identified in template are actioned.</p> <p>Any needed referrals identified in template are reviewed at the next appointment.</p> <p>Findings from an AHC and details of the HCAP should feed into a young person's care plan, including their Education, Health and Care Plan.</p>	<p>Patients with learning disabilities are included in other Enhanced Services including care coordination.</p>	<p>format about any follow up actions needed.</p> <p>Reasonable adjustments are in place for follow up actions (eg ringing to remind them they need to see the nurse to get their ears syringed). A named individual from the practice should be recorded as being responsible for this.</p>	
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## 6. How well are we doing at improving our practices?

### Rationale

It is important that GP practices have processes in place to get feedback from their patients with learning disabilities and family carers/supporters. This feedback should be used alongside other sources of data to show how the experiences of people with learning disabilities compare with other patient groups and with other organisations. This will help to identify where there are differences, where improvements can be made, and where there are areas of good practice that can be learnt from.

Recall can be problematic for people with learning disabilities so it is better to ask them for their comments as soon as possible after an appointment or AHC. NHS England has some resources to help with getting feedback from people with learning disabilities about the services they use:

- a bite-size guide to helping people with a learning disability give feedback, available at <https://www.england.nhs.uk/ourwork/insight/insight-resources/>
- information on making the Friends and Family Test inclusive at <https://www.england.nhs.uk/ourwork/pe/fft/fft-inclusive/>

There are other easy-read resources that can be used to get feedback from patients with learning disabilities. One example is at

[http://www.southernhealth.nhs.uk/\\_resources/assets/inline/full/0/111927.pdf](http://www.southernhealth.nhs.uk/_resources/assets/inline/full/0/111927.pdf)

The GP patient survey provides a means for patients to feed back their experience of the care and services they receive from their GP surgery. It is run annually and in 2017 over 23,000 people with learning disabilities took part in the survey. The findings from this survey give a national and local picture of care. You can download national, CCG and practice reports at <https://www.gp-patient.co.uk/>

For more information you can email [england.insight-queries@nhs.net](mailto:england.insight-queries@nhs.net)

There is an easy-read version of this GP patient survey which can be downloaded at [https://www.ndti.org.uk/uploads/files/GP\\_Patient\\_Survey\\_Easy-Read\\_Version.docx](https://www.ndti.org.uk/uploads/files/GP_Patient_Survey_Easy-Read_Version.docx)

This can be used to gain feedback from people with learning disabilities about their experience of using their GP practice. It could be given out to patients following an appointment or it can be sent to all patients with learning disabilities registered at a practice during a set time. This would give more comparable data on the experiences of people with learning disabilities. If this was done annually then it could be used to monitor change. This easy-read version should not be sent out between January and




March as this is when the national GP patient survey is run and this could cause confusion.

Complaints procedures should also be accessible to people with learning disabilities. The Parliamentary and Health Service Ombudsman has an easy read leaflet about how to make a complaint and also a video about how complaining can make things better. These are available at <https://www.ombudsman.org.uk/making-complaint/before-you-come-to-us/complain-change/information-for-people-learning-disability-Easy-Read>

Considerable gains have been made in recent years in more effectively supporting people with learning disabilities to access and use primary health care services. There is, however, always more that can be done (eg in increasing the effectiveness and scope of reasonable adjustments to the provision of health care for people with disabilities). Continuous quality improvement is a core objective of an efficient and responsive health service. The Health Quality Improvement Partnership has published *Best Practice in Clinical Audit* which includes guidance on how clinical audit projects can deliver improvements in the quality of services.<sup>6</sup>

NICE has resources to help with conducting improvement initiatives at <https://www.nice.org.uk/about/what-we-do/into-practice/audit-and-service-improvement>

Indicators of success

	<p><b>Level 1/Bronze</b></p> 	<p><b>Level 2/Silver</b></p> 	<p><b>Level 3/Gold</b></p> 	<p><b>Evidence</b></p>
<p><b>How well are we doing at improving our practices?</b></p>	<p>The practice formally reviews (on at least an annual basis) the quality of healthcare it provides to patients with learning disabilities.</p> <p>The practice has an identified learning disabilities ‘champion’.</p> <p>The practice has a complaints process that is accessible to people with learning disabilities.</p> <p>The practice has a friends and family test that is accessible to people with learning disabilities.</p>	<p><b>In addition to level 1:</b></p> <p>All complaints from or on behalf of people with learning disabilities are reviewed and appropriate action taken.</p> <p>The practice has implemented a system whereby feedback, both positive and negative, is taken into account and is acted upon.</p> <p>The practice has established a system whereby informal feedback (verbal, for instance) from people with learning disabilities is recorded and made available to staff.</p>	<p><b>In addition to level 2:</b></p> <p>Patients with learning disabilities and carers of patients with learning disabilities are involved in monitoring the quality of healthcare the practice provides to patients with learning disabilities.</p> <p>A formal system is in place for collecting information on current practice and setting and reviewing the attainment of clear measurable targets for improving practice</p> <p>A formal system is in place whereby multiple sources of information are used about the</p>	<p>Monitoring/review arrangements.</p> <p>Recording of reasonable adjustments made which consider the specific needs of people with learning disabilities.</p> <p>Data on health status over time across patients with learning disabilities (eg reduced prevalence of obesity).</p> <p>Feedback from people with learning disabilities and family carers.</p> <p>Evidence that this is reviewed and addressed.</p>

		<p>The practice's learning disabilities 'champion' has responsibility for ongoing monitoring of the quality of healthcare the practice provides to patients with learning disabilities. There is liaison with the local learning disability service.</p>	<p>practice population with learning disabilities. These sources are compared and contrasted to give an overall picture of care from which improvements can be made and measured against.</p> <p>There is evidence that the practice is learning from the non-clinical information. For example, they have identified that no-one from a specific care home attends and have taken action.</p> <p>The practice asks people with learning disabilities and their supporter/ carer for feedback on what worked well/ could have been done better at the AHC. The practice has a strategy in place for learning from this feedback.</p> <p>Practice population profile is used to identify and plan for key health issues for people with learning disabilities.</p>	
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## Use of audit results

Once the self-assessment of practice is complete, it is helpful to share the results with the local Clinical Commissioning Group, Partnership Board, self-advocacy and family carer groups, the practice patient participation group and local learning disability teams. They can provide important information to inform local action planning and service improvement. Audit results can also be fed into the local health self-assessment process which should inform the Joint Strategic Needs Assessment and lead to better local planning. Ensuring information about services is transparent supports patient choice and inclusion and can lead to 'better care, better outcomes and reduced cost'.<sup>7</sup>

## References

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