

FAQ: DES for annual health checks for people with learning disabilities

June 2009

Introduction

These frequently asked questions were collected from a number of different conferences and events and this document aims to address some of the queries that were raised with regards to the implementation of the Directed Enhanced Service (DES) for people aged 18 and over with learning disabilities.

This document should be used in conjunction with the more specific guidance and audit requirements for the DES for the GMS contract which has been published on NHS Employers website at:

http://www.nhsemployers.org/SiteCollectionDocuments/Clinical_DES_Guidance_mh23032009.pdf

There were four areas of enquiry:

- Set up and maintaining a register
- Training
- Annual health check
- Communication

1. Set up and maintain a register of people with learning disabilities

In order to establish robust learning disability registers in general practice it is vital that local organisations share relevant information so that people with learning disability can benefit from annual health checks. Mark Britnell and David Behan have previously sent a letter to chief executives of local authorities and primary care trusts to this effect, which can be found at

www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_094352

Are there preferred Read codes to identify people with learning disabilities?

The Read codes for the DES are based on those in the QOF register used to identify people with learning disabilities. These are:

- E3 - mental retardation
- Eu81z11 - development disorder of scholastic skills
- 918e - included in learning disabilities

There is no clinical rationale for the use of one specific Read code over another one. However given that this will show in patient records, self advocacy groups and people with learning disabilities have told us that they prefer the 918e code. Therefore, we suggest that 918e is used to identify people with learning disabilities.

We appreciate that E3 uses a term most people find distasteful, but it is worth mentioning that the benefit of this term is that it can be broken down to the severity of learning disability. This may assist the practice in planning for their learning disability population. It also follows the World Health Organisation's International Classification of Diseases (ICD-10).

It is also useful to code the condition causing the learning disability, if known, as this provides an insight into the likely associated health issues. In Down's Syndrome, for example, the following requires monitoring, yet may not be routinely covered in the annual health check: thyroid function, vision, hearing, cardiac defects, risk of early onset dementia.

What about those with less severe needs but who have some other additional health need?

The DES is targeting the provision of health checks towards adults with a learning disability who have the most complex needs and therefore are at the highest risk from undetected health conditions and will benefit most from receiving an annual health check.

People with learning disabilities known to local authorities through a request for social care support are likely to be people with moderate and severe learning disabilities or people with mild learning disabilities and additional complex needs and it is these people that should be identified by each local authority and this information shared with corresponding PCTs to enable health checks to be offered.

People who have a mild learning disability should still be identified as part of the learning disability QOF register. GP practices are already being awarded a maximum of four QOF points to maintain a register of all people with learning disabilities aged 18 and over.

While these people are not eligible for an annual health check under the DES, PCTs and GP practices should consider that these people may be covered under the Disability Discrimination Act 2005. This means that reasonable adjustments should be made to services and initiatives such as smoking cessation or diabetes clinics to include this group. This will ensure that health needs are addressed as part of wider health promotion

initiatives. Guidance on commissioning healthcare that is accessible to people with learning disabilities and a guide on reasonable adjustments as they relate to people with learning disabilities will be published shortly.

What if the GP considers a person not currently on the local authority list to have a moderate or severe disability?

We expect that most people with moderate and severe learning disabilities are already known to the local authority. There may be times when the person is eligible to receive services from the local authority yet is not known to them. In this case the person could be referred to the local authority. However, referrals should only be made if it relates to a request for an assessment for support services from the local authority and not to ensure that the person is eligible for an annual health check. It is also imperative that the person gives consent to this referral.

What about young people in transition – what age is covered?

The DES applies to adults with a learning disability aged 18 and over. Most areas have in place transition arrangements between children and adult services and these will be able to provide information on people with learning disabilities who turn 18 in the future and thus become eligible for an annual health check at age 18.

What about people who were assessed by local authorities in the previous counting year, and were not eligible for services, and have not been reassessed this year?

PCTs and GP practices can include these people as the definition for the DES and the underpinning vital sign indicator is:

“Learning disabled clients known to Councils with Adult Social Services Responsibilities (CASSR): those clients who are assessed or reviewed in the financial year and who have received a service, as well as those who are assessed and/or reviewed but who have not received a service. In addition include learning disabled clients who should be reviewed by the CASSR in a financial year but are not.”

How will individuals be identified who have been placed by a local authority from outside the area in which an individual is registered with a GP?

There will be some people in residential care, or other care provision, whose ordinary residence is outside the local authority area they were initially registered with. These people are entitled to use their local health services and will be able to take up the scheme.

It is good practice for the new host local authority to be informed of these placements, so we anticipate that the local authority has already records of those individuals which they in turn could share with the PCT.

In addition, local authorities who place people in out of borough placements should enable managers of care homes or care providers to bring this population to the attention of the GP and the PCT. Strategic health facilitators, care managers and placement monitoring officers can play a very helpful role in encouraging full take up.

For those individuals who are registered with a GP in Wales, they will be able to access annual health checks via their GPs. Wales has had well established health check scheme for some years now. There is however, no equivalent arrangement in Scotland.

2. Undertake awareness raising training for practice staff

What about practices that have received some training, but which does not fulfil the criteria outlined in the specification. Do the health checks they have carried out not count towards the vital sign?

It is important that GP practices undertake training prior to carrying out health checks and we would encourage that this is in accordance with the guidance on training provided in the DES as this will enable more effective health checks and will assist the practice to make reasonable adjustments to its service.

Ultimately, it will be for each PCT to determine whether individual GP practices have met the requirements of the DES. If they can demonstrate to their local PCTs that their continued professional development has covered the training component of the DES then there should be no reason why the health checks undertaken won't count towards the vital sign.

Some GPs have started to develop an e-based learning tool for training:

www.gptom.com/

However, it is important that practice staff supplement any e-learning with locally provided face-to-face training which involves self advocates with a learning disability to enable sharing of experiences.

If there are concerns about availability of training please contact the strategic health facilitator (where available), PCT lead for learning disabilities, regional Valuing People lead or, SHA learning disability lead for advice and support.

<http://valuingpeople.gov.uk/dynamic/valuingpeople40.jsp>

Some of the learning disability teams are not providing training on learning disability awareness to GP practices.

It is the responsibility of the PCT to ensure that there is adequate local training on learning disability that meets the training specification outlined in the clinical directed enhanced services for GMS contract 2008/09.

Both Valuing People Now and the 'Health Action Planning and Health Facilitation for people with learning disabilities: good practice guidance' underline the importance of support to GP practices from community learning disabilities teams.

A useful diagram outlining responsibilities of PCTs, community learning disability teams and GP practices can be found on the Primary Care Commissioning website:

www.pcc.nhs.uk/uploads/primary_care_service_frameworks/health_checks__role_of_the_pct_v3_final.pdf

3. Annual health checks

Is there an evidenced based annual health check for people with learning disabilities?

The DES guidance based the annual health check on the Welsh model, or Cardiff health check because a DES has been provided in Wales for a couple of years. There are examples of electronic templates for annual health check for people with learning disabilities on the Primary Care Commissioning website which PCTs can access and download. We have also provided a list of Read codes alongside this document from which a local agreed template can be designed. The DES guidance and audit requirement outlines the minimum content of the health check. We will shortly provide an updated health check template on the Primary Care Commissioning website. PCTs will have to satisfy themselves that local GP practices use a health check that conforms to the specification laid out in the DES guidance.

There are also a number of templates for annual health checks on the Royal College of GPs website.

www.rcgp.org.uk/default.aspx?page=4390

We will update those tools in line with research from the National Primary Care Research and Development Centre.

4. Communication

How can communication be improved between the person with a learning disability and their GP or practice nurse, especially if the person with a learning disability uses non-verbal communication?

In most cases practitioners will already have built up a therapeutic relationship with their patient with learning disabilities. Good communication with a person with learning disability is based on trust and this will take some time to establish. Listening to family carers or a support worker is important and they can provide essential information and support. Often they are the first to notice changes in behaviour or health. There are a number of different tools GP practices can use to increase communication with their patients with learning disability.

www.easyhealth.org.uk is a website which provides accessible information (leaflets and short films) for people with learning disabilities on most health conditions. It also provides clinicians with practical tips on how to communicate better with people with learning disabilities.

Very useful information on learning disability and health can also be found on the St George's website <http://www.intellectualdisability.info/home/about.html> and the NHS evidence website www.library.nhs.uk/learningdisabilities/

The Valuing People website hosts a number of documents which helps primary medical care practices to communicate appropriately with patients with learning disabilities (<http://valuingpeople.gov.uk/dynamic/valuingpeople118.jsp>). This includes an accessible invite to the annual health check and a pre-health check questionnaire, which helps the person with learning disability and their carer to bring the relevant information. There are also examples of communication passports.

Good relationships with the local learning disability team could give GP practices access to additional support to improve communication.

Useful contacts

For regional queries please contact your Valuing People regional lead or your SHA lead:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097669

For more general strategic queries, please email Sue Carmichael on Sue.Carmichael@dh.gsi.gov.uk.