Annual Health Checks for People with Learning Disabilities
Frequently Asked Questions

The NHS Employers organisation and the British Medical Association’s General Practitioners Committee (GPC) as part of the 2008 contract changes were imposed to introduce a new Directed Enhanced Service (DES) which provides annual health checks for people with learning disabilities. The DES will continue in 2013/14.

These FAQs have been put together in response to feedback at conferences and events and from different stakeholder groups. This document is designed for use by professionals implementing annual learning disability health checks.

The questions are divided into broad categories
- The basis for health checks;
- Eligibility for the health check;
- Data issues;
- Training;
- Other issues.

This document should be used in conjunction with the more specific guidance and audit requirements for the DES published on NHS Employers website.

The basis for health checks

1. Why are we delivering annual health checks?

Annual health checks are a ‘reasonable adjustment’ to overcome known health inequalities faced by people with a learning disability.

These inequalities have been highlighted in a number of reports:
- Disability Rights Commission ‘Closing the Gap’ (2006)
- Parliamentary and Health Service Ombudsman and the Local Government Ombudsman ‘Six Lives’ (2009)
- Confidential Inquiry into premature deaths of people with learning disabilities (2013)

A number of reports on the health inequalities faced by people with learning disabilities are available on the Improving Health and Lives Learning Disabilities

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http://www.improvinghealthandlives.org.uk/projects/particularhealthproblems
Local Authorities and NHS bodies were expected to respond to the recommendations of the Parliamentary and Health Service Ombudsman and the Local Government Ombudsman on healthcare for people with learning disabilities in their joint investigation ‘Six Lives’. A progress report is to be completed by June 2013 to the Health and Parliamentary Ombudsman.

Annual health checks, improved data on local learning disability populations and improved training are clear evidence of local areas responding to these recommendations.

Annual health checks have also formed an integral part of the health self-assessment framework, a performance and development tool, used by the SHA now but not sure who this would now be in providing the assurance ??Local Area Teams?? to assure the Ombudsman on progress made against the Independent Inquiry and Ombudsman’s Report. Again, more details can be found on the PHO website under self-assessment.

2. What should be included in an annual health check for people with learning disabilities?

The DES specification outlines the minimum content for health checks to attract payment under the scheme. NHS England will have to satisfy itself that practices continue to use a health check that conforms to this. The DES guidance is based on the Cardiff health check, an annual health check previously established in Wales.

There are examples of electronic templates for annual health checks for people with learning disabilities which can be accessed and downloaded from the Public Health Observatory website

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NHS Employer guidance referred to earlier on audit requirements for the DES also provides a list of Read codes to use to support payments under the DES.

Eligibility for a DES-funded health check

3. Who is eligible for an annual DES-funded health check?

The DES targets the provision of health checks for adults with a learning disability who have higher levels of needs and are therefore at the greatest risk from undetected health conditions and likely to benefit most from an annual health check.

The annual health checks should be offered to all people with learning disabilities known to Social Services through a request for a social care assessment.
These are likely to be people with moderate, severe or profound learning disabilities or people with mild learning disabilities who have additional complex needs. GP practices continue to be responsible for working with their local authority to identify these people and share required information as necessary to enable health checks to be offered to them. Existing arrangements previously put in place by PCTs to work with local authorities on behalf of their GP practices to identify these people may still apply with NHS England, CCGs (or CSUs) providing the coordinating role.

People known to their GP to have a learning disability should be included in the QOF register irrespective of whether they are known to their local authority and thus eligible for a DES funded health check.

4. What about those who are not eligible but have other additional health needs?

Whilst these people are not eligible for a DES-funded annual health check, GP practices should be aware that they are required to make reasonable adjustments to services for them, possibly including regular health checks under the Equality Act 2010.

5. What if a GP considers a person to have a moderate, severe or profound learning disability, who is not currently on the Local Authority list?

We expect that most people with moderate, severe or profound learning disabilities will already be known to the Local Authority.

If a person with moderate or more severe learning disabilities is not known to the Local Authority, the GP can refer them for an assessment of their needs. However, referrals should only be made where there is a reason to think they would benefit from a Local Authority needs assessment, not simply in order to give them eligibility for an annual health check.

It is helpful to have locally agreed protocols for GPs referring people to Social Services for an assessment. Strategic Health Facilitators or Link Nurses are ideally placed to advise GP practices on individual referrals.

GP practices should liaise with NHS England to agree who is eligible for an annual health check (their Learning Disability Health Check Register).

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

The DES applies to adults with a learning disability aged 18 and over. It is important each year to identify people with learning disabilities who have recently reached their 18th birthday or will shortly do so to ensure their health needs can be identified and catered for.
Most areas have in place transition arrangements between children’s and adult services and these will be able to provide information on people with learning disabilities approaching their 18th birthday.

7. What about people who have been assessed by Local Authorities and were not eligible for services?

GP practices should include these people and agree the additions with NHS England. The definition for the DES 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.”

8. 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 should be offered annual health checks.

It is good practice for the new host Local Authority to be informed of these placements, so we anticipate that the Local Authority will already have records of those individuals, which they in turn could share with the GP practice (or organisation coordinating such information on their behalf e.g. NHS England, CCG or CSU).

In addition, Local Authorities who place people in out of area placements should enable managers of care homes or care providers to bring this population to the attention of the GP practice.

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 practice in Wales, a similar DES exists.

Data and the health check

9. How should Local Authorities work with NHS England, CCGs (or CSUs) and GP practices to check data on those eligible for a health check?
There are different arrangements between Local Authorities and health services across the country to enable data on those eligible for the DES to be checked.

Strategic Health Facilitators are often the best people to work on the process, ensure local arrangements are in place and resolve difficulties.

In some areas, learning disability teams (often joint between Local Authority and health care or working very closely) have been the people to check the data. This has been particularly effective where teams are jointly based between the Local Authority and health services.

See letter from David Behan and Mark Britnell

10. Should we have our lists finalised before starting health checks?

Checking accuracy of data between health services and Social Care should be seen as incremental. A pragmatic approach is recommended to avoid delays in delivering the checks. NHS England should be working with their GP practices to agree processes that fit with local circumstances which is likely to include carry forward last year's list. However, there can and should be further data improvement as the process continues.

11. Who can help overcome problems with data checking?

Strategic Health Facilitators have proved very helpful in many areas.

Engaging self-advocacy and family carer groups of people with learning disabilities on these issues has also been useful in some areas. It may overcome some data concerns to have a clear statement from these groups that they support the checking of data across health services and Social Care when the purpose of this is specifically to offer an additional service to promote the health and well-being of people with learning disabilities.

Engaging the Learning Disability Partnership Board has also proved useful as they are in a position to encourage joined up working across health services and Local Authorities to provide improved services for people with learning disabilities.

Local areas will have different agreements over data. Difficulties should be raised with the relevant area team of NHS England.

12. Are there preferred codes to identify people with learning disabilities?

It is important to distinguish between the QOF register and the list of patients with learning disabilities who are eligible for an annual health check:
1. **QOF guidance** includes the codes used to identify people with learning disabilities for the generic learning disability register. This register captures all people with learning disabilities in primary care, including people with mild learning disabilities.

Some codes used to identify people with learning disabilities cause offence, for example *E3 - mental retardation*. This code follows the World Health Organisation’s International Classification of Diseases (ICD-10) and can be broken down to identify the severity of learning disability. This may assist the practice in planning for their learning disability population.

People with learning disabilities have said they prefer codes that use the term ‘learning disabilities’ for example *918e – included in learning disabilities register*. Formerly, this was a reason for not using ICD10 categories, otherwise considered the NHS standard. However, the English terms associated with ICD10 F7 categories are currently subject to review and proposed revision and should therefore be considered acceptable from this perspective.

2. Following a review undertaken by the [National Institute for Health and Clinical Excellence (NICE)](https://www.nice.org.uk), the second QOF indicator relating to people with learning disabilities is for people with Down’s Syndrome aged 18 years and over who have a record of blood TSH in the preceding 15 months (excluding those who are on the thyroid disease register).

3. For the DES, a locally defined Read code should be used to identify people with learning disability who are eligible for an annual health check.

4. The DES now requires the use of the following Read codes for recording that an annual learning disability health check was given. In addition to supporting the update of the clinical record it also means that payments under the DES can be processed using the Calculating Quality Reporting Service (CQRS) which removes the need for GP practices to submit manual claims. GP practices will also need to provide the number of patients identified on its learning disabilities health check (Local Authority) register. The following codes apply

   **Learning disability health examination:**
   
   **Read v2** 69DB.
   **Read CTV3** XaPx2
   **Snomed CT** 381201000000100

   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 and
checking this is an integral part of the annual health check. For example, for those with Down’s Syndrome, additional monitoring may be required, e.g. thyroid function, cardiac defects, risk of early onset dementia. The RCGP website provides syndrome specific checklists for people with Down’s, Fragile X, Rett’s and Williams syndromes.

13. How is progress on DES-funded health checks monitored?

For 2012/13 health checks an annual data collection will find out how many people with a learning disability were eligible for the DES-funded check and how many received one in each PCT. These are published annually alongside research on the efficacy of annual health checks on the Learning Disability Public Health Observatory.

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14. How does the Learning Disabilities Annual Health Check relate to the NHS Health Check programme?

The NHS Health Check programme is a universal and systematic programme for everyone between the ages of 40-74 that will assess people’s risk of heart disease, stroke, kidney disease and diabetes and will support people to reduce or manage that risk through individually tailored advice. People will be called routinely every five years for the check. The checks are designed so they can be carried out in a variety of settings, and local authorities (who are now responsible for commissioning the NHS Health Check Programme) are being encouraged to think about the needs of people with learning disabilities when commissioning and implementing the programme.

The NHS Health Check programme is therefore focussed on assessing and managing risk factors for vascular disease. As such, it has a different focus to the DES-funded Learning Disabilities Health Check. Providers may wish to consider combining the two checks for people eligible for both where this is appropriate and practical.

Training

15. What training is needed to carry out DES-funded health checks?

Training should follow the specification outlined in the DES guidance. The guidance is clear that training is a pre-requisite for the delivery of the DES by a practice. NHS England should assure themselves that suitable training is offered and taken up by GP practices.

If GP practices can demonstrate to their local area team of NHS England that their continued professional development has covered the training component of the DES, then health checks undertaken will count towards the DES.
NHS England are responsible for determining how training is delivered to meet the needs of their local GP practices.

16. What about practices that have received training that does not fulfil the key content outlined in the specification. Do the health checks they have carried out count towards the vital sign?

It is for NHS England to determine whether individual practices have met the requirements of the DES specification.

It is important that practice staff supplement any e-learning training with locally provided face-to-face training that involves self-advocates with a learning disability to enable sharing of experiences and fulfilling the contract specification.

If there are concerns about availability of training, contact your Strategic Health Facilitator (where available) or NHS England for advice and support.

17. Is there additional training and information GPs and practice staff can access to help them deliver the DES-funded health check?

The Learning Disabilities Public Health Observatory www.ihal.org.uk has a suite of documents to support implementation of the DES.

Information on learning disability is available on the St George’s Intellectual disability and health website

Information and resources for understanding and meeting the needs of people with learning disabilities are hosted by easy health:

E-GP provide on line training, supported by the RCGP, and include a module on learning disability; there is also a guide for GPs developed by RCGP called A Step by Step guide for practices.

The Learning Disabilities Public Health Observatory has produced a

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in England and a report on the evidence.

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

It is the responsibility of NHS England to ensure that there is adequate local training on learning disability that meets the training specification outlined in the clinical DES.
Both Valuing People Now and the ‘Health Action Planning and Health Facilitation for people with learning disabilities: good practice guidance’ highlight that community learning disability teams should be providing support to GP practices.

If there are concerns about availability of training, contact your Strategic Health Facilitator (where available) or NHS England for advice and support.

19. What happens when GP practices will not take up the DES and deliver health checks?

NHS England are best placed to work with their GP practices and encourage a high take up of the DES. Where it is not possible to bring all GP practices into the DES it is important to ensure greater equality of healthcare for people with learning disabilities in other ways.

Approaches include:
- Neighbouring practices (that are participating in the DES) deliver the check and receive the payment
- Trained staff deliver the checks from drop-in centres
- Poly-systems and GP-led health centres are commissioned to provide additional checks on behalf of non-participating practices.

NHS England should make it clear that whilst participation in the DES may be optional, reasonable adjustments and systems to assure themselves that these are effective are legally mandatory.

20. How can practices increase uptake and efficacy of the check?

Community learning disability teams or health facilitators (where in post) are well placed to support practices to understand and meet the needs of their local learning disability population. Approaches include:

- Ensuring the invitation letter is easy to understand
- Giving flexible appointment times
- Making sure reasonable adjustments are in place in the surgery e.g. clear signage, trained reception staff
- Giving the patient an easy to understand record of their check and any action needed that can be included in their health action plan (see Health Action Planning Guidance)
- Continuing to work on improving the data collected about local people with learning disabilities
- Commissioning health facilitators to provide support and build the necessary links
- Ensuring good links between social care and GP practices

21. Should GP practices be paid when patients do not attend their appointment for a health check?
The DES is designed to deliver payment for health checks actually delivered. CQRS will calculate quarterly payments based on those patients whose clinical records show a learning disability health check as recorded taking place in the quarter.

If surgeries are having difficulties getting patients to attend, they should work with their Strategic Health Facilitator or local community learning disability team to help identify and overcome any problems.

If you have specific questions in relation to annual health checks for people with learning disabilities you should contact:

- your local Strategic Health Facilitator (where these posts exist),
- your local Commissioning Lead for Learning Disabilities