

**NHS DORSET CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
LEARNING DISABILITY HEALTH CHECKS**

Date of the meeting	04/10/2017
Author	A Geen, Senior Programme Lead, Dorset CCG
Purpose of Report	To provide an update to the committee on current performance, trajectory and improvement plan.
Recommendation	The Committee is asked to note the report.
Stakeholder Engagement	The report has been produced in partnership with the NHS Dorset CCG primary care team. There has been stakeholder engagement via a survey with practices.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : AG

1. Introduction

- 1.1 This report provides the committee with the background and strategic context of the Learning Disability Health Check Scheme. NHS Dorset CCG have been rated as requiring improvement in this area. An improvement plan is in progress and the purpose of this report is to provide the Committee with an update, the trajectory and actions required to improve.

2. Background

- 2.1 The details of the Learning Disability Health Check Scheme for 2017/2018 were set out in the annual General Medical Services (GMS) contract guidance. The financial payment for each health check carried out increased from £116 to £140 from April 2017. The Learning Disabilities Health Check Scheme DES is designed to support the Government's commitment to reduce the incidence of co-morbidities and premature deaths for people with learning disabilities and has been updated to support the recommendations from the Confidential Inquiry into premature deaths for people with learning disabilities (CIPOLD)¹.
- 2.2 This DES 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 an annual health check to all patients on the register, and then produce a Health Action plan. The key benefit of the Health Check assessment is that the physical and mental health needs for patients with a learning disability will be reviewed and addressed on an annual basis. Payment under this DES will be on a quarterly basis comprising £140 for each registered patient aged 14 and over in the financial year on the practice's agreed learning disabilities register who receives a compliant health check in that quarter. Only one payment may be made as regards to any patient, in a given practice, in any one financial year.
- 2.3 The requirements for taking part in the DES are as follows:
- the practice will establish and maintain a learning disabilities 'Health Check Register' of patients aged 14 and over with learning disabilities. This should be based on the practice QOF learning disabilities register (QOF indicator LD003) and any patients identified (and not already on the QOF LD register) who are known to Social Services;
 - the practice providing this service will be expected to have attended a multi-professional education session (training is mandatory for any new practices wishing to participate in this service and should be updated as the practice requires);
 - the practice will invite all patients on the register for an annual health check and produce a health action plan.

¹ <http://www.bris.ac.uk/media-library/sites/cipold/migrated/documents/finalreportexecsum.pdf>

3. National Strategy

- 3.1 The Government mandate to the NHS commits to separate assessments of CCGs in each clinical priority area: cancer, dementia, diabetes, learning disabilities, maternity and mental health. These six areas feature in the new 2016/17 CCG Improvement and Assessment Framework.
- 3.2 The NHS Operational Planning and Contracting Guidance (2017-2019) has set a target to improve access to healthcare for people with a learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.
- 3.3 NHS England (NHSE) has introduced a new National Electronic Health Check template for people with learning disabilities, agreed as part of the GP contract to be initiated from April 2017. The National Electronic Health Check clinical template for people with learning disabilities is to be made available to GP Practices through their GP IT system provider; NHSE is working to facilitate this. The template offers GPs a systematic approach to the Health Check which is code based, drawing on the existing patient record. This means that the structure of the template (dependant on IT system) can adjust according to the individual patient, for example screening questions will be gender and age appropriate and will only appear for eligible patients; similarly, immunisations will be drawn from the existing record whereby current requirements can be determined.

4. Report

- 4.1 NHSE rated NHS Dorset CCG as 'needing improvement' for the clinical priority area of Learning Disabilities in the CCG Improvement and Assessment Framework 2015/16. Indicators included in this measure are the rate of inpatients per million GP registered adult population for each Transforming Care Partnership and number of people with a learning disability who are on the GP register and receiving an annual health check during the year, of which the percentage according to NHSE for 2015/16 was 39% (based on an update on the 26.04.2017). The average for England was 37% in the same period, and data for 2016/17 is not currently available.
- 4.2 Appendix 1 shows the health check percentage uptake for 2013/14, 2014/15, 2015/16, 2016/17 and the first quarter of 2017/18 based on CQRS extract data produced by the Dorset CCG Primary Care team. There is a discrepancy between this and the NHSE data and the cause of this is not known.
- 4.3 Health checks data for 2016/17 (Appendix 1) shows that the number of health checks carried out increased each quarter throughout the year. The achievement for 2016/17 was 49.8% and for quarter one of 2016/17 was 5.6% (186 health checks). Quarter one of 2017/18 was 8.1% (278 health checks) which is an increase of 49% on the previous year. If this increase were maintained throughout the year, 2472 health checks would be carried out, which is 72% of the Q1 LD register of 3421.

- 4.4 NHSE reports that CCGs who have started work with their practices to understand the issues better have found that the data quality of the register is in some cases poor and a review of the eligibility of individuals for inclusion may be a good place to start local work so that health checks can be targeted at those meeting the criteria.

Summary of GP / Practice Manager Health Checks Survey

- 4.5 SurveyMonkey was used to generate a health checks survey which was sent to all GP practices through the CCG GP Practice Bulletin with a covering message from Dr Paul French emphasising the importance of health checks for people with learning disabilities and encouraging practices to complete the survey. Practices were given three weeks in January 2017 to complete the survey which had 14 questions (see Appendix 2). The survey was co-produced by the Health Action Group, which is facilitated by the CCG and includes members from learning disability voluntary sector organisations and staff from community and acute services.
- 4.6 Twenty-eight GP practices completed the survey. Most practices (85%) said they contact the person with a learning disability and/or the carer to arrange a health check appointment. When asked what information about health checks the practice provides, 57% said they provide a health check invite letter not in easy read and 43% in easy read. Some practices added to the comments box that they call the carer every year to invite the person with a learning disability to a health check. One practice said:
- 'we invite all patients on the register to an annual health check, but only 40-50% attend'.*
- 4.7 When asked about reasonable adjustments, 92% of practices provided a longer appointment time, 75% said they would ensure that the person had a representative to support them during the check and 57% said they would use the persons Yellow Health Book to understand their needs and update their health action plan. Only 39% said they would prepare communication methods to suit the patients' needs and none agreed with 'improving the environment with calming/distraction music or activities'.
- 4.8 Eight practices were aware that they could contact the community learning disabilities team for support, five said they would refer to the RCGP or Enhanced Service guidance for support, whilst twelve practices said they either did not have any support or would not know where to find support in delivering LD health checks. Nine practices had received training in the previous three years and a further six in the last twelve months about supporting people with learning disabilities in general, but not delivered by people with learning disabilities.
- 4.9 When asked what was difficult about delivering learning disability health checks, a range of free text answers were given of which the following three sum up a variety of the issues:

7.5

'Getting hold of the patients can be difficult, some carers/family have difficulty getting patients to attend leading to DNAs. Some patients are in denial about their diagnosis so it is {more} sensitive to invite to a health 'review'. A more comprehensive guide of what we should be offering and how best to deliver this'

'Contacting the patient and their carers and arranging appointments at times in the day when we have availability for the longer appointment time. A lot of people with LD attend day centres and the times they are able to come along for an appointment are often very limited and this also makes it quite challenging for the practice to organise. Some patients require a home visit which is also difficult to arrange and requires releasing a clinician from normal surgery in order to do the home visits. It is a very time consuming process contacting the patients and following up and organising and then sometimes they DNA of course and we have to start the process again'

'Some of the patients do not wish to attend (they do not consider themselves to have a learning disability)'

4.10 Twenty-two of 28 practices either did not know or were not sure who their link LD nurse was in the DHC community LD team and 23 (83%) had not heard of the Learning Disabilities Mortality Review Process.

4.11 The following service improvement action plan incorporates activity to address some of the issues raised through this survey, including a pilot of a new LD nurse role to support practices to manage their LD register and support patients to attend health checks in Bournemouth.

Service improvement Action Plan

Action	By	Status
1. Primary care team to send guidance to practices to help ensure LD registers and coding of health-checks undertaken are accurate.	June	Achieved
2. Communications (including easy read invite letters, guidance for practices, leaflets) to be sent to all practices, designed to help overcome barriers and improve uptake of health checks.	June	Achieved
3. Dorset Advocacy (through Experts by Experience contract) to deliver basic LD awareness training for GP practice staff, including basic summary of health checks.	10 GP practices by March 2018	1 GP practice training session carried out, training planned for other practices.
4. Primary Care team to monitor health checks achievement against target and continue to promote achievement at contract management meetings.	In progress	Ongoing
5. Primary Care Quality Team targeted work with low achieving practices to identify barriers and enablers to health checks delivery.	Visits to 4 low achieving practices per month	Ongoing

6. Dorset HealthCare community learning disability teams to share feedback from service users on their experiences of health checks to inform future service improvement.	Q1 2018	Not started
7. Dorset HealthCare community learning disability teams to pilot joint health checks clinics in primary care to support delivery and quality of health checks.	Jan – March 2018	Not started
8. Dorset HealthCare to add easy read leaflets/information on having a health check to the Dorset HealthCare website. The DHC webpage is: http://s661451919.websitehome.co.uk/useful-things-healthcare/leaflets/physical-health/health-checks	Leaflets – July	Completed
9. Dorset Healthcare Health Facilitator in place in Bournemouth (Pilot) will work to support practices improve health of people with a learning disability, including work around increasing the uptake of health checks. Impact to be reviewed by CCG and Dorset Healthcare	Facilitator in post Review impact: Dec	On target

Project Governance and Monitoring

- 4.12 Learning disability health checks are part of the Transforming Care Plan and monitored through the monthly milestone reporting to NHSE; and are part of the Health Action Group which reports to the Learning Disability Partnership Boards in Dorset, Poole and Bournemouth.
- 4.13 The Dorset CCG Primary Care Team monitors and manages the performance of the health checks DES.

5. Conclusion

- 5.1 The impact of the actions carried out to improve the uptake of annual health checks will be reviewed in December 2017 and the action plan will be refreshed as necessary to enable achievement of the health checks target.
- 5.2 The Committee is asked to note the current performance and improvement plan.

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APPENDICES	
Appendix 1	Health checks data for 2016/17
Appendix 2	SurveyMonkey Questions