
Audit Report

Assessing the quality of
annual health checks for
people with learning
disabilities



Rated: **GOLD**

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**Church View
Surgery**

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A review of the quality of learning disability annual health checks

In 2006, the Disability Rights Commission recommended the introduction of annual health checks (AHC's) for people with intellectual disabilities in England and Wales. [1] The health checks were introduced in England 2008 as part of a Direct Enhanced Service (now an Enhanced Service) to be provided by GP surgeries. Subsequently, AHC's for people with learning disabilities have been a key part of NHS plans to improve health outcomes and reduce premature mortality and as a 'reasonable adjustment' to address health inequalities.

The CIPOLD report (Heslop et al, 2013) highlighted the importance of using annual health checks proactively and that they should be used to plan for the future; adapting care as needs change and a vehicle for implementing health action plans.

During the coronavirus pandemic, NHS England advised that "in order to reduce the risk of increased unnecessary deaths amongst people with a learning disability during the coronavirus outbreak, it is essential that annual health checks continue to be carried out".

This report shares the results of an audit conducted by Dawn Garbett (Health Facilitation Lead) on 22/07/2021 of the annual health checks that were carried out at Church View Surgery (CVS). An interview took place with Amanda Parkes – Practice Nurse (PN), who completes the annual health checks along with the GP's and who provided all evidence that was requested and had an exemplary understanding of the health check process. The audit was requested by Primary Care Network managers. The aim of the audit was to establish how well the specifications of the ES were being met at the surgery. The annual health checks were undertaken April to April

2020/2021. The learning disability (LD) nurses have an established and good working relationship with CVS and staff regularly refer and liaises with the team. Even though there has been many challenges due to the coronavirus pandemic, some face to face annual health checks at the surgery continued and were carried out following government guidelines around PPE and safety to both patients and staff was the practice's priority. The LD staff also acted in an advisory capacity by email, telephone and Microsoft Teams when required.

***The audit only included patients aged 18 years and over, due to the auditors working in an adult learning disability service.**

The audit tool that was used is an update of one published by the Learning Disabilities Observatory in 2011, which is designed to support practices, primary care liaison staff, health facilitators and others to improve the uptake and quality of AHC's and thereby reduce the health inequalities experienced by people with learning disabilities.

The audit tool, which is based on six simple questions, supports GP practices to:

- 1) identify good practice
- 2) monitor progress
- 3) embed key 'reasonable adjustments' within primary care

The audit tool highlights 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.

Audit Questions

Domain 1: How well is the GP practice doing at performing the annual health checks.

CVS has an up to date and accurate learning disability register for their patients aged 18 and over (validated by the health facilitation lead) and all patients aged 14 and over were invited to the surgery for a health check. The surgery used an accepted health check template based on GMS contract requirement and there was evidence that all of the contract guidance that specifies the details of the checks was completed in full and had been undertaken by a PN and GP. There was evidence of safeguarding flags on the system following safeguarding concerns.

Accessible health action plans provided by the LD nurses were completed for patients following the health checks and although there was little evidence of Best Interest discussions taking place, the PN has taken this fully on board and will advise all health professionals to commence this best practice. The communication needs of patients had been clearly noted within the health check assessment and this was clearly flagged on the patients' medical records. All information provided to patients was in an easy read format where applicable, including invitation letters for the health check.

Domain 2: How well is the practice doing at identifying patients with learning disabilities?

All people on the Enhanced Service register were offered an AHC. The surgeries register is reviewed annually by the health facilitation nurse from the learning disability team and register validation is routinely subject to ongoing improvement. In addition, CVS staff were proactive this year in contacting the LD team to discuss patients who were new to the surgery or who had been 'case found' on the practice register. Read codes for conditions that may indicate

learning disability were reviewed by staff. Overall, there was clear evidence of improved prevalence on the practice register.

Domain 3: How well is the practice doing at arranging for people to attend for a health check?

Initially patients or their carers are called to arrange the health check, this is excellent as any reasonable adjustments can be made immediately. In accordance with the Accessible Information Standard, an accessible invite letter is then sent out to all patients confirming their appointment. Where challenges were identified, home visits were arranged. A phone call was made the day before the health check to remind patients of their appointment and an explanation was also provided to patients outlining the purpose of the checks. There is a no strike system in place and all patients are contacted to encourage them to attend for their health check. Covid 19 risk assessments were carried out with each patient prior to their appointments.

Domain 4. How well did the practice do at putting reasonable adjustments in place to maximise the effectiveness of annual health checks?

There was clear evidence made by the surgery in terms of their approach and provision of the health checks to ensure that patients were able to access the service in an equitable way. As previously mentioned, staff initially rang patients to book their appointments whereby any reasonable adjustments could be made immediately. Where this was not possible, home visits were carried out. Appointments were offered at a time when the surgery was less busy than usual and ran to schedule, resulting in minimal waiting time. Appointments were

extended where needed or conducted over a number of appointments. Clinical adjustments were made, for example; home visits to administer Covid-19 vaccinations. Amanda and the staff at CVS have worked extremely hard to support this vulnerable group of people in achieving optimum health and their passion shines through. Staff always go above and beyond for those with learning disabilities and staff regularly liaise with the learning disability team.

One lady who attended for her health check confirmed she wanted a cervical smear test; however confided in Amanda how anxious she was about the procedure. The lady had never had a smear test, so Amanda built a good rapport with her over several visits and listened to her anxieties and learnt how to adapt so the lady felt more comfortable. On the fourth attempt the smear test was successful. If it hadn't have been for Amanda's continuous support the lady would not have had this important screening test.

5. How well is the practice doing at arranging for and supporting the uptake of follow-up actions?

The patients were provided with an accessible health action plan which included all actions identified at their health check, which was recorded on their system. Referrals were made by CVS to the specialist learning disability team where indicated and staff liaised with the Local Authority and Social Services to ensure that all identified social care issues were addressed. Follow up appointments with GP and referrals to hospital or other primary care teams were evident. Additional steps were taken by staff to ensure that follow-up actions were undertaken and the necessary support was in place. Amanda is the LD lead within the surgery and all correspondence is forwarded to her. Regular reference to the lists composed also ensures all actions are completed.

6. How well are we doing at improving our practices?

Learning disability folders have been developed and are maintained by Amanda which all staff can access. Several lists have also been composed of who has received an annual health check and what actions need completing. Amanda is also a member of Sandwell's Learning Disability Champion Network. This network was set up by LD nurses who regularly distribute up to date information via email on pertinent topics related to improving the health of people with learning disabilities. **STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life.** It is evident that the surgery follows these guidelines and in-depth psychotropic medication reviews take place during the annual health check.

The surgery does not yet have an LD section on its website; however Amanda is going to discuss this with staff to ensure this is completed and will liaise with the LD team on suitable content. Feedback is gleaned from accessible evaluation forms and one patient stated, "The health check was thorough and everyone explained and listened to me".

Conclusion

There was evidence of exemplary practice in the philosophy General practice can play a vital role in improving holistic person-centred care for people with a learning disability to enable them to live their ambition of fulfilled lives in the community. Providing holistic care can improve outcomes and ensure people live safely by raising awareness of the risk of abuse of

vulnerable individuals. CVS goes above and beyond and the service given to their learning disabled patients is excellent and is one to be praised.

Reflecting on the practice's overall approach to how it cares for people with learning disability including looking at practice data on the rate of annual health check completion, use of an approved health check electronic template, health promotion activity including, cancer screening and vaccination rates, long term condition management and healthy living indicators (e.g. obesity, smoking, drugs, alcohol, sexual health). From completing the audit it is evident that it has reached the **gold** standard as outlined in the Public Health England audit tool and 76.9% of annual health checks have been completed.

The GP practice is working in accordance with the Accessible Information Standard. This means the practice:

1. asks people if they have any information or communication needs, and finds out how to meet their needs
2. records those needs clearly and in a set way
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
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
5. takes steps to ensure that people receive information which they can access and understand, and receive communication support if they need it

References

1. 'Equal Treatment - Closing the Gap'. London Disability Rights Commission, 2006
2. [6] Emerson E and Baines S 'Health Inequalities & People with Learning Disabilities in the UK' Improving Health and Lives website, 2010
3. Michael J. Healthcare for All: Report of the Independent Inquiry into Access to Healthcare for People with Learning Disabilities. London: Independent Inquiry into Access to Healthcare for People with Learning Disabilities, 2008.
4. Heslop P, Blair P, Fleming P, Hoghton M, Marriott A, Russ L Confidential Inquiry into the premature deaths of people with Learning Disabilities 2013
5. STOMP <https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>