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| Audit Report  Assessing the quality of annual health checks for people with learning disabilities |
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| December 2023  Authored by: Diane Webb |

Church View Surgery

Cradley Heath

Sandwell

Audit Report

## **Church View Surgery**

A review of the quality of learning disability annual health checks/ 2023.

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]](http://www.intellectualdisability.info/how-to-guides/articles/annual-health-checks-for-people-with-intellectual-disabilities-in-general-practice#_ftn1) The health checks were introduced in England in 2008 as part of a Direct Enhanced 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, reduce premature mortality and as a ‘reasonable adjustment’ to address health inequalities.

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

This report, authored by Diane Webb (senior specialist learning disability nurse) shares the results of an audit conducted by the author, of the most recent annual health checks that were carried out at Church View Surgery in Cradley Heath, as requested by the Black Country ICB. The aim of the audit was to establish how well the specifications of the Enhanced Service were being met at this surgery. The annual health checks were undertaken by a practice nurse and GP. The audit tool 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.

The audit was conducted in November 2023.

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

Audit Questions

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

Church View Surgery has an up to date and accurate learning disability register for their patients aged 18 and over. All patients on the registers aged 14 and over were invited for a health check. Church View used an accepted health check template based on the 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 appropriately trained healthcare practitioners. There was evidence of safeguarding flags on the system following safeguarding concerns.

Health action plans were generated for patients following the health checks and there was evidence of Best Interest discussions taking place. All information provided to patients was in an easy read format where applicable, including invitation letters for the health check (almost all patients that attended their appointment brought their invite letter).

Bronze-Silver-Gold ratings do not apply to Domain 1.

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. Churchview 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, the surgery is proactive in contacting the LD team to discuss patients who are new to the surgery or who have been ‘case found’ on the practice register. Overall, there was clear evidence of appropriate placement of patients on the practice register.

Indicator of success- Rated Gold Standard

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

It is recommended that if people do not attend their health check, practices should review their appointment process to ensure that reasonable adjustments are in place to increase attendance. There was clear evidence that Church View had met this standard.

Accessible invite letters were sent out to all patients eligible for a health check.

In accordance with the Accessible Information Standard, the receptionist followed up the written appointment letters with a telephone call to ensure attendance. Home visits were arranged for patients where problems in attending the surgery were identified.

Indicator of success- Rated Gold Standard

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

There was clear and extensive evidence of modifications made by Church View 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. Appointments were on schedule and waiting times were minimal. Appointments were extended where needed. Clinical reasonable adjustments were made and each patient was given an accessible feedback questionnaire to glean feedback about their health check experience.

Indicator of success- Rated Gold Standard

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

The patients were provided with a summary of actions identified at their health check, which were also recorded on EMIS. The clear record of actions specified who would do what and when. Signposting, follow up work for the surgery and referrals were made by the practice nurse and GP when required, and the learning disability nurse referred to the specialist LD service where indicated. A Safeguarding was raised by the GP at the health check for one patient, demonstrating a proactive approach to promoting the welfare of the patients registered at the surgery.

Indicator of success- Rated Gold Standard

6. How well is the practice doing at improving their practices?

The audit showed that there was a formal review process of the quality of healthcare that Church View provides to its patients with learning disabilities.

Patient feedback was undertaken in relation to the health checks, with support available for completion if needed.

Patients were given extra time in their appointments and difficult situations were managed well. There was clear evidence of social issues being addressed and for one patient, a Safeguarding was raised by the GP.

Communication between patients and the clinical and administrative team was excellent. Admin staff responded and dealt with an unexpected volatile issue between a patient and their carer in a highly professional and sensitive manner.

Indicator of success- Rated Silver/Gold Standard

Conclusion

The Church View Surgery audit demonstrated performance at a high level (gold) in 5 out of the 6 rated domains (not applicable to domain1). The health checks were well organised and LD nurses team were invited to join the appointments. The health checks were comprehensive, holistic and person centred and there were numerous examples of

Reasonable Adjustments throughout the health check process.

Areas of exemplary practice included;

1. The engagement with patients when organising the health checks.
2. Seeking advice from the PAMHS lead (LD service) during the organisation phase of the health check process)
3. The Reasonable Adjustments provided throughout the health check process.
4. Involving the learning disability nursing team in the delivery of the annual health checks
5. Addressing and responding to social issues identified in the health checks.
6. Ensuring that patients are participating in national screening programmes
7. Obtaining patient feedback to improve practice

**Areas for improvement**

1. The audit highlighted that the Accessible Information Standard (AIS), which is a legal requirement had not been entirely met. While it was evident that information about the patients’ communication needs had been recorded in the annual health check template, it had not been recorded using the specific codes on the patient record. The AIS (‘the Standard’) necessitates health professionals to identify, record, flag, share and meet the

information and communication needs of patients with a disability or sensory loss. The Standard requires GPs and other GP practice staff to record details of the patients communication needs in their patient record using specific terms or ‘codes’ which are listed in GP Practices’ clinical record systems. Recording information in a patient’s GP record is especially important, as it enables the information to be shared with other health and care professionals, including through the SCR.

Continuous quality improvement is a core objective of efficient and responsive health services and it is advisable therefore, that Churchview Surgery share this good practice with the wider PCN, to inform local service improvement.

References

[1]‘ Equal Treatment - Closing the Gap’. London Disability Rights Commission, 2006

[2] Heslop P, Blair P, Fleming P, Hoghton M, Marriott A, Russ L Confidential Inquiry into the premature deaths of people with Learning Disabilities 2013