Derbyshire Healthcare NHS
NHS Foundation Trust

Learning Disability Annual Health Check:

Quality Monitoring 2015

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Better together

Content:

Executive Summary

GPs began to be paid for providing Annual Health checks to adults with learning disabilities in 2008. At year end March 2015, GPs were paid £116 per health check completed. In Derbyshire the commissioning of the Learning Disability Annual Health checks, and the application of standards is the responsibility of NHS England's' North Midlands Local Area Team. Support for the LD AHC is provided by the Learning Disability Strategic Health Facilitation Team (SHF), employed by Derbyshire Healthcare NHS Foundation Trust and commissioned by Hardwick Clinical Commissioning Group. The Local Area Team provided guidance to GP Practices in 2014, which set out the quality expectations for delivery of the Annual Health check, and subsequent verification and monitoring. The Learning Disability SHF Team were requested by the commissioners, to conduct a number of Quality visits to GP practices in order to check their delivery of the LD AHC. 35% of GP Practices were visited between May and October 2015; all Derbyshire Clinical Commissioning Group areas were covered. The process involved searches of the GP electronic patient record and reviewing entries.

Main Findings from 30 practices

- All practices had a learning disability QOF register.
- They had all been previously visited by a SHF to help them identify which patients from the QOF list should be offered the Annual Health check. They had been advised to use the 'on learning disability register' Read code specifically for the health check. Most lists were coded correctly; however some practices had not removed this code from ineligible patients.
- Representatives from all practices had attended training within the last two years. Some practioners, identified via the Electronic Patient Record, delivering the health checks, had not had training.
- All practices apart from two were using an electronic template. Most used their own templates.
- Most practices did not invite **all** eligible patients.
- Invitation processes were mixed; many using easy read letters with additional follow up calls. Some used telephone calls only, some letters only. The most successful invitation processes (for lack of DNAs) used telephone calls, easy read invitation letters and a prompt the day before the appointment. Very few practices sent an easy read pre health check questionnaire.
- 50% of patients were provided with a Health Action Plan. A copy of information given to patients was difficult to find.
- 100% of those requested participated in the quality check part of the verification, with 87% running the requested Miquest Query as part of the reporting process.
- Physical health issues were covered in all health checks, some covered mental health and behaviour. Weight and BP was always checked. The majority of health checks also include ears/ eyes and chronic illness, plus medication reviews. Not all the inclusions expected in the health check were relevant for patient records reviewed e.g. epilepsy.
- It was difficult to judge if all conditions had been assessed as the templates did not allow for negative reporting. Most captured problems found rather than conditions discounted.
- Very few had specific syndrome checks or evidence of dysphagia assessment.
- Reasonable adjustments required in secondary care were not routinely passed on.
- Information provided in a format the patient can understand was only evident at 20% of practices.
- Good practice examples were found.

In order to provide quicker, easier and up to date access to resources, online web pages have been created. This now provides Derbyshire GP practices with the resources and guidance required to deliver the LD AHC via an internet link.

Recommendations

A number of recommendations have been made to each GP practice regarding the LD AHC, including use of the feedback reports as evidence for the CQC as how GP Practices are supporting people with learning disabilities.

- Use of Pre health checks Questionnaire.
- Improvements in information provided to patients with learning disabilities.
- Recording Health Action Plans in the patient's electronic record, so that it is available to review at subsequent appointments.
- Improvements in the invitation process.
- Use of newer electronic template.
- Use of easy read information.
- Use of correct READ codes.
- Recording and sharing communication needs
- Recording and sharing reasonable adjustments required.
- Specific syndrome checks e.g. Down Syndrome/ Fragile X
- Inclusion of cancer screening prompts
- Include Weight management advice and referrals
- Follow ups for non attenders.
- Desensitisation to enable patients to tolerate procedures that they find difficult.
- Inclusion of missing areas e.g. feet,
- Inclusion of record of consent in patient notes.

This report will be provided to the Local Area Team, and with their agreement shared with other Commissioners and the Clinical Commissioning Groups.

Commissioners should use the findings to support the review and future commissioning arrangements and monitoring of the LD AHC. The report will also be used as evidence to support the Learning Disability Joint Assessment Framework and subsequent action plans.

The Learning Disability Strategic Health Facilitation Team will review the process with the Local Area Team and continue to provide support for the LD AHC and monitor the quality of the Health checks.

Acknowledgements

Every report starts with some acknowledgements and thanks. Mine go to a number of people and services, to:

Judi Thorley, Hardwick CCG, for always wanting the best for people with learning disabilities, and for helping Derbyshire to improve the quality of their health checks.

NHS England North Midlands and East Local Area Team for their support and joint work.

All our Derbyshire GP Practice staff for welcoming our visits and accepting our advice.

Calow and Brimington Practice for search screen shots.

Moss Valley and Goyt Valley Medical Practices for search advice.

Russell Mason, DHCFT for audit advice.

DCHFT Learning Disability Strategic Health Facilitation Team for helping to develop the tools and process, for conducting all the quality visits and putting up with my nagging for reports.

Introduction

The following report gives a summary of findings from a number of visits in 2015 to GP Practices across Derbyshire. The visits were made by the Learning Disability Strategic Health Facilitation Team; qualified and experienced learning disability nurses. The aim of the visits was to check the quality of the health checks being given to people with learning disabilities, and the adherence to the guidance provided by the NHS England Local Area Team. Not all GP Practices were visited, though all Clinical Commissioning Group areas were covered. Further visits will be made to other practices to continue the monitoring process in 2016.

Background

Health checks for people with learning disabilities had been recommended, in primary care settings, for a number of years before they were formally introduced. In 2004 Mencap campaigned for their introduction and in 2005 a number of Derbyshire Dales GP Practices introduced yearly health checks. Erewash followed; a Long Eaton Practice also offered health checks. The Dales and Long Eaton health checks were instigated and supported by a Learning disability nurse. Since then national investigations and reports have concluded that regular comprehensive health checks are the best way to improve the health of people with learning disabilities. The evidence tells us that comprehensive health checks for people with learning disabilities do identify previously unrecognised health problems, some associated with life-threatening illness.

GP practices began to be paid for completing health checks for their patients with learning disabilities via a Direct Enhanced Service in 2008; this has continued each year. In 2010 The Derbyshire/ Derby City Primary Care Trusts were commissioning Health Checks from GP practices

and identified the need for increased support. The Learning Disability Commissioners requested that Derbyshire Mental Health Services (now Derbyshire Healthcare NHS Foundation Trust), provide a County wide Learning Disability Strategic Health Facilitation Service (SHF). One of its aims to promote and support the primary care physical health checks for adults with learning disabilities. The Learning Disability SHF Service have subsequently provided training to all the GP practices who take part in the Annual Health checks scheme, and have provided a range of support and background services.

The 2012 Health & Social Care Act changed the NHS landscape and the Clinical Commissioning Groups replaced Primary Care Trusts in April 2013. The commissioning of the Learning Disability Annual Health checks (LD AHC) and the application of standards became the responsibility of NHS England's' Local Area Team (LAT). Hardwick Clinical Commissioning Group has subsequently taken the lead for the commissioning of Learning Disability Services, on behalf of all the Clinical Commissioning Groups (CCGs) in Derbyshire. This means that in Derbyshire the GP practices are commissioned to deliver the LD AHC and receive payments from the North Midlands Local Area Team, whereas the support from the LD SHF Team is commissioned by Hardwick CCG.

Prior to the NHS changes in 2013 monitoring arrangements had rested with Primary Care Trusts, who were experienced in primary care commissioning, but had little understanding of the health and communication issues faced by people with learning disabilities. GP Practices across Derbyshire were paid based upon claims submitted and in Derby the LD AHC had been part of a 'bundle' of services, with no checks of adherence to the guidance. The early years were about establishing the health checks into practices, the new commissioners have put more emphasis on the quality of the LD AHC. Supported by the SHF Team the Local Area Team provided guidance to GP Practices in 2014, which set out the quality expectations for delivery of the Annual Health check, and subsequent verification and monitoring. Public Health England highlighted this as an area of good practice in their 2015 report '*Health checks for people with learning disabilities: including young people aged 14 and over and producing health action plans.'* The LAT guidance has been updated and re-circulated since to include the changes in 2015.The Learning Disability SHF Team were requested by the Learning Disability Services and LAT Commissioners, to conduct a number of Quality visits to GP practices in order to check their delivery of the LD AHC. We agreed to conduct 25 Quality Health checks, approximately 21% of the GP Practices.

Information about the numbers of health checks given are collated as part of the Learning Disability Self Assessment Framework. Public Health England publishes learning disability health check information online and compares areas nationally; comparators of quality are not yet available.

In the year end March 2015 Derbyshire GPs were paid £264,132 for delivering health checks to 2277 people with learning disabilities.

Erewash GPs:	£17052	147 health checks
Hardwick GPs:	£30972	267 health checks
North Derbyshire GPs:	£96396	831 health checks
South Derbyshire GPs:	£119712	1032 health checks

Learning Disability Annual Health Check Expectations

Guidance DES
Learning Disabilities 2

Embedded is a copy of guidance sent to GP Practices which covers the year end March 2015. This is based upon details set out in the annual General Medical Services contract guidance and supporting documents from NHS Employers. Practices first had to opt in to provide the LD AHC, it is the choice of the GP practice to offer the health checks, the scheme is not compulsory. Supporting information (packs) has been provided to all Practices in hard copy and via email.

A summary of the GP Practice requirements participating in the scheme is below:

<table>
<tr><th>Pre and post health check:</th><th>minimum inclusions for health check</th></tr>
<tr><td>Establish and maintain a learning disabilities 'health check register' of patients aged 14 and over with learning disabilities by using the supplied Read Codes.
The list must be agreed with one of the SHF Team who help to establish the register.</td><td rowspan="9">a collaborative review with the patient and carer (where applicable) of physical and mental health with referral through the usual practice routes if health problems are identified, including:
- physical examination, BMI, waist, BP, ears, feet
- chronic illness and systems enquiry
- check and prompt of participation in age related screening programmes e.g. cancer.
- epilepsy
- dysphagia
- behaviour and mental health
- specific syndrome check e.g. Down Syndrome, Rett Syndrome etc.
a check on the accuracy and appropriateness of prescribed medications
a review of coordination arrangements with secondary care, recording likely reasonable adjustments should secondary care be needed e.g. longer appointments required, need for easy read information or carer accommodation etc.
a review of transition arrangements where appropriate for younger people, and those changing accommodation or care provider.
a review of communication needs, particularly how the person might communicate pain or distress
support for the patient to manage their own health and make decisions about their health and healthcare, including through providing information in a format they can understand.
Produce health action plan
Give to patient/ include in EPR</td></tr>
<tr><td>Attend an educational session within a 2 year period.</td></tr>
<tr><td>Use an electronic template, preferably the ‘DerbysLD2014.’</td></tr>
<tr><td>Invite all eligible patients annually; easy read format/ process should be used.</td></tr>
<tr><td>Send Pre health check questionnaire to patient</td></tr>
<tr><td>Produce a health action Plan</td></tr>
<tr><td>Enter data and check info on CQRS in order to be paid-use correct read code for AHC</td></tr>
<tr><td>Participate in verification</td></tr>
<tr><td>Run LD miquest query at year end</td></tr>
</table>

Process

We looked for a tool to help us to use within the quality checks. The Improving Health and Lives Team produced an audit tool in 2011 which provided 'Indicators of Success' regarding the LD Annual Health Check. The East Midlands Regional Strategic Health Facilitation Network had previously started to produce a quality tool (2009) which we also took into consideration. Our colleagues in Northamptonshire had shared their process with us including GP practice, carer and patient feedback. We had adapted these tools and used them in 2011, however this was based upon self reporting and did not review practice records. We also had a problem in capturing patient feedback, as unless we asked questions upon immediately leaving the health check, often the recall was difficult for people with learning disabilities. Carer feedback has been requested by Derbyshire family carers via a survey on the LD Carers website which we have publicised and supported so we did not need to replicate this. The LD Carers are due to report on their findings in 2016. Also in 2015 Healthwatch Derbyshire conducted a review of access to Health Services which involved asking people with learning disabilities, and their carers, about their experiences. This includes questions about their experiences of the LD AHC; their report is also expected in 2016.

Having contacted the DHCFT Audit lead for advice it became evident that the Team were not conducting an audit, we were in fact looking at performance management or service evaluation The quality checks were based upon the Local Area Team guidance and meant that the Strategic Health Facilitators needed to prepare a 'tool' to complete. We produced the appendix included to work from and capture information. We also produced our own guides as to how to search the GP Electronic systems with the help of Brimington & Calow, Moss Valley and Goyt Valley GP Practices.

The expected process was as follows for the Strategic Health Facilitator (LD Nurse):

1. Prior to Practice visit gather information from LAT/SHF agreed register/ SHF training register.
2. Visit GP Practices (commencing May 2015) to conduct quality check.
3. Run search for Learning disability 'QOF' register QOF indicator LD003
4. Run search for numbers of people on 'LD register'918e/ XaKYb
5. Run search for numbers of patients given LD annual Health check 69DB/XaPx2
6. Run search for numbers of patients with LD Health Action Plan completed 9HB4/ XaJsd
7. Run search for LD Health action plan reviewed 9HB2/ XaJWA
8. Run search for LD Health action plan declined 9HB0/XaJW9
9. Review approx. 5 patient notes of patients with LD AHC recorded February/ March 2015
10. Complete template, one for each GP practice.
11. Provide verbal feedback on findings to GP Practice
12. Enter findings onto Team Excel spread sheet.
13. Write & forward report for individual practice to use as CQC evidence and recommendations.

Each Strategic Health Facilitator links to a number of GP Practices. We commenced visits to carry out quality checks with our links in May 2015. Between May and October 2015 41 GP practices were visited. We exceeded our initial plan and actually visited 35 % of Derbyshire's GP Practices. All were welcoming and extremely helpful. With our initial visits we required help with the searches as this was new territory for us and we would like to give a special mention to Moss Valley, Goyt Valley and Calow & Brimington who helped us by sharing their knowledge and expertise regarding TPP system1 and EMIS.

Derbyshire currently has 119 GP Practices, all have signed up to the LD AHC apart from one. Our checks considered the time period for the year end March 2015 when Derbyshire had 120 practices, with 119 participating in the LD AHC. Not all were visited during the time period covered by this report, though all four Derbyshire Clinical Commissioning Group areas were covered.

Derbyshire GP Practices visited as part of Quality Check		
North Derbyshire CCG- Of 36 practices we visited 12 (33%)	Barlborough Evelyn Goyt Valley Killamarsh Springs Welbeck Rd	Brimington and Calow Eyam Hasland Moss valley Stubley Wheatbridge
Erewash CCG- Of 12 practices we visited 7 (58%)	Adam house College St Eden Golden Brook Gladstone Littlewick Park View	
Hardwick- Of 16 practices we visited 8 (50%)	Blackwell Blue Dykes Clay Cross Medical Emmett Carr Crags Grassmoor North Wingfield St Lawrence Rd	
South Derbyshire- Of 56 practices we visited 14 (25%) (this would have been 15 but one hadn't done any Health checks)	Charnwood Gresleydale Newhall Parkfields Somercotes West Hallam West Hallam	Derby family Heartwood Overseal Riversdale Swadlincote Whitemoor Wilson street

Findings

The information is lifted from the reports completed for the GP practices by the LD SHF Team. At the time of writing Erewash and three reports for Hardwick CCG were unavailable due to long term absence of a Team member. Four other quality checks were done at the same time as establishing the learning disability register, and full details of all sections were not taken away by the SHF. Findings are based upon 26 full reports and partial availability from another four.

Summary of findings Derbyshire LD AHC	
Pre and post health check:	**Findings**
Establish and maintain a learning disabilities 'health check register' of patients aged 14 and over with learning disabilities by using the supplied Read Codes. The list must be agreed with one of the SHF Team who help to establish the register.	All practices had a learning disability QOF register. They had all been previously visited by a SHF to help them identify which patients from the QOF list should be offered the Annual Health check. They had been advised to use the 'on learning disability register' Read code specifically for the health check. Most lists were coded correctly however we found that some practices had not removed this code from ineligible patients. Median size of register 34. Range 4-110.
Attend an educational session within a 2 year period.	Representatives from all practices had attended training within the last two years. However we found that some practioners (we identified via the EPR), delivering the health checks, had not had training. We were able to subsequently address this by providing bespoke sessions.
Use an electronic template, preferably the 'DerbysLD2014.'	All practices apart from two were using an electronic template. Most were using their own templates. A couple were using the old PCT template. We were able to highlight how this had meant that coding had been incorrectly applied and some areas of the health check not recorded on the EPR.
Invite all eligible patients annually; easy read format/ process should be used.	Most practices did not invite **all** eligible patients. Invitation processes were mixed. Many using easy read letters with additional follow up calls. Some used telephone calls only, some letters only. The most successful invitation processes (for lack of DNAs) used telephone calls, easy read invitation letters and a prompt the day before the appointment.
Send Pre health check questionnaire to patient	Very few practices sent an easy read pre health check questionnaire.
Produce a health action Plan Give to patient/ include in EPR	49% READ coded that a Health action plan had been created. An additional practice had evidence of HAP in the system but had not coded it. Copies of information given to patients were difficult to find.
Enter data and check info on CQRS in order to be paid-use correct read code for AHC	Manual entries were provided by GP Practices as the system was not yet fully automated..

Participate in verification	100% of those requested participated in the quality check part of the verification.
Run LD miquest query at year end	87% ran the Miquest Query
Minimum inclusions for health check	
a collaborative review with the patient and carer (where applicable) of physical and mental health with referral through the usual practice routes if health problems are identified, including: - physical examination, BMI, waist, BP, ears, feet - chronic illness and systems enquiry - check and prompt of participation in age related screening programmes eg cancer. - epilepsy - dysphagia - behaviour and mental health - specific syndrome check e.g. Down Syndrome, Rett Syndrome etc a check on the accuracy and appropriateness of prescribed medications a review of coordination arrangements with secondary care, recording likely reasonable adjustments should secondary care be needed e.g. longer appointments required, need for easy read information or carer accommodation etc. a review of transition arrangements where appropriate for younger people, and those changing accommodation or care provider. a review of communication needs, particularly how the person might communicate pain or distress support for the patient to manage their own health and make decisions about their health and healthcare, including through providing information in a format they can understand.	18% of patient records reviewed. Physical health issues were covered in all health checks. Some covered mental health and behaviour. Weight and BP was always checked. The majority of health checks also include ears/ eyes and chronic illness, plus medication reviews. Very few had specific syndrome checks or considered dysphagia. Reasonable adjustments required in secondary care were not routinely passed on. Information provided in a format the patient can understand only evident at 20% of practices.

Registers

Since 2011 the Strategic Health facilitation team have been visiting practices to help with registers and to generally offer support around the Annual Health checks. All practices have had their Learning Disability Health check registers reviewed. The number is always likely to be less than the QOF register as people with learning difficulties and learning disabilities are included on the QOF.The population is also likely to change slightly throughout the year as people move/ die. This was reflected in our findings.

The Learning Disability Health check criteria changed from the previous years for April 2014-15, and started to include people from aged 14 upwards. The eligibility had previously been for adults only. Identifying those in the 14- 17 age group, in order that they could be included in the health check register at their GP practice, has proved to be difficult to achieve. We developed a letter that we

thought could be used by school nurse to send to GP's to alert them to the young people at school with learning disabilities who are eligible for a health check. However this was not supported fully by School Nurses.

Paediatricians keep a data base of all young people known to them in Derby city and in the south of the county, this information could in theory be shared with GP's. However this relies on the paediatrician making a diagnosis of learning disability in the first instance. There is no such database in existence for young people in the North of the county. Work has been undertaken by the SHF team to make Social Workers, children's services including Paediatricians and School nurses aware of the 14+ primary care health check; with the suggestion to them that they highlight this at the year 9 school review. A "poster" has been circulated on a termly basis.

The SHF Team also include the need for health checks for this age group within the GP enhanced service training, so practices have an increased knowledge about searching for this group of patients within their own practice populations. Each practice tends to have on average 2-3 young people added to their register aged 14-17.

Registers ranged in size from 4- 110 people with learning disabilities being eligible for the annual health check. The median was 34 (based upon 27 GP practices).

Within the 2014-15 Enhanced service there were slight changes to coding also. This information was included in the guidance sent out to practices, and covered in the training. However some of the new criteria were apparently missed by practices.

The advice given to practices is to use the Read code 'On Learning disability register' only for eligibility for the AHC, people tend to be double coded and this would not effect the QOF register if removed. Many people on the QOF list are not eligible for the learning disability annual health check (they have learning difficulties not disabilities) and some do not attend as they do not see this relevant to them. We therefore advise that they remain on the QOF list but are removed from the Health check ('on learning disability register' list). On some occasions we found that people were still on the health check list when the practice had been asked to remove them. We were able to address this on the visit.

Education session

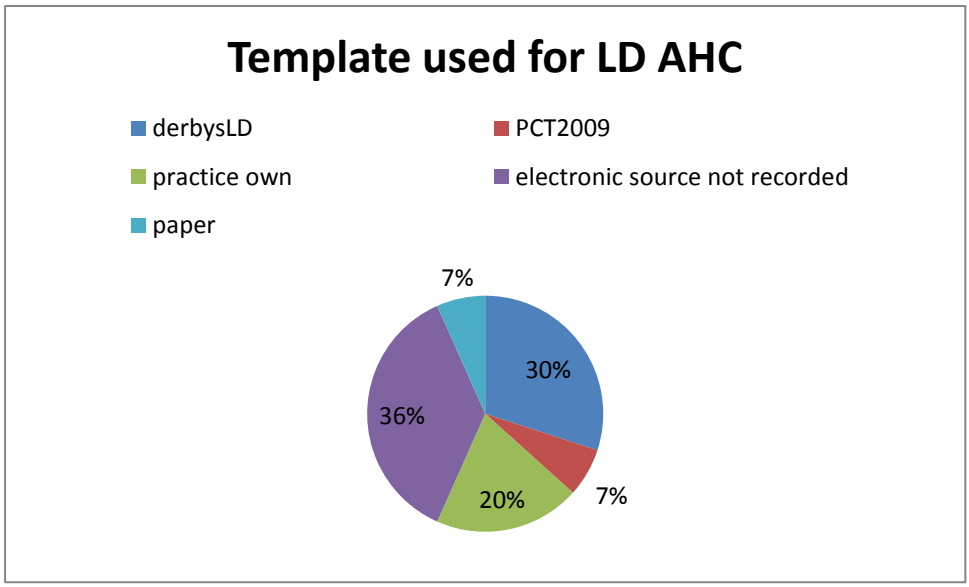
The SHF Team run formal bookable sessions throughout the year, we also provide 'bespoke' sessions particularly suitable to larger practices where more people need to be trained. The guidance lists what needs to be included in the sessions. We also use the data from the previous years Miquest query to feedback to practices the health status of their learning disabled population. We are able to use this to compare health issues with their general population. We have also included Confidential Inquiry into premature death (CIPOLD 2013) information and have used the video produced by the MISFITS theatre company to aid learning.

53 educational sessions were delivered by the SHF team 1 April 2013 – 31st March 2015. This captured all GP practices. It was the responsibility of the practices to identify personnel to attend. We have found on our quality checks that some of the practitioners delivering the health checks have not been the people from the practice who attended the training. We have been able to deliver additional training for those practices. This suggests that there is likely to be clinicians at practices

not visited as part of the quality checks that have not attended training and are completing health checks. Though this is not relevant to their clinical competence the training helps them to understand the relevance of reasonable adjustments, the importance of certain inclusions and the process of the AHC.

Template:

When the LD AHC first started in 2008, the recommendation was to use the Cardiff template. However this was a pdf or paper version which did not link to the electronic patient record (EPR). Some practices created their own templates to support the completion of the health check and recording. Some of these do not include all aspects required and Clinicians are using their own experience and judgement to add to them via the patient log. In around 2009 the template recommended for the LD AHC in Derbyshire was originally called 'PCT template,' this was created with the support of Derwent Shared Services Informatics team. There were problems with aspects of it and it was updated in 2014, the recommended template has since been called 'DerbysLD.' We found some practices still using the older version, and most still using their own electronic template. Two were using a paper version and then adding information into the EPR.



DerbysLD	9
PCT2009	2
practice own	6
electronic (source not recorded)	11
paper	2

The 'DerbysLD' is recommended as it includes all aspects of the health check that needs to be covered; it guides the clinician and also contains the correct Read codes. This has again been updated in 2015 and practices need to check each year that they have downloaded the correct version. Many practices have switched to the Derbys LD template since the quality check. There are problems in that the template does not allow 'negative' recording. This means that if no problem has been found, unless the clinician records in free text, then the information that something has been

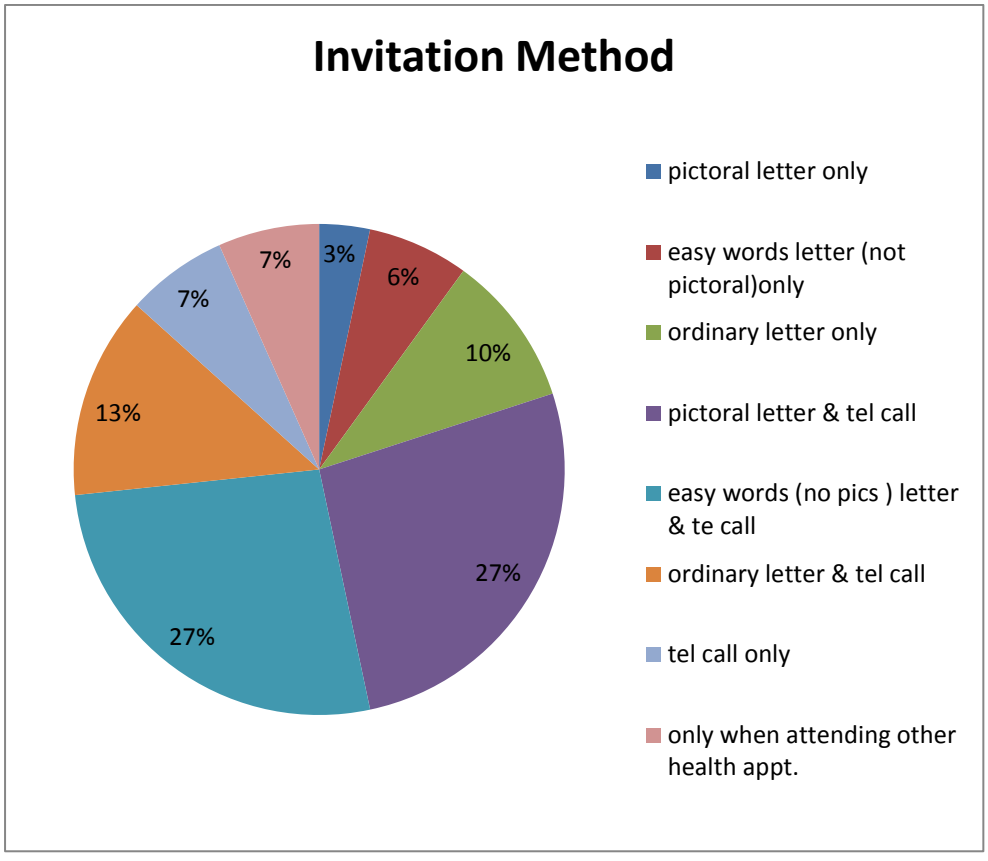
checked is not captured. This has been raised with GEM Informatics, however they insist that there is no way that negative reports can be added as there are no applicable read codes. In our checks we could not always tell if an area had been considered unless a problem had been found. We have to presume that if the clinician has followed the template they have therefore covered all areas that need to be included as part of the check.

Invite all eligible patients annually; easy read format/ process should be used

Only four of the 30 GP Practices with SHF reports available had invited everyone on their learning disability list eligible for the Annual Health check.

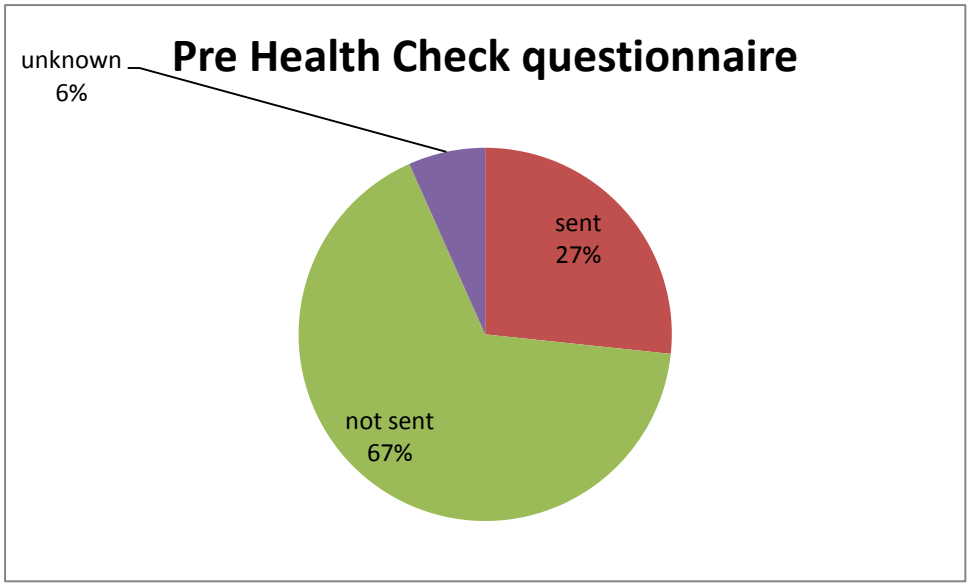
All practices had previously been given a pack of information that included a pictoral easy read template letter. They had also been given a web link to a site to enable them to make their own easy read letters. The invitation process varied from ordinary letters to the use of pictoral easy read some used telephone invitations.

Six practices mentioned inviting patients during other consultations or health appointments, two of these only seemed to invite people opportunistically. The majority used a mix of methods. Practices that had a higher percentage of their patients with learning disabilities attending followed up the initial invitation with a prompt, often a telephone call the day before. 18 practices (60%) used a prompt, mostly a telephone call. Based upon percentage of LD AHC completed, compared to size of register, practices with the least response used an ordinary letter only.



Send Pre health check questionnaire to patient

8 out of 30 sent a pre health check questionnaire. The majority (20) did not send a pre health check questionnaire. The information was not present in two reports and therefore unknown if the practice used a pre health check questionnaire.

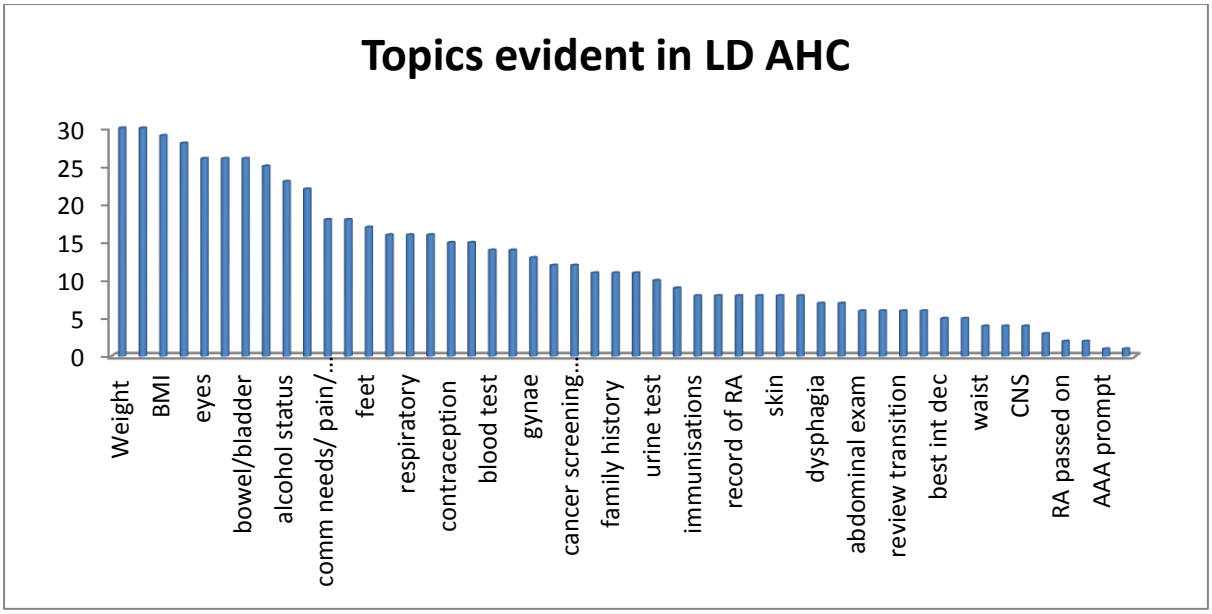


The pre-health check questionnaire is useful as it helps the patient and carer to understand the content of the health check and identify any relevant issues prior to attending the appointment. For people living in care homes or supported living with a number of paid carers it is particularly helpful to the GP practice. It allows information to be gathered prior to the appointment which may otherwise be unknown by a paid carer accompanying the patient. Copies of recommended questionnaires have been provided to the practices, and will be emphasised in future updates.

Content of Health Check

Where clinicians have used a comprehensive electronic template e.g. DerbysLD, we would presume that each section has been assessed. Where the template does not cover all areas within the health check it suggests that not all areas of need have been checked. However, we have noticed that some clinicians use their own judgement and make inclusions that are not part of their practice template. As explained earlier in this report, negative reporting is not possible within some templates including the DerbysLD, so evidence that all required areas have been covered is not always available.

The graph that follows shows where we have seen evidence in the clinical record or template that the area has definitely been considered by that GP Practice. Some inclusions suggested by the guidance would not be expected in 100% of individual patient records e.g. transition arrangements, as these would not apply to all patients. The SHF team tried to review on average 5 sets of patient notes at each practice. Where only a small number of health checks had been completed this wasn't possible. There were a minimum of 118 records (18%) reviewed which inform our findings in regard to the content of the health check.



All included weight which was pleasing as we have emphasised this in the training due to weight management being a problem in people with learning disabilities. Disappointingly however, we have provided tape measures to all practices to prompt them to take waist measurements; only 4 practices (13%) recorded waist measurements. Most practices recorded BMI, in order to calculate BMI height measurements are required and one practice did not appear to measure height. This is difficult for some people who use wheelchairs and this is one of the reasons that we provided the tape measures as, in addition to BMI, waist circumference can indicate obesity, diabetes, CHD risk and malnourishment.

All the practices recorded BP within the LD annual health check.

Ears/ hearing and eyes/ vision were considered by 87% of practices, as were bladder/ bowel assessments.85% included medication reviews within the LD AHC.

Communication needs, particularly how the person might communicate pain or distress, were recorded by 60% of practices. 27% recorded the patients' needs for reasonable adjustment, but only 7% passed on information about the reasonable adjustments required to secondary care services. This needs to be increased to respond to the Accessible Information Standard by July 2016.

Consent recordings were not evident; however we did find that 17% had recorded the best interest decision making process and decision.

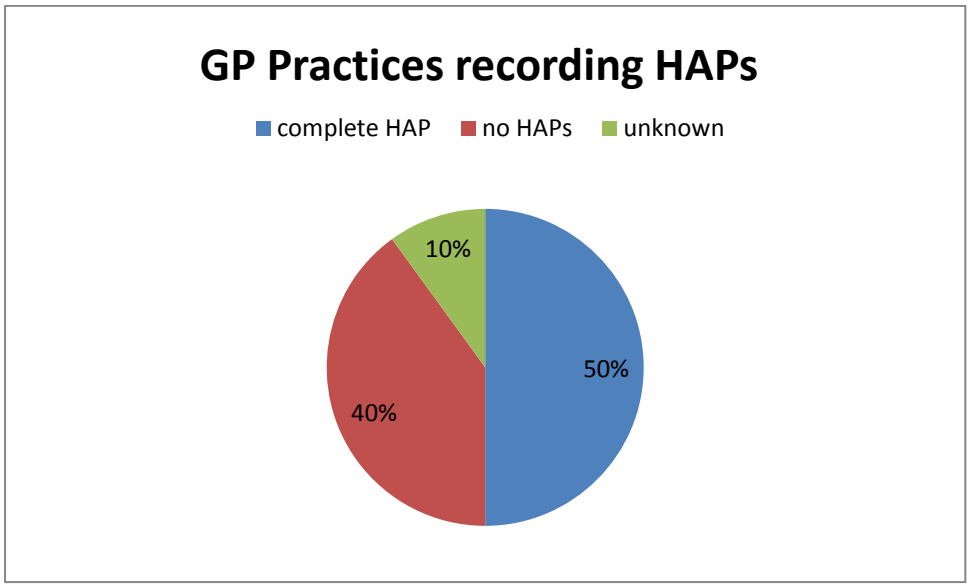
We would expect respiratory issues to have been a higher figure given that this is main cause of premature death for people with LD. Just over half (53%) recorded discussions or checks about respiratory related issues. Dementia was only considered by 4 practices (13%), we would also expect this to be higher.

20% of people die from cancer, however we only found 40% of practices prompted age related cancer screening. We have put in a bid (embedded appendix) to NHS England to try and support reimbursements into practices for more formal prompts to patients with LD for the three National cancer screening programmes.

Produce a health action Plan and give to patient/ include in EPR

49% of GP Practices recorded that a Health action plan had been created using Read codes. An additional practice had evidence of a HAP in the system but had not read coded it. This has been included in the figures as being recorded as it was in the log. We found that 15 practices recorded that they had completed a Health Action Plan, 12 had no record and for 3 practices the information is missing from the SHF report. Of the 30 GP quality reports, 4 did not include a search for Health Action Plans, 26 practices were searched.

320 health action plans were recoded onto the GP systems as being completed which equates to 50% of people who had a health check being given a Health Action Plan.



A health action plan identifies the patient's health needs, what will happen about them (including what the patient needs to do), who will help and when this will be reviewed. The focus of the health action plan should be key action points (whether for the patient, the practice, or other relevant parties involved in the patient's care) and agreed with the patient and carer (where applicable). It should also summarise what was discussed and any other relevant information (e.g. what is important to the patient, what their goals or outcomes are that they want to achieve). Where the patient has a personalised advanced care plan in place, it is expected that this would also form part of the patient's health action plan. It may include health promotion activity, monitoring e.g. weight, referrals to community health and acute services, pain management etc. Other examples include recommendations for sight tests, dental checks, self management etc.

This can be created at the time of the health check using the section provided in the local electronic template in the GP clinical system. This needs to be printed and completed. The patient should be given a copy and the practice should ensure a copy is scanned into the electronic record. Alternatively the practice can use health action plan template provided, to create their own electronic version which can be completed on screen and printed off for the patient.

The practice should ensure that the health action plan is provided in the best format for the patient to maximise their understanding and involvement, this may mean a format more suitable for a carer or advocate supporting them to understand its content. Some patients may bring with them their

own health action plan, which can be updated following findings at the annual health check. This could be one that their service provider or carer helps them with. Many people in Derbyshire have a blue health file which is used as a health action plan. The advice can be added to the health file using the health action plan template. For young people the health action plan should consider the move from children's health services into adult services.

A post health check action plan patient letter, written in easy read format is provided in the LAT guidance which would cover the requirement should HAP not be produced in the consultation.

The clinician should record the actions in the clinical record. We found that though the HAP had been recorded as being completed via Read coding, not all practices kept a copy or logged the health actions required. Progress would then be difficult to monitor. Other practices using the pre health questionnaire added the Hap to the relevant section of the questionnaire, or the patients own documentation, again a record of advice given was not always added to the electronic patient record.

It is likely that more Health Action Plans have been completed but not recorded in the GP Practice system. This is something that will be emphasised in the 2016 updates.

CQRS

Calculating Quality Reporting Service CQRS is used by the NHS to record GP practice participation and to process and display information. The information collection process involves gathering information in the form of data and copying it from one system to another. Data is usually collected automatically over a specified period of time, known as an extract. NHS England area teams offer GPs the option to participate in collections for a service and then GPs agree to participate in collections for that service on CQRS. If required, GP staff enter information manually into CQRS. GPs check the information collected is the same as is in their clinical system. As it is payment related, GPs 'declare' information from that collection to area teams to approve using CQRS.

During 2014-15 GP information for the LD AHC needed to be inputted by hand into CQRS because the service had not yet been set up for automated collection. Specific Read Codes are advised in order to ensure that when the system is fully automated the right information will be collected. For payment purposed Read codes are used to identify the patient as having a learning disability and to show that the patient has received a Health check during the year. Without both being coded to the patient correctly in future payments will not be triggered.

During our checks we found that some practices were using incorrect codes either to identify the patient, or the health check or both. Some practices were using codes that identified a health assessment rather than health examination had taken place. We were able to advice corrections.

The following is an excerpt from one of the reports sent to a GP Practice; all 5 SHF found this in at least one practice that they visited:

'I noticed that on occasions an incorrect read code of XaQL3 had been applied (Learning Disability Health assessment) instead of XaPx2 (Learning Disability Health Examination). This will result in non payment of £116 per health check.'

Comparison of GP Practice LD AHC completed					
GP PRACTICE	Search of GP system to show LD AHC completed using Read codes XaPx2 & XaQL3	LD AHC paid by LAT	claim Higher = H claim Lower = L claim same= = no data to compare= ?	Difference in total of annual health checks completed	% of LD AHC completed compared to register
1	17	12	L	+5	45
2	31	31	=	-	100
3	-	17	?	-	16
4	-	2	?	-	3
5	56	56	=	-	51
6	-	74	?	-	80
7	31	23	L	+8	62
8	27	27	=	-	79
9	34	35	H	-1	41
10	12	12	=	-	35
11	4	13	H	-9	100
12	45	43	L	+2	79
13	-	6	?	-	25
14	-	11	?	-	31
15	-	10	?	-	50
16	-	12	?	-	67
17	1	1	=	-	7
18	-	0	?	-	0
19	17	28	H	-11	100
20	-	0	?	-	0
21	-	29	?	-	44
22	7	6	L	+1	88
23	33	25	L	+8	100
24	36	28	L	+8	100
25	2	0	L	+2	50
26	10	10	=	-	100
27	66	66	=	-	69
28	-	16	?	-	89
29	11	11	=	-	58
30	42	47	H	-5	90

651 health checks were claimed by the 30 practices.

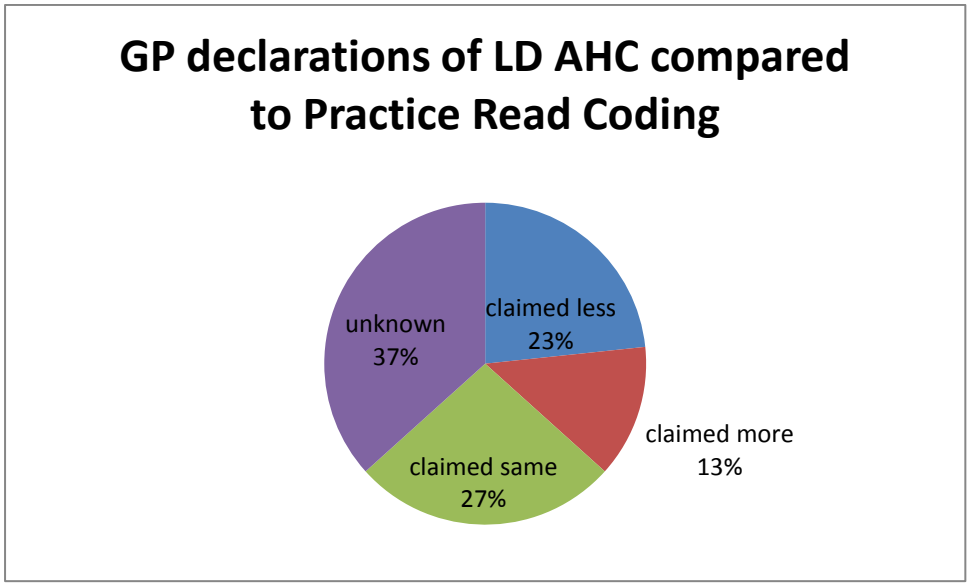
On comparing the searches completed in the practice with the claims paid by the LAT we could see that:

7 of 30 Practices had recorded that they had completed the LD AHC but had claimed a lesser amount.

4 of 30 had claimed for more than the search using Read codes revealed.

8 claimed for the same amount as was indicated by the search.

11 of 30 we cannot match as the SHF did not conduct the search.



659 health checks would have been paid via Read coding only. Many would not have been paid if the only read code accepted was XaPx2 (or EMIS equivalent) as per guidance.

The numbers of health checks completed each year form part of the return by the Clinical Commissioning Groups and Local Authority to Public Health England, as part of the Learning disability Joint self assessment framework. We currently have a variation in numbers completed depending upon which source is used. The most reliable source of information about numbers of health checks completed is seen to be the numbers claimed for. This is used and then checked with practices either via email or telephone calls. In future this is likely to be generated by the CQRS system and will only be correct if the correct Read codes are used. We have emphasised this in the updates given to practices and use the information obtained from the LAT about claims and the miquest query to highlight variations in figures.

Miquest Query

Every year since 2009, the NHS has been asked to report on how well it is doing to support the health needs of people with learning disabilities. Primary Care Trusts were originally responsible for providing the information as part of the Learning Disability Self Assessment. Since the NHS changes previously discussed this has become the responsibility of the CCGs. Hardwick CCG as lead for learning disabilities provides the response on behalf of all the Derbyshire CCGs. Last year this became a joint report with the Local Authorities.

In order to provide the information, data is required from GP practices about the health checks and health status of people with learning disabilities, compared to the general population. This is not readily available and we have needed to create a data set in order to capture this information. GPs are asked to run a report using a Miquest Query at year end as part of the reporting requirement of the LD AHC. The request goes to GP Practice Managers alongside other report requests from the Informatics Team currently based within GEM.

As in previous years many practices failed to complete the query, however this year we became aware that there was a licensing issue with Quest browser for Derby City practices. This took some time to resolve, but eventually it was confirmed that the City practices were able to run the query using Quest Browser and the information would be available to our Public Health analyst.

A number of reminders were sent to practices between May and October. The most successful response followed a reminder from the LAT in October 2015. Some practices had difficulty with the system and required support from the Informatics Team or the Computer Room. Eventually we had to cease requests in order to have the report, which is given to the LD Commissioners and SHF team as an excel spread sheet. 103 (87%) GP practices completed the miquest query which gives a vast amount of information and supports the delivery of activity to reduce health inequalities.

Reports via Miquest Query have been provided by:

Erewash CCG GP Practices	11
Hardwick CCG GP Practices	11
North Derbyshire CCG GP Practices	30
South Derbyshire CCG GP Practices	51

Good practice examples

Whilst completing the quality checks we were pleased to find a number of good practice examples. Such as: '*the same Nurse completing all the health checks to ensure consistency; she gave an hour to each consultation and was extremely thorough. She included the pre health check template, ensured other members of the team knew about reasonable adjustments required for each patient and used easy read information. She ensured that each patient left with health action plan.'*

The following summarises good practice examples that we found:

Registers:

- Some comprehensive processes for checking the LD register and recording the level of Learning Disability.
- Alerting the LD Link nurse from the Strategic Health facilitation Team about changes to the LD Register.

Invitation Process:

- A surgery had previously invited the SHF to the practice to help with the large number of DNA's that the surgery experienced which were reduced number dramatically.
- Use of adapted easy read Pictoral letters.
- Choice of appointments.
- Reminders and prompts
- None attendance followed up.
- Learning Disability Annual Health Check poster and the Bowel Screening Poster in the waiting area.

- “Pop up alerts“ as reminders to re book the LD AHC
- Pre health check questionnaire is sent with the invitation.
- Mutual convenient times always offered.

Completing the Health Check

- The health check is carried out in 2 parts by the HCA and the GP.
- Easy read resources used.
- Documentation of a best interest decision.
- Use of recommended and updated template (DerbysLD)
- Clinician knows all patients and maintains consistency.

Health Action Plans

- Completed Health Action Plan scanned onto the system and saved in the individual’s communications. An example is: Comments had been recorded in the Health Action Plan about, flu jab, appointment for toe nails, appointment with dentist, weight, exercise, fruit and veg. intake, blood test. Health actions covering all priority areas.
- Health Action plan (HAP) provided to the patient by adding to the My Blue Health File during the appointment.
- Evidence of Rightcare plans and admission avoidance plans.

Reasonable adjustments

- Examples of reasonable adjustments recorded including:’ please phone carer with any blood test results’, ‘oral pain killers instead of injection’.
- A practice nurse who sings throughout the AHC to a gentleman.
- Alert on front screen detailing communication needs
- Main carer contact recorded
- Appointments are given at quieter times of the day
- Home visits
- Extended appointment times
- Allowing the person to see their own GP
- One SHF fedback that she witnessed the empathy and understanding that reception staff showed to a person with learning disabilities who didn’t understand his tablets and prescription ordering process . They were very accommodating and helpful and simplified their language accordingly.
- Practice Nurse advises admin/ reception staff on need for pictoral letter and other arrangements for appointments.
- Communication needs recorded.

Referrals

- Most practices had some contact with the LD specialist teams or knew who they needed to contact.
- Involvement of Care Co-ordinators.
- Variety of referrals to NHS and support services.
- Learning disability included in referral information

Recommendations made to practices

Following the quality checks the SHF team made a number of recommendations to each GP practice regarding the LD AHC. Most of these were followed up in writing. We suggested to practices that they include the feedback reports in their submissions to the CQC, as evidence of how they are supporting people with learning disabilities.

A summary of our recommendations:

- Send a Pre health check Questionnaire.
- In written information use short sentences, key information carrying words, and relevant images.
- To scan and record the Health Action Plan in the patient's electronic record, so that it is available to review at subsequent appointments.
- Improvements in the invitation process.
- Use of newer electronic template.
- The use of easy read information.
- Use of correct READ codes.
- Recording and sharing communication needs
- Recording and sharing reasonable adjustments required.
- Specific syndrome checks e.g. Down Syndrome/ Fragile X
- Inclusion of cancer screening prompts
- Include Weight management advice and referrals
- Follow ups for non attenders.
- Desensitisation to enable patients to tolerate procedures that they find difficult.
- Inclusion of missing areas e.g. feet,
- Inclusion of record of consent in patient notes.

Discussion

Accessing the practice electronic system has been a useful way to evidence what has been included in the checks. In discussions with Practice staff we have found that they often think that things are being included and the process is being followed fully. The clinical record has highlighted the areas that are being missed and also the areas that are being completed. Within the same surgery the health checks can vary in quality depending up on which clinician completes the health check.

We have learnt through completing the checks and from comments within the training sessions for Practices that a 'one stop shop' would be valuable, in order to provide information about the LD AHC in one place. We have subsequently created a website which provides information, links and documentation to cover each of the sections in the guidance from the LAT. The GP Annual Health Check web page on the DHCFT website now provides a step by step guide:

http://www.derbyshirehealthcareft.nhs.uk/services/learning-disabilities/annual-health-check/

Public Health England's Learning Disability Observatory compares figures across England using the Quality Outcomes Framework (QOF) LD Register. We have found that our GP LD QOF registers include people who do not have a learning disability and in fact include people who have learning difficulties such as Asperger's, ADHD and dyslexia. Valuing People: a new strategy for learning disability for the 21st Century (Department of Health, 2001) explains that a learning disability includes the presence of:

• a significantly reduced ability to understand new or complex information and to

• a reduced ability to cope independently;

• an impairment that started before adulthood, with a lasting effect on development.

We have agreed with practices which patients are eligible and will continue to promote the use of Read coding to support this. By cleansing the registers in this way we can have a better idea of the numbers of people who are having the LD AHC and who are being missed. By using QOF lists the percentage of patients accessing the health checks appears lower than it is when we use the 'eligible list'. Having an eligible list also supports the GP practices to invite the right people and have less non attenders.

The data has shown that though taking part in the LD AHC scheme, some practices are not completing many LD Health Checks. This means that around half the people with learning disabilities that need a health check are being missed. Some areas of England have a much higher take up of the LD AHC (as much as 90%), than Derbyshire according to the LD Observatory's figures. We could be learning from those areas as to how they have achieved this. However, Derbyshire does have higher numbers of people with LD know to practices which impacts upon the capacity of the GP practice. A further area of comparison could be to map the LD AHC against the Over 40's AHC for the general population. Though some of the over 40s checks are not delivered by GP practices, there could be some learning as to how to influence the population to attend.

It has not always been possible to accurately tell if all conditions have been considered by the clinician completing the LD AHC, this is due in part to templates not allowing the clinician to record that an assessment has been made with no problem found. Since the start of the LD AHC there have been calls for a consistent template to be used nationally to support the LD AHC. The National Clinical Director for Learning Disability suggested in 2014 that this should be standardised (Marsden 2014). In regard to a national template, progress has been slow. In November 2015 the SHF team asked the new NHS England Lead on access to Healthcare for People with learning disabilities, Crispin Hebron, about a national standardised template and he could not give any timescales. We will therefore continue to promote the local DerbysLD etemplate which has been designed to reflect the requirements of the LD AHC.

Completion of the miquest query remains an area where many practices have to be reminded and persuaded to run it. The response has improved since the LAT included it as a reporting requirement, and their October prompt this year succeeded in record numbers providing the report. In 2016, we will ask the LAT to provide a reminder in the Summer period.

The process of writing this report has been hampered by the SHF team not saving information consistently, which has meant that some of the information required was not available at the time of

writing, or was not captured in full. This is something that the Team needs to address and improve upon for 2016. In saying that the information that has been captured has proved very useful to help us look at themes for future LD AHC updates, and in identifying issues to address in our contacts with GP practices. The Practice data provided by the Miquest Query is already included in training. The learning from the quality visits will be added to our subsequent training and updates.

The visits to conduct the quality check have taken approximately 2 hours per practice, approximately 80 hours in total. We consider the time well spent as we have been able to address a number of issues with the practices that not only influence the quality of the health check, but also mean that payments to practices have been smoother than they otherwise would be.

Conclusion

The Learning Disability Strategic Health facilitation Team and 40 GP Practices across Derbyshire have considered the quality of their Learning Disability Annual Health Checks. The process has included the electronic patient record and discussions with GP staff. This process has not included patient or carer experience information as that has been captured elsewhere. During the visits to conduct the checks practices have been advised and supported to make a number of changes including:

- Switching to the local LD etemplate
- Changes to the invitation process
- Amending READ codes to ensure correct data gathering and payments
- Amendments to LD registers to enable the right people to have the health check
- The need for patient information, including pre health check questionnaire

The process has also identified the importance of the Local Area Team in maintaining quality and encouraging reports to be submitted.

Issues for further emphasis and inclusion in the updates and training sessions have been identified, and include Health Action plans, as only half the people given a health check appear to have been given one. A website has been developed to provide the GPs with a step by step guide to the LD AHC in Derbyshire. This will be added to and developed further in line with any changes to the scheme.

This report can add to what is known about the Quality of the LD Health checks locally and nationally and can be used to support improvements. We are happy to share our process should others wish to replicate it. The SHF team will share the report with Derbyshire GPs and our local CCGS. It will form part of the evidence for the Learning Disability Joint Self Assessment Framework submission.

The last words will be given to Dr Dominic Slowie, National Clinical Director for Learning Disability quoted from his interview with the Daniel Marsden from the Royal College of Nursing (RCN) in January 2014; hopefully he can mention Derbyshire in future interviews:

'My second priority will be developing a strategy to both improve the uptake and the quality of the LD annual health check in general practice. A good quality annual health check from a GP integrated within the health and care system can contribute to highlighting individuals' health priorities for action and prevention, and more importantly, do something about co-ordinating the system to respond to the identified needs. I think we need to standardise how we do this check through developing an improved electronic health check template. I also think we need to understand how

places like the south west and Northumberland have such good figures for uptake rates whilst many other areas do not.'

Appendix:

Annual Health Check - Quality monitoring.c

Improving LD population uptake of

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