

## **Physical health checks for adults with learning disabilities**

### **Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager**

Progress on work to improve the take-up of physical health checks for adults with learning disabilities in Norfolk.

#### **1. Background**

- 1.1 On 22 February 2018 Norfolk Health Overview and Scrutiny Committee (NHOSC) received a report from South Norfolk CCG (lead CCG for mental health in Norfolk and Waveney) and Great Yarmouth and Waveney CCG (lead for primary care) on the extent to which Annual Health Checks for people with learning disabilities are offered and taken up across Norfolk. The report is available on the County Council [website](#).

The following national data was provided for context:-

- Nationally the average age of death for people with a learning disability:
    - 67.5 for people with a mild learning disability
    - 64 for people with a moderate learning disability
    - 59 for people with a severe learning disability
    - 46 for people with profound and multiple learning disabilities
  - Nationally 38% of people with a learning disability die from avoidable causes, compared with 9% of the general population
  - Research suggests that there are a number of health conditions that people with a learning disability are more likely to experience, including:
    - being underweight or overweight
    - dementia
    - epilepsy
    - respiratory disease.
- 1.2 NHOSC originally added the subject to its Forward Work Programme at the suggestion of the Health and Wellbeing Board which had noted lower life expectancy for people with learning disabilities and considered it would be useful to understand the level of physical health checks for adults with learning disabilities and what was being done about those people not coming forward for checks.

1.3 Physical health checks for people with learning disabilities are delivered by GP practices. The practices are encouraged to identify all patients aged 14 and over with learning disabilities, to maintain a learning disabilities register and to offer the checks to individuals annually. The service is classed as an 'Enhanced Service' and practices can decide whether or not they wish to enter into a contract to deliver it.

- 1.4 During the health check the GP or practice nurse will carry out the following for the patient:-
- a general physical examination, including checking their weight, heart rate, blood pressure and taking blood and urine samples
  - assessing the patient's behaviour, including asking questions about their lifestyle, and mental health
  - a check for epilepsy
  - a check on any prescribed medicines the patient is currently taking
  - a check on whether any chronic illnesses, such as asthma or diabetes, are being well managed
  - a review of any arrangements with other health professionals, such as physiotherapists or speech therapists

The health check can pick up symptoms of previously undiagnosed illness / conditions for which the GP can then provide treatment / referral to secondary services, or advice to improve the individual's health and wellbeing.

If the person's learning disability has a specific cause, the GP or practice nurse can do extra tests for particular health risks. For people with Down's syndrome, for example, they may do a test to see whether their thyroid is working properly.

The Annual Health Check is also a good opportunity to review any transitional arrangements that take place when a patient turns 18.

The GP or practice nurse will also provide the patient with any relevant health information, such as advice on healthy eating, exercise, contraception or stop smoking support.

1.4 In February 2018 NHOSC learned that all GP practices in Norfolk were signed up to learning disabilities health checks programme but there were significant difficulties with the quality of the data in respect of the numbers of people on the learning disabilities registers and the numbers receiving the health checks. The committee heard that the CCGs were working with GP practices to audit the data and resolve the issues. NHOSC asked them to report back on progress in six months' time.

1.5 NHOSC also heard in February 2018 that the national target was for 50% of patients on the GP learning disabilities register to receive an annual health check and that the Norfolk CCGs aimed to stretch the target to 65%. NHOSC felt that both the national and local targets were unambitious and wrote to NHS England with the view that the target should be 100%.

1.6 The Clinical Lead, Improving Health & Quality, Learning Disability Programme, NHS England responded on 20 April 2018 informing the committee that the national target was for 75% of people on the GP learning disabilities register to be receiving an annual health check by 2020. He also said that 50% of people on GP registers nationally had had an annual health check in 2016-17 and that latest data showed a 17% improvement on the same time last year. He acknowledged that more needed to be done and summarised two key national ambitions to:-

- Increase the identification of children, young people and adults with a learning disability on GP registers by 10% year on year
- Improve the uptake and quality of Annual Health Checks – by end of March 2020 75% of people aged 14 years and older on the register will have had an annual health check (bear in mind that the register will include a % of under 14 years olds).

The NHS England letter was circulated to Members with the NHOSC Briefing in May 2018.

1.7 After the February meeting the CCGs provided a quarterly breakdown of numbers of patients who received a learning disabilities health check in 2014-15, 2015-16 and 2016-17 in each of the five CCG areas and in each GP practice together with evidence of engagement of people with learning disabilities in the Norfolk and Waveney Transforming Care Programme (the national programme to enable more people with learning disabilities to live in the community, with the right support, and close to home).

These details were circulated to NHOSC Members by email on 4 April 2018.

NHOSC also asked for evidence of the CCGs' monitoring of the uptake of capacity and consent training and awareness training by the primary care staff who deliver annual health checks to people with learning disabilities. The CCGs have provided details of training in the report for today's meeting.

## **2. Purpose of today's meeting**

2.1 The CCGs have been asked to report to the committee on progress since February 2018 covering:-

- The latest situation on take-up of Learning Disability (LD) health checks (data showing the numbers of people on GP LD registers and the numbers receiving a health check, with a breakdown by CCG area)
- Progress with the 'next steps' that were referred to in the CCGs' February report
  - Data cleansing including looking at data recording within primary care

- Audit practices on Learning Disability (LD) Register completion and methods
  - Work with practices to increase LD health checks take up with the aim of delivering the stretched target
  - Ensure two-way flow of information from primary and social care
  - Patient summary care records re updated and visible to all health care professionals
  - Look at methods of communicating with Learning Disability patients and ensure practices apply Accessing Information Standard
  - Primary Care Commissioning Board to monitor quarterly performance data on Learning Disability health checks take up.
- 2.2 The five CCGs have provided the report at **Appendix A** and representatives will attend to answer Members' questions. The representatives are able to answer on behalf of all the CCGs in Norfolk.
- 3. Suggested approach**
- 3.1 After the CCG representatives have presented their report, the committee may wish to discuss the following areas:-

#### **Quality of the data**

- (a) In February 2018 it was clear that the data on numbers of people with learning disabilities on GP registers were unreliable, which undermined the credibility of the information presented about how many people with learning disabilities were actually receiving the annual health checks to which they were entitled. NHOSC also heard that this problem was national, not just in Norfolk, and that work to audit and improve the data was underway.

It is understood that in this year's national NHS clinical coding changes there have been more changes to the LD health check codes, which may have made the CCGs' data cleansing job more complicated and comparisons with previous years more difficult.

How much more reliable is the Norfolk and Waveney data now than when the CCGs attended in February?

- (b) Is the data quality sufficient for the CCGs to monitor whether the NHS England's ambition for increasing the identification of children, young people and adults with a learning disability on GP registers by 10% year on year is being met?

#### **Delivery of LD health checks**

- (c) The CCGs previously told NHOSC that they could encourage GP practices to aim for delivery of LD annual health checks to 100% of patients who are eligible for them but could not require them to

deliver it. The national target is now for 75% of patients on GPs LD registers to receive health checks by 2020. The 2017/18 figures are well below that level in all the Norfolk CCG areas. What percentages are the five CCGs aiming for in 2018/19?

### **Quality of health checks**

- (d) One of the CCGs' priorities for the next 6 months is to work with practices to further improve the quality of health checks that are being provided and ensure consistency across Norfolk and Waveney. How will the quality and consistency be monitored in the longer term?
- (e) What progress has there been to ensure that health care professionals delivering LD health checks are able to view and update patient summary care records.

## **4. Action**

4.1 Following the discussions with representatives at today's meeting, Members may wish to consider whether:-

- (a) There is further information or progress updates that the committee wishes to receive at a future meeting or in the NHOSC Briefing.
- (b) There are comments or recommendations that the committee wishes to make as a result of today's discussions.



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