

## Learning Disability Annual Health Checks Best Practice

### Auditing your LD Register

Learning disability definition<sup>1</sup>

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence) (usually defined as an IQ of less than 70), with;
- A reduced ability to cope independently (impaired social functioning);
- which started before adulthood, with a lasting effect on development.
- Learning difficulty usually refers to dyslexia, ADHD- this is not learning disability
- Patients with autism may also have learning disability
- Run the Emis Admin search 'Not on LD register and has a diagnostic code that May indicate learning disability' . Review these patients one by one to see which may have a learning disability.
- If you are unsure if a patient has a learning disability, please refer to Appendix 4 of the document 'Identifying patients with learning disability'
- If you think they may qualify for ILDS, consider referring or emailing one of the consultants for advice first.

### Calling patients in

- Assign a LD lead among admin team to oversee recall process
- Suggest telephone call and follow up with an easy-read invitation letter (see attachment)
- Also send out easy-read pre-health check questionnaire (see attachment)
- Reminder phone call day before appointment

### Appointments

- Minimum 40 minutes
- Can be nurse or HCA led. Depends on competency of staff involved, more complex patients may need GP review for medication review, epilepsy assessment etc.
- ILDS will provide AHC training
- Not all patients need annual bloods, if a patient is needle phobic it is important to not put them off attending.
- Use the LD template under Long Term Conditions
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### Minimum Standards of Direct Enhanced Service for LD<sup>1</sup>

- Establish and maintain a learning disabilities 'health check register' of patients aged 14 and over with learning disabilities
- Attend a multiprofessional education session (training is mandatory for any new practices wishing to participate in this service and should be updated as the practice requires)
- Invite all patients on the register for an annual health check and produce a health action plan
- The patient should be asked if they want their carer/supported with them during the AHC
- If the patients with LD is unable to consent the principle of 'best interest' should be considered and documented in the notes

- The Annual Health Check should cover as a minimum:
  - a collaborative review of physical and mental health with referral through the usual practice routes if health problems are identified. This includes conditions such as epilepsy and dysphagia
  - a specific syndrome check
  - a check on the accuracy of prescribed medications
  - a review of whether vaccinations and immunisations are up-to-date, for instance seasonal influenza or hepatitis B
  - a review of coordination arrangements with secondary care
  - a review of transition arrangements where appropriate
  - a discussion of likely reasonable adjustments should secondary care be needed
  - a review of communication needs, including how the person might communicate pain or distress
  - a review of family carer needs
  - offering support to 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 any support they need to communicate

### **Meeting Accessible Information Standard**

- It is law that practices should make reasonable adjustments for patients with disabilities, this includes meeting 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 flags 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
- In the Emis template you can document their communication needs
- This should also be added as an Emis warning pop-up to alert reception staff e.g. needs easy-read, speak slowly, carer helps with communication.

### **Medication review**

- Review if the patient is on any psychotropic medication- please refer to STOMP guidelines
- Consider signing up to CPRD, they can run searches to identify patients with LD who are prescribed psychotropic medication.

### **Health Action Plan**

- It is best practice to provide a printable easy-read health action plan for the patient based on goals set out in the AHC.

### **Safety netting procedures**

- Consider carrying out a notes review of patients who have not attended an AHC in the last 2 years

- Have a defined process for following up patients who do not respond to invitations or DNA their appointment
- Consider coding missed appointments as 'Patient not brought to the appointment' rather than 'Did Not Attend' and consider if there is a safeguarding concern.

### **LeDeR (Learning Disabilities Mortality Review)**

- The Learning Disabilities Mortality Review programme carry out case reviews of patients with learning disability who die to see if lessons can be learned. If you have a patient with LD who passes away, please inform the Bristol LeDeR programme by calling 0300 7774774 or online at <https://www.bris.ac.uk/sps/leder/notification-system/>
  - Learning from the LeDeR has shown us that patients with learning disability are dying on average 23 years younger for men and 27 years young for women compared to the general population.
  - It has highlighted that patients with learning disability are more likely to die from sepsis, aspiration pneumonia, and cancer and there have sadly been deaths due to untreated constipation.
1. Public Health England. Quality Checking Health Checks for People with Learning Disabilities. A way of finding out what is happening locally. 2017.
  2. Dept of Health. Valuing People: A new strategy for learning disability for the 21<sup>st</sup> century. A White Paper. March 2001.