

Frequently asked questions

Annual health checks for people with learning disabilities were introduced in 2008 as part of a Directed Enhanced Service (DES).

These FAQs have been put together in response to feedback from conferences, events and different stakeholder groups. This document is designed for use by professionals implementing annual health checks.

The questions are divided into broad categories

- The basis for health checks
- Eligibility for the health check
- Data issues
- Training
- Other issues

This document should be used in conjunction with the more specific [guidance and audit requirements for the DES](#) published on NHS Employers website.

The basis for health checks

1. Why are we delivering annual health checks?

Annual health checks are a 'reasonable adjustment' to overcome known health inequalities faced by people with a learning disability.

These inequalities have been highlighted in a number of reports:

DRC 'Closing the Gap' (2006)

Mencap, 'Death by Indifference' (2007)

Independent inquiry into Healthcare for People with Learning Disabilities 'Healthcare for all' (2008)

Parliamentary and Health Service Ombudsman and the Local Government Ombudsman 'Six Lives' (2009)

Local authorities and NHS bodies are expected to respond to the recommendations of the Parliamentary and Health Service Ombudsman and the Local Government Ombudsman on healthcare for people with learning disabilities in their joint investigation 'Six Lives'. Annual health checks, improved data on local learning disability populations and improved training are clear evidence of local areas responding to these recommendations.

2. What should be included in an annual health check for people with learning disabilities?

The DES specification outlines the minimum content of the health check. PCTs have to satisfy themselves that local GP practices use a health check that conforms to the specification laid out in the DES guidance. The DES guidance is based on the Cardiff health check, an annual health check previously established in Wales.

There are examples of electronic templates for annual health check for people with learning disabilities on the [NHS Primary Care Commissioning website](#) which PCTs can access and download. We have also provided a list of READ codes alongside this document from which a local agreed template can be designed. Individual IT clinical suppliers may offer templates with appropriate READ codes embedded in them.

Eligibility for a health check

3. Who is eligible for an annual health check?

The DES is targeting the provision of health checks towards adults with a learning disability who have higher levels of needs and therefore are at risk from undetected health conditions and will benefit most from receiving an annual health check.

The annual health checks should be offered to all people with learning disabilities known to Social Services through a request for a social care assessment.

These are likely to be people with moderate/ severe learning disabilities or people with mild learning disabilities and additional complex needs. Each local authority should work with their PCT to identify these people and share to enable health checks to be offered.

People who have a mild learning disability should still be identified as part of the learning disability QOF register.

4. What about those who are not eligible but have other additional health needs?

Whilst these people are not all eligible for an annual health check under the DES, PCTs and GP practices should consider that they need to make reasonable adjustments to services for people who need them under the Disability Discrimination Act 2005.

This may mean making adjustments to services and initiatives such as smoking cessation or diabetes clinics to include this group. This will ensure that health needs are addressed as part of wider health promotion initiatives.

5. What if the GP considers the person to have a moderate or severe disability, who is not currently on the local authority list?

We expect that most people with moderate and severe learning disabilities are already known to the local authority.

If a person with moderate or severe learning disabilities is not known to the local authority, the person can be referred to the local authority for an assessment of their needs. However, referrals should only be made where the person's disability is such that they would benefit from a local authority needs assessment, not simply in order to give them eligibility for an annual health check.

It is helpful to have locally agreed protocols for GPs referring people to social services for an assessment.

GP practices should liaise closely with their PCT to agree who is eligible for an annual health check.

6. What about young people in transition – what age is covered?

The DES applies to adults with a learning disability aged 18 and over. It is important to capture these young people who have recently turned 18 and to plan for those due to turn 18 during the year in order to avoid their health needs being missed.

Most areas have in place transition arrangements between children and adult services and these will be able to provide information on people with learning disabilities who turn 18 in the future and thus become eligible for an annual health check on their 18th birthday.

7. What about people who have been assessed by local authorities and were not eligible for services?

PCT and GP practices should include these people. The definition for the DES and the underpinning Vital Sign Indicator is:

“Learning disabled clients known to Councils with Adult Social Services Responsibilities (CASSR): Those clients who are assessed or reviewed in the financial year and who have received a service, *as well as those who are assessed and/or reviewed but who have not received a service.* In addition include learning disabled clients who should be reviewed by the CASSR in a financial year but are not.”

8. How will individuals be identified who have been placed by a local authority from outside the area in which an individual is registered with a GP?

There will be some people in residential care, or other care provision, whose ordinary residence is outside the local authority area they were initially registered with. These people are entitled to use their local health services and should be offered annual health checks.

It is good practice for the new host local authority to be informed of these placements, so we anticipate that the local authority will already have records of those individuals which they in turn could share with the PCT.

In addition, Local Authorities who place people in out of area placements should enable managers of care homes or care providers to bring this population to the attention of the GP and the PCT.

Strategic health facilitators, care managers and placement monitoring officers can play a very helpful role in encouraging full take up.

For those individuals who are registered with a GP in Wales, a similar DES exists.

Data and the health check

9. How should local authorities work with PCTs and GPs to check data on those eligible for a health check?

There are different arrangements between local authorities and health services across the country to enable data on those eligible for the DES to be checked.

Strategic health facilitators are often the best people to work on the process, ensure local arrangements are in place and resolve difficulties.

In some areas learning disability teams (often joint between local authority and health care or working very closely) have been the people to check the data. This has been particularly effective where teams are jointly based between the local authority and health.

See [letter from David Behan and Mark Britnell](#)

10. Should we have our lists finalised before starting health checks?

Checking accuracy of data between health and social care should be seen as incremental. A pragmatic approach is recommended to avoid delays in delivering the checks. PCTs should be working with their GP practices to agree processes that fit with local circumstances. There can and should be further data improvement as the process continues.

11. Who can help overcome problems with data checking?

Strategic Health Facilitators have proved very helpful in many areas.

Engaging self-advocacy and family carer groups of people with learning disabilities on these issues has also been useful in some areas. It may overcome some data concerns to have a clear statement from these groups that they support the checking of data across health and social care when the purpose of this is specifically to offer an additional service to promote the health and well-being of people with learning disabilities.

Engaging the learning disability partnership board has also proved useful as they are in a position to encourage joined up working across health and local authorities to provide improved services for people with learning disabilities.

Local areas will have different agreements over data. Difficulties should be raised with PCTs. SHA learning disability leads and regional Valuing People leads are available to offer additional advice and support where needed.

12. Are there preferred codes to identify people with learning disabilities?

[QOF guidance](#) includes the codes used to identify people with learning disabilities.

Some codes used to identify people with learning disabilities cause offence, for example *E3 - mental retardation*. This code follows the World Health Organisation's International Classification of Diseases (ICD-10) and can be broken down to identify the severity of learning disability. This may assist the practice in planning for their learning disability population.

People with learning disabilities have said they prefer codes that use the term 'learning disabilities' for example *918e – included in learning disabilities*.

It is therefore suggested that codes which avoid offence are used.

It is also useful to code the condition causing the learning disability, if known, as this provides an insight into the likely associated health issues and checking this is an integral part of the annual health check. For example, for those with Down's Syndrome, additional monitoring may be required, e.g. thyroid function, cardiac defects, risk of early onset dementia.

13. How is progress on the health check monitored?

A Vital Signs annual data collection finds out how many people with a learning disability are eligible for a check and how many have received one in each PCT.

[DN include link to vital signs info/awaiting feedback from NHS IC]

14. How does the Learning Disabilities Health Check relate to the NHS Health Check programme?

The NHS Health Check programme is a universal and systematic programme for everyone between the ages of 40-74 that will assess people's risk of heart disease, stroke, kidney disease and diabetes and will

support people to reduce or manage that risk through individually tailored advice. People will be called routinely every five years for the check. The checks are designed so they can be carried out in a variety of settings, and PCTs are being encouraged to think about the needs of people with learning disabilities when commissioning and implementing the programme.

The NHS Health Check programme is therefore focussed on assessing and managing risk factors for vascular disease. As such it has a different focus to the Learning Disabilities Health Check. PCTs may wish to consider combining the NHS Health Check and Learning Disabilities Health Check where this is appropriate and practical.

Training

15. What training is needed to carry out the checks?

Training should follow the [guidance provided in the DES](#).

If GP practices can demonstrate to their local PCTs that their continued professional development has covered the training component of the DES then health checks undertaken will count towards the DES and its underpinning Vital Sign indicator.

PCTs are responsible for determining how training is delivered to meet the needs of their local GP practices.

16. What about practices that have received training that does not fulfil the key content outlined in the specification. Do the health checks they have carried out count towards the vital sign?

It is for each PCT to determine whether individual practices have met the requirements of the DES specification.

It is important that practice staff supplement any e-learning training with locally provided face-to-face training that involves self-advocates with a learning disability to enable sharing of experiences.

If there are concerns about availability of training, contact your strategic health facilitator (where available), PCT lead for learning disabilities, [regional valuing people lead](#) or the Strategic Health Authority learning disability lead for advice and support.

17. Is there additional training and information GPs and practice staff can access to help them deliver the health check?

The [NHS PCC website](#) has a suite of documents to support implementation of the DES;

Information on learning disability is available on the [St George's Intellectual disability and health website](#)

Information and resources for understanding and meeting the needs of people with learning disabilities are hosted by [easy health](#);

[E-GP](#) provide on line training, supported by the RCGP, and include a module on learning disability;

18. Some of the learning disability teams are not providing training on learning disability awareness to GP practices.

It is the responsibility of the PCT to ensure that there is adequate local training on learning disability that meets the training specification outlined in the clinical directed enhanced services.

Both Valuing People Now and the ['Health Action Planning and Health Facilitation for people with learning disabilities: good practice guidance'](#) highlight that community learning disability teams should be providing support to GP practices .

[A useful diagram outlining responsibilities of PCTs](#), community learning disability teams and GP practices can be found on the Primary Care Commissioning website.

If there are concerns about availability of training, contact your strategic health facilitator (where available), PCT lead for learning disabilities, [regional valuing people lead](#) or the Strategic Health Authority learning disability lead for advice and support.

19. What happens when GP practices won't take up the DES and deliver health checks?

PCTs are best placed to work with their GP practices and encourage a high take up of the DES.

Where it is not possible to bring all GP practices into the DES it is important to ensure greater equality of healthcare for people with learning disabilities in other ways.

Approaches include:

- Neighbouring practices (that are participating in the DES) deliver the check and receive the payment
- Trained staff deliver the checks from drop in centres
- Polysystems and GP-led health centres are commissioned to provide additional checks on behalf of non-participating practices.

As long as the health check is delivered in line with the DES specification it can be counted as part of the vital signs indicator.

20. How can practices increase uptake and efficacy of the check?

Community learning disability teams or health facilitators (where in post) are well placed to support practices to understand and meet the needs of their local learning disability population. Approaches include:

- Ensuring invitation letter is easy to understand
- Giving flexible appointment times
- Making sure reasonable adjustments are in place in the surgery e.g. clear signage, trained reception staff
- Giving the patient an easy to understand record of their check and any action needed that can be included in their health action plan (see [Health Action Planning Guidance](#))
- Continuing to work on improving the data collected about local people with learning disabilities
- Commissioning health facilitators to provide support and build the necessary links
- Ensuring good links between social care and GP practices

21. Should GP practices be paid when patients do not attend their appointment for a health check?

The DES is designed to deliver payment for health checks actually delivered. Methods for payment are arranged locally by the PCT.

If surgeries are having difficulties getting patients to attend, they should work with their health facilitator or local community learning disability team to help identify and overcome any problems.

This document is regularly reviewed. If you have additional questions and answers you think should be included, please contact Hannah.rutter@dh.gsi.gov.uk

If you have specific questions in relation to annual health checks for people with learning disabilities you should contact

- your local health facilitator (where these posts exist),
- your PCT Learning Disability Lead Commissioner
- your SHA's Learning Disability lead,
- your regional Valuing People lead
- The Department of Health via Hannah.rutter@dh.gsi.gov.uk