Quality Checking Health Checks for People with Learning Disabilities
A way of finding out what is happening locally (easy-read)
About Public Health England

Public Health England exists to protect and improve the nation’s health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.
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Background

Having a health check every year with the doctor can help people with learning disabilities find out if they have any health problems they need help with.

It is a good way of helping people to stay healthy.

The government has been paying doctors to do health checks for people with learning disabilities who are also known to social services. But we know that there are lots of people who still haven’t had a health check.

We have written a quality checking tool. This can be used to find out what is happening about health checks locally.

It can be used by learning disability nurses, doctors, health quality checkers, other staff and Partnership Boards, to:

- find out about the good things that are happening
- find out if health checks are happening in the same way locally
- find out if things are changing and getting better
- help family doctors and staff make changes so that people with learning disabilities can use services better. These changes are called reasonable adjustments

There are 6 questions.

For 5 of the questions there are 3 ‘levels of success’ – bronze, silver or gold. If a service is marked as gold this means they are doing really well.

We have suggested some things that can be looked at to tell how well the surgery is doing at annual health checks.
1. How well is the GP surgery doing at giving health checks?

This question does not have 3 levels of success as every health check should include all these things.

<table>
<thead>
<tr>
<th>These things should be done at all health checks</th>
<th>How do we know it is being done?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person is asked if they would like someone with them for all or part of the health check.</td>
<td>[Image] Written notes about ‘best interest’ decisions.</td>
</tr>
<tr>
<td>[Image] If the person can't consent (decide for themselves), staff know and use the law about making decisions in the person’s ‘best interest’.</td>
<td>[Image] An example of the form</td>
</tr>
<tr>
<td>The surgery uses an agreed list of things about the person’s health to check when a health check is done.</td>
<td>Feedback from people with learning disabilities and family carers.</td>
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<tr>
<td>Everyone is given a list of any actions that need to happen after the health check.</td>
<td>Looking at completed health checks.</td>
</tr>
<tr>
<td>The surgery is doing what the Accessible Information Standard says. This standard says that people who have a disability or sensory loss should get information in a way they can access and understand.</td>
<td>Looking at patient records to see if there is anything written about how people want to be sent information.</td>
</tr>
</tbody>
</table>
| The GP surgery should be doing all of these things. If they are not then something should be done. This might include:  
- talking to the practice manager of the surgery  
- reporting this to the NHS England team that pay them for doing health checks  
- reporting this to the Quality team at the Clinical Commissioning Group | |

|
|   | • reporting this to the people who organise the health check service |
2. How well are we doing at knowing who has learning disabilities?

Family doctors have two lists.

There is a QOF (Quality Outcomes Framework) list. This should have all people with learning disabilities known to the surgery on it.

There is the ES (Enhanced Service) list. This should have all people with learning disabilities aged 14 and over who should be offered health checks.

If people with learning disabilities are not on the Enhanced Service list they will not be offered a health check.

Some family doctors offer health checks to people on the Quality Outcomes Framework list because they know that health checks are a good thing for all people with learning disabilities.
<table>
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<tr>
<th>How well are we doing at knowing who has learning disabilities?</th>
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<th>Level 3 Gold</th>
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<tr>
<td>The Enhanced Service list has on it all people with learning disabilities aged 14 and above known to social services. The surgery works with local learning disability teams and Local Authorities to check their Quality Outcomes Framework list has the right people on it.</td>
<td>As well as level 1 The surgery works with education services to check their Quality Outcomes Framework list has the right people on it. The surgery checks the Enhanced Service list every year.</td>
<td>As well as level 2 All people with learning disabilities aged 14 and above known to the practice are offered a health check. The surgery uses computer searches to keep the Quality Outcomes Framework list up to date.</td>
<td>Number of people with learning disabilities on both lists. There is a system in place so that everyone with learning disabilities who should be offered a health check moves on to the Enhanced Service list when they are 14.</td>
<td></td>
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</tbody>
</table>
Staff at the surgery can show how they work with other services. This includes local authorities, learning disability teams, education services and children’s services.
3. How well are we doing at arranging for people to come for a health check?

The surgery should be inviting people to have health checks and giving them information about health checks that is easy to understand.

The surgery should be telling people about health checks so that more people will come for them.
<table>
<thead>
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<th>How do we know it is being done?</th>
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<td>Bronze</td>
<td>Silver</td>
<td>Gold</td>
<td></td>
</tr>
<tr>
<td>How well are we doing at arranging for people to come for a health check?</td>
<td>All people on the Enhanced Service list are offered a health check every year. Their invitation should be in a way they can understand. If someone says they don’t want a health check, this is written in their notes. Less than half of people who should have a health check have had one, but there is a plan to increase this.</td>
<td>As well as level 1 If there is no response to the invitation it is sent again. People get sent easy-read information about why the health check is important and what will happen during the check. People are sent an accessible questionnaire to help them think about.</td>
<td>As well as level 2 All information is given to the person in a way they can understand. The surgery asks specialist learning disability health staff for help and support if people don’t turn up for their health check after two invitations. People are sent an accessible questionnaire to help them think about.</td>
</tr>
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</table>
| number. | their health needs before their health check.  
Most people get a phone call or text the day before the appointment reminding them to come and what they need to bring.  
The surgery works with the local learning disability team to help people find out about health checks.  
There is information in the waiting room about health checks.  
Over half of people who should have a health check had one in the last year. | others to help people find out about health checks.  
The surgery has information on their website about health checks.  
More than 3 out of 4 people who should have a health check have had one in the last year. | Example of an accessible questionnaire sent out before their health check.  
Number of people who did not come for their health check and what was done about it. |
4. How well are we doing at making it easier for people to have health checks?

It is very important to make people feel welcome when they come and see the doctor. This can help them feel better about having a health check.

Family doctors and surgery staff may need to make reasonable adjustments so that people with learning disabilities can have health checks.

People should have some choice about who they see for their health check and when and where it takes place.

Most people have a summary care record. This has information about your health in it, for example the medication you take. People can choose to have other information added to their summary care record. This could include information about the reasonable adjustments they need.
<table>
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<th>?</th>
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<tr>
<td>How well are we doing at making it easier for people to have health checks?</td>
<td>People can choose which nurse and doctor they see. The appointment lasts at least half an hour. The GP asks about adding extra information to the person’s summary care record. Reasonable adjustments that have been noted in the person’s records are put in place.</td>
<td>As well as level 1 The computer system shows any important reasonable adjustments that are needed. People are offered a choice of appointment time. People are given appointments at times when they are less likely to have to wait. There is a quiet area to wait in if it is needed the computer system shows any important reasonable adjustments that are needed.</td>
<td>As well as level 2 People can have their health check in a different place to the surgery. People can come to the surgery before their health check so they can get used to the building. People are asked what worked well and what could have been done better at their health check. If it is needed the computer system shows any important reasonable adjustments that are needed.</td>
<td>Looking at patient records to see if there is anything written about how people want to be sent information. Number of health checks done in a different place to the surgery. Times of day that health checks done. How long health checks took for most people. Looking at summary care records.</td>
</tr>
</tbody>
</table>
Some of the staff at the surgery have had training about working with people with learning disabilities. Possible.

The person can see a nurse and a doctor on different days.

The doctors and the nurses that do the health checks have had training about working with people with learning disabilities.

People get the help they need to make any follow-up appointments.

Staff talk to the learning disability team about reasonable adjustments that might help.

If possible changes are made to clinical tests to make them easier to do.

People with learning disabilities or family carers are part of a group that gives advice to the surgery.

Care records.

What people said about what worked well and what could have been done better at their health check.

Information about how the surgery works with other teams.
5. How good are we at doing something about the health needs we find out about?

When the doctor finds out someone has a health problem, they may need treatment.

They may also need to do something to change the way they live. For example, eat different food or take more exercise.

This should be written down saying who should do what and when.
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**How good are we at doing something about the health needs we find out about?**

- **Level 1**
  - There is a list of anything that needs to happen after the health check in their medical notes. A copy of this is given to the person.
  - The doctor talks to the person with learning disabilities about anything that needs to happen after the health check.
  - This might mean going for other...

- **Level 2**
  - **As well as level 1**
    - If reasonable adjustments are needed to make things happen - the surgery makes sure the right people know about this.
    - The surgery checks that things have happened and writes this down.
    - The surgery gives the person with learning disabilities accessible...

- **Level 3**
  - **As well as level 2**
    - The surgery works with specialist learning disability services about better support for people with learning disabilities to follow up actions after the health check.
    - Specialist learning disability services are included in some meetings at the surgery.

**Patient records**
- Copies of referral letters.
- Examples of accessible information.
- The number of people who have follow up actions listed.
- The experience of people with learning disabilities and family carers.

**The computer**
<table>
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| Health checks. If the person needs to see someone else (like a specialist doctor) then the surgery sorts this out. It is checked that this has happened at their next doctor’s appointment. Information about their health check and anything that needs to happen after it are put in a young person’s care plan. | Information about any health problems they have. People with learning disabilities are invited to take part in other special services that might improve their health. | System has a way of noting anything that needs to happen after the health check. The list of things that need doing is checked at their next doctor’s appointment. All information about what needs doing after the health check is given to the person in a way they can understand. A named person from the surgery agrees to help the person to sort out anything that needs to happen after the health check. |
6. How well are we doing at making our services better for people with learning disabilities?

Although some things have been done to make it easier for people with learning disabilities to use health services, there is still a lot to do.

We need to find out what people with learning disabilities think about the services they use and compare this with what other peoples’ experiences. The national GP survey has an easy-read version. This can be used to ask people with learning disabilities about their experience of the care and services they receive from their GP surgery.
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<tr>
<td>The surgery checks on how good its services are for people with learning disabilities every year. The surgery has someone whose job is to check how well services are doing (a champion). There is accessible information about how people can make a complaint. The surgery has a plan about how to make services better.</td>
<td>As well as level 1 Information from complaints made by people with learning disabilities is used to make services better. The surgery has a system in place to act upon all feedback from people with learning disabilities. This might be formal or informal. It might be good or bad</td>
<td>As well as level 2 People with learning disabilities and family carers help check how good the service is. The surgery has a plan about how to make services better. The surgery looks at what they know about who comes for health checks and uses this information to improve their health.</td>
<td>Information about how the surgery checks its services. Information about reasonable adjustments made. Information about how the health of people with learning disabilities has got better. The experience of people with learning disabilities and family carers. Examples of how</td>
<td></td>
</tr>
<tr>
<td>friends and family test that is accessible.</td>
<td>feedback. The surgery’s champion is in charge of working to make services better. They work with the local learning disability team to do this.</td>
<td>health check service. The surgery uses data from lots of different places to give a good picture about the care they provide. People are asked what worked well and what could have been done better at their health check. The surgery uses this information to improve health checks. Information about people with learning disabilities’ health is used to plan future services.</td>
<td>they have used this information to make things better.</td>
<td></td>
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</table>
Using the information from this quality checking tool

<table>
<thead>
<tr>
<th>![Image]</th>
<th>It is helpful to share the information from this quality checking tool with the Partnership Board, self-advocacy and family carer groups, the practice participation group and the local learning disability teams.</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Image]</td>
<td>The government says that information like this should be shared so that people know what services are like and can make choices.</td>
</tr>
<tr>
<td>![Image]</td>
<td>The information can also be used to write plans to make services better.</td>
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