

Comparison of final QOF guidance to original requirements for QOF QI module for Learning Disabilities

Original guidance April 2020	Final Guidance September 2020
<p>The overarching aim of this QI module is to improve care for people of all ages with a learning disability (with or without autism), including:</p>	<p>The national quality improvement actions for care of people with learning disabilities are focused upon the restoration of proactive annual health checks and ensuring that seasonal flu vaccination is maximised in this group of people in order to optimise their health and to reduce preventable morbidity and mortality. Specifically, practices should:</p>
<p>1) Improve the accuracy of the GP register by increasing the identification and coding of people of all ages with a learning disability including those with a dual diagnosis of learning disability and autism so that those on the register can be proactively invited for health checks, vaccinations etc.</p>	<p>1. Review and update their current registers of people with a learning disability to ensure accuracy. It is crucial that all eligible people are included on the register. Practices should review if the number of people with learning disabilities from BAME communities is reflective of their local population.</p>
<p>2) Increased uptake of annual health checks in people aged 14 and over, acting as an iterative process of personalised care planning to manage co-morbidities, reduce unnecessary hospitalisations, promote health positively and reduce premature mortality. The health check should always produce a personalised action plan to facilitate this.</p> <p>3) Optimisation of medications in line with the STOMP initiative (stopping over prescribing of medication for people with learning disability) with a focus on identifying those on antipsychotic medication to review the clinical appropriateness (in partnership with local MDT including psychiatry and social care) and to monitor side effects such as metabolic effects.</p>	<p>2. Develop and implement a plan to restore full operation of annual health checks for people with a learning disability. Practices should use their clinical judgement to prioritise people for review. Virtual health checks may be clinically appropriate, but this should be determined on a patient by patient basis. Based upon current evidence of risk from COVID-19, practices are encouraged to prioritise people who have one or more long-term conditions for an annual health check. As part of the health check, practices should discuss and review any existing Do Not Attempt Cardiopulmonary Resuscitation (DNACR) decisions with the individual or their family to confirm that they understand why this may be appropriate and to confirm whether the DNACR continues to be clinically indicated (the fact that a patient has a learning disability or is autistic should never be the rationale for such a recommendation) [see also 5 below].</p> <p>Practices should also link in medicines optimisation strategies (e.g. STAMP/STAMP) where possible. NHS England and NHS Improvement have provided further information on annual health checks on their website.</p>
	<p>3. Develop and implement a plan to improve their delivery of flu vaccinations to people with a learning disability for 2020/21. Practices should review the register and note any</p>

	<p>requirement for reasonable adjustments. An update to the national flu immunisation programme 2020/21 was published on 5 August 2020.</p>
<p>4) Recording of the need for, and type of, reasonable adjustments required and evidence that these are being implemented in practice as set out in the Equality Act and record preferred means of communication as required by the Accessible Information Standard.</p>	<p>4. Record the need for, and the type of reasonable adjustments required and evidence that these are being implemented in practice as set out in the Equality Act request. Practices should record the preferred means of communication as required by the Accessible Information Standard. Practices should assess and record if a patient is able to take part in a virtual consultation, what support maybe required, or whether face to face appointments are required (where safe to do so). Practices should also request consent to share information on the patient's summary care records.</p>
	<p>5. Review all Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions and confirm that they were determined appropriately and continue to be clinically indicated. It would be reasonable for a clinician to consider, on review, whether a DNACPR may be appropriate, if the patient has significant co-morbidities such that they may not benefit from CPR in any event. Professor Stephen Powis, National Medical Director for NHS England and NHS Improvement, wrote to the NHS system in May 2019 reminding staff that learning disabilities should never be used as a cause of death or rationale for a DNACPR recommendation. Guidance from the British Medical Association, The Resuscitation Council (UK) and the Royal College of Nursing underlines the importance of ensuring high-quality communication, decision making and recording in relation to decisions about CPR as an integral part of emergency care planning. This action should be completed by all practices even if they have already commenced wider QI work.</p>
<p>5) Consideration of the use of wider community support through engagement with local community learning disability services and network social prescribers, in collaboration with people with a learning disability and their families and carers.</p>	<p>Practices are encouraged to consider how people with a learning disability can be supported through their PCN, for example through working with a social prescriber.</p>