Learning disabilities health check scheme

Background and purpose

The government is committed to reducing the incidence of co-morbidities and premature deaths for people with learning disabilities (LD) and supports the recommendations from the Confidential Inquiry into premature deaths for people with learning disabilities (CIPOLD)[111].

This ES is designed to encourage practices to identify all patients aged 14 and over with learning disabilities, to maintain a learning disabilities 'health check' register and offer them an annual health check, which will include producing a health action plan. From the numbers currently on practice registers, it is estimated that approximately 240,000 patients fall into this category across the country. There is thought to be a total of 1.2 million people with learning disabilities currently living in England.

Requirements

The ES is for one year from 1 April 2015.

The requirements for taking part in the ES are as follows:

- the practice will establish and maintain a learning disabilities 'health check register' of patients aged 14 and over with learning disabilities. This should be based on the practice's QOF learning disabilities register (QOF indicator LD003) and any patients identified (and not already on the QOF LD register) who are known to social services
- the practice providing this service will be expected to have attended a multi-professional education session (training is mandatory for any new practices wishing to participate in this service and should be updated as the practice requires)
- the practice will invite all patients on the register for an annual health check and produce a health action plan.
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Commissioners will invite practices to participate in this ES before 30 April 2015. Practices are required to respond to the commissioner offer within 42 days (otherwise the commissioner is not required to agree an arrangement with the practice for the financial year). The agreement should be recorded in writing by 30 June 2015[112].

Participating practices are also required to sign up to CQRS and GPES[113]. Further guidance and communications relating to CQRS and GPES will be provided by HSCIC when services are updated[114].

Learning disability (LD) register

The practice will establish and maintain a learning disabilities 'health check register'

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[111] University of Bristol CIPOLD: www.bris.ac.uk/cipold/
[112] This will be available at www.nhsemployers.org/GMS201516
[113] Practices authorise data collection made by GPES when they accept a Quality Service on the CQRS system.
[114] HSCIC. GPES. http://www.hscic.gov.uk/gpes

of patients aged 14 and over with learning disabilities. This should be based on the practice's QOF learning disabilities register (QOF indicator LD003)[115] and any patients identified (not already on the QOF LD register) who are known to social services.

The practice should also continue to liaise with their local authority (LA) (or LAs where a practice has patients resident in more than one LA) to share and collate information. This is to ensure the register includes appropriate patients who are known to social services but who may not be included on the QOF LD register. This could be because the LA criteria for access to social care services are related to complexity of need, although sometimes individuals with mild learning disabilities and other additional health needs, usually associated with mental health needs, will meet social services eligibility criteria.

Where it has not proved possible to agree a current register with the LA, practices will be allowed to use the previous year's register which is to be agreed with their commissioner.

This ES requires the data to be in reasonable order to proceed with offering and delivering checks but recognises that the lists are subject to ongoing improvement. Practices will be required to confirm the count of patients on their learning disability health check register for the calculation of payments on CQRS. We would expect that most practices should have a learning disability prevalence of at least 0.5 per cent of their population.

Training

Multi-professional education sessions for primary healthcare staff should be established by commissioners (or CCG where the commissioner requests) and offered to primary healthcare staff. The training should be provided, as required, by the commissioners or CCG and/or members of the local community LD team (this may need to be commissioned via the local specialist NHS trust) in partnership with self-advocates and family carers (as paid co-trainers).

Commissioners or CCGs should use their internal procedures to approve the content of the training for their locality using this suggested framework:

- an understanding of learning disabilities
- identification of patients with learning disabilities and clinical coding
- understanding of the range and increased health needs associated with learning
- disabilities
- understanding of what an annual health check should cover (see health checks section)
- information that should be requested prior to an annual health check

[115] The register requires the use of Read codes detailed in technical requirements document which are in line with those used for the QOF LD register. NHS Employers. Technical requirements for 2015/16 GMS contract changes. http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/enhanced-services/enhanced-services-2015-16

- understanding what adjustments the practice might need to make to facilitate good uptake and access to the health check
- understanding of health action plans
- understanding and awareness of 1:1 health facilitation and strategic health facilitation
- ways to increase the effectiveness of health checks
- overcoming barriers including:
    - communication needs, such as for advocacy, communication support and / or tools or aids to facilitate communication
    - using accessible information and aids, including provision of correspondence and documents in easy read and other accessible formats
    - physical access
    - social and cognitive attitudes
    - collaborative working including:
    - working in partnership with family carers
    - the role of the community learning disability team
    - the role of social care supporters
    - the role of other health care professionals and services
    - experiences and expectations
    - consent
    - the Mental Capacity Act 2005
    - the Equality Act 2010
    - resources – local contacts, networks, practitioners with special interest and information.

The training should be completed by healthcare professionals before health checks are conducted. At a minimum, participating staff should include the lead general practitioner (GP) for LD, lead practice nurse and practice manager/senior receptionist. Practices may also wish to involve specialist LD staff from the community learning disability team to provide support and advice.

Commissioners and practices may find the Improving Health and Lives Learning Disabilities Observatory website[116,117,118] provides helpful, easy to understand information on the health and wellbeing of people with learning disabilities, which can support the commissioning and provision of annual health checks.

Health checks

On an annual basis, practices will invite all patients on the 'health check register' for

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116 http://www.ihal.org.uk/publications/1224/Making_reasonable_adjustments_to_primary_care_services:_supporting_the_implementation_of_annual_health_checks_for_people_with_learning_disabilities

117 http://www.improvinghealthandlives.org.uk/publications/1197/Health_checks_for_people_with_learning_disabilities_in_England,_2012/2013

118 http://www.improvinghealthandlives.org.uk/publications/1168/Improving_the_Uptake_of_Health_Checks_for_Adults_with_Learning_Disabilities._Evidence_into_practice_report_no.6%20The%20data%20for%201013/14

a review of physical and mental health. Where problems or concerns are identified, practices will be expected to address them as appropriate through the usual practice routes or via specialist referral if required.

As a minimum, the health check should include:

- a collaborative review with the patient and carer (where applicable) of physical and mental health with referral through the usual practice routes if health problems are identified, including:
  - health promotion
  - chronic illness and systems enquiry
  - physical examination
  - epilepsy
  - dysphagia
  - behaviour and mental health
  - specific syndrome check
- a check on the accuracy and appropriateness of prescribed medications
- a review of whether vaccinations and immunisations are up-to-date, for instance seasonal influenza
- 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.

Practices taking part in the ES will be required to use a suitably accredited protocol agreed with the commissioner (for example, the Cardiff health check[119]). Where possible and with the consent of the patient, this should involve carers and support workers. Practices should liaise with relevant local support services such as social services and educational support services, in addition to learning disability health professionals.

Health action plan

As part of the patient's annual health check, practices will be required to produce a health action plan. This can be created at the time of the health check using an electronic template in the GP clinical system, or, if an electronic template is not available, providing the patient with a written health action plan following the review. For the latter, practices will need to be mindful of the patient's diagnosis -

[119] Cardiff health check protocol. Royal College of General Practitioners (RCGP) website. http://www.rcgp.org.uk/learningdisabilities/~/media/Files/CIRC/CIRC-76-80/CIRCA%20StepbyStepGuideforPracticesOctober%2010.ashx

that is, if the patient's specific learning disability impacts on their ability to read and/or understand the information contained in the health action plan. In these circumstances, the practice will need to ensure that the health action plan is provided in the best format[120] for the patient to maximise their understanding and involvement, including if necessary a means most suitable for a carer or advocate to support them to understand its content.

The focus of the health action plan should be the key action points discussed (whether for the patient, the practice, or other relevant parties involved in the patient's care) and agreed with the patient and carer (where applicable) during the health check. It should also summarise what was discussed and any other relevant information (e.g. what is important to the patient, what their goals or outcomes are that they want to achieve). Where the patient has a personalised advanced care plan in place, it is expected that this would also form part of the patient's health action plan. Where possible, and if the patient is mentally competent to provide it with their consent, the health action plan should be shared with other relevant professionals who are involved in the care of the patient.

Practices also participating in the Facilitating Timely Diagnosis and Support for People with Dementia enhanced service may find that the annual learning disability health check also provides an ideal opportunity to check for possible memory concerns and assessment for dementia for attending patients, where clinically appropriate.

Monitoring

There is one payment count (see payment and validation section) for this ES. The management information counts will be outlined in the Technical Requirements document.

Practices will be required to manually input data into CQRS, on a quarterly basis, until such time as GPES[121] is available to conduct electronic data collections. The data input will be in relation to the payment count only, with zeros being entered in the interim for the management information counts.

For information on how to manually enter data into CQRS, please see the HSCIC website[122].

On CQRS there are two inputs for this ES:

[120] NHS England has announced its intention to publish an information standard providing clear direction to organisations as to expectations around the recording of disabled patients' information and communication support needs, and steps to be taken to meet those needs. See http://www.isb.nhs.uk/documents/isb-1605/amd-08-2013/1605082013an2.pdf

[121] Details as to when GPES is available to support this service will be communicated by HSCIC at http://www.hscic.gov.uk/news-and-events

[122] http://systems.hscic.gov.uk/cqrs/participation

1. ES indicator LD001 input number: The number of those patients aged 14 years or over in the financial year on the practice's agreed learning disabilities register who received a completed health check in this quarter.

2. ES indicator LD001 maximum: The number of patients aged 14 years or over in the financial year on the practices agreed learning disabilities register.
The ES indicator LD001 maximum input will always be manual as the data cannot be supplied by GPES as a local LD register code(s) is not available. The sum of the ES indicator LD001 input over the year can never exceed the ES indicator LD001 maximum (practices cannot give more health checks than those on the local LD register). When entering data manually, the LD001 maximum must be entered even when providing a nil return to LD001 input – many practices mistakenly returned a zero value for the register size when providing a nil return for the number of completed health checks.

When GPES is available, each collection will capture data for all counts and report on activities from the start of the reporting period e.g. 1 April 2015 to the end of the relevant reporting quarter. The reporting quarter will be the quarter prior to the month in which the collection is run, e.g. if the collection month is January 2016, the reporting quarter will be quarter three (October to December 2015). Payment counts will be non-cumulative quarterly counts, from the point the practice begins to deliver the service. Management information counts will be a mixture of non-cumulative and cumulative quarterly counts (which will serve for audit purposes).

It is important to note that, when GPES takes a data collection for a given period, the collection only includes activity relating to patients registered at the reporting period end date (i.e. quarter end/year-end). For example, an annual collection would only include patients registered with the practice at the year end.

When collections commence, manual entry will cease and GPES will provide to CQRS the quarterly counts from the relevant quarter they start in to the end of the relevant reporting quarter.

If a practice has declared achievement (payment and management information) for the quarter on CQRS before the GPES collection, and the commissioner has approved it, no GPES-based automated collection will be received as payment and management information declarations in CQRS cannot be overwritten.

The 'Technical Requirements'[123] document contains the payment counts, management information counts and Read2 and CTV3 codes[124] which are required for this service. The Read2 and CTV3 codes will be used as the basis for the GPES collection, which will allow CQRS to calculate payment and support the management information collections, when available. Although practices will be required to

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[123] NHS Employers. Technical requirements for 2015/16 GMS contract changes. http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/enhanced-services/enhanced-services-2015-16

124 Please note that the code descriptions in clinical systems may not exactly match the guidance text.

manually enter data until such time as GPES is available, it is still required that practices use the relevant Read2 or CTV3 codes within their clinical systems. This is because only those included in this document and the supporting Business Rules will be acceptable to allow CQRS to calculate achievement and payment and for commissioners to audit payment and service delivery. Practices will therefore need to ensure that they use the relevant codes from the commencement of this service and re-code patients where necessary.

Supporting Business Rules[125] will be published on the HSCIC website. Commissioners and practices should refer to these for the most up-to-date information on management information counts, Read2 and CTV3 codes.

Payment and validation

Commissioners will invite practices to participate in this ES before 30 April 2015. Practices are required to respond to the commissioner offer within 42 days (otherwise the commissioner is not required to agree an arrangement with the practice for the financial year). The agreement should be recorded in writing by 30 June 2016[126].

Practices participating in this programme are required to sign up to CQRS no later than 31 July 2015. Further guidance relating to CQRS and GPES will be provided by HSCIC when services are updated[127]. Payments can only be processed after commissioners have offered and practices have accepted a service on CQRS.

Payment under this ES will be on a quarterly basis comprising £116.00 for each registered patient aged 14 and over in the financial year on the practice's agreed learning disabilities register who receives a compliant health check in that quarter. Only one payment may be made as regards to any patient, in a given practice, in any one financial year.

CQRS will calculate the quarterly payment, based on the quarterly achievement data via either manually entered data or data collected from GPES. Where CQRS has not been provided with data (i.e. the practice has not enabled the collection or the collection is not supported by their system supplier) the data will need to be entered onto CQRS manually.

After CQRS has calculated the practice's final achievement payment, the practice should review 'the payment value' and declare the 'achievement declaration'. The commissioner will then approve the payment (assuming that the criteria for the service has been met) and initiate the payment via the payment agency's Exeter system. Once practices have submitted their data and the declaration and approval process has been followed, then payment for the service will be sent to the payment agency for processing.

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[125] HSCIC. http://www.hscic.gov.uk/qofesextractspecs

[126] This will be available at www.nhsemployers.org/GMS201516

[127] HSCIC. GPES. http://www.hscic.gov.uk/gpes

Payment should be made by the last day of the month following the month in which the practice and commissioner approve the payment.

Practices will be expected to ensure that the count of patients who have received a health check over the year does not exceed the number of patients on the agreed learning disability register. Practices cannot give more health checks than those on the local LD register, and they can only receive one payment per patient.

Commissioners are responsible for post payment verification. This may include auditing claims of practices to ensure that the number of health checks given does not exceed the number of patients on the agreed learning disabilities register. It may also include assessing the number of patients who have received health checks over the year, as well as the number of those who have received a health check but declined a health action plan, and the number of patients who have received a health check and are eligible for a health action plan but have not been offered one.

This information could be available to commissioners and practices, as an indicative check, through the management information counts as and when data collections via GPES are available. Checks will be 'indicative' as it is not known whether this aggregated number is directly tied to the same patients in the payment count.

The information collected for management information purposes will not be used to trigger payment but may be used for payment verification purposes. It will be available through CQRS, as and when GPES is available, to support commissioners and practices to validate requirements of the programme, as necessary, to demonstrate that the full protocol was followed.

Where required, practices must make available to commissioners any information they require and that the practice can reasonably be expected to obtain, in order to establish whether or not the practice has fulfilled its obligation under the ES arrangements.

The SFE[128] sets out the administrative provisions relating to the conditions for payment under this ES (for example conditions when payment may be withheld or reclaimed) and the treatment of payments in specific circumstances (for example, when contractors merge, split etc.).

Payments made under this ES, or any part thereof, will be made only if practices satisfy the conditions set out in the Directions[129].

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[128] This will be available at www.nhsemployers.org/GMS201516
[129] This will be available at www.nhsemployers.org/GMS201516