

## Enhanced Service Specification

### Learning disabilities health check scheme

#### Background and purpose

1. This enhanced service (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 prevalence figures available, it is estimated that approximately 240,000 patients fall into this category across the country.
2. The ES is for one year from 1 April 2014.

#### Requirements

3. 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.
  - Practices wishing to participate will be required to sign up by no later than 30 June 2014.

#### Learning Disability (LD) Register

4. 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 (not already on the QOF LD register) who are known to social services.
5. 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.

6. 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 the practice's local area team.
7. 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 on-going improvement.
8. Practices will be required to confirm the count of patients on their learning disability health check register for the calculation of payments on CQRS.

### **Training**

9. Multi-professional education sessions for primary healthcare staff have been established in areas in previous years by CCGs and/or Local Authorities. Practices should contact their CCG if they need to access training sessions if they are providing this ES for the first time or believe they require an update.
10. Should practices have difficulty accessing training in their area they should contact their local area team.

### **Health checks**

11. On an annual basis, practices will invite in all patients on the 'health check register' for 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 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
  - support for 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.
12. Practices taking part in the ES will be required to use a suitably accredited protocol agreed with the area team (for example, the Cardiff health check). Where possible, and with the consent of the patient, this should involve carers and support workers.
13. 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**

14. 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 - 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 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.
15. 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 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.

16. Practices also participating in the enhanced service 'facilitating timely diagnosis and post-diagnostic support for people with dementia' 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**

17. There is one payment count (see payment and validation section) and five management information counts for this ES.
18. Practices will be required to manually input data into CQRS, on a quarterly basis, until such time as GPES is available to conduct electronic data extractions. The data input will be in relation to the payment count only, with zeros being entered in the interim for the management information counts.
19. For information on how to manually enter data into CQRS, please see the HSCIC website.

## **Payment and validation**

20. Practices wishing to participate will be required to sign up by no later than 30 June 2014.
21. Payment under this ES will be on a quarterly basis comprising £116.00 for each 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.
22. CQRS will calculate the quarterly payment, based on the quarterly achievement data either via manually entered data or data extracted from GPES.
23. Payment should be made by the last day of the month following the month in which the practice and area team approve the payment.
24. After CQRS has calculated the practice's final achievement payment, the practice should review 'the payment value' and declare the 'achievement declaration'. The area team will then approve the payment (assuming that the criteria for the service have been met) and initiate the payment. 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.
25. 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 difficulties register. Practices cannot give more health

checks than those on the local LD register, and they can only receive one payment per patient.

26. Area teams 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 not been offered one.
27. This information could be available to practices and area teams, as an indicative check, through the management information counts as and when data extractions via GPES are available. The reason for it being 'indicative' is that it is not known whether this aggregated number is directly tied to the same patients in the payment count.
28. The information extracted on numbers of patients receiving or being offered health action plans will not be used for payment purposes. It will be available through CQRS, as and when GPES is available to extract the information, to support practices and NHS England to validate requirements of the enhanced service, as necessary, to demonstrate that the full protocol was followed.
29. Where required, practices must make available to area teams 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.

#### **Other provisions relating to this enhanced service**

30. This guidance should be read in conjunction with the General Medical Services Statement of Financial Entitlements Directions 2014 and the Primary Medical Services (Directed Enhanced Services) Directions 2014, which contain full details for provisions. Payments made under this ES, or any part thereof, will be made only if practices satisfy the conditions set out in these directions.