

Summary of Process for Annual Health Checks in General Practice

1 . Preparation

Identify a clinical lead for learning disabilities (LD) within your Practice.

- Contact your local Community Learning Disability Team (CLDT) and Clinical Lead for learning disabilities at your CCG or health board for advice and support. They should be able to signpost you to local practices that can offer advice.
- Develop a core practice LD team of a lead administrator, lead GP and lead Practice Nurse and establish regular meetings to review progress.
- Check your practice's LD register. This should include all ages so that children will automatically become eligible for annual health checks when they reach 14 years which is the current entry age for annual health checks. Ask your clinical and administrative staff who they know about as some people with LD particularly those with mild LD may not be coded.
- Identify people with a learning disability using the QOF register – clean the register annually. The register picks up codes – Preferred code to use = 918e or XaKYb = 'on learning disability register'.
- Try to improve prevalence on the register by ensuring all those with a learning disability in the practice population have the preferred code 918e or XaKYb = 'on learning disability register' to be placed on the register. Search the practice system to find those syndromes that will have a learning disability and those that may have, in order to find people in whom this code should be added.
- Some common syndrome specific codes are listed in **Table 1** on page 2.

Description	4 byte	5 byte
[X]Rett's syndrome		Eu842
Gilles de la Tourette's disorder		E2723
Stereotyped repetitive movements	E4D3	E273.
Congenital cerebral palsy		F23..
Cerebral palsy, not congenital or infantile, acute		G669.
Deaf mutism, NEC	F684	F593.
Deafness NOS	F68.	F59z.
Spina bifida	N12.	P1...
Down's syndrome	N721	PJ0..
Down's syndrome NOS		PJ0z.
Fragile X syndrome	N725	Pjyy4
Edward's syndrome	N724	PJ2..
Edward's syndrome NOS		PJ2z.

Table 1: examples of common syndrome specific codes

- A complete list of codes can be found [here](#).
- Download the 2017 standardised e-template onto your clinical system – contact your system provider for further information.
- A summary and overview of the earning Disability Annual Health Check electronic clinical template (2017) can be found on [this page](#).

2. Training

Ask your CLDT team for any training available and preferably ask for help with the first health check from a practice that they can recommend

Further on-line training:

- e-learning for health – GP curriculum – people with intellectual disability
- [RCGP e-learning](#)
- [GMC learning](#).

3. Arranging the Health checks

- Invite the patients for a health check (using appropriate method and accessible information) and attach a pre-health check questionnaire to help prepare the patient and carer for their health check appointment, reduce anxiety and improve effectiveness of appointment. Check that this invitation has been received.

- Check how the person wishes to be communicated with e.g. easy-read letter, by phone, by text, with their carer – this will help compliance with the Accessible Information Standard.
- **Make reasonable adjustments to help your patient access the appointment**
 - Refer to Equality Act guidance.
 - Use the TEACH acronym:

T = Time – ensure an appropriate length of time is allocated to the appointment. Ensure that the time of the appointment is manageable by the individual and their carer if needed.

E = Environment – ensure that the environment in which the person is seen is appropriate eg avoiding long waiting room waits for people who are anxious, are intolerant of noise etc. This may mean seeing the person at home.

A = Attitude – ensure that the attitude of all who work at the practice encourages and enables people with disabilities to access services.

C = Communication – check how the person wishes to be communicated with. This may involve using simple clear language addressed directly to the person. It may involve signing, picture, written word.

H = Help – ensure the person is adequately supported to attend their check. Ask if any further help is required.

- If the person with LD does not have capacity to consent consider risks of not doing health checks and ‘best interests decision’. For more information refer to the 2011 RCGP Mental Capacity Act (MCA) Toolkit for Adults in England and Wales.
- Arrange any routine blood tests (including any needed for any other routine checks e.g. Diabetes check) at least 1 week before the health check taking account of any special requirements that the individual may have e.g. around needle phobia.

4. Performing the health check

Before the appointment:

- Review the person’s notes for the summary of significant active health problems and to check what significant events have occurred in year since the last health.
- Print out / review the last health action plan to remind yourself of potential outstanding issues and check any recent bloods.

- Remind yourself if the person has any specialist interests and what is important to them.
- Remind yourself of what reasonable adjustments helps the person's well being.
- Remember to 'not just screen but intervene'.
- Aim to make the annual health check count.
- Carry out health check. Capture details and outcomes of health check on the national health check template ensuring the data is entered and coded on your clinical system.
- Remember to offer a 'Summary Care Record with Additional Information'. This requires informed consent or a 'best interests' decision.

5. Following the Health Check

- Complete the health check action plan and give a copy to the person with LD and their carer if the patient consents and ask if you can share it with the CLDT. The national health check template will self-generate and easy-read health action plan in WORD to be saved and printed. (Black and white printing is perfectly adequate).
- Follow up any specific actions/referrals. If using Choose and Book be careful and ensure the person and the carer understand the system
- Continue liaison with family and CLDT, as appropriate.
- Audit your health checks and ask for feedback from users and carers.
- Try to organise the health checks from April and complete them before mid December to avoid January to March when additional pressures on the practice may lead to cancellations or rushed health checks.
- Remember that all on the practice learning disability register are eligible for flu immunisation.
- Aim for early completion of health checks in the year to avoid winter pressures and improve practice finances.
- Claim for the check every quarter ensuring you comply with claims guidance e.g. including register number of those aged 14 and over who are eligible for the check.
- Monitor uptake throughout the year to ensure at least 75% uptake by year end (NHSE quality requirement for CCGs).

Learning Disability Read Codes - health check codes		
	Read v2	Read CTV3
LD annual health assessment*	9HB5 .	XaL3Q
LD health examination*	69DB.	XaPx2
LD annual health assessment declined	9HB6	XaQnv
LD health action plan completed	9HB4	XaJsd
LD health action plan reviewed	9HB2	XaJWA
LD health action plan declined	9HB0	XaJW9

***either code will count towards achievement**

Table 2 - Learning Disability Read Codes - health check codes