AUDIT REPORT
Health Checks for Adults with a Learning Disability

Direct Enhanced Service for Learning Disability Annual Health Checks
2012/13
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1. Background

In 2012 it was proposed to benchmark the Health Checks for Adults with Learning Disabilities across the Ashton, Leigh and Wigan Borough. These Health checks are provided by General Practices, who choose to partake in the Directed Enhanced Service for Adults with a Learning Disability.

It was agreed by the Senior Commissioning Manager, Wigan Borough Clinical Commissioning Group, that the Audit would be included as part of the 2012/13 Direct Enhanced Service for Learning Disability Annual Health Checks (DES).

The Audit was based on the Health Checks for People with Learning Disabilities: An Audit Tool. By Eric Emerson and Sue Turner, from Improving Health & Lives (Learning Disabilities Observatory) 2011.

2. Response Rates

Fifty Nine audit questionnaires were sent out and all were completed and returned to the Primary Care Access Team. The audit questionnaire is attached below:

3. How the audit was scored.

The audit consisted of seven main questions, each question was then broken down into sub questions and responses were scored Gold, Silver, Bronze or Not Achieved in accordance with the Audit Tool. To score, each practice must have answered each question in the appropriate section and provided evidence where necessary.
4. Response to Audit Questions

4.1 Question one, ‘How well are we doing at identifying people with Learning Disabilities?’

Gold.
• Annual Health Checks are offered to all patients included on the Learning Disability Register.

Silver.
• The Practice was able to provide a date when the register was last updated.
• The Practice was able to confirm that there is a process in place to refer patients into Specialist Learning Disability Services.

Bronze.
• The Practice was able to confirm that it has a register of Adult patients with a learning disability.
• The Practice has a process in place to ensure the register is updated with new patients or patients who turn 18 yrs of age.

Of the fifty nine practices that took part, 57 (97%) scored Gold with the remaining 2 practices scoring Bronze. One of the practices could not confirm when the LD register had last been updated (there are processes in place for this to happen at least annually), and a practice was not aware of the referral pathway into Learning Disability Services.

![Pie Chart](chart.png)
4.2 Question two ‘How well are doing at arranging for people to attend for a Health Check?’

**Gold.**
- The Practice was able to confirm that they have actions in place to promote the uptake of annual health checks, including using the did not attend (DNA) pathway

**Silver.**
- The Practice confirmed that they offer at least 30 minutes for each Annual Health Check
- The Practice sends out easy read/ accessible invite letters.

**Bronze.**
- If a patient declines a Health Check they have it documented on their record

Answers to this question varied with 33% of Practices achieving Gold Standard and [59] 82% of practices achieving at least Silver standard. A number of practices commented that they did not have the facility within the electronic system to use accessible/easy read information.
4.3 Question 3 ‘How well are we doing at making people feel comfortable when they arrive?’

**Gold.**
- The Practice makes reasonable adjustments to reduce waiting times.
- The Practice has an alternative waiting area.
- Patients are able to visit the practice before their Annual Health Check to discuss any fears/anxieties.

**Silver.**
- There is a Flag on the patient’s record detailing specific communication needs,
- The Practice records contact details on the practice system detailing the patient's main carer if there is one.
- The patient is able to see a practitioner of their choice if they wish to

**Bronze.**
- When Patients/Carers arrive for the Annual health check they are greeted and given clear information about what will happen.

67% [39] of Practices were able to achieve Gold Standard, a further 13% [8] were able to achieve the Silver standard, and however a total of 20% [12] achieved either only the Bronze standard or did not score in this section.

3 practices had no system/protocol in place for front desk staff to welcome Learning Disabled patients or to explain why they had been invited for a health check to try and alleviate fears and anxieties.

Some practices stated that they did not have an alternative waiting area where patients can sit and wait if they are anxious or do not like crowded areas (Patients with Autism may fall into this category)

![Pie chart showing distribution of practices achieving different standards](chart.png)
4.4 Question 4. ‘How well are we doing at performing the Health Check?’

Gold.
- At Least 90% of patients on the Learning Disability register had an annual health check in 2011/12.

Silver.
- The practice uses the agreed Health Check Template for the Annual Health Check.

Bronze.
- The Practice is able to demonstrate that they use the principles of ‘best interests’ for patients who do not have the capacity to consent.

22% of all practices achieved the Silver standard or above, with 10% managing to achieve the highest standard of Gold.

70% [41] of practices failed to achieve the minimum Bronze standard and this is perceived to be as a result failing to understand and apply the principles of the Mental Capacity Act (2005) when working with people that have a learning disability.
4.5 Question 5. ‘How well are we doing at arranging for and supporting the uptake of follow up actions’?

Gold.
- The Practice liaises with the Primary Care Access Team regards meeting specific patient needs.

Silver.
- Follow up actions are reviewed then recorded in the patient’s record.
- At least 75% of patients are given accessible information following the Annual Health Check when required.

Bronze.
- Follow up actions are agreed with the patient/carer and recorded in patient’s medical record.
- Follow up Actions recorded in patient’s personal health action plan.
- If the patient does not have a Health Action Plan, one is offered.

47% [28] of practices achieved the Gold Standard in this section, however a further 50% [30] failed to attain Silver Standard, and this was mainly due to practices not being aware of the use of Health Action Plans in identifying and co-ordinating the health needs of Learning Disabled patients. Some practices were not aware of the importance of using accessible/Easy read information or where they could obtain such information.

How well are we doing at arranging for and supporting the uptake of follow up actions

- Gold: 47%
- Silver: 29%
- Bronze: 22%
- Not Achieved: 2%
4.6 Question 6. ‘How well are we doing at collating information about the health needs of people with Learning Disabilities to inform the commissioning process? ’

Gold.
- There is an agreement in place to annually collate and share information anonymously about the health needs/standard of patients with a Learning Disability.

Silver.
- The practice has collated and shared information anonymously about the health needs/standard of patients with a Learning Disability.

Bronze.
- The practice has discussed with the commissioners the possibility of collating and anonymously sharing information about the health needs/standard of patients with a Learning Disability.

37% [22] achieved the Gold standard by informing us that there was an agreement in place to share health information with the commissioners.

53% [31] of practices failed to reach the minimum standard needed to score because they indicated that they were unaware of any discussions to explore the collation and sharing of health needs information with the commissioners to inform the future commissioning processes.

![Pie chart showing the distribution of Gold, Silver, Bronze, and Not Achieved for the stated question.](image-url)
4.7 Question 7. ‘How well are we doing at improving our practices?’

Gold.
- Patients with Learning Disabilities and their carers are involved in monitoring the quality of healthcare that the practice provides for them.
- The practice has a formal system in place to review current practice.
- The practice sets clear measurable and attainable targets to improve the quality of service it provides for patients with Learning Disabilities.

Silver.
- All complaints from or on behalf of patients with learning disabilities are reviewed and appropriate actions are taken?

Bronze.
- The practice reviews (at least annually) the quality of healthcare it provides to Patients with a Learning Disability.
- The Practice has an identified named Champion who is responsible for monitoring the quality of healthcare the practice provides Learning Disabilities.
- The practice has a complaints process that is accessible (easy to understand) to patients with Learning Disabilities.

22% [13] of Practices were able to achieve the gold or silver standard however 78% [46] of practices failed to achieve the minimum standard required. Some of those who failed to achieve were unable to identify a named Champion for Learning Disabilities within the practice and many practices did not have a complaints procedure that was accessible for patients with a learning disability.
Summary of Achievements

Q1. 97% of practices achieved Gold standard
Q2. 82% of practices achieved Silver or Gold standard
Q3. 66% of practices achieved Gold standard
Q4. 22% of practices achieved Silver or Gold standard
Q5. 47% of practices achieved Gold standard
Q6. 37% of practices achieved Gold standard
Q7. 22% of practices achieved Silver or Gold standard
5. Conclusion.

The Audit elicited a 100% response from GP practices; this was helped in part by it being included in the requirements for the 2012/13 Direct Enhanced Service for Learning Disability Annual Health Checks.

The Audit has identified the standard of Health Checks being delivered for people with Learning Disabilities across Ashton, Leigh and Wigan. Areas of good practice have been highlighted and it has also identified areas for improvements in the service being offered to patients that have a learning disability.

The Primary Care Access Team will now develop bespoke Action Plans for each General Practice (Example can be seen at section 6) and support them to improve the service they offer to patients with a learning disability. The Primary Care Access Team will also develop general guidance about learning disability and this will be made available to all General Practices across Ashton, Leigh and Wigan.

The audit process has also enabled The Primary Care Access Team to identify developments for their service and an action plan has been devised to address the development needs (see section 7).


Each General Practice will receive an individual bespoke action plan which aims to improve the standard of service being offered to patients with a learning disability. The attachment below provides an example of a bespoke action plan.

7. Primary Care Access Team Actions

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