

Health Checks – Role of Community Learning Disability Teams (CLDT)

Key role

1. *To advise and support PCTs and general practice in the development and delivery of annual health checks*
2. *To support patients and family carers during this process.*

Note - For the majority of people with learning disabilities, CLDT initial support will tail off. However, for the small number with more complex needs, continued support and co-working may be necessary

The steps correspond to the steps in the health check process carried out by the GP practice

Phase 1 – Preparation for health checks

Step 2

- Once an agreement is in place to implement annual health checks, the Community Learning Disability Team (CLDT) in partnership with the PCT should be involved in developing and presenting a series of short 'health check awareness' sessions. These sessions should be aimed at health and social care professionals, people with learning disabilities and their families and any other interested parties, for example local advocacy groups
- The purpose of the sessions is, first, to raise awareness of the importance and implications of offering health checks to patients with learning disabilities and second, to ensure that people with learning disabilities and family carers are aware of their rights under the new Disability Equality Duty (DED).
- The length of time required to develop and deliver the 'awareness raising' sessions will depend on the size of the PCT, the number of members of the CLDT and the availability of additional PCT resources, but 4 – 6 weeks may be required.

Step 3

- The CLDT should work with the PCT informatics department to develop learning disability registers to meet the existing Quality Outcomes Framework (QOF) indicator and an appropriate Health Check template, to be available on GP practice systems. The template will address key health issues for this client group and be used both as a record of the health check and to capture monitoring data for future service planning
- CLDT link workers can work with their GP practices to ensure the practice learning disability register has captured all people with learning disabilities who are already known to health and social care services. The link workers can also assist with additional detail such as patients' circumstances and specific health conditions that the primary care teams may not be aware of. The link workers can assist GP surgeries to ensure they identify which of their patients are priorities for annual health checks, for example those patients who:
 - have severe or profound impairments
 - have complex associated health needs
 - are at risk of developing health problems because they may have missed out on health promotion or education
 - are on the register of persons who have learning disabilities that is maintained by the social services department of the relevant Local Authority.

- People with learning disabilities not identified from the practice learning disability register can be referred for a health check by other health and social care professionals, as a self-referral or by their family.
- **Step 3** can be developed whilst **Step 2** is being developed and delivered.

Step 4

- The CLDT will need to develop and deliver a training programme of one to two sessions in each GP practice for all practice staff – GPs, practice nurses, receptionists and possibly health visitors, district nurses and community matrons, on the health check process and requirements in relation to the DED and people with learning disabilities. Ideally people with learning disabilities and the PCT public health department or primary care development team will be involved in delivering this training
- **Step 4** can be developed whilst **Step 2** is being undertaken, but the delivery could take 12 weeks depending on the number of GP practices, the number of members of the CLDT and resources/support from the PCT public health department or primary care development department.

Step 5

- The CLDT should identify a named team member (link worker) to link with each GP practice/group of practices, to offer specialist learning disability advice and support in developing and implementing a system for health checks across the PCT for people with learning disabilities
- The purpose of this is to facilitate access to health checks within a mainstream primary health care setting. Co-working may be appropriate initially. Link workers can help each practice to identify the staff who will undertake the health checks and attend the training.

Step 6

- The link workers can ensure each GP practice has access to the standard electronic template for health checks on their system and that they are confident to use it as a record of the health check and for monitoring purposes

Phase 2 – Carrying out health checks

Steps 7-8

- The link workers may be required to help GP practices develop a letter of invitation and explanation to send to people with learning disabilities inviting them for a health check. The letter will need to be in a format appropriate to individual needs and allow for choice regarding extended appointment times. If the person with learning disabilities has complex needs, the practice staff may specifically request support of a CLDT member to advise and support them in undertaking these health checks. In these cases arrangement of appointments will involve both practice staff and the link worker.
- In some circumstances further proactive activity may need to be undertaken by the CLDT, such as home visits to engage patients and families who need reassurance or convincing to attend
- The letter of invitation should be sent out when **Steps 1- 6** have been completed, to the patient group identified. Allow 3 – 4 weeks to arrange appointment slots that suit all individual needs.

Step 9

- Before the health check can be undertaken, consent must be given by the person with learning disabilities and issues regarding communication, capacity and confidentiality need to be explored and explained. (To get more information about the Mental Capacity Act 2005 go to www.dca.gov.uk/legal-policy/mental-capacity). If consent is refused, this should be discussed with the person with learning disabilities, family carer or paid supporter if appropriate, and they should be re-invited to attend at a later date
- The link worker may be required to help with some or all of these issues with some patients. The risks and consequences of not pursuing a health check need to be considered by the primary care team in partnership with the patient, family carers and paid staff if appropriate; if required, a best interest approach should be considered.

Steps 10-11

- Co-working by the link worker with practice clinicians may be appropriate to get health checks started; thereafter the link worker should be able to withdraw to an advisory role
- When the person with learning disabilities attends for a health check, they should be helped to identify a health facilitator, to work with them and support them during the process and afterwards to ensure the Health Action Plan (HAP) is implemented. A CLDT member may be identified as the health facilitator or they may be able to help to identify an alternative appropriate person to undertake this role.
- Where a person with learning disabilities has complex needs, a CLDT member may be required for advice and support during the health check or afterwards in drawing up the HAP. The HAP needs to be in a format that is understandable to the individual

Phase 3 – Following health checks**Steps 14-15**

- The link worker should take responsibility in partnership with the primary health care team for monitoring the person with learning disabilities if complex health concerns exist

Step 16

- The link worker should stay in touch with the practice, continuing to support and advise them as the health check process is reviewed and developed and as knowledge is accumulated about the health issues of their patients with learning disabilities

Step 17

- The CLDT should contribute to refresher and induction training as appropriate

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