<table>
<tr><th colspan="3">Health Checks – Summary of Steps and Support</th></tr>
<tr><th>PCT Role</th><th>GP Practice Role</th><th>Community Learning Disability Team Role</th></tr>
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<td>1. To commission and support the delivery of annual health checks for people with learning disabilities
2. To address the health needs of this population

Note - This role may subsequently be carried out by local Practice Based Commissioners</td>
<td>1. To develop and deliver annual health checks for people with learning disabilities

Note - whilst the following steps have been developed to assist practices, some may already have procedures and protocols of a similar nature that have worked well and could also be used to support the development and delivery of annual health checks</td>
<td>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</td>
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<td>▪ Identify a strategic lead for Learning Disabilities to address the needs of people with learning disabilities including ensuring the commissioning and delivery of annual health checks
▪ Ensure local strategic health needs assessment is carried out to support population health analysis
▪ Identify a strategic health facilitator for the PCT
▪ Implement health check awareness sessions and specific health check training for primary care practitioners
▪ Ensure informatics expertise</td>
<td>Phase 1 – Preparation for Health Checks

Step 1- Identify a clinical lead for Learning Disabilities
Step 2 – Practice representatives to attend a health check awareness session
Step 3 – Identify people with a learning disability from the practice list or LD Register and identify which are priorities for health checks. Consider other LD databases held by LA (cross reference QOF disease registers)
Step 4 – GP and Practice Nurse representatives to attend specific health check training
Step 5 – Contact your local Health Facilitator and named link member of the local CLDT
Step 6 – Ensure standardised e-template is available for clinical system with agreed Read Codes

Phase 2 – Carrying Out Health Checks
Step 7 – Invite patient for a health check (use appropriate method) and check this invitation has been received</td>
<td>Phase 1 – Preparation for Health Checks

▪ Contribute to health check awareness session(s)
▪ Support local PCT and practice informatics experts to develop LD registers, ensuring all potential patients are identified
▪ Contribute to specific health check training for GPs and Practice Nurses
▪ Support local PCT and practice informatics experts to develop standardised e-template for health checks
▪ Identify a link person for each practice
▪ Support practice to identify which patients are priorities for health checks

Phase 2 – Carrying Out Health Checks
▪ Support practices to develop appropriate health check invitations
▪ Advise practices in the delivery of health</td>
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is made available to practices ▪ Agree any information sharing protocols with the LA ▪ Agree appropriate Read Codes for practice registers and health check e-templates ▪ Ensure that the views of people with Learning Disabilities, family carers and supporters are sought in an appropriate manner ▪ Develop and deliver GP practice development programme ▪ Monitor practices through the use of Better Metrics indicators ▪ Aggregate information from health checks to inform future service commissioning, particularly relating to people who have continuing health care needs and may require ongoing health support ▪ Performance manage any primary care service contracts with practice providers	Step 8 – Ensure adequate appointment time has been allocated Step 9 – Obtain patient consent (and consider risk and 'best interests' if consent not given) Step 10 – Carry out health check. Capture details and outcomes of health check on e-template Step 11 – Draw up an agreed Health Action Plan in an appropriate format (with actions, timeframes and responsibilities) and integrate this into patient's medical record Step 12 – Agree any follow up appointment or annual review date **Phase 3 – Following Health Checks** Step 13 – Ensure patient review and recall system is in place Step 14 – Follow up any specific actions (referrals to other services, management of co-morbidities) Step 15 – Continue liaison with family and CDLT staff as appropriate Step 16 – Review practice procedure for health checks Step 17 – Attend any new or refresher training as appropriate.	checks as appropriate. Co-working may be appropriate initially ▪ Support the practice and patient around the issues of communication and consent ▪ Help the practice and the patient draw up the agreed Health Action Plan ▪ Help to identify the most appropriate person to support the patient with their Health Action Plan **Phase 3 – Following Health Checks** ▪ Take responsibility in partnership with the practice for monitoring patients if complex health concerns are identified ▪ Continue liaison with the practice regarding patient health issues ▪ Advise practices following the practice review of health check procedure ▪ Contribute to refresher training as appropriate