

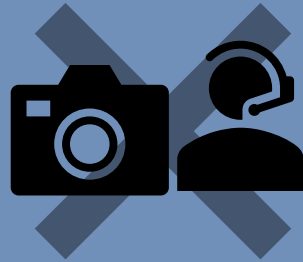
Learning Disability Annual Health Check & Health Action Plans Best Practice

November 2023

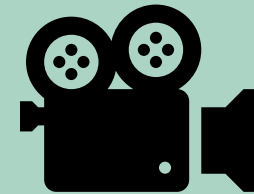
House Keeping



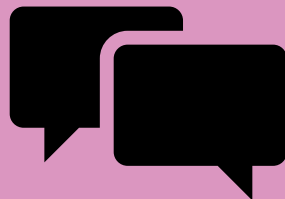
Please turn off your microphone and camera if you are not speaking



We are recording this session and sharing the slides after



Please use the chat for comments and questions



Please keep any sensitive information confidential



Welcome - our speakers today:



**Dr Juliane
Matthies**
GP Lead,
Orchard
Medical
Centre



**Shaun
Langford**
LD Clinical
Project
Co-ordinator,
SIRONA



Zoe Slinger
Care
Co-ordinator,
The Orchard
Medical
Centre



Deb Moore
Clinical
Specialist LD
Nurse,
SIRONA



Lyn Sandles
LD Screening
Practitioner,
SIRONA

Agenda:

1. Prepare for an annual health check
2. Completing a comprehensive annual health check
 - What is included
 - Specific health conditions
 - EMIS template
 - Reasonable Adjustments
3. Following an annual health check – Health action Planning
4. Next steps & further support



Welcome



NHS long term plan:

- Uptake – 75%
- Reasonable adjustment awareness and implementation
- Shared learning and practice

BNSSG:

- 4,681 (78%) people with learning disability had an AHC
March 2021-March 2022
- Building a network to improve the quality of AHC's
- Quarterly webinars for shared learning





Preparing for Annual Health Checks (AHC)

Zoe Slinger

Care Co-ordinator, The Orchard Medical Centre



Preparing to invite

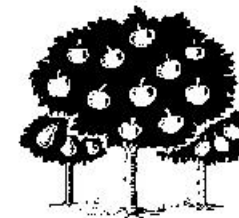
Create colour coded spreadsheet. In addition to basic patient details include following fields:

- Carer details
- Date of last AHC
- Who best to contact? when they have support? method of contact
- Colour code – nursing homes
- Colour code with the status of invite – invited/booked/completed/hv req/difficult to reach/declined/newly added to register



Inviting Patient


- Before contact – review diary/patient notes
- Text first -/Telephone /letter invites – better success rates with telephone, introduce myself, create rapport -
- Ask best days/times to suit patient and their support
- Check for reasonable adjustments (RECORD)
- Book in other reviews (eg Chronic reviews/monthly bloods/ecg/vaccinations/cervical screening) extend appt as required
- Offer to post /email Healthwatch checklist “GET READY CHECK LIST”





Preparing to invite

healthwatch
South Gloucestershire

Annual Health Check | Your Checklist
Please fill this book in and bring it to your appointment

 My name is


 My main carer is


 Tick the things that matter to you


- My friends
- My Family
- Sports
- Hobbies
- My pets


Page 1


Health

 How many hours do you sleep each night?

 Do you have any problems when you poo?
 Yes
 No
 I Don't Know

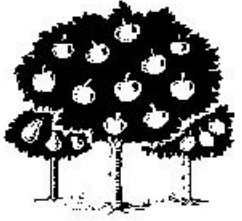
 Do you have any problems when you wee?
 Yes
 No
 I Don't Know

 Has your weight changed in the last 6 months?
 ↑ Gone Up
 ↓ Gone Down

 Do you have your eyes tested?
 Yes
 No
 I Don't Know

Page 2

https://remedy.bnssg.icb.nhs.uk/media/4733/healthwatch-sg_Id-annual-health-check-checklist-nov-2020-compressed.pdf



Newly added/14 year olds

- If newly coded or for children turning 14/no previous AHC - letter invite sent patient/parent/carer
- Explain the purpose of AHC
- Use the following resources to support call
 - <https://www.nhs.uk/conditions/learning-disabilities/annual-health-checks/>
 - https://contact.org.uk/wp-content/uploads/2021/03/annual_health_checks_parents.pdf
- Videos on website – <https://youtu.be/033HqM8nACI>
- See REMEDY for easy read patient leaflet for new on the register/children - <https://remedy.bnssg.icb.nhs.uk/adults/learning-disabilities/annual-health-checks/>



Non-responders/DNA

- Weekly – run DNA report
- Check preferred method communication
- Consultation history - in hospital, PDS, OOA, friends/family prev attended
- Contact pt/carer/NOK – issues in attending?
- Check understanding of purpose of AHC – direct to videos on website
- Contact ALDHS – are they aware of pt
- Note with scripts/other teams involved?
- Alerts on Emis – for reception to book at front desk



Tips

1. Gather info from your patients – eg pt informed doesn't read texts. Look for patterns on consultation history
2. What other reviews outstanding/ due - try and combine in the appt if pt /carer happy to.
3. Work with carer/support worker/family – will sending checklist help pt prepare or make them more stressed? do they understand the purpose of review?





Questions



CHECK IT OUT!

Did you know that you can get a free yearly health check if you're aged 14 or over?

- ✓ **Do you have a learning disability?**
- ✓ **Are you aged 14 or over?**

Ask for a **free learning disability health check** at your local GP practice.

How to complete an annual health check

Juliane Matthies

BNSSG GP lead for learning disability and
autism

Juliane.matthies@nhs.net

Open Main Menu

Overview

Support

Further Resources for Annual Health C

Learning Disability and Autism Newsle

Other Resources

Resources for Learning Disability Annual Health Checks and Health Action Plans

Referral Home > Adults > Learning Disabilities > Annual Health Checks
Checked: 30-01-2023 by vicky.ryan Next Review: 30-01-2024

Share Print Feedback

Overview

On this page you will find a range of resources and links to websites to help you and your practice carry out Annual Health Checks (AHC) and create a health action plan (HAP).

CKS Nice <https://cks.nice.org.uk/topics/learning-disabilities/> Covers diagnosis, management including AHC and behaviour that challenges.

Annual Health Check

People with learning disabilities have poorer health outcomes compared to the general population. The annual health check (AHC) promotes health and wellbeing and can identify problems early.

- [AHC Minimum requirements under the DES](#)
- [AHC step by step guide to AHC for health care professionals](#)
- [AHC step by step health check toolkit national development team for inclusion](#)
- [Cardiff Health check template](#)

We recommend the use of the emis AHC template "Learning disabilities annual health check "or the Ardens® template " learning disability" to help with a structured assessment.

Pre-health Check

- EASY READ invitation: [BNSSG Annual Health Check Invitation template](#)
- Pre-AHC check list for patients / supporters:
 - [Healthwatch SG LD AHC Checklist Cover Letter](#) and [Healthwatch SG LD AHC Checklist](#) to send / give to patients prior to health check
 - [EMIS Preparation checklist for AHC](#)

Reasonable Adjustments

It is a legal duty to provide patients with reasonable adjustments so they can access health care the same as the general population.

Annual Health Checks (Remedy BNSSG ICB)

How to start

- the quick glance before patient comes in



Reasonable adjustments documented and to be aware of?



Last few encounters



Any recent investigations



Any recent hospital admissions/outpatient appointments



Past history



Medication



last year's health action plan & pre check list

Emis templates

Summary Consultations Medication Problems Investigations Care History **Diary** Documents Referrals New Co

19-Nov-2023 09:32
MATTHIES, Juliane (Dr)
GP Surgery
ORCHARD MEDICAL CENTRE

Save Next Problem Confidentiality Sharing Online Visibility

Consultation Patient Fa... Date/Consulter/Place Actions

Run Template Book Appointment Create Task Medical Regime

Template Picker

Please make your selection below

annual health

Found 1 matches for "annual health"

*Learning Disabilities Annual Health Check

ORCHAR Emis Libr Shared F

06-Nov-2023 09:59 Outbound Referral (ORCHARD MEDICAL CENTRE) MATTHIES, Juliane (Dr)

Summary Consultations Medication Problems Investigations Care History Diary Documents Referrals **New Consultation**

Save Template Cancel Template Spell check

Template

SCR - 44 Test Requests - 166 Referrals - 15 (7) Medicine Management - 31 (3) Lab Reports - 48 (9) Tasks - 9 (5)

New priority Workflow Items received - Tasks, Lab Reports, Medicine Management, Referrals

Active TEST, Timothy (Mr) Born 01-Jan-1989 (34y) Gender Male EMIS No. Preferred Name Tim Usual GP MATTHIES, Juliane (Dr)

*Learning Disabilities Annual Health Check

Pages

General Details

Screening and Advice

GP Assessment 1

GP Assessment 2

Learning Disabilities Annual Health Check

People with learning disabilities (LD) have poorer physical and mental health than other people and inevitable.

Annual Health Checks can identify undetected health conditions early, ensure the appropriateness

GPs and practice nurses have the much needed generalist skills to help people with LD get timely a

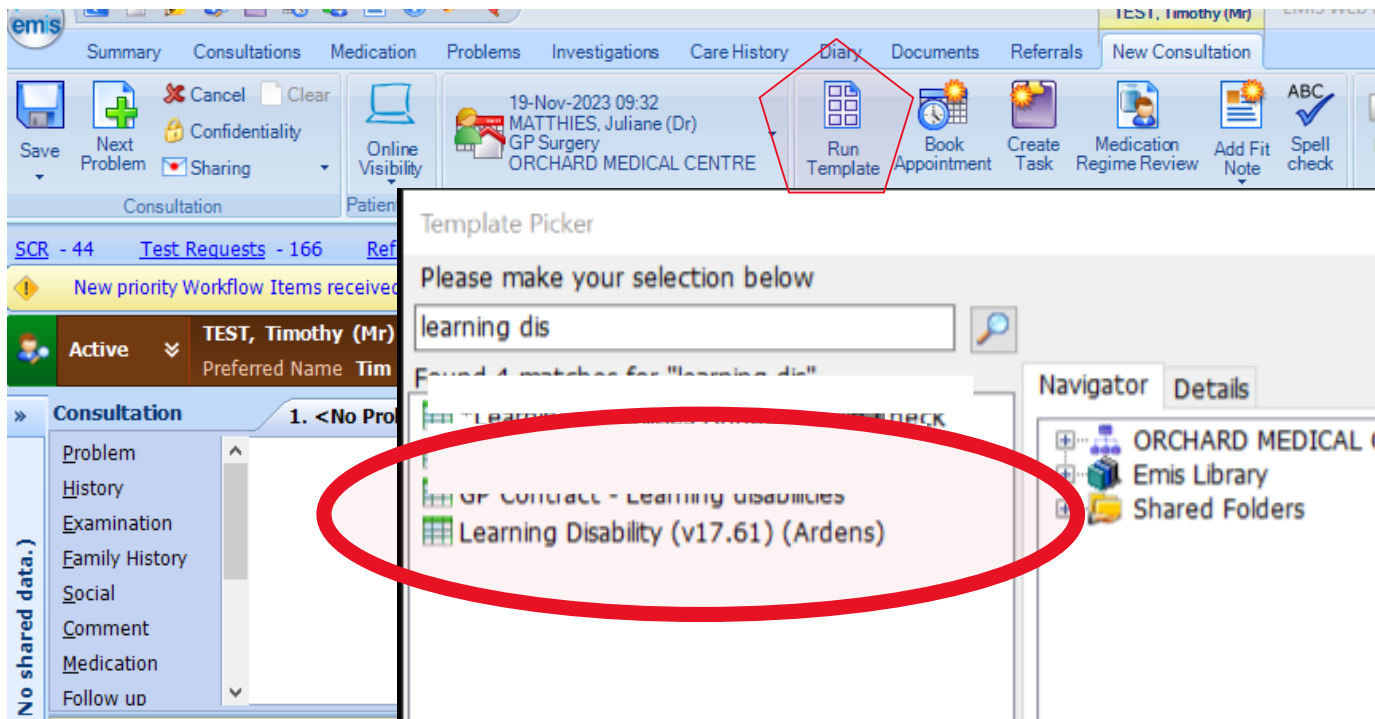
The link below will launch the RCGP guidelines.

[RCGP Annual health check for people with learning disabilities - toolkit](#)

Disability Details

Remember to ask the person with a learning disability or their carer if they have any specific co check.

Ardens template



» **Learning Disability (v17.61) (Ardens)**

Summary Care Record
Details of Disability
Hearing/Vision/Communica...
Syndrome Specific Details
Medication
Functional Life Skills
Lifestyle
Alcohol screening
National Screening
Sexual Health/Contraception
Physical/Mental Health
Examination
Investigations
Safeguarding/End of Life
Vaccinations
Transition (for 14-17 yr olds)
Management Guidance
Recall and Referral
Resources
Template Info/Learning Po...

View -> My Record (No shared data.)

» **LD003 - Learning Disability dia**

Patients with learning disability s

If the QOF box does not already i
will add a new diagnosis to the n

Learning disability code?

This is not a QOF code, but if you

Autism spectrum disorder

Record that a Learning Disabilit

Please record that the LD Health
that ethnicity is also a requireme

Learning disabilities annual health
assessment

View -> My Record (No shared data.)

Holistic assessment



Do you feel lonely?

What do you like to do?

Are you often bored?

What makes you happy?

- Daily living skills and support needs- eating/ drinking- self care/ dressing
- Support in place-Carers- paid carers/ family
- Work- school- college
- Finances
- Housing and accommodation
- Get to know the patient

Carers support
[remedy pathway](http://bnssgccg.nhs.uk)
(bnssgccg.nhs.uk)

Social
prescribing

Lifestyle



- Smoking
- Alcohol
- Drugs
- Mobility
- Physical activity
- Weight/height /BMI
- (MUST score)

*Only 9% people with learning disability achieve recommended level of activity per week
In the UK inactivity contributes to 1 in 6 death similar to smoking*

System review-why?

- Higher risk of co-morbidities- epilepsy, poor mental health, obesity, constipation, dysphagia, diabetes, respiratory disease
- LeDeR review: in 80 out of 100 reviews constipation raised as an issue
- Less likely to present with health problems to GP
- More likely to present late and as emergency
- 44% of death certificates list potentially reversible cause
- Diagnostic overshadowing



Ask for signs and symptoms of

- Respiratory & Cardiovascular problems
- Gastrointestinal problems- Constipation! Reflux! Dysphagia!
- Skin problems
- Bladder problems
- Problems with hearing- low threshold for referral
- Eye problems- eye check every 2 years
- Dental/oral problems-annual dental reviews
- Sexual health- contraception-period problems- menopause
- Pain, and how pain is expressed
- Sleep
- Mental health and behaviour
- Cognition and abilities, any changes?



Dysphagia

ALDHS SALT team: [remedy pathway \(bnssgccg.nhs.uk\)](https://bnssgccg.nhs.uk)

- ‘Bubbly’ voice quality
- Coughing during and/or after meals.
- Dysarthria
- Failure to maintain weight
- History of choking episodes
- History of frequent chest infections
- Regurgitation
- Shortness of breath when eating or drinking

High risk: dementia or severe and complex disabilities



Examination

- Heart sounds, pulse, blood pressure
- Chest examination, Resp rate, Sats
- Skin
- Abdominal examination
- Ears- check for wax!
- Breast/testicles- self check!
- Any other relevant examination guided by the patient and presentation



Cancer Screening



- Cervical, Breast and Bowel screening
- To be discussed at AHC
- Ensure booked in
- Refer to ALDHS if required
- **LD Screening Practitioner**
 - Attend & deliver engagement events & conferences (Feb 2024)
 - Training for health and social care
 - Education to service users
 - Routine screening support not 2WW



Syndrome specific checks

Down's syndrome:

Website for health care professionals: <https://www.dsmig.org.uk/>

With guidance for surveillance:

<https://www.dsmig.org.uk/information-resources/guidance-for-essential-medical-surveillance/>

Fragile x-syndrome:

Website mainly aimed at families/carers :

<https://www.fragilex.org.uk/>

Rett Syndrome

Website: <https://www.rettuk.org/>

PDF Rett best practice guidance: <https://www.rettuk.org/wp-content/uploads/2015/03/Rett-UK-Management-Care-Guidelines.pdf>

Dyscerne <https://dyscerne.org/dysc/Guidelines> has detailed clinical management guidelines for four dysmorphic conditions.

Angelman syndrome

Kabuki syndrome

Noonan syndrome

Williams syndrome



Annual review check list

- last fit, seizure frequency, any changes
- effects on daily life
- Triggers and lifestyle including drugs/alcohol
- school/work aware
- seizure plans in place including emergency plan & stand by medication
- medication review, compliance, side effects,
- drug monitoring or blood tests required?
- screen for depression/ anxiety
- Discuss contraception, pregnancy
- Discuss driving
- Provide SUDEP and seizure safety information
- Carer support?

Check
epilepsy
booklet/
App

Referral

- poor seizure control
- Problems with drug treatment
- Planning pregnancy
- Consideration for stand by medication (seizure more 5 minutes or more than 3 seizures in 1 hour)
- Withdrawing treatment (if seizure free > 2y)

Support and information

<https://www.epilepsy.org.uk/>

<https://epilepsysociety.org.uk/>

DVLA:

<https://www.gov.uk/epilepsy-and-driving>

EpSMon app to self monitor epilepsy

<https://sudep.org/epilepsy-self-monitor>

safety checklist

<https://sudep.org/5udep-and-5eizure-5afety-ch3cklist-2020>

Medication review

- Compliance
- Suitability
- Swallowing difficulties

[Swallowing Difficulties - help and advice for patients and healthcare professionals](#)

STOMP



Stopping the over medication of people with a learning disability, autism or both

STOMP

STOMP is a project in England to stop too much use of psychotropic medicines.



These medicines are used to treat mental health conditions.

Sometimes they are also given to people because their behaviour is seen as challenging.



Remember!

Do not change your dose of these medicines or stop taking them without talking to your doctor.

Ask your doctor for a medicine review or an annual health check.
Your doctor or nurse can help with finding other support too.



Go to www.england.nhs.uk/stomp

Blood test- urine dips and other tests

- Consider patient and your assessment – any tests needed following AHC
- Consider risk of cardiovascular disease (HBA1c and lipids)
- Chronic disease monitoring
- Consider medication monitoring
- Consider syndrome specific checks
- Any chronic disease monitoring
- Consider Osteoporosis risk (Vit D on antiepileptics)

[Blood Tests for people with Learning Disabilities \(publishing.service.gov.uk\)](http://publishing.service.gov.uk) - reasonable adjustments

ALDHS support for desensitisation pathway



Syndrome specific blood tests-use RCGP check list

- Down's: annual TFT. Add coeliac screen if diabetes/thyroid disease/anaemia. Consider annual HBA1c as high risk diabetes and lipid profile
- Foetal alcohol syndrome: U&Es, ACR and urine dip (high incidence of renal problems)
- Prader Willie: TFTs , Glucose/ HBA1c , Lipid profile, Vitamin D (Deficiency)
- Williams Syndrome: Echo every 5y, renal USS every 5 years for stones, annual U&Es, Calcium, TSH, HBA1c from age 30

Drug monitoring- should be set up at initiation following local and national guidance, BNF

Common examples:

- | | |
|---|---|
| • Sacubitril/Valsartan | drugs |
| • Dronedarone | • Other specialist drugs initiated by secondary care as per share care protocol |
| • Thiazide and related Diuretics | |
| • Lithium | |
| • Anti-psychotics (Amisulpride, Aripiprazole, Asenapine, Quetiapine, Risperidone Olanzapin) | • Methylphenidate, Atomoxetine & Dexamfetamine |
| • Anti-epileptics | • Nitrofurantoin |
| • NSAIDs | • Carbimazole & Propylthiouracil |
| • Thyroxine | • Gliptins |
| • NOACs | • Exenatide /Liraglutide |
| • ACEI / A2RA | • DMARDs (disease modifying antirheumatic |

Osteoporosis risk- especially if on antiepileptics and/or antipsychotics

Consider bone profile, vitamin D, frax score/dexa scan. Follow local guidance Vitamin D [remedy pathway \(bnsgccg.nhs.uk\)](http://bnsgccg.nhs.uk)
 Osteoporosis: [remedy pathway \(bnsgccg.nhs.uk\)](http://bnsgccg.nhs.uk)

HBA1c to check for Diabetes/non-diabetic hyperglycaemia

Risk factors:

- Family history
- Obesity/Inactivity/low fibre high carb diet
- Ethnicity: Asian, African and Afro-caribbean History of gestational diabetes
- PCOS (polycystic ovary syndrome)
- Drugs: statins, corticosteroid , combination thiazide like diuretic and beta-blocker

Symptoms

Polyuria, polydipsia, Recurrent infections, Tiredness, Blurred vision, Acanthosis nigrans (dark pigmentation of skin folds)

On severe mental illness register: Bipolar, schizophrenia, psychosis, on lithium

- Lipid profile every 2 years or annual if on antipsychotics, and/or pre-existing cardiovascular conditions, and/or smoke, and/or overweight [BMI of ≥23 kg/m2 or ≥25 kg/m2 if ethnicity is recorded as White] every 24 months for all other patients
- Annual HBA1c

Chronic disease monitoring- follow disease specific guidance

Examples:

- Cardiovascular disease
- Cerebrovascular disease
- Thyroid disease
- Chronic kidney disease
- Hypertension
- Diabetes

lipid profile

- CVD risk of or over 10%
- Between 40y and 74y every 5 years
- Consider adding HBA1c and kidney function (to check for CKD- chronic kidney disease)

Transition

- Celebration or cliff edge?
- Move from childhood to adulthood
- Move from pediatric services to adult services
- GP now 1st point of call



Top tips transition- Patients with learning disability have poorer health outcomes and are at risk of premature deaths. Young people with complex needs are often looked after within paediatric services with little or no contact with the GP. Once young people turn 18 their care must transition to adult services

Why a good transition is important:

- ✓ Transition can feel like a cliff edge event to young patients, their supporters, and families
- ✓ Celebrates the change from childhood to adulthood focussing on the persons strength and opportunities when becoming an adult
- ✓ Prepare the change from paediatric services to adult services with much more emphasis on patient responsibility
- ✓ Transition is a process over time and should start early to give the GP surgery and patient and supporters time to get to know each other and build a good relationship and trust
- ✓ Poor transition and loss of confidence in GP service can lead to missed opportunities to improve health outcomes
- ✓ Avoid crisis calls that are stressful for patients and health care professionals (the urgent medication request Friday 5pm of a drug I have never heard of with no evidence in the notes why prescribed and at what dose)
- ✓ Involves the whole surgery team- getting to know the team and how the surgery works and managing expectations.



Learning disability register

Learning disability or learning difficulties? Learning Disability means reduced IQ , significantly reduced ability to understand new/complex information and cope independently, learn new skills. Not the same as learning difficulties like dyslexia, where a person has problems in specific area but a normal intellect.

- ✓ Use the code “ learning disability” or “On learning disability register”.
- ✓ Add the code at any age if you become aware that a patient has learning disabilities.
- ✓ You do NOT need to test or refer the patient to confirm a diagnosis of learning disability. It is enough if you feel a patient has learning disability and that the person benefits from the inclusion in your register.
- ✓ More information here: [remedy pathway \(icb.nhs.uk\)](https://www.icb.nhs.uk/learning-disability-register) under resources “ learning disability register and coding”
- ✓ Summary: [improving-and-updating-your-learning-disability-register.docx \(live.com\)](https://www.live.com/improving-and-updating-your-learning-disability-register.docx)

The Annual health check

- ✓ Invite every young person on your learning disability register from the age of 14y for annual health checks.
- ✓ Provide easy accessible information about the annual health check to young people and their supporters

New on learning disability register children: [easy-read-patient-leaflet-learning-disability-register-child.pdf \(icb.nhs.uk\)](https://www.icb.nhs.uk/easy-read-patient-leaflet-learning-disability-register-child.pdf)

Pre check check list : [healthwatch-sg ld-annual-health-check checklist nov-2020 compressed.pdf \(icb.nhs.uk\)](https://www.icb.nhs.uk/healthwatch-sg-ld-annual-health-check-checklist-nov-2020-compressed.pdf)

- ✓ Document how the young person prefers to be contacted and invited for their health check, flu vaccination and other appointments.
- ✓ Update emergency contact numbers.
- ✓ Find out and document reasonable adjustments

What to cover at the AHC of a young person

- ✓ Get to know them and their likes and dislikes
- ✓ Ask education/ employment and ambition
- ✓ Support and care needs
- ✓ Housing/finances
- ✓ Ask medical past history and current health problems and involvement of secondary care. Can be helpful to ask paed to share summary of needs and treatment plan.
- ✓ Check mental health Ask about sexual health and contraception Provide transition information to young people and supporters
- ✓ Encourage increasing involvement in own health and make this part of their health action plan (example start keeping a folder with hospital letters)

Capacity and consent

- ✓ There is a presumption in law that from the age 16y a young person can make their own decision about medical treatment.
- ✓ Parents lose parental responsibility on a young person's 16th birthday.
- ✓ If a young person 16y or over has no capacity to decide, then the mental capacity act comes into force.
- ✓ Every decision for a young person without capacity needs to be made in their best interest.
- ✓ Parents cannot without a court order, deputyship or LPA make decisions for their children over the age of 16y and consent on their behalf.

GP records

- ✓ Young people from their 16th birthday have access to their primary care records
- ✓ Proxy access to primary care records for young people 16y and over requires consent from the young person or best interest decision.
- ✓ Existing parental access to a child's primary care record should stop at age 16y.
- ✓ Resources: GMC guidance: [Accessing medical records by children/young people/parents - GMC \(gmc-uk.org\)](#) RCGP "online service" toolkit [GP online services toolkit: Introduction \(rcgp.org.uk\)](#) has a link to the children and young people record access guidance [Children and young people records access v3.0.pdf \(rcgp.org.uk\)](#)

Hospital passport: [Bristol Royal Hospital for Children | University Hospitals Bristol NHS Foundation Trust \(uhbristol.nhs.uk\)](#)
[remedy pathway \(bnssgccg.nhs.uk\)](#)

Carer support: [remedy pathway \(icb.nhs.uk\)](#).



Resources for patient and supporters

- ✓ Mencap website : [Transition into adult services | Mencap](#)
- ✓ National development team for inclusion: [Preparing for Adulthood: All Tools & Resources - NDTi](#)
- ✓ South Gloucestershire council website [Planning your child's transition to adult health services | South Gloucestershire \(southglos.gov.uk\)](#) includes transition health checklist [health_checklist.pdf \(openobjects.com\)](#)
- ✓ Added to LD register child: [easy-read-patient-leaflet-learning-disability-register-child.pdf \(icb.nhs.uk\)](#)
- ✓ Mencap for PIL, supporter info and posters etc encouraging AHC and joining register: [Join The Learning Disability Register - Read Our Guides | Mencap](#)
- ✓ My adult still my child [MASMC – MASMC \(myadultstillmychild.co.uk\)](#)
- ✓ Together for short lives [Changing Lives - Together for Short Lives](#) has a check list for young people and families: [A checklist to a good transition - Together for Short Lives](#)
- ✓ What is a GP- [rcgp_yp_full_booklet_web_version.pdf \(assets.nhs.uk\)](#)
- ✓ GP online services easy read [gp-online-services-a5-leaflet.pdf \(england.nhs.uk\)](#)

Professional resources

- ✓ NICE guidance [Overview | Transition from children's to adults' services for young people using health or social care services | Guidance | NICE](#)
- ✓ Leeds top tips transition [SBTOP-TIPS-FOR-TRANSITION-TO-ADULTHOOD-FOR-PROFESSIONALS.docx \(live.com\)](#)
- ✓ RCGP eLearning transition [Better transitions: improving young people's transfer from paediatric to adult services \(rcgp.org.uk\)](#)

The annual health check

Person and their needs

Daily living skills
support needs- support in place
Housing- employment- finances- lonely?

Life-style

Smoking/alcohol/drugs
Mobility- physical activity
Weight/height /BMI

Carer support

Chronic disease monitoring
Vaccinations
Screening
Epilepsy
Syndrome specific checks
&
Medication review
Transition

Social prescribing

System review:

Respiratory- cardiovascular-GI –skin-
bowel- bladder
Eyes -ears- dental
Sexual health –contraception-menopause
Pain- sleep- mental health- cognition

Examination & Observation

HS-chest-pulse-BP-Sats- chest
Skin
Abdo
Ears
Breast/testicle
Any other relevant examination guided by
patient and presentation

Health Action plan



Questions

What reasonable adjustments can be made?



Debbie Moore, Clinical LD Specialist Nurse, Adult Learning Disability Health Service (ALDHS)

Thoughts from **people first**

Benefits:

- Saw the benefit of getting *“checked for things to stop you dying”*
- Liked that they had a named GP who *“knows me”*

Challenges:

- Technology *“I can’t use text on my phone”, “always say Ask my GP [app]”, “can’t use online”*
- *“more or less talk to the carer than the patient”*

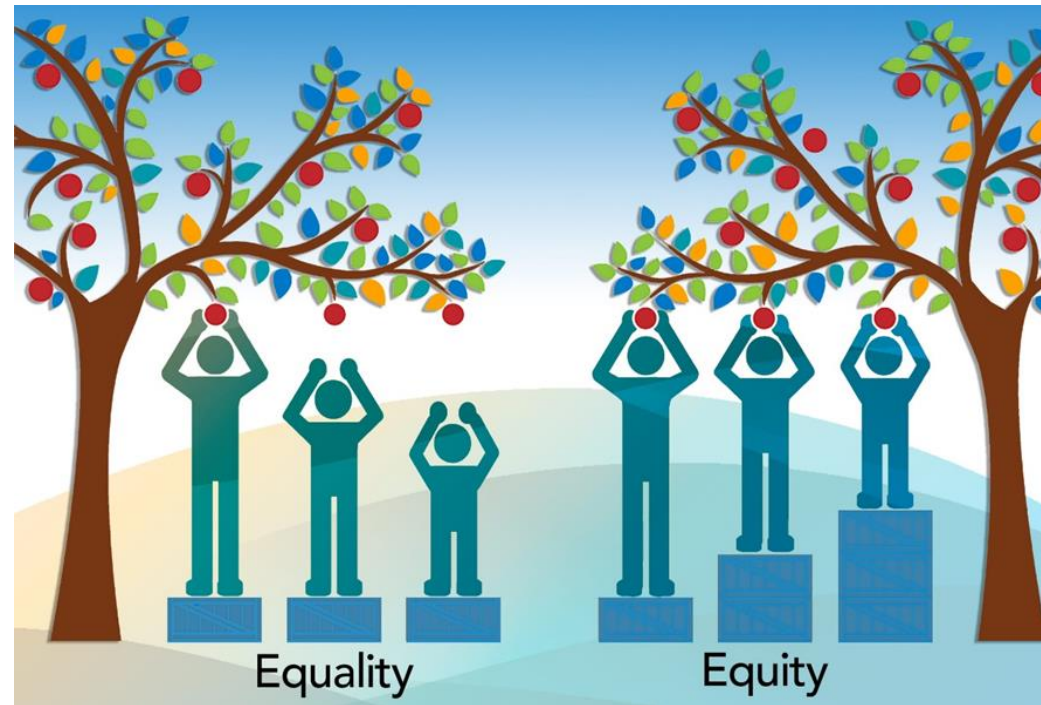
Suggestions:

- *“Plain English and pictures and symbols”*
- *“Take their time”*
- *“Be patient with the patient”*



Reasonable Adjustments

“Reasonable adjustments are small changes that can help people with a learning disability to be treated equally.” – MENCAP



What can be a reasonable adjustment?

Anything that helps to overcome barriers to healthcare for that individual.

Environment

Question

Understanding

Involve

Time

Yes 'can do' attitude



Reasonable Adjustments



Communication

- Talk to the person
- Use easy words & descriptions
- short sentences
- Check understanding - repeat if needed
- Use visual support - REMEDY
- Who is there to support?
- Resources to be clear



Communication Links

- **REMEDY -**
<https://remedy.bnssg.icb.nhs.uk/adults/learning-disabilities/annual-health-checks/>
- **Easy Health -**
<https://www.easyhealth.org.uk/index.php/health-leaflets-and-videos/>
- **A Picture of health -**
<https://www.apictureofhealth.southwest.nhs.uk/>





Questions

Don't just screen –intervene!



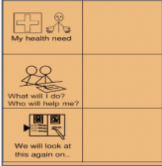



Health action plans

Juliane Matthies

Juliane.matthies@nhs.net

ICB Lead GP for learning disability
and autism

What is a Health Action Plan?

	<p>The doctor or nurse will give you a Health Action Plan at the end of your Annual Health Check appointment</p>
	<p>The Health Action Plan will be written in a way that you can understand</p>
	<p>Your doctor or nurse will explain what your health needs are</p>
	<p>The Health Action Plan will tell you what you need to do to stay healthy, like: exercising or eating healthy or making another appointment</p>
	<p>It should tell you who is going to help you stay healthy</p>
	<p>It should have a date when will it be looked at again</p>

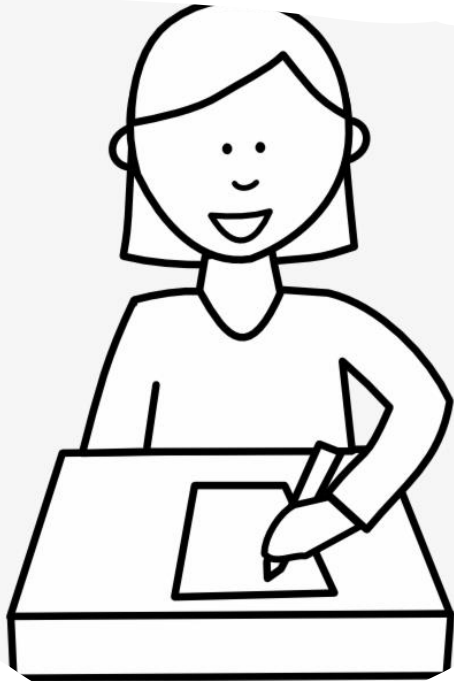
Principles

**REVIEW LAST YEARS PLAN
AND REFERR BACK TO IT!**



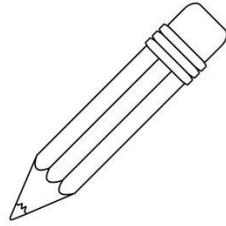
- ✓ Summarises key actions and who is responsible and a clear time frame for any action
- ✓ Created for the person with the person
- ✓ Involve family & carers
- ✓ Easy read & short
- ✓ Specific “*drink 8 cups of water*” vs “*drink more fluids*”
- ✓ Think health promotion- smoking, diet, exercise – small steps and ensure is reviewed
- ✓ Link recommendations to relevant patient resources (ensure easy read / a format the patient can use)
- ✓ Include recommendations about dental checks, immunisations, eye tests hearing tests....
- ✓ One copy to the patient and keep one copy in the GP notes
- ✓ Action plans are followed up & reviewed at next visit including at next AHC

Tips on writing a HAP



- Big clear typeface - Arial font size 18 to 24 if possible, 14 minimum
- Visually impaired people might need bigger font or different colours
- Avoid underlining, *italics* and BLOCK CAPITALS and extra punctuation!!!!
- Layout clear and uncluttered
- Use lists, bullet points, boxes, keywords, headings and symbols to help people
- Keep as short as possible
- Symbols or pictures can be used for extra information
- Careful with photos - they often don't print well, same with colours and a black and white printer
- Use straightforward, unambiguous language- no metaphor, speaking in pictures "waterworks"

Sentences



- Use short sentences with one main idea
- Use active not passive sentences e.g. "Paul needs a hearing test" not "A hearing test is what I recommend for Paul"
- Keep sentences uncluttered, miss out words you don't need " book a dentist appointment" rather than "I think you should look into booking a dentist appointment in the next weeks"
- Use positive sentences: " Simon should eat breakfast" rather than "Simon should not miss breakfast"

Vocabulary



- Use familiar words "drink" not "refreshment"
- Use words with one meaning "happy or sad" not "moody"
- Use concrete, not abstract words "after lunch" not "later"
- Avoid jargon words
- Avoid abbreviations
- Use names not pronouns "the Doctor" not "she"
- Check people can understand the words you use

Health Action Plan templates

emiss Summary Consultations Medication Problems Investigations Care History

Save Next Problem Confidentiality Sharing Online Visibility

14-Nov-2023 11:51
MATTHIES, Juliane (Dr)
GP Surgery
ORCHARD MEDICAL CENTRE

SCR - 4 Test Requests - 221 Referrals - 31 (11) GP2GP - 5 (5) Medication

Active TEST, Timothy (Mr) Preferred Name Tim

Find Document Templates
Find document template or use the hierarchy to browse

health action

- ICB BNSSG Health Action Plan for Learning Disabilities
- Learning Disability Health Action Plan (v15.7) (Ardens)
- Learning Disability Health Action Plan - Long (v16.9) (Ardens)

My Record (No shared data.)

- Consultation
- Problem
- History
- Examination
- Family History
- Social
- Comment
- Medication
- Follow up
- Procedure
- Test Request
- Referral
- Document
- Allergy

Health Action Plan
Developed and designed by people with learning disabilities

My name is Timothy Test Date: 14-Nov-2023 D.O.B: 01-Jan-1949

In case of emergency Name: Phone no:

Key information about me

	Actual	Goal/Target
Weight / BMI		
Blood pressure		
Dental check		
Eye test		

For the GP to complete: existing health conditions being monitored

My 3 Big Goals for the next year are

Goal 1
Goal 2
Goal 3

Who is responsible? Target Date

BNSSG

My 3 big goals for the next 12 months 1 2 3

To improve my health I want to achieve the following outcome/goal

To achieve this goal, I will take the following action

To achieve this goal I will need the following support

To check my progress we will review in

When I achieve this goal, this is how I will celebrate...

Goal 1
Goal 2
Goal 3

My Health Action Plan
Name: Mickey Mouse
NHS No:
DOB: 20-Sep-2014
At your visit to the surgery, we agreed:

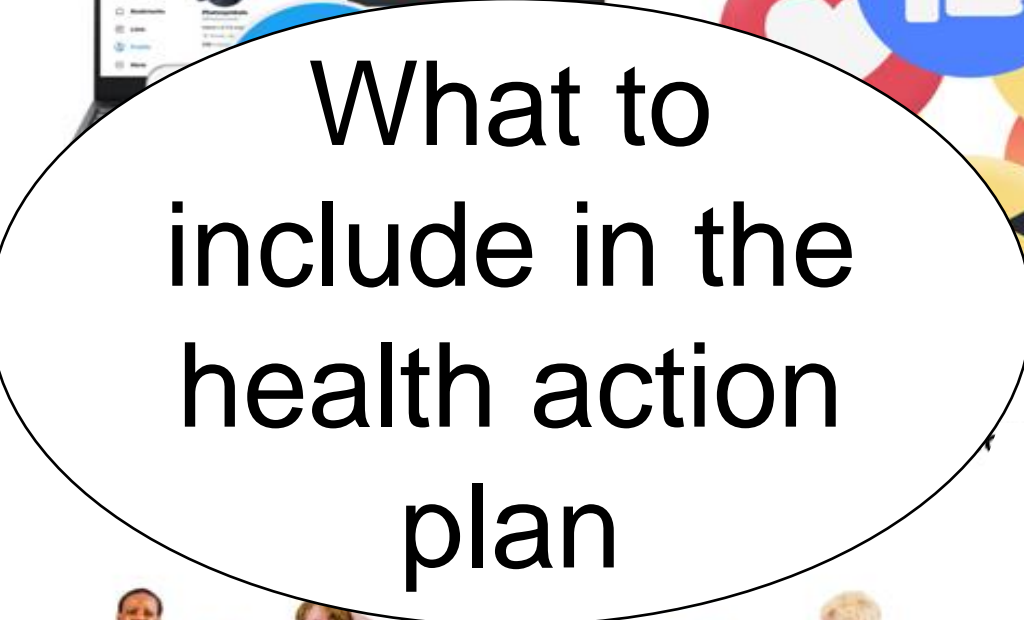

My Health Issues	What Needs To Happen?	Who will do it?	Review Date

Ardens short

Ardens long

Pulls through medication, immunisation, problem list and allergies
Might be useful for care home resident
The plan above plan is in the last section

18-Jul-2023 Completed by: MATTHIES, Juliane (Dr)



What to
include in the
health action
plan



Social
prescribing

[Social Prescribing
\(Remedy BNSSG ICB\)](#)



Carer
support

[Carer Support \(Remedy
BNSSG ICB\)](#)

Eyes-ears-teeth



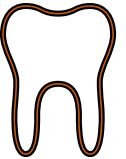
- Eye check every 2 years
- No one is too disabled to have an eye check
- High level unmet need- 10x more likely to have eye problems
- Do not rely on self-reporting
- Cause behaviour change and communication difficulties

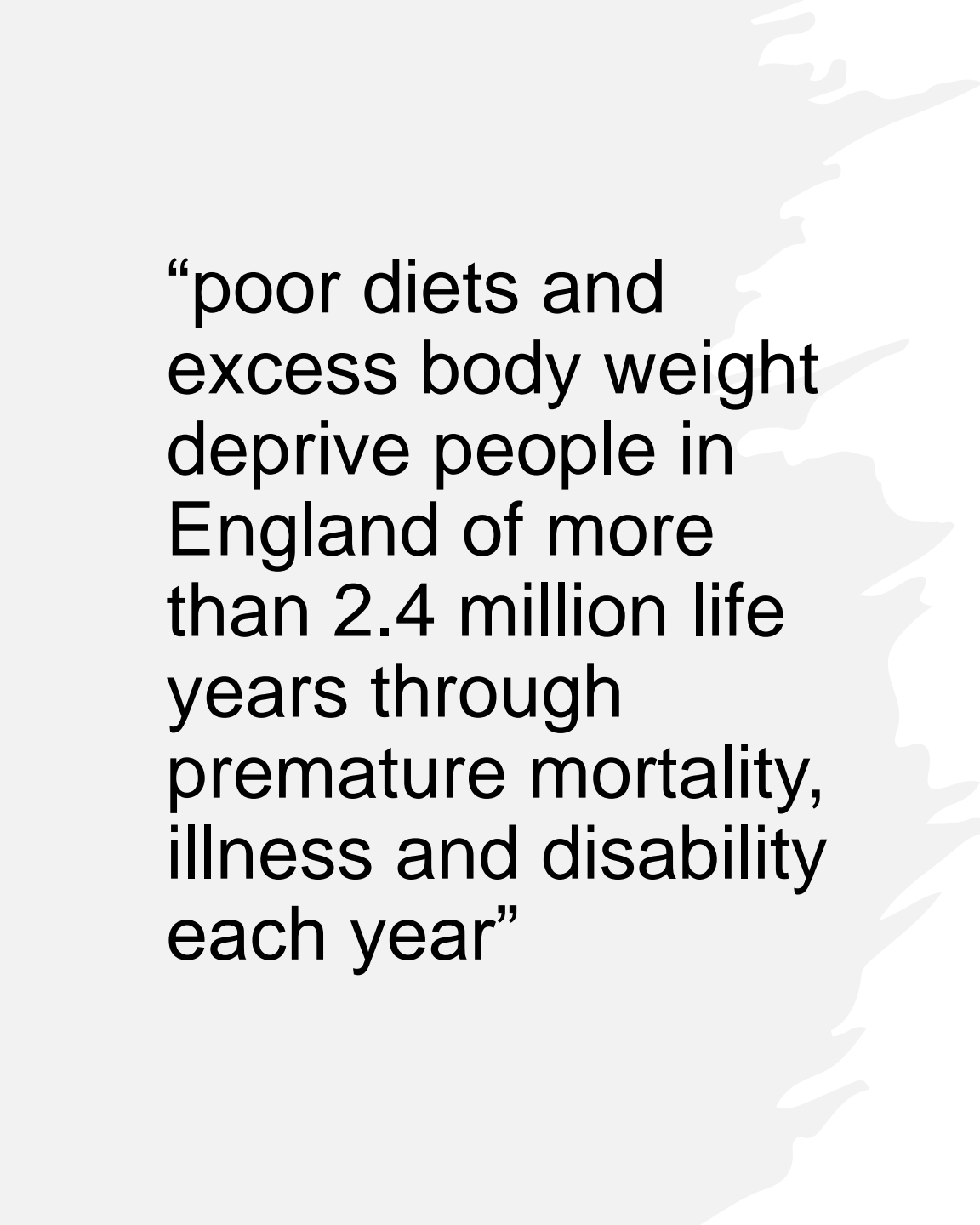
• **SEEABILITY** les
www.seeability.org

- Everyone can have a hearing check including under GA
- High risk of hearing loss 4 in 10 (7 in 10 in Down's -onset in teenage years)
- Low threshold for referral
- Do not rely on self-reporting
- Check for wax



- Widening inequality in dent
- Poor dental care, higher risk gum disease, missing teeth, lack restorative dentistry
- Not enough support to clean teeth
- Sensory issues
- Teeth grinding
- Reflux can cause tooth damage
- Sugar containing medicine
- Poor understanding/ not priority
- flavourless and foamless toothpaste
- alternative toothbrushes
- “ Do you have a toothbrush?”
- Dental pain- behaviour change
- Risk factor for other disease like CVD
- Access to dentists difficult- should be registered with dentist and have annual checks
- Community dental service take GP referrals





“poor diets and excess body weight deprive people in England of more than 2.4 million life years through premature mortality, illness and disability each year”

People with learning disability have an increased risk of being overweight or obese:

- Overweight 27% (31.8% general population)
 - Severe obesity 37% (31.8% general population)
-
- Poorly balanced diets and very low levels of physical activity
 - Obesity increases the likelihood of a range of health and social problems: heart disease: high blood pressure, strokes, diabetes, several types of cancer, mobility difficulties
 - Close links to broader social disadvantage, such as poverty, poor housing and social isolation, which is experienced disproportionately by people with learning disabilities

[Obesity and weight management for people with learning disabilities: guidance - GOV.UK \(www.gov.uk\)](http://www.gov.uk).

Patients

- Boredom, Comfort eating, Snacking
- Selective eating (texture, temperature, taste, visual)
- Sedentary life- style and “unhealth activities”
- Getting older- need less calories
- Preference for high calorie/fat/sugar food
- Alcohol
- Overeating after exercise (overestimate of calories burnt)



Family/carers

- Use of food and drinks as a reward, motivator, means of control
- Lack of time - frequent use of ready meals
- Lack of knowledge about healthy choices and portion size
- Lack of knowledge of consequences of obesity
- Not a priority
- Supporters making unhealthy choices themselves -healthy role models
- Lack of understanding of the principles of choice and control- supporting positive choices versus allowing unwise choices



Clinicians

- Time and knowledge
- Not a priority
- Access to weight loss programs
- Resources
- Medication causing weight gain



Small steps

- ✓ Fading- Make gradual changes
- ✓ Change one thing at a time

- ✓ Be concrete
- ✓ Be descriptive
- ✓ Be specific

Replace

- ✓ try lower calorie option
- ✓ Addicted to takeaways?- check calories and try healthier options, smaller portions and treat as a meal not as a snack
- ✓ Check drinks for calories and replace with calorie free option/water

Family- carers

- ✓ Role model
- ✓ Carers and family eating together and making healthy choices together
- ✓ Check carers/family understanding
- ✓ Easy read information

Smaller plates

Changes in preparing food -
grilling over frying, use semi
skinned milk

" 5 a day"

Impatient before
mealtime or snacks
needed- try vegetables

Activity and
engagement instead
of eating

6-8 glasses water
/day

Fill 1/3 plate with
vegetables/salad

Fruit before
dessert

Target setting and rewards

- ✓ Reward charts
- ✓ Certificates
- ✓ Ask at next encounter and praise


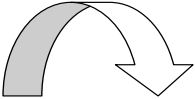


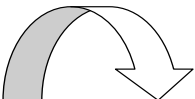


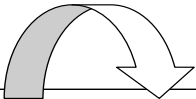


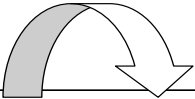


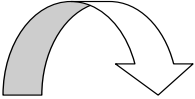

Ideas what to change

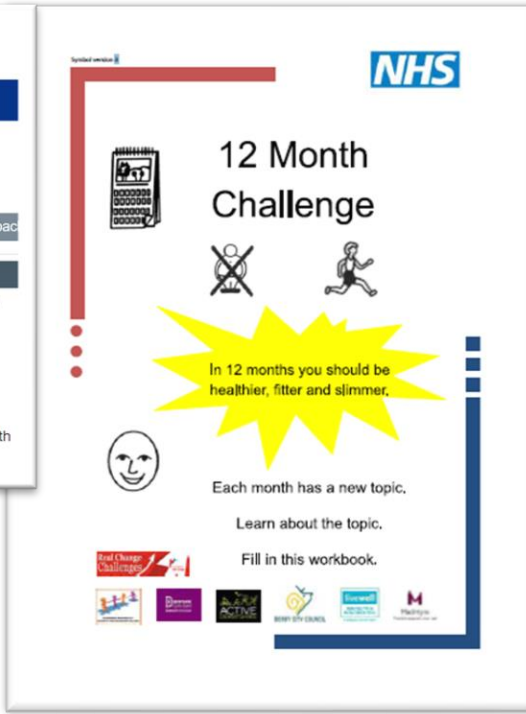
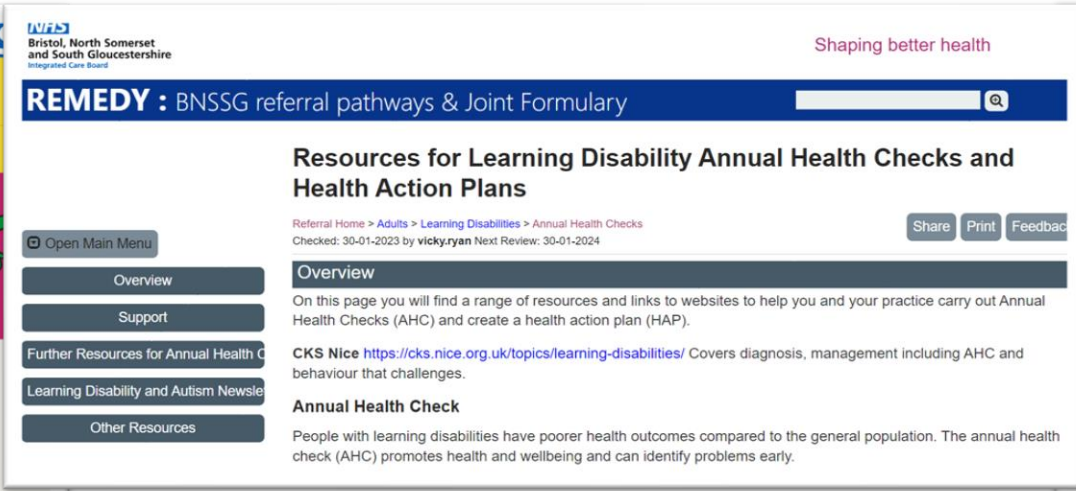
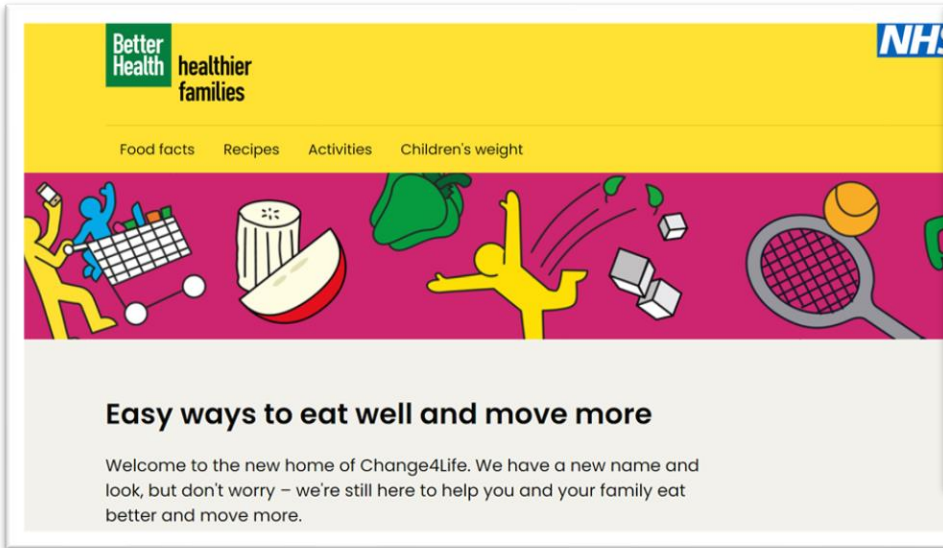
- ✓ health lunch box
- ✓ Snacks
- ✓ Drinks (sugar, caffeine, alcohol)
- ✓ Salt intake
- ✓ Fatty food
- ✓ Sugary food
- ✓ Portion size

Exercise

- ✓ Anything that gets people moving and gets heart rate up- cleaning/hovering/gardening
- ✓ Needs to be fun- disco/walks/outings
- ✓ Involve carers
- ✓ Online videos
- ✓ Easy to access and suitable
- ✓ Social prescribers can help to find local clubs
- ✓ Avoid snack after activity- offer water and vegetables

SNACK SWAP!

 133 calories	Swap for 	 83 calories
 259 calories	Swap for 	 114 calories
 102 calories	Swap for 	 54 calories
 250 calories	Swap for 	 101 calories
 180 calories	Swap for 	 54 calories



[NHS Change4Life](#) now called better health

- practical advice, tips, activities and resources for families and general public
- Not specific to people with learning disabilities but includes colourful and engaging images and is written in plain English

[12 month challenge workbook](#) -archived but still available in archive

- designed to help people with learning disabilities to learn and understand more about healthy eating, exercise and to encourage behaviour change with a different topic each month
- encouraging people to make small changes and to record progress








[Annual Health Checks \(Remedy BNSSG ICB\)](#)

- Information and resources including easy read patient resources

Constipation

study of adults with learning disabilities living in institutions found that almost 70% of them had constipation compared to 15% in the general population

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

- Inadequate diet and fluid intake
- Reduced mobility and lack of exercise
- Side effects of medication - antipsychotics, antidepressants, anticonvulsants, drugs with anticholinergic effects, opioid analgesics, aluminium salts in reflux medication, iron, calcium salts, calcium channel blocker, diuretics
- Anxiety or depression
- Other conditions- hypothyroidism, depression, stroke and diabetes
- Environmental factors: Inappropriate toileting facilities or a lack of privacy or time to use them
- Disruption in someone's routine or changes to their care or environment
- Ignoring the urge to pass stools
- Highest risk: Down's syndrome, cerebral palsy and people with more severe learning disabilities- medication, being non-ambulant and body shape and/ or abnormal muscle tone



Ask specifics- how much-how often
OK to talk about poo
Easy read resources

Constipation / Fibre

- EASY READ
- Constipation
- Fibre food

Annual Health Checks (Remedy BNSSG ICB)

read: <https://www.bda.uk.com>

- Patient Information Video on Constipation
- Constipation resources for HCPs

NOT ea

England Cancer Screening Programmes

Bowel screening

- Men and women aged *60–74yrs, invited every 2 years (*reducing this yr)
- Over 74, can request a kit
- FIT kit received in the post



Breast screening

- Women aged 50–70yrs, invited every 3 years
- Women over 70 screened on request
- Mammography



Cervical screening

- Women aged 25-64yrs
- Invited every 3 years age 25-49, and every 5 years age 50-64
- Cytology with HPV triage



Adult Learning
Disability
Health Service
(ALDHS) LD
Screening
Practitioner

AAA

screening in England-one off to men during the year they turn 65

STOMP



Stopping the over medication of people with a learning disability, autism or both

STOMP

STOMP is a project in England to stop too much use of psychotropic medicines.



These medicines are used to treat mental health conditions.

Sometimes they are also given to people because their behaviour is seen as challenging.



Remember!

Do not change your dose of these medicines or stop taking them without talking to your doctor.

Ask your doctor for a medicine review or an annual health check.
Your doctor or nurse can help with finding other support too.



Go to
www.england.nhs.uk/stomp

Annual health check (AHC) & health action plan (HAP) Quality Audit

4,681 (78%) people with learning disability had an AHC in BNSSG March 2021-March 2022
 This audit used an amended NHSE audit tool to assess quality of organising, undertaking & outcomes of health checks. All PCNs contacted- 9 practices/ 55 patients contributed.
 Thank you to the 9 participating practices.

Organisational best practice

- ✓ Invitation to include easy read information & videos what to expect at AHC
- ✓ Pre-check list to make appointment patient centred & efficient
- ✓ Organisational memory created on best & preferred way of contacting patient
- ✓ Record any reasonable adjustments
- ✓ Carers details & emergency contact numbers checked

Recurring theme 1- Social prescribing
 Suitable for patients with learning disability & underutilised

Recurring theme 2- Coding
 Use "on learning disability register" or "learning disability"
 Not Learning difficulty

Recurring theme 3 Carer support
 an opportunity signpost carers to support

Annual Health Check best practice

- ✓ Full system review and physical examination using emis template
- ✓ Chronic disease review
- ✓ Mental health review
- ✓ Syndrome specific check
- ✓ Medication review and STOMP
- ✓ Epilepsy review
- ✓ Eyes- ears- teeth
- ✓ Sexual health and contraception discussed
- ✓ Social situation/ finances/work/ support needs discussed

Recurring theme 4 - Need for syndrome specific checks
 Including for Down's, Fragile x, Cerebral palsy

Recurring theme 7 health action plan:
 No HAP in 20/55 AHCs

Recurring theme 6 Easy read information
 underutilized at AHC and HAP

Recurring theme 5 Epilepsy review
 and referral if seizures not controlled

Health Action Plan best practice

- ✓ Created for the person with the person
- ✓ Easy read & short
- ✓ Avoid autofill
- ✓ Specific "drink 8 cups of water" vs "drink more fluids"
- ✓ Involve family & carers
- ✓ Give clear time scale for any action
- ✓ Outline who is responsible for any action
- ✓ Advice on health lifestyle
- ✓ Copy to patient & copy retained in emis
- ✓ Action plans are followed up & reviewed at next visit including at next AHC

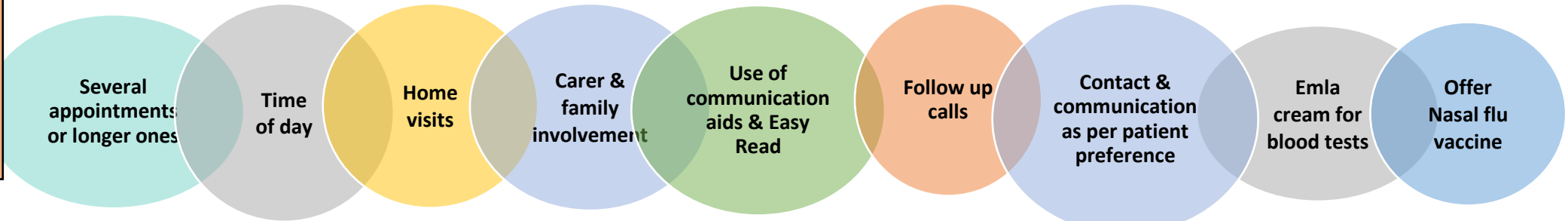


Health checks are a great opportunity to discuss vaccinations!



"Don't just screen intervene"- advice on exercise, weight, alcohol smoking and diet

Examples of Reasonable adjustments





Questions

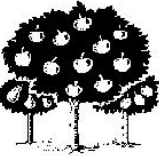
ALDHS advice and guidance line

Call: **0300 124 5888**

Email: sirona.bcldtadviceline@nhs.net

- Staffed by LD clinical MDT
- Monday to Friday 09:00 – 16:00
- General advice and support about LD
- Sign posting to other relevant services
- Resource sharing
- Specific case discussions, referral criteria
- Referrals (with consent)

What next



1. **Survey** to be sent out following the meeting – have your say on future events
2. Quarterly **webinars** through the next year
3. February 2024 – **Cancer Screening** in LD webinar
4. Annual Health Check **Tool Kit**, with Cornwall PCLS – watch this space!
5. **Oliver McGowen Training** - <https://www.hee.nhs.uk/our-work/learning-disability/current-projects/oliver-mcgowan-mandatory-training-learning-disability-autism>
6. Join our **mailing list** for updates, email: sirona.ldchampions@nhs.net



Have your say:

<https://forms.office.com/Pages/ResponsePage.aspx?id=sITDN7CF9Ueylge0jXdO4-BScU3kVIICILtUIQaYIqVUM1pVVE1NSzBTTUNVUjBHV0NaM0lyQUsyNS4u>



NHS
Bristol, North Somerset
and South Gloucestershire
Clinical Commissioning Group

Sirona
care & health

