NHS England and NHS Improvement

London Learning Disability Annual Health Check Toolkit

The purpose of this toolkit

Provide a toolkit for General Practice to support the completion of good quality Learning Disability Annual Health Checks.

This London guide is designed to complement and not replace national guidance, local guidance and professional judgement. It will be updated to align with other national and regional guidance once published. If you have any suggestions for future topics please contact: Please see link within email communication

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If you are reading this guidance after XX/XX/XXXX, check to see if there is an updated version.

Learning Disability Definition and GP Register Guidance

A learning disability is a significantly reduced ability to understand complex information or learn new skills; a reduced ability to cope independently; and a condition which started before adulthood with a lasting effect (Valuing People, 2001).

A learning disability, not to be confused with a learning difficulty such as dyslexia and dyspraxia, is a label given to a group of conditions that are present before the age of 18. This impacts on the way individuals develop in all core areas, and ultimately how they live their lives and access health care.

All 3 criteria below are needed to meet the definition of **learning disability:**

1. Significantly **reduced ability to understand** new or complex information, to learn new skills (significantly impaired intelligence)
2. **AND** a reduced ability **to cope independently** (impaired social/adaptive functioning)
3. **AND** the above started **before adulthood** (before 18) with a lasting effect on development.

Further guidance:

- Mencap
- RCPSYCH children and young people
- NHS Learning Disabilities

National health check template

- The template has been produced on three of the main GP clinical systems. It is available on EMISWeb and on Vision now and the template for TPP **System One** is in its final stages and will be available soon. If
- you use different GP system software please visit the NHS Employers resources to view the national template in Word version and with EMIS screenshots www.england.nhs.uk/gp/gpfv/investment/gp-contract/
- https://www.england.nhs.uk/learning-disabilities/improving-health/annual-health-checks/

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Identifying people with a learning disability on registers and keeping registers up to date

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Identifying people with a learning disability on registers and keeping up to date

People with learning disabilities have poorer health than the general population, much of which is avoidable. It is really important to keep your learning disability registers up to date to ensure that everyone with a learning disability is offered an annual health check. This is one way we can support to reduce the health inequalities people with a learning disability face.

Steps to improve learning disability registers	
Step 1	Review and update the register to ensure that all patients with a clinical diagnosis associated with a learning disability are invited for a flu vaccination and a learning disability health check. NHS England produced a revised list of diagnoses which can be found in Appendix 1 of the NHS England Guidance. Patients with these diagnoses would have be added automatically to the learning disability register in QOF in early 2020.
Step 2	**Step 2:** Identify patients with conditions who may also have a learning disability, assess whether the patient should be added to the learning disability register and be offered a flu vaccination and annual learning disability health check. a) Search for a list of diagnoses that may or may not be associated with a learning disability (Appendix 2, NHS England Guidance). b) Download the results of the search into a spreadsheet and record that an assessment has been made c) When you need to re-run searches this will support you to compare spreadsheets and limit the search criteria to diagnoses after the date of the last run. d) A checklist, known as an 'Inclusion Tool', to help to determine whether a patient would benefit from being added to the learning disability register is reproduced in Appendix 4. https://www.getcheckedoutleeds.nhs.uk/get-checked-out-nhs-england/ e) After the assessment ensure that your discuss or inform the patient and/or carer that they have been added to the learning disability register f) The patient can be added to the register by adding the relevant code "On learning disability register (finding)" (SNOMED CT code 416075005).

Practices should ensure that they use the recommended codes to record this care in order to receive the relevant fees for completing this work.

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Flu Info

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Flu Information

What GP surgeries can do	
1.	GP surgeries should give a clear message that people with learning disabilities, their family carers and paid supporters are entitled to a free flu vaccination.
2.	People on the learning disability register should have it recorded in their notes that they "need a flu immunisation" - there is a specific Read code for this.
3.	Talk to people at their annual health check about why it is important that they have a flu vaccination.
4.	Put reasonable adjustments in place to help people with learning disabilities have flu injections
5.	The person seeing the patient may need to assess the patient's capacity to decide to have the flu injection. If they do not have capacity for this decision, then this should not be a barrier to the flu injection being given; there would need to be a decision taken by the health professional that this is in their best interests.
6.	Consider use of the nasal spray flu vaccine as a reasonable adjustment.

- Official flu letter: - people with a learning disability are specifically mentioned in the appendix of clinically at risk groups.
- This year's Easy Read supporting document
- Further supporting resources: https://www.england.nhs.uk/increasing-health-and-social-care-worker-flu-vaccinations/
- PHE guidance suggesting the nasal spray can be used as a reasonable adjustment for people with a severe needle phobia.

Preparing for an Annual Health Check

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.

Consider having a champion for Learning Disabilities in the practice.

To keep people well for winter consider prioritising health checks for people who are frequent attenders to hospital, have recurrent chest infections or have long term conditions.

It is important for people with learning disabilities to understand the information they have been sent, and the reason for having a health check. Without this they may not attend their appointment.

GP practices should comply with the Accessible Information Standard. This means the GP practice:

- asks people if they have any information or communication needs, and finds out how to meet their needs
- records those needs clearly and in a set way
- highlights or flag the person's file or notes so it is clear that they have information or communication needs and details how to meet those needs

This accessible letter, which has been developed with people with lived experience, can be adapted to help explain to people with a learning disability and their family and carers that the way health checks are carried out may have changed.

Free online learning module for learning disability annual health checks

https://www.e-lfh.org.uk/

Go to: My e-Learning , General Practice 2012 Curriculum (e-GP), e-GP 3.11 - Care of People with Intellectual Disability

Useful Resources

RCGP Summary of Process for Annual Health Checks in General Practice

Get Checked Out - Accessible letters and information

Accessible poster explaining why staff are wearing PPE

NHS England teamed up with Mencap to produce videos and a series of guides called Don't Miss Out which highlights the benefits of being on the learning disability register – including getting a free health check every year.

Prior to the appointment:

Sending a pre-health check questionnaire can help prepare the patient and their carer/supporter for the health check appointment. This may reduce anxiety and improve the effectiveness of appointment Examples can be found here: pre assessment tool

If individuals do not attend their appointment or were not supported by carers to attend their annual health check, practices should endeavour to find out why the person did not attend. This might include reviewing the appointments process to understand why and ensure that reasonable adjustments are in place, if the person requires support to attend health appointments and link in with their local learning disability team., if there are safeguarding concerns follow local safeguarding processes.

Reasonable Adjustments

Some people with learning disabilities may need a number of reasonable adjustments put in place in order for them to be able to attend an AHC.

Before the appointment: Consider phoning the person before the appointment this can be helpful to understand the persons communication needs or understand any reasonable adjustments that might be required. Would it be helpful for the person to visit the surgery and see the room in where the AHC will be undertaken, agree beforehand (at invite) what the person will find stressful and plans of support; offer a tour of the setting (360 tour), use visual information, props and graded exposure help the person understand the process, what will happen next, if there is a carer demonstrate with the carer first. Consider on invite sharing a link of a video which explains the process. Here is an example: https://www.youtube.com/watch?v=n56F-qKAwHs

Desensitisation: Some people can find medical interventions and environment difficult. This can be because they have had negative experiences in the past or don't know what to expect. Consider Involving you local community team (click here)

Infection Control: Some people with may not tolerate wearing a mask and may be exempted, prioritise clear face masks for people with learning disability who lip read or use Makaton. Accessible poster explaining why staff are wearing PPE

At the appointment: Allow the person time to process the information, with the persons permission support carers to be involved, speak to those that know the person best, does the person have a communication passport? , enable the person to pause the exam/intervention at any point (stop cards), consider taking blood at a separate appointment, consider amelioration
Mental Capacity Act Weigh up the clinical needs and the least restrictive option. For example if someone requires a blood test, but it is difficult to take the persons bloods, could another test be considered e.g. finger prick. What will happen if the person does not have a blood test, will an underlying health condition not be diagnosed?

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Tips on personalised reasonable adjustments

Annual Health Check Toolkit

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Reasonable adjustments should be personalised in order to meet the individual's needs.
Here are some tips:

- Do you need to take a blood test at the AHC, is there a possible underlying health condition?
- Send pictures of waiting rooms in invite letter
- Meet the person where they are waiting
- Have all colleagues in your practice accessed Learning Disability awareness training?
- Ask the person where and how they want to sit (or whether they do want to sit) some people may not like to sit directly opposite
- an appointment at a time when the surgery is less busy than usual or when waiting time will be minimised
- alternative waiting areas which are quiet
- an appointment with a GP or nurse of the individual's choice
- an extended appointment or the AHC done over a number of appointments
- offering the AHC in a different setting, such as the person's home
- During the AHC the GP asks permission to add additional information to the individual's Summary Care Record (SCR).

Useful Resources

- Making GP surgeries more welcoming
- Overview of Reasonable Adjustments GOV.uk
- Dont Miss Out - Resources for GPs Mencap
- Desensitisation and blood test -click here
- Kingston CCG Video on AHC and LeDeR for GPs and people with learning disability

Organising AHC's

Invitation to AHC:

Practices to send accessible letter, to all **people with learning disability.**

Practice staff to consider if they need to telephone the person to invite to AHC and to understand what reasonable adjustments might be needed.

Explain purpose: (attach example script) Explain AHC has been split in to two parts to make the face to face contact time shorter to lower risk of catching COVID (script)

Explain you are offering the option of doing the first part by video or phone call with doctor

Blended approach to AHC

Book a video or phone call with doctor, noting reasonable adjustments required.

Send questionnaire (either via email or via post) Explain that the doctor needs this back before the video consultation.

Explain for the second part they may need a follow up face to face appointment for the physical checks (either with nurse or doctor depending on what is needed)

GP to book second part after video/ phone call (doctor for examination +/- nurse appointment)

Face to Face only AHC

Do both parts together

Book a face to face appointment with doctor.

You may need to book two appointments, it will depend on the person.

Advise how to minimise risk of infection whilst attending surgery (attach accessible information to send)

Send out pre-questionnaire (either via email or post) Ask them to complete and send back via email or to bring to their appointment

Undertaking Annual Health Checks

AHC in person

- Even during COVID-19 period, it is always preferable to carry out an AHC in person. The guidance issued highlights that the default expectation is that these reviews will be face to face, but where there are clinical reasons as to why it would be inappropriate to bring a person into the surgery these may be done remotely with as much of the physical examination completed as is possible in the individual circumstances.
- Processes must ensure that a high-quality assessment occurs, regardless of channel.
- Practices should discuss with the person (if considered to have mental capacity), their carer or their advocate the most suitable and safe way to conduct a health check.
- Where this care cannot be delivered safely face to face or where the person has other medical conditions which require them to shield or socially isolate the review could be conducted remotely, with as much of the physical review completed as is practicable in these circumstances.
- Practices should use their clinical judgement and knowledge of the person, together with the advice of family or other carers, in determining whether they would be able to participate in a remote review.
- Would the inclusion of a member of the community learning disability service be helpful?
- https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0479-principles-of-safe-video-consulting-in-general-practice-updated-29-may.pdf
- The RCGP have produced a helpful toolkit

The Mental Capacity Act should be a golden thread throughout the annual health check process for people who may not be able to consent to their care and treatment. Consider the voice of the person, even if they are unable to consent to an examination, they should have as much say in their care as possible.

If you need to assess capacity, document your assessment, and involve family members, carers, and advocates who may be supporting the person. The RCGP recommend using CURB as a memory aid to assess capacity.

Communicate. Can the person communicate their decision?
Understand. Can they understand the information you giving them?
Retain. Can they retain the information given to them?
Balance, Can they balance or use the information?

Always weigh up the clinical risks and consider the least restrictive option.

Agree actions and communicate these clearly

For more complex MCA decisions an EMIS template is available for documentation.
https://gps.camdenccg.nhs.uk/gp-it-it-systems/overview-of-it-tools

Guidance on competence for children and young people

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What should be included in an AHC

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Learning Disability Mortality Review

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What should be included in an AHC

A review of physical and mental health which includes:

- The provision of relevant health promotion advice
- A chronic illness and system enquiry
- A physical examination
- A consideration of whether the patient suffers from epilepsy
- A consideration of the patient's behaviour and mental health
- A specific syndrome check.
- The production of a health action plan for all patients with a learning disability who are aged 14 years and over
- A check on the appropriateness of any prescribed medications
- A review of coordination arrangements with secondary care
- Where appropriate, a review of any transitional arrangement which took place on the patient attaining the age of 18.

Carers Needs

It is important to consider the individual needs of unpaid carers as alongside the patients as part of the annual health check. Supporting carers is vital to help maintain the relationship between the carer and cared for person. It can also support General Practice through:

- earlier identification of carer health problems, leading to faster treatment and improved health outcomes
- better care planning and more effective implementation of care plans
- improved physical health and emotional wellbeing of carers

The caring relationship can be quite an emotive and sensitive subject, so you may prefer to talk to carers separately. Some of the areas you might want to cover with a carer is:

- how they are managing and how their caring role affects their wellbeing
- their own health – physical, mental and emotional issues
- planning for emergencies (Contingency planning)

Bristol and South Gloucestershire Carers Support Centre have produced some handy hints to help GP Practices identify carers and the benefits of an up to date carers register for Practices.
Carers UK have a dedicated area on their website for health and social care professional with lots of supporting documents.

Considerations:

Is there any changes: in the way that the person is communicating, eating, drinking, mobility, daily living skills, behaviours?

Physical health problem

- Constipation
- Pain
- Infection
- Hypothyroidism
- sleep apnoea

- Sensory impairment – vision, hearing,
- Mental health problem - depression, dementia
- Life events, changes to routines
- Seizure disorder, developmental regression.

Respiratory

- 1/3 people with Downs Syndrome have obstructive sleep apnoea
- Aspiration pneumonia – does the patient have a safe swallow
- Cardiovascular
- One adult age echo in Downs Syndrome

Gastrointestinal

- Constipation – LeDer deaths due to untreated constipation

Mental health

- Much higher than in general population – depression & anxiety,
- Downs Syndrome – earlier onset Alzheimers
- Annual TSH for patients with Downs Syndrome
- Bone mineral density in Cerebral Palsy – measure vit D and Ca
- Periods, menopause – carers need to be encouraged to look for signs and symptoms

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Info on carers

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Carers Information

Quality Markers for Carers in Primary Care

- NHS England and the Care Quality Commission recognise that being a carer can sometimes lead to increased anxiety and depression, as well as injury and poor physical health; identifying someone as a carer and doing something positive as a result can be an important step in improving carer health and wellbeing.
- NHS England have developed Quality Markers for Primary Care to support General Practices to effectively identify and supporting patients and carers.
- The Quality Markers include some practical ideas that General Practices can put into place to help them develop the support they give to carers.

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Useful resources

Carers Assessments – Care Act 2014

- Under the Care Act (2014) Local Authorities have a duty to provide Carers Assessments, “Where an individual provides or intends to provide care for another adult and it appears that the carer may have any level of needs for support, local authorities must carry out a carer’s assessment”. Coronavirus (Covid-19) adult social care guidance has introduced some amendments to the Care Act 2014 to help Local Authorities to priorities care and support services during the pandemic.
- These links can be shared with carers to explain what a Carers Assessment is and how to prepare for one.

Carers Information Centres

- All Local Authorities will have a Carers Support Information Centre. They are a great source of information for carers and health and social care professionals. Carers can self-refer but may not be aware of the centre or the support they offer. When a carer attends health check with the person it is a good opportunity to tell them about the local Carers Support Centre

Young Carers

- A young carer is someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled, has a mental health condition or misuses drugs or alcohol. Being a young carer can have a big impact on a young person’s health, social life and self-confidence.
- Many young carers struggle to juggle their education and caring which can cause pressure and stress. Young carers miss an average of 48 days of school because of their role and 68% have been bullied at some point directly because of having to care for someone.
- Young carers are often reluctant to identify themselves as carers due to stigma. A young carer, or their parent or guardian, can request a young carers assessment, which is different from an adult carers assessment. The assessment will be carried out by a social worker.

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Learning Disability Mortality Review

The learning from deaths of people with a learning disability (LeDeR) programme In a LeDeR review someone who is trained to carry out reviews, usually someone who is clinical or has a social work background, looks at the person's life and the circumstances that led up to their death and from the information they have makes recommendations to the local commissioning system about changes that could be made locally to help improve services for other people with a learning disability locally.

Once a year the University of Bristol looks at all the reviews that have happened in the year and analyses the data to give the whole NHS and its partners recommendations about how to improve services for people with a learning disability.

You can see the annual reports from the university by following this link.

NHS England and NHS Improvement also looks at all the good practice and system changes once a year and produces an Action from learning report. This link takes you to the latest Action from learning report.

You can information on work happening to support improvements in: respiratory conditions, epilepsy, sepsis, constipation and DNACPR's here.

Reporting the death of a person with learning disability

- Anyone can notify a death to the LeDeR programme and the more deaths we are aware of the more accurate the information we have will be.
- To report a death please contact your CCG LeDeR Local Area Contact or use the online form on the LeDeR website

14-17 Year old Health Checks

Annual health checks for young people with learning disabilities are important to ensure timely identification and smooth transition for young people with learning disabilities, coordinate and integrate services where available.

Many parents say they find it easier to take their disabled child to A&E. Young people with learning disabilities can have complex health needs and be seen by many different health professionals in primary, community, secondary and tertiary settings. When a large number of professionals are seeing a young person, there is increased risk of fragmentation of care.

A national survey 75 per cent of parents of disabled children said they did not take their child to see their GP. Contact have produced a helpful guide and poster which can support GP's when coordinating the care of a young person with learning disabilities.

NDTi have produce some resources to support conversations with families and young people with a learning disability around the importance of attending an annual health check.

Preparing for Adulthood

- Annual health checks can be a really helpful tool for GP's when supporting young people into adult services.
- To support a good transition to adult services, can a joint clinic be arranged if the young person has a Community Paediatrician.
- Does the young person have the ability to care for their own health
- Supporting the young person to develop their independence, involve the young person in the health checks, can the health action plan include information about how the young person can develop and sustain their own health care.

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What should be included in an AHC

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Consider

- **The environment** Speak with the young person and their families about how can you make your practice more welcoming, Contact have produced some helpful guidance with simple solutions.
- **Communication** Does the young person if they use any communication systems, can they bring these to the appointment?
- **Looked After Children** Is the young person a Looked After Child , how can you support to promote their health and wellbeing.
- **Sexual health** Understanding of issues relating to healthy relationships, including sexuality and sexual activity, contraception, sexually transmitted infection and the particular risks of early sexual activity – do they need a referral to sexual health advice services?
- **The Mental Capacity Act** Inform the young person and their family about The Mental Capacity Act as early as possible so that they can plan what this means for them and plan the young persons adult life. Mencap have produced a guide for family carers.
- **The family carers needs.** It is important to ensure that families who care for people with a learning disability are offered support to look after their own health. Ensure that you record that the family member has caring responsibilities and ask if they require any support or advice for themselves.
- **Access to education** Ask if the young person has an Education Health and Care Plan – can they bring this to their appointment? SEND statutory guidance
- **Local Offer** Ensure that the young person is aware of their local offer website. The websites offer a wealth of information regarding services that are available for the young person and their families. You can find this by searching: Local Offer, SEND, plus are of residence. Each local area also has a SENDIASS service that can support young people with advice around health, education and social care, search: SENDIASS plus area of residence.
- **Transition between paediatric and adult services in secondary care** is important to ensure good continuity in care. Double check that the young person has been some communication from adult health services at least 1 year prior to the young persons 18th birthday, for example: neurology, dietetics, gastroenterology.

Medication Review

People with learning disabilities are often taking a number of different drugs, both those prescribed and over-the-counter.

A number of studies have highlighted that people with learning disabilities often want more help to understand medicines:

- what they are for,
- how they are supposed to help,
- how to take them and
- any side-effect.

People with learning disabilities often rely on others to administer or prompt them to take their medication, Therefore it is important to ensure that carers also are clear on medication instructions and the monitoring of side - effects

People with learning disabilities are sometimes prescribed treatments from different sources that may not be well co-ordinated The summary care record has considerable potential to improve communication; for this to be effective the GP surgery needs to add new medicines promptly and remove old ones.

Stopping over medication of people with a learning disability, autism or both- Supporting Treatment and Appropriate Medication in Paediatrics **STOMP/STAMP**: is a project led by NHS England and NHS Improvement to stop the inappropriate prescribing of antipsychotic medication in adults, children and young people with a learning disability, autism or both.

As part of the Medication Review the following should be discussed with the individual with a learning disability (and carer):

- That they are taking the correct dosage of medication at the appropriate time
- That they understand what the medication is for.
- Any problems taking the medication e.g. Swallowing issues, compliance
- Any side effects and how they are being monitored.
- That they still require to be on the medication
- Any physical health changes possibly due to side effects of the medication they are taking.
- Do they need signposting to appropriate specialist services.

Tests to Consider:

- Blood test
- Weight
- ECG
- Blood Pressure
- Urine check
- Consider additional therapeutic drug monitoring e.g. Anti-epileptic drug monitoring.

Useful Resources

- Stopping Over-Medication of People with a Learning Disability, Autism or Both: Guide for GPs
- Accessible medication information leaflets give information on different medicines that are used to manage behaviour problems in adults with a learning disability.
- Preparing to visit a doctor: To talk about psychotropic medication

Health Action Planning

As part of the patient's annual health check, GP practices are **required** to produce a health action plan. A health action plan identifies the patient's health needs, what will happen about them (including what the person needs to do), who will help and when this will be reviewed. Health Action Planning can support **good care coordination**

The focus of the health action plan is the key action points (whether for the person, the practice, or other relevant parties involved in the patient's care) and agreed with the person and carer (where applicable) during the health check. It should also summarise what was discussed and any other relevant information (e.g. what is important to the person, what their goals or outcomes are that they want to achieve).

The national health check template will self-generate and accessible health action plan in WORD to be saved and printed.

When referrals are made to other services, it is important to shares information about people's communication needs with other providers of NHS and social care, when they have consent or permission to do so

Follow up any specific actions/referrals. If using Choose and Book be careful and ensure the person and the carer understand the system.

As part of each HAP confirm screening status and attendance at screening appointments.

Sharing the Health Action Plan

- Practices may wish to provide the person with a post-health check action plan patient letter, written in accessible format.
- Takes steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.
- Is the person happy for you to share their health action plan with their carers. Do the carers understand the information in the health action plan?
- Does the person receive support from or would they benefit from support from the local Community Learning Disability Team who could support the person with their health action plan?
- Offer support to the person to manage their own health and make decisions about their health and healthcare, including through providing information in a format they can understand any support they need to communicate
- Co-ordination of care, ensure that you record any reasonable adjustments that the person may need on referrals
    - Sensory needs – vision (www.seeability.org) , hearing
    - Communication needs

Click Here For

- What other health action plans are available?
- Summary Care Record and Coordinate my care (CM)
- CMC
- Social Prescribing and Personalisation

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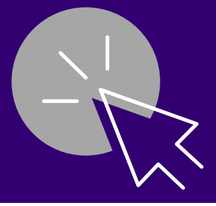

What other health action plans are available?

The patient may already have a health action plan, if so ask them to bring this is and check that it meets the patients needs or if it needs updating.
Some young people may have an education, health and support plan which you can add information to. For young people the health action plan should consider the move from children's health services into adult services. You may need to identify which services are currently covered by school or Paediatrics and how these will be met in adulthood. There may not be an automatic transfer and you may need to instigate referrals.

Summary Care Record and Coordinate my Care

Add any relevant information to the summary care record. This will help improve quality of care for patients when and if they are treated by other services, including emergency and urgent care. Providing additional information to other services may also decrease the number of calls to your surgery, freeing up valuable time and resources. SCR additional information uses existing information already recorded in the GP system and therefore helps to reduce the need for data entry into numerous systems. In addition, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard and using SCR in your practice will help you meet this.

Coordinate My Care

Coordinate my care is tool which can support urgent or advanced care planning for people with a learning disability. It can support health professionals to respond to the patients needs, by providing information about the person, their diagnosis, medication, support needs, and key contacts.
Where the patient has a personalised coordinate my care plan (urgent or advanced care plan) in place, it would be helpful to check if this now needs updating as part of the patient's health action plan.

Social Prescribing and personalisation

In the persons health action plan consider a referral to Social Prescribing Link Worker. as a way of linking the person with sources of support within the community. Social prescribing provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and wellbeing for the person.
The Social Prescribing Link Worker should consider joint working with the Community Learning Disability Team where this achieves the best outcomes for the person. They may also refer to a Health Coach or Personalised Care Co-Ordinator depending on patient need. Social Prescription and/or Personalised Care and Support Plan may enhance the persons HAP and be developed to support issues identified in the annual health check . The person will be offered support to identify what matters to them, what barriers they face and how they can overcome them. A Personal Health Budget may be offered where existing services do not meet the persons needs
Community Learning Disability Services are multidisciplinary health and social care teams that provide specialist support to people with a learning disability and their families. They help people to be as independent as possible by offering advice, support access to health services, mental health, therapy and practical support. This resource details your local learning disabilities community team – including main contacts and referral details

Health promotion

You may also want to consider including health promotion activity which may include advising on breast and testicular self-examination accessible life-style advice. Explore e opportunities for actively encouraging risk avoidance and supporting healthy choices (such as flu vaccination and physical activity, advising the person on smoking, alcohol, unsafe sexual practices, mammography and screening),. In addition do consider including mental health promotion as part of the persons HAP. Do recommend local organisations that support health promotion in your area and if the **person requires adapted support around health promotion refer on to your local CLDS**. A range of accessible health promotion resources are included within this pack

Supportive Tools

- NHS Mail: Care homes can be set up with nhs.net email accounts, this will support the improvement in communication with GPs, Community Teams and Hospitals. Please advice care homes to contact hlp.londonchnhsmailrequests@nhs.net to get an NHS.net email set up
- Hospital passports allow health staff to understand the needs of the individual, and help them make the necessary reasonable adjustments to the care and treatment they provide.

The learning from deaths of people with a learning disability (LeDeR) programme was set up as a service improvement programme to look at why people are dying and what we can do to change services locally and nationally to improve the health of people with a learning disability and reduce health inequalities. By finding out more about why people died we can understand what needs to be changed to make a difference to peoples lives

Useful Links:

- MindED LD and physical health module for tier 2 staff and carers
- NHS England GP contract information with links to Directed Enhanced Services
- 20/21 QOF
- NHS England Improving identification of people with LD – clinical coding included
- Mencap – patient information about annual health checks (NOT updated for pandemic times)
- NHS Digital guidance with links to payment information and clinical coding