integrated working

NHS
West Suffolk
Clinical Commissioning Group

GOVERNING BODY

Agenda Item No.	**10**
Reference No.	**WSCCG 18-63**
Date.	**28 November 2018**

Title	**Annual Health Checks for Patients with Learning Disabilities**
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Purpose	To inform the Governing Body on the work to improve the uptake, quality and outcomes of Annual Health Checks for People with Learning Disabilities in West Suffolk CCG.

Applicable CCG Priorities		
1.	Develop clinical leadership	
2.	Demonstrate excellence in patient experience & patient engagement	
3.	Improve the health & care of older people	
4.	Improve access to mental health services	
5.	Improve health & wellbeing through partnership working	**x**
6.	Deliver financial sustainability through quality improvement	

Action required by Governing Body:

To note the contents of this report

1. Background

1.1 Improving health outcomes and services for people with Learning Disabilities is a national and local priority. In 2009 NHS England introduced a DES to ensure the delivery of an Annual Health check for patients with Learning Disabilities (LD) in GP practices. Practices are now paid £140 per patient to complete this check.

1.2 NHS England has set the requirement that by 2020, 75% of all patients with a Learning Disability will receive their LD Annual Health check.

1.3 To support delivery the CCG has commissioned four of NSFT's Primary Care Liaison Disability Nurses to provide support, guidance and training for all Suffolk GP practice staff on how to undertake LD Annual Health checks. The LD nurses can also assist patients with transportation or other barriers to attend their LD Health Check if required.

1.4 Two of the four LD Nurses are based in the East and two in the West (although one of the West nurses supports some practices in the East).

1.5 All practices in Ipswich & East Suffolk and West Suffolk have signed up to the LD Annual Health Check DES and are undertaking health checks.

1.6 LD Health Checks are incorporated into the PMS development framework as follows:
"The practice will work towards maximising health checks carried out annually".

1.7 Those Children and Young People (CY&P) who have been identified with 'global delay' need to be put on the LD register for an invitation for a LD check at 14 yrs.

2. Current LD Health Check figures

2.1 In West Suffolk in 2018/19 there are currently 1147 patients registered as having a Learning Disability (a decrease of 20 patients on last year's figures). This is according to the lists held in GP surgeries. Social Care will be providing a comparator list to the LD nurses in November. The nurses will liaise with each GP practice to ensure all patients are accurately recorded on the GP system.

- At the end of Qtr. 1 – the total number of these patients who received their health check was 196 (17.1%).

2.2 The Primary Care team monitors the number of LD Annual Health checks that are completed each quarter. If a practice has not completed any checks in a quarter or numbers are low then the Practice is contacted to find out reasons for this. The LD Nurse may then visit a practice to provide additional support if required.

3. Number of completed LD Health Checks in West Suffolk Q2

- At the end of Qtr. 2 – the total number of these patients who received their health check was 331 (28.4 %)

4. Projected number of LD Annual Health checks required in 2018/19 & 2019/20

4.1 To reach the target of 75% of all patients receiving their LD Annual Health check by 2020 the number of patients seen across the whole County needs to increase.

4.2 In West Suffolk the number of checks undertaken over the next 2 years needs to increase by 10.5% each year. This equates to an additional 105 patients in this year (2018/19). The table below shows the projected numbers of Health checks required to meet this target by 2020.

Please note that all numbers are cumulative.

WEST SUFFOLK CCG					
	Qtr 1	**Qtr 2**	**Qtr 3**	**Qtr 4**	**Notes**
No of patients on the register (actual)	**1147**	**1164**			
YEAR 1 - 2018/19					
	Qtr 1	**Qtr 2**	**Qtr 3**	**Qtr 4**	**Notes**
Cumulative Actual Health Checks	**196**	**331**			
Cumulative Target Health Checks	**276**	**396**	**548**	**769**	**this equates to 65 patients per month**
Performance	**17.1%**	**28.4%**			
Monthly Target % difference	**24%**	**34%**	**47%**	**66%**	
YEAR 2 - 2019/2020					
	Qtr 1	**Qtr 2**	**Qtr 3**	**Qtr 4**	**Notes**
Cumulative Target Health Checks	**396**	**513**	**664**	**873**	**this equates to 73 patients per month**
Monthly Target % difference	**34%**	**44%**	**57%**	**75%**	

5. Update on current work being undertaken for LD Annual Health checks

5.1 Practices were reminded at the recent GP monthly visits about the importance of conducting their LD Annual Health Checks and benefits which may include:

- Prevention of unnecessary deaths in patients with LD.
- Identification of unknown long term health conditions
- Reduced GP appointments
- Reduced hospital admission

5.2 The Primary care team is working closely with Practices to assist them in improving current patient uptake. Additional support will be offered to any practices who at Q3 are still failing to make significant headway in completing these checks.

5.3 The CCG has commissioned ACE Anglia (an advocacy service for LD service users) to produce 20 *Easy Read* resources to support patients to attend their LD Annual Health check. These documents are nearing completion with the first document, The Pre-Health Check Questionnaire, being piloted in four Practices in December 2018. Some of these documents will be embedded into System 1 so that practices can directly access them. All remaining documents will be added to the 'Suffolk Ordinary Lives' website managed by ACE Anglia to enable EMIS GP practices and Service users to view and download as required.

5.4 Building on the Ipswich and East CCG and West Suffolk CCG transformation programme, ACE are also now working proactively with individuals and provider organisations to create an awareness programme of the benefits of health checks. They will create peer education networks and make case study films that can then be shared across both CCGs.

5.5 LD Nurses will continue to communicate regularly with the practices to offer support and assist with any further training requirements.

5.6 The Primary Care team regularly attends LeDeR meetings, MH Provider Performance panel Meetings and Suffolk Local Disability Partnership Board meetings. Future plans are in place to set up an LD Network meeting across the CCG and external organisations e.g. Suffolk County Council, ACE Anglia, Voluntary organisations to ensure continued collaboration and consistency and share current best practice and resources.

6. Recommendation

6.1 The Governing Body is asked to note the report.