Healthwatch Priorities 2021

Learning Disabilities Health Checks (area of interest raised at meetings attended by Healthwatch staff)

Healthwatch brief

Some groups in society are encouraged to have annual health checks because this prevents problems going unnoticed which would have an impact on an existing vulnerability. This can cover primary, secondary and tertiary prevention. Groups at risk include is people with learning disabilities, people with serious mental health needs and carers (health checks for those with serious mental illness are being introduced this year; guideline for care of carers is being considered by NICE)

Healthwatch has some feedback that health checks for people with learning disabilities haven't been happening locally.

To what extent is this true and, if it is, why is this? For example,

- *Are there practical and/or relationship/perception barriers between the user and their GP?*
- *Does it make sense to look at one vulnerable group in particular and then read across to others?*
- *What are examples of great practice in the ways services operate that we could highlight?*
- *How much is down to poor understanding of guidance on health checks and how much to ineffective implementation?*
- *What is the reported information and what does it tell us?*

There are many local voluntary organisations with whom we could partner on this issue.

Health Checks for people with Learning Disabilities.

People with a learning disability (LD) are four times more likely than the general population to die of something which could have been prevented and have poorer physical and mental health than other people. They are six times more likely to die from COVID-19 than the rest of the population and those aged 18 - 34 were 30 times more likely to die from Covid.

Local statistics estimate that there are 7,000 people with a learning disability in Newcastle and they are impacted disproportionately by disadvantage – poverty, poor housing, limited access to services, abuse, social isolation and victims of crime.

People with learning disabilities often have poorer physical and mental health than other people but this need not be the case. Health inequalities are a leading concern for this group with people with LD experiencing poorer health and dying 15-20 years younger than the general population. Often this is not due to complex co-morbidities, but due to preventable, treatable conditions.

To help remedy this, and to help tackle health inequalities, the NHS introduced annual health checks for all patients aged 14 or over identified as having a learning disability. GP practices are not obliged to offer health checks, but it is becoming the norm. GPs receive payment for doing them as an enhanced service.

Health checks should be offered to all patients on the practice LD register. The annual health check is a holistic view of patients and provides an opportunity to build relationships and foundations of continuity of care with them based on developing a health action plan.

Prevalence of LD nationally is given as 2-2.5% of the population, but locally only about 0.7% of the population are registered as having learning disabilities, and practices struggle to identify others.

Locally, in the Newcastle Gateshead CCG area, 75% of patients on learning disability registers received a health check last year overall, despite the Covid pandemic. In part this was because some of the checks were carried out remotely via phone or video calls. The picture is variable between practices.

How checks are carried out can also be variable from tokenistic to very in depth and involving other aspects of care beyond direct clinical issues. An appropriate appointment may take up to 40 mins not the usual 10 min appointment.

The very long and complex NHS template for the health checks is a concern too. The main health check should be carried out by the GP but other team members may also have a role and there is a role for the PCNs alongside the practice.

(As a note - similar health checks for those with severe mental illness were introduced this year and NICE is looking at introducing standards for assessments of carers in their own right, not just the person they care for)

What we are seeking to achieve

The proposal is that HW should look at how the health checks for people with learning disabilities work in practice (process) from the service user perspective with a view to improving uptake and the benefits deriving from them (outcomes).

It would also be useful to briefly explore their perception of service provider issues (structure) to see what recommendations could be made to improve process and outcomes.

Using learning disability checks as a model, would also allow HW to develop a tool for looking at other similar pieces of work in future (assessing SMI or carer health checks, for example) making them more efficient and easier to do, and to allow comparison across services. It may lead to a transferable template that others could also use.

What changes or outcomes we want to see

1. That the health checks work as well as possible for the patients involved and their carers, with recognised health benefits for mental and physical health and wellbeing for the service user and their carer:
    - explore the service user experiences of health checks
    - the perceived value they have to the service user and what direct and indirect outcomes and impact they achieve
    - accessing the health checks is simple, and identifying any changes that could help
    - identify any barriers to attendance
    - any new physical or mental health needs and their treatment are recognised
    - care plans arising from health checks are of value and meet the needs of the individual
    - changes service users would like to see
    - effect of better health for the service users themselves and on carers
    - sharing good practice amongst the people involved and empowering them to manage their own health/that of the person they care for
    - what could be done to increase the number of patients recognised with LD so can join the register and claim the benefits from it

2. That GP practices are able to provide efficient and effective health checks for their patients (potentially also to be informed by SU feedback)
    - identifying LD patients
    - identifying barriers for those who did not take up invitations
    - the process of the health check

- providing information
- how outcomes and impacts might be improved (the recommendations) e.g.

Potential impact

- Increased uptake of health checks
- Better recognition of those eligible
- Services which better meet service user/carer needs
- Better health outcomes for service users and carers

Project plan outline

Most appropriate methodology may depend on when the work is done and any Covid restrictions in place.

1. Identify possible respondents – service users, carers, support organisations, provider organisations ½ day
2. Designing feedback collection - structure, questions/areas of exploration and analysis – closed and anecdotal 2 days
3. Publicity in advance of launch and other paperwork such as briefings and invitations to organisations – creating, formatting, posting (newsletter, website, social media, via PPG network 3 days
4. Collecting feedback
    - Invitation to LD PVI support organisations to work with us to gain service user feedback of service provision and health checks based on known organisations on data base (local organisations, branch offices of national organisations) Time to set up per organisation 1 day
        - to undertake research with their clients on our behalf via discussion groups, or other as they feel appropriate (feedback to questionnaire content) – paid for their time and resources
        - to distribute questionnaires on our behalf
        - to call attention to a survey monkey questionnaire
    - Look at how the organisation perceived experience of their clients, opinion of heath checks
    - Online survey publicised via website, newsletter and social media with links 1 day
    - HW facilitated discussion groups if no restrictions and people comfortable to attend – either free standing or for/with partner organisations 1 day each
    - Questionnaire to GP practices or individual discussions if willing 1 day or 2 hours each
5. Allow time for respondents to feedback 3 weeks
6. Send reminders ½ day
7. Data collation and analysis **2 weeks** depending on volume
8. Report – based on target audience(s) and nature feedback – 1 week