DIRECTED ENHANCED SERVICE FOR THE CARE OF ADULTS WITH LEARNING DISABILITIES

Introduction

- All practices are expected to provide essential and additional services they are
 contracted to provide to all their patients. This enhanced services specification outlines
 the more specialised services to be provided. The specification of this service is
 designed to cover enhanced aspects of clinical care of the patient with severe learning
 difficulties, which go beyond the scope of essential services. No part of the
 specification by commission, omission or implication defines or redefines essential or
 additional services.
- 2. This is a directed enhanced service (DES) for the provision of general medical services for adults with severe learning disabilities. Implementation should be considered in the context of the Assembly's Learning Disability Strategy Section 7 Guidance on Service Principles and Service Responses issued in August 2004. This guidance emphasises the need for joint working and partnership planning. It makes the point that one of the keys to success is joint working between local authorities, the NHS, voluntary bodies, users and carers. One of the service principles set out in the guidance is that people with learning disabilities have an equal right of access to primary health care services. The corresponding service response is to point to enhanced services under the GMS contract as one way of addressing these health needs. This DES is intended to assist local partnerships to use enhanced services to deliver better healthcare to patients with learning disabilities.

Background

- 3. Evidence shows that:
- a GMS doctor with a list of 2,000 patients will have about 8 patients with severe learning disabilities;
- people with learning disabilities, as a group, have much greater health needs than the general population. They are more likely to have general health problems, sensory impairments, mental health problems, epilepsy, cerebral palsy and other physical disabilities;
- the uptake of breast and cervical screening by women with learning disabilities is poor;
- people with learning disabilities tend to access primary care much less than they need to;
- many people with learning disabilities have undetected conditions that cause unnecessary suffering or reduce the quality or length of their lives.
- 4. All these patients are registered with a practice in Wales and therefore have access to a primary care team. The practice will have access to the medical record and history of these patients. Primary health care teams are well placed to assess the medical needs and monitor the health and well being of these patients.

Aims

- 5. The scheme will improve the quality of care provided through general medical services to patients with learning disabilities. As a result it will enhance the life and independence of those patients. The scheme will achieve this by:
- Allowing practice teams to adopt a more pro active approach, spending more time with patients with learning disabilities and their carers so that any health problems are detected and treated at the earliest possible stage to minimise the risk to the patient's health.
- promoting a team-based approach to care, with improved liaison with carers, health and social care professionals

Service Outline

- 6. Practices delivering the DES will be required to:
 - a. develop and maintain a register of those individuals who are on the local social services register for learning disabilities. This will include most patients with severe learning disabilities. This may be used anonymised for internal and external audit purposes. The mechanism for verifying patient eligibility will be notified to practices separately.
 - b. demonstrates systematic recall system for patients on the register.
 - c. To provide a health check, which will be on an annual basis. The health check will follow the format set out in the attached annex.
 - d. Integrate the health check as part of the patient's personal health record.
 - e. Involve carers and support workers. Where family or paid carers are involved, they can play a vital role in the patient's health care. With the consent of the patient where possible, they should be fully informed of the patient's health care needs, and supported as necessary.
 - f. liaise with relevant local support services. Liaison with community and learning disability health professionals, social services and educational support services is necessary to provide seamless care for their patients and their carers. GPs should also, where appropriate, inform patients and their carers of local and national voluntary support groups for vital information and support.

Review

- 7. All practices involved in the scheme will be required to conduct an annual review which will include:
 - a review of the needs identified following completion of the health check and the outcome of the actions for the practice that were identified in order to meet these needs.
 - A brief report on feedback from patients and carers should be included in the patient's record as this may be required for claims purposes..

Professional Quality Assurance

8. Members of the primary healthcare team who are involved with provision of this service should be in a position to demonstrate through their CPD and appraisal that they have the necessary experience, training and competence to provide this service effectively.

Costs

The fee will be £100 per patient and claims can be made on completion of the appropriate form and confirmation that the report has been completed and sent to the patient and carer where appropriate.

Welsh Health Check for Adults v Register	with a Learnin	g Disability ar	nd on the Socia	l Services			
Date:	Name:						
Marital status:	Ethnic origin	n:					
Principal carer:	Date of Birt	h:	Sex:				
Address:							
Tel:							
Key Health and Social Care Cor	ntacts:						
Consent to share the review with	h Carer: Yes	No					
Consent to share the review with	h other named	d professional	s: Yes	No			
Weight (kg/stone)		Height (meter	rs /feet)				
Blood Pressure	Urine Analysis						
Smoke (per day)		Alcohol (units per week)					
Body Mass index (weight in kg / height in m2)		& random					
Immunization - People with learning same contra indications apply. (Plearning)	•	ould have the s	ame regimes as	others and the			
Has the patient completed a full co	urse of currentl	y recommende	ed vaccinations:	Yes No No			
If No, has the patient been offered	the recommend	ded top up vac	cinations:	Yes No			
Is the patient included in the annual influenza vaccination programme: Yes No							
Cervical screen – people with a le others.	earning disabilit	y have same in	dications for cer	vical cytology as			
Is a smear indicated?	Yes	No 🗌					
If yes when was last smear?/	/	When is nex	t due?/	./			

$\label{eq:basic_state} \textbf{Breast Screening \& Mammography} - \text{this should be programme and as per local practice.}$	arranged ii	n line wi	th national screening
Is mammography indicated and has it been offered?	Yes		No 🗌
CHRONIC ILLNESS –			
Does your patient suffer from any chronic illnesses.	Yes		No 🗌
If yes please specify:			
For many practices the systems enquiry can be eff primary care team prior to the patient seeing the ge	•	-	
SYSTEMS ENQUIRY – the answer to these will not alw	vays be av	ailable.	
Respiratory cough	Yes		No
Haemoptysis	Yes		No
Sputum	Yes		No 🗌
Wheeze	Yes		No
Dyspnoea	Yes		No
Cardiovascular system			
Chest pain	Yes		No
Swelling of ankles	Yes		No
Palpitations	Yes		No
Postural nocturnal dyspnoea	Yes		No
Cyanosis	Yes		No
Abdominal			
Constipation	Yes		No
Weight loss	Yes		No
Diarrhoea	Yes		No
Dyspepsia	Yes		No
Melaena	Yes		No
Rectal bleeding	Yes		No 🗌
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Faecal incontinence	Yes	No	
Feeding problems	Yes	No	
C.N.S. – for epilepsy see overleaf			
Faints	Yes	No	
Parasthesia	Yes	No]
Weakness	Yes	No]
Genito-urinary			
Dysuria	Yes	No]
Frequency	Yes	No]
Haematuria	Yes	No [
Urinary Incontinence	Yes	No [
If Yes has M.S.U. been done	Yes	No [
Would you consider other investigations?	Yes	No []
Gynaecological			
Dysmenorrhoea	Yes	No]
Inter menstrual bleeding	Yes	No]
PV discharge	Yes	No]
Is patient post menopausal?	Yes	No]
Contraceptives	Yes	No]
Other		 	

EPILEPSY		Yes		N	0				
Type of fit									
Frequency of seizures (fits/month)/									
Over the last year have the fits Worsened Remained the same Improved									
Antiepileptic medication									
Name Dose/frequency Levels (if	indicated)								
Name	Dose / Frequency		Levels (if indicated)						
Side effects observed in the patie	ent								
BEHAVIOURAL DISTURBANCE	 [.								
Behavioural disturbance in peopl For this reason it is important to r	<u> </u>	•		ator of o	ther r	morbidity.			
Has there been a change in behaviour since the last review: Eg Aggression, Self injury, Over activity.			Yes		No				
Are you aware of any risk or change in the level of risk to the patient or others:			Yes		No				
If yes, has this been communicated to key health and social care professionals			Yes		No				
				U					

PHYSICAL EXAMINATION				
General appearance Are there any abnormal pkey negative findings	Yes	No [
If yes please specify:				
CARDIO VASCULAR SYSTEM				
Are there any abnormal physical signs or key	negative findings Yes	No		
If yes please specify:				
Pulsebeats/min	Blood pressure	/		
Heart sounds(describe)	Ankle Oedema	Yes	No	
RESPIRATORY SYSTEM				
Are there any abnormal physical signs or key	negative findings	Yes	No	
If yes please specify:				
ABDOMEN				
Are there any abnormal physical signs or key	negative findings	Yes	No	
If yes please specify:				
DERMATOLOGY				
Any signs or symptoms		Yes	No	
Diagnosis				

BREAST						
Are you aware of any breast symptoms or signs			Yes		No [
If yes, please indicate what action has been taken:						
CENTRAL NERVOUS SYSTEM – It is often difficul examination, however, people with a learning disably vision, hearing and communication – a change in funccessary	oility are p	oarticularly	prone to	abnormal	ities in	al
VISION						
Normal vision Minor visual problem		Ma	jor visual _l	problems]
Is the carer/key worker concerned?	Yes		No [
When did the patient last see an optician?/	/					
Is there a cataract?	Yes		No [
HEARING						
Normal hearing Minor hearing pr	oblem		ijor hearin oblem	g		
Is the carer/ key worker concerned?	Yes		No			
Does he/she wear a hearing aid?	Yes		No			
Any wax?	Yes		No			
Does your patient see an audiologist?	Yes		No			
Other investigation						
COMMUNICATION					_	
Does your patient communicate normally?		Yes		No		
Does your patient communicate with aids?		Yes		No		
Does your patient have a severe communication p	oroblem?	Yes		No		
Does your patient see a speech therapist?		Yes		No		
Where communications problems exist have practiced been made aware & medical record tagged?	tice staff	Yes		No		

MOBILITY Is your patient fully mobile? Yes No If no, please specify nature and severity of mobility loss. Has there been any change in mobility and dexterity of patient since the last review? If yes, please specify: **OTHER INVESTIGATIONS** Are there any further investigations necessary? Yes No If yes please indicate SYNDROME SPECIFIC CHECK - Certain syndromes causing learning disabilities are associated with increased morbidity (information can be found in the education pack provided) for this reason it is important to record: Is the cause of learning disability known? Yes No If yes, what is it? Has the patient had a genetic investigation? Yes No Result? If your patient has Down's syndrome he/she should have a yearly thyroid profile [including autoantibodies]. Has this been done? Yes No

MEDICATION REVIEW

Drug	Dose	Side Effects	Levels (if Indicated)

Please list the key findings from the review							

ACTIONS

Please list the actions that have arisen as a result of the dealt with.	review ar	nd indicate ho	w these	have been
Has a summary letter with appropriate responses	Yes		No	