DIRECTED ENHANCED SERVICE FOR THE CARE OF ADULTS WITH LEARNING DISABILITIES

Introduction

1. 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 proactive 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

9. 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 with a Learning Disability and on the Social Services Register

Date: Name:

Marital status: Ethnic origin:

Principal carer: Date of Birth: Sex:

Address:

Tel:

Key Health and Social Care Contacts:

Consent to share the review with Carer: Yes ☐ No ☐

Consent to share the review with other named relevant professionals: Yes ☐ No ☐

Weight (kg/stone) …………………………… Height (meters /feet) ………………………

Blood Pressure …………………………… Urine Analysis ……………………………

Smoke (per day) …………………………… Alcohol (units per week) …………………

Body Mass Index (weight in kg / height in m2) ………………..……

Cholesterol if indicated…………….………& random

Blood glucose if indicated……………

Immunization - People with learning disability should have the same regimes as others and the same contra indications apply. (Please tick)

Has the patient completed a full course of currently recommended vaccinations Yes ☐ No ☐

If No, has the patient been offered the recommended top up vaccinations Yes ☐ No ☐

Is the patient included in the annual influenza vaccination programme: Yes ☐ No ☐
**Cervical screen** — people with a learning disability have same indications for cervical cytology as others.

Is a smear indicated?  
Yes [ ]  No [ ]

If yes when was last smear? …../……/……  When is next due? …../……/……

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**Breast Screening & Mammography** — this should be arranged in line with national screening programme and as per local practice.

Is mammography indicated and has it been offered?  
Yes [ ]  No [ ]

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**CHRONIC ILLNESS** –

Does your patient suffer from any chronic illnesses.  
Yes [ ]  No [ ]

If yes please specify:

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For many practices the systems enquiry can be effectively completed by members of the primary care team prior to the patient seeing the general practitioner.

**SYSTEMS ENQUIRY** — the answer to these will not always be available.

- Respiratory cough  
  Yes [ ]  No [ ]

- Haemoptysis  
  Yes [ ]  No [ ]

- Sputum  
  Yes [ ]  No [ ]

- Wheeze  
  Yes [ ]  No [ ]

- Dyspnoea  
  Yes [ ]  No [ ]

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**Cardiovascular system**

- Chest pain  
  Yes [ ]  No [ ]

- Swelling of ankles  
  Yes [ ]  No [ ]

- Palpitations  
  Yes [ ]  No [ ]
<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Postural nocturnal dyspnoea</td>
<td></td>
<td></td>
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<tr>
<td>Cyanosis</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Abdominal</td>
<td></td>
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<tr>
<td>Constipation</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Weight loss</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Diarrhoea</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Dyspepsia</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Melaena</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Rectal bleeding</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Faecal incontinence</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Feeding problems</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>C.N.S. — for epilepsy see overleaf</td>
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<td></td>
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<tr>
<td>Faints</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Parasthesia</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Weakness</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Genito-urinary</td>
<td></td>
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<tr>
<td>Dysuria</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Frequency</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Haematuria</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Urinary Incontinence</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>If Yes has M.S.U. been done</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Would you consider other investigations?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Gynaecological</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Dysmenorrhoea</td>
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<tr>
<td>Inter menstrual bleeding</td>
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<tr>
<td>PV discharge</td>
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<tr>
<td>Is patient post menopausal?</td>
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<tr>
<td>Contraceptives</td>
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<tr>
<td>Other</td>
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EPILEPSY

Type of fit ………………………………………………………………………………………………………

Frequency of seizures (fits/month) ……………………………/ …………………………………

Over the last year have the fits Worsened ☐ Remained ☐ Improved ☐

the same

Antiepileptic medication

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<tr>
<th>Name</th>
<th>Dose/frequency</th>
<th>Levels (if indicated)</th>
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Side effects observed in the patient……………………………………………………………………

……………………………………………………………………………………………………

BEHAVIOURAL DISTURBANCE.

Behavioural disturbance in people with a learning disability is often an indicator of other morbidity. For this reason it is important to record it as it can point to other morbidity.

**Has there been a change in behaviour since the last review:** Yes ☐ No ☐

Eg aggression, self injury, over-activity.

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 ☐
PHYSICAL EXAMINATION

General appearance

Are there any abnormal physical signs or key 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:

Pulse  ………………………beats/min  Blood pressure  ………………/………………

Heart sounds ………………………  Ankle Oedema  Yes ☐ No ☐
(describe)

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:

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**CENTRAL NERVOUS SYSTEM** – It is often difficult and not relevant to perform a full neurological examination, however, people with a learning disability are particularly prone to abnormalities in vision, hearing and communication – a change in function would suggest further investigation is necessary

**VISION**

Normal vision □  Minor visual problem □  Major visual problems □

Is the carer/key worker concerned?  
Yes □  No □

When did the patient last see an optician? ………../…………/……….…

Is there a cataract?  
Yes □  No □

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**HEARING**

Normal hearing □  Minor hearing problem □  Major hearing problems □

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:

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**COMMUNICATION**

Does your patient communicate normally?  
Yes □  No □

Does your patient communicate with aids?  
Yes □  No □

Does your patient have a severe communication problem?  
Yes □  No □
Does your patient see a speech therapist?  
Yes ☐  No ☐

Where communications problems exist have practice staff been made aware & medical record tagged?  
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

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<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Side Effects</th>
<th>Levels (if indicated)</th>
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### SUMMARY

Please list the key findings from the review.
ACTIONS

Please list the actions that have arisen as a result of the review and indicate how these have been dealt with.

Has a summary letter with appropriate responses been sent to the patient or carer?

Yes ☐ No ☐