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## 1. Financial Details

### Level 1

This agreement is time limited for the financial years of 2010/11.

Practices will be paid £100 per patient on the learning disability register receiving an annual health check as specified below.

### Level 2

As part of the PCT's aim to ensure that all patients with a learning disability receive a health check, those practices who have the skills to complete health checks, can do so for patients who are not registered with their practice.

Payments and criteria will be as for the Level 1 (DES) specifications. Clinicians carrying out the screens will be expected to relay the results back to the patient's registered GP by email within the week of the screen, and to phone through within 24 hours any urgent findings.

Practices wishing to do the above must demonstrate that they have completed the following:

- Have staff that have received training from the community LD team
- Completed 90% of health checks for patients that are on their practice LD register
- Have a good working relationship with the community LD team
- Demonstrate an understanding of the service that is required and how to deliver the health checks

Practices wishing to provide this service should email [contracting.team@bdpct.nhs.uk](mailto:contracting.team@bdpct.nhs.uk) with an expression of interest detailing how they fit the above criteria.

## 2. Service Background

Promoting health and wellbeing is an essential, core function of general practice and is not an enhanced service function. This service specification outlines an extended level of care to be provided within general practice settings.

There is good evidence that patients with learning disabilities (LD) have more health problems and die at a younger age than the rest of the population. The existing QOF registers do not differentiate LD by severity. There are estimated to be 240,000 people with moderate to severe LDs in England known to social services.

People with learning disabilities have poorer health than the rest of the population including:-

- A higher prevalence of obesity (21.5 times higher than the rate of the general community in Barking and Dagenham).
- A higher prevalence of CVD (14 times higher than the rate of the general community in Barking and Dagenham).
- Poor access to primary care facilities.
- Heavy use of Accident and Emergency facilities.
- Poor access to screening and immunisation.
- Poor access to mental health facilities.
- A higher prevalence of long standing dental health, musculoskeletal and other problems which typically take 3-6 times more intervention time to clear up than those identified and treated earlier.

### 3. Definitions

Learning disabilities are lifelong, caused by the arrested or incomplete development of the mind. They are not the same as learning difficulties. For most people, there is no difficulty in reaching a decision whether they have a learning disability or not. However, in those individuals where there is some doubt about the diagnosis and the level of learning disability, referral to a multidisciplinary team may be necessary to assess the degree of disability and diagnose any underlying condition.

According to the Valuing people white paper (DH 2001) Learning disabilities is defined as 'A significantly reduced ability to understand new or complex information, or a reduced ability to learn new skills (impaired intelligence), as well as a reduced ability to cope independently (impaired social functioning), which started before adulthood, with a lasting effect on development.'

DSMIV states that a person with learning disabilities has significantly sub-average intellectual functioning: below Wechsler Adult Intelligence scaled (WAIS) Full Scale IQ<74. A patient with severe learning disabilities has a score below IQ 50 on a standardised test of intelligence.

Many patients with learning disabilities show some evidence of damage to their Central Nervous System and have additional physical or sensory disabilities, and show significant disabilities early in life and need high levels of support.

The following groups of patients with cognitive deficit would not be classed as having a learning disability:

- Patients whose intellectual disability developed after age of 18
- TBI after the age of 18.
- Those with medical conditions which affect intellectual abilities that developed after age of 18 (Huntington's Chorea, Alzheimer's etc)
- Patients with a specific learning difficulty – Dyslexia, literacy problems, delayed speech and language development.
- People with a diagnosis of high-functioning Autism (ie Aspergers syndrome).

Practices can use the form attached to refer patients for screening. Once a patient has been identified with a moderate/severe learning disability they must be placed on the local authority register.

#### **4. Service Aims**

Liaising with the local authority will ensure that patients with learning disabilities receive a better package of care from all community services.

Carrying out annual health checks for people with learning disabilities, will improve the quality of health and reduce health inequalities to this group of patients.

#### **5. Service Criteria**

The contractor has a duty to ensure that staff involved in the provision of the service have the relevant knowledge and are appropriately trained in the operation of the service.

In order to participate in this DES (both Level 1 and 2):

1. Practices will need to liaise with the local authority to validate their LD register by providing the LD facilitator with a list of patients to cross match.
2. Practices will need to attend a multi-professional education session which will provide support and advice for this DES. This must be attended by a GP, Practice Nurse, and Practice Manager/Senior Receptionist. (Dates will be provided by the PCT).
3. Practices will need to carry out the attached health check for patients on the LD register on an annual basis.
4. Practices will meet with the community learning disability team on a 6 monthly basis to review and discuss the patients on the LD register.
5. Practices will familiarise themselves with information and easy read leaflets to make their service more accessible to patients with an LD.
6. Practices will submit an audit detailing the outcomes of their healthchecks in the form specified by the PCT.

#### **5. Monitoring & Training**

This service will be monitored by the community learning disability team. There will be dates provided for training sessions, which practices must attend to be able to participate in this DES. This will include training on carrying out health checks and liaising with the community services.

## 5. Signature Sheet

This document constitutes the agreement between the practice and the PCT in regards to this national enhanced service.

### Practice Stamp:

### Principle Signature on behalf of the Practice:

Signature	Name	Date

### Signature on behalf of the PCT:

Signature	Name	Date

### Signature on behalf of the Learning Disability Team:

Signature	Name	Date

# Community Learning Disability Team



## EXTERNAL REFERRAL FORM

Surname:		Next of Kin:	
Forename:		Relationship:	
Male/Female:		Address:	
Address:			
		Post Code:	
Post Code:		Tel No:	
Tel No:		Principle Carer – <b>YES/NO</b>	
Date of Birth:		Medical Conditions:	
Ethnicity:		Current Medication:	
Religion/Culture:		Consultant:	
Children/Dependents:		Dietary Requirements:	
Method of Communication:		Any aids used:	

<b>TYPE OF RESIDENCE</b> ( <i>please circle</i> ) Supported Accommodation      Own Tenancy      Hostel      Hospital With Carer      Other ( <i>please specify</i> )
<b>Date of Residence in the borough (Barking &amp; Dagenham):</b>

<b>REFERRED BY</b> ( <i>please print</i> ): Relationship to client: Organisation: (if not already mentioned) Address: Tel No:
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<b>BRIEF HISTORY AND REASON FOR REFERRAL</b>           
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(Must be completed)

**Has this referral been agreed with client? YES / NO**

**Has referral been agreed with relative? YES / NO**

**Has the GP been notified of the referral? YES / NO**

**SCHOOLS/COLLEGES ATTENDED (details of school must be completed)**

School/College	Address	Dates Attended

**DEGREE OF URGENCY (please circle)**

**LOW      ROUTINE/MEDIUM      URGENT (State why \_\_\_\_\_)**

**GENERAL PRACTITIONER (details of GP must be completed)**

Doctor	Surgery Address	Telephone Number

**AGENCIES/PROFESSIONAL AND PERSONAL SUPPORT (Include Social Worker)**

Name/Relationship	Address	Telephone Number

**Please tick if you are enclosing supporting documents**

Please return to:-

**Community Learning Disability Team  
Unit 2 St Georges Centre  
St Georges Road**

**Dagenham  
Essex  
RM9 5AJ  
020-8227-5430 (Fax)**

**FOR TEAM USE ONLY**

(Taken by: initials / designation or action taken, if not appropriate to (Accept on) team, e.g. passed on.)

**RE-REFERRAL WITHIN HEALTH TEAM**

**DATE:**

<b>Referral Received</b>	<b>Date</b>
<b>Acknowledgement to Referrer</b>	<b>Date</b>
<b>Acknowledgement to GP</b>	<b>Date</b>

Decision of Team Meeting ..... Date .....

Case allocated to .....

Reason for referral not being  
accepted.....

Referral to another agency.....

# Health Check for People with a Learning Disability.

Date	Name	
Marital status	Ethnic origin	
Principal carer	Age	Sex
Address		

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Weight (kg/stone).....	Height (meters /feet) .....
Blood Pressure .....	Urine Analysis .....
Smoke (per day) .....	Alcohol (units per week) .....
Body Mass Index Cholesterol/ (weight in kg / height in m2) .....	Serum lipids .....

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

Tetanus in last ten years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no has tetanus been given?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has influenza vaccine been given?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is Hepatitis B status known?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Result? .....		

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**Mammography** – this should be arranged as per local practice.

Has mammogram been performed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**CHRONIC ILLNESS** - Does your patient suffer from any chronic illnesses.

Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Respiratory cough	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Haemoptysis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sputum	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wheeze	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dyspnoea	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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**Cardiovascular system**

Chest pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Swelling of ankles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Palpitations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Postural nocturnal dyspnoea	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cyanosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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**Abdominal**

Constipation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Weight loss	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diarrhoea	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dyspepsia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Melaena	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rectal bleeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Faecal incontinence Yes  No   
 Feeding problems

**C.N.S.** – for epilepsy see overleaf

Faints Yes  No   
 Parasthesia Yes  No   
 Weakness Yes  No  Where.....

**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

**Gynae**

Dysmenorrhoea Yes  No   
 Inter menstrual bleeding Yes  No   
 PV discharge Yes  No   
 Is patient post menopausal? Yes  No   
 Contraceptives Yes  No   
 Other.....

**EPILEPSY** Yes  No

Type of fit .....  
 Frequency of seizures (fits/month) ...../.....

Over the last year have the fits worsened  Remained  Improved

Antiepileptic medication

Name	Dose/Frequency	Levels (if applicable)

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.

Aggression Yes  No   
 More than a  Less than a  Very   
 Month Month Frequent

Self injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>
More than a <input type="checkbox"/> Month	Less than a <input type="checkbox"/> Month	Very <input type="checkbox"/> Frequent
Overactivity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
More than a <input type="checkbox"/> Month	Less than a <input type="checkbox"/> Month	Very <input type="checkbox"/> Frequent
Other .....		

**PHYSICAL EXAMINATION**

**General appearance**

Anaemia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lymph nodes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Clubbing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Jaundice	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hydration	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**CARDIO VASCULAR SYSTEM**

Pulse .....beats/min		Blood Pressure.....
Heart sounds ..... S.O.A. (describe)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**RESPIRATORY SYSTEM**

Respiratory rate .....breaths/min		
Breath sounds	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wheeze	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tachypnoea	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional sounds (describe).....	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**ABDOMEN**

Masses	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Liver	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Spleen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PR indicated	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Results .....		

**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 <input type="checkbox"/>	No <input type="checkbox"/>
When did the patient last see an optician? ...../...../.....		
Is there a cataract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Result of Snellen chart .....  
Any other data .....

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**HEARING**

Normal hearing Minor hearing Major hearing  
problem

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

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**MOBILITY**

Is your patient fully mobile? Yes  No   
Is your patient fully mobile with aids? Yes  No   
Is your patient immobile? Yes  No   
Has immobility been assessed? Yes  No

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**DERMATOLOGY**

Any abnormality? Yes  No   
Diagnosis .....

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**BREAST**

Any lumps? Yes  No   
Any discharge? Yes  No   
Nipple retraction? Yes  No

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**OTHER INVESTIGATIONS**

Are there any further investigations necessary? Yes  No   
If yes please indicate .....

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**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 chromosomal analysis? Yes  No   
Result? .....  
Is the degree of learning disability? Yes  No

Mild  Moderate  Severe  Profound

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Is a formalised IQ test available? Yes  No

If yes, what were the results? .....

If your patient has Down's syndrome he/she should have a yearly test for hypothyroidism.

Has this been done?

Yes

No

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Has the patient seen an NHS dentist?

OTHER MEDICATION

Drug	Dose	Side effects	Levels (if indicated)

Thank you