



**University of
Sunderland**

NHS

Sunderland

Clinical Commissioning Group

Northumberland, Tyne and Wear

Evaluation Report

Learning Disability Health Event
Monday 21st May 2018

Sunderland Stadium of Light



Better health for Sunderland

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1. Introduction

In Sunderland we have a primary care steering group that is responsible for implementing the actions identified at the beginning of the year by the members. The group is made up of practice managers, nurse practitioners, practice nurses, healthcare assistants and clinical leads. The group was formed and is continued to be supported by the joint specialist commissioner for learning disability and mental health. The group has a varied agenda in regards to improving the access to primary care for people with a learning disability. This includes ensuring reasonable adjustments are made in primary care to include the introduction of personal profiles, support from the health promotion team(NTW) to access screening and flu vaccines and to improve not only the quantity of annual health checks provided by practices but equally important the quality of those checks.

One of the actions of the primary care steering group was to coordinate a local health event that would provide an opportunity for people with a learning disability to learn about the importance of annual health checks, what they could expect from practices and what support is available to access them.

Sunderland CCG set a target of 70% to achieve in regards to the amount of annual health checks to be provided in 2017/2018, the final figure was 62% so whilst we were not very far off reaching this there is still room for improvement. It is also acknowledged that Sunderland had the best uptake in the region this year too! This is a significant achievement and has improved year on year.

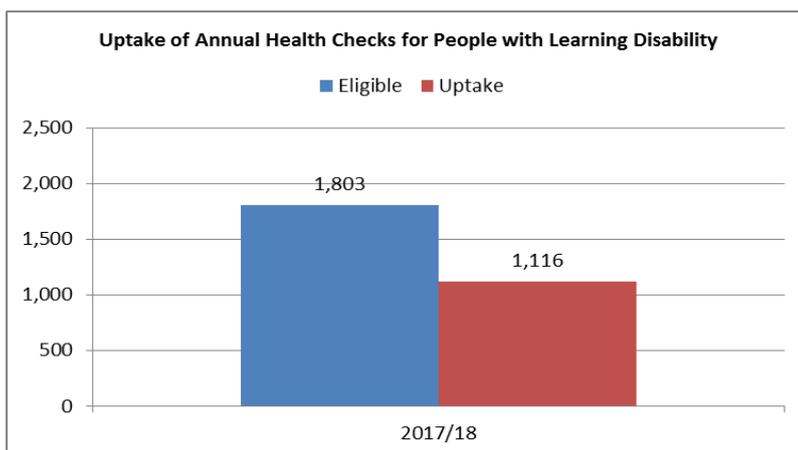


Fig 1
Practices achieved 62%
of a 70% target !

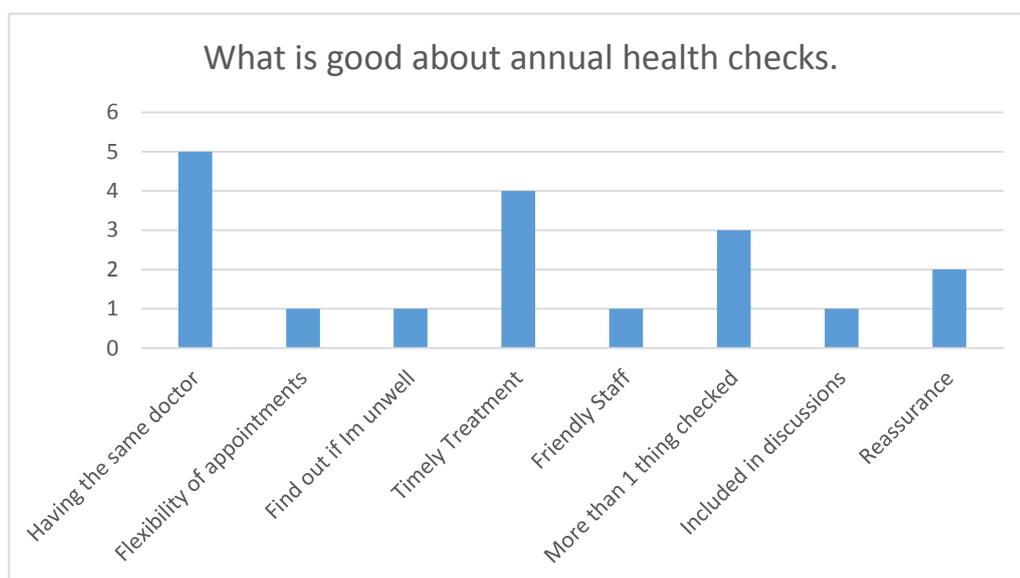
In Sunderland we agreed that although the quantity of annual health checks that have been provided is encouraging, there is still development needed in regards to the quality of the annual health checks. We knew this from an audit that was carried out within the practices and from gaining feedback from people with a learning disability and their carers.

There is often an understanding from people with a learning disability and their carers that annual health checks should be performed by a GP and take at least 1 hour. This does not have

to be the case and a health check can be carried out over a few appointments with an appropriately qualified clinician that has clinical skills training. We wanted to equip people with a learning disability with knowledge about the offer from their GP practice in regards to the annual health check and what they could expect.

We also were really interested in finding out from this population what they felt was good about their annual health checks and going along to their GP and also what could be better. We facilitated a conversation about this and figure 2 shows what people with a learning disability say is good about the annual health checks and the GP practice.

Figure 2.



Figures 3, 4 and 5 highlights what people with a learning disability and their carers feel needs to improve in regards to annual health checks and going to the GP practice. These findings have been broken down into 3 areas.

Fig 3



Fig 4

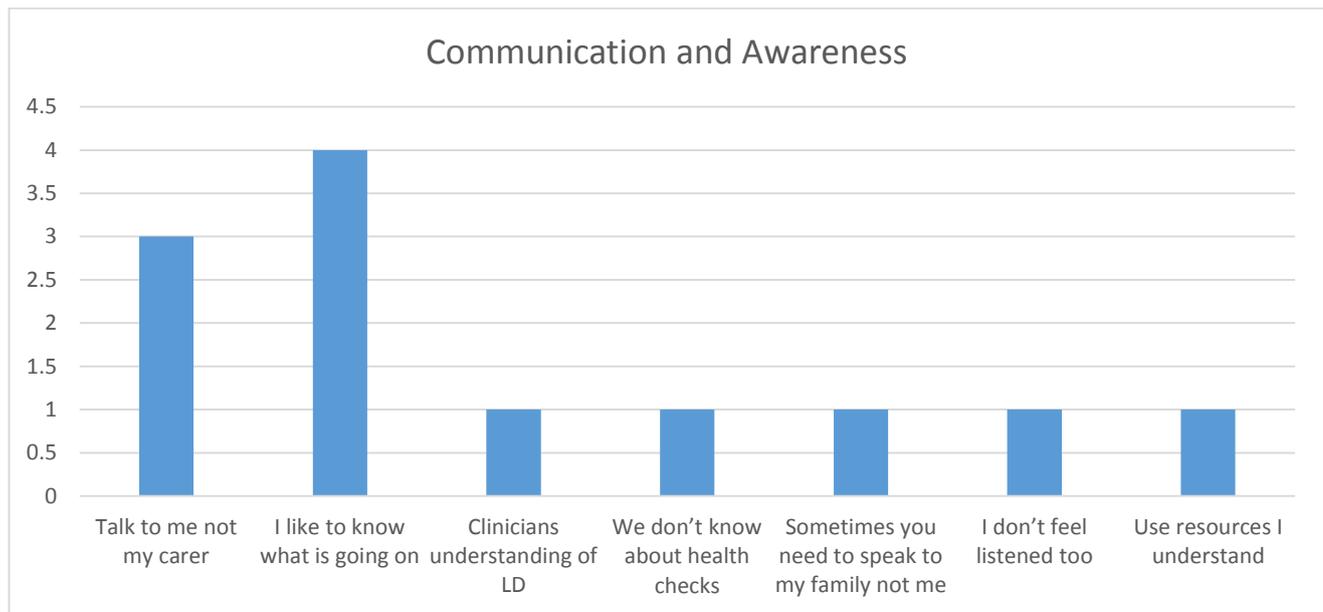
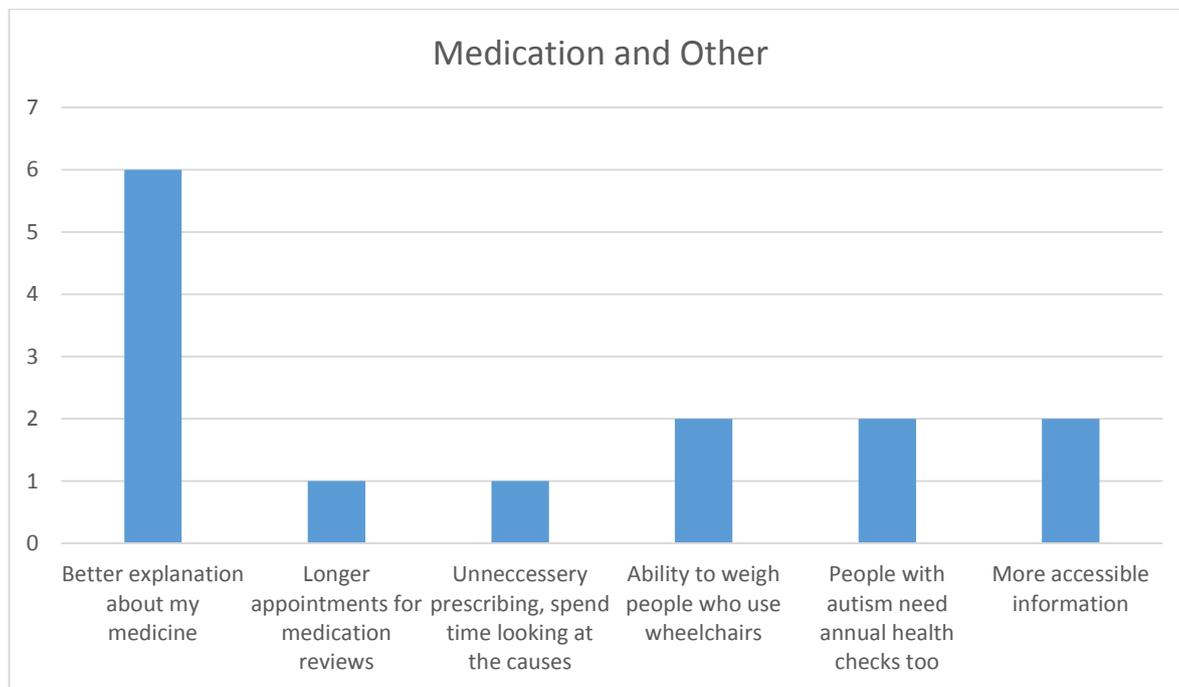


Fig 5



We have already begun to identify some solutions and ideas to improve on some of the areas indicated in the tables above.

2. Development of personal profiles.

Each patient on the learning disability register will have the opportunity to have a personal profile created that will be uploaded to the EMIS system. It will be made available to both primary care and other organisations where the appropriate consents are gained.

It will ensure that reasonable adjustments are made that will enhance the patient experience, so for example many of the issues indicated in the table regarding 'My appointments' could be addressed by the individual practice. This would mean that practices could be clear where flexible appointments are required, that a same day appointment is required due to needing to

bring along a support worker or a longer appointment as the person needs this to process information.

It was also highlighted by Portland School that they use a method of communication called 'communication in print' so sometimes do not always understand other methods of easy read resources. It will be useful to understand this method further and see how and if it can be incorporated.

This process has already started and we are working closely with practise to collate individualised reasonable adjustments for patients so a personal profile can be developed.

3. Training and Awareness Sessions

During the summer between July and September, there are 11 training sessions scheduled for all of the practices across Sunderland to attend. This training will be provided to both clinicians and administration staff in practices. The training will also address further issues raised at this event. This will include specific information about the health needs of people with a learning disability, where accessible resources can be obtained from, where specialist support can be sought and the importance of effective communication.

In addition to the face to face training that is planned there will also be an electronic resource made available by September to all practices for any primary care staff that were not able to attend the sessions.

4. Self-Assessment of annual health checks using a framework of excellence

This year we will be visiting each GP practice to support them to complete a self- assessment that will help them to evaluate what level of quality they provide in relation to people with a learning disability who access their services. This will include looking at 6 pillars of excellence that is broken into a bronze, silver or gold level of service. Each practice will determine where they currently are, then they will develop an action plan that will detail areas of improvement.

5. Further training on STOMP (Stop overmedication of psychotropic drugs for people with a learning disability and or autism)

NTW will be providing a 1 hour training session to all practices between September and December in regards to the use of medication for people with learning disabilities. This will help practices to understand the importance of exploring the medication people are taking and begin to make plans to withdraw it wherever possible. A framework will be developed to help support practices to do this for less complex patients where referrals will need to be made for more complex individuals.

The primary care steering group will also explore ways forward with other issues that were identified to make improvements where required.

As well as the event been an opportunity to share information with people with a learning disability and their carers, we also provided the following activities on the day that people with a learning disability and their carers could join in with.

This included:

- Making fruit kebabs;
- Designing a logo that will be used to make into a pin badge for GP practices that are awarded best practice in the quality of their annual health checks;
- Riding a bike that makes a fruit smoothie generated by pedal power;
- Participating in an interactive game that monitored responses – fun exercise game for all involved;
- Watched and enjoyed a fantastic drama from The Twisting Duck Theatre company about health appointments.

In addition to all of the above we decided that this event would be a perfect forum to carry out some point of care testing within a pop up clinic model in the afternoon.

What is point of care testing?

Point of care testing (POCT) is a term for health tests [screening and diagnostic] that are portable and can be done where and when the patient needs it.

The tests show either risk or presence of disease. Equipment is portable so tests can be done in different settings and give immediate results.

This differs from traditional tests where results are sent to a laboratory and take a few days to get back. We are keen to try this out in Sunderland with a view in the future to offering point of care testing out with the annual health check or integral to it depending on the model of sustainability that is agreed.

Why is it important for people with learning disabilities to have screening tests?

People with learning disabilities have greater health needs than other people and are 42% more likely to die younger¹. Their risk of having diseases such as diabetes, hearing loss and

¹ CIPOLD 2013

cardiovascular disease is higher. People with learning disabilities aged 20-25 have similar health to others aged 50-54².

Early death is avoidable if people with learning disabilities have better access to healthcare tests and treatment. Their health concerns also need to be taken seriously and not seen as part of their learning disability³.

Where can health tests be done?

GP practices will invite people with learning disabilities to have an Annual Health Check. It is important for people with learning disabilities to attend their Annual Health Check.

A number of health checks, assessments and tests will be done at this appointment. This can help detect and manage health conditions early, make sure current treatments are suitable and help develop a long-term relationship⁴. GPs can get to know people when they are more likely to be well, and understand more about their lives and individual needs⁵.

Historically people with learning disabilities have more difficulty accessing health checks than other people. On average only 43.2% of people with learning disabilities attended their health check in 2014/5 across the UK (NHS Digital 2016).

POCT may help tackle these problems by making it easier for people with learning disabilities to have screening tests.

A POCT cardiovascular disease/ diabetes screening test [can be/are] done at Annual Health Check appointments and also in other setting such as a healthy living event.

We ensured that relevant consents were gained prior to our pop up clinic on the 21st of May for young adults with a learning disability who were under the age of 18. We ensured we liaised with Portland School who facilitated this process with parents and carers on our behalf. Consent was again revisited on the day of the clinic. We had students attending the event from Sunderland College and various other organisations in the City who were very keen to participate in what was offered within the clinic. We ensured we presented the idea of the pop up clinic and what was involved initially so people with a learning disability were able to make an informed choices to consent to the tests or not.

² Cooper S-A, McLean G, Guthrie B, McConnachie A, Mercer S, Sullivan F, et al. Multiple physical and mental health comorbidity in adults with intellectual disabilities: population-based cross-sectional analysis. *BMC Family Practice*. 2015;16(1):110.

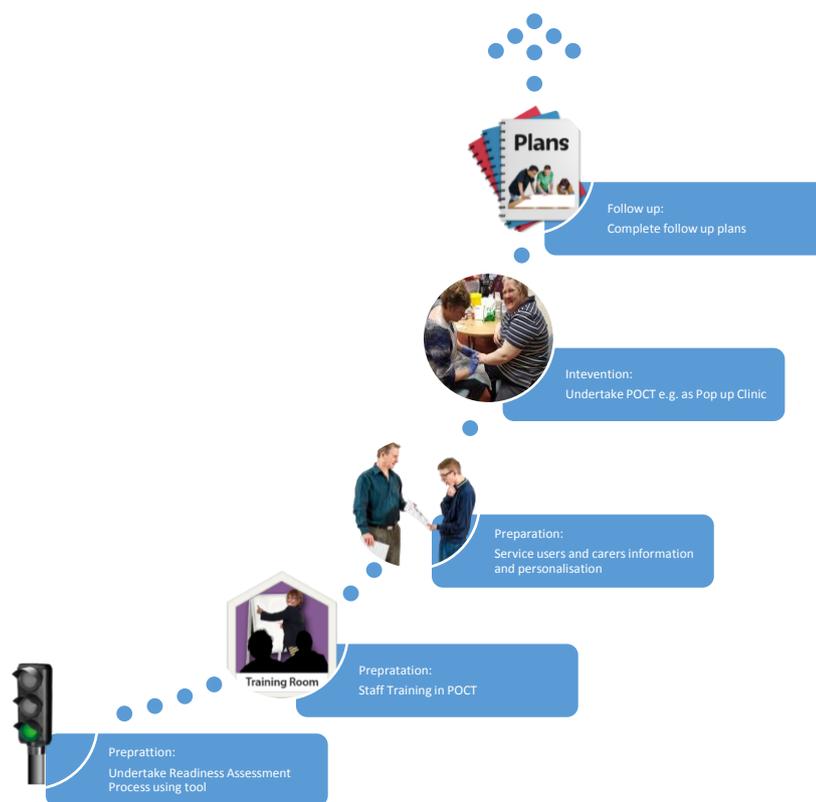
³ Michaels 2008, Disability Rights Commission (2006, 2007), Mencap (2007), Bent et al (2015).

⁴ Robertson J, Roberts H, Emerson E. Health Checks for People with Learning Disabilities: A Systematic Review of Evidence. Department of Health. http://webarchive.nationalarchives.gov.uk/20160704150527/http://improvinghealthandlives.org.uk/uploads/doc/vid_7644_IHAL2010-04HealthChecksSystemticReviewSUMMARY.pdf [accessed 25 May 2017].

⁵ RCGP, 2017. Step by step guide to health checks for people with a learning disability.

<file:///C:/Users/Jim/Downloads/RCGP-Health-Check-Step-by-Step-Guide-2017.pdf> [accessed 1 November 2017]

Fig 6 below shows the model that we used.



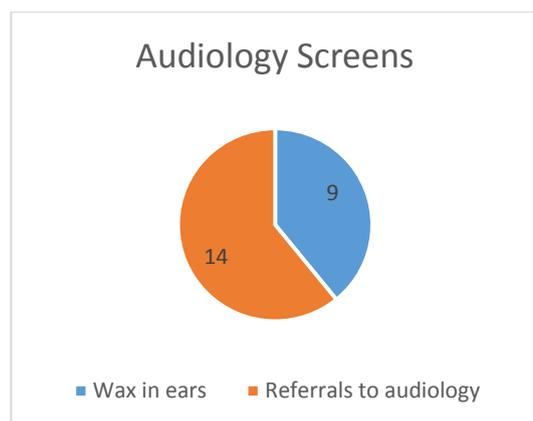
We divided the pop up clinic into 4 sessions running for 30 minutes each. In each session the attendees decided if they wanted to participate. The majority were happy to engage in all tests. We also noticed that if they were a little reluctant but saw their peers having the test this encouraged them to join in also, which also reinforces the importance of offering tests in a non-medical environment where patients are relaxed.

Tests offered included:

- BMI;
- Blood Pressure;
- Arterial Fibrillation;
- Lipids(Cholesterol);
- HBA1c (Pre-diabetes);
- Ear Health;
- Hearing Screen.

The following results were obtained from the pop up clinics

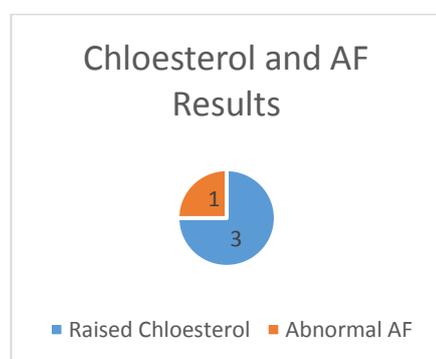
Fig 7



9 / 26 had wax in their ears. **(35 %)**

14 / 26 have had required a referral to audiology as a result of their hearing screen. **(54%)**

Fig 8



3/ 22 patients tested had raised cholesterol **(13%)**. 1/28 patient was found to have an irregular heart beat and was advised to have a follow up ECG at their own **(3%)**

There was no new patients identified as being pre diabetic.

It was evident that hearing loss has a high prevalence in this group of individuals which confirms data suggested in previous research papers.

The health promotion team saw everyone after their tests and discussed the results with them. They were also advised that they would contact them 2 weeks after the event once all results had been shared with their GPs to offer support to access any appointments that may be a result of the tests.

Going forward it is hoped that we can build on this model of point of care testing and run some further clinics. It will be useful to determine what model will be best used to provide sustainability and effectiveness.

In summary the event had very positive evaluations and feedback, it was encouraging also that the primary care steering group already have many of the issues raised by people with a learning disability and their carers on their action plans to improve. Logistically it was quite a

difficult event to coordinate due to the amount of different activities, presentations and clinics running simultaneously. It has also been interesting to know that organisations would like to see more pop up clinics provided in non- clinical environments and have already asked if this is possible.

Finally at the end of the event we hosted an interactive evaluation session where everyone was given a hand held device that enables immediate feedback the following questions were asked.

