

# **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 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 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 ..... Cholesterol if indicated.....  
 (weight in kg / height in m2) ..... & random  
 Blood glucose if indicated.....

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

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 <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 <input type="checkbox"/> | No <input type="checkbox"/> |
| Feeding problems    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

|             |                              |                             |
|-------------|------------------------------|-----------------------------|
| Faints      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Parasthesia | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Weakness    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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**Genito-urinary**

|                      |                              |                             |
|----------------------|------------------------------|-----------------------------|
| Dysuria              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Frequency            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Haematuria           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Urinary Incontinence | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If Yes has M.S.U. been done                      Yes                       No

Would you consider other investigations?    Yes                       No

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**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

No

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) |
|------|----------------|-----------------------|
|      |                |                       |
|      |                |                       |
|      |                |                       |
|      |                |                       |

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:

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**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 .....  
(describe)

Ankle Oedema Yes  No

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**RESPIRATORY SYSTEM**

Are there any abnormal physical signs or key negative findings Yes  No

If yes please specify:

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**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 .....

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**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 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 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

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:

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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 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

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## MEDICATION REVIEW

| Drug | Dose | Side Effects | Levels<br>(if indicated) |
|------|------|--------------|--------------------------|
|      |      |              |                          |
|      |      |              |                          |
|      |      |              |                          |
|      |      |              |                          |
|      |      |              |                          |
|      |      |              |                          |
|      |      |              |                          |

## SUMMARY

Please list the key findings from the review .

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## 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