

Health Checks – Role of Primary Care Trusts (PCT)

Key role

- 1. To commission and support the delivery of annual health checks for people with learning disabilities**
- 2. To address the health needs of this population**

Note - This role may subsequently be carried out by local Practice Based Commissioners

The phases correspond to the phases in development of the health check process carried out by the GP practice

Phase 1 – Preparation for health checks

- The PCT should identify a strategic lead for learning disabilities to address the needs of people with learning disabilities and meet the requirement of the Disability Equality Duty in relation to this population. This will include ensuring:
 - the commissioning and delivery of annual health checks
 - a local strategic health needs assessment is carried out to support population health analysis
- The lead person responsible for commissioning services for people with learning disabilities should secure appropriate expertise and advice on learning disability issues, for example by retaining or appointing a learning disability strategic health facilitator for the PCT. (Existing examples nationally have been drawn from learning disability nurses, health visitors, community matrons and district nurses). Such an appointment will help to ensure people with learning disabilities have equitable access to primary health care services, as well as support from specialist learning disability practitioners when appropriate
- The strategic health facilitator, with support from the lead person, should commission and implement a training programme for 'health check awareness' across the PCT for health and social care professionals, people with learning disabilities, their families and paid supporters. This should be organised through the Community Learning Disability Team (CLDT) in partnership with public health colleagues, along with a development programme at GP practice level that identifies and informs all primary care staff responsible for carrying out and reviewing health checks. The programme should involve people with learning disabilities in its delivery
- The PCT should ensure informatics expertise is made available to practices to ensure, in collaboration with the strategic health facilitator, that people with learning disabilities are identified on GP practice registers across the PCT. The learning disability register should link to other disease registers, such as those for asthma, diabetes, epilepsy, coronary heart disease, older people, mental health
- Cross-referencing practice registers with information held by the Local Authority may be a useful way of identifying individuals whom the PCT will want to ensure are included. This

will require agreement on an information sharing protocol. Priorities for annual health checks are likely to include those patients who:

- have severe or profound impairments
- have complex associated health needs
- are at risk of developing health problems because they may have missed out on health promotion or education
- are on the register of persons who have learning disabilities that is maintained by the social services department of the relevant Local Authority

- The PCT will need to agree an appropriate Read code. Those commonly used include E3, Eu7, Eu81z or 918e, but the key requirement is to come to a local agreement across the PCT to meet the existing quality outcomes framework (QOF) indicator and identify the target population. The informatics department can also develop a GP practice based electronic template for recording and monitoring individual information obtained whilst undertaking an annual health check

Phase 3 – Following health checks

- The lead person should ensure that the views of people with learning disabilities, family carers and supporters are sought in an appropriate manner and used to develop both the health check process and the commissioning of health services. Information from health checks should also be aggregated and used to update the strategic needs assessment and inform future service commissioning, with particular attention to any gaps in services relating to individuals with complex health needs.
- The strategic health facilitator can help the PCT to develop and deliver a GP practice development programme that will address training and development needs identified by practices and ensure continued development of the health check process
- The PCT should monitor delivery at practice level through the use of Better Metrics indicators 8.01, 8.02, 8.03 and 8.04 (learning disability registers, health checks, health facilitation and health action plans). Information gathered from these metrics should feed into to the ongoing planning and commissioning cycles. **For more on Better Metrics go to <http://www.healthcarecommission.org.uk/serviceproviderinformation/bettermetrics.cfm>**
- The PCT will need to performance manage any primary care service contracts with practice providers, ensuring that health check reports are integrated into patients' medical records and that appropriate annual recall systems are in place. Annual review of each patient should include an updated health check and a review of the actions agreed previously