Enhanced Service: Learning Disability Annual Health Checks 2017-18 Guidance to support GP practices in Derbyshire & Nottinghamshire Area Team

GMS Guidance 2015.pdf

Summary of 201718 GMS contract negotia

2017 18_DES Directions.pdf

Reporting requirements of GP Practices to Local Area Team

Area Teams 'offer' the enhanced service on the electronic CQRS system by 30th April 2017. Practices accept by 30th June.

Practices participating in this programme are required to sign up to CQRS no later than 31 July 2017.

The GP Practice formally "accepted" on CQRS after which they manually input data onto CQRS until notified that automatic extraction is operational. Eventually CQRS will automatically extract data via GPES and calculate payments which are sent through via Exeter for payment to practices.

Practices should only make Data Submissions on CQRS quarterly, and only use Achievement Dates of 30 June 2017, 30 September 2017, 31 December 2017 & 31 March 2018. Any other dates are invalid and the data will not be processed.

Further details:

Learning_disabilities_ ES_v5.0.pdf

GPES automatic data extraction is now available for Learning Disabilities Health Check. Each extraction will capture data and report on activities from the start of the reporting period e.g. 1 April 2017 to the end of the relevant reporting quarter. The reporting quarter will be the quarter prior to the month in which the extraction is run, e.g. if the extraction month is January 2017, the reporting quarter will be quarter three (October to December 2017).

In CQRS there are two inputs for this ES:

Firstly, for the Learning Disabilities Payment, there are also two inputs:

1. ES indicator LD001 input number: The number of those patients aged 14 and over in the financial year on the practices agreed learning disabilities (LD) register who received a completed health check in this quarter. The register will be agreed with the LD Strategic Health facilitator. This data will be extracted and the field populated by GPES.
2. ES indicator LD001 maximum: The number of patients aged 14 and over in the financial year on the practices agreed learning disabilities register. **This input must be made manually by the practice as GPES cannot extract this data.** You should then Submit Achievement Data.

The sum of the ES indicator LD001 input over the year can never exceed the ES indicator LD001 maximum (practices cannot give more health checks than those on the local LD register). If you submit a nil return because no health checks were carried out in the quarter, you must still manually input the number of patients on your register.

Secondly, for the Learning Disabilities Management Information, there are 14 boxes. These may be completed from information extracted by GPES, or alternatively they may be left blank. You should then Submit Achievement Data.

Having done this, you must Declare your Achievement in the Achievement tab. This will then send the Data Submission to the Area Team for approval.

Register Requirements

The practice will establish and maintain a learning disabilities 'health check register' of patients aged 14 and over with learning disabilities.	The register should use the Read codes outlined in this guidance which are in line with those used for the QOF learning disabilities register.

Further details:	

This should be based on the practice's QOF learning disabilities register (QOF indicator LD003) and any patients identified (not already on the QOF LD register) who are known to social services, specialist LD services or Community Paediatricians. The LD Strategic Health facilitators will help to identify eligible patients. Where is it is unclear from records if the patient has a learning disability or not (possibly from read coding in childhood or new to area *), the practice should use their discretion. Practices will be required to confirm the count of patients on their learning disability health check register, as agreed with the LD Strategic Health Facilitator for the calculation of payments on CQRS.

The Strategic Health facilitators will use the format in Appendix 1.

Read Codes

Learning Disability (LD) Health Checks scheme

READ & CTV3 codes

The codes below will provide the LD QOF Register

	Read v2	Read CTV3
Mental Retardation	E3…%	E3…%
(X) Mental retardation	Eu7..%	Included in E3…%
(X) Developmental disorder of scholastic skills, unspecified *	Eu81z	Eu81z
(X) Mild learning disability *	Eu816	XaREt
(X) Moderate learning disability	Eu814	XaQZ3
(X) Severe learning disability	Eu815	XaQZ4
(X) Profound learning disability	Eu817	XaREu
Specific Learning Disability*	Eu818	XaaiS

The code below will be included on QOF register but is advised to apply only to those eligible for LD Health Check		
On LD register	**918e**	**XaKYb**

*These codes may highlight people who have learning difficulties rather than learning disabilities.

Learning Disability Read Codes- health check codes

	Read v2	Read CTV3
Learning disabilities annual health assessment	**9HB5**	**XaL3Q**
LD Annual Health Assessment Declined	9HB6.	XaQnv
LD Health action plan completed	**9HB4**	**XaJsd**
LD Health action plan reviewed	9HB2	XaJWA
LD Health action plan declined	9HB0	XaJW9

NB change to code for April 2017:
9HB5 XaL3Q / Learning disabilities annual health assessment
LD Health examination should no longer be used.
NB: Payments are made based upon the LD Annual Health Assessment code being entered.
14-17 year olds were added to the LD Health check process in 2014.

Other useful Read codes:
Autism E2v2/ X00TN
Down Syndrome PJO/ XE1MZ
Developmental Delay X76B7

Training

The practice providing this service must attend a multiprofessional Education session	The training is provided by LD Strategic Health facilitators/ Primary Care Liaison Nurses in partnership with self-advocates and family carers The training should be completed by healthcare professionals before health checks are conducted. Training **must** be completed by year end. At a minimum, participating staff should include the lead general practitioner (GP) for LD, lead practice nurse and practice manager/senior receptionist. Care co-ordinators and pharmacy staff would also benefit. Details of practices meeting this requirement will be forwarded to Area Team by LD Strategic Health facilitation Team March 2018. *Requirements will be met if there is evidence of current practice staff having attended training within the 2 year period 1st April 2016-31st March 2018.*
Details	

Content:
- identification of patients with learning disabilities and clinical coding
- the range and increased health needs associated with learning disabilities
- what an annual health check should cover (see health checks section)
- information that should be requested prior to an annual health check
- adjustments the practice might need to make to facilitate good uptake, effectiveness and access to the health check
- health action plans
- overcoming barriers including:

Electronic template

Practices taking part in the ES will be required to use a suitably accredited protocol agreed with the area team	The practices participating must use an electronic template, either the new (2017) National LD Template or a local one identified below
Details	

Derbyshire/ Derby City:
The recommended templates for TPP and EMIS are available from Derbyshire's SharePoint site. The practice must check that they have downloaded the most recent version for 2017/18. This is called: Derbys LD 2017. In the event of Sharepoint proving difficult to access, contact the PCIF Team on **GEMCSU.dpcif@nhs.net**
The Data Quality GP facing Sharepoint site that practices use for downloading new clinical templates, policies procedures etc. and is available via:
http://imte.gemcsu.nhs.uk/default.aspx

To make the TPP S1 Template, Reporting, Mail Merge etc sharing easier, GEMCSU are using relatively new functionality in SystmOne called Organisation Groups (this has already been adopted by some practices). An example is embedded.

DerbysLD 2017
Learning Disability An

Should a practice encounter any difficulty in accessing or importing the template they may email **GEMCSU.dpcif@nhs.net** and request assistance from a member of the Primary Care Informatics Facilitation Team.

Nottinghamshire/ Nottingham City:
The recommended template for Nottingham City and Nottinghamshire is entitled NHIS L.D. Annual Health Check Dashboard (It is currently available for SystmOne and an EMIS web version is under development).

GP Practices in the county must be members of the SystmOne organisation group 'Nottinghamshire County Teaching PCT (Trust Group) to gain access to the LD template.

For template and access queries contact:
Nottinghamshire Health Informatics Service (NHIS)

Tel: 01623 410310 | Internal: 4040
Email: NHIS ServiceDesk nhis.servicedesk@notts-his.nhs.uk
Internal Customer Portal: **http://customerportal.notts-his.nhs.uk/**

Health check Invitation

On an annual basis, practices will invite in all patients agreed as being eligible for a review of physical and mental health.

📄 NottsamendedPre Health Check Questio

Invitations should be sent to patients in an easy read format.
The invitation process should be considered as a potential barrier if the practice has a number of non attenders.
The practice should send out a pre-health check questionnaire. This will help in collecting the information needed by the clinician and will help identify any areas of concern by the patient.
Templates for letters and pre check questionnaires will be provided by the LD Strategic Health facilitators as part of the training.

Health check content

Where problems or concerns are identified, practices will be expected to address them as appropriate through the usual practice routes or via specialist referral if required.
Good practice guidance is embedded.

📄 CIRCA StepbyStepGuideforP

Practices also participating in other enhanced services may find that the annual learning disability health check also provides an ideal opportunity to check for other concerns :

This also offers opportunity to provide a review of family carer needs.

Details

As a minimum, the health check should include:
• a collaborative review with the patient and carer (where applicable) of physical and mental health with referral through the usual practice routes if health problems are identified, including:
- physical examination, *BMI, waist, BP, ears, feet
- chronic illness and systems enquiry
- health promotion
- check and prompt of participation in age related screening programmes eg cancer.
- epilepsy
- dysphagia
- behaviour and mental health
- specific syndrome check e.g. Down Syndrome, Rett Syndrome etc.
• a check on the accuracy and appropriateness of prescribed medication, particularly Psychotropics.
• a review of whether vaccinations and immunisations are up-to-date, e.g. seasonal influenza
• a review of coordination arrangements with secondary care, recording likely reasonable adjustments should secondary care be needed e.g. longer appointments required, need for easy read information or carer accommodation etc.
• a review of transition arrangements where appropriate for younger people, and those changing accommodation or care provider..
• a review of communication needs, particularly how the person might communicate pain or distress
• support for the patient to manage their own health and make decisions about their health and healthcare, including through providing information in a format they can understand and any support they may need to communicate..

*NB: BMI & waist measurements have been noted as being of specific concern in the LD population of Derbyshire. Health Action Plans should address this by referral to Healthy Lifestyles services, or by health promotion in the practice setting.
A review of family carer needs should also be included.
A Health Action Plan

Health Action Plan

As part of the patient's annual health check, practices will be required to produce a health action plan.	This can be created at the time of the health check using the section provided in the local electronic template in the GP clinical system. This needs to be printed off and completed. The patient needs to be given a copy and the practice needs to ensure a copy is scanned into the electronic record. Alternatively the practice can use the template to create their own electronic version which can be completed on screen and printed off for the patient.

Practices will need to be mindful of the patient's ability to read and/or understand the information contained in the health action plan. The practice will need to ensure that the health action plan is provided in the best format for the patient to maximise their understanding and involvement, this may mean a format most suitable for a carer or advocate supporting them to understand its content. |

Further details (Health Action Plan):

Health Check Action Plan

Date	
Name	
Practice Nurse	
Doctor	
Any medication changes	

My Health Need	What needs to be? done	Who will help me?	When will this need to be reviewed?

The focus of the health action plan is the key action points (whether for the patient, the practice, or other relevant parties involved in the patient's care) and agreed with the patient and carer (where applicable) during the health check. It should also summarise what was discussed and any other relevant information (e.g. what is important to the patient, what their goals or outcomes are that they want to achieve).

Where the patient has a personalised advanced care plan in place, it is expected that this would also form part of the patient's health action plan.

It may include Health promotion activity, monitoring e.g. weight, referrals to Community Health and Acute services, pain management etc.

Other examples include recommendations for Sight tests, Dental checks, self management etc Derbyshire offer patients 'Blue Health files' and Nottinghamshire offer 'Green Health Action Plans' the GP Health action plan should be added to these where in use. If the patient has another personalised form of Health Action planning the practice can add to this. The Clinician needs to log this and record the actions in the Clinical record.

Where possible, and if the patient is mentally competent to provide it with their consent, the health action plan should be shared with other relevant professionals and carers who are involved in the care of the patient.

Practices may wish to provide the patient with a post health check action plan patient letter, easy read format embedded.

post health check
action plan patient let

Payment

Payment counts will be a non-cumulative quarterly counts from the point the practice begins to deliver the service and management information counts will be a mixture of non- cumulative and cumulative quarterly counts (which will serve for audit purposes).	The Read2 and CTV3 codes will be used as the basis for the GPES extraction, which will allow CQRS to calculate payment and support the management information extractions, when available. Practices will therefore need to ensure that they use the relevant Read 2 or CTV3 codes and if necessary re-code patients as required. Payments can only be processed after commissioners have offered and practices have accepted a service on CQRS. Agreement to participate in a service on CQRS is separate to confirming acceptance of a contract for services with commissioners. 2017 18_Technical requirements for GMS

Details

Monitoring
There is one payment count (see payment and validation section) for this ES. The management information counts will be outlined in the Technical Requirements document.
GPES data extraction is available to conduct electronic data collections. The data input will be in relation to the payment count only, and the management information counts.   The number of patients aged 14 and over in the financial year on the practices agreed learning disabilities register must be input manually by the practice as GPES cannot extract this data.
For information
Payment under this ES will be on a quarterly basis comprising £140.00 for each patient aged 14 and over in the financial year on the practice agreed learning disabilities register, who receives a compliant health check in that quarter. Only one payment may be made as regards to any patient, in a given practice, in any one financial year.
CQRS will calculate the quarterly payment, based on the quarterly achievement data extracted from GPES.
Payment should be made by the last day of the month following the month in which the practice and area team approve the payment. Where CQRS has not been provided with data (i.e. the practice has not enabled the extraction or the extraction is not supported by their system supplier) the data will

need to be entered onto CQRS manually.

After CQRS has calculated the practice's final achievement payment, the practice should review ' the payment value' and declare the 'achievement declaration.' The area team will then approve the payment (assuming that the criteria for the service have been met) and initiate the payment via the payment agency's Exeter system.

Once practices have submitted their data and the declaration and approval process has been followed, then payment for the service will be sent to the payment agency for processing.

Practices will be expected to ensure that the count of patients who have received a health check over the year does not exceed the number of patients on the agreed learning disabilities register. Practices cannot give more health checks than those on the local LD register, and they can only receive one payment per patient.

Verification

Area teams are responsible for post payment verification.	Where required, practices must make available to area teams any information they require and that the practice can reasonably be expected to obtain, in order to establish whether or not the practice has fulfilled its obligation under the ES arrangements.

Details of verification:

Verification will include audit:

- of training records to ensure that practices have attended the required training.
- claims of practices to ensure that the number of health checks given does not exceed the number of patients on the agreed learning disabilities register.

Verification will also include checking:

• the number of patients who have received health checks over the year,

• the number of those who have received a health check but declined a health action plan

• the number of patients who have received a health check and are eligible for a health action plan but not been offered one.

LD Strategic Health facilitators will randomly quality check a number of patients at the practice to ensure that the minimum requirements for the health check were included.

The information extracted on numbers of patients receiving or being offered health action plans will not be used for payment purposes. It will be available to support practices and NHS England to validate requirements of the enhanced service, as necessary, to demonstrate that the full protocol was followed.

Performance data

| Performance data will be shared Quarterly by CCG/ Area Team.

LD Commissioner will report annually to CCGs regarding the health status of patients with LD. | This will include 'soft' intelligence regarding patient and carers experience. CCG level performance elating to annual health checks and cross referenced to unplanned admissions; frequent flyers.

Local Area Team will provide quarterly reports to Lead LD Strategic Health facilitator regarding number of health checks achieved in each quarter. This will be fed back to individual practices from the Link Strategic Health facilitators. |
|---|---|

Miquest query set

| Practices will be asked to run a Miquest query at year end in order to provide anonomised population data | The results of the query inform the Self Assessment Framework that Clinical Commissioning groups need to complete each year for Public Health England. This enables the CCGs to monitor health inequalities and the health status of people with learning disabilities.

In order to provide the necessary information practices need to run the Learning Disability query set which can be downloaded from Quest Browser. Instructions on how to download and run the LD query can be found on the Data Quality sharepoint site. |
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Details:

To Download the LDR Reporting tool:
From within Quest Browser, go to Queries, add new query sets, install from web and select gateway.
Username - learning
Password - disability2013
Click on the link to download the Learning Disability Reporting Tool and when prompted click on Save.
Once the tool has been saved, right click on the setup.exe file and select run as administrator
By taking the defaults both the TCR and LDR Reporting Tools will be installed. You will get prompted for your practice code.

To download the query set.
From within Quest Browser, go to Queries, add new query sets, install from web and select gateway.
Username - learning
Password - disability2013
Click on the link to Download the Learning disability Register 201 Audit v2.
Close the web page once the download has finished. This will then place the query set in your library.
Issue the Query set
Right Click on the Learning Disability 2014 v2 Query set header and select Issue query set. From the Query set Run date drop down menu select a run date of 31/03/2018.
Once these queries have been imported, run through your clinical system and the responses output, these responses can then be imported back into Quest Browser.
Importing results
From within Quest Browser, go to Queries, Import results. the learning disability responses should be listed. Tick the box to select all and Import selected files. This should then launch and populate the Learning Disability Reporting Tool. This will then populate the report and automatically upload the report to the data warehouse, you can then exit from the report.

Support from SHF Team

Each Practice will be provided with a named LD Nurse from the LD Strategic Health Facilitation Team. They will provide GP practices with: LD training; verification of the LD health check register; advice upon reasonable adjustments, easy read information, local services and none attenders.
All Strategic Health facilitators have a smart card and if you allow can potentially obtain access to system one, otherwise they will need to work with a member of the practice team in order to verify the register.
Where the reports from the Area Team regarding health checks provided show that a practice has a low uptake the SHF team will offer to provide more intensive support to that practice. Where patients are to be discussed at the MDT and there is no LD specialist worker involved, the SHF Nurse will attend the meeting to provide LD knowledge.
The LD Strategic Health Facilitators will support the CCG and Area Team with 'soft' intelligence regarding patient and carer experience and any trends relating to the LD Annual Health checks.

Technical Support

GEM Informatics will support with any technical difficulties in downloading and running the templates and Miquest query, please email gemcsu.dpcif@nhs.net and a member of the Primary Care Informatics Facilitation Team will contact you to assist.
Alternatively contact the Computer Room for advice about the LD Miquest query Tel: 01773 718578

The Data Quality GP facing share point site that practices use for downloading new clinical templates, policies procedures etc. is available via:

http://imte.gemcsu.nhs.uk/default.aspx

Support from Local Area Team

The Area Team will be responsible for applying standards and payments.

For Payments
Julie Coulson (**julie.coulson@nhs.net**)
Dave Knight (**d.knight2@nhs.net** ; 0113 825 5433)
Julie Kent **julie.kent@nhs.net**

For problems with CQRS
Richard Hobbs (**richardhobbs@nhs.net** ; 0113 825 5472)

Strategic Health Facilitation Contacts:

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Marie.mcgahey@nottshc.nhs.uk (team leader) Newark and Sherwood (01636 652500) 07580847034
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• **jackie.fleeman@derbyshcft.nhs.uk** - North East

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• **lisa.burgin@derbyshcft.nhs.uk** - Derby
• **lynn.morris@derbyshcft.nhs.uk** - Erewash and South Derbyshire

Surgery Detail:

14-17 yrs	NHS No:	LD Severity	Down syn	Comments:

Please add new adult patients to be verified below:

NHS No:	Comments:

2017/18 no adults agreed	
2017/18 no adults to be confirmed	

Young people aged 13, to be transferred onto LD AHC during 2017-18

NHS No:	Level of Learning Disability (if known)	Down Syndrome Y/N	Comments:

17/18 no aged 14+ agreed as eligible for the LD AHV	
17/18 no aged 14+ to be confirmed	