Learning Disability Annual Health Check (AHC) Toolkit for North West England v1.0

For all professionals involved in delivering AHC's

Introduction

- This toolkit has been designed to support good quality Learning Disability Annual Health Checks (AHC).
- The toolkit is aimed to be used by ALL health and social care staff who are involved in organising, managing, enabling or delivering AHC's to people with a learning disability.
- The toolkit contains guidance to support the completion of high-quality health checks to improve lives including physical and mental health outcomes.
- This North West regional toolkit is designed to complement and not replace national guidance, local guidance and professional judgement. It will be updated to align with other future national and regional guidance when published.

Watch this video by Bounds Green Groups Practice in London to hear from Harshi, her mum Khilna and their GP explain why it is important for people with a learning disability to have an Annual Health Check and a Health Action Plan (HAP).

Contents

3 Introduction
4 Learning Disability Definition and GP Register Guidance
5 Identifying People with a Learning Disability on Registers
6 Preparing for an Annual Health Check
7 Tips for Implementation of Reasonable Adjustments
8 Undertaking Annual Health Checks
9-10 What should be included in an Annual Health Check?
11 Carers Information
12 Annual Health Check for 14 to 17-year-olds
13 Flu and Vaccination Information
14 Medication Review
15 Health Action Planning
16 Personalised Care
17 Support When Going into Hospital
18 Additional Information and Useful Links:
19 Cheshire & Mersey ICB Specific Resources
20 Greater Manchester ICB Specific Resources
21 Lancashire & South Cumbria ICB Specific Resources
22 Toolkit Information and Feedback

How to use the Learning Disability Toolkit:

This Toolkit has been designed to enable you to easily access the information you require.

- **Clicking on the links within this contents page using Ctrl+ click takes you directly to the page.**
- **The main banner can be found across the top of each topic page. Clicking on an underlined title will take you directly to the section.**

- **Website links: Click on underlined wording embedded within the main text to take you to the related website. Some of our resources have been added to our North West Learning Disability & Autism NHS Futures page, therefore you will need to set up an account if you do not have one to access.**

Learning Disability Definition and GP Register Guidance

A learning disability is a "significantly reduced ability to understand complex information or learn new skills; a reduced ability to cope independently; and a condition which started before adulthood with a lasting effect on development" (Valuing People, 2001). A learning disability, is not to be confused with a learning difficulty such as dyslexia and dyspraxia, it is a label given to a group of conditions that are present before the age of 18. These conditions impacts on the way individuals develop in core areas, how they live their lives and access health care.

All 3 criteria below are needed to meet the definition of a learning disability:

1. Significantly reduced ability to understand new or complex information, to learn new skills (significantly impaired intelligence)
2. **AND** a reduced ability to cope independently (impaired social/adaptive functioning)
3. **AND** the above started before adulthood (before 18) with a lasting effect on development

Useful Resources:

- Mencap: What is a learning disability?
- National Health Check Template **This template has been produced on three of the main GP clinical systems. It is available on EMIS Web and other GP system software.** ***To note: The link takes you to a general web page which you need to scroll down to find this section.***
- Pennine Care EMIS Guide

Identifying People With a Learning Disability on Registers and Keeping Records Up to Date

People with a learning disability have poorer health outcomes than the general population, much of which is avoidable. It is important to keep your learning disability registers up to date to ensure that everyone with a learning disability is offered an annual health check.

Steps to Improve Learning Disability Registers:

1. **Review and update the register to ensure all patients with a clinical diagnosis associated with a learning disability are invited for a flu vaccination and an AHC.** NHS England produced a revised list of diagnoses which can be found in **Appendix 1 of** NHS England's Improving Identification of People with a Learning Disability Guidance for General Practice.

2. **Identify patients with conditions who may also have a learning disability, assess whether the patient should be added to the learning disability register, and be offered a flu vaccination and an AHC;**
   a) Search for a list of diagnoses that may or may not be associated with a learning disability **(Appendix 2** NHS England Guidance**).**
   b) Download the results of the search into a spreadsheet and record that an assessment has been made.
   c) When you re-run searches this will support you to compare spreadsheets and limit the search criteria to diagnoses after date of the last run.
   d) A checklist, known as an 'Inclusion Tool', to help determine whether a patient would benefit from being added to the learning disability register is reproduced **(Appendix 4** NHS England Guidance**).**
   e) After the assessment ensure that you discuss or inform the patient and/or carer that they have been added to the learning disability register.
   f) The patient can be added to the register by adding the relevant code **"On learning disability register (finding)" (SNOMED CT code 416075005).**

To note: Practices should ensure they use the recommended codes to record care in order to receive the relevant fees for completing AHC's

Preparing for an Annual Health Check

- Try to organise AHC's between April to mid-December to avoid January to March, when there may be additional pressures on the practice.
- Consider having a champion for people who have a learning disability or a designated Care Coordinator to support in the coordination for Health Checks within your practice.
- To keep people well for winter, consider prioritising health checks for people who are frequent attenders to hospital, have recurrent chest infections or have long term conditions.
- It is important for people with a learning disability to understand the information they have been sent, and the reason for having a health check. Without this they may not attend their appointment.
- GP practices should comply with the Accessible Information Standard. This means that the GP practice:
  - Asks people if they have any information or communication needs and find out how to meet them.
  - Clearly records all communication and reasonable adjustment needs in the care records.
- Register here to access the free HEE e-learning module for learning disability annual health checks.

Useful Resources:

- Get Checked Out - Accessible Letters and Information (Leeds & York FT)
- Annual Health Checks Easy Read Checklist (Mencap)
- NHS England and Mencap produced a video and a series of guides in different languages highlighting the benefits of being on the learning disability register including getting a free health check each year.
- Learning Disability Champions Role Overview
- Training Programme to Meet Medical Needs of Adults with a Learning Disability (Royal College of Physicians)
- Health Is Everybody's Responsibility (NHS and Misfits video)
- Introduction to Annual Health Checks for Primary Care (NHS video)

Prior to the appointment:

- Sending a pre-health check questionnaire can help prepare the patient and their carer/supporter for the health check appointment. This may reduce anxiety and improve effectiveness of appointments.
- Mencap have produced an Annual Health Check Easy Read Leaflet to prepare the patient, which includes a checklist.
- NHS and Misfits Introduction Video to AHC's for People with a Learning Disability

Tips for implementation of Reasonable Adjustments

Reasonable adjustments should be personalised to meet the individual's needs as some people can find medical interventions and the environment difficult. Considerations should always be given to the Mental Capacity Act in support of decision making and referrals to the community learning disability team for any specialist support or desensitisation.

Before the AHC Appointment:

- Ask about and record any reasonable adjustments.
- Send pictures of waiting rooms in the invite letter or offer for individual to visit surgery prior to appointment to reduce stress.
- Offer an appointment at a time when the surgery is less busy than usual or when waiting time will be minimised.
- Offer an appointment with a GP or nurse of the individual's choice.
- Offer an extended appointment or for the AHC to be completed over a number of shorter appointments.
- Offer the AHC in a different setting, such as the person's home.
- Determine the persons capacity to make decisions regarding their care and treatment.

At the AHC Appointment:

- Meet the person where they are waiting.
- Use visual information, props and graded exposure to help them understand the process
- Do you need to take a blood test at the AHC or can it be offered at another time or place to meet the individual's needs?
- Ask the person where and how they want to sit (or whether they do want to sit).
- Provide alternative waiting areas which are quiet.
- Ask permission to add the individuals' reasonable adjustments to their Summary Care Record (SCR).
- With the persons permission involve carers, speak to those that know the person best.
- Enable the person to pause the exam/ intervention at any point (stop cards).

Useful Resources:

- Making GP Practices More Welcoming (Contact)
- Overview of Reasonable Adjustments (Gov UK)
- Don't Miss Out - Resources for Healthcare Professionals (Mencap)
- Desensitisation and Blood Test Case Studies (Gov UK)
- AHC and LeDeR for GP and People with a Learning Disabilities Video (NHS Kingston)

If patients do not attend their health check:

If individuals do not attend their appointment or were not supported by carers to attend their annual health check, practices should endeavour to find out why the person did not attend. This might include reviewing the appointments process to understand why and ensure that reasonable adjustments are in place, determine if the person requires support to attend health appointments and link in with their Community Learning Disability Team. If there are safeguarding concerns, follow local safeguarding processes.

Undertaking Annual Health Checks

- Annual Health Checks should be **face to face** unless there are exceptional circumstances otherwise. If there is a clinical reason why it is not appropriate to bring a person into the surgery an alternative suitable setting should be considered to enable a quality check is completed**.** If a remote appointment is the only option as much of the physical examination should be completed in person as is possible.
- Processes must support a **high-quality assessment**.
- Practices should discuss with the person, their carer or their advocate the most suitable and safe way to conduct a health check.
- Consider whether the inclusion of a member of the Community Learning Disability Service will be helpful.

Useful Resources:

- Mental Capacity Act Guidance (Mencap)
- Mental Capacity Toolkit (2023) (Burdet Nursing Trust)
- Guidance on Competence for Children & Young People (NSPCC)

- **Prevention of adult not brought strategy -** If an adult misses their AHC appointment consider if they have had the capacity or ability to make that decision. If adults are not brought these should be coded (Adult not brough to appointment), and ensure reasonable adjustments are made and documented to support a further appointment.
- **The Mental Capacity Act** should be a golden thread throughout the annual health check process for people who may not be able to consent to their care and treatment. Consider the voice of the person, even if they are unable to consent to an examination, they should have as much say in their care as possible.
- If you need to assess capacity, document your assessment, and involve family members, carers, and advocates who may be supporting the person. **The Royal College of General Practitioners (RCGP) recommends using CURB as a memory aid to assess capacity.**

  COMMUNICATE - Can the person **communicate** their decision?
  UNDERSTAND - Can they **understand** the information you are giving them?
  RETAIN - Can they **retain** the information given to them?
  BALANCE - Can they **balance** or use the information?
- Always weigh up the clinical risks and consider the least restrictive option.
- Agree actions and communicate these clearly.

What should be included in an Annual Health Check

A review of physical and mental health which includes:

- **The provision of relevant health promotion advice**
- **A chronic illness and system enquiry**
- **A physical examination**
- **A consideration of whether the patient suffers from epilepsy**
- **A consideration of the patient's behaviour and mental health**
- **A specific syndrome check**
- **The production of a Health Action Plan for all patients with a learning disability who are aged 14 years and over**
- **A check of the appropriateness of any prescribed medications**
- **A review of coordination arrangements with secondary care**
- **Where appropriate, a review of any transitional arrangement which took place on the patient attaining the age of 18**

Physical and mental health problems:

- **Pain**
- **Infection**
- **Hypothyroidism**
- **Sleep disturbances**
- **Sensory impairment -** Vision, hearing
- **Seizure disorder -** Developmental regression
- **CNS**
- **Diabetes**
- **Musculoskeletal**
- **Eye care and visual health**
- **Oral health** and seen by dentist in last 12 months
- **Sexual health**
- **Mental Health problems -** Depression & anxiety
- **Annual TSH -** For patients with Downs Syndrome
- **Bone mineral density** in Cerebral Palsy - measure vitamin D and Ca
- **Periods, menopause -** Carers need to be encouraged to look for signs and symptoms. Consider any menstrual issues

What should be included in an Annual Health Check?

Considerations:

- **Are there any changes in the way the person is communicating, eating, drinking, mobilising, their daily living skills or behaviours?**
- **Is the person, their family or carers using managing deterioration tools which can help with diagnostics?**

RESTORE2mini is designed to support carers and health professionals to recognise soft signs of deteriorating health using SBARD. See the useful links below.

- **Restore2mini Observation Chart**
- **Health Education England video on Soft signs of being unwell**
- **Restore2 mini free eLearning module for paid and unpaid carers by Blue Stream Academy**

Anticipatory Care Calendar from Health Innovation North West Coast is another tool to support carers in recognising early signs of deteriorating health.

Gastro-intestinal:

Constipation - Establishing bowel routine and what is normal for the patient?

Health Screening:

- Bowel cancer screening
- Breast cancer
- Cervical cancer
- Abdominal aortic aneurysm
- Other screening as indicated

Genetic Diagnosis Specific Checks:

Genetics: Some people with a learning disability will be pre-disposed to certain health conditions by nature of their diagnosis or genetics/ chromosomes. More specific health checks may be required based upon this - for example:

- **Dementia /Alzheimer Disease** People with Down Syndrome have a greater risk of early onset Alzheimer's.
- **Premature menopause** is common in women with Down Syndrome. **Easy Read Guide to Menopause** by Balance.
- One third of people with Down Syndrome have **obstructive sleep apnoea.**
- One adult age **Echocardiogram** for people with Downs Syndrome.
- **Cardiac problems** can increase risk of early morbidity in people with Down Syndrome. People with fragile x syndrome may also experience increased cardiac problems.
- **Nutrition and diet** People with Rett syndrome often require high calorie diets and referral to nutritional specialists.

Carers Information

Quality Markers for Carers in Primary Care:

- NHS England and Care Quality Commission recognise that being a carer can lead to increased anxiety and depression, as well as injury and poor physical health; identifying someone as a carer and doing something positive as a result can be an important step in improving carer health and wellbeing.
- NHS England have developed **Quality Markers** to support General Practices to effectively identify and support patients and carers. The Quality Markers include some practical ideas that General Practices can put into place to help them develop the support they give to carers.

Useful Resources:

Carers Assessments (Care Act 2014):

- Under the **Care Act 2014** Local Authorities have a duty to provide Carers Assessments, **"Where an individual provides or intends to provide care for another adult and it appears that the carer may have any level of needs for support."** Share these links with carers to explain what a **Carer's Assessment** is and how to **prepare** for one.

Carers Information Centres:

- All Local Authorities have a **Carers Support Information Centre.** They are a great source of information for carers and health and social care professionals. Carers can self-refer but may not be aware of the centre or the support they offer. When a carer attends an AHC it's a good opportunity to tell them about their local centre.
- **Carers UK** have a dedicated area on their website for health and social care professionals with lots of supporting documents.

Young Carers:

- A young carer is someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled, has a mental health condition or misuses drugs or alcohol. Being a young carer can have a big impact on a young person's health, social life and self-confidence.
- Many young carers struggle to juggle their education and caring which can cause pressure and stress. Young carers miss an average of 48 days of school because of their role and 68% have been bullied at some point directly because of having to care for someone.
- Young carers are often reluctant to identify themselves as carers due to stigma. A young carer, or their parent or guardian, can request a **young carer assessment** which is different from an adult carers assessment. The assessment will be carried out by a social worker.

Annual Health Checks for 14 to 17 year olds

AHC's for young people with a learning disability are important to ensure timely coordination, integration and transition into adult services. Young people with a learning disability can have complex health needs and be seen by many different health professionals in primary, community, secondary and tertiary settings, therefore there is increased risk of fragmented care.

Preparing for Adulthood:

- ✓ AHC's can be a helpful tool for GP's when supporting young people into adult services. To support a good transition to adult services, consider arranging a joint clinic if the young person has a Community Paediatrician.
- ✓ Paediatrician Reports are often comprehensive - Consider if information contained within can help inform the AHC.
- ✓ Support the young person to develop their independence; involve the young person in their health check.
- ✓ Some young people may have an **Education, Health and Care Plan**. For young people, the Health Action Plan should cover the move from children into adult health services**.** You may need to identify which services are currently covered by school or paediatrics and how these will be met in adulthood. Transfers may not be automatic; you may need to instigate referrals.
- ✓ Can the Health Action Plan include information about how the young person can develop and maintain their own care?

Other Things to Consider:

- ✓ **The Environment -** Speak to the young person and their family about how can you make your practice more **welcoming.**
- ✓ **Looked After Children -** Contact the **Looked after Children's** Nursing and Social Work Teams to request an update on their health, wellbeing and social care needs.
- ✓ **Sexual Health -** Healthy relationship understanding (sexuality, sexual activity, contraception, sexually transmitted infections, referral to sexual health advice services?)
- ✓ **The Mental Capacity Act (2005) -** Ensure planning for the young person's adult life. Mencap have produced a **Mental Capacity Act Resource Pack** for family and carers.
- ✓ **Access to Education -** Ask if the young person has an Education Health and Care Plan - can they bring this to their appointment? **SEND Statutory Guidance** **The Family Carers Needs -** Ensure families who care for people with a learning disability are offered support to look after their own health.
- ✓ **Local Offer -** Ensure the young person is aware of their local offer website and information regarding services that are available for the young person and their families.
- ✓ **Transition between Paediatric and Adult Services in Secondary Care -** Check communication from adult health services at least one year prior to their 18th birthday.

Useful Resources:

- **Joined Up Derbyshire Video Encouraging Young People to have AHC's**

Flu Information and Vaccinations

What GP Surgeries can do:

(1) **Talk** to people at their annual health check about **why it is important that they have a flu vaccination.**
(2) Put **reasonable adjustments in place** to help people with a learning disability have a **flu injection.**
(3) Consider use of **the nasal spray flu vaccine as a reasonable adjustment.**
(4) Give **clear messages** that people with a learning disability, their family carers/paid supporters are **entitled to a free flu vaccination every year.**
(5) People on the Learning Disability Register should have **recorded in their notes that they "need flu immunisation" -** there is a Read Code for this.
(6) **Assess the patient's capacity** to decide to have flu injection and other vaccinations. If they do not have capacity for this decision, a best interest's decision is required, following MCA Best Interests Principles **(code of practice)**

Useful Resources:

Winter Vaccines:

- NHS Winter Vaccines Communication Toolkit for People with a Learning Disability (2023) ***Includes Winter Flu & Covid-19***

Flu Vaccines:

- The Flu Jab for People with Learning Disabilities (NHSE Video)
- Official Flu Letter (2023-24) (Gov UK)
- Flu Awareness Video (Misfits Theatre Company)

Covid-19 Vaccine:

- Top Tips for Primary Care Teams: Supporting People to get Covid-19 Vaccine (NHSE)
- Covid-19 & Winder Flu Vaccine Booster (Battersea NHS Video)
- North Health Inequalities Case Study 1 - Increasing COVID Vaccinations in West Yorks

Other Vaccination Resources:

- **This Best Practice Vaccination Checklist ensures consideration of all possible solutions to assist people with a learning disability to have vaccinations. Consider displaying this poster in your practice showing the Best Practice Checklist.**
- **Easy read guide to the Pneumococcal vaccines from UK Health Security Agency**

Medication Review

People with a learning disability are often taking a number of different drugs, both prescribed and over-the-counter. A number of studies have highlighted that people with a learning disability often want more help to understand their medicines including; **What they are for? How they help? How to take them? What are the side-effects?**

People with a learning disability often rely on others to administer or prompt them to take their medication. It is important to ensure that carers are also clear on medication instructions and monitoring of side-effects.

People with a learning disability are sometimes prescribed treatments from different sources that may not be well coordinated. The summary care record improves communication for this. For this to be effective the GP surgery needs to add new medicines promptly and remove old ones.

STopping Over Medication of People with a learning disability, autism or both - Supporting Treatment and Appropriate Medication in Paediatrics STOMP/STAMP is a project led by NHS England to stop the inappropriate prescribing of antipsychotic medication in adults, children and young people with a learning disability, autism or both.

Your practice and **PCN pharmacists** may be able to contribute to AHC's and **lead on structured medication reviews** to support learning disability patients in the practice. Consider contacting your local Mental Health/Learning Disability Specialist Pharmacists for patients with complex needs.

As part of the Medication Review, the following should be discussed with the individual (and carer):

- **Are they taking the correct dosage of medication at the correct time?**
- **Do they know what the medication is for?**
- **Any problems taking the medication e.g. swallowing issues, compliance.**
- **Any side effects and how they are being monitored?**
- **Do they still require to be on medication?**
- **Any physical health changes possibly due to side effects of the medication they are taking?**
- **Do they need signposting to appropriate specialist services?**

Tests to Consider:

- **Blood samples**
- **Weight**
- **ECG**
- **Blood pressure**
- **Urine check**
- **Consider additional therapeutic drug monitoring**

Useful Resources:

- Stopping Over Medication of People with a Learning Disability-Autism Guide for GP's (NHSE)
- Easy Read Leaflets on Different Medicines Used to Manage Behaviour in Adults with Learning Disabilities (University of Birmingham)

Health Action Planning

As part of an AHC, GP practices are required to produce a Health Action Plan which identifies the patient's health needs, which includes key action points (for the person, the practice, or other relevant parties), which are agreed with the person and carer during the health check.

Important Things to Consider:

- ✓ The patient may already have a Health Action Plan, if so ask them to bring this to their appointment so it can be updated. The health action plan can be generated from both the National and Arden's template.
- ✓ Take steps to ensure that **people receive information which they can access and understand and receive communication support if they need it.**
- ✓ **Does the person have a hospital passport?** If not, create one and make sure it is up to date. If possible, add the hospital passport to their digital record.
- ✓ **Does the person have an Advanced Care Plan?** If so, make sure it is up to date and digitally recorded if possible.
- ✓ **Is the person happy for you to share their health action plan with their carers?** Do the carers understand the information in the health action plan?
- ✓ When referrals are made to other services, it is important to share information about people's communication needs with NHS and social care providers.
- ✓ **Does the person receive support from their local Community Learning Disability Team** who could support the person with their health action plan?
- ✓ Offer support to the person to manage their own health and make decisions about their healthcare, providing information in a format they can understand.
- ✓ **Co-ordination of care:** Ensure you record any reasonable adjustments on referrals e.g. sensory needs (hearing, vision www.seeability.org), and communication needs.
- ✓ Follow up any specific actions/referrals.
- ✓ As part of each Health Action Plan confirm screening status and attendance at screening appointments.
- ✓ **Summary Care Record (SCR):** Adding additional information to the SCR, will help improve quality of care for patients when and if they are treated by other services, including emergency and urgent care.

Useful Resources:

- Health Action Plan Booklet for People with a Learning Disability (Department of Health)
- Health Action Plans to Support People with a Learning Disability (NHS Video)
- My Health Action Plan Template

Personalised Care

Social Prescribing and Personalisation:

- **Personalised care is a key requirement set out in the NHS Long Term Plan.** It contains a set of legal requirement and processes which enable people to have greater choice and control over the way their care is planned and delivered. It is based on **'what matters'** to people and their individual strengths and needs. Personalised care provides a **positive shift in power and decision making that enables people to have a voice, be heard and connect to each other and their communities.**
- **Social Prescribing:** Consider a referral to a **Social Prescribing** Link Worker as a way of linking the person into community-based support. Social Prescribing provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and wellbeing for the person. This can be built into a person's Health Action Plan.
- In addition to social prescribing, you may consider referring the person to other non-clinical support such as **Health and Wellbeing Coaches**, and Personalised **Care Coordinators.**
- **Personalised care and support planning** is key for people receiving health and social care services. It is an essential tool to integrate the person's experience of all the services they access so they have one joined-up plan that covers their individualised health and wellbeing needs. A Personalised Care and Support Plan may require updating as part of an Annual Health Check. A Personal Health Budget can be offered based on eligibility or can be requested based on the person's needs. A **Personal Health Budget** can be offered based on eligibility or can be requested based on the person's needs.

For further advice, please contact NHS England's NW Personalised Care Team
E: england.personalisedcarenorthwest@nhs.net

Community Learning Disability Services (CLDS):

- **CLDS** are multidisciplinary health and social care teams that provide **specialist support** to people with a learning disability and their families.
- They help people to be as independent as possible by offering **advice, support accessing health services, mental health, therapy and practical support.**

Health Improvement:

- ✓ **Consider including health promotion activity** which may include advising on breast and testicular self-examination, and accessible life-style advice.
- ✓ **Explore opportunities for actively encouraging risk avoidance and supporting healthy choices** (such as flu, pneumococcal and Covid-19 vaccination and physical activity, healthy eating, cessation smoking, alcohol use, unsafe sexual practices, mammography and screening).
- ✓ Include **mental health promotion** as part of Health Action Planning.
- ✓ **Recommend local organisations** that support health improvement.
- ✓ **If the person requires adapted support around health improvement, refer them on to your local CLDS.**

Useful Resources:

- Newest Operating Model-270421 (NHS England)
- Personalised Care Institute: Free E-learning for Professionals
- North West Community Learning Disability Teams

Support when going to Hospital

Acute or Health Liaison:

What is the role of an Acute or Health Liaison Nurse/Team in hospital?

A health liaison nurse or team is a good first point of contact when a person needs to go into hospital either for a planned admission or appointment or following an emergency admission.
They can support direct specialist intervention, indirect support by providing accessible information, and wider work such as raising awareness, training the workforce, and adjusting pathways. They can also help with reasonable adjustments.

Examples of reasonable adjustments made in hospitals:

- **Dedicated car parking space**
- **Wrist bands to alert staff patient has learning disability or autism**
- **Patient given buzzer/pager so they can be alerted when it is time for their appointment**

Key contact details for acute liaison teams can be found in the ICB resources section (pages 19-21).

North West Ambulance Service:

Annual Health Check's:

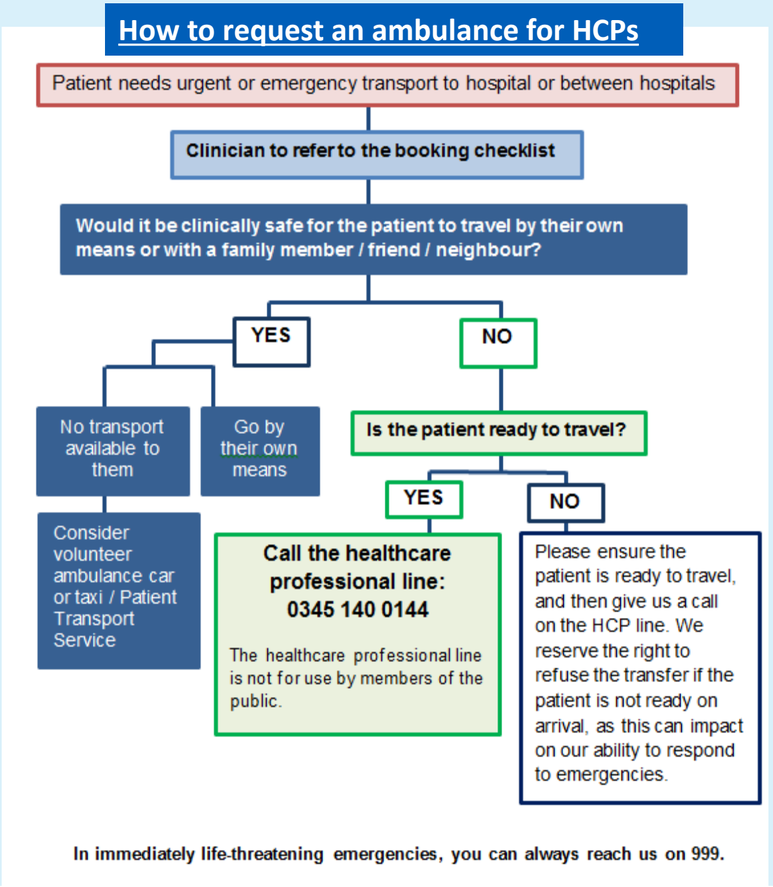
In between AHC's it is important to explore any recent health issues that have needed assistance from the ambulance service so pro-active care can be considered to mitigate future ambulance calls/hospital admissions.

Hospital Passports:

It is very important hospital passports are shared with ambulance services when a patient is in need of their help. Upload a digital version to spine/summary care record or share via secure email.

Advanced Care Plans/Do Not Attempt Resuscitations:

These should be up to date and shared with ambulance crews via summary care record.



Additional Information and Useful Links

- GP Contract: Further NHS England Resources to Support the Implementation of Changes to the 2022/23 GP Contract
- Easy Read Information About Annual Health Checks (Mencap)
- Government Guidance: People with Learning Disabilities - Health Checks Audit Tool

- **The People with a Learning Disability and Autistic people (LeDeR) programme enables us to learn from their lives and deaths. Anyone can notify a death to the LeDeR programme and the more deaths we are aware of, the more accurate the information we have will be. To report a death please contact your ICS LeDeR Local Area Contact or use the online form to report a death. In addition, a new bank of resources has been developed focusing on the main causes of early death. The bank will continue to grow with case studies and practical examples of how services can improve to meet people's needs.**

Cheshire & Mersey ICB Specific Resources

Reasonable Adjustments:

- Reasonable Adjustment Checklist
- North West LD&A Case Study 16 - Reasonable Adjustments Immunisation Gold Standard in St.Helens & Knowsley

Vaccinations:

- Covid-19 Vaccination Clinic for Patients with Learning Disabilities and/or Autism - Primary Care Wirral

Annual Health Checks Place Specific Resources:

- Increasing Health Checks, Health South Wirral PCN Case Study
- St Helen's Guidance and Useful Information for GP Practices
- Halton's Quality Audit Tool
- Sefton's Easy Read Invitation

General Resources:

- Learning Disability AHC E-Learning Resource (NHSE C&M)
- Cheshire & Wirral AHC E-Learning Resources
- All About AHC with you Doctor Easy Read
- Fact Sheet for Parents and Carers
- Find Out More About the Learning Disability Register
- C&M Health & Wellbeing Passport

Cheshire & Mersey Wide Contacts:

- Wirral Community Learning Disability Service
- Liverpool, Sefton, Southport & Formby Learning Disability Community Team
- Warrington Learning Disability Community Team
- Halton Learning Disability Community Team
- Knowsley & St. Helens Learning Disability Community Team
- Cheshire West Community Learning Disability Team
- Cheshire East Learning Disability Community Team

Greater Manchester ICB Specific Resources

General Resources:

- Patient Journey Map for AHCs
- Manchester AHC Exemplar Work Video (1)
- Manchester AHC Exemplar Work Video (2)
- Learning Disability AHC Easy Read (GM Integrated Care)
- Health Action Plan from my AHC Easy Read
- Patient Care Record Consent Form Easy Read

Learning Disability Organisations/Services:

- Manchester People First - What we do
- Bowel Cancer Screening Programme - Manchester Royal Infirmary
  (not learning disability specific, but support with bowel screening programme pilot)
- Breast Screening Service (UHSM)
  (not learning disability specific, but reasonable adjustments in place)
- Physical Active Referral Service (Manchester)

Carers Organisations:

- Carers Manchester
- Lifted MCR - Elevating Parent Carers of Children & Adults with Special Learning Needs
- Support for Families | Talbot House
- Manchester Parent Carer Forum - For Parents and Carers of Children and Young People with Special Educational Needs and Disabilities (SEND) Aged 0-25 in Manchester

Transport:

- Ring & Ride Accessible Minibuses (Bee Network)
- Local Link Shared Minibuses (Bee Network)

Greater Manchester Wide Contacts:

Community Learning Disability Teams in the Manchester area:

CALDS South - Etrop Court, Rowlandsway, Wythenshawe, M22 5RG
T: 0161 219 6022. Submit completed referral forms to
E: mft.southcldt@nhs.net

CALDS Central - Hulme District Office, 323 Stretford Road, M15 4UW
T: 0161 219 2555. Submit completed referral forms to
E: mft.centralcldt@nhs.net

CALDS North - Crescent Bank, Humphrey Street, Crumpsall, M8 9JS
T: 0161 861 2958. Submit completed referral forms to
E: mft.northcldt@nhs.net

Community Learning Disability Teams in other areas:

- Learning Disability Services: Oldham, Bury, Stockport, Tameside & Glossop, Heywood, Middleton & Rochdale (Community, Adults & Children Services Information and Contacts)
- Wrightington, Wigan & Leigh Community Learning Disability Team
- Bolton Adult Learning Disability Health Service

Lancashire & South Cumbria ICB Specific Resources

Lancashire & South Cumbria Foundation Trust Learning Disability Health Facilitation Team Website:

- LSCFT Health Facilitation Team
- LSCLT Information for People with Learning Disabilities
- LSCFT Information for Parents and Carers
- LSCFT Information for Professionals

Morecambe Bay Resources:

- Morecambe Bay Hospital Passports
- Morecambe NHS: AHC Carers Leaflet
- Morecambe NHS: All About AHC's with Your Doctor Easy Read
- Morecambe NHS: Fact Sheet for Parent and GP AHC for Children and Young People with Learning Disabilities

Lancashire & South Cumbria FT Contacts:

- Community Learning Disability Team and Email Contact for Referral Form
- Children's Community Learning Disability and Behaviour Support Service
- Specialist Dental Service Lancashire
- Specialist Dental Service South Cumbria

Toolkit Information and Feedback:

This Toolkit has been produced by NHS England's North West Learning Disability and Autism Programme Team with support from the North West ICB's Learning Disability and Autism Teams.

Acknowledgement to NHS England's London Learning Disability and Autism Programme Team for the initial template.

We really value your feedback. If you would like to suggest any amendments or additions to this Toolkit, please complete this North West Learnjing Disability AHC Toolkit Feedback Form.

Published: November 2023
Version: 1.0
Next Review Date: November 2024