# 

**Supporting people to get on the GP LD register**

* Understanding that no formal diagnosis required to add patient to the practice LD register
* Understanding difference learning disability and learning difficulties
* Raise awareness for the whole primary care team including front of house team of GP LD register and AHC

**Reduce barriers - Reasonable adjustments**

* Use reasonable adjustment flag to document what reasonable adjustments are required
* Make every contact count to review and document reasonable adjustments
* Offer translators including when making appointments
* Make access easy- flexibility of appointments and appointment system, alternatives to online access

**Encouraging uptake of annual health checks**

* Consistent message about the importance of the GP LD register and promoting AHCs across health, education and social care
* Use information in different languages

**Actions after the annual health check**

* Missing Health action plan- Create easy read health action plan to summarise actions and outcomes HAP link to remedy
* Arrange timely follow up of any outstanding actions and ensure reasonable adjustments

**Offer carer support**

**Social prescribing** to support patients and families to access help and support

**Patient groups** to include people from ethnic minorities

**What supporters say**

*In some communities there is a stigma associated with learning disability and neurodiversity. Some languages have no word for learning disability.*

*It is difficult to understand and navigate the NHS.*

*The use of email, websites, SMS texting can be a barrier to accessing healthcare for people without computer smartphones or who cannot read English.*

*Concerns what will happen if contacting the “system”. Concerns about people taken into care*

*Previous difficult experiences with healthcare reduces trust and makes it less likely for patients and their supporters to approach primary care for help. People don’t like to feel judged.*

*Language barriers. Speaking English does not mean a person can read English.*

*AHC appointments competing with other duties like childcare, supporting and caring for the person*

*Some struggle to support their basic needs of enough food and a stable roof over their heads. They will not prioritise AHCs.*

*Insecure housing and frequent moves results in change of GP surgery, medical records might not be there on time.*

*Carers stress and poor mental health of carers contributed to the above statements.*

**Average age at death**

**34** **years**-people with a learning disability from Black, South Asian (Indian, Pakistani or Bangladeshi heritage) and minority ethnic background

**62** **years**-people with learning disability and white background

**81 years**- general population

**Primary Care Learning Brief**

**Increase primary care access for citizens with a learning disability from ethnic minority background**

**BNSSG ICB and Autism Independence\* Project**

**Project aims:**

1.Raise awareness of the GP learning disability register (GP LD register)

2. Support people to be added to the GP LD register

3. Provide support to access learning disability annual health checks (AHC)

\*Home - Autism Independence (autism-independence.org)

A video produced for supporters as part of the project: Accessing Annual Health Checks - Autism Independence, Bristol (youtube.com)

[Resources for Learning Disability Annual Health Checks and Health Action Plans (Remedy BNSSG ICB)](https://remedy.bnssg.icb.nhs.uk/adults/learning-disabilities/resources-for-learning-disability-annual-health-checks-and-health-action-plans/)

For resources and information including

* Annual health checks and health action plans
* Reasonable adjustments
* AHC posters in different languages
* GP LD register