

COVID-19 learning disability deaths - Learning Brief: Primary Care

Annual Health Checks:

12 of 16 of those reviewed had access to an annual health check, however not all checks completed fully and some were lacking in detail

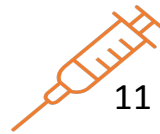
Good example of Reasonable adjustments

One patient was able to have their blood taken from their car due to the distress it would have caused entering the practice.

Clinical Observations:

Social Care staff were not able to provide clinical observations, examples of GP's talking the care teams through taking observations to help decision making during a remote consultation.

STOMP – There was good evidence that Stopping over medication of people with a learning disability, autism or both (STOMP) was considered, regularly by GP's and anti-psychotic medications were stopped when identified not required.



11 of 16
had a flu vaccine
in the last 12 months

Due to COVID, primary care continued with consultations but not all patients were seen face to face

13 of 16 people suffered with chronic constipation

9 of 16 people had recurrent UTI's specialist follow up should be considered

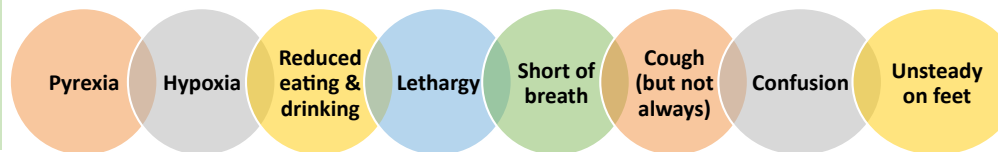
Anti-Epileptic Medication

Anti-psychotics were regularly reviewed and reduced. Anti-epileptics were not always reviewed

Recommendations:

- Use of 'Get Ready' pre-Annual Health Check questionnaires
- Complete Health Action Plans
- Proactive follow up of DNAs
- Utilise EMIS diaries
- Review record of care provision to ensure 'nursing home' is correct
- 'Nursing' homes don't always employ nurses or staff with clinical training
- Ward round model for homes with high health needs
- ReSPECT forms in place & up to date
- Annual review of epilepsy meds
- Soft signs for deterioration or RESTORE 2
- consider nasal spray flu vaccine as reasonable adjustment

Most common Reported Symptoms of COVID-19



Case Study: Claire became unwell and her carers contacted the GP surgery by phone. They said she was 'breathing quicker' but was not encouraged to count the breaths to enable a clear picture of deterioration. When the GP visited 2 hours later her respiratory rate was 32, which is very high. If the GP had known the respiration rate this may have enabled them to do a visit sooner, or advise to contact emergency services instead. Care home staff need guidance and training on recognising deterioration