



CHECK IT OUT!

Did you know that you can get a free yearly health check if you're aged 14 or over?

- ✓ **Do you have a learning disability?**
- ✓ **Are you aged 14 or over?**

Ask for a **free learning disability health check** at your local GP practice.

How to complete an annual health check

Juliane Matthies

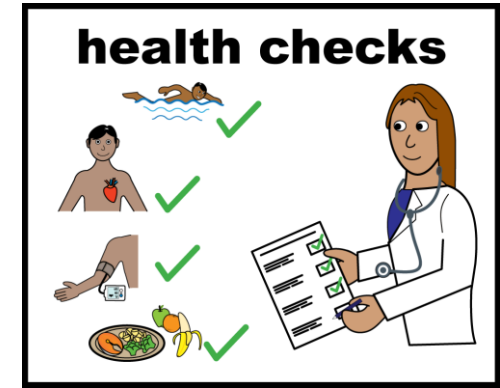
BNSSG GP lead for learning disability and autism

Juliane.matthies@nhs.net

These slides are intended as a reference and to get an understanding of what an annual health check entails. As a clinician it is your individual responsibility to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer, in accordance with the mental capacity act, and informed by the summary of product characteristics of any drugs they are considering. Practitioners are required to perform their duties in accordance with the law and their regulators and nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties.

The components of an annual health check

1. The person and their needs
2. Assessment of life-style factors
3. System review- a structured assessment
4. Set of observations and examinations
5. Medication review- do during this assessment or arrange a further appointment
6. Vaccinations- check for any outstanding vaccinations and arrange



Additional assessments:

- Syndrome specific checks for patients with certain genetic conditions
- Epilepsy review
- Chronic disease management including asthma, COPD, diabetes, CVD- this can be done during the AHC or at a further appointment
- Screening
- Transition- talk about this with any young person attending for their annual health check

Contents

- Resources and Remedy website annual health check
- How to start – before AHC
- Emis templates
- The person and their needs- holistic assessment
- Assessment of life-style factors
- System and review
- Examination
- Medication review
- Syndrome specific checks
- Epilepsy
- Screening
- Transition
- Other useful information:
- Constipation
- Dysphagia
- Blood tests and other tests at AHC
- Dealing with non-attendance

Resource and links can be found on Remedy

Open Main Menu

Overview

Support

Further Resources for Annual Health Checks

Learning Disability and Autism Newsletters

Other Resources

Resources for Learning Disability Annual Health Checks and Health Action Plans

Referral Home > Adults > Learning Disabilities > Annual Health Checks
Checked: 30-01-2023 by vicky.ryan Next Review: 30-01-2024

Share Print Feedback

Overview

On this page you will find a range of resources and links to websites to help you and your practice carry out Annual Health Checks (AHC) and create a health action plan (HAP).

CKS Nice <https://cks.nice.org.uk/topics/learning-disabilities/> Covers diagnosis, management including AHC and behaviour that challenges.

Annual Health Check

People with learning disabilities have poorer health outcomes compared to the general population. The annual health check (AHC) promotes health and wellbeing and can identify problems early.

- [AHC Minimum requirements under the DES](#)
- [AHC step by step guide to AHC for health care professionals](#)
- [AHC step by step health check toolkit national development team for inclusion](#)
- [Cardiff Health check template](#)

We recommend the use of the emis AHC template "Learning disabilities annual health check" or the Ardens® template "learning disability" to help with a structured assessment.

Pre-health Check

- EASY READ invitation: [BNSSG Annual Health Check Invitation template](#)
- Pre-AHC check list for patients / supporters:
 - [Healthwatch SG LD AHC Checklist Cover Letter](#) and [Healthwatch SG LD AHC Checklist](#) to send / give to patients prior to health check
 - [EMIS Preparation checklist for AHC](#)

Reasonable Adjustments

It is a legal duty to provide patients with reasonable adjustments so they can access health care the same as the general population.

Link:

[Annual Health Checks \(Remedy BNSSG ICB\)](#)

How to start check their notes before the patient comes in



Are there any reasonable adjustments documented to be aware of?



Check the last few encounters



Any recent investigations or outstanding results



Any recent hospital admissions/outpatient appointments



Check past history



Check Medication



Check last year's health action plan & pre check list if the patient has dropped this in already

Use an emis template to complete your annual health check

- The following slides show you how to access the 1. emis and 2. the Ardens Template (Ardens is only available if your practice had subscribed to Ardens)
- Both are fine to use and will add the correct read-code to ensure your annual health check is coded, counted and the practice gets paid

Emis templates

The screenshot shows the EMIS interface with the 'Run Template' button circled in red. A 'Template Picker' dialog is open, showing a search for 'annual health' and a result for '*Learning Disabilities Annual Health Check'. The interface also displays patient information for 'TEST, Timothy (Mr)' and a consultation log.

The screenshot shows the EMIS interface with the 'Learning Disabilities Annual Health Check' template page. The page includes sections for 'General Details', 'Screening and Advice', and 'Disability Details'. A red circle highlights the 'Run Template' button from the previous screenshot.

Summary Consultations Medication Problems Investigations Care History Diary Documents Referrals New Consultation

Save Template Cancel Template Spell check

Template

SCR - 44 Test Requests - 166 Referrals - 15 (7) Medicine Management - 31 (3) Lab Reports - 48 (9) Tasks - 9 (5)

New priority Workflow Items received - Tasks, Lab Reports, Medicine Management, Referrals

Active TEST, Timothy (Mr) Born 01-Jan-1989 (34y) Gender Male EMIS No. Preferred Name Tim Usual GP MATTHIES, Juliane (Dr)

*Learning Disabilities Annual Health Check

Pages

- General Details
- Screening and Advice
- GP Assessment 1
- GP Assessment 2

Learning Disability Annual Health Check

People with learning disabilities (LD) have poorer physical and mental health than other people and inevitable.

Annual Health Checks can identify undetected health conditions early, ensure the appropriateness

GPs and practice nurses have the much needed generalist skills to help people with LD get timely a

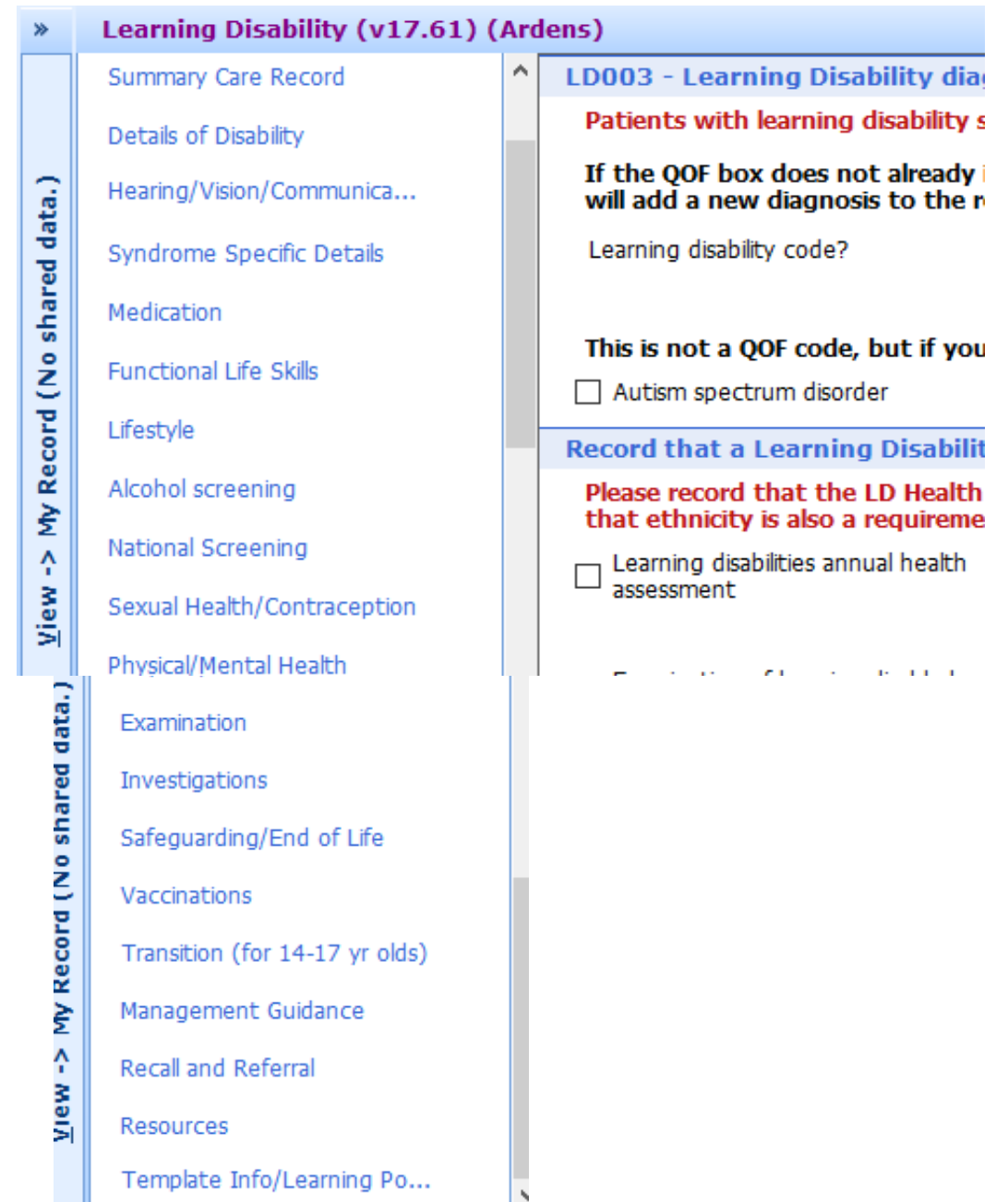
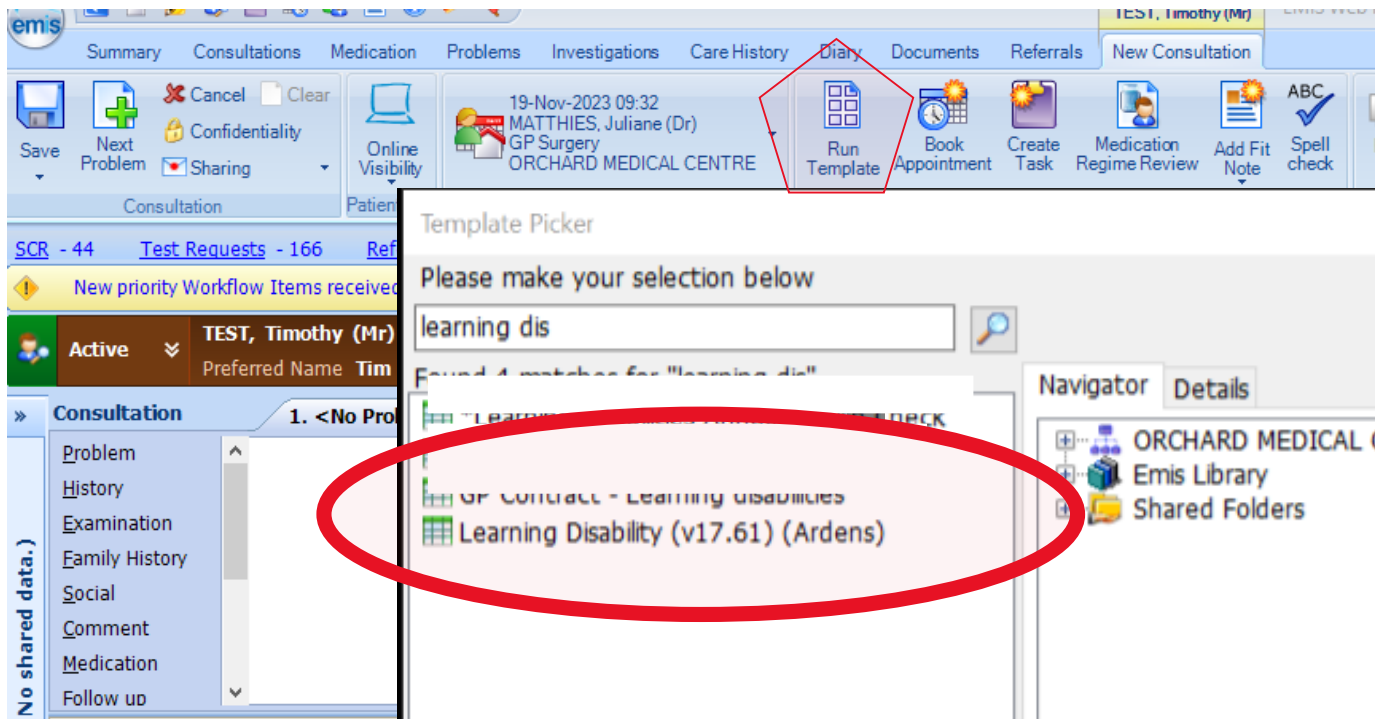
The link below will launch the RCGP guidelines.

[RCGP Annual health check for people with learning disabilities - toolkit](#)

Disability Details

Remember to ask the person with a learning disability or their carer if they have any specific co check.

Ardens template



1. The person and their needs- Holistic assessment

Look at the annual health check as a holistic assessment that gives you the chance to get know the patient better.

Offer social prescribing and carers support if appropriate.

Carers support

Link:

[remedy pathway
\(bnssgccg.nhs.uk\)](https://www.bnssgccg.nhs.uk/remedy-pathway)

Social prescribing

Link: [Social](#)

[Prescribing](#)

[\(Remedy BNSSG
ICB\)](#)

Ask about:

- Daily living skills and support needs including with eating/ drinking, self-care, dressing, mobility
- Is support in place. Are carers paid carers or family carers
- Do they go to work, school, college
- Finances
- Housing and accommodation

Do you feel lonely?

What do you like to do?

Are you often bored?

What makes you happy?



2. Assessment of Life-style factors



Ask about

- Smoking/vaping
- Alcohol
- Drugs
- Mobility
- Physical activity
- Weight/height /BMI
- (MUST score)

*Only 9% people with learning disability achieve recommended level of activity per week
In the UK inactivity contributes to 1 in 6 death similar to smoking*

3. System Review- Instead of asking for symptoms in general go through a structured list of questions asking for specific symptoms

Ask for signs and symptoms of

- Respiratory & Cardiovascular problems
- Gastrointestinal problems- Constipation! Reflux! Dysphagia!
- Skin problems
- Bladder problems
- Problems with hearing- low threshold for referral
- Eye problems- eye check every 2 years
- Dental/oral problems-annual dental reviews

Ask about

- Sexual health- contraception-period problems- menopause
- Pain, and how pain is expressed
- Sleep
- Mental health and behaviour
- Cognition and abilities, any changes?



Reasons for a structured systems review:

- Patients with learning disability are less likely to present with health problems to a GP
- They are more likely to answer specific questions
- More likely to present late and as emergency
- There is a high risk of diagnostic overshadowing: This means that a symptoms from physical or mental ill health is misattributed to a person's learning disability or autism leading to delayed diagnosis or treatment
- Have a higher risk of co-morbidities- epilepsy, poor mental health, obesity, constipation, dysphagia, diabetes, respiratory disease
- 44% of death certificates list potentially reversible cause



4. Examination

A physical examination should include:

- Heart sounds, pulse, blood pressure
- Chest examination, Respiratory rate, Sats
- Skin
- Abdominal examination
- Ears- check for wax!
- Breast/testicles- self check!

Any other relevant examination that is guided by the patient and their presentation.

Have a flexible approach and explain to the patient what you are doing. Involve family and carers

Having a baseline set of observations is helpful if the patient presents unwell.

You might not be able to complete a full set of examination depending on the patient. Sometimes more than one appointment is required.



5. Medication review

Check:

- Compliance
- Suitability
- Swallowing difficulties





[Swallowing Difficulties - help and advice for patients and healthcare professionals](#)

Consider STOMP: Look at prescriptions for psychotropic medication.

Consider deprescribing for management of behaviour that is perceived as challenging

[Stop over medication \(STOMP\) \(Remedy BNSSG ICB\)](#)



STOMP	
	Stopping the over medication of people with a learning disability, autism or both
STOMP	STOMP is a project in England to stop too much use of psychotropic medicines.
	These medicines are used to treat mental health conditions. Sometimes they are also given to people because their behaviour is seen as challenging.
	Remember! Do not change your dose of these medicines or stop taking them without talking to your doctor. Ask your doctor for a medicine review or an annual health check. Your doctor or nurse can help with finding other support too.
	Go to www.england.nhs.uk/stomp

Syndrome specific checks- additional examinations and tests for patients with the following genetic conditions

Down's syndrome:

Website for health care professionals: <https://www.dsmig.org.uk/>

With guidance for surveillance: <https://www.dsmig.org.uk/information-resources/guidance-for-essential-medical-surveillance/>

Fragile x-syndrome:

Website mainly aimed at families/carers : <https://www.fragilex.org.uk/>

Rett Syndrome

Website: <https://www.rettuk.org/>

PDF Rett best practice guidance: <https://www.rettuk.org/wp-content/uploads/2015/03/Rett-UK-Management-Care-Guidelines.pdf>

Dyscerne <https://dyscerne.org/dysc/Guidelines> has detailed clinical management guidelines for four dysmorphic conditions.

Angelman syndrome

Kabuki syndrome

Noonan syndrome

Williams syndrome



Epilepsy Annual review check list*

- last fit, seizure frequency, any changes
- effects on daily life
- Triggers and lifestyle including drugs/alcohol
- school/work aware
- seizure plans in place including emergency plan & stand by medication
- medication review, compliance, side effects,
- drug monitoring or blood tests required?
- screen for depression/ anxiety
- Discuss contraception, pregnancy
- Discuss driving
- Provide SUDEP and seizure safety information
- Carer support?

Check
epilepsy
booklet/
App

Referral

- poor seizure control
- Problems with drug treatment
- Planning pregnancy
- Consideration for stand by medication (seizure more 5 minutes or more than 3 seizures in 1 hour)
- Withdrawing treatment (if seizure free > 2y)

Support and information

<https://www.epilepsy.org.uk/>

<https://epilepsysociety.org.uk/>

DVLA:

<https://www.gov.uk/epilepsy-and-driving>

EpSMon app to self monitor epilepsy

<https://sudep.org/epilepsy-self-monitor>

safety checklist

<https://sudep.org/5udep-and-5eizure-5afety-ch3cklist-2020>

10. Screening

Discuss participation in screening and purpose at every annual health check

- Offer reasonable adjustments
- Offer easy read material
- Ensure family and carers are on board and offer information
- Try desensitisation

England Cancer Screening Programmes

Bowel screening

- Men and women aged *60–74yrs, invited every 2 years (*reducing this yr)
- Over 74, can request a kit
- FIT kit received in the post

National target
80%

Breast screening

- Women aged 50–70yrs, invited every 3 years
- Women over 70 screened on request
- Mammography

National target
60%

Cervical screening

- Women aged 25-64yrs
- Invited every 3 years age 25-49, and every 5 years age 50-64
- Cytology with HPV triage

National target
80%



11. Transition

- Celebration or cliff edge?
- Move from childhood to adulthood
- Move from pediatric services to adult services
- GP now 1st point of call



Top tips transition- Patients with learning disability have poorer health outcomes and are at risk of premature deaths. Young people with complex needs are often looked after within paediatric services with little or no contact with the GP. Once young people turn 18 their care must transition to adult services



**Bristol, North Somerset
and South Gloucestershire**
Integrated Care Board

Why a good transition is important:

- ✓ Transition can feel like a cliff edge event to young patients, their supporters, and families
- ✓ Celebrates the change from childhood to adulthood focussing on the persons strength and opportunities when becoming an adult
- ✓ Prepare the change from paediatric services to adult services with much more emphasis on patient responsibility
- ✓ Transition is a process over time and should start early to give the GP surgery and patient and supporters time to get to know each other and build a good relationship and trust
- ✓ Poor transition and loss of confidence in GP service can lead to missed opportunities to improve health outcomes
- ✓ Avoid crisis calls that are stressful for patients and health care professionals (the urgent medication request Friday 5pm of a drug I have never heard of with no evidence in the notes why prescribed and at what dose)
- ✓ Involves the whole surgery team- getting to know the team and how the surgery works and managing expectations.



Learning disability register

Learning disability or learning difficulties? Learning Disability means reduced IQ , significantly reduced ability to understand new/complex information and cope independently, learn new skills. Not the same as learning difficulties like dyslexia, where a person has problems in specific area but a normal intellect.

- ✓ Use the code “ learning disability” or “On learning disability register”.
- ✓ Add the code at any age if you become aware that a patient has learning disabilities.
- ✓ You do NOT need to test or refer the patient to confirm a diagnosis of learning disability. It is enough if you feel a patient has learning disability and that the person benefits from the inclusion in your register.
- ✓ More information here: [remedy pathway \(icb.nhs.uk\)](https://www.icb.nhs.uk/resources/learning-disability-register-and-coding) under resources “ learning disability register and coding”
- ✓ Summary: [improving-and-updating-your-learning-disability-register.docx \(live.com\)](https://www.live.com/improving-and-updating-your-learning-disability-register.docx)

The Annual health check

- ✓ Invite every young person on your learning disability register from the age of 14y for annual health checks.
- ✓ Provide easy accessible information about the annual health check to young people and their supporters

New on learning disability register children: [easy-read-patient-leaflet-learning-disability-register-child.pdf \(icb.nhs.uk\)](https://www.icb.nhs.uk/easy-read-patient-leaflet-learning-disability-register-child.pdf)

Pre check check list : [healthwatch-sg ld-annual-health-check checklist nov-2020 compressed.pdf \(icb.nhs.uk\)](https://www.icb.nhs.uk/healthwatch-sg-ld-annual-health-check-checklist-nov-2020-compressed.pdf)

- ✓ Document how the young person prefers to be contacted and invited for their health check, flu vaccination and other appointments.
- ✓ Update emergency contact numbers.
- ✓ Find out and document reasonable adjustments

What to cover at the AHC of a young person

- ✓ Get to know them and their likes and dislikes
- ✓ Ask education/ employment and ambition
- ✓ Support and care needs
- ✓ Housing/finances
- ✓ Ask medical past history and current health problems and involvement of secondary care. Can be helpful to ask paeds to share summary of needs and treatment plan.
- ✓ Check mental health Ask about sexual health and contraception Provide transition information to young people and supporters
- ✓ Encourage increasing involvement in own health and make this part of their health action plan (example start keeping a folder with hospital letters)

Capacity and consent

- ✓ There is a presumption in law that from the age 16y a young person can make their own decision about medical treatment.
- ✓ Parents lose parental responsibility on a young person's 16th birthday.
- ✓ If a young person 16y or over has no capacity to decide, then the mental capacity act comes into force.
- ✓ Every decision for a young person without capacity needs to be made in their best interest.
- ✓ Parents cannot without a court order, deputyship or LPA make decisions for their children over the age of 16y and consent on their behalf.

GP records

- ✓ Young people from their 16th birthday have access to their primary care records
- ✓ Proxy access to primary care records for young people 16y and over requires consent from the young person or best interest decision.
- ✓ Existing parental access to a child's primary care record should stop at age 16y.
- ✓ Resources: GMC guidance: [Accessing medical records by children/young people/parents - GMC \(gmc-uk.org\)](#) RCGP "online service" toolkit [GP online services toolkit: Introduction \(rcgp.org.uk\)](#) has a link to the children and young people record access guidance [Children and young people records access v3.0.pdf \(rcgp.org.uk\)](#)

Resources for patient and supporters

- ✓ Mencap website : [Transition into adult services | Mencap](#)
- ✓ National development team for inclusion: [Preparing for Adulthood: All Tools & Resources - NDTi](#)
- ✓ South Gloucestershire council website [Planning your child's transition to adult health services | South Gloucestershire \(southglos.gov.uk\)](#) includes transition health checklist [health_checklist.pdf \(openobjects.com\)](#)
- ✓ Added to LD register child: [easy-read-patient-leaflet-learning-disability-register-child.pdf \(icb.nhs.uk\)](#)
- ✓ Mencap for PIL, supporter info and posters etc encouraging AHC and joining register: [Join The Learning Disability Register - Read Our Guides | Mencap](#)
- ✓ My adult still my child [MASMC – MASMC \(myadultstillmychild.co.uk\)](#)
- ✓ Together for short lives [Changing Lives - Together for Short Lives](#) has a check list for young people and families: [A checklist to a good transition - Together for Short Lives](#)
- ✓ What is a GP- [rcgp iyp full booklet web version.pdf \(assets.nhs.uk\)](#)
- ✓ GP online services easy read [gp-online-services-a5-leaflet.pdf \(england.nhs.uk\)](#)

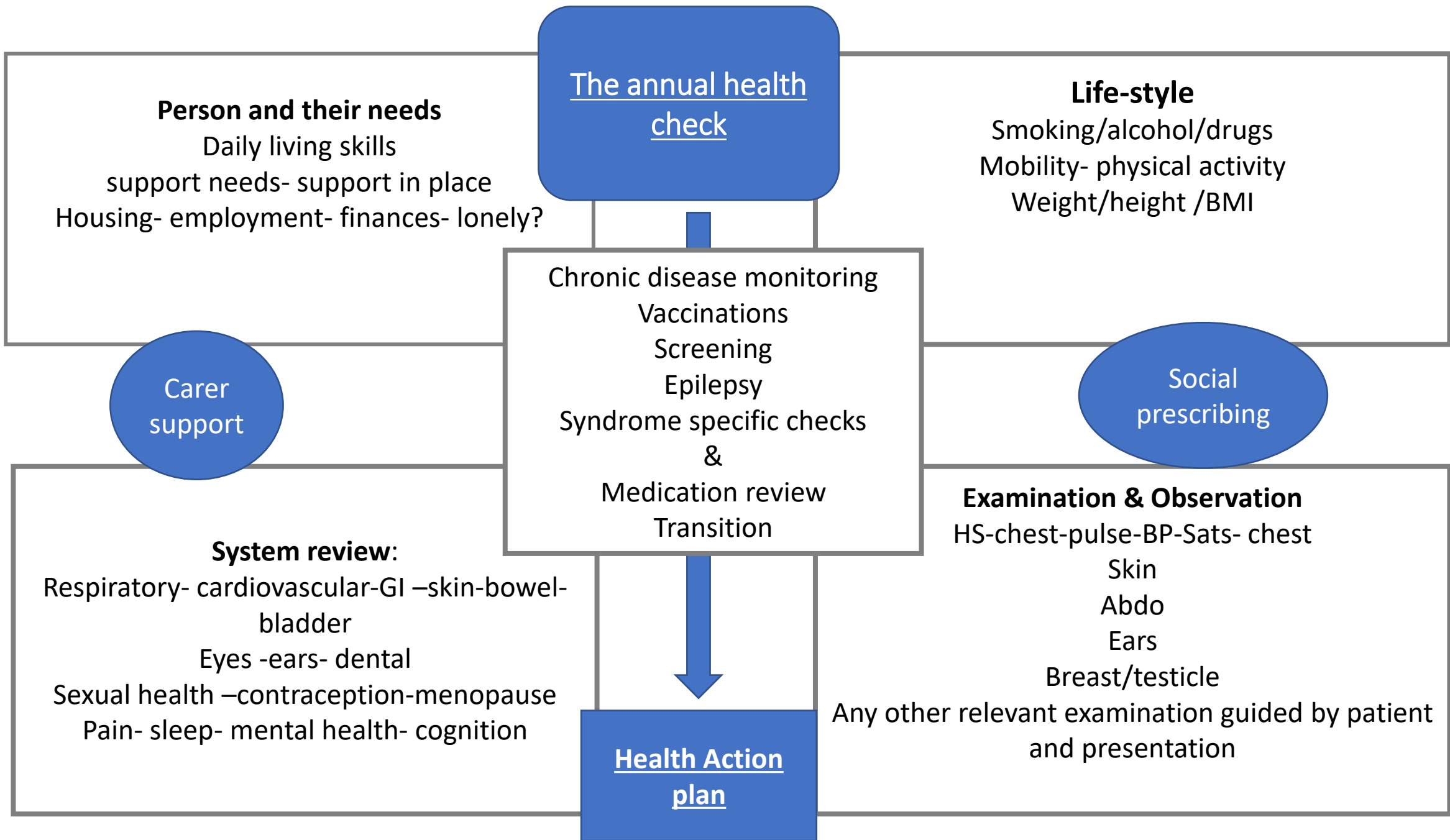
Hospital passport: [Bristol Royal Hospital for Children | University Hospitals Bristol NHS Foundation Trust \(uhbristol.nhs.uk\)](#)
[remedy pathway \(bnssgccg.nhs.uk\)](#)

Carer support: [remedy pathway \(icb.nhs.uk\)](#).



Professional resources

- ✓ NICE guidance [Overview | Transition from children's to adults' services for young people using health or social care services | Guidance | NICE](#)
- ✓ Leeds top tips transition [SBTOP-TIPS-FOR-TRANSITION-TO-ADULTHOOD-FOR-PROFESSIONALS.docx \(live.com\)](#)
- ✓ RCGP eLearning transition [Better transitions: improving young people's transfer from paediatric to adult services \(rcgp.org.uk\)](#)



Other useful information

- Constipation
- Dysphagia
- Blood tests and other tests
- Dealing with non-attendance

Constipation

study of adults with learning disabilities living in institutions found that almost 70% of them had constipation compared to 15% in the general population



Stool?



- Inadequate diet and fluid intake
- Reduced mobility and lack of exercise
- Side effects of medication - antipsychotics, antidepressants, anticonvulsants, drugs with anticholinergic effects, opioid analgesics, aluminium salts in reflux medication, iron, calcium salts, calcium channel blocker, diuretics
- Anxiety or depression
- Other conditions- hypothyroidism, depression, stroke and diabetes
- Environmental factors: Inappropriate toileting facilities or a lack of privacy or time to use them
- Disruption in someone's routine or changes to their care or environment
- Ignoring the urge to pass stools
- Highest risk: Down's syndrome, cerebral palsy and people with more severe learning disabilities- medication, being non-ambulant and body shape and/or abnormal muscle tone

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Ask specifics- how much-how often
OK to talk about poo
Easy read resources

Constipation and Fibre

- EASY READ Constipation resources
- Constipation resources
- Fibre food facts
- Patient Information Video on Constipation
- Constipation resources for HCPs

Annual Health Checks (Remedy BNSSG ICB)

NOT ea

Dysphagia

CLDT SALT team: [remedy pathway \(bnssgccg.nhs.uk\)](http://bnssgccg.nhs.uk)

- 'Bubbly' voice quality
- Coughing during and/or after meals.
- Dysarthria
- Failure to maintain weight
- History of choking episodes
- History of frequent chest infections
- Regurgitation
- Shortness of breath when eating or drinking

High risk: dementia or severe and complex disabilities



Blood test- urine dips and other tests

- Consider patient and your assessment – any tests needed following AHC
- Consider risk of cardiovascular disease (HBA1c and lipids)
- Chronic disease monitoring
- Consider medication monitoring
- Consider syndrome specific checks
- Any chronic disease monitoring
- Consider Osteoporosis risk (Vit D on antiepileptics)



[Blood Tests for people with Learning Disabilities \(publishing.service.gov.uk\)](https://publishing.service.gov.uk) about reasonable adjustments

Syndrome specific blood tests-use RCGP check list

- Down's: annual TFT. Add coeliac screen if diabetes/thyroid disease/anaemia. Consider annual HBA1c as high risk diabetes and lipid profile
- Foetal alcohol syndrome: U&Es, ACR and urine dip (high incidence of renal problems)
- Prader Willie: TFTs , Glucose/ HBA1c , Lipid profile, Vitamin D (Deficiency)
- Williams Syndrome: Echo every 5y, renal USS every 5 years for stones, annual U&Es, Calcium, TSH, HBA1c from age 30

Drug monitoring- should be set up at initiation following local and national guidance, BNF

Common examples:

- | | |
|---|---|
| • NOACs | • Exenatide /Liraglutide |
| • ACEI / A2RA | • DMARDs (disease modifying antirheumatic drugs) |
| • Sacubitril/Valsartan | • Other specialist drugs initiated by secondary care as per share care protocol |
| • Dronedarone | |
| • Thiazide and related Diuretics | |
| • Methylphenidate, Atomoxetine & Dexamfetamine | |
| • Lithium | |
| • Anti-psychotics (Amisulpride, Aripiprazole, Asenapine, Quetiapine, Risperidone Olanzapin) | |
| • Anti-epileptics | • Nitrofurantoin |
| • NSAIDs | • Carbimazole & Propylthiouracil |
| • Thyroxine | • Gliptins |

Osteoporosis risk- especially if on antiepileptics and/or antipsychotics

Consider bone profile, vitamin D, frax score/dexa scan. Follow local guidance Vitamin D [remedy pathway \(bnssgccg.nhs.uk\)](http://bnssgccg.nhs.uk) Osteoporosis: [remedy pathway \(bnssgccg.nhs.uk\)](http://bnssgccg.nhs.uk)

HBA1c to check for Diabetes/non-diabetic hyperglycaemia

Risk factors:

- Family history
- Obesity/Inactivity/low fibre high carb diet
- Ethnicity: Asian, African and Afro-caribbean History of gestational diabetes
- PCOS (polycystic ovary syndrome)
- Drugs: statins, corticosteroid , combination thiazide like diuretic and beta-blocker

Symptoms

Polyuria, polydipsia, Recurrent infections, Tiredness, Blurred vision, Acanthosis nigrans (dark pigmentation of skin folds)

On severe mental illness register: Bipolar, schizophrenia, psychosis, on lithium

- Lipid profile every 2 years or annual if on antipsychotics, and/or pre-existing cardiovascular conditions, and/or smoke, and/or overweight [BMI of ≥ 23 kg/m² or ≥ 25 kg/m² if ethnicity is recorded as White] every 24 months for all other patients
- Annual HBA1c

Chronic disease monitoring- follow disease specific guidance

- Examples:
- Cardiovascular disease
 - Cerebrovascular disease
 - Thyroid disease
 - Chronic kidney disease
 - Hypertension
 - Diabetes

lipid profile

- CVD risk of or over 10%
- Between 40y and 74y every 5 years
- Consider adding HBA1c and kidney function (to check for CKD- chronic kidney disease)

**This is a summary I have created for my own use when seeing patients at the annual health check to decide if they need blood tests. It has not been checked and should be used in accordance with local and national guidance*

Dealing with no-attendance



- Consider if the person is a **vulnerable adult** and consider **safeguarding** including self-neglect
- For patients who need support to attend appointment use the code “Adult not brought to appointment” [Rea d Y2de1] [SNOMED 1323481000000100]
- Desensitisation to help people with learning disability to access healthcare and overcome fears and anxieties they might have
- Joint working- Professionals and others involved with patients who might be able to support and hold information
 - Family/carer/professional carer
 - Practice administrators, receptionists, care navigators, social prescribing
 - Safeguarding practice lead , Social worker/adult safeguarding
 - Community learning disability nurses/teams:
<https://remedy.bnssg.icb.nhs.uk/adults/learning-disabilities/adult-learning-disability-health-service/>
 - Consider discussing MDT meetings/ mental health MDT meetings as appropriate
 - School/education provider
 - Health visitor, Midwife, District nurses
 - Secondary care /pediatrician

Patients who might be vulnerable/ need additional support:

- People with severe mental illness or a multiple complex needs presentation e.g. additional drug misuse / homelessness
- Autistic people
- People with learning disability
- People with frailty , people with dementia
- Sight loss and or hearing loss
- Vulnerable adults and those experiencing domestic abuse: Some adults at risk may be living within a coercive and controlling relationship that may affect their ability to attend an appointment.
- Patient without English as a first language
- Patient who lack of capacity or fluctuating capacity

Why follow up patients with learning disability who miss appointments?



The average life expectancy of men with a learning disability is 14 years shorter for men and 18y shorter for women compared to the general population



People with learning disability from BAME communities died at a younger age -median death 34 years compared to 64 years for “white” people with learning disabilities

For patients who need support to attend appointment use the code “Adult not brought to appointment”

[Read Y2de1] [SNOMED 1323481000000100]



People with learning disability.....

- Struggle with timely access to healthcare & early detection of a problem
- Have lower ability to self-manage symptoms
- Suffer delayed investigations and interventions
- Have lower levels of health literacy skills & advocacy skills
- Present late with deteriorating health



People with learning disability have a higher percentage of avoidable death-49% compared to 22% for general



People with learning disability have greater health needs...

- Mental illness, dementia & schizophrenia are 3x more likely
- 1/3 have physical disabilities
- 40% have visual impairment
- 40% have hearing problems
- 1/3 have epilepsy; 20x more than the general population
- Respiratory disease is the most common cause of death
- 70% experience gastrointestinal disorders

How to prevent missed appointments?

- ✓ Ask what **reasonable adjustments** are needed and keep a record.
- ✓ Ask about **barriers** to attending.
- ✓ Ask for **best way to contact** patient, who supports them, emergency contact number; keep a record.
- ✓ Consider sending a **reminder** the day before the appointment.
- ✓ Send/ offer **easy read information** about the annual health check and the pre check list:
<https://remedy.bnssg.icb.nhs.uk/adults/learning-disabilities/annual-health-checks/>
- ✓ **Get patients, family, and carers on board**- Annual health check videos for patients and carers to raise awareness of importance of annual health check :
 - <https://www.youtube.com/watch?v=dGITBtSSEGo>
 - <https://www.england.nhs.uk/learning-disabilities/improving-health/annual-health-checks/>
- ✓ Consider having **one point of contact** for patients and supporters like a care coordinator.
- ✓ Consider a person to **meet and greet** the patient when they come in for their annual health check.
- ✓ Consider **carer stress** and carer support
 - <https://remedy.bnssg.icb.nhs.uk/adults/social-care/carer-support/>
- ✓ Consider **capacity and adults right to choose**
 - <https://remedy.bnssg.icb.nhs.uk/adults/learning-disabilities/mental-capacity-best-interest-decisions/>