

**Don't just screen –intervene!**



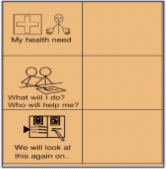



# Health action plans

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## What is a Health Action Plan?

	<p>The doctor or nurse will give you a Health Action Plan at the end of your Annual Health Check appointment</p>
	<p>The Health Action Plan will be written in a way that you can understand</p>
	<p>Your doctor or nurse will explain what your health needs are</p>
	<p>The Health Action Plan will tell you what you need to do to stay healthy, like: exercising or eating healthy or making another appointment</p>
	<p>It should tell you who is going to help you stay healthy</p>
	<p>It should have a date when will it be looked at again</p>

# Contents

- Principles of health action plans
- Tips on writing a HAP
- EMIS templates
- What to include in health action plan
  - Eyes, ears, teeth
  - Diet

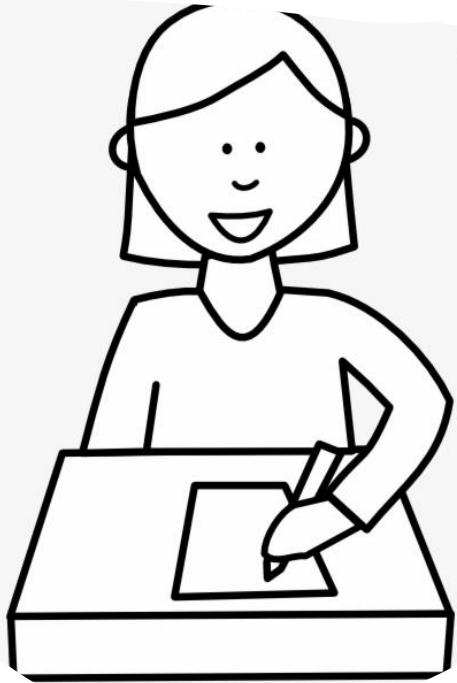
# Principles

**REVIEW LAST YEARS PLAN  
AND REFERR BACK TO IT!**



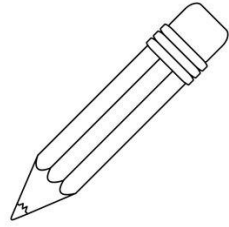
- ✓ Summarises key actions and who is responsible and a clear time frame for any action
- ✓ Created for the person with the person
- ✓ Involve family & carers
- ✓ Easy read & short
- ✓ Specific *“drink 8 cups of water”* vs *“drink more fluids”*
- ✓ Think health promotion- smoking, diet, exercise – small steps and ensure is reviewed
- ✓ Link recommendations to relevant patient resources ( ensure easy read / a format the patient can use)
- ✓ Include recommendations about dental checks, immunisations, eye tests hearing tests....
- ✓ One copy to the patient and keep one copy in the GP notes
- ✓ Action plans are followed up & reviewed at next visit including at next AHC

# Tips on writing a HAP



- Big clear typeface - Arial font size 18 to 24 if possible, 14 minimum
- Visually impaired people might need bigger font or different colours
- Avoid underlining, *italics* and BLOCK CAPITALS and extra punctuation!!!!
- Layout clear and uncluttered
- Use lists, bullet points, boxes, keywords, headings and symbols to help people
- Keep as short as possible
- Symbols or pictures can be used for extra information
- Careful with photos - they often don't print well, same with colours and a black and white printer
- Use straightforward, unambiguous language- no metaphor, speaking in pictures “waterworks”

# sentences



- Use short sentences with one main idea
- Use active not passive sentences e.g. "Paul needs a hearing test" not "A hearing test is what I recommend for Paul"
- Keep sentences uncluttered, miss out words you don't need " book a dentist appointment" rather than "I think you should look into booking a dentist appointment in the next weeks"
- Use positive sentences: " Simon should eat breakfast" rather than "Simon should not miss breakfast"

# vocabulary



- Use familiar words "drink" not "refreshment"
- Use words with one meaning "happy or sad" not "moody"
- Use concrete, not abstract words "after lunch" not "later"
- Avoid jargon words
- Avoid abbreviations
- Use names not pronouns "the Doctor" not "she"
- Check people can understand the words you use



# Health Action Plan templates

**BNSSG**

**My Health Action Plan**  
 Name: Mickey Mouse  
 NHS No:  
 DOB: 20-Sep-2014  
 At your visit to the surgery, we agreed:

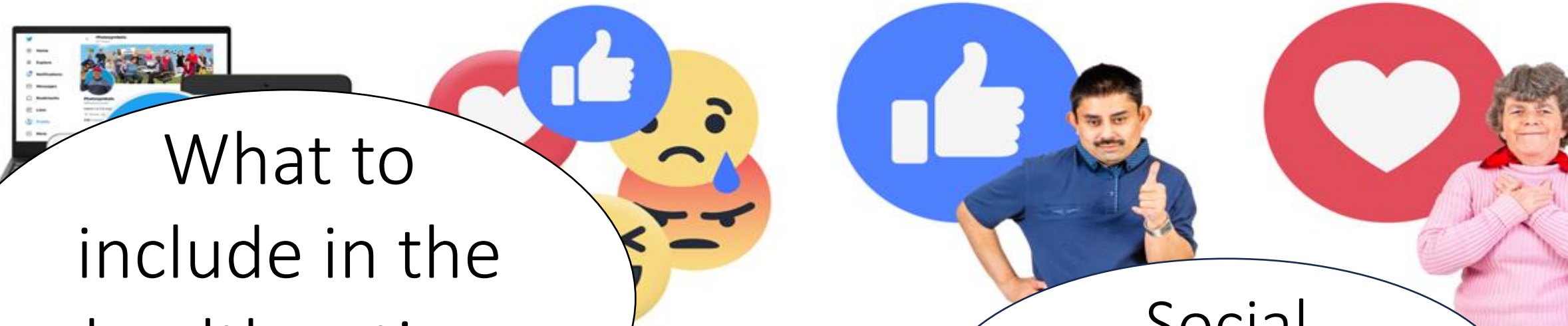
My Health Issues	What Needs To Happen?	Who will do it?	Review Date

**Ardens short**

**Ardens long**

Pulls through medication, immunisation, problem list and allergies  
 Might be useful for care home resident  
 The plan above plan is in the last section





What to include in the health action plan

Social prescribing

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

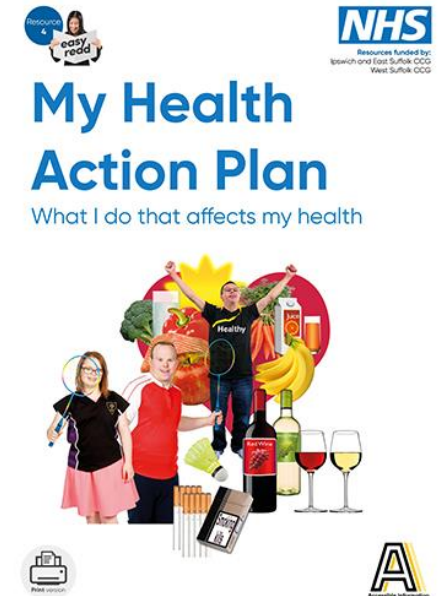


Carer support

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



- Any further primary care appointments including medication review, chronic disease management, screening, vaccinations
- Any referrals including to social prescriber
- Any secondary care follow up
- Any further tests
- Plans for transition
- Address any health needs found at AHC
- Life-style changes



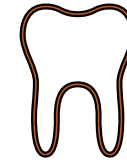
# Eyes- ears- teeth



- Eye check every 2 years
- No one is too disabled to have an eye check
- High level unmet need- 10x more likely to have eye problems
- Do not rely on self-reporting
- Cause behaviour change and communication difficulties
- Remember Charles Bonnet

**SEE ABILITY**  
[www.seeability.org](http://www.seeability.org)

- Everyone can have a hearing check including under GA
- High risk of hearing loss 4 in 10 ( 7 in 10 in Down's - onset in teenage years)
- Low threshold for referral
- Do not rely on self-reporting
- Check for wax



- Widening inequality in dental care
- Poor dental care, higher risk gum disease, missing teeth, lack restorative dentistry
- Not enough support to clean teeth
- Sensory issues
- Teeth grinding
- Reflux can cause tooth damage
- Sugar containing medicine
- Poor understanding/ not priority
- flavourless and foamless toothpaste
- alternative toothbrushes
- “ Do you have a toothbrush?”
- Dental pain- behaviour change
- Risk factor for other disease like CVD
- Access to dentists difficult- should be registered with dentist and have annual checks
- Community dental service take GP referrals

# Healthy Eating and life-style



“poor diets and excess body weight deprive people in England of more than 2.4 million life years through premature mortality, illness and disability each year”

People with learning disability have an increased risk of being overweight or obese:

- Overweight 27% (31.8% general population)
- Severe obesity 37% (31.8% general population)
  
- Poorly balanced diets and very low levels of physical activity
- Obesity increases the likelihood of a range of health and social problems: heart disease: high blood pressure, strokes, diabetes, several types of cancer, mobility difficulties
- Close links to broader social disadvantage, such as poverty, poor housing and social isolation, which is experienced disproportionately by people with learning disabilities

[Obesity and weight management for people with learning disabilities: guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/obesity-and-weight-management-for-people-with-learning-disabilities).

## Patient- Factors

- Boredom, Comfort eating, Snacking
- Selective eating ( texture, temperature, taste, visual)
- Sedentary life- style and “unhealth activities”
- Getting older- need less calories
- Preference for high calorie/fat/sugar food
- Alcohol
- Overeating after exercise (overestimate of calories burnt)



## Family/carer Factors

- Use of food and drinks as a reward, motivator, means of control
- Lack of time - frequent use of ready meals
- Lack of knowledge about healthy choices and portion size
- Lack of knowledge of consequences of obesity
- Not a priority
- Supporters making unhealthy choices themselves -healthy role models
- Lack of understanding of the principles of choice and control- supporting positive choices versus allowing unwise choices



## Clinician- Factors

- Time and knowledge
- Not a priority
- Access to weight loss programs
- Resources
- Medication causing weight gain



### Small steps

- ✓ Fading- Make gradual changes
- ✓ Change one thing at a time

- ✓ Be concrete
- ✓ Be descriptive
- ✓ Be specific

### Replace

- ✓ try lower calorie option
- ✓ Addicted to takeaways?- check calories and try healthier options, smaller portions and treat as a meal not as a snack
- ✓ Check drinks for calories and replace with calorie free option/water

### Family- carers

- ✓ Role model
- ✓ Carers and family eating together and making healthy choices together
- ✓ Check carers/family understanding
- ✓ Easy read information

### Smaller plates

Changes in preparing food - grilling over frying, use semi skinned milk

### " 5 a day"

Impatient before mealtime or snacks needed- try vegetables

Activity and engagement instead of eating

6-8 glasses water /day

Fill 1/3 plate with vegetables/salad

Fruit before dessert

### Target setting and rewards

- ✓ Reward charts
- ✓ Certificates
- ✓ Ask at next encounter and praise

### Ideas what to change


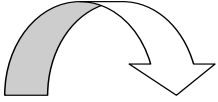


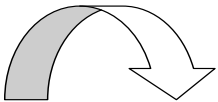


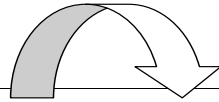


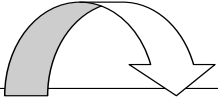


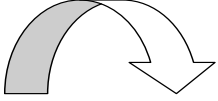

- ✓ health lunch box
- ✓ Snacks
- ✓ Drinks (sugar, caffeine, alcohol)
- ✓ Salt intake
- ✓ Fatty food
- ✓ Sugary food
- ✓ Portion size













### Exercise

- ✓ Anything that gets people moving and gets heart rate up- cleaning/hovering/gardening
- ✓ Needs to be fun- disco/walks/outings
- ✓ Involve carers
- ✓ Online videos
- ✓ Easy to access and suitable
- ✓ Social prescribers can help to find local clubs
- ✓ Avoid snack after activity- offer water and vegetables

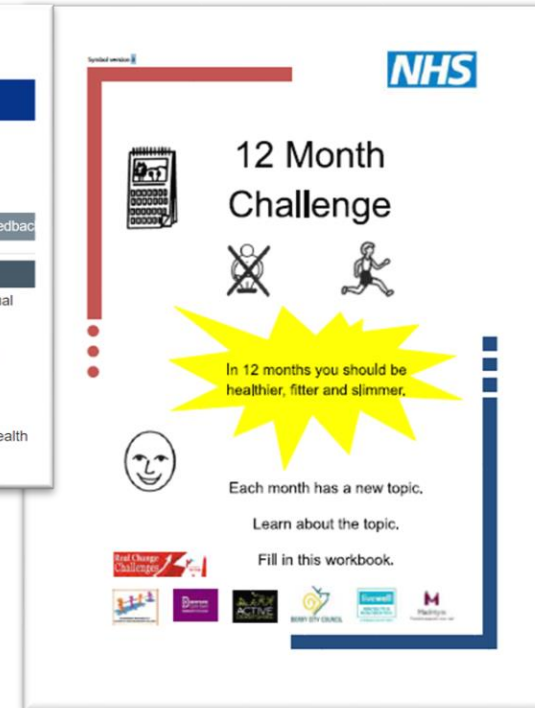
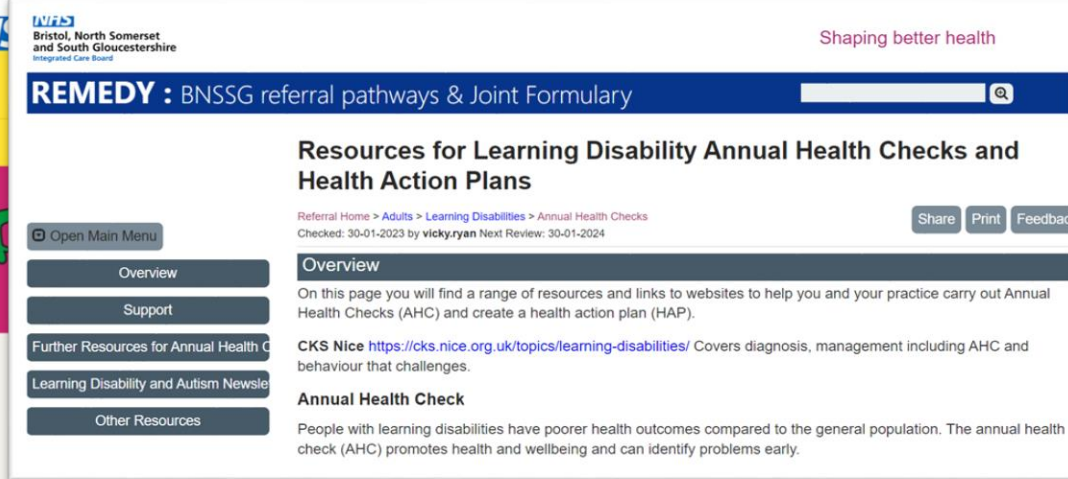
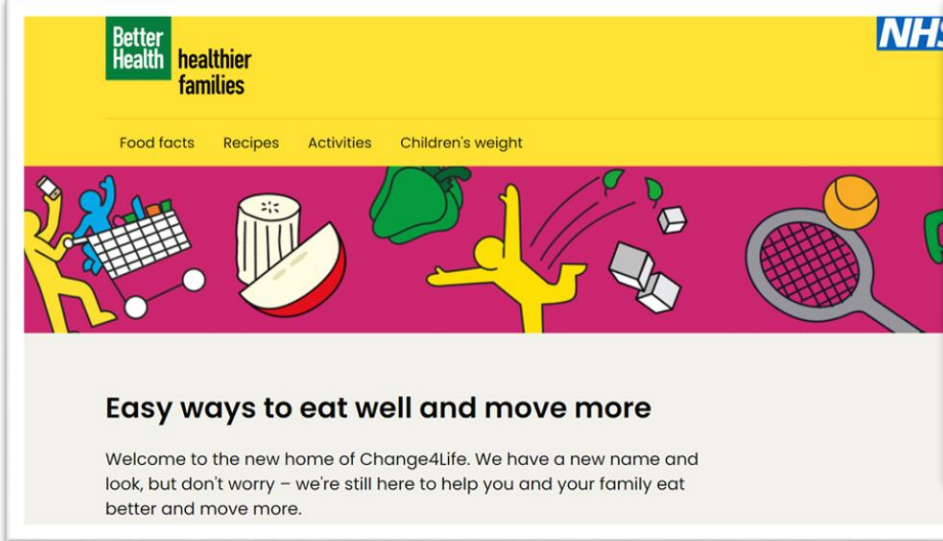


# SNACK SWAP!

 133 calories	Swap for 	 83 calories
 259 calories	Swap for 	 114 calories
 102 calories	Swap for 	 54 calories
 250 calories	Swap for 	 101 calories
 180 calories	Swap for 	 54 calories

	Swap for		 Save 197 kcals 15g Fat
	Swap for		 Save 84kcals 5.4g Fat
	Swap for	4 breadsticks 	 Save 103kcals 11.4g Fat
	Swap for		 Save 80Kcals 8g Fat

	Swap for		 Save 52 Kcals 4.2g Fat
	Swap for		 Save 40 Kcals 7g Fat
	Swap for		 Save 107Kcals 6g Fat
	Swap for		 Save 422Kcals 24g Fat



## [NHS Change4Life](#) now called better health

- practical advice, tips, activities and resources for families and general public
- Not specific to people with learning disabilities but includes colourful and engaging images and is written in plain English

## [12 month challenge workbook](#) -archived but still available in archive

- designed to help people with learning disabilities to learn and understand more about healthy eating, exercise and to encourage behaviour change with a different topic each month
- encouraging people to make small changes and to record progress

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

- Information and resources including easy read patient resources