

<b>1 December 2015</b>		<b>ITEM: 6</b>
<b>Health &amp; Well-Being Overview and Scrutiny Committee</b>		
<b>Learning Disability Health Checks</b>		
<b>Wards and communities affected:</b> All wards	<b>Key Decision:</b> Not applicable	
<b>Report of:</b> Alison Cowie, Head of Commissioning, NHS England Midlands and East (East)		
<b>Accountable Head of Service:</b> Alison Cowie, Head of Commissioning, NHS England Midlands and East (East)		
<b>Accountable Director:</b> Alastair McIntyre, Locality Director, NHS England Midlands and East (East)		
<b>This report is public</b>		

## **Executive Summary**

This report details arrangements in respect of the enhanced service agreement with GP practices in Thurrock, issues and delivery in respect of this agreement and an action plan to improve delivery.

### **1. Recommendation(s)**

**1.1 The Health Overview and Scrutiny Committee are asked to note the progress with LD Health Checks by Thurrock GP Practices and plans to improve activity.**

### **2. Introduction and Background**

2.1 There is good evidence that patients with learning disabilities (LD) have more health problems and die at a younger age than the rest of the population. The government is committed to reducing the incidence of co-morbidities and premature deaths for people with LD and supports the recommendations from the Confidential Inquiry into premature deaths for people with learning disabilities (CIPOLD).

2.2 Each year, as part of a nationally agreed contract, Primary Medical Care providers are offered the opportunity to sign up to an enhanced service (ES) for LD Health Checks. This ES is designed to encourage practices:

- to identify all patients aged 14 and over with learning disabilities,
- to maintain a learning disabilities 'health check' register and

- offer patients with LD an annual health check, which will include producing a health action plan.
- 2.3 Practices are issued ES for a range of services by the end of April each year and have until the end of June of that year to decide whether or not to sign up to them. Sign-up sheets are issued and returned to NHS England and practices are also required to indicate on the Calculating Quality Reporting Service (CQRS), the means by which they get paid for ES's, that they have signed up.
- 2.4 Data relating to the levels of activity are extracted from GP systems on a quarterly basis and payment is made by CQRS. It is on this basis only that performance against this ES will be monitored.
- 2.5 This report details the current state of play in respect of update and delivery of the ES in Thurrock and details actions that are being taken to improve uptake.

### **3. Issues, Options and Analysis of Options**

- 3.1 Uptake of LD Health Checks is unacceptably poor within Thurrock. Last year, according to the data extracted from CQRS, only 17% of possible LD Health Checks were carried out and completed in line with the ES. It should be remembered that the ES requires practices to offer and carry out a health check. It is not possible to identify from the payment return we get from CQRS how many practices offered patients a health check that were not taken up. It should be noted that NHS England has asked the Health and Social Care Information Centre to provide a briefing on the management data set from practices in relation to this ES. The briefing will be available in December 2015.
- 3.2 In 2015/16, three practices have decided not to take up the offer of the ES. Activity extracted from CQRS as at 16 November 2015 is detailed within Appendix 2. It should be noted that for some practices, annual LD health checks are carried out in Quarters 3 and 4.
- 3.3 Despite the majority of practices signing up to deliver this ES, a high percentage of them do not undertake any activity. Practices get paid £116 for each health check that is undertaken. When practices sign up to the ES, NHS England within its financial planning allocates budget against the practice which is spent when CQRS indicates activity. It is therefore difficult to reallocate resource whilst anticipating activity within General Practice.
- 3.4 Should a practice not deliver in a year, legislation surrounding the GP Contract and ES commissioning does not allow NHS England to exclude that practice from being offered the opportunity to sign up to the ES the following year.
- 3.5 Performance against this ES is unacceptable and NHS England has undertaken a review in the first instance of a number of process arrangements across all of Essex and developed an action plan. Due to a number of

Primary Medical Care service contracts in the Thurrock area unexpectedly coming to an end, this review has taken longer than expected because the team at NHS England needed to prioritise procurements and ensure continuity of access to primary care services. The action plan is ongoing in development and detailed within Appendix 3.

- 3.6 A review against the ES in the East Anglia part of Midlands and East (East) has highlighted that the ES in place in Essex may be too confusing and does not clearly state the READ codes that practices should be using. This clarification could have a positive impact on the quality of the data being extracted through CQRS. It is therefore proposed that the ES be reissued with practices in December 2015.
- 3.7 In previous years, additional capacity has been commissioned to support LD patients of practices who have not signed up to the ES. The provider of this additional capacity was approached after the end of June 2015 when it became known that three practices had not signed up to the ES. This provider initially said it would be interested in providing the capacity again but indicated a couple of months later that it was no longer able to support. Another provider of LD Health Checks within Essex was approached but they were unable to accommodate the activity. A third provider has been approached and contract arrangements are being finalised. It is hoped to give a verbal update on this at the HOSC meeting.
- 3.8 Ahead of the 2016/17 contracting round, NHS England Midlands and East (East) has indicated to providers within its annual Commissioning Intentions Letter that *Where GP practices choose not to sign up to provide a directed enhanced service, NHS England Midlands and East (East) will consider procuring this service from an alternative provider to ensure equity of access for all patients. A particular priority for such procurement will be the Learning Disability Health Check DES.*

#### **4. Reasons for Recommendation**

- 4.1 This paper is for information only, therefore no recommendations are made.

#### **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 Not applicable.

#### **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 Not applicable as NHS England commissioned service.

## **7. Implications**

### **7.1 Financial**

Not applicable as NHS England commissioned service.

### **7.2 Legal**

Not applicable as NHS England commissioned service.

### **7.3 Diversity and Equality**

Not applicable as NHS England commissioned service.

### **7.4 Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

Not applicable.

## **8. Background papers used in preparing the report**

None.

## **9. Appendices to the report**

Appendix 1 – 2014/15 Activity

Appendix 2 – 2015/16 Activity as at 16 November 2015

Appendix 3 – Action Plan

## **Report Author:**

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