



**A summary and overview of the
Learning Disability Annual Health
Check electronic clinical template
(2017)**

National Electronic Health Check (Learning Disabilities) Clinical Template - Summary and Overview

This document provides a content summary and overview of the new National Electronic Health Check template for people with learning disabilities, agreed as part of the GP contract to be initiated from April 2017. The National Electronic Health Check clinical template for people with learning disabilities is to be made available to GP Practices through their GP IT system provider; work is underway to facilitate such. The template offers GPs a systematic approach to the Health Check which is code based, drawing on the existing patient record. This means that the structure of the template (dependant on IT system) can adjust according to the individual patient, for example screening questions will be gender and age appropriate and will only appear for eligible patients; similarly immunisations will be drawn from the existing record whereby current requirements can be determined.

The template has been designed to cover four screens on most systems (this summary content overview covers more pages due to layout restrictions), the first two screens can be completed by any appropriately qualified non-medical practitioner, the last two screens are to be completed by a GP or other suitably qualified practitioner. Example screenshots from the development and pilot phases of the template (in EMIS) are provided as an annexe to this summary.

The template contains coding options for selection in each section, with clinical judgement being applied as to appropriateness; selected free text boxes and action coded options will be pulled through to appear in an automatically generated Health Check Action Plan upon completion of the Health Check. The Plan will summarise actions, over the next year, that a) You are taking and b) That you are advising the patient to take, in relation to their physical and mental health. Plain English should be used in the free text box. The template and this summary contain prompts throughout, which appear in **Red**.

The template has been developed and piloted in practice by GPs, Learning Disability Nurses and technical staff; it has been through a rigorous review as part of the GP Contract negotiations. The template meets the requirements of the Enhanced Service and incorporates all aspects of the recently refreshed Cardiff Health Check; an updated Step by Step guide to the Health Check is due to be published by RCGP that will support this template.

Thanks to contributors from NHS England, Herts Valleys CCG, RCGP, South West Primary Care Liaison Network, Inclusion Gloucestershire and many individuals and organisations who have given of their valuable time and expertise.

Screen 1

Consent - Includes coding for:

- **Capacity** Assessment For Information Sharing
- **Consent** - For Electronic Record Sharing
For SCR with Additional Information
To Share Data with Specified 3rd Party
To Share Data with 3rd Party Details plus free text

Advice regarding managing patients' consent for Summary Care Record with Additional Information can be found here:

<https://digital.nhs.uk/summary-care-records/additional-information>

Support & Patient Information

Includes coding for:

- Under care of social services
- Social worker involved
- Keyworker Details plus free text

Remember to include any specialist teams e.g. Learning Disability Team

- Has A Carer - Carer's details
free text

Remember to record carer demographic details and offer Carer Health Check & Flu Immunisation where appropriate

- Emergency contact details
- Patient Support / accommodation plus free text

Record any recent or planned moves

- Personal Status
- Employment

Disability Details - Includes coding for:

- Disability Severity
- Autism

Specific Syndrome Check - Includes coding for

- Specific Syndrome Comments plus free text
- Down's Syndrome Diagnosis only appears if the patient has a Downs syndrome diagnosis
- Congenital Heart Disease (P68 Congenital Heart Disease)

Consider specific interventions indicated by syndromes present. If the patient has Down's syndrome please ask other family members, carers or care workers (as appropriate) about any changes that might suggest the need for an assessment of dementia such as:

- Change in behaviour
- Forgetful

14 -17 Years Only

Education, Health & Care Plan (EHC) was formerly known as Statement of Special Educational Needs (SEN) – see RCGP Step by Step guide

Includes coding for:

- Child Status (Looked after child) - Child Support
- Education, Health & Care Plan-Based Care
- Education
- Under Care Of (e.g. Paediatrician, Mental Health team etc.)
- Child in transition to adult service

Immunisations & Allergies

People with learning disability should have the same regimes as others and the same contraindications apply, except for the following, which all people with a learning disability are entitled to.

Includes coding for:

- Season Influenza Vaccination
- Pneumococcal Vaccination

Pneumococcal Vaccination as guided by Green Book indications

- Hepatitis B Vaccination

Hepatitis B is indicated if patient lives in shared accommodation. A high risk of hepatitis 'B' has been seen in the population of individuals with learning disability living in residential accommodation.

- HPV
- MMR
- Allergies

Free text is provided throughout this section for advice that is to appear in Health Check Action Plan for the patient - **Use Plain English text.**

Additional Support Needs and Reasonable Adjustments

- Consider time, environment, communication & additional health needs
- Remember Accessible Information Standards
- Include this information in all referrals

Includes coding for:

- Reasonable Adjustment
- Communication
 - Level
 - Assistance
 - Details plus free text
- Seen by Speech & Language Therapist

Lifestyle & Health Promotion

Includes coding for:

- Patient Diet - Patient advised re diet
- Exercise Level - Patient advised re exercise
- Smoking Status - Smoking cessation advice
- Alcohol Consumption - Patient advised about alcohol
- Substance misuse - Lifestyle advice regarding drug misuse

Functional Life Skills

Includes coding for:

- Mobility

If the patient is immobile, consider postural care needs – see RCGP Step by Step Guide

- Postural Care Needs (free text):
- Mobility status
- Mobility Support
- Mobility Advice
- Walking Aid Use Details plus free text
- Under Care of physiotherapist

Daily Living Skills

- Eating
- Hydration
- Dressing Ability
- Bathing
- Toilet Dependency
- Seen by occupational therapist
- Daily Living Support

Screen 2

Sexual Health & Contraceptive Advice

Includes coding for:

- Sexually Active
- General contraceptive advice
- Advice given about risks of unprotected sexual intercourse
- At risk of sexual abuse
- At risk of sexual exploitation

Screening - Includes coding for:

Bowel Cancer Screening - Age Range 60 to 75

- Bowel Cancer Screening - Advice given about bowel cancer screening programme including Easy Read Bowel Cancer Screening Leaflet

Female Screening

- Health ed. - breast examination
- Mammography - Advice given about breast screening programme including Easy Read Breast Screening Guide
- Smear Test - Patient advised to have cervical smear including Easy Read Cervical Screening Leaflet

Male Screening

- Health ed. testicular examination
- Latest Aortic Aneurysm Screening Result
- Abdominal aortic aneurysm screening offered

Baseline Assessment

Baseline assessment forms the last part of the Nurse Check or the first part of the GP Check depending on skills available. Free text is provided for advice that is to appear in Health Check Action Plan for the patient - **Use Plain English text.**

Includes coding for:

- Height
- Weight
- Body Mass Index
- Blood pressure reading
- Blood pressure procedure refused

Vision - guidance suggests a person should see an optometrist at least every two years

- Eyesight
- Seen by optometrist

Hearing

- Hearing
- Wax in ear
- Seen by audiologist

Dental - guidance suggests the person should see a dentist at least annually

- Seen by dentist

Screen 3 - GP Section - Start of GP Section

Symptoms

Use clinical judgement in completing the template. The symptom areas have the option of 'no symptom' at the end of each section, or in the individual dropdown lists.

General Symptoms Check if patient or their carer has any specific concerns or worries – includes free text box to record for Health Check Action Plan

- General Symptoms

Respiratory

Be especially concerned if frequent chest infections occurring - consider aspiration and other causes of excess chest infection e.g. reduced immunity.

Includes coding for:

- Asthma
- Chronic Obstructive Pulmonary Disease
- Persistent cough
- Blood in sputum - haemoptysis
- Abnormal sputum
- Breathlessness
- Wheezing
- History of acute lower respiratory tract infection
- No respiratory symptoms

Women's Health - Female Only

Includes coding for:

- Menarche
- Menstruation disorders
- Menopause symptoms present

Premature menopause is common in Down's syndrome.

- Menopause Advice

Gastro-Intestinal

Be aware of the possibility of unrecognised reflux oesophagitis as a cause of weight loss, sleep disturbance, undefined pain, behaviour change or dyspepsia.

Includes coding for:

- Dysphagia
If a patient has a cough or choking during eating, consider a SALT swallow assessment
- Indigestion Symptoms / Dyspepsia
- Constipation Symptom
Constipation is a frequent cause of unnecessary hospital admission
- Diarrhoea
- Bowel Assessment
- Rectal Bleeding
- Weight Symptom

Bladder

Includes coding for:

- Bladder Continence
- Urinary Symptoms
- Seen by continence nurse

Central Nervous System

It is often difficult and not relevant to perform a full neurological examination, however people with a learning disability are particularly prone to abnormalities in vision, hearing and communication - a change in function would suggest further investigation is necessary.

Includes coding for:

- Any Neurological Symptoms
- Stroke
- TIA
- Seen in neurology clinic

Epilepsy - Includes coding for:

- Epilepsy
- Seizure Frequency
- Specialist Epilepsy Care (e.g. Under care of psychiatrist /Under care of neurologist)
- Date of last specialist review
- Advice About Epilepsy and monitoring

Includes free text box - record any concerns, medication side effects, increase / decrease or change in seizure type.

Cardiovascular System

Includes coding for:

- Chest pain on exertion
- Dyspnoea
- Nocturnal dyspnoea
- Ankle swelling
- Palpitations
- No cardiovascular symptom

Consider implementing Cardio-metabolic pathway (see RCGP Step by Step guide)

Diabetes

Includes coding for:

- Diabetes
Follow Diabetes standard monitoring guidance with Reasonable Adjustment
- Latest HbA1c (If not in last 12 months consider test request)
- Latest Diabetic Retinopathy Screening

Musculoskeletal

Remember people with reduced mobility /profound & multiple learning disabilities are at high risk of osteoporosis and may need postural care

Includes coding for:

- Advice about posture
- Musculoskeletal Symptoms
- Osteoporosis / At risk of Osteoporosis

Foot

Consider condition of feet as indicator of general quality of care provision

Includes coding for:

- Foot Deformity
- Advice about foot care
- Under care of podiatrist

Additional Symptoms

Includes coding for:

- Chronic pain
- Dermatology

Screen 4

Behaviour & Mental Health

Consider possible physical causes of changed behaviour such as pain, reflux or sensory changes.

Includes coding for:

- Mental health review / status
- Sleep
 - Consider sleep apnoea
- Self-harm
- Suicide Risk
- Behaviour
- Dementia
 - Consider early on-set dementia particularly in Down's syndrome
- Personality Disorders
- Complex Mental Health Conditions
- Under Care of Mental Health or Community LD Team

Latest Test Results

Consider clinically relevant blood tests according to current guidelines. Consider point of care testing as appropriate – see RCGP Step by Step Guide

Remember also:

- Lithium and anti-epilepsy drug levels
- Vitamin D if on AED
- FSH in prolonged amenorrhoea
- PSA (if indicated)
- CRP (if indicated)
- Stool H pylori antigen (if indicated)

The following headings will appear and will be self-populating from the record if blood tests have been done

- Hb1Ac
- Serum Cholesterol
- Full Blood Count
- Serum HDL cholesterol level
- Thyroid Function Test
 - Regular thyroid function test required for all patients with Downs Syndrome.
- Urea & Electrolytes
- Liver Function Test
- Urine Dipstick

Examination & Measurements - Includes coding for:

- Examination of respiratory system
 - Pulse rate
 - Pulse Rhythm
 - Heart Sounds
 - Exam. of digestive system
 - Examination of skin
 - Decubitus (pressure) ulcer (M270 - Decubitus (pressure) ulcer)
 - General observations
- General Observations are available so other clinical observations can be recorded e.g. orthopaedic / neurological exam

Medication Review - Inc. STOMP

Consider reduction in antipsychotic medication especially if prescribed for behaviour management or where there is no diagnosis of psychosis
Consider additional drug monitoring e.g. Anti-epileptic drug monitoring.
Consider implementing Cardio-metabolic pathway (see RCGP Step by Step guide)
Consider review by pharmacist

- Medication Review

End of Life Care

Includes coding for:

- Advance care planning
- On Gold Standards Palliative Care Framework

Male Examination

Includes coding for:

- Examination of testicle

Female Examination

Includes coding for:

- Breast Examination
- Female Pelvic Examination If Indicated

Safeguarding

Try to take a moment alone with patient and ask if they are being hurt by anyone.

Includes coding for:

- Safeguarding Concerns
- Safeguarding Concerns Comments plus free text
- Is the person subject to DOLS

Annexe A

National Electronic Health Check (Learning Disabilities)

Clinical Template

Example Screen Shots from Development of the Template (in EMIS)

Template Runner
Page: Page 1

Page 1
Page 2
Page 3
Page 4
Template Information

Consent

Please Ensure These Items Are Completed

Capability Assessment For Information Assessment

Encourage creation of Summary Care Record with Additional Information for all patients with their consent. This may require MCA involvement or may be a "best interest" decision. Only withhold if patient refuses.

For patients aged under 18 obtain parental consent or consider "Fraser Competence"

Check if patient or their carer has any specific concerns or worries

| | | |
|---|--------------------------|-------------------|
| Capacity Assessment For Information Sharing - Select those that apply | <input type="checkbox"/> | No previous entry |
| Consent For Electronic Record Sharing? | <input type="checkbox"/> | No previous entry |
| Consent For SCR With Additional Information | <input type="checkbox"/> | No previous entry |
| Consent To Share Data With Specified 3rd Party | <input type="checkbox"/> | No previous entry |
| Consent To Share Data With 3rd Party Details | <input type="checkbox"/> | No previous entry |

Disability Details

Remember to ask the person with a learning disability or their carer if they have any specific concerns or issues they wish to cover whilst performing the health check

| | | |
|--|--------------------------|-------------------|
| Disability Severity | <input type="checkbox"/> | No previous entry |
| <input type="checkbox"/> Autistic disorder | <input type="checkbox"/> | No previous entry |

Specific Syndrome Check

Certain syndromes causing learning disabilities are associated with increased morbidity. For this reason it is important to consider the following.

Consider specific interventions indicated by syndromes present

Are there any specific syndrome related problems not covered? - please enter details below

| | | |
|----------------------------|--------------------------|-------------------|
| Specific Syndrome Comments | <input type="checkbox"/> | No previous entry |
|----------------------------|--------------------------|-------------------|

Downs Syndrome

| | | |
|---|--------------------------|-------------------|
| Down's Syndrome Diagnose | <input type="checkbox"/> | No previous entry |
| <input type="checkbox"/> Congenital heart disease | <input type="checkbox"/> | No previous entry |

If the patient has Down's syndrome please ask other family members, carers or care workers (as appropriate) about any changes that might suggest the need for an assessment of dementia such as:

| | | |
|--|--------------------------|-------------------|
| <input type="checkbox"/> Change in behaviour | <input type="checkbox"/> | No previous entry |
| <input type="checkbox"/> Forgetful | <input type="checkbox"/> | No previous entry |

Page 1
Page 2
Page 3
Page 4
Template Information

A low threshold should be adopted for excluding concurrent physical morbidity and/or referral to mental health services

Support & Patient Information

| | | |
|--|--------------------------|-------------------|
| <input type="checkbox"/> Under care of social services | <input type="checkbox"/> | No previous entry |
| <input type="checkbox"/> Social worker involved | <input type="checkbox"/> | No previous entry |

Keyworker Details

Remember to include any specialist teams e.g. Learning Disability Team

| | | |
|--------------|--------------------------|-------------------|
| Has A Carer? | <input type="checkbox"/> | No previous entry |
|--------------|--------------------------|-------------------|

Remember to record carer demographic details and offer Carer Health Check & Flu Immunisation where appropriate

| | | |
|--|--------------------------|-------------------|
| <input type="checkbox"/> Carer's details | <input type="checkbox"/> | No previous entry |
| <input type="checkbox"/> Emergency contact details | <input type="checkbox"/> | No previous entry |

Record any recent or planned moves

| | | |
|--|--------------------------|-------------------|
| Patient Support | <input type="checkbox"/> | No previous entry |
| <input type="checkbox"/> [V]Need for assistance with personal care | <input type="checkbox"/> | No previous entry |

| | | |
|----------------------------|--------------------------|-------------------|
| Is the patient housebound? | <input type="checkbox"/> | No previous entry |
| Personal Status | <input type="checkbox"/> | No previous entry |
| Employment | <input type="checkbox"/> | No previous entry |

14 - 17 Years Only

Education, Health & Care Plan (EHC) was formerly known as Statement of Special Educational Needs (SEN) - See RCGP Step By Step Guide

Consider contribution to EHC health section

| | | |
|--|--------------------------|-------------------|
| <input type="checkbox"/> Child Status | <input type="checkbox"/> | No previous entry |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> | No previous entry |
| <input type="checkbox"/> Education, Health & Care Plan-Based Care | <input type="checkbox"/> | No previous entry |
| Education | <input type="checkbox"/> | No previous entry |
| Under Care Of? | <input type="checkbox"/> | No previous entry |
| <input type="checkbox"/> In transition from children's to adult care service | <input type="checkbox"/> | No previous entry |

| | |
|---|---|
| <p>Page 2</p> <p>Page 3</p> <p>Page 4</p> <p>Template Information</p> | <p>Immunisations</p> <p><i>People with learning disability should have the same regimes as others and the same contraindications apply, except for the following, which all people with a learning disability are entitled to.</i></p> <p>Season Influenza Vaccination</p> <p><input type="checkbox"/> Seasonal influenza vaccination <input type="text" value="13-Mar-2017"/> No previous entry</p> <p><i>Pneumococcal Vaccination as guided by Green Book indications</i></p> <p>Pneumococcal Vaccination</p> <p><input type="checkbox"/> Pneumococcal vaccination <input type="text" value="13-Mar-2017"/> No previous entry</p> <p>Hepatitis B is indicated if patient lives in shared accommodation. A high risk of hepatitis 'B' has been seen in the population of individuals with learning disability living in residential accommodation.</p> <p>Hepatitis B Vaccination</p> <p><input type="checkbox"/> Hepatitis B immunisation recommended No previous entry</p> <p>HPV No previous entry</p> <p>MMR No previous entry</p> <p>Allergies</p> <p>Allergies No previous entry</p> <p>Additional Support Needs</p> <p>Reasonable Adjustments Required</p> <ul style="list-style-type: none"> • Consider time, environment, communication & additional health needs • Remember Accessible Information Standards • Include this information in all referrals <p><input type="checkbox"/> Reasonable Adjustment - Include details in all referrals <input type="text"/> No previous entry</p> <p>Communication</p> <p>Communication Level <input type="text"/> No previous entry</p> <p>Communication Assistance <input type="text"/> No previous entry</p> <p>Communication Details <input type="text"/></p> <p><input type="checkbox"/> Seen by Speech & Language Therapist - enter date of latest contact if appropriate <input type="text" value="13-Mar-2017"/> No previous entry</p> <p><input type="text"/></p> |
|---|---|

Page 2

| | |
|--|--|
| <p>Template Runner</p> <p>Pages</p> <p>Page 1</p> <p>Page 2</p> <p>Page 3</p> <p>Page 4</p> <p>Template Information</p> | <p>Functional Life Skills</p> <p><i>Free text are provided for advise that is to appear in Health Action Plan for the patient - Use simple text.</i></p> <p>Mobility</p> <p><i>If the patient is immobile, consider postural care needs - See RCGP Step by Step guide</i></p> <p>Postural Care Needs <input type="text"/></p> <p>Mobility <input type="text"/> No previous entry</p> <p>Mobility Support <input type="text"/> No previous entry</p> <p><input type="checkbox"/> Mobility Advice <input type="text"/> No previous entry</p> <p>Walking Aid Use Details <input type="text"/></p> <p><input type="checkbox"/> Under Care of physiotherapist - enter date of latest contact if appropriate <input type="text" value="13-Mar-2017"/> No previous entry</p> <p><input type="text"/></p> <p>Daily Living Skills</p> <p>Eating <input type="text"/> No previous entry</p> <p><input type="text"/></p> <p>Hydration <input type="text"/> No previous entry</p> <p><input type="text"/></p> <p>Dressing Ability <input type="text"/> No previous entry</p> <p><input type="text"/></p> <p>Bathing <input type="text"/> No previous entry</p> <p><input type="text"/></p> <p>Toilet Dependency <input type="text"/> No previous entry</p> <p><input type="text"/></p> <p><input type="checkbox"/> Seen by occupational therapist - enter date of latest contact if appropriate <input type="text" value="13-Mar-2017"/> No previous entry</p> <p><input type="text"/></p> <p><input type="checkbox"/> Daily Living Support? <input type="text"/> No previous entry</p> |
|--|--|

| Pages | Lifestyle & Health Promotion | |
|----------------------|---|-------------------|
| Page 1 | Free text are provided for advise that is to appear in Health Action Plan for the patient - Use simple text. | |
| Page 2 | Patient Diet | No previous entry |
| Page 3 | <input type="checkbox"/> Patient advised re diet | No previous entry |
| Page 4 | Exercise Level | No previous entry |
| Template Information | <input type="checkbox"/> Patient advised re exercise | No previous entry |
| | Smoking Status | No previous entry |
| | <input type="checkbox"/> Smoking cessation advice | No previous entry |
| | Alcohol Consumption | No previous entry |
| | <input type="checkbox"/> Patient advised about alcohol | No previous entry |
| | <input type="checkbox"/> Substance misuse | No previous entry |
| | <input type="checkbox"/> Lifestyle advice regarding drug misuse | No previous entry |
| | Sexual Health & Contraceptive Advice | |
| | Free text are provided for advise that is to appear in Health Action Plan for the patient - Use simple text. | |
| | Sexually Active? | No previous entry |
| | <input type="checkbox"/> General contraceptive advice | No previous entry |
| | <input type="checkbox"/> Advice given about risks of unprotected sexual intercourse | No previous entry |
| | <input type="checkbox"/> At risk of sexual abuse | No previous entry |
| | <input type="checkbox"/> At risk of sexual exploitation | No previous entry |
| | Female Screening | |
| | Free text are provided for advise that is to appear in Health Action Plan for the patient - Use simple text. | |
| | <input type="checkbox"/> Health ed. - breast exam. | No previous entry |
| | Mammography | No previous entry |
| | <input type="checkbox"/> Advice given about breast screening programme | No previous entry |
| | Easy Read Breast Screening Guide | |
| | Smear Test | No previous entry |
| | <input type="checkbox"/> Patient advised to have cervical smear | No previous entry |
| | Easy Read Cervical Screening Leaflet | |

| Baseline Assessment | |
|---|-------------------|
| Baseline assessment forms the last part of the Nurse Check or the first part of the GP Check depending on skills available | |
| O/E - height | No previous entry |
| O/E - weight | No previous entry |
| Body Mass Index | No previous entry |
| <input type="checkbox"/> Blood pressure procedure refused | No previous entry |
| O/E - blood pressure reading | No previous entry |
| Free text are provided for advise that is to appear in Health Action Plan for the patient - Use simple text. | |
| Vision - guidance suggests a person should see an optometrist ever two years | |
| Eyesight | No previous entry |
| <input type="checkbox"/> Seen by optometrist | No previous entry |
| Hearing | |
| Hearing | No previous entry |
| <input type="checkbox"/> O/E - was in ear | No previous entry |
| <input type="checkbox"/> Seen by audiologist - enter date of latest contact | No previous entry |
| Dental - guidance suggests the person should see a dentist annually | |
| <input type="checkbox"/> Seen by dentist - enter date of latest contact | No previous entry |

| Template Runner | |
|----------------------|--|
| Pages | GP Section |
| Page 1 | Start of GP Section |
| Page 2 | Symptoms |
| Page 3 | <p><i>Use clinical judgement in completing the template. The symptom areas have the option of no symptom at the end of each section or in the individual dropdown tabs.</i></p> <p>Check if patient or their carer has any specific concerns or worries - includes free text box to record these.</p> <p><input type="checkbox"/> General symptoms <input type="text"/> No previous entry</p> |
| Page 4 | Respiratory |
| Template Information | <p>Be especially concerned if frequent chest infections occurring - consider aspiration and other causes of excess chest infection e.g. reduced immunity.</p> <p>Asthma <input type="text"/> No previous entry</p> <p>Chronic Obstructive Pulmonary Disease <input type="text"/> No previous entry</p> <p><input type="checkbox"/> Persistent cough <input type="text"/> No previous entry</p> <p><input type="checkbox"/> Blood in sputum - haemoptysis <input type="text"/> No previous entry</p> <p><input type="checkbox"/> [D] Abnormal sputum <input type="text"/> No previous entry</p> <p><input type="checkbox"/> Breathlessness <input type="text"/> No previous entry</p> <p><input type="checkbox"/> Wheezing <input type="text"/> No previous entry</p> <p><input type="checkbox"/> History of acute lower respiratory tract infection <input type="text"/> No previous entry</p> <p><input type="checkbox"/> No respiratory symptoms <input type="text"/> No previous entry</p> |
| | Gastro-Intestinal |
| | <p>Be aware of the possibility of unrecognised reflux oesophagitis as a cause of weight loss, sleep disturbance, undefined pain, behaviour change or dyspepsia</p> <p>Dysphagia <input type="text"/> No previous entry</p> <p><i>If a patient has a cough or choking during eating, consider a SALT swallow assessment</i></p> <p>Indigestion Symptoms / Dyspepsia <input type="text"/> No previous entry</p> <p>Constipation Symptom <input type="text"/> No previous entry</p> <p><i>Constipation is a frequent cause of unnecessary hospital admission</i></p> <p><input type="checkbox"/> Diarrhoea <input type="text"/> No previous entry</p> <p>Bowel Assessment <input type="text"/> No previous entry</p> <p>Rectal Bleeding <input type="text"/> No previous entry</p> <p>Weight Symptom <input type="text"/> No previous entry</p> |
| | Bladder |
| | <p>Bladder Continence <input type="text"/> No previous entry</p> <p>Urinary Symptoms <input type="text"/> No previous entry</p> <p><input type="checkbox"/> Seen by continence nurse - enter date of latest contact <input type="text" value="13-Mar-2017"/> No previous entry</p> |
| | Women's Health - Female Only |
| | <p>Women's Health</p> <p>Menarche <input type="text"/> YSE No previous entry</p> <p><input type="checkbox"/> Menstruation disorders <input type="text"/> No previous entry</p> <p><input type="checkbox"/> Menopause symptoms present <input type="text"/> No previous entry</p> <p><i>Premature menopause is common in Down's syndrome.</i></p> <p>Menopause Advice? <input type="text"/> No previous entry</p> |
| | Central Nervous System |
| | <p><i>It is often difficult and not relevant to perform a full neurological examination, however people with a learning disability are particularly prone to abnormalities in vision, hearing and communication - a change in function would suggest further investigation is necessary.</i></p> <p>Any Neurological Symptoms <input type="text"/> No previous entry</p> <p>Stroke <input type="text"/> No previous entry</p> <p>TIA <input type="text"/> No previous entry</p> <p><input type="checkbox"/> Seen in neurology clinic - enter date of latest contact <input type="text" value="13-Mar-2017"/> No previous entry</p> |
| | Epilepsy |
| | <p><i>Free text are provided for advice that is to appear in Health Action Plan for the patient - use simple text.</i></p> <p>Epilepsy or H/O Epilepsy <input type="text"/> No previous entry</p> <p>Record any concerns, medication side effects, increase/decrease or change in seizure type</p> <p>Seizure Frequency <input type="text"/> No previous entry</p> <p><input type="checkbox"/> Specialist Epilepsy Care? <input type="text"/> No previous entry</p> <p><input type="checkbox"/> Advice About Epilepsy <input type="text"/> No previous entry</p> |

Page 1
Page 2
Page 3
Page 4
Template Information

Cardiovascular System

Consider implementing Cardio-metabolic pathway (see RCGP Step By Step Guide)

| | | |
|--|--|-------------------|
| <input type="checkbox"/> Chest pain on exertion | | No previous entry |
| <input type="checkbox"/> Q/E - dyspnoea | | No previous entry |
| <input type="checkbox"/> Nocturnal dyspnoea | | No previous entry |
| <input type="checkbox"/> Ankle swelling | | No previous entry |
| <input type="checkbox"/> Palpitations | | No previous entry |
| <input type="checkbox"/> No cardiovascular symptom | | No previous entry |

Diabetes

Diabetes No previous entry

Follow Diabetes standard monitoring guidance

Latest HbA1c - if not in last 12 months consider test request No previous entry

Latest Diabetic Retinopathy Screening No previous entry

Musculoskeletal

Remember people with reduced mobility / profound & multiple learning disabilities are at high risk of osteoporosis and may need postural care

Free text are provided for advise that is to appear in Health Action Plan for the patient - **Use simple text.**

| | | |
|---|----------------------------|-------------------|
| <input type="checkbox"/> Advice about posture | Text: <input type="text"/> | No previous entry |
| Musculoskeletal Symptoms | <input type="text"/> | No previous entry |
| Osteoporosis / At risk of Osteoporosis? | <input type="text"/> | No previous entry |

Foot

Free text are provided for advise that is to appear in Health Action Plan for the patient - **Use simple text.**

Consider condition of feet as indicator of general quality of care provision

| | | |
|---|----------------------------------|-------------------|
| Foot Deformity | <input type="text"/> | No previous entry |
| <input type="checkbox"/> Advice about foot care | Text: <input type="text"/> | No previous entry |
| <input type="checkbox"/> Under care of podiatrist - enter date of latest contact if appropriate | 13-Mar-2017 <input type="text"/> | No previous entry |

Additional Symptoms

Text boxes are provided for advise that is to appear in Health Check Action Plan for the patient - **Use simple text.**

| | | |
|---------------------------------------|----------------------------|-------------------|
| <input type="checkbox"/> Chronic pain | Text: <input type="text"/> | No previous entry |
| <input type="checkbox"/> Dermatology | Text: <input type="text"/> | No previous entry |

Page 4

Template Runner

Pages
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Template Information

Behaviour & Mental Health

| | | |
|--|----------------------------|-------------------|
| <input type="checkbox"/> Mental health review | | No previous entry |
| <input type="checkbox"/> Sleep Problem | Text: <input type="text"/> | No previous entry |
| Consider Sleep Apnoea | | |
| Status | <input type="text"/> | No previous entry |
| <input type="checkbox"/> Personal history of self-harm | Text: <input type="text"/> | No previous entry |
| Suicide Risk | <input type="text"/> | No previous entry |
| <i>Consider possible physical causes of changed behaviour such as pain, reflux or sensory changes.</i> | | |
| Behaviour | <input type="text"/> | No previous entry |
| Consider early on-set dementia particularly in Down's Syndrome | | |
| Dementia | | No previous entry |
| Personality Disorders | | No previous entry |
| Complex Mental Health Conditions | | No previous entry |
| Under Care of Mental Health or Community LD Team | <input type="text"/> | No previous entry |

Examination & Measurements

| | | |
|--|--|-------------------|
| <input type="checkbox"/> Examination of respiratory system | | No previous entry |
| Q/E - pulse rate | <input type="text"/> beats/min | No previous entry |
| Pulse Rhythm | <input type="text"/> | No previous entry |
| Heart Sounds | <input type="text"/> | No previous entry |
| <input type="checkbox"/> Exam. of digestive system | Text: <input type="text"/> | No previous entry |
| <input type="checkbox"/> Examination of skin | Text: <input type="text"/> | No previous entry |
| <input type="checkbox"/> Decubitus (pressure) ulcer | Text: <input type="text"/> | No previous entry |
| General Observations is available so other clinical observations can be recorded e.g. orthopaedic / neurological exam | | |
| <input type="checkbox"/> Q/E - general observations | Text: <input type="text"/> | No previous entry |

Female Examination - Female Only

| | | |
|---|--|-------------------|
| <input type="checkbox"/> Breast Examination | | No previous entry |
| <input type="checkbox"/> Female Pelvic Examination if Indicated | | No previous entry |

| | | | | | | | | | | | | | | | | | |
|---|---|-------|-------------------|-------------------|-------------------|------------------|-------------------|-----------------------------|-------------------|-----------------------|-------------------|---------------------|-------------------|---------------------|-------------------|----------------|-------------------|
| <p>Pages</p> <p>Page 1</p> <p>Page 2</p> <p>Page 3</p> <p>Page 4</p> <p>Template Information</p> | <h3>Latest Test Results</h3> <p>Consider clinically relevant blood tests according to current guidelines. Consider point of care testing as appropriate - see RCGP Step By Step guide</p> <p>Remember also:</p> <ul style="list-style-type: none"> Lithium and anti-epilepsy drug levels Vitamin D if on AED FSH in prolänger amenorrhoea PSA (if indicated) CRP (if indicated) Stool H pylori antigen (if indicated) <p>The following headings will appear and will be self-populating from the record if blood tests have been done</p> <table border="0"> <tr><td>HbA1c</td><td>No previous entry</td></tr> <tr><td>Serum Cholesterol</td><td>No previous entry</td></tr> <tr><td>Full Blood Count</td><td>No previous entry</td></tr> <tr><td>Serum HDL cholesterol level</td><td>No previous entry</td></tr> <tr><td>Thyroid Function Test</td><td>No previous entry</td></tr> <tr><td>Urea & Electrolytes</td><td>No previous entry</td></tr> <tr><td>Liver Function Test</td><td>No previous entry</td></tr> <tr><td>Urine Dipstick</td><td>No previous entry</td></tr> </table> <h3>Medication Review</h3> <ul style="list-style-type: none"> Consider additional drug monitoring e.g. Anti-epileptic drug monitoring. Consider reduction in antipsychotic medication especially if prescribed for behaviour management or where there is no diagnosis of psychosis Consider implementing Cardio-metabolic pathway - see RCGP Step By Step guide. Consider review by pharmacist <p>Medication Review - Choose all those that apply <input type="text"/> No previous entry</p> <h3>End Of Life Care</h3> <p><input type="checkbox"/> Advance care planning <input type="text"/> No previous entry</p> <p>On Gold Standards Palliative Care Framework <input type="text"/> No previous entry</p> <h3>Safeguarding Concerns</h3> <p>Try to take a moment alone with the patient and ask if they are being hurt by anyone.</p> <p>Safeguarding Concerns <input type="text"/> No previous entry</p> <p>Safeguarding Concerns Comments <input type="text"/></p> <p>Is the person subject to DOLS <input type="text"/> No previous entry</p> <h3>Learning Disability Claim Section</h3> <p>Tick the box below to indicate the full learning disability health check has been completed for the claim.</p> <p><input checked="" type="checkbox"/> Learning disability health examination <i>Follow Up</i> <input type="text" value="13-Mar-2017"/> No previous entry</p> <p>Health Check Action Plan - Complete this section to validate claim</p> <p>The following sections will directly populate an easy-read Health Check Action Plan to be given to the patient</p> <p>Therefore, use simple language and short sentences</p> <p>This demonstrates compliance with the Accessible Information Standards</p> <p>Health Check Action Plan - For Validation <input type="text"/> No previous entry</p> <p><i>Patient Goals - Tick the appropriate box and add goals to appear in the 'Health Goals For Me To Do' section on the Action Plan</i></p> <p><input type="checkbox"/> Setting Patient Health Goals <input type="text"/> No previous entry</p> <p><input type="checkbox"/> Review of Patient Health Goals <input type="text"/> No previous entry</p> | HbA1c | No previous entry | Serum Cholesterol | No previous entry | Full Blood Count | No previous entry | Serum HDL cholesterol level | No previous entry | Thyroid Function Test | No previous entry | Urea & Electrolytes | No previous entry | Liver Function Test | No previous entry | Urine Dipstick | No previous entry |
| HbA1c | No previous entry | | | | | | | | | | | | | | | | |
| Serum Cholesterol | No previous entry | | | | | | | | | | | | | | | | |
| Full Blood Count | No previous entry | | | | | | | | | | | | | | | | |
| Serum HDL cholesterol level | No previous entry | | | | | | | | | | | | | | | | |
| Thyroid Function Test | No previous entry | | | | | | | | | | | | | | | | |
| Urea & Electrolytes | No previous entry | | | | | | | | | | | | | | | | |
| Liver Function Test | No previous entry | | | | | | | | | | | | | | | | |
| Urine Dipstick | No previous entry | | | | | | | | | | | | | | | | |