



NHS Quality Checkers

GP Self-Assessment Questionnaire

This document is one of four that makes up each of the NHS Quality Checker toolkits.

Each toolkit contains:

- An introduction
- A self-assessment questionnaire (specific to each service area)
- A guide to visiting the service
- A Feedback and Recommendation report template.

For the other documents in this series please go to NHS England's website at:

<https://www.england.nhs.uk/learning-disabilities/projects/>

Supporting legal obligations to involve patients and the public

All NHS organisations have legal duties to involve patients and the public in planning and developing services, as well as when proposing changes. NHS England has published statutory guidance for CCGs on meeting their duties, and there is a wide range of guidance, tools and resources on the Involvement Hub.

By taking part in this Quality Check of your service it will contribute to evidence of your involvement of patients in:

- monitoring the quality of your service;
- making changes and improvements to your service (where appropriate);
- the improvement of the service for people with a learning disability.



NHS Constitution:

The NHS Constitution (Department of Health) establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve. It states:

The NHS provides a comprehensive service, available to all

It is available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

“You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.”

The Equality Act (2010). Making reasonable adjustments:

Equality law recognises that bringing about equality for disabled people may mean changing the way in which services are delivered, providing extra equipment and/or the removal of physical barriers. This duty to make reasonable adjustments aims to make sure that a disabled person with disabilities (which includes visible and non-visible disabilities) can use a service as close as it is reasonably possible to get to the standard and quality usually offered to non-disabled people.



NHS Accessible Information Standard:

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

For more information go to <https://www.england.nhs.uk/our-work/accessibleinfo/>

Completing this questionnaire

To complete this questionnaire we would recommend a team meeting with as many staff as possible. This would provide the opportunity to discuss as a team what you are doing for patients with a learning disability and how well you are meeting the standards of care. The questions relate to each of the standards but if there are other comments you would like to make please add them at the end of each section.



Please use plain English and avoid using jargon in your answers.

GP Self-Assessment Questionnaire

Flagging systems for people with a learning disability



1. Is there a flagging system to identify people with a learning disability?

Yes

No

If yes, what does the flagging system record?

For example does it identify additional support each person with a learning disability may need and the reasonable adjustments you will make? Such as double appointment times, the need to have their carer stay with them, flexible visiting times, use of a side room if available. Please also tell us how often the information is reviewed.

Learning Disability Annual Health Checks



People with a learning disability often have difficulty in recognising illness, communicating their needs, and using health services. Research shows that regular health checks for people with a learning disability, often uncover treatable health conditions.

2. Is your practice signed up to the learning disability Directed Enhanced Services (DES) and have a register of all those with a learning disability aged 14 yrs and over?

Yes

No

2.1 If yes, does the practice use the national digital learning disability annual health check template?

Yes

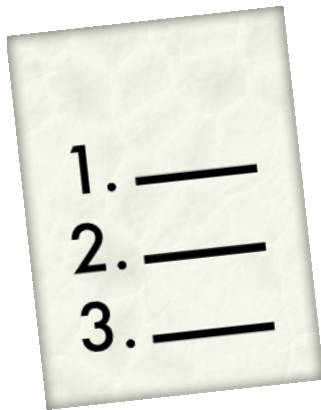
No

2.2 If yes to 2.1, do you give people copies of the information sheets provided by the national system in easy read?

Yes

No

2.3 If no to 2.2, what system do you use?



3. If you are not signed up to the DES do you still have a register of people of all ages with a learning disability?

Yes

No

If yes, have you aligned the register with the local authority learning disability register?

Yes

No

4. Learning Disability Annual Health Checks

How many people are on your learning disability register?	
How many are eligible for an annual health check i.e. those 14 yrs and over?	
How many were offered an annual health check in the last 12 months?	
Of these how many were invited using an Easy Read Invitation letter?	
How many annual health checks have been completed in last 12 months?	
How many declined the health check?	
How many did not attend for their health check?	
Who carries out the learning disability health checks?	



5. What are you doing to improve the number of people with a learning disability having an annual health check?

For example do you carry it out at home if they can't make it in to the surgery; or send invitation letters in easy read with a photo of the member of staff?

Please give examples:

Standard 1: The patient is involved with their care at all times



- 6. What communication methods have been identified? Include those used for face to face appointments at the surgery and for people with a learning disability who need to be contacted at home.**

Please give examples:

- 7. For people with a learning disability, who lack capacity under the provisions of the Mental Capacity Act 2005, how do you ensure they are involved as far as possible in decisions about their care and treatment? Who else do you involve?**

Please give examples:

Patient experience and involvement



- 8. What do you do to make sure that people with a learning disability are involved in the improvement and design of the service?**

For example, are people with a learning disability members of any patient forums or patient participant groups?

- 9. Do you have an easy read version of the Friends and Family Test that is easily accessible to people with a learning disability?**

Yes

No

- 10. Do you provide accessible information on how to give feedback on the service including how effective it is and including how to make a complaint?**

Yes

No

11. Have you had any complaints, compliments or other feedback in the last 12 months from people with a learning disability or their families or carers on their behalf?

Yes

No

If yes, please give the number of complaints, compliments and other feedback:

Number of complaints	
Nature of the complaints	
What action was taken?	
Number of compliments	
Nature of the compliments	
Was any action taken? If yes, what?	

Are there any other comments you want to make on how you are supporting people with a learning disability to be involved with their care at all times?

Standard 2: The patients care, treatment and support is planned to meet their needs



12. Do reception staff know if someone with a learning disability is due to attend and be ready to assist if required (particularly if you have an electronic touch screen booking in system they find difficult to use)?

Yes

No

13. Does each person with a learning disability have a Health Action Plan that is put together with them? (where they have capacity and with their carers/legal guardian where appropriate if not).

Yes

No

Please give details:

13.1 Does the Health Action Plan include the reasonable adjustments you will make?

Yes

No

13.2 If you are unable to meet some needs of the person, is this included in the Health Action Plan?

Yes

No

13.3 Is there a specific timeframe for the actions? Whose job is it to ensure that the actions are carried out? How do they link to the annual health check?

14. Do you know which of your patients with a learning disability have a summary care record with additional information and which do not?

Yes

No

15. If required, are facilities available to aid the transfer of those with a physical disability in to a chair or examination couch? For example, hoists or wheelchair recliners.

Yes

No

What do you have in place if this isn't available?



16. When you make a referral to another service, what information do you include about reasonable adjustments and communication needs of the person with a learning disability?

Respiratory Disease



Respiratory disease is the main cause of premature death in people with a learning disability.

17. Do you have regular respiratory clinics where peoples respiratory condition is reviewed on a regular basis?

Yes

No

If yes, how do you ensure people with a learning disability attend and are reviewed regularly (this includes asthma, dysphagia and Chronic Obstructive Pulmonary Disease)?

18. Smoking is the main cause of respiratory disease. What do you do to support people with a learning disability to not take up smoking or to stop if they are smokers?

Epilepsy



Epilepsy affects one third of the population of people with a learning disability, compared to just 1% of the general population. Where more than one medication is used, potential side effects (such as sedation) need to be considered.

- 19. How many of your patients with a learning disability also have epilepsy?**

- 20. Of these how many have had a medication review in the last 12 months? (which may have been carried out by the practice or by secondary care)**

- 21. Of those taking more than one medication what extra precautions do you take to ensure any side effects are picked up quickly and they are managed effectively?**

- 22. Can you identify those people with a learning disability and epilepsy who have been free of seizures for a year and which have not?**

Yes

No

Cancer



23. What reasonable adjustments do you make to ensure that people with a learning disability are able to access National Screening programmes?

For example, follow up letters in easy read / phone call for those who did not attend, prompts on computer system to remind practitioners to mention during other appointments.

Cervical Cancer

The numbers of people with a learning disability having screening for cervical cancer is particularly low.

24. How many people with a learning disability, were offered a cervical screening test, and what was the uptake? Were invitations/information given in easy read?

- 25. Are there some women with a learning disability you felt it was not appropriate to offer them a cervical screening? If so, what criteria do you use when deciding if it is appropriate or not?**

Intestinal Cancer

People with a learning disability, have higher levels (roughly double) of gastrointestinal cancers. It is not known what triggers the changes in DNA that lead to stomach cancer. However, evidence suggests that a number of different factors can affect a person's chances of developing it such as age, smoking, diet, having certain other medical conditions, presence of helicobacter pylori etc.

- 26. What does your practice do to help people with a learning disability reduce their risks of developing cancer including intestinal cancer?**

Constipation



People with a learning disability are more likely to suffer from constipation than people without a learning disability and have an increased likelihood of admission to hospital due to constipation compared to people without a learning disability.

In extreme cases, the symptoms of long-term constipation can lead to death.

- 27. What are you doing to support people with a learning disability to have a healthy gut and prevent them being constipated?**

Diabetes and BMI (Body Mass Index)



People with a learning disability are more prone to developing diabetes than people without a learning disability. This may be because of the medication they are on, or a lack of health education leading to obesity, poor diet, or an inactive lifestyle.

Younger people with a learning disability are also more likely to have a more unhealthy weight than the rest of the population.

- 28. What are you doing to reduce the risk of people with a learning disability developing type 2 diabetes, including how you support people to have a healthy body weight in the normal range?**
- 29. How do you ensure people with a learning disability and type 1 or 2 diabetes are effectively supported? How do you support them to access diabetes services? Do you know how many have a satisfactory HBA1c?**
- 30. What reasonable adjustments have been made to enable people with a learning disability and diabetes to attend a structured education programme?**

Coronary Heart Disease



Coronary heart disease is the second highest cause of death for people with a learning disability.

31. What are you doing to reduce the risks of people with a learning disability of developing coronary heart disease?

32. What are you doing to ensure those with a learning disability who have coronary heart disease are supported effectively?

For example, is support given to access cardiac rehabilitation?

Immunisation



People with a learning disability, are recognised as a high risk group in the national immunisation programme for the receipt of seasonal flu and pneumonia immunisations, whether or not they live in a residential care setting.

33. What do you do to promote the importance and availability of the flu immunisation to people with a learning disability and ensure a good take up?

Do you know how many people with a learning disability have had the flu immunisation?

Please give details:

Dementia



The prevalence of dementia is much higher amongst older adults with a learning disability, compared to the general population (21.6% versus 5.7% aged 65+).

34. What awareness raising of dementia do you do with people with a learning disability, their families and carers?

35. Of the people with a with a learning disability who have a diagnosis of dementia how many of them have Downs syndrome? What percentage have had a review including a medication review in the last 12 months? Is their dementia managed by your practice or the community specialist learning disability services?

Mental Health Issues



People with a learning disability are significantly more likely to have mental health issues than the general population.

Prevalence rates for anxiety, depression, and Obsessive Compulsive Disorder (OCD) in people with a learning disability are approximately four times greater and for schizophrenia, approximately three times greater than for the general population.

36. What are you doing to support people with a learning disability to have good mental health and manage their mental ill health?

36.1 How many of those with a learning disability on the Mental Health register have had a review in the last 12 months?

36.2 If any were admitted to a psychiatric ward in the last 12 months is there anything that you can do to prevent a readmission?

36.3 How do you work with advocates?

Over medication

Research done by Public Health England estimated that on an average day in England, between 30,000 and 35,000 adults with a learning disability are receiving an antipsychotic, an antidepressant or both without an appropriate clinical reason^[1].

^[1]Public Health England (2015) *Prescribing of psychotropic medication to people with learning disabilities by general practitioners in England*, London: Public Health England

37. Please tell us about the following:

	Number of people with a learning disability prescribed psychotropic medication *	How many of these have had a medication review in the last 12 month	How many have a clinical reason recorded for why they are on psychotropic medication.	How many people with a learning disability are prescribed the medication* and are not on the mental health register?
Antidepressants				
Anxiolytics				
Mood stabilisers				
Antipsychotics (all – oral or injected)				

* not including:

- those prescribed antidepressants for pain or
- mood stabilisers prescribed for epilepsy rather than mood.

Are there any other comments you want to make on how you ensure the care, treatment and support of people with a learning disability is planned to meet their needs?

Standard 3: The patient gets good care and feels safe



38. How do you support someone with a learning disability that is scared of particular procedures such as having blood taken?

38.1 What reasonable adjustments do you take to ensure the person is supported to allow the procedure to take place?

38.2 Have there been occasions when staff have been unable to undertake procedures? Please give examples?

39. What system is in place to assess and manage distress and pain in people with a learning disability?

Are pain assessment tools used proactively?

Yes

No

40. If the person is unable to tell you how they are feeling, what things do you take into account when making a diagnosis and prescribing treatment?



41. How would you work with a person with a learning disability, who displays behaviour that challenges?

For example someone who has difficulty complying with medical procedures and examinations.

Are there any other comments you want to make on how you ensure people with a learning disability get good care and feel safe?

Standard 4: The patient gets good care from a service that has trained staff that know how to do their job well and are always looking to improve.



People with a learning disability and complex health needs require the involvement of health care coordinators, who are trained in managing complex and multi-morbidity and can effectively co-ordinate the health needs of the individual.

42. Is there a named person who fulfils the role of health care coordinator or Primary Care Liaison Nurse for people with a learning disability?

Yes

No

If yes, please describe how the health care coordinator improves the experience of care for people with a learning disability?

43. Is there a Community Learning Disability Team (CLDT) Nurse in your practice or group of practices?

Yes

No

If yes, can you tell us more about their role including how accessible they are?

44. Have all staff in the practice (including reception staff) been given learning disability awareness training?

Yes

No

Does this include equality, diversity and communication for those who are non-verbal? Please give details (including how often it is provided):

Has someone with a learning disability provided input to the training for staff?

Yes

No

If so, please tell us more about their involvement:



45. Have staff had training on carrying out health checks for people with a learning disability?

Yes

No

Do the staff feel confident they can communicate effectively with people when explaining various health conditions, what they are, how to prevent and manage them in a way that is understood?

Yes

No

46. Have all staff who give care and treatment to people with a learning disability (including health care assistants) had training in the Mental Capacity Act and can confidently apply it to those with a learning disability?

Yes

No

Do staff have access to a Mental Capacity Act advisor?

Yes

No

47. Does the practice regularly check the quality of its service?

Yes

No

If yes, please state how you do this.

- 48. From your records are you able to easily undertake searches to help you improve your service for those with a learning disability? For example can you identify how many people with a learning disability have attended the practice in the last 12 months and why?**

Can you identify the ages of those who have attended, to find out if there are issues relating to particular ages ranges?

Eg 0 – 17 yrs; 18 – 24 yrs; 25 – 49 yrs; 50 – 74 yrs; 75+ yrs?

49. Does the practice review the number of people with a learning disability admitted to acute care?

Yes

No

Do you review the reasons for the admission?

Yes

No

Do you put in to place preventative measures that can be taken to avoid future admissions?

Yes

No

Good practice



50. Do you share examples of good care given to patients with a learning disability that demonstrate improved access and health outcomes?

Yes

No

If yes, please give details:

51. Please give details of a case study where you feel that your services did well in supporting someone with a learning disability and how this improved their outcomes.



Thank You for completing the NHS Quality Checkers Self-Assessment Questionnaire.

You are now part of a national programme to reduce premature mortality rates of people with a learning disability.



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