

How can your practice undertake quality improvement activity to support people with learning disabilities?



Actions

Step 1 – Start with an assessment of the current quality of care your practice provides through:

- Increasing prevalence and register accuracy
- Undertaking a training needs analysis re learning disabilities, Mental Capacity Act and Equality Act
- Appraising your practice's general approach to LTCs, health checks, screening, vaccinations and health promotion
- Self-assessing your practice's management of reasonable adjustments



Top Tips

- Undertaking an LEA or SEA
- SWOT analysis
- Seeking views of patients and carers and where possible, local community learning disability services



Practice Example

"We realised only 50% of our patients on the LD register had taken up an annual health check. One of our patients – 45yo – had died. We chose to undertake a practice-wide structured in-house mortality review of the case, and based our proposed changes on the learning points which arose"

1
Evaluate

2
Create

5
Monitoring

Self-declare activity completion and attendance at 2+ PCN peer reviewing meetings



Actions

Focus QI activities on outcomes such as:

- An increase in number of people on the Learning Disability QOF register to facilitate call and recall
- An increase in uptake of annual health checks to 75% of all those on the QOF Learning Disability Register aged 14+
- An increase in uptake of flu vaccinations for all ages on the Learning Disability QOF register.
- Improve understanding, recording and provision of reasonable adjustments



Practice Example

"Over 12 months we aimed to increase the proportion of annual health checks attended by our adolescent and adult patients on the LD register from 50% to 75%. We opted to run a search every 2 weeks and plotted the % of completed health checks on a visual 'run' chart (and compared it to last year's)"



Top Tips

Once you have identified your area/s for improvement, teams should clarify SMART aims.

- Aims:** What will be achieved?
- Measures:** How will they know if a change improves things?
- Changes:** What different ways of doing things will be tested?

3
Implement

4
Review



Actions

Two (or more) meetings to share learning across networks

Meeting 1

- To share and compare audit & baseline research outputs
- To validate each other's improvement plans
- To align with local and wider priorities and activities

Meeting 2

- To celebrate and share successes, changes and learning
- To discuss and plan embedding & sustaining



Practice Example

"Despite LD prevalence equalling the national average, as a PCN we realised that we suffered from similar difficulties in achieving high health check attendances. This made us feel less insular and helped generate further change ideas.

We hadn't accomplished our 75% target but felt we had achieved a healthy improvement reaching 69% over 9 months. This feeling was shared by our neighbours. We recognised that many of our patient's details were out of date and we intended to focus on this next year. We felt we could continue to build on our efforts by incorporating a slightly different approach – put forward by another practice. And that we would offer flu vaccinations to all on the LD register on the 1st September – with those lacking capacity to have a best interest decision made and recorded."



Actions

Consider using PDSA (Plan, Do, Study, Act) cycles, frequently reviewing changes. Multiple small tests of changes are recommended.

Aim to involve patients, the whole practice team and external stakeholders i.e. local practices, public



Practice Example

"We first all agreed to complete 2 online modules (and 3 of us attended a local LD training event); we audited on a monthly basis whether LD action plans were created at the annual checks; clinicians all agreed to add digital review dates for actions; we adapted our call/ recall method by using phones and texting earlier; we also changed the wording and format of our letters"

Why is it important?

42% of Learning Disabled patient deaths are premature, most due to delays in diagnosis or treatment. Currently only about 25% of the estimated 1.1 million people in England with a learning disability are recorded on the current Learning Disability QOF register. Improving the accuracy of the QOF register will help ensure people with a learning disability are offered annual health checks.

Why is it important for general practice?

General practice can play a vital role in improving holistic person-centred care for people with a learning disability aiding them to live fulfilled lives in the community. Providing holistic care can improve outcomes and ensure people live safely by raising awareness of the risk of abuse of vulnerable individuals.

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