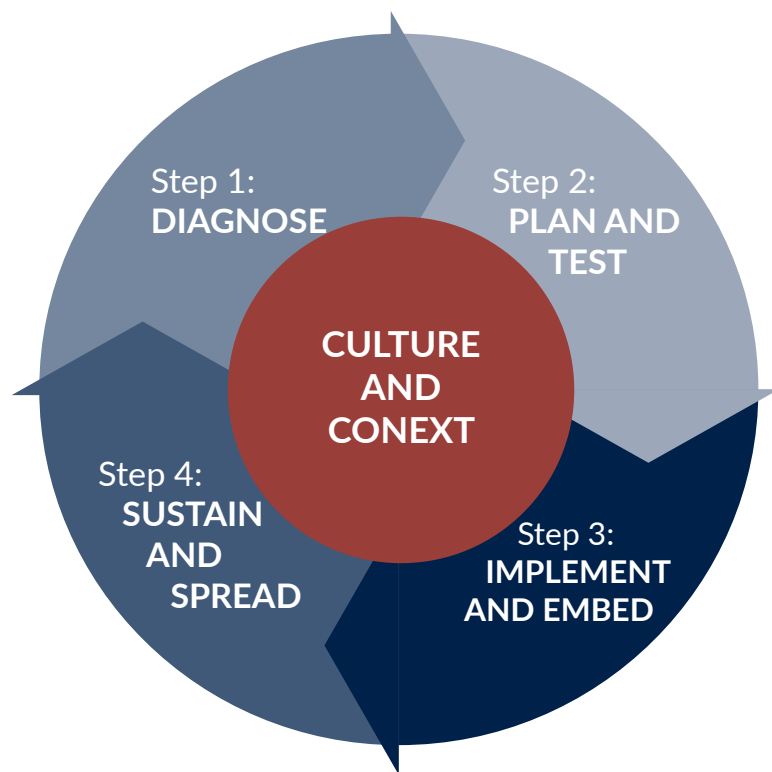


QOF QI case study: Improving the knowledge and understanding of practice team members about the needs of the practice's learning-disabled population



Practice details: 10,000 patients, semi-urban training practice; 5 partners, 5 part-time salaried doctors, 3 GP registrars, 4 practice nurses, 1 health-care assistant and 30 part-time admin staff.

The team elected to focus on the implementation high quality in-house death reviews for learning disabled patients.

They used the RCGP QI wheel for general practice (available in RCGP's How to get started in QI guide for advice).

Culture and context:

- The practice had a 50% uptake of learning disability annual health checks.
- The health checks are all organised and completed by a team consisting of 1 receptionist, 1 practice nurse and 1 salaried GP.
- None of these 3 have had any specific training in the needs of patients with a learning disability.
- The practice QI lead noted the suggestion of completing a training needs analysis in the QI domain guidance.

The practice, as a training practice, is used to evaluating registrar learning needs. It decided to evaluate training needs across the whole practice and establish a learning programme for the practice members.

Diagnose:

The QI lead met with the trio of staff running the health checks to consider how to evaluate training needs in the practice. It was decided to use a self-assessment survey using a Likert rating scale from 1-5 (below average to above average) for each answer and asking for comments. As no-one in the practice had, to date, received any appropriate training it was decided to ask advice from the local Learning Disability team. Together they planned a 10-question survey.

The questions covered:

- overall knowledge of learning disability
- understanding the definition and causes of learning disability
- understanding the common co-morbidities in learning disability
- understanding health promotion and screening in learning disability
- understanding how to complete a high-quality health check
- understanding what it means to live with a learning disability
- understanding the concept of reasonable adjustments and how to implement
- understanding what is meant by capacity and how to assess and record
- understanding what is meant by a best interest decision and how to implement and record
- understanding the safeguarding needs of people with a learning disability.

The survey plan and questions were shared at a practice meeting for clinicians and at a staff meeting. Two plans for how to circulate the questionnaire were discussed:

- Emailing a form for completion
Creating a Survey Monkey with a rating scale and comment box.
- A time limit of two weeks was agreed for completion with a reminder to be sent at 10 days.

✓ Area for improvements

Aim:

Both clinical and non-clinical members of the practice team will increase their knowledge and skills in improving outcomes for people with a learning disability registered at the practice by enhanced learning disability awareness, ability to implement reasonable adjustments, and enhanced awareness and application of the Mental Capacity Act.



Plan:

- Record self-assessment levels at the start of the year
- Evaluate learning methods for all staff groups in the practice to meet needs
- Re-evaluate learning needs using the same method 6 months later.



Change:

The survey was circulated, and results were analysed by the practice manager. The results were divided into 5 groups.

- Learning disability health awareness
- Living with a learning disability
- Mental capacity act
- Reasonable adjustments
- Safeguarding

Training opportunities were then researched by the QI lead, practice manager, and the trio running the health checks. Advice was sought from the local learning disability team.

It was decided that the whole practice shared training for both clinical and non-clinical staff and it would be beneficial to cover:

- what it means to live with a learning disability
- how the practice can implement and record reasonable adjustments.

The local learning disability services provided a learning disability nurse and expert by experience to give a 2-hour training session in the practice.

It was decided that clinical staff should complete continuing education relevant to their role and record this in their appraisal system. Various options were provided for reading, learning and reflection.

These included:

- [RCGP learning disability toolkit](#)
- [GMC learning disability ethical guidance](#)
- [E-learning for health learning disability modules – care of people with intellectual disability in the GP curriculum area](#)
- [RCGP learning neurodevelopmental disorders, intellectual and social disability](#)
- Local provision of both child and adult safeguarding training
- Local provision of Mental Capacity Act training
- [BMA Mental Capacity toolkit](#)

The practice manager maintained a dashboard of who had completed which learning.

The survey was repeated after 6 months. The team were proud to learn that the average score had risen from 1.8 to 3.7 after the dedicated training and support.



Sustain and spread:

The practice QI lead shared the Survey Monkey questionnaire with the network at the peer review meeting. Learning resources were also shared. Other practices in the network decided to adopt a similar process.

Following the training session with the LD nurse and expert by experience, the practice manager and practice nurse involved with the health checks designed a flag to record the reasonable adjustments needed by each person on the LD register. Completion of the flag was audited following the completion of all annual health checks in the practice.

The administration team were generally inspired by being trained by an expert and considered means of asking the practice's patients on the learning disability register and their families and carers about their experience of using the practice. The LD nurse assisted the team, and this was planned for the following year.

The practice evaluated the effectiveness of the reflective learning done by clinical staff to review outcomes for their patients with a learning disability. An audit programme has been established for following years to assess:

- Rate of hospital admission and reduction in unnecessary hospital admission
- Quality of the health check including creation of an action plan and its effective monitoring
- Patient satisfaction surveys of the learning-disabled population

What evidence did the practice provide for QOF payment:

The contractor completed the annual QOF QI domain self-declaration. The practice saved the detail of the survey monkey questionnaire and the results both pre and post training. The practice saved the evaluation record of the training session offered by the LD nurse and expert by experience. The practice saved the dashboard of reflective learning by clinical staff. The planned survey and audits for the following year were saved.