

# Indicator development programme NICE indicator validity assessment

#### **Indicator IND265**

The percentage of patients on the learning disability register who received a learning disability health check and had a completed health action plan in the preceding 12 months.

## Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

## **Importance**

Considerations	Assessment
The NHS Long Term Plan sets an ambition that by 2023/24, at least 75% of people aged 14 or over with a learning disability will have had an annual health check in the preceding year. The Plan also sets out a commitment on prevention and improving health inequalities.	The indicator reflects a specific priority area identified by NHS England.
The NHS Response to COVID Phase 3 letter (Accelerating the return of non-Covid health services, March 2022) reiterates the importance of people with a learning disability being identified on their local register and having annual health checks completed.	
The provision of annual health checks for people 14 years and over is already part of Directed Enhanced Services for Primary Medical Services.	
This indicator was based on one HI-01 / NCD005 from the health inequalities domain of the <u>Investment and Impact Fund (IIF)</u> 2022/23. It supports tackling the causes of morbidity and preventable deaths in people with a learning disability.	
People with a learning disability often have poorer physical and mental health. Data from Learning from Lives and Deaths - people with a learning disability and autistic people (2021) highlights that 49% of deaths were rated as avoidable for people with a learning disability compared to 22% for the general population.	The indicator relates to an area where there is known variation in practice.  The indicator should help address under-treatment by improving the case-finding
2021/22 Network contract directed enhanced service data shows that:	process.
<ul> <li>73% of people aged 14 and over on the QOF learning disability register received an annual health check.</li> </ul>	

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• 64% of people aged 14 and over on the QOF learning disability register received an annual health check and a health action plan.

The learning disabilities health checks are designed to pick up a wide range of unmet health needs unlike the wider NHS health check scheme which is intended to help individuals reduce their risk of heart disease, stroke, diabetes and kidney disease (<a href="Public Health England">Public Health England</a>, 2016).

An annual health check can help to improve the health of people with a learning disability by identifying health concerns at an early stage. The checks can identify undetected health conditions and wider health needs and are effective in promoting actions to address identified health needs such as vaccinations, blood tests, breast and testicular screening, dental review, and vision and hearing assessment. The health action plan is an integral part of the requirements around a learning disability health check. Patients should leave their health check with a copy of the action plan to support them in managing their health and wellbeing.

The indicator will lead to a meaningful improvement in patient outcomes.

#### **Evidence** base

Considerations	Assessment
Care and support of people growing older with learning disabilities (NICE guideline NG96) recommendation	The indicator is derived from a high-quality evidence base.  The indicator aligns with the evidence base.
1.5.12.  Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (NICE guideline NG11) recommendation 1.2.1.	
The following NICE quality standards include statements on health checks for people with learning disabilities as areas for quality improvement:	
<ul> <li>Learning disability: care and support to people growing older (NICE quality standard 187)</li> <li>Learning disabilities: behaviour that challenges (NICE quality standard 101)</li> <li>Learning disability: identifying and managing mental health problems (NICE quality standard 142).</li> </ul>	

# **Specification**

Considerations	Assessment
Numerator: the number in the denominator who received a learning disability health check and had a completed health action plan in the preceding 12 months.	The indicator has defined components necessary to construct the indicator,

Denominator: the number of patients on the learning including numerator, denominator and exclusions. disability register. **Exclusions: None** Personalised care adjustments or exception reporting should be considered to account for situations where the patient does not attend or declines the health check or health action plan. The indicator would be appropriate to assess performance The indicator does outline at individual general practice level. To be classified as minimum numbers of patients needed to be confident in the suitable for use in QOF, there should be an average minimum population of more than 20 patients per practice assessment of variation. eligible for inclusion in the denominator prior to application Available data does suggest of personalised care adjustments. that the number of eligible patients per average practice QOF data for 2021/22 shows that an average practice with would be above this minimum 10,000 patients would have around 55 eligible patients. number. Concerns were raised as to the underrepresentation of the QOF register when compared to estimated prevalence.

### **Feasibility**

Considerations	Assessment
Data is currently collected (for people over 14 years) as part of Network Contract Directed Enhanced Services (DES) (Management information indicator NCDMI182) and published monthly by NHS digital.	The indicator is repeatable.
Network Contract DES <u>business rules</u> for NCDMI182 are available which contain details of the fields required to extract the data. They would require adaptation to ensure that children under 14 are included.	The indicator is measuring what it is designed to measure.  The indicator uses existing data fields including those required for the QOF learning disability register.
Data fields collected include separate codes for completion of the health check and the action plan.	

# Acceptability

Considerations	Assessment
Maintaining a register of people with a learning disability has been included in QOF since 2006 (LD004).	The indicator assesses performance that is attributable to or within the control of the audience.
The NCD DES indicator supplements an item of service payment for annual Learning Disability health checks, which is currently paid as an Enhanced Service for general practice. Health action plans should be completed at the same health check.	

The NICE indicator was subject to national consultation in April 2023. Stakeholders supported the potential to improve quality of care for people with a learning disability and agreed that the indicator focused on actions within the control of general practice.

During development the indicator only included people over 14 years in line with source indicator IIF HI-01 / NCD005. Consultation and focus group feedback highlighted that provision of health checks and action plans were also important for children under 14. It was noted that most children with a learning disability will be supported by either secondary care services or community paediatricians but that contact with general practice is still important.

<u>Data tables are published by NHS Digital</u> to compare the performance of primary care networks and individual practices and assist in quality improvement cycles.

The results of the indicator can be used to improve practice

#### **Risk**

Considerations	Assessment
Historically the learning disability register may have underrepresented the population. In 2019 a commitment was made to improve the quality of the register with NHS England publishing guidance to support this. Changes included automatically adding people with certain conditions and for practices to review their registered patients (NHSE&I (guidance for general practice (October 2019) Improving identification of people with a learning disability)  No other risks were identified.	The indicator has an acceptable risk of unintended consequences.  Concerns were raised as to the under-representation of the QOF register when compared to estimated prevalence.