

# Indicator development programme

## NICE indicator validity assessment

### Indicator IND266

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 and
- have a recording of ethnicity.

### Indicator type

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

### Importance

Considerations	Assessment
<p>The <a href="#">NHS Long Term Plan</a> 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. The Plan also sets out a commitment on prevention and health inequalities.</p> <p>The <a href="#">NHS Response to COVID Phase 3 letter (Accelerating the return of non-Covid health services, March 2022)</a> reiterates the importance of people with a learning disability being identified on their local register and having annual health checks completed.</p> <p>The provision of annual health checks for people 14 years and over is already part of Directed Enhanced Services for Primary Medical Services.</p> <p>This indicator is based on one currently included in the health inequalities domain of the <a href="#">Investment and Impact Fund (IIF) 2023/24</a> as HI-03 / NCD120. It supports tackling the causes of morbidity and preventable deaths in people with a learning disability.</p>	<p>The indicator reflects a specific priority area identified by NHS England.</p>
<p>People with a learning disability often have poorer physical and mental health. Data from <a href="#">Learning from Lives and Deaths - people with a learning disability and autistic people</a> (2021) highlights that 49% of deaths were rated as avoidable for people with a learning disability compared to 22% for the general population, 31% were due to cardiovascular conditions and 17% to respiratory conditions. This indicator also requires a recording of ethnicity as increasing levels of premature mortality are</p>	<p>The indicator relates to an area where there is known variation in practice.</p> <p>The indicator should help address under-treatment by improving the case-finding process.</p>

<p>noted in people with a learning disability from ethnic minority backgrounds.</p> <p><a href="#">2021/22 Network contract directed enhanced service data</a> show that:</p> <ul style="list-style-type: none"> <li>• 73% of people aged 14 and over on the QOF learning disability register received an annual health check.</li> <li>• 64% of people aged 14 and over on the QOF learning disability register received an annual health check and a health action plan.</li> </ul>	
<p>The learning disabilities health checks are designed to pick up a wide range of unmet health needs unlike the wider NHS health check scheme is intended to help individuals reduce their risk of heart disease, stroke, diabetes and kidney disease (<a href="#">Public Health England, 2016</a>).</p> <p>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 check 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 to support them in managing their health and wellbeing.</p> <p>This indicator also requires a recording of ethnicity to help support reduction of health inequalities.</p>	<p>The indicator will lead to a meaningful improvement in patient outcomes.</p>

## Evidence base

Considerations	Assessment
<p><a href="#">Care and support of people growing older with learning disabilities</a> (NICE guideline 96) recommendation 1.5.12.</p> <p><a href="#">Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges</a> (NICE guideline 11) recommendation 1.2.1.</p> <p>The following NICE quality standards include statements on health checks for people with learning disabilities as areas for quality improvement:</p> <ul style="list-style-type: none"> <li>• <a href="#">Learning disability: care and support to people growing older</a> (NICE quality standard 187)</li> <li>• <a href="#">Learning disabilities: behaviour that challenges</a> (NICE quality standard 101)</li> </ul>	<p>The indicator is derived from a high-quality evidence base.</p> <p>The indicator aligns with the evidence base.</p>

<ul style="list-style-type: none"> <li>• <a href="#">Learning disability: identifying and managing mental health problems</a> (NICE quality standard 142).</li> </ul>	
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## Specification

Considerations	Assessment
<p>Numerator: the number in the denominator who:</p> <ul style="list-style-type: none"> <li>• received a learning disability health check and had a completed health action plan in the preceding 12 months and</li> <li>• have a recording of ethnicity.</li> </ul> <p>Denominator: the number of patients on the learning disability register.</p> <p>Exclusions: None</p> <p>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 the health action plan.</p>	<p>The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions.</p>
<p>The indicator would be appropriate to assess performance at individual general practice level. To be classified as suitable for use in QOF, there should be an average minimum population of more than 20 patients per practice eligible for inclusion in the denominator prior to application of personalised care adjustments.</p> <p>QOF data for 2021/22 shows that an average practice with 10,000 patients would have around 55 eligible patients</p>	<p>The indicator does outline minimum numbers of patients needed to be confident in the assessment of variation.</p> <p>Available data does suggest that the number of eligible patients per average practice would be above this minimum number.</p> <p>Concerns were raised as to the under-representation of the QOF register when compared to estimated prevalence.</p>

## Feasibility

Considerations	Assessment
<p>A similar indicator is currently included in the Network Contract Directed Enhanced Services 2023/24 (HI-03 / NCD120) and the data is published monthly by <a href="#">NHS digital</a>.</p>	<p>The indicator is repeatable.</p>
<p><a href="#">Network Contract DES business rules for HI-03 / NCD-120</a> 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.</p>	<p>The indicator is measuring what it is designed to measure.</p> <p>The indicator uses existing data fields including those</p>

Data fields collected include separate codes for completion of the health check, the action plan and recording of ethnicity.	required for the QOF learning disability register.
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## Acceptability

Considerations	Assessment
<p>Maintaining a register of people with a learning disability has been included QOF since 2006.</p> <p>This IIF 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.</p> <p>The 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 that the indicator focused on actions within the control of general practice.</p> <p>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.</p>	<p>The indicator assesses performance that is attributable to or within the control of the audience.</p>
<p><a href="#">Data tables are published by NHS Digital</a> to compare the performance of primary care networks and individual practices and assist in quality improvement cycles.</p>	<p>The results of the indicator can be used to improve practice</p>

## Risk

Considerations	Assessment
<p>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 <a href="#">Guidance</a> to support this. Changes included automatically adding people with certain conditions and for practices to review their registered patients (<a href="#">NHSE&amp;I (guidance for general practice (October 2019) Improving identification of people with a learning disability)</a>)</p> <p>No other risks were identified.</p>	<p>Concerns were raised as to the under-representation of the QOF register when compared to estimated prevalence.</p> <p>The indicator has an acceptable risk of unintended consequences.</p>