Health checks for people with learning disabilities: including young people aged 14 and over, and producing health action plans

Action summary

In April 2014, a new enhanced service (ES) was introduced, which built on the previous directed enhanced service, to extend eligibility to young people with learning disabilities aged 14 and over, and to require participating practices to produce a health action plan linked to each person’s health check. Full details are available at:

www.nhsemployers.org/payandcontracts/generalmedicalservicescontract/directedenhancedservices/pages/enhancedservices201415.aspx

Action summary

1. Identifying eligible young people aged 14 and over

   Primary care commissioners, practitioners and service providers will want to agree how consultation takes place with local child development/child health teams, schools and colleges, and the designated medical officers to identify the initial cohort of young people aged 14 and over who should be offered health checks. They should also agree a process whereby 14-year-olds with learning disabilities are notified to the practice in future years. It might help to have a clear description of the young people to be included so that everyone locally shares the same understanding.

   For example, in Sunderland the consultant paediatrician (disability) sends a letter to the GP, copied to the learning disability acute liaison nurse and the learning disability transition nursing team, whenever a child or young person is confirmed as having a learning disability, asking for electronic letters to be flagged so that reasonable adjustments can be made in the event of a need for access to healthcare.

2. Linking with implementation of the Children and Families Act 2014

   Primary care commissioners, practitioners and service providers will want to talk to the local teams responsible for implementing the Children and Families Act 2014 about how health checks and health action plans can best link to Education, Health and Care Plans.
The Code of Practice for the Act sets out all the details:
www.gov.uk/government/publications/send-guide-for-health-professionals

3. Extra considerations for young people with learning disabilities
Many primary care teams will be accustomed to working with the family, perhaps particularly in communicating with the young person and in making decisions. Undertaking health checks from age 14 offers an opportunity to begin establishing a more direct, adult relationship.

Practices could find out about local sources of information and advice for young people and their families (for example, via schools, health services and voluntary organisations) on the Mental Capacity Act 2005, relationships and sexual health.

Practitioners and service providers can assist with planning a smooth transition to adult healthcare, based on a young person’s health action plan. For example, the first transition review meeting for a young person (age 14) could:

- identify the lead health professional
- identify the main paediatric and adult health services relevant to the young person
- decide on the optimal time for transition (this might vary from one specialty to another, as well as varying for the young person)
- identify the team who, with the lead professional, will develop three transition documents:
  - a comprehensive summary of the young person’s medical history and health needs
  - a clear management plan for current health issues
  - contact details and referral criteria for specialists from whom the GP might need advice
- plan health transition meetings for the young person and their family and/or support staff to meet paediatric and adult health service providers

4. Health action plans
The purpose of a health action plan is to translate the results of a health check into agreed actions. The guidance on the enhanced service supports the use of an electronic template in the GP clinical system and some local templates are already in use. Primary care
commissioners, CCGs, service providers and practices could agree a local template if one is not already available.

The guidance also notes that the health action plan may need to be provided in a different format to enable the person (and/or their family or paid supporters) to understand it. Practices could talk to the local learning disability primary care liaison nurse or the community learning disability team about existing local approaches to health action plans and how these can be linked with practice systems.


Practice examples and case studies to support implementation of the ES are available here: www.ihal.org.uk/gsf.php5?f=313568

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