Learning Disabilities
Local Enhanced Service Specification

Version Control		
Version	**Date Amended**	**Summary of amendments**
Learning Disability LES Specification FINAL *from 01 November 2014*	May 2023	Fees updated
Learning disability LES spec 2023	July 2023	Claims and GMPI information added Justified

Introduction

1. All practices are expected to provide essential and additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised services to be provided. The specification of this service is designed to cover enhanced aspects of clinical care of the patient with severe learning disabilities, which go beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

2. This is a locally enhanced service (LES) for the provision of general medical services for adults with severe learning disabilities. Implementation should be considered in the context of the Assembly's Learning Disability Strategy Section 7 Guidance on Service Principles and Service Responses issued in August 2004. This guidance emphasises the need for joint working and partnership planning. It makes the point that one of the keys to success is joint working between local authorities, the NHS, voluntary bodies, users and carers. One of the service principles set out in the guidance is that people with learning disabilities have an equal right of access to primary health care services. The corresponding service response is to point to enhanced services under the GMS contract as one way of addressing these health needs. This LES is intended to assist local partnerships to use enhanced services to deliver better healthcare to patients with learning disabilities.

Background

3. Evidence shows that:

- a GMS doctor with a list of 2,000 patients will have about 8 patients with severe learning disabilities;
- people with learning disabilities, as a group, have much greater health needs than the general population. They are more likely to have general health problems, sensory impairments, mental health problems, epilepsy, cerebral palsy and other physical disabilities;
- people with learning disabilities tend to access primary care much less than they need to;
- many people with learning disabilities have undetected conditions that cause unnecessary suffering or reduce the quality or length of their lives.

4. All these patients are registered with a practice in Wales and therefore have access to a primary care team. The practice will have access to the medical record and history of these patients. Primary health care teams are well placed to assess the medical needs and monitor the health and well being of these patients.

Aims

5. The scheme will improve the quality of care provided through general medical services to patients with learning disabilities. As a result it will enhance the life and independence of those patients. The scheme will achieve this by:

   - Allowing practice teams to adopt a more pro active approach, spending more time with patients with learning disabilities and their carers so that any health problems are detected and treated at the earliest possible stage to minimise the risk to the patient's health.
   - Promoting a team-based approach to care, with improved liaison with carers, health and social care professionals.

Service Outline

6. Practices delivering the LES will be required to**:**

   a. Develop and maintain a register of those individuals who are on the local social services register for learning disabilities. This will include most patients with severe learning disabilities. This may be used anonymised for internal and external audit purposes. The mechanism for verifying patient eligibility will be notified to practices separately.
   b. Demonstrate a systematic recall system for patients on the register. A record of all invites (letter / telephone) must be clearly documented within the patient's individual health record.
   c. Provide a health check which will be on an annual basis. The health check will follow the format set out in the attached annex.
   d. Integrate the health check as part of the patient's personal health record.

e. Involve carers and support workers. Where family or paid carers are involved, they can play a vital role in the patient's health care. With the consent of the patient where possible, they should be fully informed of the patient's health care needs, and supported as necessary. All involvement with carers and support workers must be documented in the patient's record.

f. Liaise with relevant local support services. Liaison with community and learning disability health professionals, social services and educational support services is necessary to provide seamless care for their patients and their carers. GPs should also, where appropriate, inform patients and their carers of local and national voluntary support groups for vital information and support.

Review

7. All practices involved in the scheme will be required to conduct an annual review which will include:

- a review of the needs identified following completion of the health check and the outcome of the actions for the practice that were identified in order to meet these needs.
- a brief report on feedback from patients and carers should be included in the patient's record as this may be required for claims purposes.

Professional Quality Assurance

8. Members of the primary healthcare team who are involved with provision of this service should be in a position to demonstrate through their CPD and appraisal that they have the necessary experience, training and competence to provide this service effectively.

Costs and claiming

9. The fee will be £126.75 per patient, and will be paid in two stages:

£26.95 per patient per annum will be paid to practices who can demonstrate that they have sent at least one formal invitation (either letter or telephone), and, if necessary, two follow up invitations (either letter or telephone). Please note a record of all correspondence and communication must be clearly documented within the patient's individual health record.

£107.83 per patient per annum will be paid to practices who can demonstrate that they have carried out the full health check. Claims can be made on completion of the appropriate form and confirmation that the report has been completed and sent to the patient and carer where appropriate.

10. Practices are required to make claims in accordance with NWSSP claiming cycle guidelines. Claims must be submitted within

6 months from the end of the quarter in which the service was delivered, to ensure payment.

11. General Medical Practice Indemnity

This Enhanced Service is covered by the scheme for General Medical Practice Indemnity (GMPI) which falls under the GMS Contract Wales.

This scheme relates to potential or actual clinical negligence claims arising from incidents on or after 1 April 2019, and captures all General Medical Practice (GP practice) staff undertaking NHS 'primary medical services' as defined in The National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019

The National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019, sets out the scope of the scheme, namely "primary medical services" which are defined as health services provided under a contract, arrangement or agreement made under or by virtue of the following sections of the National Health Service Wales Act 2006:

(a) section 41(2) (primary medical services);
(b) section 42(1) (general medical services contracts);
(c) section 50 (arrangements by Local Health Boards for the provision of primary medical services).

The GMPI will include clinical negligence liabilities for NHS work arising from the activities of all GP practice staff, including: GP partners; salaried GPs; locum GPs, if on the All Wales Locum Register; Practice Pharmacists; Practice Nurses; Practice Healthcare assistants; and any other member of staff providing clinical services. GP trainees and trainee nursing students delivering general medical services will also be covered. The GMPI will also cover any healthcare professionals providing the delivery of NHS Primary Care through Primary Care cluster arrangements and any vicarious liability to practices where a cluster-based health professional is providing direct care to the practice's registered patients.

GP Locums who are registered with and working to the terms of the All Wales Locum Register (AWLT) for Wales have access to the scheme for GMPI.