Health checks for people with learning disabilities

**Overview:** People with learning disabilities have poorer health than their non-disabled peers and evidence suggests that this is partly because of barriers associated with identifying ill health and ensuring timely access to healthcare services (Michael 2008).

**Current advice:** The Department of Health recommends that primary care services provide comprehensive annual health checks for people with learning disabilities using local or directly enhanced schemes. Local authorities should help to identify individuals who would benefit from, and would be eligible for, enhanced services.

It is recognised that undertaking comprehensive annual health checks will require considerable effort by primary care staff, therefore the DH advises that primary care services ensure the availability of resources including support from specialist learning disability community teams as appropriate. In addition, learning disability awareness training for mainstream health professionals should be supported.

**New evidence:** A systematic review summarised the available evidence for the impact of health checks on the health and well-being of people with learning disabilities (Robertson 2011).

A total of 38 publications were identified. These involved checking the health of more than 5000 people with learning disabilities from a range of countries including a full range of people with learning disabilities.

Three of the studies found were randomised controlled trials, one had a non-randomised matched control group, but the majority were looking at the outcome of clinical interventions. The studies consistently showed that there were unmet health needs in people with learning disabilities presenting for health checks. Despite this positive finding, the authors urge caution as the evidence is mainly from small scale studies. However, they conclude that health checks are effective in identifying previously unrecognised health needs, including life-threatening conditions. Future research should consider strategies for optimising the cost-effectiveness or efficiency of health checks.

**Commentary:** "In general the outcomes of this review are to be expected. However, the absence of chest conditions is surprising, particularly related to dysphagia. In the recent Improving Health and Lives report (Emerson et al. 2011) chest conditions were found to be a leading cause of death in people with learning disabilities, which supported evidence from the 2004 National Patient Safety Agency report, Understanding the patient safety issues for people with learning disabilities.

"Health checks will generate increased referrals and we need to ensure that services, such as community chiropody and auditory, can cope with the increased demands placed on them. However, in the long term, cost benefits are likely through improving quality of life, improving mental and physical health, and therefore supporting people to lead more independent and fulfilling lives."
Interestingly the study raises, but does not address, who completes the health checks, which may have cost implications depending on which professional undertakes them. As we continue to produce evidence and deliver training to Primary and Secondary care providers, we are beginning to see changes in practice. These relate to an understanding of the health needs of people with learning disabilities, production of accessible information, increased emphasis on consent and best interest decisions, and reasonable adjustments in response to disability equality duty. However, much still needs to be done to embed these changes throughout the NHS, and we need to ensure that health checks are consistent, of a good quality, and that the findings are translated into active health alliance plans. - Phil Boulter, Consultant Nurse at Surrey and Borders Partnership NHS Foundation Trust

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