

# **An initiative to improve awareness and increase engagement with annual health checks for people with learning disabilities**

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## **Introduction**

My project set out to improve health outcomes and reduce health inequalities for people with learning disabilities in Oldham by developing an initiative which would contribute to increasing the number of people attending learning disability annual health checks.

Annual health checks are available to people aged 14 years or over who are on their GP practice's learning disability register. The learning disability register is a list which each practice holds stating their patients with learning disability. Annual health checks help to identify unmet health needs, detect health problems early, make sure that current treatments are appropriate and familiarise patients with their GP practice. Evidence has shown they are beneficial for preventing disease, reducing avoidable emergency hospital admissions and supporting transition for young people into adult services.<sup>i</sup>

In my role as a GP, I have seen firsthand how annual health checks can help to tackle the health inequality experienced by people with learning disability and this formed the initial basis of my project idea.

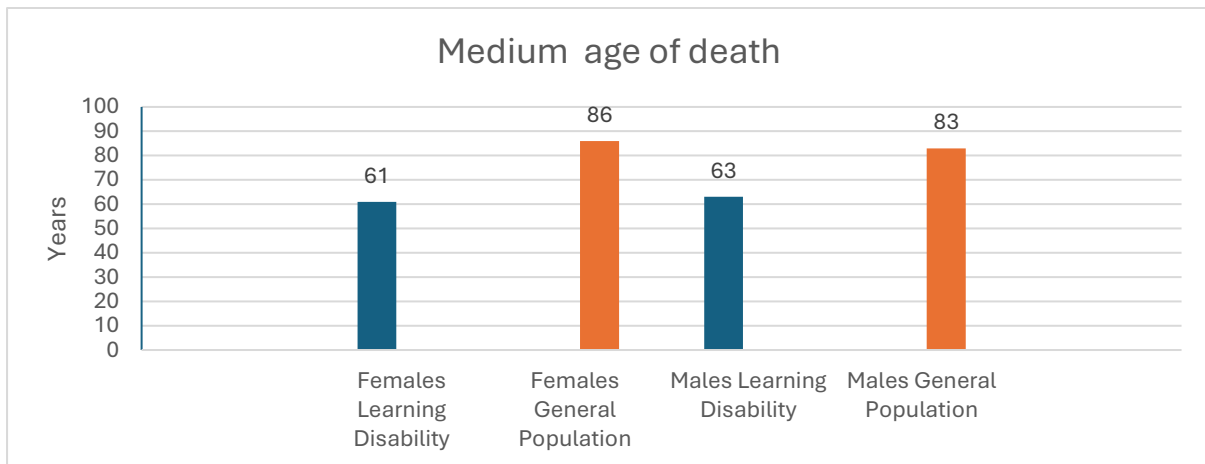
## **Background**

In the initial phases of the project, I endeavoured to broaden my understanding of the issues relating to health inequality experienced by people with learning disabilities and to explore the role of annual health checks in addressing the problem. Some of the key documents that were most relevant included:

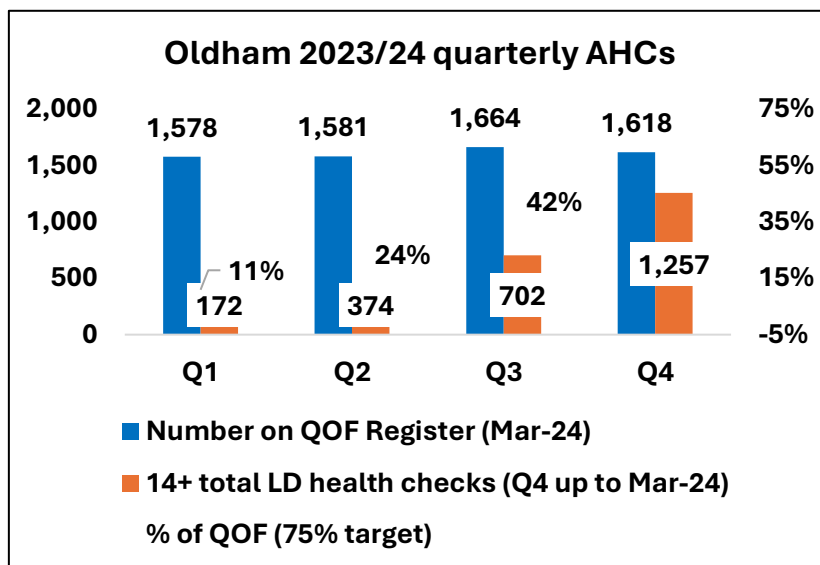
*Public Health England: Quality checking health checks for people with learning disabilities: A way of finding out what is happening locally.*<sup>ii</sup> Annual health checks were introduced in 2008 for people over 18 years old and were extended to include 14–17 year olds in 2014 to support a smooth transition into adult services. A systematic review of evidence in 2014 proved that health checks are effective in promoting health actions to address unidentified health needs and this supported the concept behind my project idea.

*Nuffield Trust: Preventing people with a learning disability from dying too young:* The report stated that only around 26% of people with a learning disability in England are on the learning disability register. This is concerning because if people are not on this register, they will not be invited for annual health checks. Recommendations were made, including that integrated care boards should organise targeted information campaigns to encourage people to join the register. This highlighted the need for my project to have an emphasis on encouraging and supporting people to join the GP learning disability register.

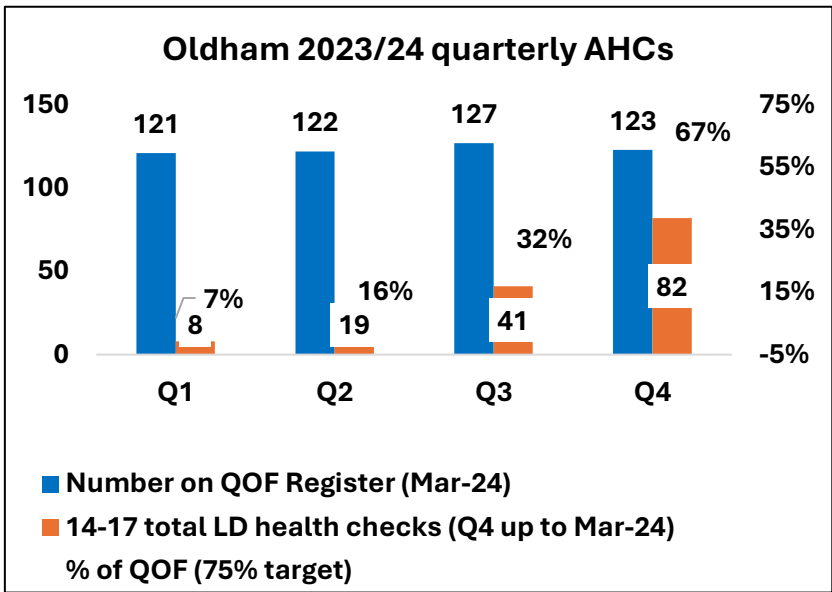
Greater Manchester LeDeR report 23/24:<sup>iii</sup> This report reviewed the lives and deaths of people with learning disability and/or autism to identify common themes. The report found that for females, with learning disability in Greater Manchester, the median age of death was 61 years and for males it was 63 years. This gives a disparity of 25 years and 20 years respectively in comparison to the general population. The report clearly demonstrated the need to tackle health inequality for people with learning disability in Greater Manchester at this current time, giving relevance and purpose to my project theme.



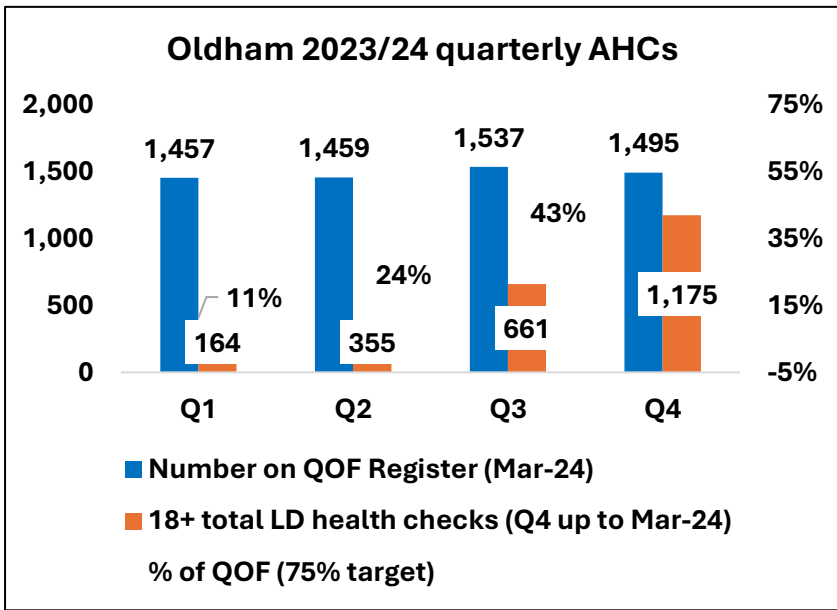
North West annual health checks data: This data included information about the number of people on the learning disability register and the number who had annual health checks in Oldham last year (April 23-March 24) according to age groups.



1618 people **aged 14 and above** were on the learning disability register. Of those 1257 had their annual health check. This gave an uptake of 77%.



123 young people **aged 14-17 years old** were on the learning disability register. Of those 82 had their annual health check. This gave an uptake of 67%.



1495 people **aged 18 years and over** were on the learning disability register. Of those 1175 had their annual health check. This gave an uptake of 78%.

The finding that annual health checks amongst 14-17 year olds was less than for those over 18 years old influenced my decision to focus on the younger population when rolling out the initiative.

*Greater Manchester Learning Disability and Autism health inequalities workplan for 24/25:<sup>iv</sup>*

This included a plan for targeted work to increase those 14-25 on the learning disability register and having an annual health check. This further supported my decision to prioritise targeting the younger population.

### **Project planning and scoping**

I also used the initial stages of my project to network so that I could better understand the roles of various organisations involved in supporting people with learning disability both within the NHS and the VCSE sector. I explored the work that was already being done to tackle health inequality for people with learning disability and considered what I could learn from successful projects/initiatives and where I might be able to link in with other organisations to support my project.

I met with the Greater Manchester senior clinical lead for learning disability and health inequalities alongside several members of the Oldham Community learning disability team who signposted me to key policies and documents. I was introduced to a learning disability champion in South Manchester who had been involved in work to improve uptake of annual health checks in her area. In addition to discussing how she raised awareness in her local area she also made me aware of the successful 'Letter to GP' scheme used in Devon in which young people were provided with a template letter to give to their GP asking to be put on the learning disability register and invited for a health check. I met with the chief executive for OPAL and the lead of the 'My health my way' project at Keyring. Both charities support people with learning disabilities, and I learnt of the substantial work they have already done to promote health and wellbeing. I was able to take ideas of what worked well from their projects and incorporate them into my own. Finally, I contacted Oldham College and Newbridge College to explore the possibility of linking in with them to reach my target population. I had a rapid response from Oldham College and initial meetings were promptly arranged but it took a little longer to engage in discussions with Newbridge College. This likely occurred because I had a named contact to approach at Oldham College whereas I approached Newbridge College via their generic academy email. Eventually, by chance I came across a staff member at Newbridge College who put me in contact with the 'living skills' lead. On reflection, I learnt the significant impact a personal approach can have when trying to engage others and influence change. Overall, my project aim and provisional ideas were met with positivity and enthusiasm. I was particularly humbled by the appreciation expressed by staff at the colleges and charities for pursuing a project which will support the health and wellbeing of the people they work with and for raising their own awareness and understanding of annual health checks.

## **Refining my aims and objectives**

At this stage of the project, my biggest challenge was deciding how to refine my project aim to make it most relevant and achievable. I had initially set out to increase uptake and improve quality of annual health checks. I considered that practices across Oldham could use the Public Health England annual health check audit tool to self evaluate their annual health checks and implement quality improvement but recognised that lack of engagement was highly likely to occur given the pressures practices are already under. I did however complete the audit and implement positive changes within my own practice. Some of the changes made at my practice included working alongside the community learning disability to validate our learning disability register, changing invites to telephone calls, targeted promotion of annual health checks and educating clinicians about the importance of providing printed health care action plans.

I refined my project aim to focus solely on uptake of annual health checks and opted to 'increase uptake of annual health checks for people aged 14-25 years old with learning disability in Oldham'. Despite multiple attempts to reach the exact source of the North West data regarding annual health checks I was unable to obtain a more detailed breakdown of data according to age group. I had intended to compare the numerical data specifically for uptake amongst 14-25 year olds at the start of my project with the same data at the end of the project to demonstrate positive impact. However, on reflection I recognised that numerical data would not be the only way in which positive outcomes could be demonstrated. I also considered that by stating such a specific age group in my project aim I was limiting the scope of my project as it was likely to reach out and impact people outside of this age group also. Consequently, my project title has been continually refined as my project has evolved to ensure that it encompasses all aspects of the project and demonstrates all outcomes.

The finalised aim of my project was to improve awareness and increase engagement with annual health checks for people with learning disabilities.

## **Understanding my target population**

Having gathered evidence to support my project theme I was now keen to explore the issue directly with those it effected. I held a focus group with young people who have learning disabilities to identify common themes which may be contributing to lack of uptake. Initially I planned to advertise my focus group publicly via local organisations involved in supporting people with learning disability. At this time, I was invited by a charity to participate in a women's health workshop for people with learning disability. It was a good opportunity for me to reflect on some of the practicalities I needed to consider for the focus group. These included ensuring attendees would be appropriately supported and accessing an appropriate public venue. This led to me considering an alternative approach in which I would hold a focus group at Oldham College with a group of their students. I felt this was a

more controlled setting which would overcome some of the potential issues I had considered.

The focus group with students was successful in engaging students in discussion about annual health checks, enabling me to assess levels of understanding/awareness and to identify topics which my project would need to address. Consideration was given to ways in which I could optimise engagement and reduce bias. Attendees were made to feel comfortable by setting ground rules and by ensuring activities allowed for everyone's thoughts and suggestions to be heard. This included the use of true/false cards, pictorial information and opportunities to clarify understanding. Common themes identified regarding barriers to accessing health checks included lack of awareness, not being invited (possibly due to not being on the register) and apprehension about what would happen at the health check. Questionnaires were also sent to parents and carers with a surprisingly high return rate, and which identified similar common themes to those raised by the students. The positive feedback and level of engagement by students, staff and parents/carers demonstrated to me that there was a need for my project and that delivering sessions to students was an effective way of increasing engagement and raising awareness.

### **Methodology**

I made plans to deliver sessions at Oldham College, Newbridge College and OPAL (charity providing independent advocacy services and activities to people with learning disabilities in Oldham) to raise awareness of annual health checks. The overall aim of the sessions would be to provide attendees with the knowledge and confidence to seek and attend annual health checks by considering five key questions; What are annual health checks? Why are they important? What is the learning disability register? What are health care action plans? And what are reasonable adjustments?

The sessions would all have a similar format but would be tailored to meet the needs of each group. At some of the sessions I would have a volunteer from Keyring (charity supporting vulnerable people to connect with their community) assisting me in delivering the session. The volunteer herself has a learning disability and had participated in delivering the 'my health my way' project where she was able to provide lived experience of accessing annual health checks. At the end of the sessions, attendees would receive a copy of the 'letter to my GP' template which they could use to inform their GP that they have a learning disability and wish to be on the register and invited to health checks. I would also provide a letter to parents/carers to explain the purpose of the session and an easy read leaflet about annual health checks, in line with accessible standards.

### **Sustainability**

When planning the rollout of the initiative I took into consideration sustainability and the potential for it to continue beyond the scope of my fellowship. I worked with Newbridge college to embed learning about annual health checks into their living skills curriculum this

year which will be covered by approximately 100 students. I had the capacity to deliver three of the lessons myself in person and provided a virtual lesson for the remaining seven classes. The teachers holding the virtual classes would use my prerecorded lesson alongside my lesson plan to support the students in participating with the activities and at the end of the lesson would provide each student with the easy read leaflet, letter to my GP template and letter to parents/carers. This adapted approach allowed for maximal coverage and impact.

### **Expected outcomes**

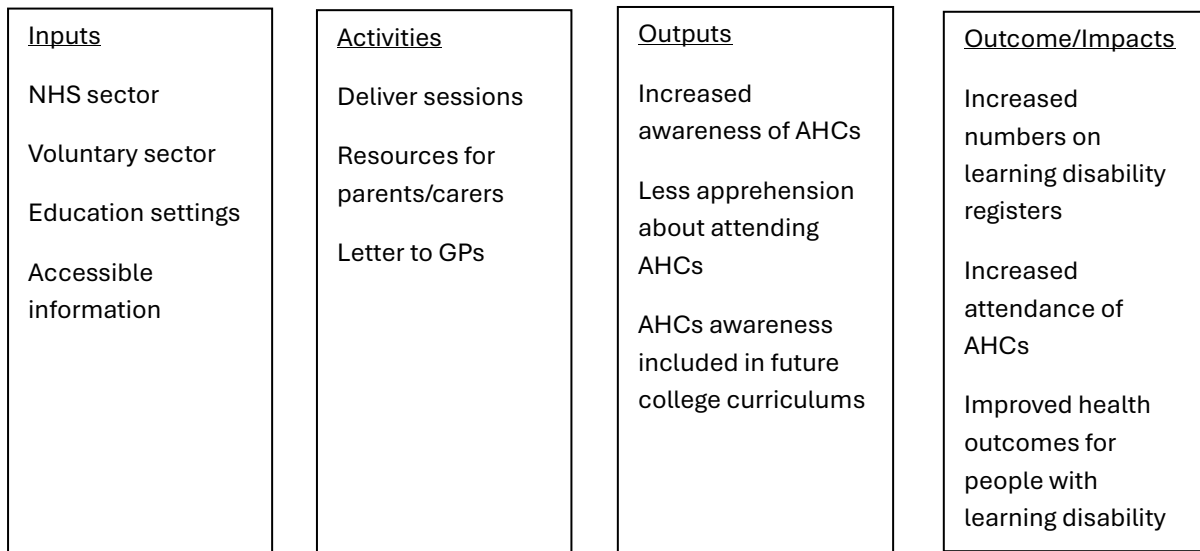
The expected outcomes of my project were to:

1. Increase awareness and understanding of annual health checks. This would be evaluated by briefly assessing baseline knowledge and awareness at the start and end of sessions. There had already been evidence of this outcome at the focus group where students demonstrated increased awareness and understanding by the end of the session via their responses within activities.

2. Increase the number of people on the learning disability register in Oldham. This assumed that some of the people who I reached out to with my sessions would not already be on the learning disability register and would choose to utilise the template 'letter to my GP'. It also relied on GP practices responding to the letter by adding the person to their register. It was difficult to create a way of tracking the outcome of the 'letter to my GP' scheme due to the crossover between education and healthcare systems and issues of confidentiality. After much consideration, I decided to follow up each session with a request for further feedback a few months later, including specific questions to gather the information about how, if at all, the 'letter to my GP' was used and the outcome.

3. Increase the number of people with learning disability in Oldham attending annual health checks. By raising awareness and providing people with the knowledge, skills and confidence to access annual health checks the initiative aimed to increase the number of health checks completed. I recognised that although the initiative may contribute to improving uptake of health checks, it would be difficult to directly correlate the initiative with improved uptake. However, it would be possible to demonstrate examples of how the initiative had contributed, for example, via testimonials from attendees/students.

## Logic Model



## Outcomes

The initiative was successful in increasing awareness and understanding about annual health checks amongst the people attending sessions. This was demonstrated in written and verbal feedback and can directly be seen in the photos taken at sessions and the written/pictorial work produced by students in the sessions. Below are some examples of feedback.

### Did you learn anything new? Can you give some examples?

“I learnt about annual health checks and what check ups you get with the annual health check. I learnt about the form I can take to the doctors to request a annual health checkup.”

“The form for the doctors and how to use the equipment.”

“I learnt what an annual health check is and that it happens yearly. What they check for at a health check. The importance of drinking water.”

“The form for the doctors and how to use the equipment.”





### Staff feedback

“Philippa presented a training session to raise awareness regarding Annual Health checks to the Future Finders cohort at New Bridge College. Our students are aged 19+ and are in their final year at college.

Philippa delivered a fantastic session, which held the attention of our students throughout and inspired them to listen, engage and learn.

Philippa pitched the session perfectly, keeping the language at a level that our students could follow and understand, providing enough encouragement and support to keep them working hard and willing to offer up their thoughts, answers and ideas.

The students were able to create posters later in the day, explaining what an annual health check is and why it is important, which showed their understanding of the topic.”



### Extracts from Newbridge College Blog

“One of the session’s most memorable moments was the practical demonstration. Dr Murphy provided stethoscopes, blood pressure monitors and finger pulse oximeters, allowing students to experience firsthand how health monitoring works. They eagerly listened to their own heartbeats and even checked each other's, making health topics come to life in a unique and engaging way.

Dr Murphy also provided students with letters to share with their GPs and parents/ carers, encouraging them to initiate conversations about annual health checks at home. This initiative aimed to promote proactive health management and empower students to take charge of their well-being.

We were pleased to see enthusiastic participation from various groups.

A huge thank you to Dr Murphy for her time and insights. Her visit underscored the importance of prioritizing health and inspired our students to make annual checks a part of their routine.”

After April 2025 I will be able to obtain the numerical data which aims to demonstrate whether the initiative has contributed to increasing numbers of people with learning disability on the register and attending for health checks in Oldham.

## **Conclusion**

Overall, the initiative which has been rolled out to improve awareness and increase engagement with annual health checks for people with learning disabilities in Oldham has been positively received and has demonstrated positive outcomes. The main strength of the initiative was the successful working relationships established between the NHS, voluntary sector and education sector. Limitations included access to specific age related and geographical data to directly demonstrate impact, however, several other methods were established to demonstrate positive impact. Following the initial rollout of the initiative there is now opportunity to share learning and scale up but implementing this requires resources, mainly in the way of person time, which will not be available long term. Discussions have taken place with the colleges about how they can use the resources I have provided to deliver their own lessons in future years as part of their living skills curriculum.

## **Recommendations**

- Fairer Health for All programme continues to share the learning from this initiative across Oldham and Greater Manchester.
- Key partners should be encouraged to collectively share resources and approaches that have been identified or developed through this initiative.

## **Personal Reflection**

On reflection, the fellowship was a fantastic opportunity to further my knowledge and understanding of the theoretical concepts of public health which I utilised in formulating my project and ensuring it was evidence based. It also demonstrated to me the significant role that interpersonal skills play in public health alongside the theoretical knowledge. My ability to relate to, listen to and engage with others played a key role in developing my project and it reminded of the significant impact that a personable approach can have on influencing change.

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<sup>i</sup> Morris J, Julian S (2024) 'Preventing people with a learning disability from dying too young' The Nuffield Trust. Available at [www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk) (Accessed 01/09/24)

<sup>ii</sup> Marriott A, Turner S, Hebron C (2017) 'Public Health England: Quality checking health checks for people with learning disabilities: A way of finding out what is happening locally'. Available at : [https://assets.publishing.service.gov.uk/media/5a822660ed915d74e3401ffb/Auditing\\_health\\_checks\\_tool\\_for\\_people\\_with\\_learning\\_disabilities.pdf](https://assets.publishing.service.gov.uk/media/5a822660ed915d74e3401ffb/Auditing_health_checks_tool_for_people_with_learning_disabilities.pdf)

<sup>iii</sup> 2023-24 NW AHCs excel spreadsheet courtesy of North West learning disability team

<sup>iv</sup> Greater Manchester Learning Disability and Autism health inequalities workplan for 24/25: Courtesy of Jenny Jones (Senior clinical lead for learning disability and health inequalities)<sup>iv</sup>