Leicestershire Partnership NHS Trust

HEALTH AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE: 3 JUNE 2026

REPORT OF LEICESTERSHIRE PARTNERSHIP NHS TRUST

LEARNING DISABILITY ANNUAL HEALTH CHECK – PROGRESS UPDATE

Purpose of report

1. This report provides an update on the work carried out by the Leicester, Leicestershire and Rutland (LLR) Learning Disability and Autism (LDA) Collaborative to increase the number of people with a learning disability (LD), aged 14+, receiving an Annual Health Check (AHC) from their primary care provider.

Background

2. People with a learning disability experience significantly poorer health outcomes and a higher rate of avoidable deaths compared with the general population. AHCs play a vital role in identifying unmet health needs early, ensuring timely and appropriate treatment, improving health promotion, and reducing inequalities. The LDA Collaborative seeks to ensure that every eligible person receives a high-quality, timely AHC and a Health Action Plan (HAP), supported by accurate registers, effective primary care relationships, and a strong focus on reducing inequalities across all LLR communities.

3. Where other Integrated Care Systems have centralised this activity to non-registered staff to increase coverage, the LDA Collaborative has a resolute commitment to ensure people with a learning disability are able to access this opportunity through their own GP. We believe this strengthens the relationship between both parties, ensuring the best possible opportunity for a holistic assessment of needs and proactive health intervention on these occasions and in future, and additionally provides a level of access that is in keeping with the risks experienced by this community. The LDA Collaborative commissions three LD Primary Care Liaison Nurses from LPT to provide expert support to primary care colleagues.

4. The LD AHC was introduced in 2009, under the Primary Medical Services Directed Enhanced Service (DES) contract, with a nationally mandated target of 75% of people aged 14+ on the LD Register.

5. The national target was removed by NHS England (NHSE) from April 2025 with encouragement for local systems to maintain focus on this important area of practice, continued performance reporting (see point 8 below) and incentivised funding for GP practices to maintain accurate LD registers. The LDA Collaborative's Board agreed a

local target of 80% and reiterated a firm commitment to increase the number of people on the LD Register, year on year.

6. The LDA Collaborative works with partners to identify people for inclusion in the LD Register; during 2025/26 increasing the number by a further 250 (4.9%). Table 1 below provides data from the NHSE national team and the final confirmed position for 2025/26. Whilst this demonstrates a slight reduction in percentage coverage there was again a further increase in the number of local people receiving an AHC (96 or 2.1%).

7. The number of people receiving an AHC in LLR has increased every year since the LDA Collaborative was established in 2021; exceeding the national target since 2022 and the performance of the majority of other ICS areas.

Number of Annual Health Checks carried out for persons aged 14 years and over on the QOF Learning Disability Register														Expected prevalence as per planning round	% Health checks against prevalence
LLR ICB	April	May	June	July	August	September	October	November	December	January	February	March	Total		
2021/22	59	131	193	155	188	212	288	375	316	394	542	729	3582	5451	65.7%
2022/23	77	105	216	245	344	330	267	355	284	434	583	651	3891	4993	77.9%
2023/24	104	180	258	275	349	366	336	472	325	511	611	541	4328	4999	86.6%
2024/25	154	221	309	348	290	335	388	506	314	504	627	493	4489	5097	88.1%
2025/26	140	215	329	394	346	439	390	408	396	583	477	468	4585	5347	85.7%

Table 1: Number of Annual Health Checks carried out for persons aged 14 years and over on the QOF Learning Disability Register (N.B. During 2021 there was a national issue with people being incorrectly added to the LD Register by NHSE, which is reflected in the higher prevalence number for that year).

8. The NHSE national planning metric related to AHCs for 2026/27 has been revised and now includes: *Percentage of people aged 14+ on the QOF Learning Disability Register with an annual health check and a health action plan (HAP).* LLR has recorded the number of HAPs completed as part of the AHC process in previous years and has consistently achieved high performance in this area (2025/26 – 99.7%). This will continue to be included as part of our regular performance reporting for this financial year.

9. Due to the high performance of the LLR system the LDA Collaborative was selected as one of two national pilot sites (alongside Northeast London ICB) to participate in a 12-month proof of concept pilot to develop and test the feasibility of combining the established health checks for severe mental illness (SMI) and learning disabilities (LD) with a new check for autistic people, into one combined health check. In January 2026 NHSE committed to the delivery of an autism health check across England.

10. The learning from project work to increase the quality and uptake of LD AHCs and the National Combined AHC work are informing LLR plans currently being implemented within the LDA Collaborative's well-established annual Health Equity Programme. Details of this work are included in this report.

LDA Collaborative Projects and Initiatives:

Increasing the number of people receiving an AHC: all ages

11. The LD Primary Care Liaison Nursing (PCLN) team in LPT works to support improved process and practice in primary care through education, quality improvement projects and practical clinical advice and support. The team is supported by the Clinical Lead GP within the Collaborative, Health Informatics staff and Collaborative leads.

12. During 2025/26 the PCLNs focused on reducing variation across practices by supporting GP practices to validate and expand LD registers to enable early identification of need, by undertaking targeted reviews, and by reducing barriers to access; with a specific focus on people living in the most deprived communities. This has included increased use of population health data to help practices prioritise individuals most at risk or living in the most deprived 20% of areas.

13. This work has also included regular engagement sessions with Primary Care Networks (PCNs), GP practices and ICB colleagues to review progress and address variation. A significant feature of this work is to encourage practices to complete a larger proportion of AHCs earlier in the year to stabilise activity and ensure those individuals who are the most vulnerable during winter months have proactive care plans in place. The impact of this work can be seen in Table 2 below.

Table 2: Table showing change in AHC activity to earlier in the financial year to support timely clinical intervention and service stabilisation.

14. The work of the PCLNs is enhanced by a developing GP Ambassador network, increasing communication and support to primary care colleagues, their regular practice visits and a collaborative troubleshooting approach. The PCLNs have also led the GP LD Friendly Practice Award to recognise and communicate good practice in improving access and reducing barriers for people with a learning disability.

Strengthened DNA and Decline Monitoring

15. In 2025/26, enhanced monitoring of Did Not Attend (or Was Not Brought) data, and incidences of AHC appointments being declined, has enabled targeted support to practices and individuals; improving systems and processes and ensuring risks to individuals are assessed and addressed. In 2025/26 over 100 DNA/WNBs were recorded and a similar number of declined appointments.

Improving the Quality of AHCs and HAPs

16. NHS England's Learning Disability and Autism Programme (2025) and NICE indicator IND266 (2023) on learning disability health checks and action plans, both highlight the importance of the quality and consistency of care delivered in primary care settings. In 2025/26 practices have been supported to improve the quality and completion rate of HAPs, with the programme expectation that every AHC should be accompanied by a meaningful HAP.

17. Ensuring local targets are stretching, but remain achievable, has allowed increased focus on the quality of AHCs and HAPs in 2025/26, through the interventions of the PCLN team and the Lead GP. Quality-improvement work and evaluation of the enhanced AHC template showed disparities in practice that directly affected the experience and outcomes of people with a learning disability and the team continue to address these. A particular focus being the creation of actionable HAPs to support continuity of care and improved health outcomes.

18. This work continues in 2026/27 with a project to refine and improve the local HAP template, using experiences and insights from both patient and clinician engagement activities. This improvement work directly reflects national guidance on personalised, co-produced action planning as one approach for tackling longstanding health inequalities among people with a learning disability (NHSE and LeDeR).

Increasing uptake of annual health checks: 14–19

19. Attendance at AHCs among people aged 14-19 was identified as being significantly lower to other age groups; therefore a project was initiated during 2025/26 to establish a process that ensured more children and young people (CYP) with a LD were accurately identified on GP LD Registers and consistently invited to attend their LD AHC.

20. The project involved a multi-agency working group across education, health and social care and utilised insights from collaborative discussions to understand where improvements could be made. The main outputs from this project were:

    - Improving clinical coding pathways: implementing changes to the Community Paediatric SystmOne template to enable services to directly add a young person to the LD Register using the appropriate SNOMED codes;

    - Updating the CAMHS SystmOne template (increasing functionality) to ensure young people were identified and coded consistently;

- Creating a LD Screening Tool for young people to support consistent identification of those who should be added to the GP LD Register;

- Promoting LD AHCs to young people, their parents and carers and education professionals to ensure they understand the purpose, benefits and process.

21. Overall, the project has delivered practical system improvements, enhanced coding pathways, strengthened data quality and tools that support earlier and more accurate identification. These changes contribute to improved access to AHCs, better preparation for adulthood and reduced health inequalities for CYP with learning disabilities across LLR.

Focus on Reducing Inequalities

22. In 2025/26 greater attention was given to supporting individuals from the most deprived communities. Work led through the GP LD Friendly Practice Award and work on accessible environments have helped reduce barriers to attendance.

23. This work has been complimented by actions to identify people who have declined, did not attend or were not brought either for their AHC or other appointments.

24. The work will continue in 2026/27 with the team embedding the GP LD Friendly Practice Award across all practices, further enhancing relationships with primary care, improving communication and engagement with families and carers, and providing targeted support to practices with persistent performance challenges.

The National Combined Health Check Pilot

25. Due to our high performance, the LLR system was selected as one of two national pilot sites (alongside Northeast London ICB) to participate in a 12-month proof of concept pilot to develop and test the feasibility of combining the established health checks for severe mental illness (SMI) and learning disabilities (LD) with a new health check for autistic people into one combined health check.

26. The purpose of the pilot was to establish if people with a SMI, LD and autistic people, as well as clinicians and practice staff, derive the anticipated benefits from reduced duplication and greater personalisation of the annual health check process. Many people are eligible for more than one of these three health checks.

27. The pilot included people aged 14 years or over who are registered with an NHS practice; increasing the inclusion for SMI health checks. Work included commissioning of an independent evaluation partner, creating new contracting arrangements, clinical template and related IT developments for national use, GP practice selection, developing training packages for the different staff groups involved, pathway development, creation of multimedia accessible information resources, curation of resources for future implementation leads, and delivery of over 500 health checks using this approach.

28. The final evaluation will be published in quarter 1 of 2026/27 and will address the tolerability of the combined check for all parties, barriers to success, planning lessons, cost analysis and recommendations for policy implementation.

29. Health checks for autistic people in the pilot resulted in safeguarding, audiology, continence, contraception and mental health referrals, cervical, bowel and breast cancer screening referrals, carer assessments, and significant use of social prescribers, home visits, specialist dentistry support, and increased use of respect and advanced end of life care documentation.

30. The impact of health checks for autistic people with more acute needs in the pilot has been significant. To support the implementation of the Mental Health Act reforms, and the related need for improved community support for autistic people, the LDA Collaborative will be commissioning a targeted autism health check pilot in 2026/27 for the most vulnerable.

Learning from 2025/26:

31. The learning from 2025/26 is as follows:

- Early and consistent engagement with PCNs has driven better performance in primary care in terms of both quality and activity;
- A combined approach of nursing and medical clinical leadership has provided effective and thorough oversight of AHC progress;
- Effective project management and data analysis has enabled accurate tracking of activity and adjustment of plans to best target quality improvement interventions;
- Practices need clear guidance and support on what high-quality AHCs and HAPs look like;
- Coding of DNAs/WNBs and declines is inconsistent across practices and requires standardisation;
- Performance remains variable across PCNs, indicating the need for targeted and ongoing support;
- Following feedback from practices the GP LD Friendly Practice Award self-assessment tool was reviewed and streamlined to further increase engagement. Good practice is evident across LLR with 9 practices awarded Gold or Silver in the GP LD Friendly Practice Award, with interest or partial completion in other practices and commitments from both PCN's and Practices going into 2026/27.

Plans for quality improvement work in 2026/7

32. Further deep-dive work is needed into high-DNA/WNB practices to identify barriers and develop tailored improvements alongside the Collaborative's second year of work focused on improving the quality and consistency of HAPs.

33. The team will be striving to sustain register validation to capture newly eligible individuals and improve accuracy of data and will be providing focused support to PCNs and practices with persistent performance variation.

34. The PCLN team and GP Lead will be embedding the GP LD Friendly Practice Award across all practices and further strengthening the network of LD GP Ambassadors;

strengthening positive relationships to enhance further quality monitoring and improvement for HAPs.

35. The objective of the Collaborative is to slightly increase the coverage rate (to 82%), providing opportunity for further work on quality improvement and timely targeting of those at greatest risk; improving consistency in coding of DNA/WNB and incidences of appointments being declined. The team are already working to sustain early-year momentum to avoid end-of-year pressure distorting relationships and improvement activities.

Conclusions

36. This report sets out the need for continued support to ensure people in LLR with a learning disability have access to a high-quality AHC. It describes the context in which this work is being undertaken, the detailed project planning, data analysis, professional and operational leadership and collaboration underway to achieve this.

37. The report also notes the sustained high performance of the LDA Collaborative's work; combining rigorous and impactful project management together with mature systemwide relationships, and the opportunities locally and nationally for learning that this has presented.

38. Finally it sets out the balance being sought between stretching targets and developmental and high-quality intervention for those most at risk within the resources available.

39. The scrutiny committee's comments on the activities, progress and plans of the LDA Collaborative in enabling partners to provide high quality and timely annual health checks for people with a learning disability are welcomed.

Circulation under the Local Issues Alert Procedure

40. None.

Equality Implications

41. There are no equality implications arising from this report.

Human Rights Implications

42. There are no human rights implications arising from this report.

Other Relevant Impact Assessments

43. Not applicable

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