

# WELSH HEALTH CIRCULAR



Llywodraeth Cymru  
Welsh Government

**Issue Date:** 03.02.2016

**STATUS: ACTION**

**CATEGORY: QUALITY & SAFETY**

**Title: HEALTH ISSUES AND LEARNING DISABILITY**

**Date of Expiry / Review:** 03.02.2016

**For Action by:**

Chairs  
Chief Executives  
Board Secretaries  
Medical Directors  
Directors of Nursing

**For Welsh Government Action (or information):**

DG/Chief Executive NHS Wales  
Deputy Chief Exec NHS Wales  
Professional & Policy Leads  
DHSS Operations Team  
DHSS Comms Team  
DHSS Digital Team

**Action required by:** See paragraph 9

**Sender:** Jean White – Chief Nursing Officer

**DHSS Welsh Government Contact(s) :**

Jean White: CNO - Nursing Directorate – [jean.white@wales.gsi.gov.uk](mailto:jean.white@wales.gsi.gov.uk) – 02920 825517  
Sue Beacock: Nursing Directorate – [sue.beacock@wales.gsi.gov.uk](mailto:sue.beacock@wales.gsi.gov.uk) – 02920 370369

**Enclosure(s):** None

1. This circular summarises the duties of health boards in respect of meeting the health care needs for patients who have learning disabilities, specifically in the following areas:
  - The implementation and use of the care bundle 'Improving General Hospital Care for Patients who have a Learning Disability'
  - The uptake of the 'All Wales Annual Health Check' process.
2. The care bundle 'Improving General Hospital Care for Patients who have a Learning Disability' was launched in January 2014 and its implementation across NHS Wales was reviewed in 2015. The review and subsequent evidence suggests that the uptake and use of the bundle varies across the health boards in Wales. Whilst some health boards have made significant progress, compliance with care bundle implementation plans, that have been developed by all health boards, has not been achieved fully in any.
3. The 'All Wales Annual Health Check' for people with learning disabilities was instigated in 2007, yet its uptake is low and the quality of impact is variable.
4. Both issues are interlinked as they involve access to healthcare for this vulnerable group of patients.
5. Both policies are greatly enhanced by the deployment of acute liaison services, led by learning disability nurses, however not all health boards have this provision. Health boards are therefore requested to give due consideration to the development of liaison services for people with learning disabilities, where they do not exist.
6. Learning disability health care is often seen as the domain of learning disability health services, clearly this is not the case as the care bundle applies to general hospitals and the annual health check is delivered in primary care. Health boards are requested to identify a lead officer to oversee health issues for patients with learning disability. It is recommended that the lead be from general hospital care but that they are supported in this task by the local learning disability health care services.
7. A learning disability health group is being established to support implementation of health strategies for people with learning disabilities starting with the care bundle and the annual health check. Each health board should ensure their nominated lead officer is a member of this group.
8. The purpose of the learning disability health group will be to: establish good practice guidance on implementation of the care bundles; support the development of learning disability health care services; and offer all health boards support in issues such as accessing appropriate training and education for staff; monitoring implementation every six months. The group will be supported by MENCAP Cymru.
9. I am requesting that you nominate a lead officer to be a member of the learning disabilities health group, the nomination should be forwarded to Sue Beacock at the contact address above, by the 20<sup>th</sup> February 2016, there is a training event planned for the 16<sup>th</sup> March 2016 for members of the group. I ask that you consider the following in making that nomination:
  - a. That the person nominated does not come from the learning disability directorate or service
  - b. They are able to make links with primary care
10. Monitoring of compliance with the two policies set out in section 1 will be undertaken annually.