

Information for Primary Care Trusts, Local Authorities and Strategic Health Authorities

Equal Treatment: Closing the Gap



A formal investigation into physical health inequalities experienced by people with learning disabilities and/or mental health problems

Why we conducted this investigation

Commissioners are charged with assessing need and planning services for the whole community. The acid test of each local health service is not whether it works for people who are generally healthy but whether it benefits those with the shortest life expectancy, the greatest problems accessing services and the biggest risk that poor health will stop them taking part in society. Meeting these health needs is about targeting scarce resources where they are most needed: to ensure early intervention prevents avoidable ill health and crises later, by

building into contracts the requirement that providers take the simple, low or no cost steps that enable excluded groups to access services easily.

International evidence shows that people with learning disabilities and/or mental health problems die younger than other citizens. They live with poorer health which stops them participating in their communities and in the economy. We launched this investigation to better understand these inequalities in England and Wales, their causes and what can best be done to address them.

How we undertook the investigation

This investigation is unique internationally in bringing together three powerful sets of data to inform robust recommendations:

- New research – the most comprehensive study of primary care records and mental health issues in the world (eight million primary care records), coupled with Area Studies in four areas, extensive consultation with service users and providers and evidence reviews. This enabled us to undertake detailed exploration of health inequalities, barriers to services and potential solutions.
- Written and oral evidence analysed by a high level Inquiry Panel, including leaders in health policy, general practice, nursing and people with learning disabilities or mental health problems. They generated recommendations designed to work practically in the newly configured national health services.
- Collation of existing evidence through literature review.

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The full report, all the primary research and evidence reviews are available at www.drc-gb.org/healthinvestigation

What we found out

We found that people with mental health problems have higher rates of obesity, smoking, heart disease, high blood pressure, respiratory disease, diabetes, stroke and breast cancer than other citizens. People with learning disabilities have higher rates of obesity and respiratory disease, and high levels of unmet needs. One internationally new finding from the investigation is that people with schizophrenia are almost twice as likely to have bowel cancer as other citizens. Both groups are likely to die younger than other people. People with mental health problems are more likely than others to get illnesses like strokes and coronary heart disease (CHD) before the age of 55. Once they have them, they are less likely to survive for more than five years.

We have also identified variable levels of healthcare interventions:

- People with learning disabilities who have diabetes have fewer measurements of their body mass index (BMI) than others with diabetes. Those with stroke have fewer blood pressure checks than others with a stroke. They also have very low cervical and breast cancer screening rates.
- For people with mental health problems, some tests and standard treatments – such as spirometry to identify respiratory illness or cholesterol checks and statins for people with heart disease – are given less often than to people without mental health problems.
- Both people with learning disabilities and people with mental health problems experience ‘diagnostic overshadowing’: that is, reports of physical ill health being viewed as part of the mental health problem or learning disability, and so not investigated or treated. If problems are missed, people experience ill health and its attendant risks unnecessarily.

- There is no evidence that information on the physical health needs of people with learning disabilities and/or mental health problems is either regularly collated or used locally by commissioners to develop improved services.

Access to services is often far from ideal. There are examples of positive practice but many primary care services are not making 'reasonable adjustments'. These could be simple things like making appointments by email, providing treatment information in large print, on tape or in Easy Read, or offering text or phone appointment reminders. (These have been required by the Disability Discrimination Act since 1999.) Implementing them would be straightforward and inexpensive, thereby reducing missed appointments, improving early intervention for high risk groups and improving standards of service for everyone.

We are not convinced that the health service is ready for the new Disability Equality Duty (DED), in force from December 2006. There is an expectation embedded in this new duty not just that disabled people should be treated 'the same' as others but that, in order to achieve equal outcomes, they should, when needed, be treated differently. The DED is a very useful tool, improving quality, access and the patient experience.

What you can do to improve things

1. Create a strategic lead to prioritise reducing these inequalities in your organisational objectives.
2. Use the DED as the major framework to work towards more equal outcomes, through evidence gathering, impact assessments and involving disabled people.
3. Analyse the physical health needs, experiences and views of people with learning disabilities and/or mental health problems in your area as part of the local strategic assessment of need. Use this data directly to commission services to close gaps of inequality.
4. Identify groups who may need outreach or new service models to ensure they get primary care, to at least the same standard required for everyone (for instance, people in residential care, inpatient psychiatric units and long stay hospital provision need to receive primary care to Quality and Outcomes Framework standards).
5. Build robust disability access and quality standards into all contracts with providers, in the public, private and voluntary sectors.
6. Track progress by monitoring trends in morbidity, survival rates, diagnosis, condition management and patient experience – guidance is available at www.drc-gb.org/healthinvestigation
7. Monitor the quality of health checks carried out for people with serious mental health problems.
8. Provide incentives, for instance through a Local Enhanced Service, to ensure regular health checks are provided for people with learning disabilities.
9. Identify people who have been removed from GPs' lists or found difficulty registering, in order to spot and rectify any discrimination due to someone's learning disability and/or mental health problem.
10. Ensure all people with learning disabilities receive a Health Action Plan and that people on the Care Programme Approach receive a physical health check as part of their care plan.

What the DRC will be doing next

We are embarking on a programme to ensure that the investigation findings lead to better practice. We shall be working with the Department of Health, the Welsh Assembly Government and others in key positions to effect change.

Find out more

To read the full report, the conclusions of our Inquiry Panel and investigation evidence reports and to find out more about our work on health please go to www.drc-gb.org/healthinvestigation

If you have any particular questions or issues you would like to discuss please email us at healthfi@drc-gb.org

For general information on making health services accessible to disabled people, download the joint Department of Health/DRC booklet 'You can make a difference' at www.drc-gb.org/makeadifference

Equal Treatment investigation publications

The publications below are available electronically at www.drc-gb.org/healthinvestigation Those marked with an asterisk are also available in hard copy and can be ordered from the DRC Helpline **08457 622 633**, textphone **08457 622 644**.

Equal Treatment investigation report – Part 1*

Equal Treatment investigation report – Part 2 (Inquiry Panel) Wales report*

Summary for health commissioners (England only)*

Summary for practitioners*

Summary for disabled people*

Easy Read report*

Evidence from the literature review

Health inequalities monitoring tool

Investigation research reports

An Equal Treatment investigation DVD has also been produced, which will be particularly useful for primary care practitioners and for trainers. Limited copies are available and can be ordered from the DRC Helpline.