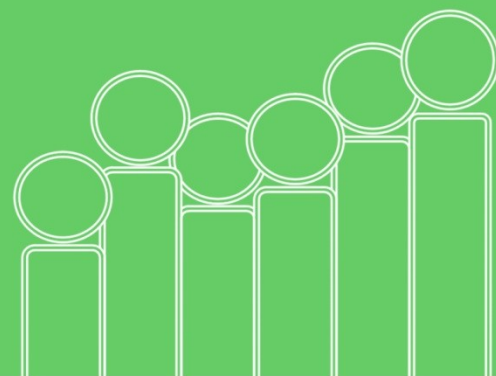




Improving Health and Lives:
Learning Disabilities Observatory

The Uptake of Health Checks for Adults with Learning Disabilities: 2008/9 to 2010/11

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Background

1. People with learning disabilities have significantly poorer health than their non-disabled peers.¹ The poorer health of people with learning disabilities results, in part, from difficulties in identifying ill health among people with learning disabilities and gaining timely access to appropriate services.¹⁻⁴
2. A robust body of evidence suggests that the provision of health checks for people with learning disabilities in primary care settings is effective in identifying previously unrecognised morbidity, including morbidity associated with life-threatening illnesses.^{5,6}
3. Following a Formal Investigation, in 2006 the Disability Rights Commission recommended the introduction of annual health checks for people with learning disabilities in England as a reasonable adjustment in primary health care services to the health inequalities faced by people with learning disabilities.² In its response to this report, the Department of Health in 2007 stated that it was 'committed to introducing regular, comprehensive health checks for people with learning disabilities. We believe introducing health checks is a vital step as the evidence shows these are the best way to improve the health of people with learning disabilities.'⁷
4. The introduction of annual health checks for adults with learning disabilities in England (as part of a Directed Enhanced Service [DES]) was also recommended by the 2008 Independent Inquiry into Access to Healthcare for People with Learning Disabilities.³ In September 2008 the NHS and the British Medical Association announced plans for a DES to deliver annual health checks.
5. In February 2009 directions were published by the Department of Health that required Primary Care Trusts (PCTs) to offer GP practices in their area the opportunity to provide health checks for adults with learning disabilities as part of a Directed Enhanced Service. The DES was originally agreed for two years (2008-9 and 2009-10) and has been extended for at least another two years (2010-11 and 2011-12).
6. Previously we reported on progress in implementing annual health checks for the period 2008/9 and 2009/10.⁸
7. This report summarises progress in implementing annual health checks across PCTs and Strategic Health Authorities (SHAs) in England for the years 2008/9, 2009/10 and 2010/11.

Data Collection

8. Data on the uptake of health checks by adults with learning disabilities has been collected from PCTs by the Information Centre for Health and Social Care (<http://www.ic.nhs.uk/services/omnibus-survey/using-the-service/data-collections/ld-health-checks>).
9. Information was collected from PCTs on (1) the number of people with learning disabilities receiving a health check; and (2) the number of people with learning disabilities eligible for a check.
10. PCTs were instructed to report only health checks that met the requirement of the DES specification. These included that the health check was undertaken by a provider with appropriate training and was based on a local protocol that included the following: a review of physical and mental health with referral through the usual practice routes if health problems are identified; health promotion; a review of chronic illness; a physical examination; a review of epilepsy; a review of behaviour and mental health; a syndrome specific check; a check on the accuracy of prescribed medications; a review of co-ordination arrangements with secondary care; a review of transition arrangements where appropriate.
11. PCTs were instructed to determine the number of people eligible. People were eligible if their GP had identified them as having a learning disability and they were also known to social services primarily because of their learning disability. The clinical Guidance for the DES specifies that it is the number of "Learning disabled clients known to Councils with Adult Social Services Responsibilities (CASSR): those clients who are assessed or reviewed in the financial year and who have received a service, as well as those who are assessed and/or reviewed but who have not received a service. In addition, include learning disabled clients who should be reviewed by the CASSR in a financial year but are not."
12. In 2008/9 returns were made by 138 of 152 PCTs (91%). In 2009/10 and 2010/11 returns were made by all PCTs.

Results

Overall

13. The number of adults with learning disabilities reported to be eligible for a health check and the number of adults with learning disabilities reported to have received a health check in England over the three year period 2008/9-2010/2011 are presented in Table 1.

Table 1: Uptake of Health Checks 2008/9-2010/11				
	2008/9	2009/10	2010/11	% Change 2009/10- 2010/11
Number of people who received a health check	27,011	58,919	72,782	+24%
Number of people eligible to receive a health check	118,230	145,130	149,480	+3%
				Change in % Coverage
% of eligible people who received a health check	23%	41%	49%	+8%

14. Between 2008/9 and 2009/10 the number of adults with learning disabilities reported to have received a health check rose by 118% from 27,011 to 58,919. Over the same period the number of adults with learning disabilities reported to be eligible to receive a health check rose by 23% and percentage uptake by 18% points (from 23% to 41%). Part of these rises can be attributed to incomplete PCT returns in 2008/9.⁸
15. Between 2009/10 and 2010/11 the number of adults with learning disabilities reported to have received a health check rose by 24% from 58,919 to 72,782. Over the same period the number of adults with learning disabilities reported to be eligible to receive a health check rose by 3%. Percentage uptake rose by 8% points from 41% to 49%.
16. Doubt has been expressed about the accuracy of practice-based registers of adults with learning disabilities.⁸⁻¹⁰ Inspection of the PCT returns for 2010/11 indicated that a small number of PCTs reported very low estimates of the number of adults with learning disabilities eligible to receive a health check. To explore this issue further we calculated for each PCT, SHA and for England the population-based prevalence of adults with learning disabilities reported to be eligible to receive a health check. Overall, this group made up 0.35% of the adult population of England. SHA prevalence rates varied from 0.30% in London to 0.48% in the North East. These prevalence rates are, as would be expected, slightly lower than the prevalence of adults with learning disabilities identified through the most recent available GP-based Quality and Outcomes Framework (QOF) registers (0.42% for England, although this figure is for 2009/10, the year before the current data). Given that the lower prevalence rates in London could well reflect increased rates of out-of-area placements,¹¹ we then compared PCT prevalence rates with the overall prevalence rates for their SHA.

17. Eight PCTs reported prevalence rates that were more than 50% lower than the rate for the SHA as a whole.^a If these 'outliers' are excluded from the 2009/10 and 2010/11 returns (see Table 2), the number of adults with learning disabilities reported to have received a health check rose by 26%, the number of adults with learning disabilities reported to be eligible to receive a health check rose by 7%. Percentage uptake rose by 7% (from 41% to 48%).

Table 2: Uptake of Health Checks 2008/9-2010/11 (excluding 2010/11 outliers)				
	2008/9	2009/10	2010/11	% Change 2009/10- 2010/11
Number of people who received a health check	25,528	56,018	70,326	+26%
Number of people eligible to receive a health check	111,858	135,931	145,402	+7%
				Change in % Coverage
% of eligible people who received a health check	23%	41%	48%	+7%

^a Cornwall and Isles of Scilly PCT (prevalence 0.01%, 3% of overall SHA rate), Havering PCT (prevalence 0.09%, 30% of overall SHA rate), Hounslow PCT (prevalence 0.12%, 41% of overall SHA rate), Surrey PCT (prevalence 0.14%, 43% of overall SHA rate), Kensington & Chelsea PCT (prevalence 0.14%, 45% of overall SHA rate), Leeds PCT (prevalence 0.15%, 45% of overall SHA rate), West Essex PCT (prevalence 0.16%, 48% of overall SHA rate), South Staffordshire PCT (prevalence 0.17%, 45% of overall SHA rate),

Variation by SHA and PCT

18. Table 3 shows the number and percentage of people reported by PCTs to have learning disabilities who received health checks in 2009/10 and 2010/11 by SHA.

Table 3: Uptake of Health Checks 2009/10-2010/11 by Strategic Health Authority			
	2009/10	2010/11	% Change
Number of People Receiving a Health Check			
North East	2625	3685	+40%
North West	8193	9837	+20%
Yorkshire & Humber	5809	7739	+33%
East Midlands	5496	7314	+33%
West Midlands	6062	6515	+7%
East of England	6028	8267	+37%
London	7129	9314	+31%
South East Coast	4236	5094	+20%
South Central	3390	3850	+14%
South West	9951	11167	+12%
Number of People Eligible to Receive a Health Check			
North East	6816	9973	+46%
North West	18868	20885	+11%
Yorkshire & Humber	14839	14030	-5%
East Midlands	11883	12942	+9%
West Midlands	15893	16480	+4%
East of England	15721	15832	+1%
London	19442	20069	+3%
South East Coast	14038	11554	-18%
South Central	9654	10469	+8%
South West	17976	17246	-4%
Percentage of Eligible People Receiving a Health Check			Change in % Coverage
North East	39%	37%	-2%
North West	43%	47%	+4%
Yorkshire & Humber	39%	55%	+16%
East Midlands	46%	57%	+11%
West Midlands	38%	40%	+2%
East of England	38%	52%	+14%
London	37%	46%	+9%
South East Coast	30%	44%	+14%
South Central	35%	37%	+2%
South West	55%	65%	+10%

19. Table 4 shows the number and percentage of people reported by PCTs to have learning disabilities who received health checks in 2009/10 and 2010/11 by SHA excluding the eight 'outlier' PCTs.

Table 4: Uptake of Health Checks 2009/10-2010/11 by Strategic Health Authority (excluding 2010/11 outliers)			
	2009/10	2010/11	% Change
Number of People Receiving a Health Check			
North East	2625	3685	+40%
North West	8193	9837	+20%
Yorkshire & Humber	5161	7171	+55%
East Midlands	5496	7314	+33%
West Midlands	5595	6031	+38%
East of England	5988	8074	+35%
London	6904	9019	+31%
South East Coast	3680	4223	+15%
South Central	3390	3850	+14%
South West	8986	11122	+24%
Number of People Eligible to Receive a Health Check			
North East	6816	9973	+46%
North West	18868	20885	+11%
Yorkshire & Humber	13678	13084	-4%
East Midlands	11883	12942	+9%
West Midlands	15114	15665	+4%
East of England	15206	15472	+2%
London	17983	19439	+8%
South East Coast	10905	10279	-6%
South Central	9654	10469	+8%
South West	15824	17194	+9%
Percentage of Eligible People Receiving a Health Check			Change in % Coverage
North East	39%	37%	-2%
North West	43%	47%	+4%
Yorkshire & Humber	38%	55%	+17%
East Midlands	46%	57%	+9%
West Midlands	37%	38%	+1%
East of England	39%	52%	+13%
London	38%	46%	+8%
South East Coast	34%	41%	+7%
South Central	35%	37%	+2%
South West	57%	65%	+8%

20. The apparent conflict in the North East data between significant growth in the number of health checks delivered and a small reduction in percentage uptake reflects a very marked growth (46%) in the number of people deemed eligible.
21. Full data tables at PCT level are available for download at [<http://www.ihal.org.uk/gsf.php5?f=11295>]. Interactive maps of data can be inspected at [<http://www.improvinghealthandlives.org.uk/numbers/checks/maps2011/>].
22. The variation in performance at PCT level was substantial. In 2009/10 the bottom 10% of PCTs provided health checks for fewer than 14% of adults with learning disabilities. This year the bottom 10% provided checks for fewer than 25%. In contrast the top 10% of PCTs provided health checks for 67% of identified adults in 2009/10 and nearly 70% this year.
23. Change (difference in percentage points) between 2009/10 and 2010/11 in the percentage of eligible adults who received a health check across PCTs is illustrated in Figure 1 (each column represents a PCT with PCTs arranged from those with the greatest decline to those with the greatest growth in coverage).

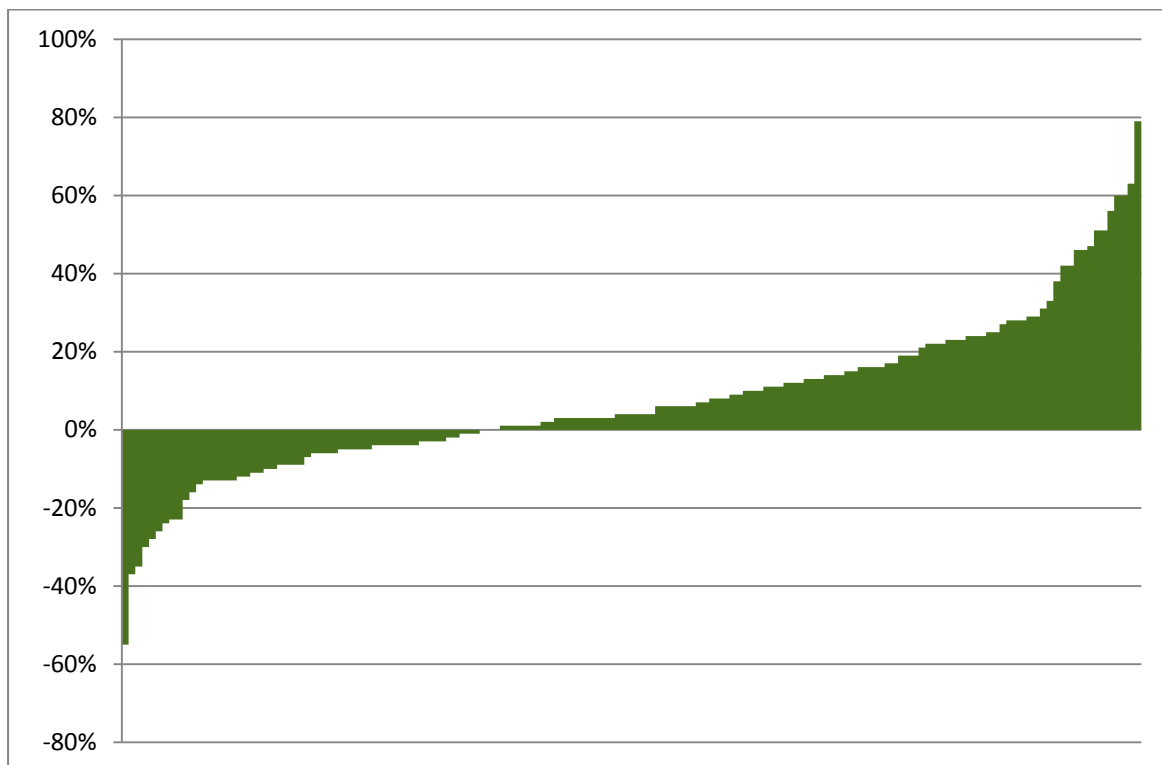


Figure 1: Change in Percentage Points of Percentage of Adults Receiving a Health Check 2009/10-2010/11 by PCT

24. Over one in three PCTs (36%) reported a reduction in the percentage uptake of health checks between 2009/10 and 2010/11. Twenty three PCTs (15%) reported a reduction of 10 percentage points or more. Within this group, the reduction reflected a 54% overall increase in the number of adults being deemed eligible to receive a health check, a rate of change considerably greater than the 7% increase in the number of health checks delivered.

25. In contrast, thirty three PCTs reported an increase of 20 percentage points or more in the uptake of health checks between 2009/10 and 2010/11. Within this group, increased uptake rates were associated with a 23% *decrease* in the number of adults being deemed eligible to receive a health check combined with a 96% growth in the number of health checks delivered.

26. Figure 2 illustrates the variation in reported uptake of health checks across all PCTs in England (excluding the eight 'outliers').

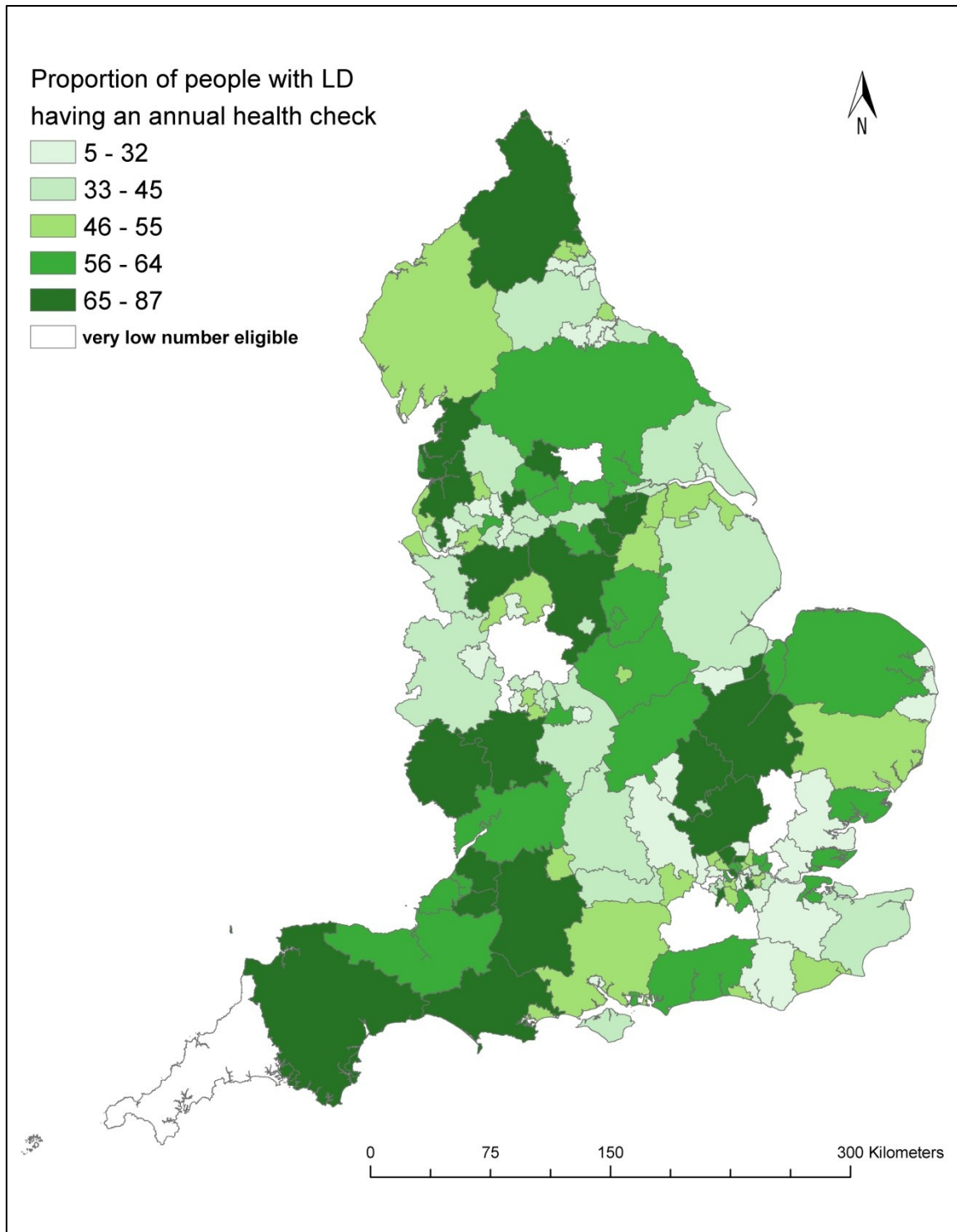
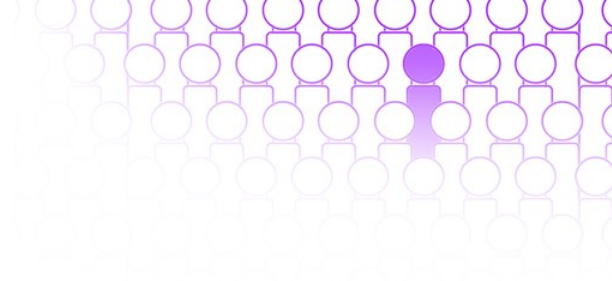


Figure 2



Comment

27. Marked progress was made between 2009/10 and 2010/11 in increasing both the number of health checks provided to adults with learning disabilities and the percentage coverage of health checks for those adults with learning disabilities who are considered eligible.
28. Whilst progress has been made, less than 50% of eligible adults received a health check in 2010/11.
29. Uptake rates vary considerably by SHA and PCT. In four of the ten SHAs uptake in 2010/11 was greater than 50%, reaching 65% in the South West. In contrast uptake was lower than 40% in two SHAs (three if the possibly inaccurate data from the eight 'outlier' PCTs is discarded). Reported uptake rates for PCTs range from 5% to 87%.

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