



Equal Treatment: Closing the gap
Final results





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Why we investigated

- *‘Far too many people...are dying in their 40s, 50s or even younger – far more than in the wider population. Whenever I hear of someone else dying young I always wonder what could have been done to prevent it’*
(Cliff Prior, Chief Executive Rethink.)
- We wondered the same thing across England and Wales
- Are people with learning disabilities and/or mental health problems experiencing worse physical health and dying younger than others? If so how do we ‘close the gap’?



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How we investigated

- Newly commissioned research from different research teams
- Literature review
- Inquiry Panel
- Collaboration



Findings: higher rates of major diseases

- People with serious mental health problems (bipolar disorder or schizophrenia): higher rates of diabetes, heart disease, obesity, high blood pressure, stroke, breast cancer and bowel cancer than other citizens
- Depression: higher rates of stroke, diabetes and respiratory disease
- Learning disabilities: higher rates of respiratory disease and obesity. Poor recording



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They get ill younger and die faster

Heart disease

- 31% of people with schizophrenia and heart disease are diagnosed under 55, as compared with 18% of others with heart disease.

5 years on (adjusting for age):

- 22% of people with schizophrenia have died
- 15% people with bipolar disorder have died
- 8% without serious mental health problems have died

Stroke

- 21% of people with schizophrenia who have a stroke are under 55, as compared with 11% of others who have a stroke.

5 years on:

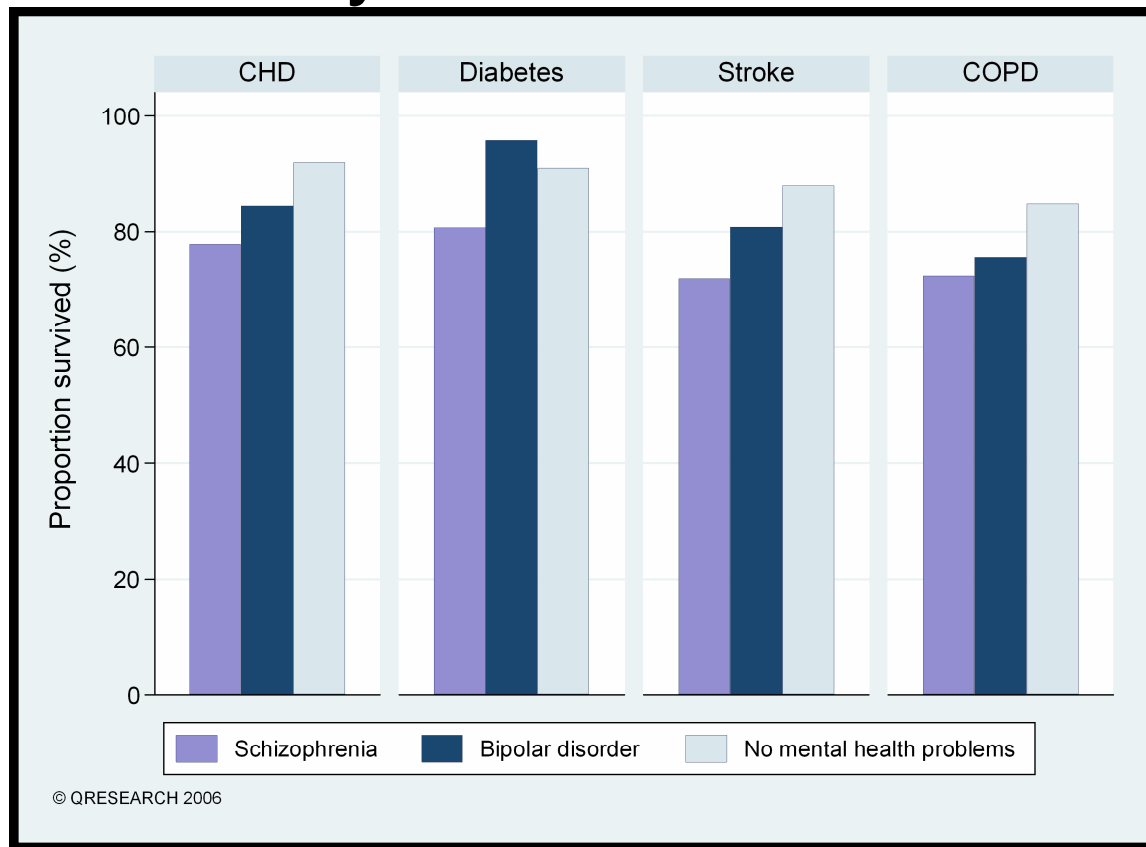
- 28% of people with schizophrenia have died
- 19% of people with bipolar disorder have died
- 12% of people without serious mental health problems have died



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They get ill younger and die faster

Five year survival rates





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Unmet need

- Of 181 people with learning disabilities in Wales who received a health check, half (51%) had newly identified health needs, 9% serious
- A second check over a year later identified further new health needs among 68% of people, 11% serious





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Why the inequality?

- Poverty
- Psychiatric drugs
- Lifestyle
- Equal access to health promotion, assessment, treatment
- Cannot be explained by social deprivation alone





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Minimum expectation: getting 'the same' treatment

- People with learning disabilities: much lower rates of cancer screening. Fewer checks after having a stroke, poorer management of diabetes.
- Depression: lower rates of dietary advice once overweight or obese
- Schizophrenia: lower rates of cholesterol checks or statins for heart disease; lower rates of aspirin for stroke; less spirometry checks for respiratory illness
- On some interventions: equal treatment



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Equality is not just about treating people 'the same'

- *'In almost all interviews with primary care staff we heard about patients from these groups who don't follow advice as given, don't attend for appointments and who can't cope with the implications of the advice they have been given. There did not seem to be any strategies in place to support these groups to follow any advice or guidance they might have been given' (Area studies)*

Treating people differently?

- ‘Reasonable adjustments’ required since 1999
- Area studies found access problems viewed by service users as service problems; by practitioners as part of a ‘chaotic lifestyle’ or impairment
- Some great practice
- Widespread failure to meet DDA duties at all stages of the person’s ‘journey’
- Disability access seen in terms of ramps
- Attitudinal barriers including ‘diagnostic overshadowing’. Trust



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Positively promoting equality

- Disability Equality Duty
- Using investigation evidence, recommendations
- Involving disabled people, sharing understandings
- Government to drive change through the system. Good specialist policy initiatives have not gone beyond the specialist ghetto. Issues 'offloaded' locally on to specialist services



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Why act?

- Meeting targets: reducing risk ‘time bombs’ and early death (heart disease, cancer, diabetes, smoking)
- Improving early intervention – reducing greater health costs later
- Reducing health inequalities – beyond geography
- Improving the patient experience – for everyone
- Increased demand from people with learning disabilities and mental health problems
- Social justice



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Recommendations for Government

Leadership to improve:

- Primary care access and health checks
- Equitable treatment
- Health
- Expectations
- Drive change through performance management, inspection and regular Secretary of State reports





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For commissioners

- Analysis of needs, experience and views
- Commission outreach or new service models to ensure people get primary care to same standards required for all
- Include disability equality and access in all contracts
- Monitor trends in morbidity, survival rates, diagnosis, condition management and patient experience



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For primary care providers

- Offer option of recording access needs on patient records; and provide a range of personalised adjustments
- Offer regular evidence based health checks and medication monitoring and information
- Take extra care to ensure health promotion, screening and physical treatment are provided
- Involve MH and LD groups in training and improvement
- Track progress through patient participation



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Further information

- FI report
- Full research
- Inquiry Panel report
- Briefings for primary care providers, commissioners, people with learning disabilities and/or mental health problems
- www.drc-gb.org/health

