

Introduction to the review of 'Meeting the physical health needs of those with mental health needs and learning disabilities' 2009/10

Summary

What is the review about?

This review will look at how physical healthcare is provided for people with a learning disability and people who use mental health services.

Areas of poor physical healthcare have been identified across primary to secondary care

We aim to:

- promote improvement in the way that the physical health care needs of people with learning disabilities and people who use mental health services are addressed
- publish robust and objective local assessments of performance
- ensure the worst performers develop action plans
- make local and national recommendations
- produce benchmarking data and shared learning from the best performers.

The review will look at:

- **Access:** For example, the extent to which people are registered with GPs and have access to health checks and screening tests in general practice;
- **Assessment:** For example, whether people are identified on admission, particularly to acute general trusts, and have particular assessments of risk of choking, suicide, self-harm.
- **Care delivery:** For example, basic nursing care and appropriate monitoring in relation to nutrition and hydration; pain management & medicine management, and appropriate responses to crises.
- **Communication with patients and their carers:** For example, whether people are provided with appropriate adjustments to aid communication with them e.g. extended appointments; and whether they are given information in the appropriate form to enable choice/empowerment

Which organisations and services will we be looking at?

Our initial plan is to carry out area-based assessments focused on the PCT boundaries and the assessment will cover the following areas:

- GPs / PCTs
- general acute hospitals
- specialist learning disability and mental health inpatient settings

However, this is currently under review and further development work will be required to confirm the feasibilities of the broad coverage.

What are the key dates for the review?

Data collection April/May 2010

Local results *available* August 2010

Work with the best performers August 2010

Work with the worst performers complete by end October 2010

Local results released and national report published October 2010

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Why carry out the review?

There have been many reports highlighting the inequalities in health for people with mental health illness and people with learning disabilities. In 2006, the Disability Rights Commission published 'Equal Treatment: Closing the Gap' which raised the issue that people with a mental health illness or with learning disabilities are often invisible in the system and experience '*diagnostic overshadowing*' - that is physical ill health being viewed as part of the mental health problem or learning disability and so not being investigated or treated. A similar report two years later - Healthcare for All (2008) had a primary focus in general acute settings- found convincing evidence that people with learning disabilities have higher levels of unmet need and receive less effective treatment, despite the fact that the Disability Discrimination Act

and Mental Capacity Act set out a clear legal framework of the delivery of equal treatment.

The experience of mental health problems or a learning disability and poor physical health are closely linked. New Horizon (DH. 2009) *A shared vision for mental health* summarised that mental and physical health are interconnected and both are associated with significant burdens of physical ill health. Mental distress doubled the risk of stroke, for example, while coronary heart disease is associated with a five-fold increased risk of depression. On average, the life expectancy of a person with schizophrenia is 25 years shorter compared with the general public. The National Patient Safety Agency (NPSA) published a Rapid Response Report in (2008) entitled *Resuscitation in mental health and learning disability settings*. This report highlighted that mental health and learning disability patients can be vulnerable to cardiac or respiratory arrest through coexisting physical illness, self-harm, and through the effects of medication. A review of NPSA data (Jan 05 to Dec 07) identified 26 incidents where patients in mental health/learning disability services had collapsed and there were avoidable problems during attempts to provide life support. Staff did not always have the knowledge or skills and access to equipment to deliver first aid.

The most recent Ombudsman Report (TSO.2009) *Six lives: the provision of public services to people with learning disabilities* found 4 people died unnecessarily and stated that: 'the recurrent nature of the complaints across different agencies leads us to the view that understanding of the issues is at best patchy and at worst an indictment of our society...' It made a recommendation for CQC, that 'those responsible for the regulation of health and social care services should satisfy themselves, that [their approach] provides effective assurance that organisations are meeting their statutory and regulatory requirements in relation to the provision of services to people with learning disabilities'.

Overall, poor physical healthcare support for people with learning disabilities and mental health needs have been highlighted from both primary and secondary care.

There is a difference in emphasis in the concerns raised in different settings. The concerns identified in the acute general hospital care settings focuses mainly on equality issues and makes reference to the lack of reasonable adjustment made in the provision of services which, as a consequence, has had a negative affect on patient care and patient health outcomes. These concerns are specifically centred on people with learning disabilities and the extent to which they apply to people with mental health needs is less clear. In the specialist mental health setting the recent concerns are mainly related to safety issues and focus specifically on the quality of physical health support of in-patient groups. In the primary health care setting, equal access to physical health support as well as the quality of the assessment is the main concern for both groups.

We recommend that the project will be a service review as there are already a number of publications, based on research, that highlight a

picture of poor performance at the national level, and set out requirements for improvement.

For this reason, to drive local improvement we recommend the adoption of a 'review' methodology, including a scored assessment of all relevant organisations, rather than a national study based on a sample of areas. This will also provide all organisations, national and local, with data for benchmarking.

Which organisations does the review apply to?

The review is relevant to all healthcare services and expects that the main organisations involved in collecting the data for the review will be primary care trusts, acute trusts and mental health and learning disabilities trusts. However, this is currently under review and further development work will be required to confirm the feasibilities of the broad coverage. Participation in the review will be mandatory for these organisations

How will performance be assessed?

- The framework will be developed to measure performance against the review objectives and review key themes. Data will be collected from national data sources wherever possible. Where there is a lack of availability of national data, bespoke data will be collected by the use of web forms for data collection. Following data collection and data analysis, preliminary results will be sent back to individual organisations for checking and for verification - 'Ratification Process'. This approach was previously used and tested at the Healthcare Commission for service reviews.
- A number of performance indicators will be constructed to measure service performance against each of the key themes. These indicators are designed to measure performance against the set standard. If there is an absence of a set standard available guidelines and recommendations of the advisory group will be used as assessment markers.
- To ensure the validity of the assessment markers, there will be close liaison with colleagues from the user representative bodies, users and carers, Royal Colleges, commissioners and providers and their representative bodies, national experts and Department of Health during the development phase for the development work.
- Specialists and statistical advice will be sought to inform the design and development of the assessment framework for the review.
- Approval from the Review QA Panel for the assessment framework and methods of analysis will be sought at key stages; to ensure quality of the review work is at the appropriate standard.

How will the review be developed?

We will be working with a range of local and national stakeholders to develop both the performance framework and the data collection tools for the review. The performance framework will be discussed with the review's external advisory group, which will include representatives from a range of local and national organisations. We are also aiming to hold a workshop to discuss the framework with representatives from a number of national organisations that work with people who use services and carers.

We will also be carrying out a number of site visits to help develop the review framework and to ensure that the data collection tools take account of local information systems. Following this, we will post the draft data collection tools on the review website for comment and pilot them to ensure they work effectively. They will then be submitted to the NHS Information Centre's 'Review of Central Returns' for approval.

What will the review produce?

Work with the worst and best performers:

We propose to carry out a workshop and case study work with the best performers, to understand the reasons behind their performance (and whether learning could apply to others), and to pick up on detail of any good practice. We will do this through a facilitated whole-day workshop approach, with specific follow-up to pick up case study detail.

We propose to visit each of the worst performers, to ensure they put action plans in place to address areas of poor performance that the assessment identifies. We propose that this follow-up work will include a focus group with local people, to find out more about the identified areas of poor performance and work out ways to improve

Main project output:

1. individual local assessment scores
2. action plans for the worst performers (developed by the organisations)
3. national report (plus easy read version) including good practice examples from the best performers
4. national benchmarking data
5. Self-assessment good practice/action plan Template- (a national improvement review work tool)
6. DVD explaining findings and showing good practice (Easy read)

Next Steps

The web page for the review is:

<http://www.cqc.org.uk/reviewsandstudies/physicalhealthmhld>

We will keep it up to date as the development of the review progresses.
Organisations interested in contributing to the development of the review can also contact the review team at this email address:
reviewsandstudies@cqc.org.uk

Once the development stage of the review has been completed, the relevant organisations will be asked to nominate a lead for the review. It is important that this person is a senior manager who can make decisions independently and provide guidance to other staff involved in the review. This person will then act as point of contact on all aspects of the review and, in particular, will identify who will be involved in the data collection stage and subsequently authorise submission of the relevant data.