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 (8 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.

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

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.

Information for practitioners

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

The acid test of local health services is not whether they work for people who are generally healthy, but whether they benefit 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. Primary care practitioners, in collaboration with learning disability and mental health teams, can ensure the most excluded groups receive the physical health attention they need. This will help make the service more flexible for everyone, raising the quality of patient experience, and providing the early intervention that prevents greater health problems and crises later.

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 because we wanted to understand these inequalities in England and Wales, their causes and what can best be done to address them in primary care.

Disability Rights Commission

What we found out

We found that people with mental health problems have higher rates of obesity, smoking, heart disease, hypertension, 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 little 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': 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

Primary care practitioners

1. Offer people with learning disabilities and/or mental health problems the option of recording their access needs, then meet them as essential requirements under the Disability Discrimination Act. These could include different appointment lengths, first or last appointments, text or telephone appointment reminders, telephone consultations, or specific waiting arrangements.
2. Provide regular and evidence-based health checks for people with learning disabilities and/or serious mental health problems, including depression, focusing on all potential risk factors. Regular checks have been shown to identify unmet health needs. Early identification and intervention are effective, can prevent unnecessary ill health, even death, and save costs.
3. Monitor the physical effects of psychiatric medication closely and offer accessible information and options, so people can decide on the trade off between relief from psychiatric symptoms and physical health risk.
4. Ensure people with learning disabilities and/or mental health problems receive the health promotion, screening and physical treatment they require.
5. Ensure that, in line with the GP contract and guidance from the Royal College of General Practitioners and British Medical Association, no one is removed from or refused access to a general practice list because of their mental health problem or learning disability.
6. Incorporate training on learning disability and mental health equality issues, delivered by and in collaboration with local self-advocacy and voluntary organisations, into regular training slots for the whole practice so that everyone from receptionists, to practice managers to GPs shares and understands the responsibility for providing equal treatment. This should include counteracting 'diagnostic overshadowing' and improving attitudes and understanding. Involve these organisations in advising on improvements to the experience of using primary care and to patient surveys.

Mental health service providers

1. Ensure through care plans that service users can access primary care to Quality and Outcomes Framework standards.
2. Minimise and monitor the adverse effects of psychiatric medication, and revise medication accordingly. Ensure people understand treatment options and can make active choices.
3. Include 'in reach' primary care services in contracts for inpatient psychiatric units.

Learning disability service providers

1. Produce Health Action Plans for all people with learning disabilities.
2. Introduce health passports where these do not currently exist.
3. Ensure that antipsychotic medication is not used as a means of controlling behaviour.

Mental health and learning disability service providers

1. Positively promote healthy living, for people living in the community in residential and in inpatient settings. This will include:
   - providing smoking cessation advice, support and interventions
   - actively promoting a healthy diet
   - advice and support with weight management
   - encouragement and support to take exercise
   - promoting a healthy environment, where people can easily have a healthy diet, exercise and live smoke-free.
2. Provide support to ensure that physical health needs are appropriately addressed within primary care.