

# Kent: Learning Disability Annual Health Checks

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Produced by Kent Public Health Observatory

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## Key Findings

- The age specific prevalence figures for learning disabilities (obtained from research) were applied to the registered population within each Clinical Commissioning Group in 2013/14. This showed that the greatest numbers of learning disability would be expected to be seen within NHS West Kent CCG, followed by NHS Dartford, Gravesham & Swanley CCG.
- A limitation of the above approach would be the failure to account for the increased prevalence of learning disabilities within the adult South Asian Population (Emerson & Hatton, 2011). Dartford, Gravesham & Swanley CCG have a higher proportion of their population with Asian/ Asian British ethnicity; this would implicate an increased prevalence of learning disabilities.
- Age specific prevalence figures (obtained from research) were applied to the registered population and the learning disability population within each Clinical Commissioning Group in 2013/14. This estimated greater numbers of challenging behaviour within the learning disability population within NHS West Kent CCG. It should be noted that this reflects population size differences and this has not been adjusted for differences in the distribution of risk factors.
- The Quality and Outcomes Framework (QOF) learning disability register numbers and practice sizes were used to calculate learning disability prevalence by Clinical Commissioning Group. This shows that NHS South Kent Coast CCG and Thanet CCG have significantly higher prevalence of learning disabilities in comparison to Kent in 2013/14. Also, NHS Dartford, Gravesham & Swanley CCG and NHS West Kent CCG had a significantly lower prevalence of learning disabilities in comparison to Kent in 2013/14. This may represent differences in case finding and diagnosis of learning disability as opposed to real differences in the underlying prevalence.
- The prevalence of adult learning disabilities had significantly increased within or between all Clinical Commissioning Groups between 2006/07 and 2013/14. However, a greater rate of increase in learning disability prevalence can be seen within NHS South Kent Coast CCG and NHS Swale CCG. However, this may represent better case finding in these areas.
- Analysis of the proportion of GP practices actively delivering at least one learning disability health check by Clinical Commissioning Group showed that NHS Canterbury & Coastal CCG and NHS South Kent Coast CCG had a higher proportion of active general practices. In contrast, NHS Swale CCG, NHS West Kent CCG and NHS Dartford, Gravesham & Swanley CCG had the lowest proportions of active practices.

- Quadrant analysis of the prevalence of learning disabilities in comparison to the proportion of practices actively participating within the health check scheme in 2013/14 showed that NHS Swale CCG had a marginally higher prevalence of learning disabilities and lower participation within learning disability health checks. However, this analysis does not acknowledge the number of learning disability health checks delivered within active practices.
- NHS South Kent Coast CCG delivered the greatest numbers of learning disability health checks; this was alongside the largest numbers of persons on the QOF learning disability practice registers, as well as, those identified to be eligible for a learning disability health check by the GP practice.
- The term performance or coverage has been used to represent the proportion of the target population who received a learning disability health check. This was explored in relation to the QOF learning disability practice registers, as well as, the eligible population identified by GP practices in 2013/14. The performance or coverage of learning disability health checks was explored at a Clinical Commissioning Group and GP practice level, this identified:
  - a) Lower coverage within NHS West Kent CCG and higher coverage within NHS Swale CCG.
  - b) Geographically random distributions at GP practice level of both the number of people with learning disability entered on a QOF register and the eligible population in 2013/14.
  - c) The maps produced for geographical analysis can also be used to identify the GP practices which demonstrated higher levels of performance. This may be useful for case-study exploration to identify aspects of practice that promote higher levels of performance. For example, the Canterbury Health Centre (Canterbury & Coastal CCG) and Orchard End Surgery (NHS West Kent CCG) can be identified to have 100% performance when using both the Quality & Outcomes Framework learning disability practice registers, as well as, the eligible population in 2013/14.
  - d) Outlier analysis at a GP practice level identified that NHS West Kent CCG had a greater proportion of practices which demonstrated a significantly lower performance when using both the Quality & Outcomes Framework learning disability practice registers, as well as, the eligible population in 2013/14.
  - e) A deprivation analysis showed that there was not any consistent trend in coverage by IMD. Most GP practices had lower coverage for LD Annual Health Checks and only a small number had higher coverage of LD Annual Health Checks.

## 1. Introduction

The Self-Assessment Framework for Kent highlights the low uptake of Learning Disability (LD) Annual Health Checks as an area for improvement. Therefore, this report focuses on analysing the uptake of LD Annual Health Checks at Clinical Commissioning Group (CCG) and general practice level, this will help the development of an improvement action plan at a local level.

### 1.1 Learning Disabilities Directed Enhanced Service

Directed Enhanced Services (DES) describe the services provided by general practice that have been agreed at a national level. The LD DES for Annual Health Checks includes:

- Patients aged 18 and over on the practice LD health check register would be eligible for a health check between April 2013 and March 2014.

In April 2014, this was extended to include:

- Patients aged 14 and over on the practice LD health check register would be eligible for a health check between April 2014 and March 2015.

In 2013/14, the payment was £102.16 to general practices for each patient in receipt of a health check. In 2014/15, the payment was £116.00 to general practices for each patient in receipt of a health check.

## 2. Learning Disability Prevalence

Understanding the prevalence of LD is important as it highlights implications for commissioning and service provision.

### 2.1 Estimating Learning Disability Prevalence

To estimate the numbers of persons with LD in Kent; age specific prevalence figures were applied to the CCG registered, 18 and over, populations for 2013/14. This was sourced from Projecting Adult Needs and Service Information (PANSI, 2014) and is presented within Table 1.

PANSI (2014) report the basis for their age specific prevalence figures:

1. The administrative LD prevalence (those known to services) was obtained from research using Local Authority learning disability registers (Emerson & Hatton, 2004).
2. The expected LD prevalence (including those undiagnosed) was obtained from research using the Manchester Special Educational Needs database (Emerson & Hatton, 2004).

**Table 1: Learning disability prevalence sourced from Emerson & Hatton (2004).**

Age	Administrative LD prevalence (known to services)	Expected LD prevalence
0-4	0.15%	0.15%
5-9	0.47%	0.97%
10-14	0.50%	2.26%
15-19	0.67%	2.67%
20-24	0.60%	2.60%
25-29	0.51%	2.40%
30-34	0.52%	2.41%
35-39	0.59%	2.38%
40-44	0.60%	2.40%
45-49	0.55%	2.25%
50-54	0.43%	2.12%
55-59	0.49%	2.09%
60-64	0.38%	1.97%
65-69	0.31%	1.80%
70-74	0.25%	1.72%
75-79	0.16%	1.52%
80+	0.13%	1.43%
<b>Total</b>	<b>0.46%</b>	<b>2.00%</b>

Source: Emerson & Hatton, 2004

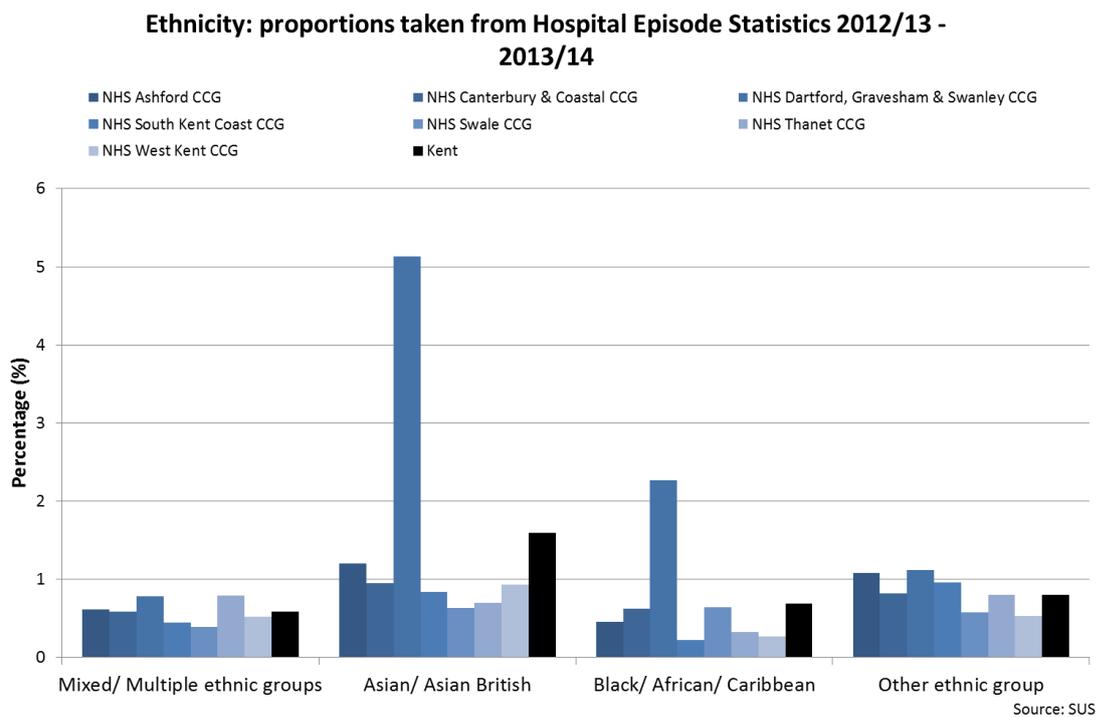
## 2.2 Ethnicity

There is a higher prevalence of learning disabilities within the adult South Asian population (Emerson & Hatton, 2011).

A limitation of using the age specific prevalence figures above is the failure to account for this increased prevalence of learning disabilities within the South Asian population.

Figure 1 shows the ethnicity proportions taken from Hospital Episode Statistics in 2012/13 and 2013/14. It should be noted that these are experimental data and are subject to the limitations of ethnicity coding within the hospital record. Therefore, this data may represent populations that seek healthcare and result in hospital admissions.

**Figure 1:**



Dartford, Gravesham & Swanley CCG have a higher proportion of their population of an Asian/ Asian British ethnicity; this would implicate an increased prevalence of learning disabilities within Dartford, Gravesham & Swanley CCG.

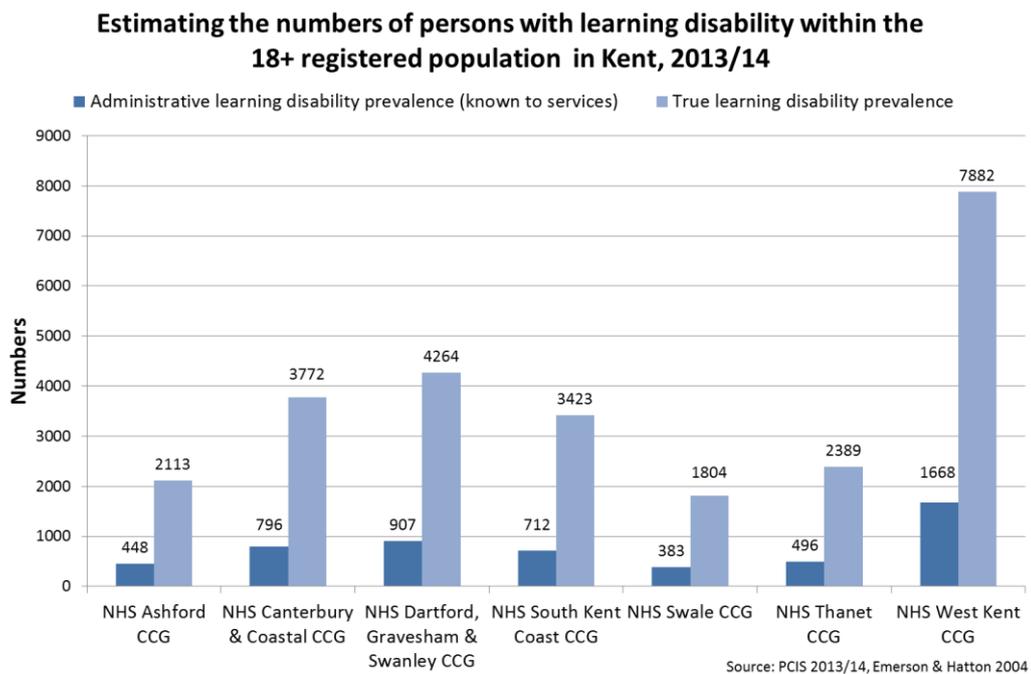
## 2.3 Estimating Learning Disability Numbers

Figure 2 shows the estimated numbers of persons, aged 18 and over, with LD within the registered population within CCGs in Kent.

This presents the administrative LD (those known to services), as well as, the expected LD (including those undiagnosed).

Greater numbers of LD would be expected to be seen within NHS West Kent CCG. However, it should be noted that this reflects population size differences, as this has not been adjusted for the distribution of risk factors.

**Figure 2:**



## 2.4 Challenging Behaviour

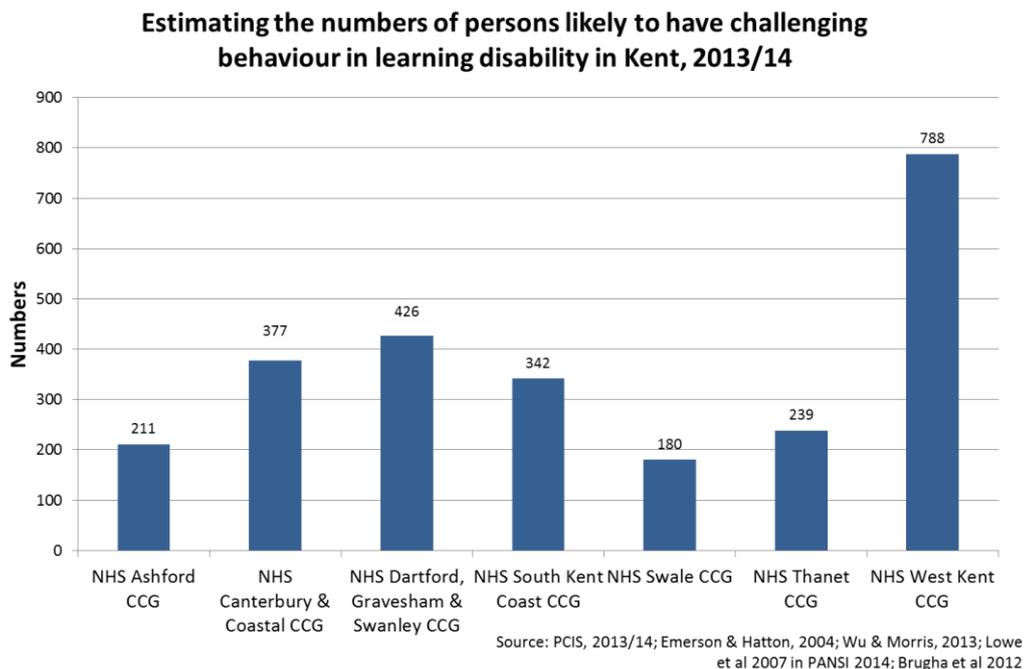
Understanding the prevalence of challenging behaviour within LD is important as it may have implications within service provision.

The numbers of persons likely to have challenging behaviour related to LD has been estimated using the following source:

- 10% of persons aged 18 and over with learning disability have been reported to have seriously challenging behaviour [reported by Lowe et al (2007) in (PANSI 2014)].

Figure 3 shows the estimated numbers of persons, aged 18 and over, with learning disability and seriously challenging behaviour. Greater numbers of individuals with challenging behaviour in learning disability can be seen within NHS West Kent CCG. It should be noted that this reflects population size differences as this has not been adjusted for the distribution of risk factors.

**Figure 3:**



## 2.4 Recorded Prevalence

### 2.4.1 Quality and Outcomes Framework

The Quality and Outcomes Framework (QOF) is part of the General Medical Services Contract (GMS) which rewards general practices for the provision of good quality care. This includes the recording of patients on each disease register.

The QOF general practice LD patient registers and list sizes for the 18 and over population were used to calculate recorded prevalence for each CCG.

Table 2 shows the numbers and prevalence of learning disability by CCG in 2013/14. A comparison of the recorded prevalence between CCGs does not account for differences in underlying prevalence, case finding or the diagnosis of LDs.

- NHS South Kent Coast CCG and Thanet CCG have significantly higher prevalence of LDs in comparison to Kent.
- NHS South Kent Coast CCG and NHS West Kent CCG have the highest numbers of LDs within Kent.

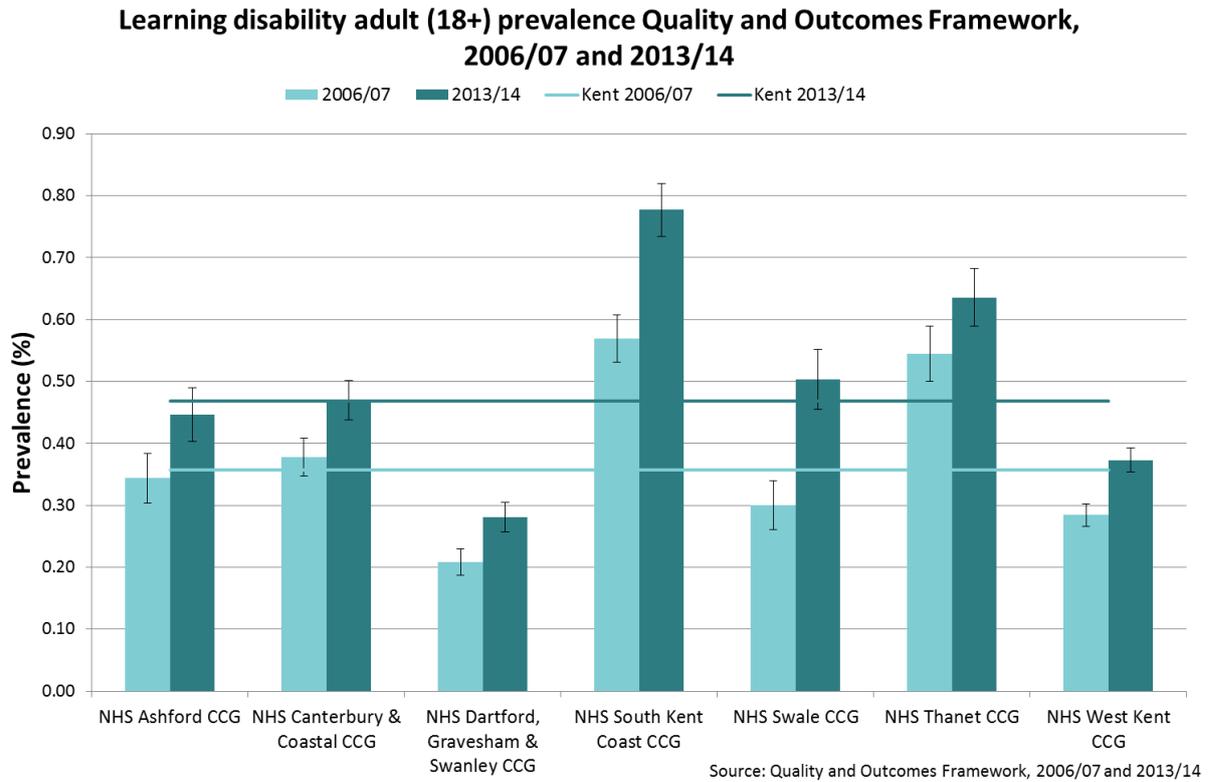
**Table 2: Learning disability prevalence by Clinical Commissioning Group: Quality and Outcomes Framework, 2013/14.**

CCG	Numbers with learning disability	Prevalence (95 % Confidence Interval)
NHS Ashford CCG	436	0.45 (0.40, 0.49)
NHS Canterbury & Coastal CCG	829	0.47 (0.44, 0.50)
NHS Dartford, Gravesham & Swanley CCG	550	0.28 (0.26, 0.30)
NHS South Kent Coast CCG	1,257	0.78 (0.73, 0.82)
NHS Swale CCG	419	0.50 (0.46, 0.55)
NHS Thanet CCG	714	0.64 (0.59, 0.68)
NHS West Kent CCG	1,364	0.37 (0.35, 0.39)
Kent	5,558	0.47 (0.46, 0.48)

Source: Quality and Outcomes Framework, 2013/14

Figure 4 shows the prevalence of learning disability within adults (18+) in 2006/07 and 2013/14. This shows that the prevalence of adult learning disabilities has significantly increased within all CCGs. This could potentially be due to advancement in medical practice and changes in social acceptability.

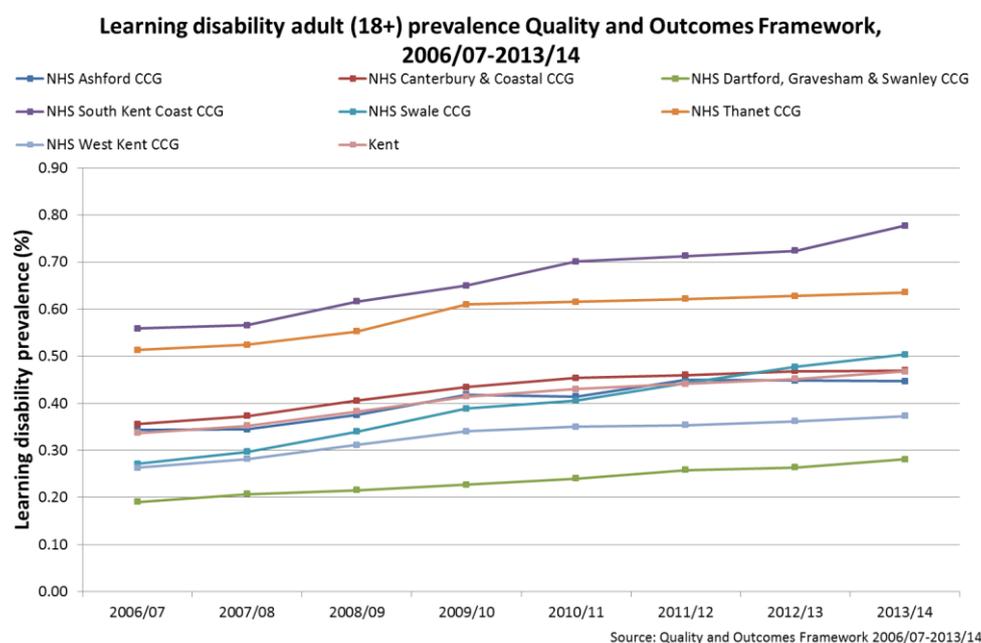
**Figure 4:**



## Trend analysis

This section will explore the change in LD recorded prevalence over time. Figure 5 shows the trend in LD recorded prevalence between 2006/07 and 2013/14.

**Figure 5:**



The main result is the slope; this represents the unit change in LD recorded prevalence with each passing year. The slope has been presented with 95% confidence intervals (CI); this enables interpretation of whether a CCG has a unit change in LD recorded prevalence which is significantly greater than Kent. Table 3 shows the slope estimates with 95% confidence intervals.

A greater rate of increase in LD recorded prevalence can be seen within NHS South Kent Coast CCG and NHS Swale CCG.

**Table 3: Quality and Outcomes Framework: learning disability slope estimates with 95% Confidence Intervals by Clinical Commissioning Group and Kent - 2006/07 to 2013/14.**

	Slope estimates (95% Confidence Interval)
<b>Ashford CCG</b>	0.017 (0.011, 0.023)
<b>Canterbury &amp; Coastal CCG</b>	0.017 (0.011, 0.023)
<b>Dartford, Gravesham &amp; Swanley CCG</b>	0.013 (0.011, 0.014)
<b>South Kent Coast CCG</b>	0.032 (0.026, 0.037)
<b>Swale CCG</b>	0.034 (0.031, 0.037)
<b>Thanet CCG</b>	0.019 (0.012, 0.026)
<b>West Kent CCG</b>	0.016 (0.011, 0.020)
<b>Kent</b>	0.019 (0.015, 0.023)

Source: QOF 2007 – QOF 2014

### 3. Learning Disability Health Checks

Data returns, via quarterly reporting, to the General Practice Extraction Service are required as part of the DES.

This focuses on two indicators:

1. The number of patients identified as 'eligible' from the general practice LD health check register.
2. The number of LD health checks completed.

The LD Annual Health Check data has been identified from two sources:

- Public Health England (2014) has published the numbers of general practices registered and actively delivering at least one learning disability health check within Clinical Commissioning Groups in 2013/14.
- NHS England (South East) (2014) have provided details on the number of persons with learning disabilities who were eligible for a health check, as well as, the numbers of persons with learning disabilities receiving a health check at a GP practice level in 2013/14.

It should be noted that from analysis some differences were identified between the numbers of active practices reported by Public Health England (2014) in comparison to NHS England (2014). The underlying reasons for these differences are unclear; however, this may be due to the timing of the reports in relation to data returns. Therefore, for the purpose of this analysis NHS England (2014) will be used.

### 3.1 Active Practices

The QOF was used to define the numbers of open general practices in 2013/14. The numbers of general practices involved within the LD Annual Health Check DES in 2013/14 was derived from the NHS England (South East) dataset.

Both sources were used to define general practices as;

- not registered for delivery,
- inactive,
- active (delivering at least one LD Annual Health Check).

Table 4 shows the numbers of general practices within QOF, as well as, the numbers of practices that were not registered for delivery, the inactive and active general practices by CCG in 2013/14.

NHS Canterbury & Coastal CCG and NHS South Kent Coast CCG had higher proportions of active GP practices, whereas, NHS Swale CCG, NHS West Kent CCG and NHS Dartford, Gravesham & Swanley CCG had the lowest proportions of active practices.

**Table 4: Numbers of GP practices in the Quality and Outcomes Framework (QOF) which were linked and are active within the learning disability health check scheme, as well as, demonstrate lower performance than Kent, 2013/14.**

	GP practices in QOF	Non-registered practices n (%)	Inactive practices n (%)	Active* practices n (%)
NHS Ashford CCG	15	1 (7%)	6 (40%)	8 (53%)
NHS Canterbury & Coastal CCG	22	2 (9%)	5 (23%)	15 (68%)
NHS Dartford, Gravesham & Swanley CCG	34	10 (29%)	11 (32%)	13 (38%)
NHS South Kent Coast CCG	31	1 (3%)	10 (32%)	20 (65%)
NHS Swale CCG	20	6 (30%)	7 (35%)	7 (35%)
NHS Thanet CCG	20	2 (10%)	7 (35%)	11 (55%)
NHS West Kent CCG	62	19 (31%)	21 (34%)	22 (36%)

\*deliver one health check within period

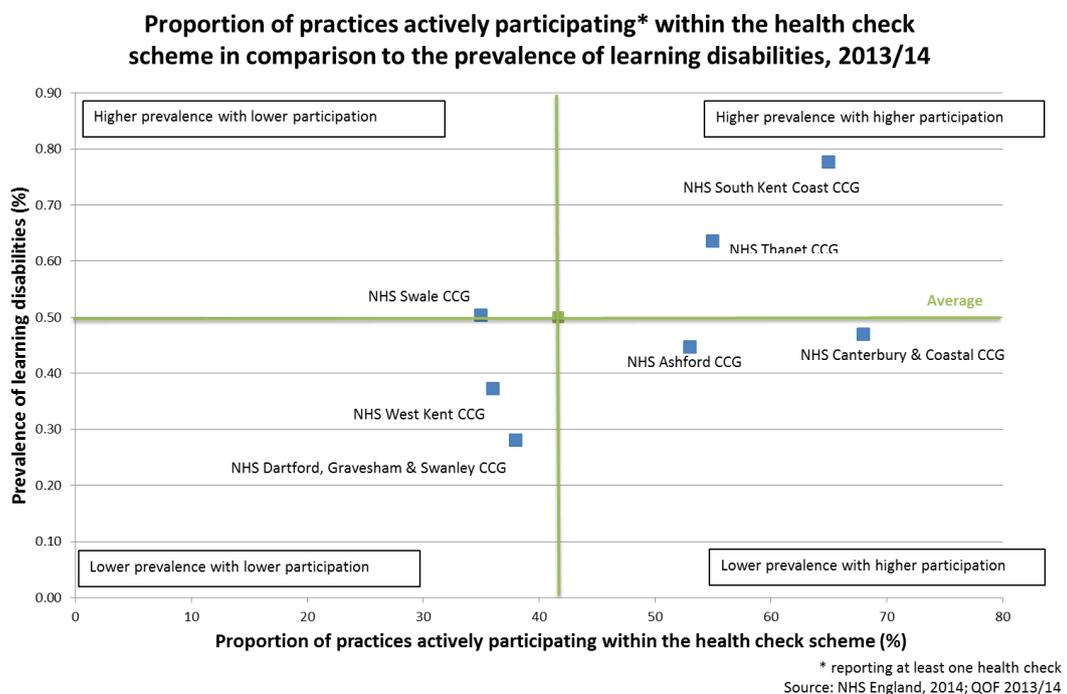
Source: NHS England, 2014

Figure 6 shows a quadrant plot of the prevalence of LD in comparison to the proportion of practices actively participating within the health check scheme in 2013/14.

The green lines represent the average Kent prevalence of LD, as well as, proportions of practices actively participating within the LD Annual Health Check. This can help identify any CCGs with higher prevalence of learning disabilities and lower participation within the LD Annual Health Check.

Figure 6 identifies NHS Swale CCG to have marginally higher prevalence of LD and lower participation within the LD Annual Health Check.

**Figure 6:**



## 3.2 Performance

### 3.2.1 National

Analysis has been conducted nationally for LD Annual Health Checks delivery in 2013/14 (Public Health England, 2014). Their main indicator is coverage; the proportion of the target population (18 and over) who received a LD Annual Health Check. They described the following coverage indicators:

1. The number of health checks delivered as a percentage of the numbers identified to be eligible from the general practice LD health check register.
2. The number of health checks delivered as a percentage of the numbers identified from the general practice QOF LD, 18 and over, practice register.

National data reports a coverage of 44%, representing the number of persons receiving LD Annual Health Checks in comparison to the numbers of persons on the QOF LD register for 2013/14 (Public Health England, 2014 p.11). They report that the number of health checks delivered as a percentage of the numbers identified to be eligible from the general practice LD health check register is no longer available.

### 3.2.2 Local Analysis

Learning disability health check performance can be explored at a local level using the coverage indicators described above. Analysis of this will be presented at a CCG and general practice level.

It should be noted that the numbers differ between those identified to be eligible for a LD health check and the numbers on the general practice QOF LD register. More detail on this will be presented at a CCG and general practice level.

The LD population eligible for an Annual Health Check and the QOF LD practice registers refer to the same 18 and over population. Therefore, the reason for the difference between these two sources is unknown.

## *Clinical Commissioning Group*

Table 5 shows the numbers of LD Annual Health Checks alongside the eligible population and the QOF practice registers in 2013/14.

This identifies some difference between the eligible population and the QOF practice registers in 2013/14. Generally lower numbers are identified using the eligible population in contrast to the QOF practice registers in 2013/14.

Table 5 shows that NHS South Kent Coast CCG has delivered the greatest numbers of LD Annual Health Checks and they also have the largest numbers with LDs on the QOF practice registers, as well as, the eligible population.

**Table 5: Numbers of learning disability health checks and total numbers with learning disabilities on practice registers within the Quality and Outcome Framework, 2013/14.**

	Number of health checks	Number of eligible population	Numbers with learning disabilities on QOF practice registers
NHS Ashford CCG	104	302	436
NHS Canterbury & Coastal CCG	173	554	829
NHS Dartford, Gravesham & Swanley CCG	87	284	550
NHS South Kent Coast CCG	303	939	1,257
NHS Swale CCG	103	207	419
NHS Thanet CCG	147	479	714
NHS West Kent CCG	230	834	1,364

Source: NHS England 2014;

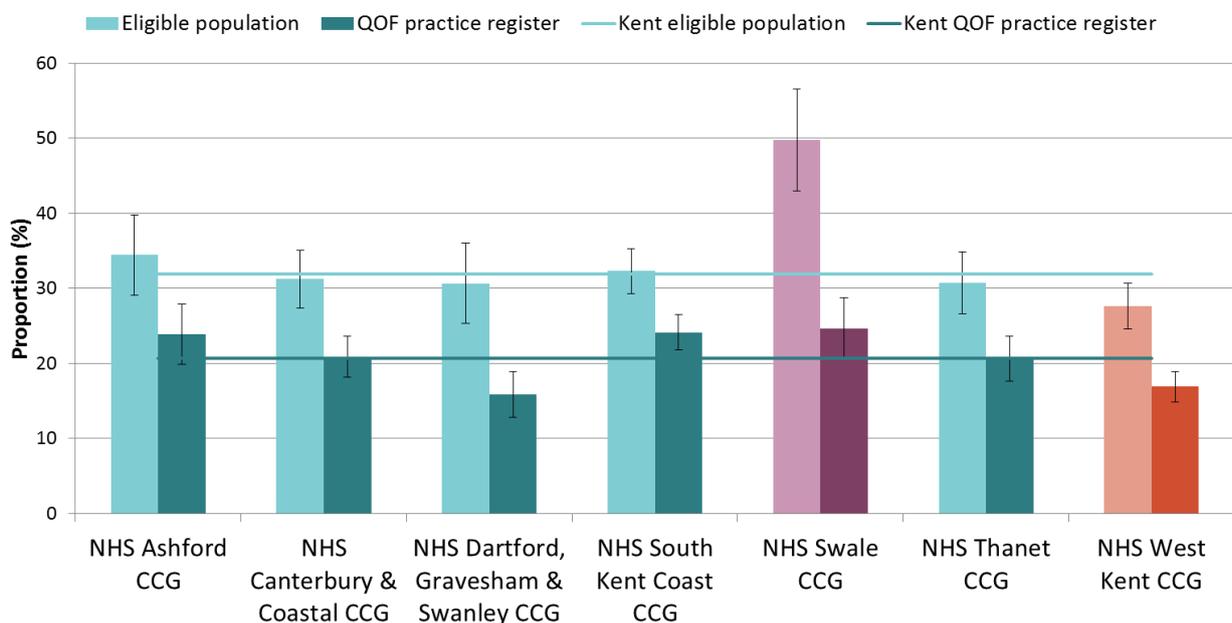
Figure 7 shows the coverage; the proportion of adults with a LD receiving a health check using the eligible population and the QOF practice register in 2013/14. This has been presented alongside a Kent average.

- The Kent coverage was 32% using the eligible population.
- The Kent coverage reduces to 21% when using the QOF LD practice registers in 2013/14.

Figure 7 identifies that NHS Swale CCG has the highest coverage when using the QOF practice registers, as well as, the eligible population in 2013/14. Figure 7 also shows that NHS West Kent CCG has lower coverage when using both the eligible population, as well as, QOF learning disability practice registers.

**Figure 7:**

**Proportion of adults with a learning disability having a GP health check using Quality & Outcomes Framework practice register and eligible population, 2013/14**



## *General Practice*

Analyses at a GP practice level will use geographical analysis to explore for clustering of performance, as well as, an outlier analysis using funnel plots to identify the GP practices that are performing significantly lower than the 95% control limits. This will be presented using the eligible population, as well as, QOF LD practice registers. The analyses have included both the active and inactive practices.

Reports A-G provides details on the practices within each CCG which were not participating or were inactive within the LD Annual Health Check DES. This can be used to identify the numbers of individuals with LDs that would not have received a LD Annual Health Check. Also, this presents the coverage using both the eligible population, as well as, QOF LD practice registers.

## Geographical Analysis

An analysis of LD Annual Health Check performance has been carried out nationally at a Primary Care Trust level; this used Moran's I to explore geographical correlation and identified clustering of performance (Public Health England 2013). This used both the eligible population and the QOF LD practice registers (Public Health England 2013).

Moran's I is a method that explores geographical location to identify whether an indicator shows clustering, dispersion or random patterns (ESRI, 2015). For the purpose of this report the GP practice LD Annual Health Check performance was mapped for Kent. This analysis used a distance threshold of 500 meters.

For both indicators the performance of learning disability health checks demonstrated a random distribution. Figure 8, the pattern did not appear to be significantly different from random (Moran's Index: -0.21, z-score: -0.84, p value: 0.39), as well as, Figure 9 (Moran's Index: -0.25, z-score: -1.01, p value: 0.31).

## Outlier Analysis

Outlier analysis was carried out using funnel plots to identify the GP practices that were performing significantly lower than the 95% control limits using coverage of both the eligible population and the QOF LD practice registers by CCG, 2013/14.

Table 6 and 7 shows the numbers of GP practices within CCGs identified to have significantly lower LD Annual Health Check coverage in 2013/14 (using the differing denominators). This shows that NHS West Kent CCG had a greater number and proportion of GP practices which demonstrated a significantly lower coverage when using both the eligible population and the QOF LD practice registers.

**Table 6: Numbers of GP practices identified to have learning disability health check performance lower than 95% control limits using eligible population by Clinical Commissioning Group, 2013/14.**

	Practices registered to deliver learning disability health checks	Practices <i>n</i> (%)
NHS Ashford CCG	14	2 (14%)
NHS Canterbury & Coastal CCG	20	4 (20%)
NHS Dartford, Gravesham & Swanley CCG	24	6 (25%)
NHS South Kent Coast CCG	30	9 (30%)
NHS Swale CCG	14	3 (21%)
NHS Thanet CCG	18	4 (22%)
NHS West Kent CCG	43	16 (37%)

Source: NHS England (South East), 2014

**Table 6: Numbers of GP practices identified to have learning disability health check performance lower than 95% control limits using QOF learning disability registers by Clinical Commissioning Group, 2013/14.**

	Practices registered to deliver learning disability health checks	Practices <i>n</i> (%)
NHS Ashford CCG	14	7 (50%)
NHS Canterbury & Coastal CCG	20	7 (35%)
NHS Dartford, Gravesham & Swanley CCG	24	12 (50%)
NHS South Kent Coast CCG	30	16 (53%)
NHS Swale CCG	14	8 (57%)
NHS Thanet CCG	18	9 (50%)
NHS West Kent CCG	43	29 (67%)

Source: NHS England (South East), 2014

Figure 10 shows a funnel plot of the LD Annual Health Check coverage using the eligible population by general practice in 2013/14. This identifies 44 general practices which show coverage significantly lower than the 95% control limits, details of these practices have been included within the respected CCG level reports. These practices demonstrate a significantly lower coverage of LD Annual Health Checks in comparison to their eligible population.

**Figure 10:**

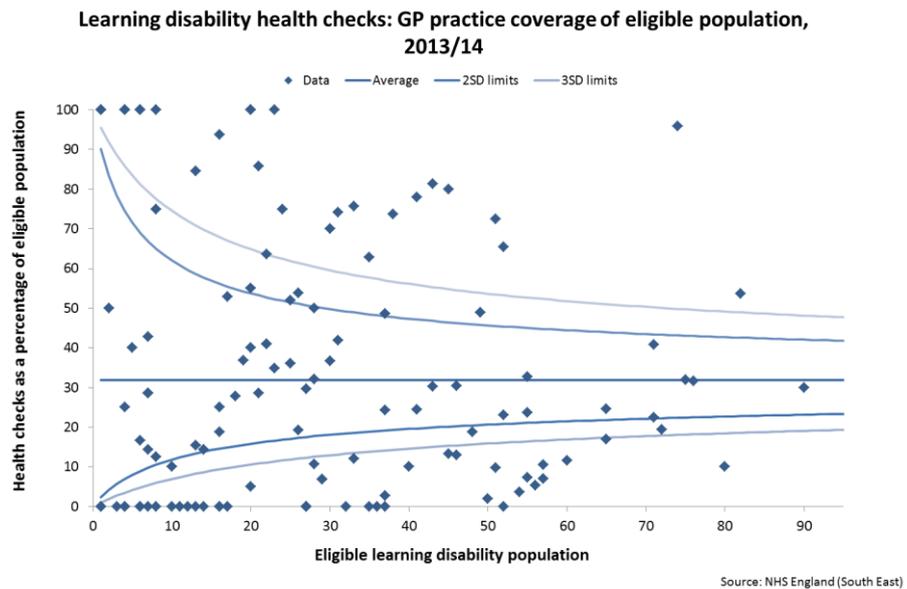
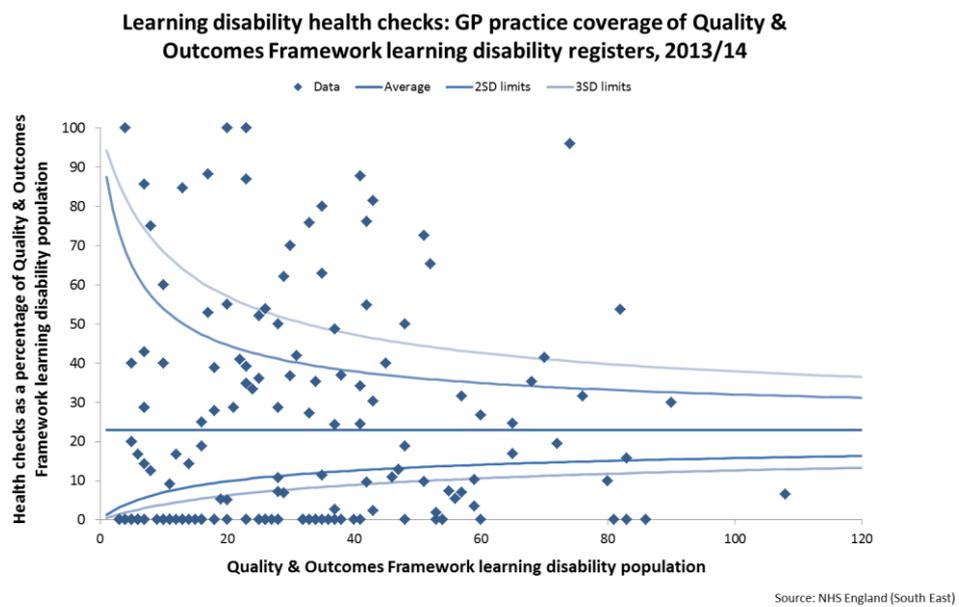


Figure 11 shows a funnel plot of the LD Annual Health Check coverage using the QOF practice registers by general practice in 2013/14. This identifies 27 GP practices which show coverage significantly lower than the 95% control limits. Details of which practices show significantly lower coverage of LD Annual Health Checks in comparison to the QOF learning disability population have been included within the respective CCG level reports.

**Figure 11:**



## Deprivation Analysis

A deprivation analysis was carried out using box and whisker plots for the coverage of the LD Annual Health Checks by the Index of Multiple Deprivation (IMD) quintile, 2013/14.

A box and whisker plot contains the following summary information; the median (middle value) shown by the central horizontal line, upper and lower quartiles (middle 50% of values) are represented by the top and lower edge of the box, as well as, the maximum and minimum of the range are represented by the top and bottom of the 'whisker'. A box and whisker plot can help to summarise and compare groups of data to help understanding of centre and the variability of the data distribution. It can also help us to understand the shape of the distribution and where the bulk of the data lie.

Figures 12 and 13 show the box and whisker plots for the coverage of the LD Annual Health Checks by the Index of Multiple Deprivation (IMD) quintile, 2013/14. This has been shown using both the eligible population, as well as, the QOF recorded prevalence. This shows that there is not any consistent trend by IMD. It can be seen that the range of the data tends to be more dispersed within the second and fourth quintiles. This means that there is a wider range of coverage within these quintiles. Also, the median, upper and lower quartiles show where the bulk of the data lie, meaning that within all quintiles the middle 50% of values are situated towards the lower range – the data is positively skewed. Most GP practices had lower coverage for LD Annual Health Checks and only a small number had higher coverage of LD Annual Health Checks.

Figure 12: Learning disability health checks coverage of the LD Annual Health Checks using eligible population by the Index of Multiple Deprivation (IMD) quintile, 2013/14.

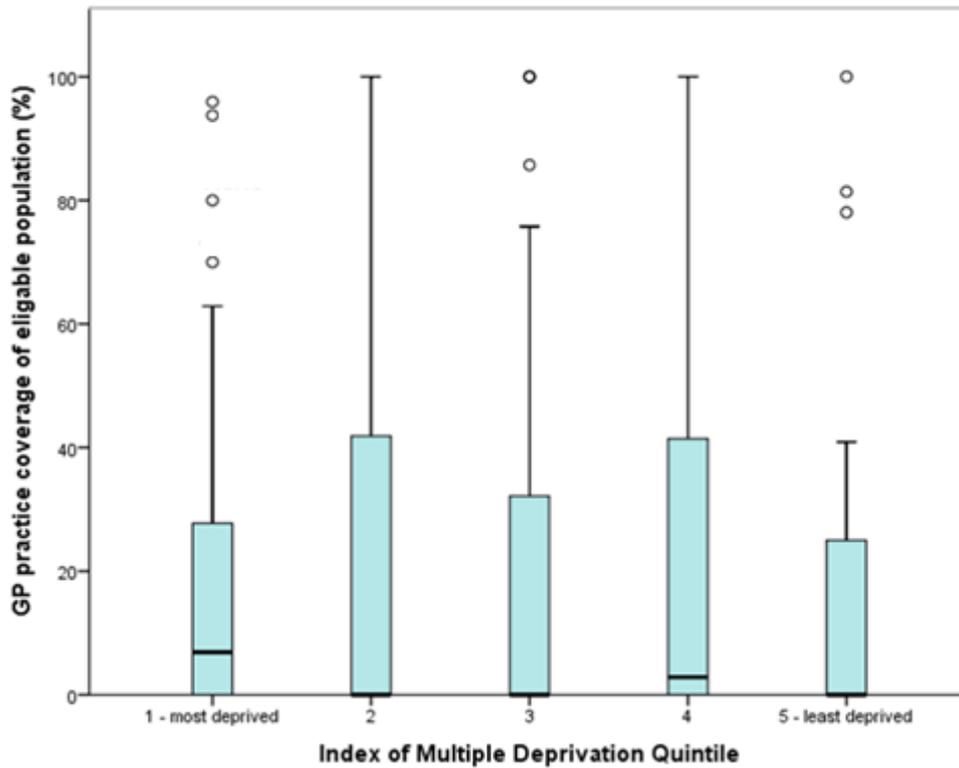
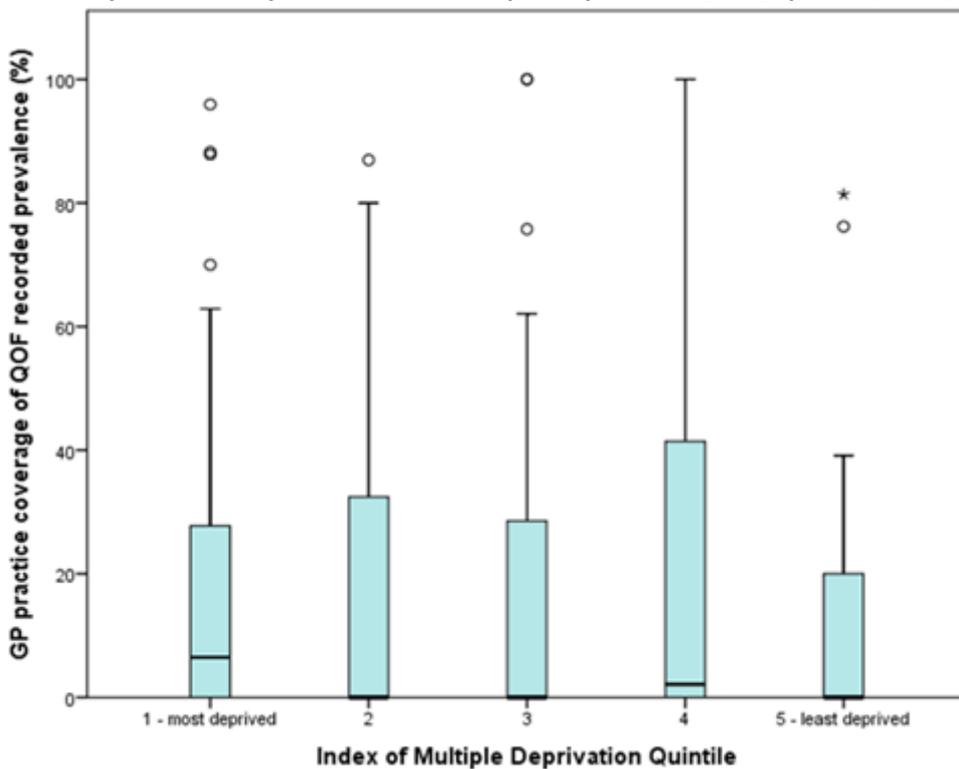


Figure 13: Learning disability health checks coverage of the LD Annual Health Checks using QOF recorded prevalence by the Index of Multiple Deprivation (IMD) quintile, 2013/14.



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