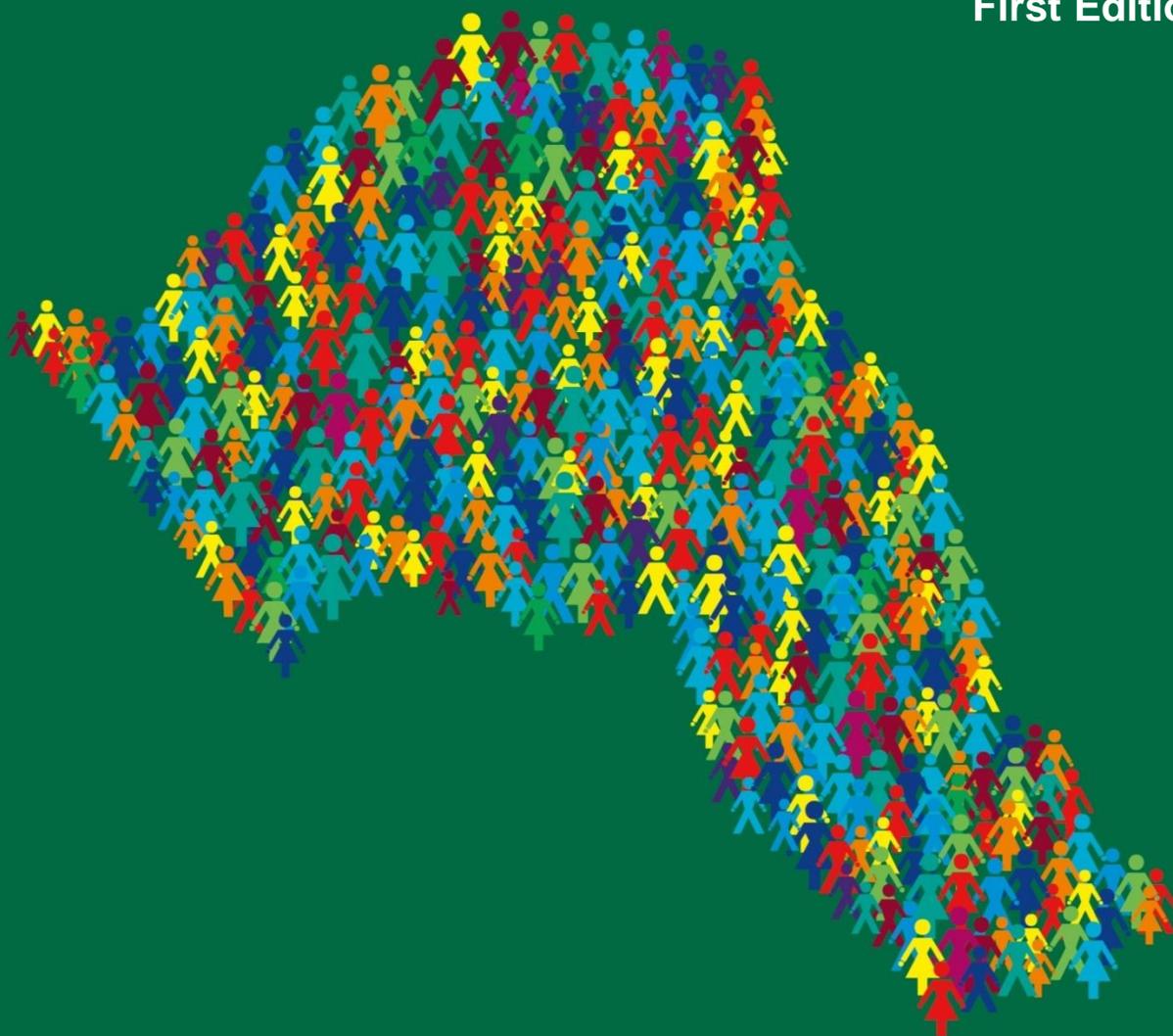


# CAMDEN PROFILE PUBLIC HEALTH INTELLIGENCE

Learning Disability

August 2013  
First Edition



# About this profile

## PURPOSE

This public health intelligence profile provides an overview of the Camden population with learning disability.

It summarises the frequency of learning disability and compares health indicators for people with learning disability to the general population.

This work will inform and support:

- Commissioners including Camden's Clinical Commissioning Group (CCG);
- Improvement of local health care processes and outcomes for people with learning disability to reduce health inequalities;
- Individual general practices;
- Camden's Public Health team;
- Camden's Self assessment framework evaluation to NHS London and the Department of Health.

Please note that two practices (St Phillips Medical Practice and Camden Health Improvement Practice) did not have their data extracted and are not included in this profile.

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## FURTHER INFORMATION

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## Introduction

People with learning difficulties are at significantly higher risk of early, preventable death than other groups. Some of the reasons relate to higher levels of deprivation and social exclusion, and some lifestyle factors, such as being overweight or obese. However, poorer access to and responsiveness of health services also play an important part. Therefore continuing action to improve the health and access to health services for people with learning disabilities is an important priority in Camden.

### What this report adds to local information about the health of adults with learning disabilities in Camden:

- This report provides more up to date and in-depth information about adults with learning disabilities, based on data from 37 of Camden's 39 GP practices. The report provides a range of information about demographics, diagnosed long term conditions, risk factors and uptake of annual health checks for adults with learning disabilities registered with Camden GP practices, and includes comparisons with the overall adult population of Camden.
- Further information about people with learning disabilities in Camden can be found in the Joint Strategic Needs Assessment (<http://www.camden.gov.uk/ccm/navigation/social-care-and-health/health-in-camden/health-decision-making/joint-strategic-needs-assessment/?jsessionid=02D525B6E8E970EB8DA39B7168361660.node2>). Camden's Learning Disabilities Self Assessment Framework (SAF) provides a current stocktake of progress and actions for improvement against key quality standards for local health services.

## Key messages and recommendations

### 1. PREVALENCE

This profile focuses on people with a learning disability recorded in Camden's Public Health GP dataset. As of September 2012, there were 477 people aged 18 or over with a learning disability registered with Camden's GP practices. The number differs from the number recorded on Quality and Outcomes Framework registers (QOF) (464) because the methods of data extraction are different between Public Health GP and QOF datasets. (For more detail see 'Data source and methodology' section).

- A learning disability (LD) diagnosis was recorded for 544 people (all ages) registered with a GP in Camden, of which 477 were adults (aged 18+) according to the Camden GP dataset as of September 2012.
- The number of people with learning disability has increased in Camden since 2006/07, as it has done in London and England. Some of this increase appears to be due to better recording and organisation of care by GP practices and linked incentive schemes in general practice (e.g. QOF learning disability register, Directly Enhanced Service (DES)), and not necessarily increased prevalence, so should be interpreted with caution. Prevalence in Camden is lower than the London and England averages, which at least in part, is likely to be related to high levels of mobility in and out of the borough among younger and middle aged adults.

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## Key messages and recommendations (cont.)

### 1. PREVALENCE (continued)

- Only 6 GP practices out of 39 are not part of the current DES for learning disability: Fortune Green Road, Adelaide Road Practice, Swiss Cottage Surgery, Prince of Wales Road Practice (Single), Gower Place Practice and St Phillips Medical Centre.
- Total numbers of people registered with a learning disability range from 54 to <5 per Camden GP practice. The crude, diagnosed prevalence varies by practice, with four practices having significantly higher prevalence compared to the Camden average, not accounting for differences in population characteristics (e.g. age, ethnicity, deprivation) between practices.

### 2. INEQUALITIES

- The average prevalence of learning disability is higher in men (0.3%) compared to women (0.2%) across all age groups, with a particularly marked sex difference in those aged 18 to 25 years.
- Prevalence of learning disability is also greater at higher levels of deprivation.
- The prevalence of learning disability does not differ significantly by ethnic group in women. Among males it is higher in Black men (0.5%) compared to the male Camden average (0.3%). However, the number of White men with learning disability is higher, 177 vs. 28 for Black men.

#### Recommendations:

- When planning services for people with learning disability, commissioners should be aware of the need among the most deprived population groups in the borough, with appropriate adjustments made to meet their needs and reduce inequalities.

### 3. LONG TERM CONDITIONS

- Adults with a learning disability in Camden are more likely to have long term conditions compared to the general population. They are almost 25 times more likely to have epilepsy and almost six times more likely to have psychotic disorders, adjusted for age. They are between 2.5 and 1.5 times more likely to have diabetes, hypertension, heart disease, chronic liver disease, chronic kidney disease, cancer, COPD, chronic depression, and dementia.

#### Recommendations:

- Care pathways for epilepsy, psychotic disorders, and other physical and mental long term conditions need to integrate and address any specific requirements for people with learning disability to ensure that this vulnerable group are getting the same level of care as the general population.

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## Key messages and recommendations

### 4. RECORDING AND RISK FACTORS

- People with a learning disability are significantly more likely to have had a blood pressure recording (both ever and in the last 15 months) than the general population. People with a learning disability within DES practices have their blood pressure recorded to a lesser extent than at non DES practices (see note on slide 23).
- Both men and women with learning disabilities had their cholesterol recorded to a greater extent than the total population (both in the last 15 months and ever).
- Adults with a learning disability are more likely than the total population to never have smoked.
- Accounting for differences in age, people with learning disability are significantly less likely to have a healthy BMI, largely due to an increased risk of being obese, compared to the general adult population. Obesity is particularly common in women with learning disability, with a total of 34% being obese.
- Information on the uptake of screening (chlamydia and cancer programmes) in people with learning disability is not routinely recorded by these programmes and GPs do not always receive information on who has had screening.

#### Recommendations:

- Everyone with a learning disability should be encouraged to be involved in developing their own health action plan, with support from a health facilitator. Future efforts need to encourage both action plan completion (and renewal), as well as recording.
- It is crucial that needs of people with learning disability are included in the development of obesity care pathways. Moreover, additional efforts need to be made to ensure BMI recording in people with learning disability to prompt intervention.
- Uptake of screening by people with learning disability is not routinely collected. An audit of screening uptake amongst the learning disability population should be considered.

### 5. LEARNING DISABILITY HEALTH CHECKS

- Camden practices perform well compared to other London boroughs in terms of the proportion of adults with a learning disability known both to the GPs and social service providers who had an annual health check (66%) in 2011/12.

#### Recommendations:

- Even though DES LD health checks are designed to be delivered to people with moderate, severe or profound learning disability, the offer may be made to all people with LD to increase the proportion who are assessed annually (therefore including those with mild LD).
- This needs to include nutritional and lifestyle advice for people identified to be underweight or obese and consider specific conditions, such as epilepsy and psychotic disorders.
- People with learning disabilities are at significantly higher risk of thyroid problems than other groups. Practice data show that that 52% had a thyroid function test in the past 15 months, and 68% had a record of ever having had a test.

## Why is it important to assess the health status and health care of people with learning disability?

To enable equal opportunities and rights according to the Equalities Act 2010 and Mental Capacity Act 2005, general and NHS health care services need to put in place reasonable adjustments for people with learning disability. This is because people with learning disability are a vulnerable group that is at risk of being unable or less able to access basic health and educational services, being excluded from social relations, or exposed to human rights violations. These issues are covered in the report [Health Inequalities and people with learning disabilities<sup>1</sup>](#)

April 2006 saw introduction of learning disability register as new clinical indicator in Quality and Outcomes Framework (QOF), a system for the performance management and payment of GPs in the NHS. Under QOF, practices are paid for being able to produce a register of patients with learning disability. The aim being improvement of data recording and allowing for incorporating needs of those with learning disability when planning service provision.

Since 2009, GP practices in England can provide health checks for adults with moderate, severe or profound levels of learning disability as part of a Directed Enhanced Service scheme (DES), including a review of physical and mental health with referral through the usual practice routes if health problems are identified, a check on the accuracy of prescribed medications, a review of secondary care co-ordination and transition arrangements, where appropriate.

### Definition of learning disability

The term learning disability (LD) is used to describe a significant, lifelong experience that has three components:

- Significantly reduced ability to understand new or complex information, to learn new skills, significantly, impaired intelligence), and
- reduced ability to cope independently (impaired social/adaptive functioning), and
- onset before the age of 18 years, with a lasting effect on development (Scottish Government Publications 2000).

This definition encompasses people with a broad range of disabilities, but not all people with a “learning difficulty”.

This definition is based on the World Health Organization (WHO) approach that uses intelligence quotient (IQ), social functioning and age of onset. The IQ element is the conventional cut-off score of 70. Below this score there are four classifications of LD: mild (50–69), moderate (36–49), severe (21–34) and profound (20 or lower).

In a primary care setting IQ score is not always readily available, making these distinctions more difficult to apply in practice. Therefore, this profile provides an overview of all people on Camden GP practices’, without comparison between people with different severity levels.

Sources:

1. Emerson E and Baines S, Health inequalities and people with learning disability in the UK. Improving Health and Lives: Learning Disability Observatory. 2010. IHAL 2010-04

## What works in managing and preventing diabetes in people with learning disability?

People with learning disability are at increased risk of developing diabetes and have a high prevalence of overweight and obesity. Much of this increased risk is attributed to lifestyle factors, including obesity, physical inactivity and an unhealthy diet. Healthcare professionals tend to focus on a patient's learning disability at the expense of physical health needs, including diabetes risk.

**1.1.** A 2010 review of health checks found that they help detect unmet health needs in people with learning disability (including overweight/obesity and other diabetes risk factors) and can lead to targeted actions to meet those needs. Evidence suggests that people with learning disability may require a follow-up call to remind them of their health check appointment and answer any queries they may have<sup>2</sup>.

**1.2.** Nutritional and practical guidelines for children and adults with a learning disability in the [Eating well](#) report<sup>3</sup> recommended the following.

- GPs should be involved in promoting the nutritional health of children, young people and adults with learning disability throughout their lives.
- GPs should proactively offer people with learning disability an annual health check. This should look at a range of indicators related to nutritional health such as body weight, weight change, bowel health, oral health, specific medical conditions, difficulties around eating and drinking, and medication reviews.
- Everyone with a learning disability should be encouraged to be involved in developing their own health action plan, with support from a health facilitator, and to include in it information about their nutritional health.

**1.3.** A clearly written diabetes care plan needs to be drawn up for each patient with realistic goals. Education and resources should be appropriate for the individual.

**1.4.** The NHS Diabetes document – [Commissioning for people with learning disability who have diabetes](#)<sup>4</sup> includes standards such as:

- A patient held individual care management plan
- All information is available in easy to read formats to allow access to read and review information where possible, and picture and other formats are based on the individual's communication requirements.
- Allowance is made for additional time to explain and review new information to ensure there is understanding, and additional appointments are made, if necessary, to repeat and confirm the information given to ensure confidence and understanding.

### Sources:

2. Robertson J, Roberts H, Emerson E, Health checks for people with learning disability: a systematic review of evidence. Improving Health and Lives: Learning Disability Observatory. 2010. IHAL 2010-04

3. Crawley H. Eating well: children and adults with learning disability, nutritional and practical guidelines. Caroline Walker Trust. 2007

4. Carmichael S. Commissioning for people with learning disability who have diabetes. Department of Health. 2011

## How to use these analyses

It is important to bear in mind the following when looking at this profile (or any other public health intelligence products):

### – It is the variation that is important

In this profile, it is the variation between Camden GP practices that should be the main point of reflection rather than average achievement. It is the *unexplained variation* (defined as: *variation in the utilisation of health care services that cannot be explained by differences in patient populations or patient preferences*) as this can highlight areas for potential improvements. For example, it may highlight under- or over- use of some interventions and services, or it may identify the use of lower value or less effective activities.

The data alone cannot tell us whether or not there are good and valid reasons for the variation. It only highlights areas for further investigation and reflection. A perfectly valid outcome of investigations is that the variation is as expected. However, to improve the quality of care and population health outcomes in Camden, a better understanding of reasons behind the variation at a GP practice level with clear identification of areas for improvement is needed.

### – Reaching 100% achievement

The graphs may show 100% on their y-axis (vertical) but there is no expectation that 100% will be (ever be) achieved for the vast majority of indicators. There will always be patients for whom the intervention is unsuitable and/or who do not wish to have the intervention. Again, it is about the variation between different GP practices, not an expectation of 100% achievement.

Ideally, there would be benchmarking against the achievements in Camden with other deprived London boroughs (i.e. with similar health needs), to give an indication of realistic level of achievement for specific indicators across the whole population and an Camden position, but these data are not currently available.

### – Populations not individuals

Epidemiology is about the health of the population, not the individual. In this profile this is either all of Camden's registered population or a GP practice population. It includes everyone registered on GP lists at the end of September 2012, whether they attend the practice regularly or not, or never at all.

### – Beware of small numbers

Some of the graphs have small numbers in them. They have been left in so that all GP practices can see what is happening in their practice (according to the data). In these cases, the wide 95% confidence intervals will signify the uncertainty around the percentages, but be careful when interpreting them.

### – Problems with coding and/or data extraction

There were some specific problems with data extractions from some GP practices for particular variables and these have been noted on the relevant graphs. If after review of the data, any GP practices think there are other problems with coding or data extraction, we will investigate and will amend publications as appropriate: [publichealth.intelligence@islington.gov.uk](mailto:publichealth.intelligence@islington.gov.uk)

## GP PH dataset and case definition

### Camden GP PH Dataset

- Much of the epidemiological analysis in this profile has been undertaken using an anonymised patient-level dataset from GP practices in Camden. The GP Dataset was extracted in September 2012.
- The dataset includes key information on demographics (including language and ethnicity), behavioural and clinical risk factors, key conditions, details on the control and management of conditions, key medications, and interventions.
- This unique resource means that for the first time in Camden, it is possible to undertake in depth epidemiological analysis of primary care data for public health purposes, strengthening evidence based decision making within the borough at all levels.

### QOF Data

- The profile also includes information on prevalence and review of care recorded on QOF registers.
- Discrepancies in numbers when comparing information from QOF and the Public Health GP datasets are due to the method of extraction and coding of disease conditions. Data from the Public Health GP dataset are recorded using Read codes and the date of extraction can vary across GP practices. Data from QOF is published by the NHS Information Centre (NHS IC).

### Case definitions for learning disability

- Specific codes were extracted to determine a diagnosis of learning disability aligned with those published in national QOF guidance. These are published on : [www.pcc-cic.org.uk](http://www.pcc-cic.org.uk)

<http://www.hscic.gov.uk/>

**Table 1: QOF read codes for learning disability**

| READ CODES | DISEASE/DESCRIPTION   |
|------------|---|
| E3%        | Mental retardation  |
| Eu7%       | [X]Mental retardation                                       |
| Eu814      | [X] Moderate learning disability                            |
| Eu815      | [X]Severe learning disability                               |
| Eu816      | [X] Mild learning disability                                |
| Eu817      | [X] Profound learning disability                            |
| Eu81z      | [X]Developmental disorder of scholastic skills, unspecified |
| 918e       | On learning disability register                             |

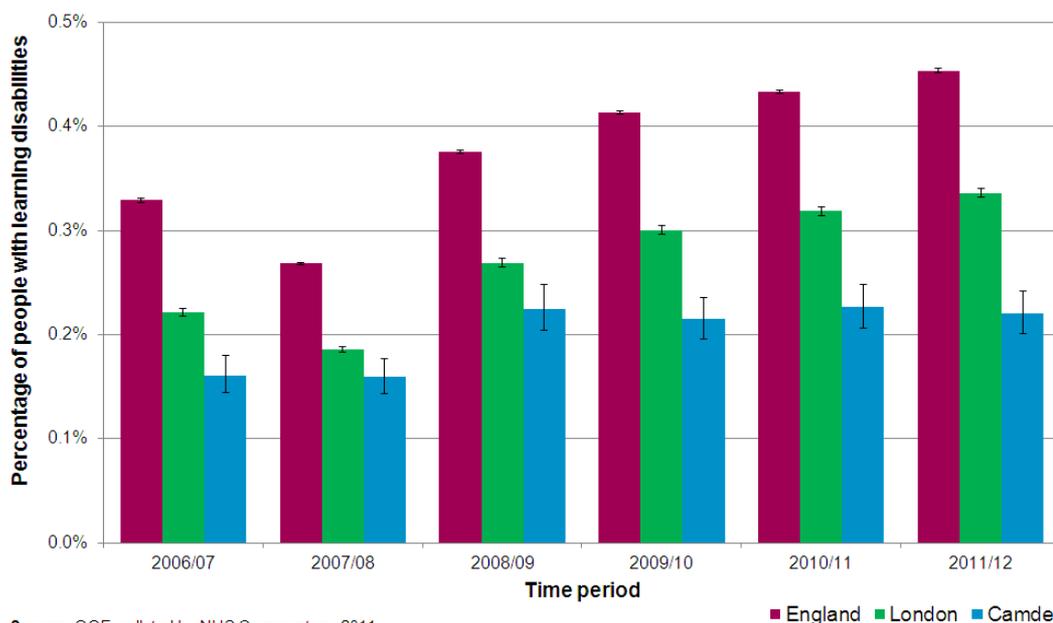
## DIAGNOSED PREVALENCE OF LEARNING DISABILITY

This section looks at the prevalence of learning disability within Camden and compares where possible to London and England and highlights demographic differences.

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### England, London, Camden: Crude Prevalence

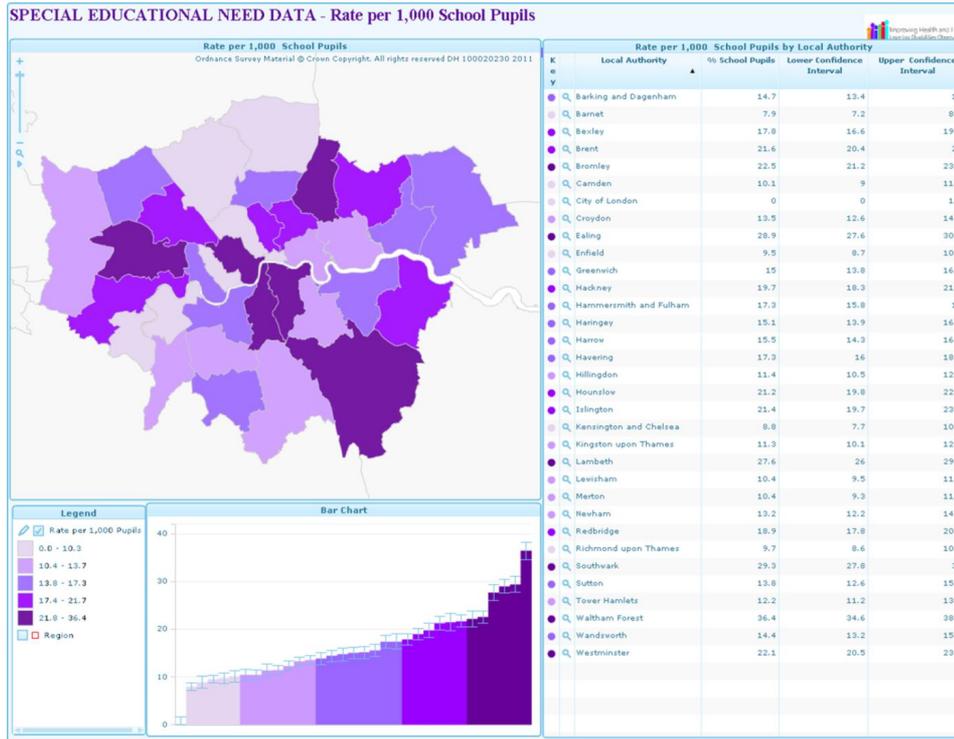
Prevalence of learning disabilities in people aged 18 and over, Camden, London and England, 2006-2012



Source: QOF, collated by NHS Comparators, 2011

- Prevalence of learning disabilities on the QOF register in Camden is significantly lower than England and London in 2011/12. This equates to 464 people aged 18 and over.
- Since 2006/07 prevalence of learning disabilities has increased in Camden nationally and in London.

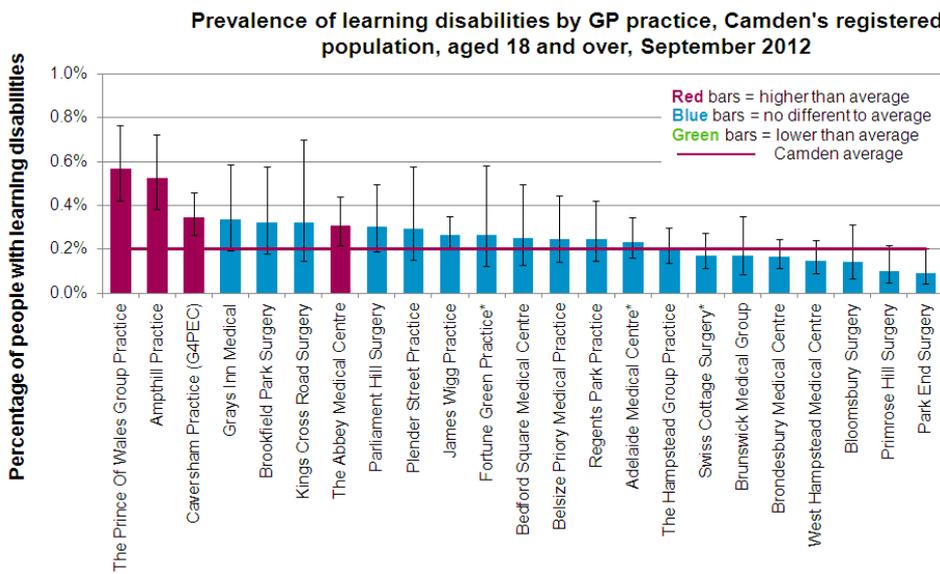
# Special Educational Needs (SEN) Children



- The map shows the rate per 1,000 of primary, secondary and special schools pupils with special educational needs (SEN: moderate/severe/profound and multiple learning difficulties and autistic spectrum disorders) in 2010.
- The rate in Camden is 10.1 per 1,000. This is the 5th lowest amongst all London boroughs.
- Note: The population for this analysis is based on pupil's school and not GP registered. Some children may go to school in a different borough to where they live so it is possible this figure is different to the Camden GP registered population.

Source: DfE 2010, collated by Learning Disabilities Observatory

# Camden GP practices: Crude Prevalence



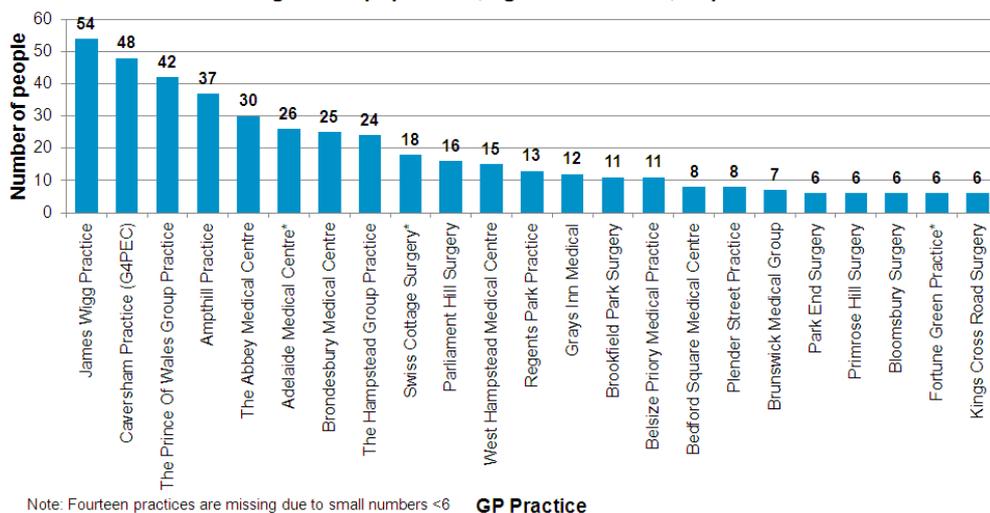
Note: Fourteen practices are missing due to small numbers <6  
 Data on two practices were not extracted  
 Practices with \* are not part of the DES for Learning Disability  
 Source: Camden's GP PH dataset, 2012

GP Practice

- Using data from the Camden 2012 GP dataset prevalence varies among Camden practices.
- Four practices have a significantly higher prevalence than Camden overall.
- Reasons for this variation could be differences in population or diagnosis rate.

# Camden GP practices: Numbers

Number of people diagnosed with learning disability by GP practice, Camden's registered population, aged 18 and over, September 2012



Note: Fourteen practices are missing due to small numbers <6 (a combined total of 42 diagnoses)  
Data on two practices were not extracted  
Practices with \* are not part of the DES for Learning Disability

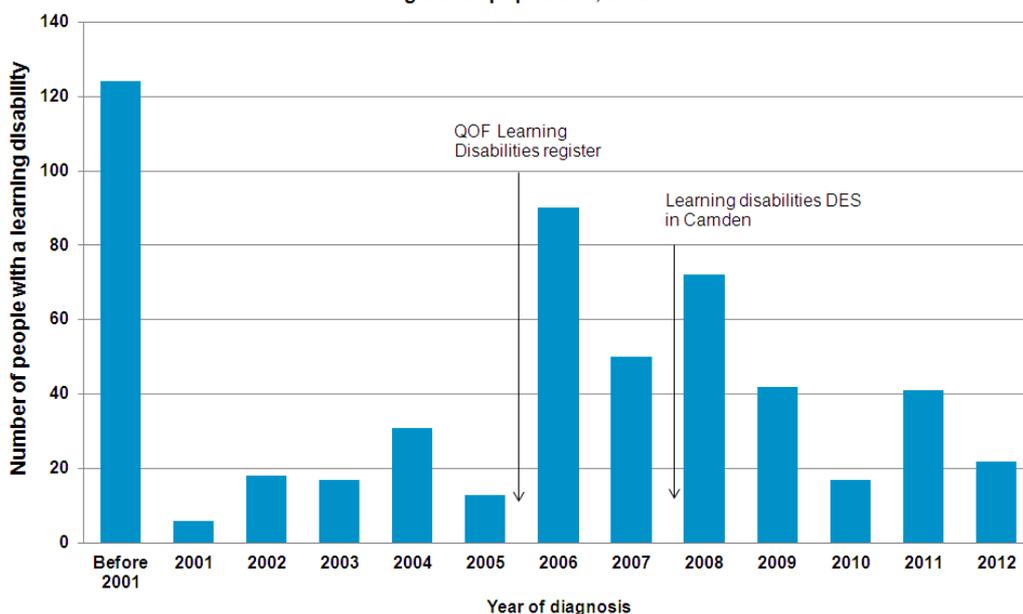
GP Practice

Source: Camden's GP PH dataset, 2012

- A learning disability is recorded in 544 people who are registered with a Camden GP.
- 477 are adults (aged 18 or over) and 67 are under 18 years old.
- There is a large variation in absolute numbers among practices, with figures ranging from 54 people to less than 6 (not accounting for practice size).

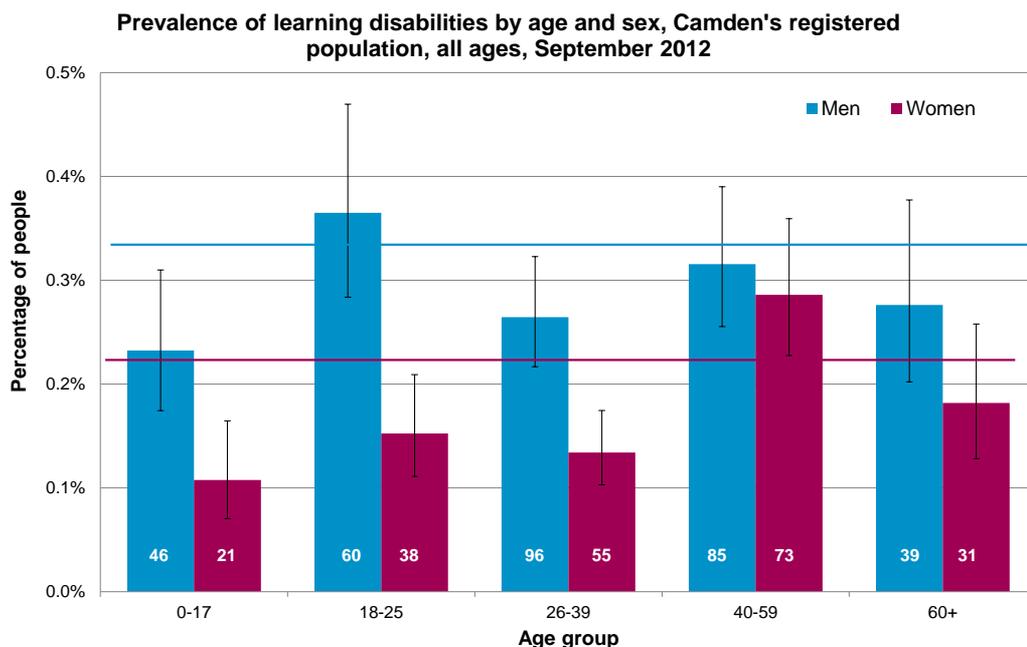
# Number of Diagnoses by Year

Number of people with a learning disability by diagnosis date, all ages, Camden's registered population, 2012



- Introduction of standardised coding, incentives and a raised profile of learning disability, resulted in higher number of diagnoses recorded in the following years, in particular in 2006 and 2008.
- This has to be taken into consideration when interpreting data on learning disability over time.

## Differences by age and sex

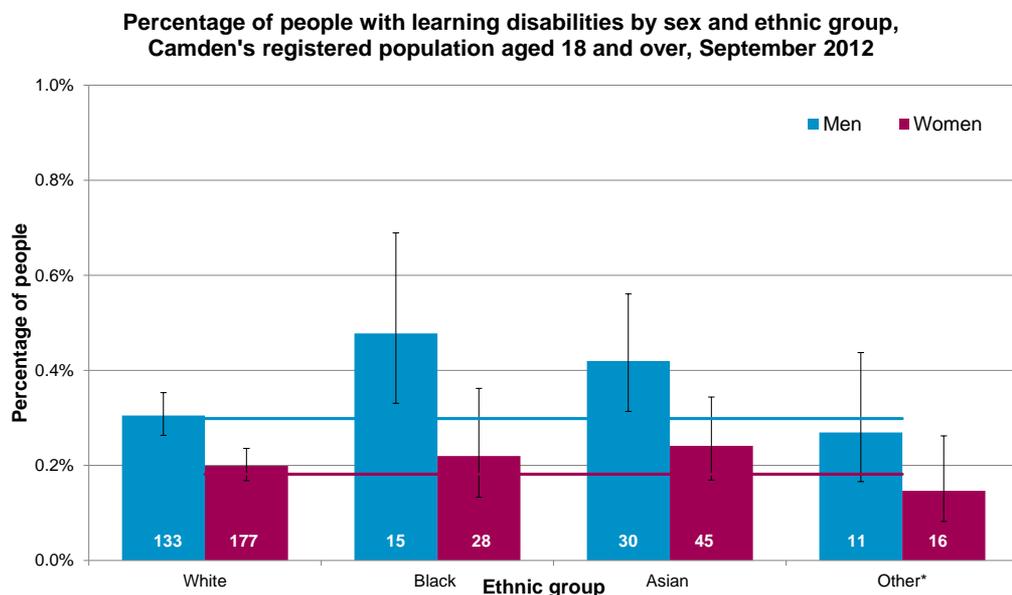


Source: Camden's GP PH dataset, 2012

- The average prevalence of learning disability for all ages is higher in men (0.29%) compared to women (0.17%).
- This gender difference is largest in the 18-25 age group.
- A total of 326 men and 218 women are recorded as having a learning disability in Camden.
- Of these, 280 men and 197 women are aged 18 and over.

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## Differences by ethnic group



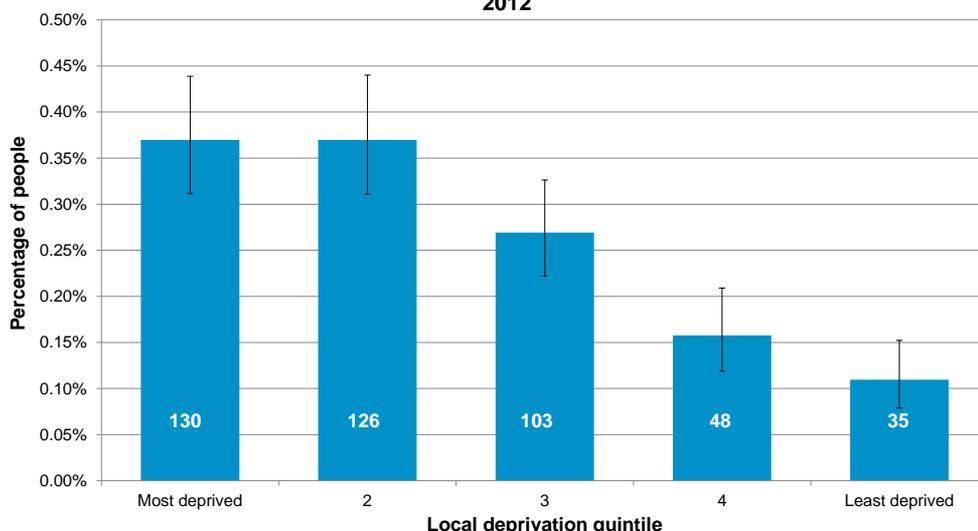
\*Other includes those of "Other/Mixed" ethnicity. Twenty people with ethnicity not stated were not included  
Source: Camden's GP PH dataset, 2012

- The prevalence of learning disabilities is significantly higher in Black and Asian men (0.48% and 0.42% respectively) than all men (0.30%). However, the numbers are fairly small.
- There are no significant differences between ethnic groups in women.

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# Differences by Local Deprivation

Percentage of people with learning disabilities by local deprivation quintile, Camden's registered and resident population aged 18 and over, September 2012

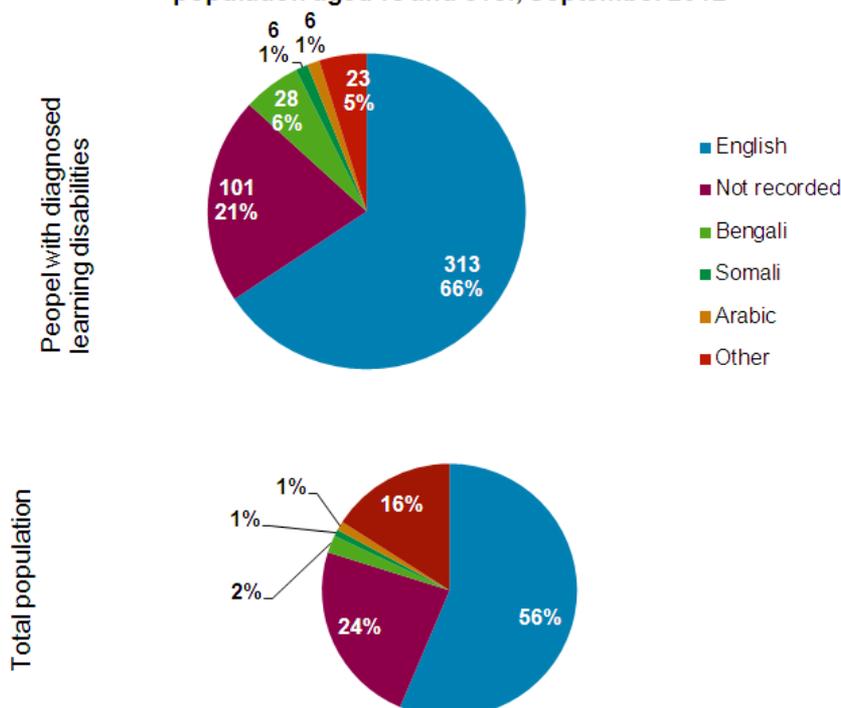


Note: Thirty-five people living outside of the borough were not included in the analysis  
Source: Camden's GP PH dataset, 2012

- The prevalence of learning disabilities differs by level of deprivation.
- Prevalence of learning disability is more than three times higher in more deprived areas (0.37%) compared to the least deprived areas (0.11%).
- Note: These differences do not take into account any gender, age or ethnic group differences.

# First Language

Top five recorded first languages, Camden's registered population aged 18 and over, September 2012



Source: Camden's GP PH dataset, 2012

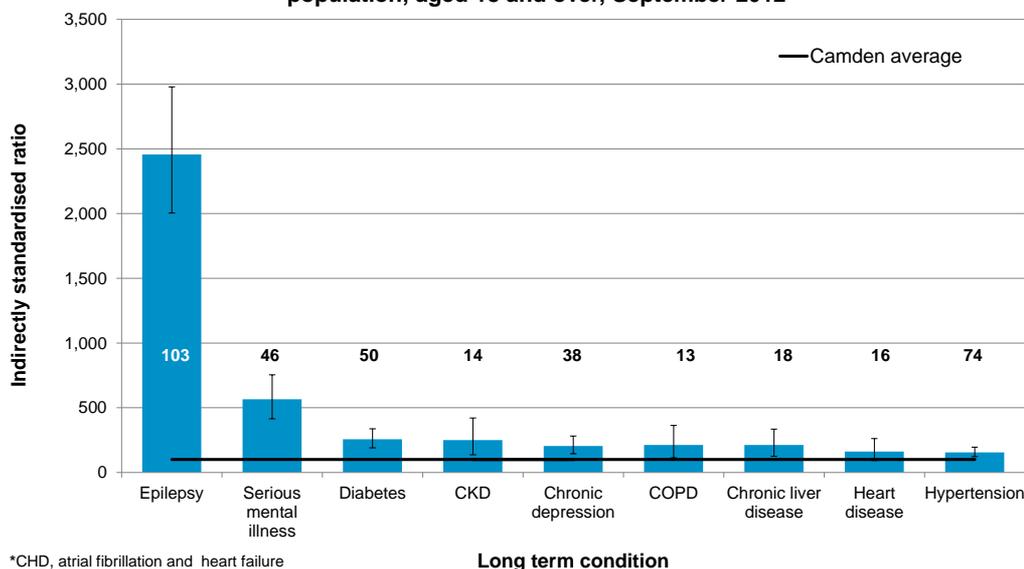
- 66% (313 people) with a learning disability have English recorded as their first language. This compared to 56% of the total population.
- Some of the difference could be explained by the slight difference in first language recording between the two groups, with first language being recorded in 79% of people with a learning disability, compared to 76% in the total population.

# LEARNING DISABILITY AND LONG TERM CONDITIONS

People diagnosed with a learning disability are more likely to have long term physical and mental health conditions than the population overall. This section looks at people with learning disability and other long term conditions such as diabetes and epilepsy.

## Long Term Conditions

Indirectly age-standardised ratio of long term conditions in people diagnosed with learning disabilities compared with Camden's registered population, aged 18 and over, September 2012



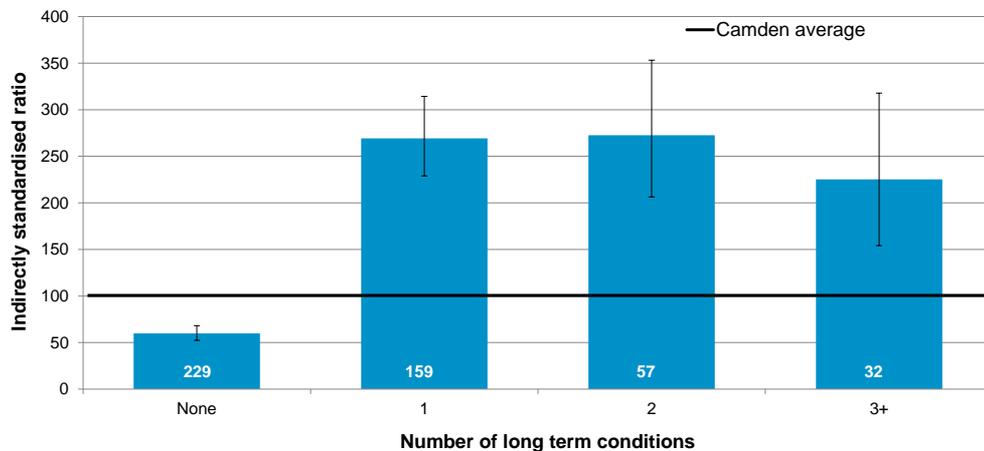
\*CHD, atrial fibrillation and heart failure  
Source: Camden's GP PH dataset, 2012

Note: Dementia and cancer have been excluded due to small numbers. Data on asthma is not available.

- Age-standardised prevalence ratios comparing long term conditions in adults with learning disabilities to the general population show significantly higher prevalence for all the long term conditions included in the chart to the left.
- People with a learning disability are almost 25 times more likely to have epilepsy and almost 6 times more likely to have serious mental illness than the general population. They are between 2.5 and 1.5 times more likely to have diabetes, chronic kidney disease, chronic depression, COPD, chronic liver disease, heart disease, and hypertension.

# Comorbidity

Indirectly age-standardised ratio of the number of long term conditions in people diagnosed with learning disabilities compared with Camden's registered population, aged 18 and over, September 2012



Note: Long term conditions counted are: high blood pressure, diabetes, chronic depression, serious mental illness, cancer, CHD/MI, COPD, CKD, stroke/TIA, chronic liver disease, atrial fibrillation, heart failure, and epilepsy

Source: Camden's GP PH dataset, 2012

- People with a learning disability are more than twice as likely to have one or more long term physical or mental health conditions compared to the Camden general adult population (one, two, and three or more conditions).
- This includes: epilepsy, heart failure, stroke/transient ischemic attack, high blood pressure, coronary heart disease/myocardial infarction, chronic obstructive pulmonary disease, chronic kidney disease, chronic liver disease, atrial fibrillation, depression, serious mental illness, dementia, and diabetes.

## DATA RECORDING AND RISK FACTOR SCREENING

This section looks at the risk factors for health problems and uptake of screening among adults with learning disabilities recorded by GP practices, compared to the general adult population.

## Data Availability in people aged 18 and over

| Factor recorded     | DES practices (33 practices, 424 people with LD) |                  | Non- DES practices (4 practices, 53 people with LD) |                  | All practices                     |                  |
|---------------------|--|------------------|---|------------------|-----------------------------------|------------------|
|                     | People with learning disabilities                | Total population | People with learning disabilities                   | Total population | People with learning disabilities | Total population |
| Cholesterol         | 49%  | 36%              | 65%   | 36%              | 50%                               | 36%              |
| Blood pressure      | 89%  | 82%              | 88%   | 73%              | 89%                               | 80%              |
| Smoking status      | 99%  | 97%              | 100%  | 96%              | 99%                               | 97%              |
| Alcohol consumption | 78%  | 68%              | 71%   | 51%              | 78%                               | 66%              |
| QRisk2*             | 85%  | 85%              | 0%  | 89%              | 91%                               | 86%              |
| BMI                 | 82%  | 83%              | 90%   | 82%              | 75%                               | 71%              |
| Language            | 76%  | 71%              | 25%   | 42%              | 72%                               | 67%              |

- Recording of information (measurement ever recorded) on cholesterol and blood pressure levels, smoking status, alcohol consumption and body mass index (BMI) by GP practices is greater or similar in adults with learning disability in DES practices, compared to the general population within DES practices.
- Within DES Practices the recording is lower for all measurements compared to non DES practices with the exception of recording of alcohol consumption which is slightly higher.
- This suggests that people with learning disability have information about their health recorded the same way or better than the general population.

Note: Only 6 practices are not part of the DES for learning disability, 2 of these practices did not have their data extracted. Therefore this analysis compares patients from 33 DES practice and 4 non DES practices.

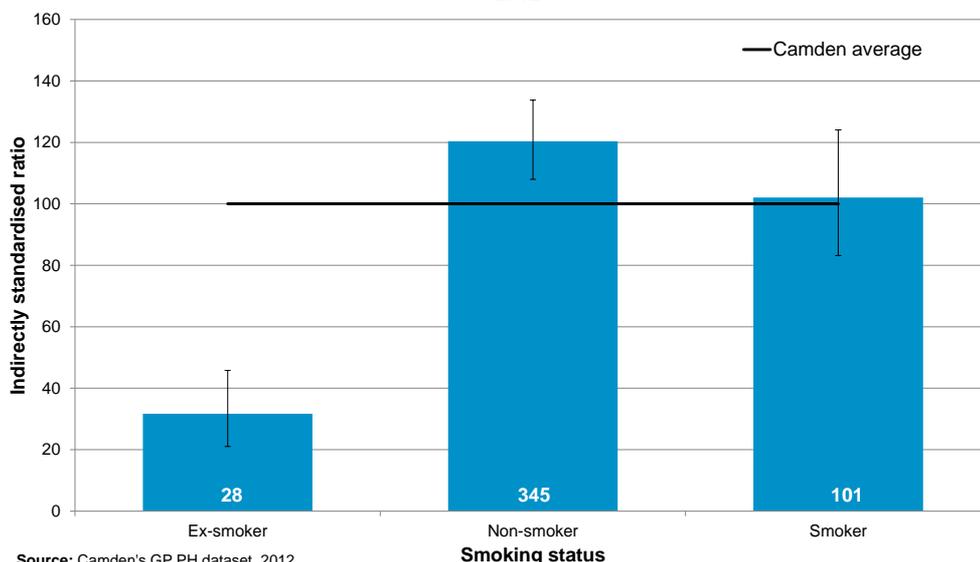
It would be expected that DES practices screen patients more than non DES practices, possible reasons why this appears to not be the case could be: the small number of patients in non DES practices, lack of information on learning disability healthcare plans and annual health checks, both of which could pick up risk factor screening from a different route.

Source: Camden GP dataset 2012

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## Smoking Status

Indirectly age-standardised ratio of smoking status in people diagnosed with learning disabilities compared to Camden's registered population, aged 18 and over, September 2012



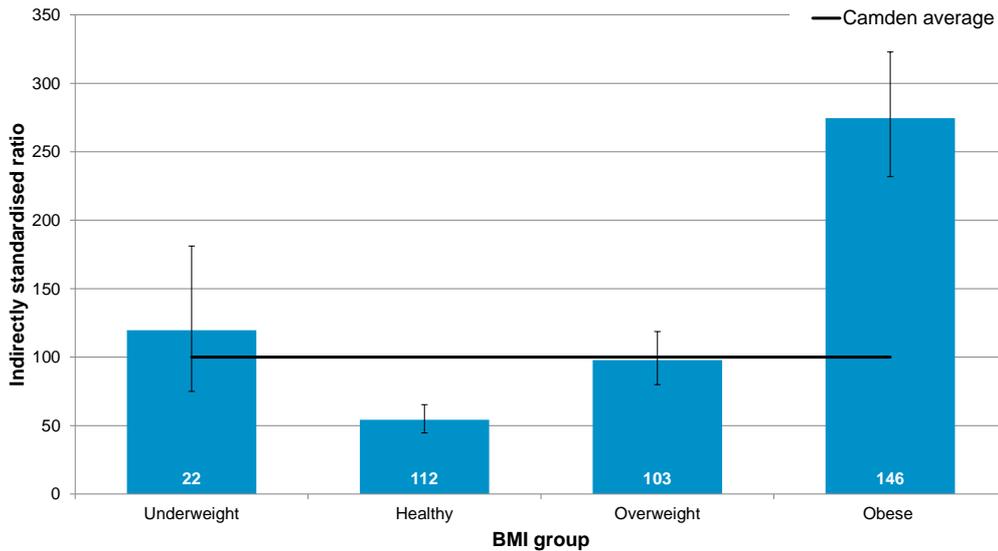
Source: Camden's GP PH dataset, 2012

- People with a learning disability are more likely to never have smoked compared to the total population, adjusted for age.

Note: Three people with a learning disability did not have smoking status recorded and are not included in the graph.

# Body Mass Index

Indirectly age-standardised ratio of BMI groups in people diagnosed with learning disability, Camden's registered population, aged 18 and over, 2012



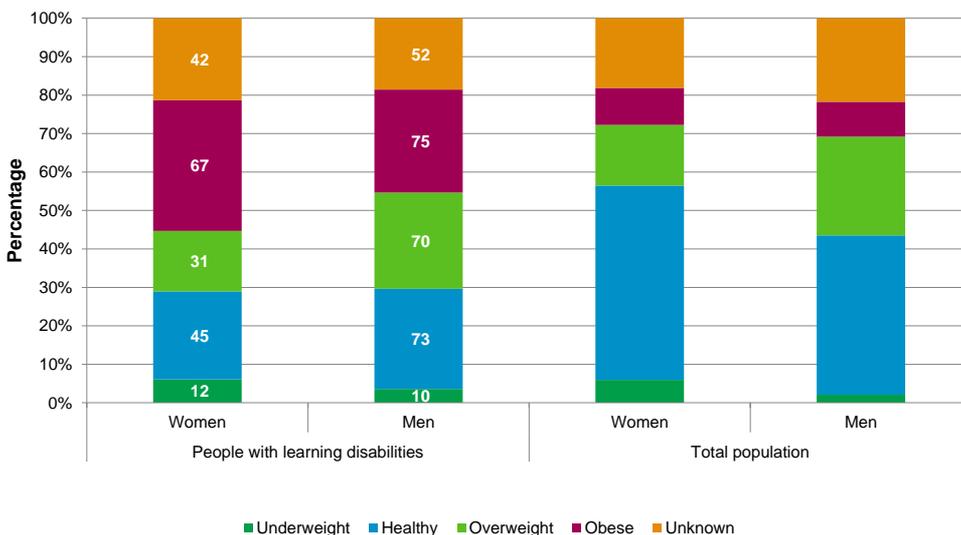
- Adjusting for differences in age, people with learning disability are significantly less likely to be of a healthy weight relative to their height.
- This is largely due to a significantly higher prevalence of obesity.
- People with a learning disability are 2.8 times more likely to be obese than the general population of Camden.

Note: 94 people diagnosed with a learning disability without a BMI status are not included in this analysis.  
Source: Camden's GP PH dataset, 2012

Note: 92 people with a learning disability did not have BMI status recorded and are not included.

# Body Mass Index by Sex

Percentage of people diagnosed with learning disability compared to total population by BMI group and sex, Camden's registered population aged 18 and over, September 2012

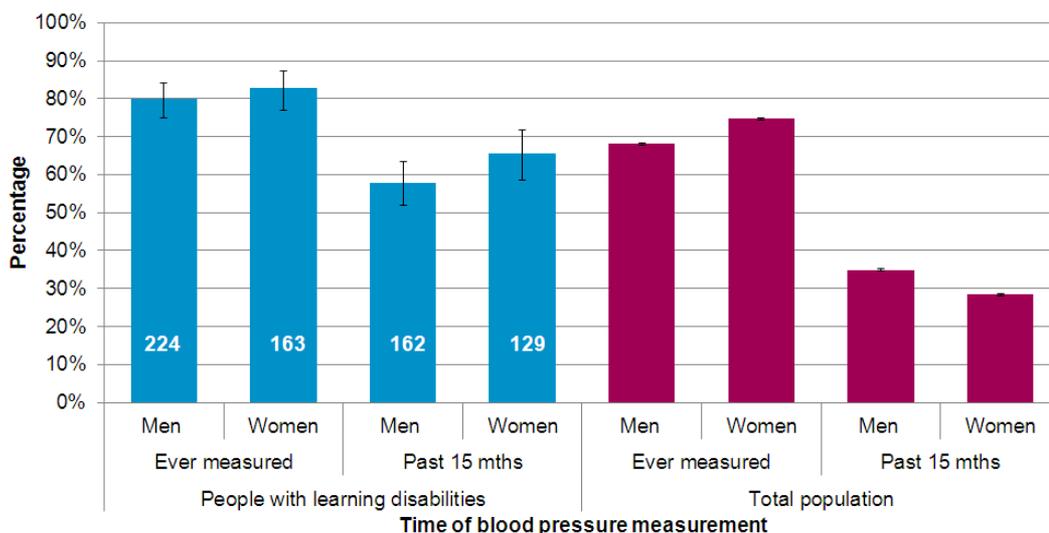


- The body mass index among women with a learning disability is very high compared to the general adult population: 34% are obese, with a further 16% overweight.
- Obesity is lower in men with learning disabilities 27% compared to women with learning disabilities. A further 25% of men with learning disabilities are overweight, which is higher than overweight women with learning disabilities.
- BMI recording was slightly higher in women with a learning disability (82%) compared to the general population (79%). However, recording of BMI was slightly lower in men with learning disability (78%) compared to other men (81%).

Source: Camden's GP PH dataset, 2012

# Blood Pressure Recording

Percentage of people diagnosed with learning disability by sex and time of last blood pressure measurement, Camden's registered population aged 18 and over, September 2012

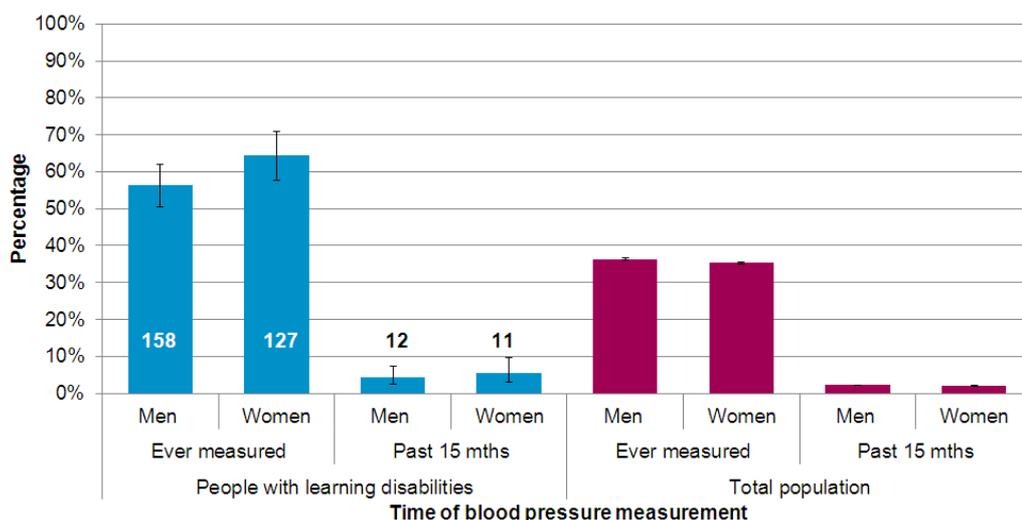


- The proportion of adults with a learning disability who had their blood pressure recorded at any time or during the past 15 months is significantly higher compared to the general Camden adult population.

Source: Camden's GP PH dataset, 2012

# Cholesterol Recording

Percentage of people diagnosed with learning disability by sex and time of last cholesterol measurement, Camden's registered population aged 18 and over, September 2012

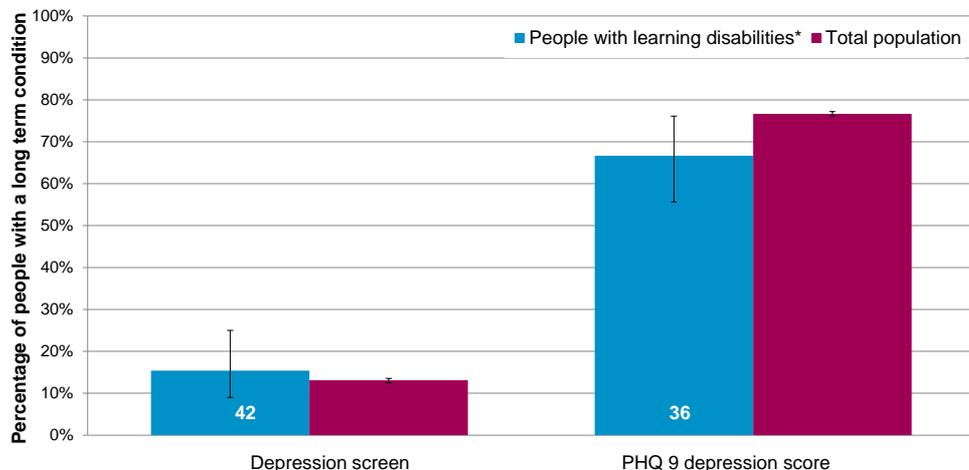


- The proportion of adults with a learning disability who ever had their cholesterol levels recorded is significantly higher compared to the general Camden adult population.
- The proportion of women with a learning disability who have had their cholesterol recorded in the last 15 months is significantly higher than women in the total population.

Source: Camden's GP PH dataset, 2012

# Depression Screening

Screening for depression using depression screen or PHQ9 depression score in people with learning disabilities and another long term condition\* compared to average Camden population with a long term condition\*, Camden's registered population aged 18 year

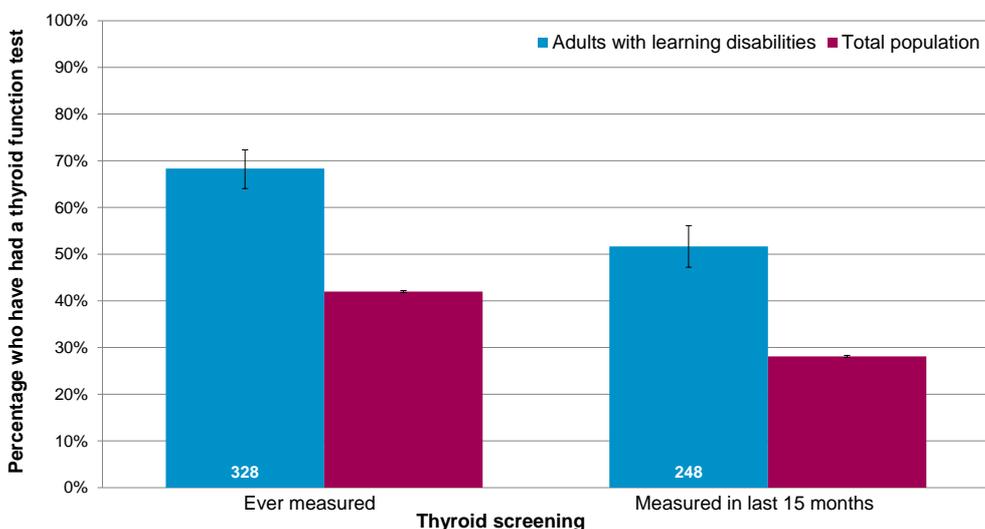


\*with no psychotic disorders, chronic depression, CHD or diabetes diagnosis  
Source: Camden's GP PH dataset, 2012

- The proportion of adults with a learning disability and another long term condition who have been assessed for depression using the two question depression screen or PHQ-9 score is no different compared to the Camden average adult population with a long term condition.
- Note: Depression screening among people with CHD and diabetes is part of QOF, so have been excluded. People could be potentially double counted as they could have been screened using both methods.

# Thyroid function testing

Thyroid function testing in people with learning disabilities compared to overall Camden population, Camden's registered population aged 18 years and over



Source: Camden's GP PH dataset, 2012

- The proportion of adults with a learning disability who have ever had a thyroid function test is significantly higher 68% (n=328) compared to the average adult population (42%).
- Similarly, the proportion of adults with a learning disability who have had a thyroid function test in the last 15 months is significantly higher 52% (n=248) than the Camden total population (28%).

# Number of people with LD eligible for national screening programmes

| Screening       | Age group | Men    |                          | Women  |                          |
|-----------------|-----------|--------|--------------------------|--------|--------------------------|
|                 |           | Number | Percentage of population | Number | Percentage of population |
| Chlamydia       | 15-24     | 63     | 19%                      | 40     | 18%                      |
| Cervical cancer | 25-64     | -      | -                        | 137    | 63%                      |
| Breast cancer   | 53-64     | -      | -                        | 31     | 14%                      |
| Bowel cancer    | 60-69     | 26     | 8%                       | 15     | 7%                       |

Note: Chlamydia and cervical cancer screening may not be indicated for all people with LD

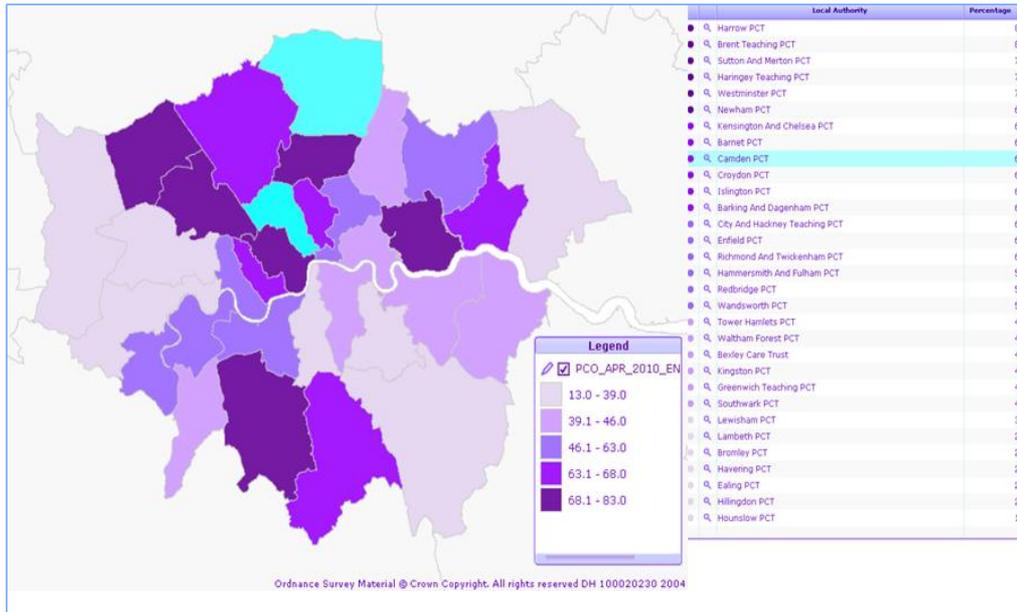
- The size of the cohorts for national screening programmes in the Camden population of people with a learning disability varies from 137 (women eligible for cervical screening) to 15 (women eligible for bowel cancer screening).
- It is not possible to compare uptake of screening programmes as information on learning disability diagnoses is not routinely collected by screening programmes.

## ANNUAL HEALTH CHECKS

This section looks at the percentage of eligible people with a learning disability in Camden who received an annual health check.

# Annual Learning Disability Health Checks

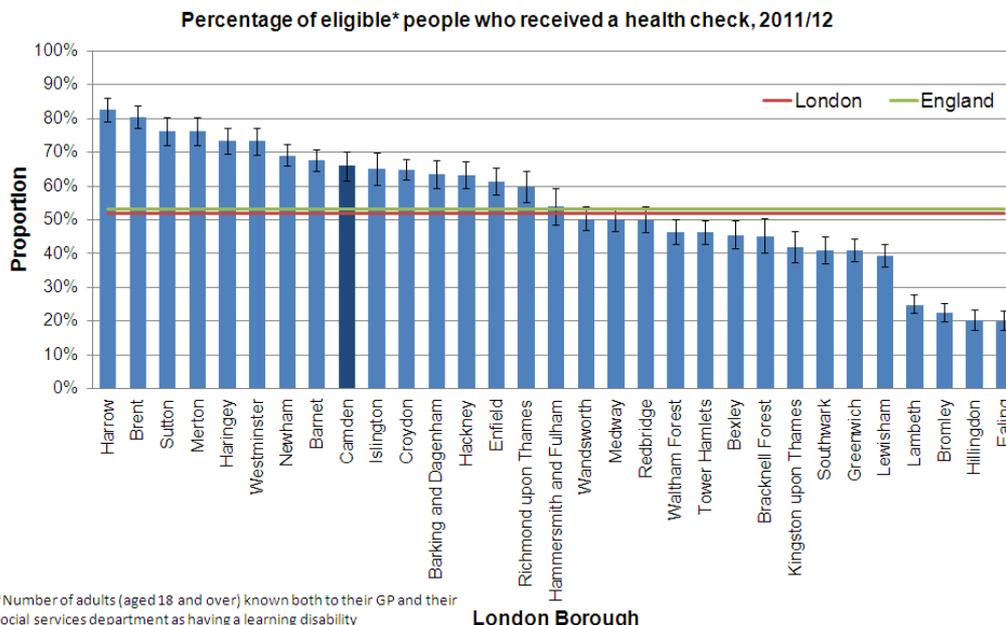
Proportion of eligible adults with a learning disability having a GP health check 2011/12



- Since 2009, GP practices in England can provide health checks for adults with learning disability as part of a Direct Enhanced Service (DES) for people with moderate, severe or profound LD, including a review of physical and mental health with referral through the usual practice routes if health problems are identified, a check on the accuracy of prescribed medications, a review of secondary care co-ordination and transition arrangements where appropriate.
- In Camden a total of 66% of adults (302) with a learning disability known to GP and social services have had a health check in 2011/12.

Source: DoH, collated by Learning Disabilities Observatory 2013

# Learning Disability Health Checks



- The Camden total of 66% of adults with a learning disability in who received an annual health check in 2011/12 is significantly higher than both London (52%) and England (53%).
- This places Camden in the top 9 performing boroughs in London. However, there are still around 34% of adults with learning disability who had not had a health check in 2011/12.

# Data sources and limitations

## Islington GP Dataset extraction

Much of the epidemiological analysis in this profile has been undertaken using an anonymised patient-level dataset from GP practices in Islington, in agreement with local GPs and with governance from our multi disciplinary Health Intelligence Advisory Group. This dataset includes key information on demographics (including language and country of birth), behavioural and clinical risk factors, key conditions, details on the control and management of conditions, key medications, and interventions. This unique resource means that for the first time in Islington, it is possible to undertake in depth epidemiological analysis of primary care data for public health purposes, strengthening evidence based decision making within the borough at all levels.

## Population denominators

In calculating rates, the registered population is used as of March 2011. The practice list sizes are obtained from the Islington GP dataset (see above).

## QOF

National, SHA and PCT level prevalence data comes from QOF and is collated and prepared by the NHS Comparators. More information on QOF data can be found here: <http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/the-quality-and-outcomes-framework>

## Learning Disabilities Observatory

Information on children with Special Educational Needs (SEN) and Health Checks in people with learning disability on national, SHA and PCT level comes from the Learning Observatory. More information can be found here: <http://www.improvinghealthandlives.org.uk/>

## Data limitations

In a primary care setting IQ score, on which the learning disability classification is based, is not always readily available, making distinctions between levels of severity more difficult to apply in practice.

The IQ level has been recorded only in 5% of diagnoses. For this reason this analysis includes all people with a diagnosis of LD and not one particular subgroup.

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# Methods & measures

## Long term conditions

Long term conditions used in analysis matched the Annual Public Health Report (APHR) 2011 definitions, available here: <http://www.islington.nhs.uk/About-us/annual-public-health-report-2011.htm> The APHR used QOF definition, excluding chronic depression, chronic liver disease and cancer. These are published in QOF Read Codes v17: [http://www.pcc.nhs.uk/uploads/QOF/2011/01/2011\\_jan\\_qof\\_read\\_codes\\_v18\\_1.xls](http://www.pcc.nhs.uk/uploads/QOF/2011/01/2011_jan_qof_read_codes_v18_1.xls). All definitions available in the QOF glossary: <http://www.qof.ic.nhs.uk/glossary/>. For cancer diagnoses, malignant melanoma and skin cancers are not included in the analysis. Chronic liver disease is not included in QOF, and for chronic depression, two years or more on anti-depressants are analysed as well. For these conditions, the appropriate inclusion criteria are decided upon with clinician input.

## 95% confidence intervals

Percentages and rates are reported with 95% CI. These give the range of values which quantify the imprecision in the estimate of the percentage or rate. They are used to quantify the imprecision that results from random variation in the estimation of the value because events (e.g. admissions) are influenced by the random occurrences that are inherent in life. They do not include imprecision resulting from systematic error (i.e. bias). By comparing the 95% CIs around estimates or a target, we can say whether statistically, there are differences or not in the estimates we are observing.

## Crude rates

Give the total number of events occurring in an entire population over a period of time per 1,000 population, without reference to any of the individuals or subgroups within the population. This measure does not allow for a complete comparison across populations with different structures (for example, age).

## Indirectly standardised ratios

The indirectly standardised ratio is the observed number of events, relative to the number of events that would be expected, if standard age-specific rates are applied to the particular observed population's age structure. This enables direct comparisons of a particular populations (e.g. that for a GP) with a standard one, (e.g. that for the borough), taking into account differences in population age structures.

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### **About Public Health Intelligence**

Public health intelligence is a specialist area of public health. Trained analysts use a variety of statistical and epidemiological methods to collate, analyse and interpret data to provide an evidence-base and inform decision-making at all levels. Camden and Islington's Public Health Intelligence team undertake epidemiological analysis on a wide range of data sources.

### **FURTHER INFORMATION & FEEDBACK**

This profile has been created by Camden and Islington's Public Health Intelligence team. For further information please contact Dalina Vekinis.

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**We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please contact us with your ideas.**

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