

Worcestershire Health & Well-being Board

JSNA Briefing on Learning Disabilities

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Summary

- In Worcestershire, approximately 10,900 individuals aged 18+ are thought to have a learning disability.
- There are a total of 3,684 children and young people aged 4-19 identified as having a learning disability.
- Learning Disability covers a range of disabilities including Downs Syndrome and chromosomal disorders, but does not include specific 'learning difficulties' such as dyslexia. Many people with a learning disability have additional health, sensory and mobility problems, and a number have additional mental health problems.
- People with learning disabilities are more likely to experience poorer health across a range of different indicators. Approximately 50% of people with learning disabilities will have at least one significant health problem¹.
- People with learning disabilities experience significant socio-economic inequality and are less likely to be in employment. The wider socio-economic inequalities in this group of individuals can be quite significant.
- Nationally, the average life expectancy for women with a learning disability is 18 years shorter than for women in the general population, for men it is 14 years shorter.
- The Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD¹) undertaken between 2010-12, found that 38% of people with a learning disability died from an avoidable cause, primarily relating to the lack of provision of good quality health care, compared to 9% in comparison to the general population.
- Worcestershire County Council spends around £50 million each year on services for people with learning disabilities

¹ Heslop, P., Blair, P., Fleming, P., Houghton, M., Marriott, A. and Russ, L. (2013). The Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD). [online] Bristol: Norah Fry Research Centre, pp.1-128. Available at: <https://www.bristol.ac.uk/media-library/sites/cipold/migrated/documents/fullfinalreport.pdf> [Accessed 4 Jun. 2018].

Background

The term 'learning disability' can be defined as:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence); with
- A reduced ability to cope independently (impaired social functioning); which started before adulthood (18 years) with a lasting effect on development

It covers a range of disabilities including Downs Syndrome and chromosomal disorders, but does not include specific 'learning difficulties' such as dyslexia. Many people with a learning disability have additional health, sensory and mobility problems, and a number have additional mental health problems. Causes of Learning disabilities can be categorised into three different areas as outlined in Table 1 below.

Table 1 Causes of Learning Disability and related conditions

Prenatal	Perinatal	Postnatal
<p>Chromosome & Genetic abnormalities: Downs syndrome, Rhett syndrome</p> <p>Maternal Infections: Rubella</p> <p>Environmental/Societal: Foetal alcohol syndrome</p> <p>Prenatal cause: Cerebral palsy</p>	<p>Precipitated or prolonged labour: Cerebral palsy</p> <p>Prematurity, Environmental i.e. abuse/neglect: Global Developmental Delay</p>	<p>Infection: Meningitis, Measles, Encephalitis</p> <p>Injury: Abuse, accidents</p> <p>Chromosome & Genetic abnormalities: Batten Disease, Tay-Sacs Disease</p>

People with learning disabilities have poorer health than the general population and experience health inequalities in a number of different ways.

A study undertaken by Public Health England² found that people with learning disabilities were more likely to experience poorer health across a range of different indicators. They were more likely to experience poorer self-rated health, psychological distress, arthritis, diabetes, epilepsy or multiple morbidity.

A number of risk factors for poor health were more common for people with learning disabilities including obesity, lower grip strength and poor lung function. Behavioural risk factors were also more common such as poor diet, low levels of physical activity, smoking, alcohol use and hospital admission for a newly diagnosed condition.

The study also found that people with learning disabilities experience significant socio-economic inequality and are less likely to be in employment, have financial stability and to have two or more friends when compared with those without learning disabilities. The wider socio-economic inequalities in this group of individuals can be quite significant.

² Public Health England (2017) Health inequalities and the 'hidden majority' of adults with learning disabilities, [Online], Available at: <https://publichealthmatters.blog.gov.uk/2016/10/04/health-inequalities-and-the-hidden-majority-of-adults-with-learning-disabilities/> [Accessed: 5 Jun. 2018]

The average life expectancy for women with a learning disability is 18 years shorter than for women in the general population, for men it is 14 years shorter³.

These health inequalities often start early in life and result, to an extent, from barriers people with learning disabilities face in accessing timely, appropriate and effective health care. This can be due to a number of reasons including: lack of transport links, staff not understanding learning disability, failure to recognise a person with learning disability is unwell, inadequate after care or follow-up and not enough involvement allowed from carers³.

There have been a number of government policies developed across several different areas including health, social care, education, employment and criminal justice. An example of the different national policies areas are shown in Figure 1.

Figure 1 Key Policy Areas⁴



NHS England, in conjunction with the government, have established programs to improve treatment and outcomes in relation to health. More specifically, in 2015 a national review programme of premature deaths in people with learning disabilities was commissioned, this is covered in more detail later in this briefing.

There is a commitment to reducing the numbers of people with learning disabilities who are placed in inpatient services and a focus towards developing community based services as a model of care. NHS England and NHS Employers are also implementing a national programme to support NHS organisations to increase the employment of people with learning disabilities within the NHS.

³ Mencap. (2018). Health inequalities. [online] Available at: <https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/health/health-inequalities> [Accessed 4 Jun. 2018].

⁴ Parkin, E (2016), Briefing Paper: Number 07058 26 April 2016 Learning Disability – overview of policy and services, [Online], Available from: <http://researchbriefings.files.parliament.uk/documents/SN07058/SN07058.pdf> , Accessed: 27/06/2018

Children with Learning Disability

The numbers of children with a learning disability are reported through the National School Census of Special Educational Needs and Disabilities (SEND). Children and young people are recorded on the census according to Primary and Secondary need.

In 2017, there were a total of 3,684 children and young people aged 4-19 who had a learning disability. There were 831 children aged 4-19 years in Worcestershire who had Autistic Spectrum Disorder. 2,340 children aged 4-19 years with a Moderate Learning Difficulty, 91 children aged 4-19 years with a Profound and Moderate Learning Difficulty and 422 with a Severe Learning Difficulty as a Primary or Secondary need.

Table 2 Number and proportion per 1,000 population of school aged children with Learning Disabilities by type (2017) ⁵

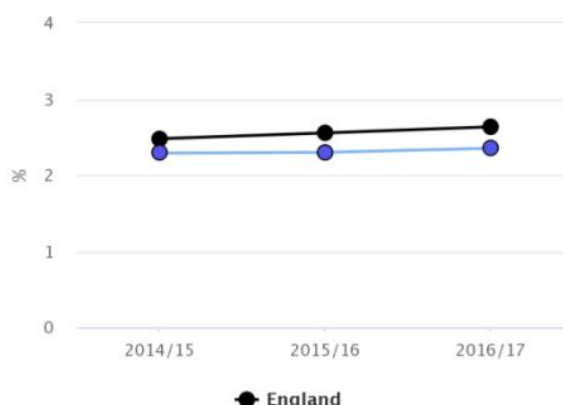
Type of Learning Disability	No.	Worcestershire	England
Autistic Spectrum Disorder	831	9.6	12.5
Moderate Learning Difficulty	2340	27.0	30.0
Profound + Multiple Learning Difficulties	91	1.05	1.27
Severe Learning Difficulty	422	4.8	3.73
Total with Learning Disability	3684	35.5	-

Adults with Learning Disability

It is estimated that there are 8,183 individuals aged 18-64 years⁶ and 2,717 individuals aged 65 and over who have a learning disability⁷. This means that in Worcestershire, there are approximately 10,900 individuals overall aged 18+ who are thought to have a learning disability.

In 2016-17, there were 2,576 individuals recorded as having a Learning Disability at their GP Practice in Worcestershire. This equates to 2.35% which is lower than the England average.

Figure 2 Learning Disability: QOF Prevalence (All Ages) - Worcestershire



⁵ Public Health England (2018) Learning Disability Profiles, [Online], Available from: <https://fingertips.phe.org.uk/profile/learning-disabilities/data#page/0/gid/1938132702/pat/6/par/E1200005/ati/102/are/E1000034/iid/92129/age/217/sex/4>, Accessed: 11/06/2018

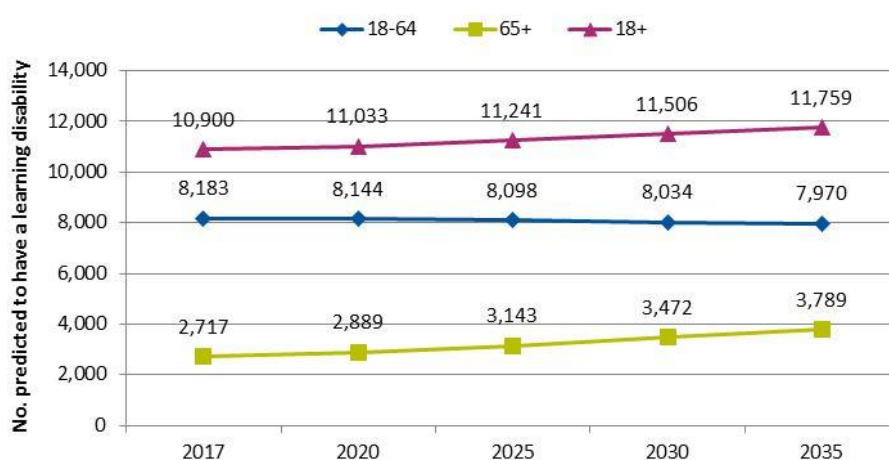
⁶ Oxford Brookes University (2018) Projecting Adult Needs and Service Information (PANSI), Available from: <http://www.pansi.org.uk/>, Accessed: 11/06/2018

⁷ Oxford Brookes University (2018) Projecting Older People Population Information (POPPI), Available from: <http://www.poppi.org.uk/>, Accessed: 11/06/2018

Population Projections

Population projections carried out by Oxford Brookes University and the Institute of Public Care, estimate that overall there will be an increase of individuals with a learning disability from, as shown in Figure 3, 10,900 in 2017 to 11,759 in 2035, which is 859 in total. In the 18-64 year old age group, numbers are expected to fall from 8,183 to 7,970 individuals living in Worcestershire with a Learning Disability. In contrast to this there is projected to be an increase of individuals living with learning disability from 2,717 to 3,789 in the 65+ age group. This trend is also observed when looking at numbers of individuals by type of learning disability, as shown in Table 3.

Figure 3 Total Number of people estimated to have a Learning Disability in Worcestershire (2017-2035)



Source: PANSI/POPPI 2018

Table 3 Total Number of people estimated to have a Learning Disability by type of Disability and Age Group in Worcestershire (2017-2035)

Type of Learning Disability (18-64, 65+)	2017	2020	2025	2030	2035
Autistic Spectrum Disorders - 18-64	3,360	3,345	3,333	3,302	3,275
Autistic Spectrum Disorders - 65+	1,234	1,310	1,437	1,590	1,723
Downs Syndrome - 18-64	211	210	209	206	204
Downs Syndrome - 65+	5	5	5	6	7
Moderate to Severe - 18-64	1,861	1,851	1,844	1,839	1,830
Moderate to Severe - 65+	369	386	409	447	483
Type of Learning Disability (18-64 only)	2017	2020	2025	2030	2035
Challenging Behaviour - 18-64	152	151	150	149	147
Living with a parent - 18-64	659	648	644	653	660
Severe Learning Disability - 18-64	487	483	483	485	484
Total number of individuals with a Learning Disability	2017	2020	2025	2030	2035
18-64	8,183	8,144	8,098	8,034	7,970
65+	2,717	2,889	3,143	3,472	3,789
Total	10,900	11,033	11,241	11,506	11,759

Health of People with Learning Disabilities

People with learning disabilities have more healthcare needs than the general population. Approximately 50% of people with learning disabilities will have at least one significant health problem¹. Rates of epilepsy are over 20 times higher in comparison to the general population¹. Rates of dementia are higher (22%) than for the general population (6%)¹. People with learning disabilities are also more likely to have difficulties with eating, drinking and swallowing (dysphagia) and, those with dysphagia, are more likely to experience respiratory infections.

In Worcestershire, 61.3% of adults with a Learning Disability underwent an annual Health Check, with their GP or family doctor, this is significantly higher than the England rate (48.9%).

The most recent annual report on the health and care of people with learning disabilities (2016-17) produced by NHS Digital, showed that:

In Worcestershire, a **higher** proportion of people on the Learning Disability register:

- Had a **blood pressure measurement** in the last 5 years when compared to the control cohort.
- Had a **BMI assessment** in the last 5 years when compared to the control cohort.
- were **Underweight or overweight/obese** when compared to the control cohort.
- Had an active diagnosis of **asthma** when compared to the control cohort.
- Had a diagnosis of **dementia** when compared to the control cohort.
- Had a diagnosis of **severe mental illness** when compared to the control cohort.
- Had a diagnosis of **hypothyroidism** when compared to the control cohort.
- Had an active diagnosis of **diabetes** when compared to the control cohort.
- Had an active diagnosis of **epilepsy** when compared to the control cohort.

In Worcestershire, a **lower** proportion of people on the Learning Disability register:

- Had received a **flu vaccination** when compared to the control cohort.
- Had a diagnosis of **cancer** when compared to the control cohort.
- Had a **cervical cancer screen** when compared to the control cohort.
- Had a **breast cancer screen** when compared to the control cohort.
- Had a **colorectal cancer screen** when compared to the control cohort.
- Had an active diagnosis of **chronic kidney disease** when compared to the control cohort.
- Had an active diagnosis of **COPD, Coronary Heart Disease, Hypertension** when compared to the control cohort.

Full breakdown of results for Worcestershire is available in Appendix 1.

Improving the Health and Care of People with Learning Disabilities

Annual Health Check: An annual health check is offered to all adults and young people (aged 14+) with learning disabilities. This is to ensure that health needs are met and health conditions are identified and managed at the earliest possible stage⁸. In Worcestershire, there are a significantly higher proportion of eligible adults with a learning disability who have had an annual health check (61.3%) when compared to England (48.9%).

A recent Worcestershire review of the Annual Health Check Programme carried out by the Worcestershire Speak Easy organisation, reported that many individuals found that they enjoyed the experience and had a good relationship with their GP. Issues raised included not understanding information that was given, sometimes during a consultation, conversations were continued with carer/parent or family member rather than the individual themselves. There was some concern about the quality of the annual health check and whether it was as thorough as it should be⁹.

Best Practice: Nationally, there are a number of programmes of work seeking to address the health inequalities faced by people with learning disabilities including development of best practice approaches for commissioning in collaboration with the NHS Right Care Team called Right Care Pathways. Recent areas of work relating to people with learning disabilities include diabetes, sepsis and constipation including reasonable adjustments for each specific pathway.

Reasonable Adjustment: The Equality Act 2010 stipulates that discrimination on the grounds of disability is unlawful⁴. Reasonable adjustments for disabled people are sometimes required to make it easier for disabled people to use health services¹⁰. Examples include providing literature in large print, provision of extra equipment, providing additional guidance and support.

A digital reasonable adjustment programme is underway, which aims to have a digital flag on a patient's healthcare record (Summary Care Record) to show that they require a reasonable adjustment. This is to improve awareness amongst health professionals and to ensure people are getting the level of support that they require.

Flu Vaccination: Planning is already underway for the next flu season in 2018-19, Public Health England are coordinating their efforts with local stakeholders to improve vaccination uptake in this group of individuals, who have lower rates of vaccination in comparison to the overall Worcestershire average as outlined in Table 4. This includes the administration of flu vaccination via nasal spray, particularly for individuals with needle phobias.

Table 4 Flu Vaccination Uptake by Clinical Commissioning Group (CCG) in 2016-17

Indicator	Redditch & Bromsgrove CCG	South Worcestershire CCG	Wyre Forest CCG	Worcestershire Uptake (U65's At Risk)
Patients with Learning Disability receiving a seasonal influenza vaccination	38.5%	41.1%	46.4%	53.4%

⁸ NHS Choices (2018) Annual Health Checks, [Online], Available from: <https://www.nhs.uk/conditions/learning-disabilities/annual-health-checks> , Accessed: 27/06/2018

⁹ Speak Easy N.O.W (2018) Health Checkers, [Online], Available from: <http://www.speakeasynow.org.uk/our-work/health-checkers/> Accessed: 27/06/2018

¹⁰ NHS England (2018) Reasonable Adjustments, [Online], Available from: <https://www.england.nhs.uk/learning-disabilities/improving-health/reasonable-adjustments/> Accessed: 22/06/2018

Over Medication: Stopping over medication of people with a learning disability, autism or both (STOMP)¹¹: Individuals with a learning disability or autism or both are more likely to be given psychotropic medication than other people. There has been a national programme to ensure that people with learning disabilities and their families and carers are aware of the types of drugs that they are taking and fully informed about their use. In addition to this health professionals involved in the care of people with learning disabilities and those who prescribe psychotropic medication have signed up to a pledge to stop overmedication of patients.

What is being done in Worcestershire?

Worcestershire County Council spends around £50 million each year on services for people with learning disabilities¹².

People with learning disabilities including their families and carers, are supported in the following ways¹³:

- Improving access to universal services and community groups by working with local partners to ensure that people with learning disabilities are able to use these services in the same ways other people are able to.
- Learning Disability Integrated Services are services that are combined between Health and Social Care to provide close working relationships and ultimately, better outcomes for people with learning disabilities.
- All people with learning disabilities are offered an annual health check each year by their family doctor. In addition to this there is a Primary Care Liaison Nurse who ensures that family doctors give a good service to people with learning disabilities.
- Learning Disability Nurses work closely with people with learning disabilities and their families to keep them healthy. They are involved in making reasonable adjustments for individuals to make sure they can use and access services properly.
- A specialist commissioning team has been set up to ensure that people with learning disabilities and complex needs are not admitted into inpatient settings unless absolutely necessary and when they are, ensure that they are admitted for the shortest amount of time possible and assisted when returning home.
- Using Health Checkers to check up on how health services are working for people with learning disabilities.

¹¹ NHS England (2018) Stopping Overmedication of People with Learning Disabilities (STOMP), [Online], Available: <https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>, Accessed: 25/06/2018.

¹² Worcestershire County Council (2016) Worcestershire Learning Disability Strategy 2016-18, [Online], Available from: http://www.worcestershire.gov.uk/download/downloads/id/8346/worcestershire_learning_disability_strategy_2016-2018.pdf
Accessed: 27/06/18

Premature Death and Learning Disability

The Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD¹³) undertaken between 2010-12, found that 38% of people with a learning disability died from an avoidable cause, primarily relating to the lack of provision of good quality health care, compared to 9% in comparison to the general population³. Research has also shown that people with Learning Disabilities are four times more likely to die of preventable causes when compared with the general population¹⁴.

Table 5 Key Reports and Recommendations into the health and care of people with learning disabilities¹⁵

Year	Report/Recommendation
2001	Recommendation for Confidential Inquiry into premature deaths of people with learning disabilities. Valuing people white paper 2011 (Department of Health)
2004	Recommendation for inquiry into deaths of people with learning disabilities following Mencap 'Treat me Right' report.
2006	Identified that people with learning disabilities experienced considerable inequalities in health. Disability Rights Commission review.
2007	Death by Indifference Mencap. Further call for an formal inquiry to take place into premature deaths of people with learning disabilities
2008	Independent inquiry into access to healthcare for people with learning disabilities. Recommendation to establish a Learning disabilities Public Health Observatory and a time limited Confidential enquiry into premature deaths of people with a learning disability.
2010-2012	Confidential Inquiry into the deaths of people with learning disabilities (CIPOLD). Recommendation to set up a national review body to monitor deaths of people with learning disabilities to learn from experience and use as a driver to reduce inequalities in care.

A key recommendation of the CIPOLD review resulted in the setup of the Learning Disabilities Mortality Review (LeDeR) programme, which is led by the University of Bristol and Healthcare Quality and Improvement Partnership (HQIP). The LeDeR programme reviews all deaths of people with a learning disability helps to identify common causes of death and to establish, what lessons can be learnt.

The first national report from the LeDeR programme reviewed all deaths reported to the programme between July 2016 to November 2017. There were a total of 1,311 deaths reported. The report identified the following:

- There were more deaths in males (57%) in comparison to females (43%).
- There were a high proportion of individuals from a White ethnic background (93%). There is a specific piece of work to identify deaths in BME groups, as there is concern that these are underreported.

¹³ Heslop, P., Blair, P., Fleming, P., Houghton, M., Marriott, A. and Russ, L. (2013). The Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD). [online] Bristol: Norah Fry Research Centre, pp.1-128. Available at: <https://www.bristol.ac.uk/media-library/sites/cipold/migrated/documents/fullfinalreport.pdf> [Accessed 4 Jun. 2018].

¹⁴ Disability Rights Commission (2006), Equal Treatment: Closing the Gap, [Online], Available from: <https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/DRC-Health-FI-main.pdf>, Accessed: 25/06/2018.

¹⁵ University of Bristol (2018) Why a Confidential Inquiry is necessary, [Online], Available from: <http://www.bristol.ac.uk/cipold/confidential-inquiry/why/>, Accessed: 25/06/2018

- 64% of people with Learning Disabilities died in hospital, compared to 47% in the general population.
- Compared to the general population, the median age of death is 23 years younger for males and 29 years younger for women.
- Most common individual causes of were pneumonia (16%), Sepsis (11%) and Aspiration pneumonia (9%).
- The most common underlying causes of death were due to diseases of the respiratory system (31%), circulatory system (16%) and cancer (10%).
- Key areas of learning that were identified as part of the review were greater need to inter-agency collaboration including communication, awareness of the needs of people with learning disabilities and greater understanding and application of the Mental Capacity Act (MCA). These issues have been repeatedly identified in previous reviews and enquiries.

In Worcestershire, all deaths for people with Learning Disabilities are reviewed by the local LeDeR team on a quarterly basis.

Accommodation

Arranging where to live poses difficulties for many people with learning disability. Local authority social service departments commonly help here. Accommodation can be divided into settled accommodation, where the person can reasonably expect to stay as long as they want and unsettled accommodation which is either unsatisfactory or, where, like in residential care homes, residents do not have security of tenure.

In Worcestershire, there are a similar proportion of adults with a learning disability who are living in settled accommodation (75.0%) when compared to England (75.2%). There are a significantly higher proportion of working age adults with a learning disability who are living in unsettled accommodation (25.0%) when compared to England (24.7%).

What is being done in Worcestershire¹³?

- In the Worcestershire County Council Housing and Support plan there is a commitment to ensuring that people with learning disabilities have a range of different types of housing to choose from.
- Improving the Shared Lives Service¹⁶, where people with Learning Disabilities live with a family.
- Providing better information for people with learning disabilities and their families about their choices of places to live.

¹⁶ Worcestershire County Council (2018) Shared Lives Scheme, [Online], Available from: http://www.worcestershire.gov.uk/info/20563/shared_lives_scheme, Accessed: 29/06/2018

Social Support & Employment

Paid work provides recognition of a valued social role, useful day time occupation, important social opportunities, and in a few cases a helpful level of financial reward. Government policy has emphasised the importance of maximising work opportunities for people with learning disabilities since the publication of Valuing People (2001).

Worcestershire has a similar proportion of working age adults with a learning disability who are in paid employment (5.9%) when compared to the England average (5.8%). The gap in employment rate between those with a learning disability and the overall employment rate is 70.1% which is a similar level to the England average at 68.7%. A significantly higher proportion of supported adults with a learning disability were receiving direct payments in Worcestershire (31.8%) when compared to the England average (28.6%).

What is being done in Worcestershire¹³?

- Worcestershire County Council carried out a project called Learning Disability Big Conversation and as part of this work identified that having a paid job was important for people with learning disabilities.
- Improvements underway in Worcestershire for a more inclusive Supported Employment Service.
- Talking to Partners, businesses and communities about what kind of support people with a learning disability need to help them gain or keep a job.

Associated Documents and Best Practice

Public Health England - Learning Disability applying All Our Health

The Learning Disabilities Mortality Review (LeDeR) Programme - Annual Report 2017

Worcestershire's Adult Learning Disability Strategy 2016-2018: Better outcomes for people with a Learning Disability and their families

NICE Guideline [NG11] - Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges

NICE Guideline [NG93]: Learning disabilities and behaviour that challenges: service design and delivery

NICE Guideline [NG54]: Mental health problems in people with learning disabilities: prevention, assessment and management

NICE Guideline [NG96]: Care and support of people growing older with learning disabilities

Related JSNA publications

Worcestershire County Council (2017) 2017 Briefing on Learning Disabilities, [Online]

Available from:

http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/1499/jsna_briefings Accessed: 22/10/2018

Special Educational Needs and Disability Profile – Coming November 2018.

Data Notes

Organisations who carried out the original collection and analysis of the data bear no responsibility for its further analysis or interpretation.

Further Information and Feedback

This briefing has been written by Worcestershire County Council's Public Health Team. We welcome your comments on these briefings and how they could better suit your requirements, please do contact us with your ideas.

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This document can be provided in alternative formats such as Large Print, an audio recording or Braille. Please contact Janette Fulton on telephone number 01905 843359 or by email jfulton@worcestershire.gov.uk.

Appendix 1: NHS Digital: Learning Disabilities Dataset (2016-17) by Clinical Commissioning Group, Worcestershire

		Higher than Control		
		Lower than Control		
		Prevalence		
Indicator Number	Indicator Description	Redditch & Bromsgrove CCG	South Worcestershire CCG	Wyre Forest CCG
LDOB003a	Patients recorded on their general practice's Learning Disabilities Register, as per the current QOF definition, as at Reference Year End Date	0.4%	0.4%	0.5%
Routine Health Checks Indicators				
LDOB005	Learning Disability Health Check in the last 12 months	60.1%	55.9%	65.1%
LDOB025	On Learning Disability register: Blood pressure measurement in the last five years.	85.9%	81.9%	84.6%
LDOB026	Control cohort: blood pressure measurement in the five years	64.9%	66.8%	68.6%
LDOB006	Patients recorded on their general practice's Learning Disabilities Register who had an immunisation against seasonal influenza in the period 1 September to 31 March in the 12 months to the Reference Year End Date.	38.5%	41.1%	46.4%
LDOB007	Patients recorded on their general practice's Learning Disabilities Register who had a BMI assessment in the 15 months to Reference Year End Date.	69.4%	63.9%	66.1%
LDOB008	Patients in the control patient cohort who had a BMI assessment in the 15 months to Reference Year End Date.	27.0%	28.9%	29.0%
LDOB009	Patients recorded on their general practice's Learning Disabilities Register and the most recent BMI assessment classification (or Down's Syndrome BMI centile classification), in the 15 months to Reference Year End Date, is underweight (BMI <= 18.4).	4.9%	4.1%	4.3%
LDOB010	Patients in the control patient cohort and the most recent BMI assessment classification (or Down's Syndrome BMI centile classification), in the 15 months to Reference Year End Date, is underweight (BMI <= 18.4).	1.0%	1.1%	0.8%
LDOB011	Patients recorded on their general practice's Learning Disabilities Register and the most recent BMI assessment classification (or Down's Syndrome BMI centile classification), in the 15 months to Reference Year End Date, is healthy weight (BMI 18.5 – 24.9).	20.2%	18.0%	18.2%
LDOB012	Patients in the control patient cohort and the most recent BMI assessment classification (or Down's Syndrome BMI centile classification), in the 15 months to Reference Year End Date, is healthy weight (BMI 18.5 – 24.9).	7.8%	8.8%	7.8%
LDOB013	Patients recorded on their general practice's Learning Disabilities Register and the most recent BMI assessment classification (or Down's Syndrome BMI centile classification), in the 15 months to Reference Year End Date, is overweight (BMI 25.0 – 29.9).	20.4%	16.8%	20.2%

LDOB014	Patients in the control patient cohort and the most recent BMI assessment classification (or Down's Syndrome BMI centile classification), in the 15 months to Reference Year End Date, is overweight (BMI 25.0 – 29.9).	9.2%	9.8%	10.2%
LDOB015	Patients recorded on their general practice's Learning Disabilities Register and the most recent BMI assessment classification (or Down's Syndrome BMI centile classification), in the 15 months to Reference Year End Date, is obese (BMI >=30.0).	23.8%	25.0%	23.4%
LDOB016	Patients in the control patient cohort and the most recent BMI assessment (or Down's Syndrome BMI centile classification), in the 15 months to Reference Year End Date, is obese (BMI >=30.0).	9.1%	9.2%	10.2%
Cancer Indicators				
LDOB035	Patients recorded on their general practice's Learning Disabilities Register and who have a diagnosis of cancer, excluding non-melanotic skin cancer, as at Reference Year End Date.	0.7%	0.5%	1.0%
LDOB036	Patients in the control patient cohort and who have a diagnosis of cancer, excluding non-melanotic skin cancer, as at Reference Year End Date.	2.4%	2.8%	3.1%
LDOB019	Patients recorded on their general practice's Learning Disabilities Register and who are eligible for cervical cancer screening being female aged 25 to 64 with no history of hysterectomy, on whom an adequate cervical smear test has been performed in the five years prior to Reference Year End Date.	25.7%	30.3%	30.8%
LDOB020	Patients in the control patient cohort and who are eligible for cervical cancer screening being female aged 25 to 64 with no history of hysterectomy, on whom an adequate cervical smear test has been performed in the five years prior to Reference Year End Date.	77.7%	77.2%	79.5%
LDOB021	Patients recorded on their general practice's Learning Disabilities Register being female aged 50 to 69 who received breast cancer screening in the five years prior to Reference Year End Date.	41.4%	54.5%	61.5%
LDOB022	Patients in the control patient cohort being female aged 50 to 69 who received breast cancer screening in the five years prior to Reference Year End Date.	62.9%	68.9%	74.9%
LDOB023	Patients recorded on their general practice's Learning Disabilities Register and aged 60 to 69 who are eligible for colorectal cancer screening and who have a record of having a colorectal cancer screening result recorded in the five years prior to Reference Year End Date.	65.5%	56.7%	84.5%
LDOB024	Patients in the control patient cohort and aged 60 to 69 who are eligible for colorectal cancer screening and who have a record of having a colorectal cancer screening result recorded in the five years prior to Reference Year End Date.	73.3%	73.2%	88.4%
Long Term Conditions/Diagnoses				
LDOB027	Patients recorded on their general practice's Learning Disabilities Register and who have a diagnosis of gastric oesophageal reflux disease (GORD), as at the Reference Year End Date.	8.1%	8.1%	7.9%
LDOB028	Patients recorded on their general practice's Learning Disabilities Register and who have a diagnosis of dysphagia, as at Reference Year End Date.	1.6%	2.1%	3.3%

LDOB029	Patients recorded on their general practice's Learning Disabilities Register and who have evidence of diagnosis or the treatment of chronic constipation in the five years to Reference Year End Date. Or 2 constipation medications in the last 12 months to the reference date that are dated more than 6 months apart.	16.0%	14.0%	17.7%
LDOB033	Patients recorded on their general practice's Learning Disabilities Register and who have an active diagnosis of asthma, as at Reference Year End Date.	9.3%	8.6%	8.4%
LDOB034	Patients in the control patient cohort and who have an active diagnosis of asthma, as at Reference Year End Date.	6.4%	6.2%	6.9%
LDOB037	Patients recorded on their general practice's Learning Disabilities Register and who have an active diagnosis of chronic kidney disease (CKD) stages 3–5, as at Reference Year End Date.	2.5%	1.9%	3.0%
LDOB038	Patients in the control patient cohort and who have an active diagnosis of chronic kidney disease (CKD) stages 3–5, as at Reference Year End Date.	3.9%	4.5%	4.7%
LDOB039	Patients recorded on their general practice's Learning Disabilities Register and who have a diagnosis of chronic obstructive pulmonary disease (COPD), as at Reference Year End Date.	0.3%	1.0%	1.0%
LDOB040	Patients in the control patient cohort and who have a diagnosis of chronic obstructive pulmonary disease (COPD), as at Reference Year End Date.	1.9%	1.9%	2.2%
LDOB041	Patients recorded on their general practice's Learning Disabilities Register and who have a diagnosis of coronary heart disease (CHD), as at Reference Year End Date.	1.3%	1.0%	0.7%
LDOB042	Patients in the control patient cohort and who have a diagnosis of coronary heart disease (CHD), as at Reference Year End Date.	3.4%	3.3%	3.8%
LDOB043	Patients recorded on their general practice's Learning Disabilities Register and who have a diagnosis of dementia, as at Reference Year End Date.	2.2%	1.2%	1.8%
LDOB044	Patients in the control patient cohort and who have a diagnosis of dementia, as at Reference Year End Date.	0.8%	0.8%	0.9%
LDOB045	Patients recorded on their general practice's Learning Disabilities Register and who have an active diagnosis of depression, as at Reference Year End Date.	13.6%	13.6%	16.6%
LDOB046	Patients in the control patient cohort and who have an active diagnosis of depression, as at Reference Year End Date.	14.4%	13.3%	19.1%
LDOB061	Patients recorded on their general practice's Learning Disabilities Register and who have a diagnosis of heart failure, as at Reference Year End Date.	0.9%	1.2%	0.8%
LDOB062	Patients in the control patient cohort and who have a diagnosis of heart failure, as at Reference Year End Date.	1.1%	1.1%	1.3%
LDOB063	Patients recorded on their general practice's Learning Disabilities Register and who have an active diagnosis of hypertension, as at Reference Year End Date.	8.5%	8.6%	10.0%
LDOB064	Patients in the control cohort and who have an active diagnosis of hypertension, as at Reference Year End Date.	15.0%	15.8%	17.7%

LDOB065	Patients recorded on their general practice's Learning Disabilities Register and who have a diagnosis of severe mental illness as defined by QOF v30 (Mental health), as at Reference Year End Date.	6.6%	5.5%	5.4%
LDOB066	Patients in the control patient cohort and who have a diagnosis of severe mental illness (Mental health), as at Reference Year End Date.	0.7%	0.7%	0.7%
LDOB067	Patients recorded on their general practice's Learning Disabilities Register and who have a diagnosis of stroke or transient ischaemic attack (TIA), as at Reference Year End Date.	2.1%	1.5%	1.6%
LDOB068	Patients in the control cohort and who have a diagnosis of stroke or transient ischaemic attack (TIA), as at Reference Year End Date.	2.0%	2.0%	2.7%
LDOB069	Patients recorded on their general practice's Learning Disabilities Register and who have a diagnosis of hypothyroidism, as at Reference Year End Date.	12.1%	9.7%	9.3%
LDOB070	Patients in the control patient cohort and who have a diagnosis of hypothyroidism, as at Reference Year End Date.	4.4%	4.5%	5.3%
LDOB071	Patients recorded on their general practice's Learning Disabilities Register and registered as being in need of palliative care and support as at Reference Year End Date.	0.6%	0.5%	1.6%
LDOB072	Patients in the control patient cohort and registered as being in need of palliative care and support as at Reference Year End Date.	0.4%	0.6%	0.8%
LDOB073	Patients recorded on their general practice's Learning Disabilities Register and newly diagnosed who have angina (diagnosed on or after the reference year start date 1 April 2014), as at Reference Year End Date.	0.0%	0.0%	0.0%
LDOB074	Patients in the control patient cohort and newly diagnosed who have angina (diagnosed on or after the reference year start date 1 April 2014), as at Reference Year End Date.	0.1%	0.0%	0.1%
LDOB075	Patients recorded on their general practice's Learning Disabilities Register newly diagnosed who have angina (diagnosed on or after the reference year start date 1 April 2014) and referred for specialist assessment in the 24 months up to the Reference Year End Date.	0.0%	0.0%	0.0%
LDOB076	Patients in the control patient cohort newly diagnosed who have angina (diagnosed on or after the reference year start date 1 April 2014) and referred for specialist assessment in the 24 months up to the Reference Year End Date.	0.0%	0.0%	0.0%
Diabetes				
LDOB051	Patients recorded on their general practice's Learning Disabilities Register who have an active diagnosis of diabetes mellitus and who have a record of IFCC-HbA1c, a measure of effectiveness of control of blood sugar in diabetes, in the 12 months to Reference Year End Date.	5.5%	7.4%	7.7%
LDOB052	Patients in the control patient cohort who have an active diagnosis of diabetes mellitus and have a record of IFCC-HbA1c in the 12 months to Reference Year End Date.	5.3%	5.4%	6.1%
LDOB053	Patients recorded on their general practice's Learning Disabilities Register who have an active diagnosis of diabetes mellitus and whose latest record of IFCC-HbA1c was 75 mmol/mol or less (satisfactory) in the 12 months to Reference Year End Date.	4.6%	6.0%	6.2%

LDOB054	Patients in the control patient cohort who have an active diagnosis of diabetes mellitus and whose latest record of IFCC-HbA1c was 75 mmol/mol or less (satisfactory) in the 12 months to Reference Year End Date.	4.7%	4.8%	5.4%
Epilepsy Indicators				
LDOB055	Patients recorded on their general practice's Learning Disabilities Register, which have an active diagnosis of epilepsy and on drug treatment for epilepsy, as at Reference Year End Date.	18.0%	16.9%	20.0%
LDOB056	Patients in the control patient cohort, who have an active diagnosis of epilepsy and on drug treatment for epilepsy, as at Reference Year End Date.	0.7%	0.7%	0.8%
LDOB057	Patients recorded on their general practice's Learning Disabilities Register who have an active diagnosis of epilepsy, on drug treatment for epilepsy and have a record of seizure frequency in the 12 months to Reference Year End Date.	28.3%	26.4%	32.8%
LDOB058	Patients in the control patient cohort who have an active diagnosis of epilepsy, on drug treatment for epilepsy and have a record of seizure frequency in the 12 months to Reference Year End Date.	12.4%	13.0%	21.1%
LDOB059	Patients recorded on their general practice's Learning Disabilities Register who have an active diagnosis of epilepsy, on drug treatment for epilepsy and have a record of seizure frequency in the 12 months to Reference Year End Date and have been seizure-free in this period.	15.0%	6.4%	2.5%
LDOB060	Patients in the control patient cohort who have an active diagnosis of epilepsy, on drug treatment for epilepsy and have a record of seizure frequency in the 12 months to Reference Year End Date and have been seizure-free in this period.	8.7%	9.5%	16.0%
Down Syndrome Indicators				
LDOB030	Patients recorded on their general practice's Learning Disabilities Register and who have a diagnosis of Down's Syndrome (DS), as at Reference Year End Date.	12.0%	10.9%	10.8%
LDOB031	Patients recorded on their general practice's Learning Disabilities Register and who have a diagnosis of Down's Syndrome, who also have a diagnosis of Hypothyroidism as at Reference Year End Date.	6.4%	4.2%	4.4%
LDOB032	Patients recorded on their general practice's Learning Disabilities Register and who have a diagnosis of Down's Syndrome, who also have a diagnosis of dementia as at Reference Year End Date.	0.7%	0.4%	0.8%