

Developing better access to Primary Health Care Services for Adults with a Learning Disability

Introduction

Following the publication of 'Signposts for Success' and subsequently 'Once a Day' (NHS Executive, 1998; NHS Executive 1999) Adult Learning Disability services across the North West of England requested support from the North West Training and Development Team for a project to look at ways of improving access to Primary Health Services for people with learning disabilities.

The NWTDT responded by appointing a part-time project worker to lead on this work. I have been in post since October 1999.

This article is a description of progress to date. I would also encourage interested individuals to network with participants across the North West with a view to exchanging best practice.

Background Information

A wealth of evidence exists highlighting that people with learning disabilities, despite having additional associated health needs, remain disadvantaged by poor access to primary health care services. (Allan, 1999; Rodgers, 1993; Turner, 1996)

A number of learning disability services across the Northwest region are beginning to take a pro-active approach to ensuring that Primary Care Groups and Trusts take account of the health needs of individuals with a learning disability into consideration by encouraging the establishment of surveillance and monitoring initiatives within GP practices.

The beginnings of partnership working between specialist adult learning disability services and primary health care teams also offers the potential to ensure that local implementation plans for the existing National Service Frameworks in Mental Health and Coronary Heart Disease take account of the needs of people with learning disabilities alongside the rest of the population.

The following is an interim report on progress so far

In order to have the opportunity to have some input and connection to all adult learning disability health teams across the Northwest, cross-district networks that linked teams together building on existing relationships and geographical location were established. Each specialist learning disability team was contacted and asked to nominate a lead person to lead on the establishment of better access to primary health care in their particular district.

Five networks have been established over the past year, covering most of the Region as follows:

1. *Warrington, Halton, Wigan & Leigh and St Helens & Knowsley.*
2. *Preston, Morecambe Bay, Lancaster & South Cumbria, Chorley & South Ribble, North Sefton & West Lancashire.*
3. *Manchester, Trafford, Salford, Stockport, Tameside & Glossop and Oldham.*
4. *Bury, Bolton, Burnley, Blackburn and Rochdale.*
5. *Cheshire and Wirral.*

Representatives from each district meet on a monthly basis for two hours. The purpose of the network meetings have been agreed as:

- *Sharing of information & best practice.*
Each network meets on a monthly basis to exchange best practice, ideas, local and national developments, current literature, information and publications.
- *Networking.*
Each learning disability team has agreed to contribute to the development of a Northwest directory of Learning Disability services and lead practitioners working to improve access to Primary Health Care services with a view to making this information easily accessible to Primary Care Trusts in the near future via a publication from the NWTDT.
- *Development of sustainable care pathways.*
Participants have contributed to the development of a care pathway 'template' which is currently in its first written draft. It is our intention to use this work as a framework to assist individual districts to develop a local strategy and implementation plan. It is anticipated that this pathway work will be made available also via a publication from the NWTDT in 2001.
- *Problem solving.*
Participants are encouraged to actively engage primary health care colleagues with a view to strengthening partnership working and ensuring that the specific needs of people with Learning Disabilities are included in discussion about local implementation plans for the existing National Service Frameworks in Mental Health and Coronary Heart Disease.
- *Inclusion.*
Within the work to develop sustainable pathways, teams need to consider how to assist the developing Primary Care Groups and Trusts to establish forums for individuals and families that enable people to contribute to and influence the provision of health care locally.

Observations and lessons so far

We have a long way to go before we can truly make an impact, in measurable terms, on the health and well being of significant numbers of people with learning disability. However the development of Primary Care Trusts offers a chance for specialist learning disability workers and primary health care teams to work in partnership to develop a positive approach to surveillance and monitoring of health needs.
(Bollard and Jukes, 1999)

For this approach to be successful a number of pre – requisite core conditions need to be in place, for example:

- *Sound strategic planning.*
- *Ownership of the initiative by key individuals.*
- *A commitment to responding to some resource implications at a senior level and across agencies.*
- *A commitment to long-term partnership working between learning disability services and primary health care teams.*

Conclusion

These are a few of what have been identified as '*conditions that need to be in place to ensure that the right environment is created to nurture the growth of the initiative*'. The development of pathways and partnership working is not an accidental outcome; it requires substantial investment in terms of time, commitment and hard work at both strategic and operational levels and across agencies. However, there *is* a willingness to work and learn together across districts in the Northwest'

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