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Review of Evidence of Inequalities in Access to Healthcare Services for Disabled People in Wales: Executive Summary

Research Summary

Social research

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This report was undertaken to review inequalities in access to healthcare services associated with the protected characteristic of disability. This report therefore presents a synthesis of such evidence based on a scoping review of published literature.

Methodology

This report is comprised of a literature review of 355 published sources of evidence which show inequalities in access to healthcare services for disabled people. The papers/reports used in this report are drawn from a variety of sources including government documents, academic literature, and independent reports. The scope of the review was to search for evidence published in the preceding 10 years specifically relating to, or having relevancy for, the working-aged adult population in Wales. A consultation exercise was also conducted to gather the feedback and responses of leading disability organisations in Wales.

Main Findings

This report finds wide-ranging evidence to suggest that disabled people in Wales experience considerable general and more specific healthcare access issues.

Background evidence suggests there is a strong correlation between poverty and disability and that such poverty is compounding already existing inequalities in access to better health. For example, many disabled people have considerably shorter life-expectancies and there is evidence to suggest that this is caused by inequitable levels of healthcare provision.

Evidence also suggests that there is a general under-provision of many services which could potentially be beneficial to disabled people in Wales including rehabilitation services and mental healthcare provision. There is also a surprising amount of geographical variation in the provision and uptake of key healthcare services. Such variations often correlate with area deprivation or the urban rural divide, but in many instances indicate a simple imbalance in the provision of care.

Specific evidence suggests that people with different forms of sensory loss in Wales have difficulties accessing healthcare services due to inappropriate contact methods.

Dadansodi ar gyfer Polisi



Analysis for Policy

Evidence suggests that many people with chronic conditions are not aware of the rehabilitation services available to them. The majority of people with learning disabilities do not benefit from the annual health check scheme despite the benefits being well-documented in the literature. Lastly, there is a stigma preventing men from seeking help for mental health conditions even though there is a gender imbalance in the rate of suicide in Wales.

Summary of Evidence – general findings

- The inequality gap in ‘disability free life expectancy’ in Wales is now 14.8 years for males and 12.5 years for females between the most and the least deprived groups.
- There is evidence from international sources to show that people with certain impairments have considerably shorter life-expectancies in comparison to the general population and that some of these differences are due to inequitable levels of care.
- There is an association between poor health literacy and adverse health outcomes and the evidence shows that people who report long-term limiting illnesses or disability perform lower than average in literacy and numeracy assessments – often a background determinant of levels of health literacy.
- Carers have disproportionately poorer health in comparison to the general population and there is also specific evidence which suggests that caring, considered independently, can have adverse health outcomes.
- Evidence suggests that reforms contained under the Welfare Reform Act will disproportionately and negatively affect Wales, will disproportionately and negatively affect disabled people and

will have adverse health outcomes among people in Wales.

- There is a lack of research concerning the efficacy of both telehealth services and personalisation approaches for disabled people in Wales.

Specific Findings

Physical Disability

- There is geographically uneven access to wheelchair fitting services in Wales with people in North Wales experiencing particularly long waiting times. The wheelchair fitting service often does not meet people’s needs in terms of maintenance and training in the use of wheelchairs.
- There is a lower ratio of trained Prosthetists per head in Wales than any other UK country.
- There is currently no Muscular Dystrophy Care Co-ordinator exclusive to Wales.
- Public awareness of different types of arthritis is poor and people avoid seeking healthcare through a perceived need to struggle with pain and a perception that nothing can be done about symptoms.
- Only 60% of chronic pain services in Wales meet the ‘multidisciplinary’ status of providing all of a trained Physician, Psychologist, and Physiotherapist.
- Due to a lack of objective criteria for defining pain, there is often a stigma surrounding the experience of pain with many people, particularly women feeling they are not believed by healthcare staff surrounding their experience of pain. There is also evidence to suggest that men avoid seeking healthcare in relation to pain.

Sensory Loss

- Many deaf and hard of hearing people are forced to make contact with their GP in a method that is not optimal and 90% of GP surgeries in Wales do not offer suitable alternatives for making appointments.
- People with different forms of sensory loss are missing appointments due to not hearing being called in waiting rooms and appointment letters sent in the wrong format.
- There are multiple sources of evidence to suggest that many people with sensory impairments feel socially isolated, avoid social situations and lack a feeling of independence.
- There are a number of barriers to the early detection of degenerative eye disease among the most deprived income groups and BME populations.

Chronic and Long Term Conditions

- There are variable screening rates for different types of cancer and variable screening uptake rates geographically across Wales. Targets are currently not being met for uptake of cancer screening programs in Wales.
- Only 57% of people with type 1 diabetes and 37% of people with type 2 diabetes receive all nine aspects of the recommended annual health check.
- There is evidence to suggest that certain chronic conditions such as diabetes, chronic kidney conditions and HIV are all under-diagnosed and that cancer is frequently diagnosed late in the UK.
- Evidence suggests that, directly following diagnosis, many people with chronic conditions do not receive written information regarding the management of that condition.

- People with neurological conditions are not receiving recommended multiple aspects of rehabilitative care and are often unaware that certain services are available to them, such as physiotherapy.
- There is a general under-provision of rehabilitation services for many chronic conditions.
- Rehabilitation services are poorly integrated and services such as home modification, assistive technology, and financial support are often not incorporated into the rehabilitation process.
- 44% of stroke patients do not receive a recommended single joint assessment of needs and 64% of stroke patients do not receive an individual care plan in Wales.
- There is evidence to suggest that certain people with chronic conditions (e.g. cancer) feel isolated and 'left alone' after leaving clinical care.

Learning Disability

- The majority of people with learning disabilities in Wales do not receive an annual health check and the uptake rates vary by a considerable margin geographically across the country.
- The quality and consistency of annual health checks for people with learning disabilities varies across Wales and some GPs are reluctant to undertake annual health checks.
- The uptake rates for most cancer screening programs, vision and hearing assessments and routine dental care are lower among people with learning disabilities when compared to the general population.
- There is evidence to suggest that diagnostic overshadowing could be a barrier to people with learning

disabilities receiving correct diagnoses for underlying health problems.

- Access to out-of-hours healthcare is particularly problematic for people with learning disabilities.

Mental Health Conditions

- Spending on mental health services is not keeping pace with the expected increase in the prevalence of mental health conditions.
- Mental health conditions are generally under-treated; only 24% of people with depression and anxiety disorders receive any form of treatment, only 8% of patients with depression have seen a psychiatrist and only 3% of patients with depression have seen a psychologist.
- The provision of staff specially trained in mental health conditions is sporadic across Wales.
- Public awareness of the symptoms and consequences of postnatal depression is poor.
- There is a clear and consistent gender imbalance in the rate of suicide in Wales with more men committing suicide than women. Despite this, the evidence consistently shows that a higher proportion of women report depression when compared to men, suggesting that mental health conditions are under-reported among men.
- There is an embarrassment and stigma attached to men seeking help for mental health conditions.
- 20% of people who commit suicide in Wales do so within 3 months of discharge from a healthcare point and 28% missed their last appointment before committing suicide.

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