Attitudes of general practitioners to caring for people with learning disability

M KERR
F DUNSTAN
A THAPAR

SUMMARY

Background. The views of general practitioners on their increasing role in caring for people with learning disability in the community are not known.

Aim. A study was carried out to assess the views of general practitioners with regard to providing routine care, organizing health promotion and specific health checks for people with learning disability and the role of specialists.

Method. A postal questionnaire was sent to all 242 general practitioners in Gwent, south Wales. Participants had to mark their level of agreement with 20 attitude statements regarding learning disability.

Results. A total of 126 general practitioners (52%) responded. Respondents generally agreed that general practitioners were responsible for the medical care of people with learning disability. Respondents tended to be opposed to providing regular structured health promotion for people with learning disability, such as annual health checks and assessing hearing and eyesight. Specialist services were generally valued by respondents.

Conclusion. General practitioners largely accepted their role as primary health care providers for people with learning disability. In contrast, their role as providers of health promotion for this patient group was not generally accepted. Further research into the appropriateness and opportunity costs of health screening for people with learning disability is needed.

Keywords: mentally handicapped; general practitioner services; patient needs; doctors' attitudes.

Introduction

An average four-partner practice has on its list approximately 150 individuals with learning disability, previously known as mental handicap (2% prevalence).1,2 The focus of care for people with learning disability has shifted from hospitals to the community;3 general practitioners are therefore becoming responsible for meeting the primary health care needs of an increasing number of people with learning disability. Previous studies have highlighted a variety of problems associated with providing care in the community for people with learning disability.4 Compared with people without learning disability, people with learning disability are at higher risk of both physical and psychological illnesses5,6 that may often be undetected.1,4 Eyesight and hearing problems and coronary heart disease are especially common.1,4 Both a Royal College of General Practitioners working party4 and a Welsh health planning forum report5 have suggested that the health care needs of people with learning disability can be better met if general practitioners carry out more comprehensive regular surveillance including annual health checks.

The only work on the attitudes of general practitioners to people with learning disability has examined general practitioners' perceptions of the sort of doctor considered to be responsible for the medical care of this patient group. A psychiatrist was suggested by the majority of respondents in one study8 while a physician in community practice was suggested in another, American, study.9 Thus although policy makers have defined certain roles for general practitioners in the care of people with learning disability, general practitioners themselves seem uncertain of their precise role in providing this care.

A study was carried out to assess the attitudes of general practitioners to providing primary health care for people with learning disability, to determine their attitudes to organizing health promotion, including specific health checks, for this patient group and to assess their views on the role of specialist services.

Method

A 'learning disability attitude questionnaire', comprising 20 statements, was constructed for the study. Statements in the questionnaire covered general practitioners' attitudes towards the provision of primary health care for people with learning disability, health promotion issues, the role of specialist services, management of specific problems and general psychiatric and social issues. Responses to statements were marked on a 10 cm visual analogue scale where 'strongly disagree' was marked at the extreme left hand end of the line (assigned a score of zero) and 'strongly agree' was marked at the extreme right hand end of the line (assigned a score of 100).

A pilot questionnaire was sent to 12 general practitioners; they did not take part in the main study. In 1994, the questionnaire for the main study was mailed to all 242 general practitioners in Gwent, south Wales; one reminder (letter and questionnaire) was sent to non-respondents.

Analysis was performed using SPSSPC. The chi square test and Mann Whitney U-test were performed on the data, as appropriate. Cluster analysis was performed on general practitioners' responses to the attitude statements.

Results

Usable questionnaires were returned by 126 general practitioners (52.1%). No significant differences were found between respondents and non-respondents with regard to sex or the number of years they had been qualified.

General practitioners' responses to the statements in the learning disability attitude questionnaire are shown in Table 1. Respondents tended to agree with the statement that general practitioners were responsible for the medical care of people with learning disability in the community. Respondents tended to disagree with statements ascribing general practitioners with responsibility for providing annual health checks and assessment of hearing and eyesight in people with learning disability but they generally agreed that there should be thyroid tests for people...
Table 1. Responses of 126 general practitioners to statements in the learning disability attitude questionnaire.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Median score (95% CI)*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provision of primary health care</strong></td>
<td></td>
</tr>
<tr>
<td>GPs are responsible for medical care of people with learning disability in the community</td>
<td>76 (70-82)</td>
</tr>
<tr>
<td>The move from hospitals to community care for people with learning disability will greatly increase GP workload</td>
<td>75 (69-81)</td>
</tr>
<tr>
<td>People with learning disability make more demands on GPs’ time than average patients</td>
<td>46 (34-50)</td>
</tr>
<tr>
<td><strong>Health promotion issues</strong></td>
<td></td>
</tr>
<tr>
<td>Every practice should have a record of people with learning disability</td>
<td>68 (59-75)</td>
</tr>
<tr>
<td>People with Down's syndrome over 30 years</td>
<td>62 (52-68)</td>
</tr>
<tr>
<td>Every practice should organize health promotion screening for people with learning disability</td>
<td>48 (45-50)</td>
</tr>
<tr>
<td>It is GPs’ responsibility to assess regularly hearing and eyesight in people with learning disability</td>
<td>20 (15-24)</td>
</tr>
<tr>
<td>It is GPs’ responsibility to perform annual health checks on people with learning disability</td>
<td>16 (13-23)</td>
</tr>
<tr>
<td><strong>Role of specialist services</strong></td>
<td></td>
</tr>
<tr>
<td>Key workers are a useful point of contact when dealing with people with learning disability</td>
<td>85 (82-87)</td>
</tr>
<tr>
<td>Community teams provide useful support to GPs</td>
<td>82 (78-84)</td>
</tr>
<tr>
<td>Families of people with learning disability should be offered genetic counselling routinely</td>
<td>73 (70-80)</td>
</tr>
<tr>
<td>Treatment of behavioural disturbance in people with learning disability is specialists’ responsibility</td>
<td>69 (63-73)</td>
</tr>
<tr>
<td>Psychiatrists in mental handicap offer little support to GPs</td>
<td>41 (31-48)</td>
</tr>
<tr>
<td><strong>Management of specific problems</strong></td>
<td></td>
</tr>
<tr>
<td>Obesity in people with learning disability is usually preventable</td>
<td>52 (49-61)</td>
</tr>
<tr>
<td>Most communication disorders can be improved with treatment</td>
<td>50 (48-60)</td>
</tr>
<tr>
<td>In clinical practice, taking a history from a person with learning disability is of little help</td>
<td>40 (34-47)</td>
</tr>
<tr>
<td>Medication is treatment of choice for behaviour disturbance</td>
<td>26 (20-32)</td>
</tr>
<tr>
<td><strong>Psychiatric and social issues</strong></td>
<td></td>
</tr>
<tr>
<td>GPs of people with learning disability have little influence over their social care</td>
<td>59 (53-65)</td>
</tr>
<tr>
<td>All people with learning disability should live in the community</td>
<td>50 (45-55)</td>
</tr>
<tr>
<td>Behavioural disturbance in people with learning disability is usually caused by psychiatric illness</td>
<td>44 (36-47)</td>
</tr>
</tbody>
</table>

*CI = confidence interval. *Where 0 is strongly disagree and 100 is strongly agree.

Discussion

This is the first study in the United Kingdom to focus on the attitudes of general practitioners to providing care for people with learning disability. A response rate of 52% and the lack of psychometric validation of the questionnaire demand caution in the interpretation of results so comment is focused on where major variation was found to occur. There were no differences between respondents and non-respondents with regard to sex or number of years they had been qualified. Respondents tend to report ideal views in attitude surveys\(^{10}\) but properly conducted attitude studies can be regarded as valuable when interpreted carefully.\(^{11}\)

The results suggest that general practitioners in the present study felt responsible for general medical care of individuals with learning disability but that general practitioners were opposed to annual health checks and assessing hearing and eyesight. The thyroid function test for people with Down's syndrome was, however, viewed favourably. The disparity between these positive attitudes and the negative approach to hearing and eyesight assessment may therefore not be because of a lack of interest in health screening activities but instead may reflect a lack of knowledge of the importance of these problems in this patient group or a lack of belief in the sensitivity and specificity of hearing and eyesight assessments. Given the high prevalence of eye- and hearing problems in people with learning disability\(^{12,14}\) this needs urgent attention. Respondents tended to favour practice registers of people with learning disability and the establishment of such registers may be an important step forward in ensuring systematic care for these individuals.

The value of annual checks in people with learning disability has, however, not been assessed and this may explain some of the reluctance among general practitioners to carry out regular surveillance of another at-risk group when the value of screening in elderly people has been questioned\(^{13}\) and health checks for conditions such as coronary heart disease have, at best, shown modest benefits.\(^{13}\)

Respondents generally valued specialist services, especially key workers and community teams. General practitioners' general agreement with families of people with learning disability being offered genetic counselling is encouraging, particularly as previous studies have shown that families of people with learning disability value such referrals.\(^{14}\)

In conclusion, the general practitioners in this survey reflected a commitment to the general primary health care of people with learning disability, including routine thyroid function tests for people with Down's syndrome. The frustration in general practice over blanket screening programmes\(^{12}\) was also seen in the respondents' generally negative attitudes to annual health checks. There was a willingness to become involved in specific screening, such as thyroid function tests, when the evidence base was good. Further research is needed into the appropriateness and opportunity costs of health screening for people with learning disability.
References

Acknowledgements
The authors thank the general practitioner participants. They also thank Professor Bill Fraser, Dr Gwyn Howells, Dr Roisin Pill and Professor Nigel Stott for their helpful comments. The study was funded by the scientific foundation board of the Royal College of General Practitioners.

Address for correspondence
Dr M Kerr, Department of Psychological Medicine (Mental Handicap), Ely Hospital, Cowbridge Road, Cardiff CF5 5XE.

NORTH STAFFORDSHIRE HEALTH AUTHORITY APPOINTMENT OF ASSOCIATE DIRECTOR - GENERAL PRACTITIONER SERVICES
The organisational structure for the new unified North Staffordshire Health Authority, to be established on 1 April 1996 brings together the functions of the present District Health Authority and Family Health Services Authority and incorporates the key post of Associate Director - General Practitioner Services. Responsibilities of the post include advising the Authority on matters relating to the provision of general practitioner services, contributing to the development of health policies within the District, monitoring prescribing budgets and initiatives within a Health Authority with a population of 471,000 and with a rapidly developing primary care led purchasing strategy. The postholder will be a member of the Health Authority Executive Team and will attend meetings of the Health Authority. The Health Authority has very close links with the School of Postgraduate Medicine, Keele University.

Applications are welcomed from Registered Medical Practitioners who are or have very recently been Principals in General Practice with experience of managerial/organisational responsibilities.

The post is envisaged to be on a full-time basis, but applications are also welcome from candidates who may wish to work less than full-time for a minimum of 6 sessions per week or on a job share basis as a whole time equivalent appointment.

Salary scale will be equivalent to the consultant salary scale ie. £40,620 to £52,440 per annum pro-rata - the point of entry to be determined by reference to experience, current salary/income etc. Leave care scheme and other benefits are in operation.

For informal enquiries about the post please contact Richard Priestley, Chief Executive - North Staffordshire Health Commission. 01782 716500. Further details can be obtained from Jennie Smith, Human Resources Manager, North Staffordshire Health Authority, PO Box 652, Princes Road, Hartshill, Stoke on Trent, ST4 7QJ, tel: 01782 716261. Closing date for receipt of applications is 14 February 1996.

ROYAL COLLEGE OF GENERAL PRACTITIONERS INTERNATIONAL TRAVEL SCHOLARSHIPS
THE KATHARINA VON KUENSSBERG AWARD AND JOHN J FERGUSON INTERNATIONAL TRAVEL SCHOLARSHIP
The Royal College of General Practitioners invites applications for international scholarships to enable general practitioners from this country to travel overseas to study aspects of health care relevant to this country’s needs or to help countries develop their own system of primary care. The scholarships are also available to assist doctors from overseas who wish to visit this country to study an aspect of primary care relevant to their own country’s needs.

Katharina Von Kuensberg Award
The Katharina Von Kuensberg Award is awarded annually for the most outstanding international travel scholarship application submitted.

John J Ferguson International Travel Scholarship
The John J Ferguson International Travel Scholarship is awarded annually for the outstanding scholarship application from a doctor undertaking study in relation to the Middle or Far East. The value of each scholarship will not normally exceed £1000. The closing date for applications is Wednesday 31 July 1996.

If you would like further details or an application form please contact:
MRS MAYURI Patel, Assistant Committee Clerk to the International Committee, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU.
Telephone: 0171 581 3232 ext 233 Fax 0171 589 3145.

Rural Practice: Is There a Future?

- Is There Quality In Rural Life?
- Rural Health - Why Go In For It At All?
- Rural Practice - The Problems?
- Rural Health - The Solutions?
- Rural Practice - The Vision Thing?
- Rural Issues - The Soapbox Hour!

This conference, from Thursday lunch to Friday midday, precedes the RCGP 1996 Spring Symposium.

For further details and an application form please tel: (01224) 840762 or fax: (01224) 840761.