Author’s response to reviews

Title: Read coding patients with learning disabilities: Lessons from a cohort study

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Author’s response to reviews: see over
Dear Andrea

**RE: Women with Learning Disabilities and Read Coding**

Please find enclosed the amended article. These are the amendments.

Owen’s key comment was this:

5. Are the discussion and conclusions well balanced and adequately supported by the data?
There is a considerable body of literature about access to primary care for people with learning disabilities and this is not integrated into this paper. I continue to feel there has been a limited attempt to integrate literature available around access to primary care within this paper, for example, published research papers the DRC Report of 2006 Closing the gap.

The following paragraphs have been added:

“In 2006, the Disability Rights Commission (DRC) published its findings on people with learning disabilities and health inequalities. It (14) cited research (14a, 14b) that shows cervical screening uptake rates are much lower in women with learning disabilities – variously estimated at 13% and 47%, as compared with 84 – 89% in the general population. “The reasons for the variation among women with learning disabilities are not known but may be linked to small sample sizes and the less reliable estimates which they produce (14).” As we discussed in our previous paper (15), screening is rarely offered to women with learning disabilities and coverage is lower than for women in the general population (16). Brent and Harrow Health Authority found that only 19% of women with learning disabilities had received screening while 77% of the women had no screening records, (17). Pearson *et al*, (18) discovered that 37% of women with learning disabilities were ceased because they had a learning disability. A recent study carried out by Smith (19) in Rochdale suggests that General Practitioners (GPs) considered cervical screening unnecessary for women with learning disabilities.

“The DRC (14) recommended that screening programmes are targeted in line with evidence and are fully inclusive of people with learning disabilities, and that improvements should be made through the commissioning process. A number of studies found that women with learning disabilities may not come for screening for various reasons and recommended that primary care staff adhere to guidelines and work with the women to encourage them to use the services (20, 21).”

These are the accompanying references:


Thanks for your time.

Fiona Reynolds