

The dynamics of quality: a national panel study of evidence-based standards

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Plain English summary

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Plain English summary

People with long-term health conditions do not always receive the health care they need, and so may suffer avoidable poor health. We aimed to find out if the quality of health care received by people in England had improved over 6 years, for four common long-term health conditions: cardiovascular disease (including heart disease and high blood pressure treatment), depression, diabetes and osteoarthritis. We wanted to know if some people got better care than others, and if this was related to things such as their wealth, education or social context.

We used information collected by interviewer and nurse visits to the homes of 16,773 people aged 50 years or older who had agreed to take part in a national survey called the English Longitudinal Study of Ageing. They were asked questions about their health, disability, health care, education, employment, money, social lives and well-being in 2004–5, 2006–7, 2008–9 and 2010–11.

We found that many people were still not receiving the care they needed, with little change over 6 years. The percentage of good care received for osteoarthritis was only 32%, compared with 83% for cardiovascular disease, 65% for depression and 76% for diabetes. There were no types of people who consistently missed out on care, although people with cognitive impairment received worse care for diabetes. Poorer people with specific illness burden may be less likely than wealthier people to receive a diagnosis, but people with a diagnosis were generally equally likely to get good-quality care.

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