Improving the Quality of Physical Health Checks of Severely Mentally Ill

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Programme Supported by Yorkshire & Humber AHSN
The most notable is a shorter lifespan, reduced by around 20 years compared to the general population.

There is considerable evidence that one of the main causes of early death in people with SMI is cardiovascular disease.

Other physical causes include cancer.

Patients with Severe Mental Illness (SMI) experience health inequalities.
The Quality and Outcomes Framework (QOF)

• A physical health check within the last 12 months

• Until recently did not specify what the health check should include

• Recommends:-
  • Recording Alcohol consumption
  • BMI
  • BP
  • Cholesterol/HDL
  • Blood Glucose
  • Cytology Recordings

• However it does **not** specify interventions.
Present QOF

• BP

• Alcohol

• Cervical Screening

• Lithium.
Proposal to address health inequalities in the SMI population in Bradford

• A more specific standardised data entry template based on existing mental health QOF indicator

• Specific to areas of physical health risks prevalent to those with SMI

• More specific tests e.g. blood tests for diabetes, cholesterol, ECG and other appropriate tests

• Auditable across the whole city using the SystmOne primary care information system.
Positive Cardiometabolic Health Resource

**Smoking**
- Current smoker

**Lifestyle and Life Skills**
- Poor diet AND/OR Sedentary lifestyle

**Body Mass Index (BMI) Weight**
- BMI ≥25 kg/m² (≥23 kg/m² if South Asian or Chinese) AND/OR
  - Weight gain ≥5 kg over 3 month period

**Blood Pressure**
- >140 mm Hg systolic AND/OR
  - >90 mm Hg diastolic

**Glucose Regulation**
- HbA1c ≥42 mmol/mol (≥6%) AND/OR
  - FPG ≥5.5 mmol/l
  - RPG ≥11.1 mmol/l

**Blood Lipids**
- Total chol/HDL ratio
to detect high (>10%) risk
  - CVD risk scores
  - QRISK-2 tool
  - http://www.qisk.org
  - Note: CVD risk scores
  - Undestimate risk
  - Those with psychosis

**INTERVENTIONS**

**Brief intervention**
- Combined NRT and/or varenicline
  - Individual/group
  - Behavioral support or specialist support if high dependency
  - Referral to Smoking Cessation service

**Follow NICE hypertension guidelines**
- Hypertension-cg127
  - Consider anti-hypertensive therapy
  - Limit salt intake in diet

**Follow NICE diabetes guidelines**
- http://www.nice.org.uk/CG43

**At High Risk of Diabetes**
- HbA1c ≥42 mmol/mol (6.5-7.5)
  - FPG ≥3.0 mmol/l
  - RPG ≥11.1 mmol/l

**Diabetes**
- HbA1c ≥48 mmol/mol (≥6.5%) AND/
  - Refer to specialist if total cholesterol ≥9, non-HDL chol ≥7.5 or
  - 1G≥20 (mmol/l)

**Medication review and lifestyle advice to include diet and physical activity**

**NB Family history of diabetes and/or premature heart disease heightens cardiometabolic risk.**

Refer for investigation, diagnosis and treatment by appropriate clinician if necessary.

**TARGET**

**Stop smoking**
- Improve quality of diet
  - Contain calorie intake Daily exercise of 30 mins/day

**BMI 18.5-24.0 kg/m²**
- (18.5-22.9 kg/m² if South Asian or Chinese)

**<140/80 mm Hg**
- (<130/80 mm Hg for those with CVD or diabetes)

**Prevent or delay onset of diabetes**
- HbA1c <42 mmol/mol (<6.5%)
- FPG <5.5 mmol/l

**Primary Prevention: consider statin treatment if ≥10% risk based on QRISK2**
- OR

**Secondary Prevention: aim to reduce non-HDL chol by 40% and review in 3 months**

FPG = Fasting Plasma Glucose | RPG = Random Plasma Glucose | BMI = Body Mass Index | Total Chol = Total Cholesterol | HDL = High Density Lipoprotein | TRIG = Triglycerides

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Bradford District Care
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Yorkshire & Humber
ACADEMIC HEALTH SCIENCE NETWORK
The SystmOne Physical Health Check

Mental Health Physical Review

If the patient has a Carer or Key worker please use the button below to record the relationship in the patient record. To record next of kin please remember to tick the next of kin check box.

BDCT Record Relationship view cannot be shown without a patient

Obesity is a significant risk factor for diseases such as cardiovascular disease and diabetes. Patients on the SMI register are already at increased risk. Please recommend appropriate weight loss advice to patients with a BMI >25 (23 if South Asian or Chinese) AND/OR weight gain >5kg over 3 month period.

Height  m  Health education - weight management  □  m  Hypertensive therapy  □
Weight  Kg  Advice about exercise  □  BP  □  Blood pressure procedure refused  □
BMI  Advice to change salty food intake  □  Pulse rate  □  Referral for exercise therapy  □

NICE Guidance for Obesity

The prevalence of instances of cancer in patients with SMI is potentially higher than that of the general population. Please try to ensure that cervical screening, breast cancer screening and other appropriate cancer screening is offered in relation to the patient’s age and gender.

BDCT Last Cervical Smear view cannot be shown without a patient

Lifestyle advice and intervention

Alcohol Abuse  □  Alcohol consumption screening test declined  □  Health education - alcohol  □
Current drug user  □  Drugs - health education  □  Smoking status  □  Lives with Smoker...

Smoking Cessation Advice

Smoking cessation advice (Ua1NQ)  □  Seen by smoking cessation advisor (Kalye)  □
Consent given for follow-up by smoking cessation team (Xa..)  □
Practice based smoking cessation programme start data (Xa..)  □
Referral to NHS stop smoking service (XaQT5)  □
Referral to smoking cessation advisor (XaLTi)  □
Referral to stop-smoking clinic (XaFW9)  □
Declined consent for follow-up by smoking cessation team (..)  □
Smoking cessation advice declined (XaRFn)  □
Smoking cessation programme declined (XaREz2)  □

Smoking cessation drug therapy  □

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Local Incentive Scheme Primary Care

- SMI physical health checks falling in Primary Care
- Use award winning template to improve self care and outcomes
- Offer all SMI patients health check takes 20-30 minutes
- Can use BDCFT checks to fill in template
- £30 per patient extra for full review to 31 3 2017
- BP BMI alcohol blood test requested (HbA1C/cholesterol/CVD risk)
- MH medication review
- MH annual physical examination done
Qualitywatch/ Nuffield Trust information
2013/14 data

- SMI patients 4.9* more likely admitted + 3.2* more A+E
- Only 19% emergency admissions for MH needs
- Preventable ambulatory care A+E PH 20.6/1000 SMI 74.2/1000
- 62% of SMI A+E attendances from most deprived 30% of population
- SMI patients have 2* OPD appts but 10% less planned admissions
- SMI patients more likely to have emergency admissions, stay longer in hospital & be admitted overnight

- Integrated Care key look at whole person
Test Results

• Through local agreement with the Local Medical Council:

• If abnormal results are observed by the Physical Health Team they will be discussed with the clinician requesting the tests.

• The patient will be contacted and invited to discuss any abnormal results with the Physical Health Team and supported to book an appointment to attend the GP practice.
Where we are now

- Rolled out to All GP practices.
- Replicated on different IT systems
- Opened 5 clinics in secondary care.
- Rolled out in all in patient areas
- Communicated to GP electronically for inpatient discharges
- BDCFT top performing Trust in country CQUIN 2018
- Offer of education ongoing in Primary Care
- Updating template
- BDCFT going onto SystmOne July 2018
Barriers

• Lack of QOF/LES/DES
• Primary Care Capacity
• IT lack of interoperability
• Paper health checks from CMHTs 9 pages to manually enter
• Challenge to get shared care agreement for antipsychotic prescribing
• Challenge around responsibilities around test results
• Getting buy in at CCGs, Primary & Secondary Care hard work over the years
Recognition Local & National

• Endorsed by Geraldine Strathdee (Previous National Director for Mental Health NHS England)

• Adopted across various sites in England

• Y&H AHSN supporting roll out regionally

• Supported by NHSIQ

• NHS Education England
Yorkshire and Humber Academic Health Science Network

To improve the physical health of people with serious mental illness – a primary care based approach

- Funded dedicated specialist support provided by the AHSN
- Three sites across Y&H
- Developed a 45-minute elearning module for primary care staff
- Cost effectiveness analysis completed by the Health Economics Team at York University (YHEC) Potential saving £13 million in Yorkshire & Humber using template and intervening in just 3 areas
Thank you very much for listening

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Please do not hesitate to contact us for further information.