

## NAS Background

The National Audit of Schizophrenia (NAS) enables clinicians treating adults in the community with a clinical diagnosis of schizophrenia or schizoaffective disorder to:

- assess the quality of their antipsychotic prescribing
- assess the monitoring of patients' physical health
- monitor patients' experience of treatment and its outcomes
- monitor carers' satisfaction with information and support.

The audit allows local services across England and Wales to:

- compare their performance with national standards based on NICE guidelines
- benchmark with other services
- identify what they do well and areas where they could improve.

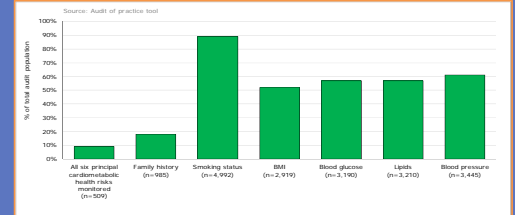
All eligible Trusts/Health Boards participated in the second round of NAS (NAS2), resulting in an in-depth examination of the care provided to **5,608 service users**.

## Problem identified: Poor physical healthcare

A major finding from both NAS rounds is the **poor monitoring and management of key physical health indicators for people with schizophrenia** including smoking, BMI, blood glucose, lipids and blood pressure.

Monitoring and management of physical health shows little improvement between the two audit rounds and confirms that more needs to be done to improve the quality of care and ensure help is provided when needed.

Percentage of service users who had monitoring of each of the six individual cardiometabolic health risk factors and the percentage who had all six monitored, once in the past 12 months (NAS2 data)



## Intervention tool for GPs and mental health teams: the Lester resource

The **Lester UK adaptation (2014)** is a fully endorsed **clinical resource** which aims to:

- provide a simple framework for identifying and treating patients with psychosis receiving antipsychotic medication
- highlight danger levels, interventions and targets for the **six major cardiovascular risk factors**
- help health professionals provide **key interventions and treatment** to deliver safe and effective care to patients
- contribute to improving patient's quality of life and wellbeing.

It was inspired from an original Australian resource and was developed to accompany NAS1, in a collaboration between RCGP and RCP, led by the late Professor Helen Lester.

An updated 2014 version was co-produced by NAS, NHS England and Public Health England and is available as a **downloadable resource** on the NAS website to support the quality improvement phase of NAS2.

The Lester Resource has already been used to implement local changes by five Early Intervention Teams, who have utilised it for six months as part of improvement methodology. This resulted in an **80% improvement in cardiovascular screening across all teams**.

Alongside the national roll out of 'Lester 2014', in 2015 **NHS Improving Quality (NHS IQ)** will support pilot sites to use service improvement techniques in the implementation of Lester 2014. NHS IQ has funded an evaluation of this improvement work.

## High level endorsement

The Lester resource has been **recommended by NICE** (NICE CG178, 2014) and supports the **NHS Improving Quality's Living Longer Lives programme**, which prevents people from dying too soon from preventable illnesses/diseases.

NICE has approached NAS to put forward the Lester resource for consideration for **formal NICE endorsement**. This is a new NICE process and we understand that this could be one of their first resources for such consideration (see [www.nice.org.uk/About/What-we-do/Into-practice/Endorsement](http://www.nice.org.uk/About/What-we-do/Into-practice/Endorsement)).

## Quality improvement strategy: A twin-track approach

NAS provides Trusts with:

- local reports
- an action planning template
- opportunities to share best practice at regional events.

In addition, we adopted a **twin-track approach** to create conditions for local quality improvement (QI), which combined 'top down' and 'bottom up' approaches:

**'Top down' QI:** financial incentives to Trusts to improve physical healthcare monitoring and intervention for inpatients with a diagnosis of psychosis or schizophrenia people, via the Mental Health **CQUIN**

**'Bottom up' QI:** (a) the development, promotion and distribution of an **authoritative clinical resource with high-level endorsement** – the Lester – for GPs and mental health teams to use to improve healthcare quality, and (b) the **empowerment of service users** to get actively involved in improving the quality of their own care, by developing a card that they can show to their healthcare provider in order to get them to use the Lester resource.

## Mental Health CQUIN

The Commissioning for Quality and Innovation (CQUINs) payments framework was set up in 2009/2010 to encourage service providers to continually improve the quality of care provided to patients and to achieve transparency.

**Improving physical healthcare to reduce premature mortality in people with severe mental illness is one of the four national CQUIN goals for 2014/15.** It aims to support NHS England's commitment to reduce the 15 to 20 year premature mortality in people with severe mental illness and improve their safety through improved assessment, treatment and communication between clinicians.

## Top down quality improvement

### Financial incentives via CQUIN

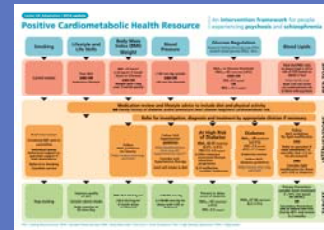
NAS and the Lester resource informed the development of the national mental health CQUIN for 2014/15. NHSE has encouraged service providers to use the Lester resource to improve the quality of physical health care, in line with the CQUIN target that all inpatients with psychosis receive appropriate assessments and interventions.

**Target: improved physical healthcare monitoring and intervention for people with severe mental illness**

## Empowering service users: the Lester postcard

The Lester Postcard, *shown below*, has been developed to enhance physical healthcare in the quality improvement phase of the audit. Produced by service users for service users, the postcard **empowers patients to direct their doctors/nurses to the Lester resource**, whether they are attending their GP surgery or their mental health team.

**The Lester resource: "Don't just SCREEN – INTERVENE"**



## Bottom up quality improvement