

UCLP-PRIMROSE: Transforming annual physical health checks for people with SMI in Bradford

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Welcome to Bradford!



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Welcome to Bradford (...and district)



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<https://bradford2025.co.uk/>



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BRADFORD 2025
UK City of Culture

Bradford by the numbers



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- Population 546,400 (6th largest city in UK)
- Young- 36 median (England median 40)
- Diverse- 61% white, 32% Asian/Asian British
- 20% born outside of England
- Unhealthy- 22% describe health as 'fair' to 'very poor'
- 19% identified as disabled
- Poor- 11th most deprived local authority area in England (out of 317)

Physical Health in Severe Mental Illness



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- People with severe mental illness (SMI) die 15-20 years earlier than the general population- driven largely by preventable illness
- Smoking a major contributing factor to these- smoking rates among people with SMI around 40%, compared to 14% in general population
- Also- treatment of high blood pressure, high cholesterol and type 2 diabetes is very effective at preventing heart attacks and strokes – these factors are highly modifiable and treating them is high impact- in SMI population, late diagnosis and suboptimal treatment of these conditions is common

SMI annual health checks



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- Annual health checks for people living with SMI introduced in 2009
- Six components:
- Weight/BMI
- Blood pressure and pulse check
- Blood lipids including cholesterol
- Blood glucose/HbA1c
- Assessment of alcohol consumption
- Assessment of smoking status
- Primary care have been incentivised to complete these

Annual Physical Health check not enough



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- In 2023, 313,022 out of 535,204 adults with SMI in England (58%) received a full physical health check
- But: increased risk of early death in people with SMI
- Cancer- 2.3x
- Cardiovascular disease- 4.1x
- Respiratory diseases- 6.6x
- Mortality gap is widening over time- increased risk of death for people with SMI before age 75:
- 2015-17: 4.6x
- 2018-20: 4.9x
- *BMJ 2023;381:p1096*

A system priority in Bradford...



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Equality, diversity and health inequalities

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National Healthcare Inequalities Improvement Programme

What are healthcare inequalities?

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Core20PLUS5 (adults) – an approach to reducing healthcare inequalities

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.

West Yorkshire
Health and Care Partnership



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Our 10 big ambitions

The Bradford picture



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- Across Bradford and district- 7936 people on SMI registers
- 5581 (70%) had a health check with all six components completed
- 6792 (86%) had smoking status checked as part of health check
- But- hard to get data on action taken as a result of person answering 'yes' to smoking status check
- Likely to be signposted to generic smoking cessation services- but generic services poorly aligned to needs of SMI population

PRIMROSE- improving SMI health checks



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Articles

Clinical and cost-effectiveness of an intervention for reducing cholesterol and cardiovascular risk for people with severe mental illness in English primary care: a cluster randomised controlled trial



David Osborn, Alexandra Burton, Rachael Hunter, Louise Marston, Lou Atkins, Thomas Barnes, Ruth Blackburn, Thomas Craig, Hazel Gilbert, Samira Heinkel, Richard Holt, Michael King, Susan Michie, Richard Morris, Steve Morris, Irwin Nazareth, Rumana Omar, Irene Petersen, Robert Peveler, Vanessa Pinfold, Kate Walters

Summary

Background People with severe mental illnesses, including psychosis, have an increased risk of cardiovascular disease. We aimed to evaluate the effects of a primary care intervention on decreasing total cholesterol concentrations and cardiovascular disease risk in people with severe mental illnesses.



Lancet Psychiatry 2018;
S: 145-54
Published Online
January 22, 2018

Research

Original Investigation

Cardiovascular Risk Prediction Models for People With Severe Mental Illness

Results From the Prediction and Management of Cardiovascular Risk in People With Severe Mental Illnesses (PRIMROSE) Research Program

David P. J. Osborn, PhD; Sarah Hardoon, PhD; Rumana Z. Omar, PhD; Richard I. G. Holt, PhD; Michael King, PhD; John Larsen, PhD; Louise Marston, PhD; Richard W. Morris, PhD; Irwin Nazareth, PhD; Kate Walters, PhD; Irene Petersen, PhD

Hassan *et al.* *BMC Health Services Research*
<https://doi.org/10.1186/s12913-020-05643-2>

(2020) 20:753

BMC Health Services Research

emental content at
sychiatry.com

RESEARCH ARTICLE

Open Access

A qualitative study exploring the barriers and facilitators of implementing a cardiovascular disease risk reducing intervention for people with severe mental illness into primary care contexts across England: the 'PRIMROSE' trial



Suzan Hassan^{1*}, Samira Heinkel², Alexandra Burton², Ruth Blackburn², Tayla McCloud², Jamie Ross¹, David Osborn^{2,3} and Kate Walters¹

UCLPartners-Primrose

A guide to the UCLPartners-Primrose framework.

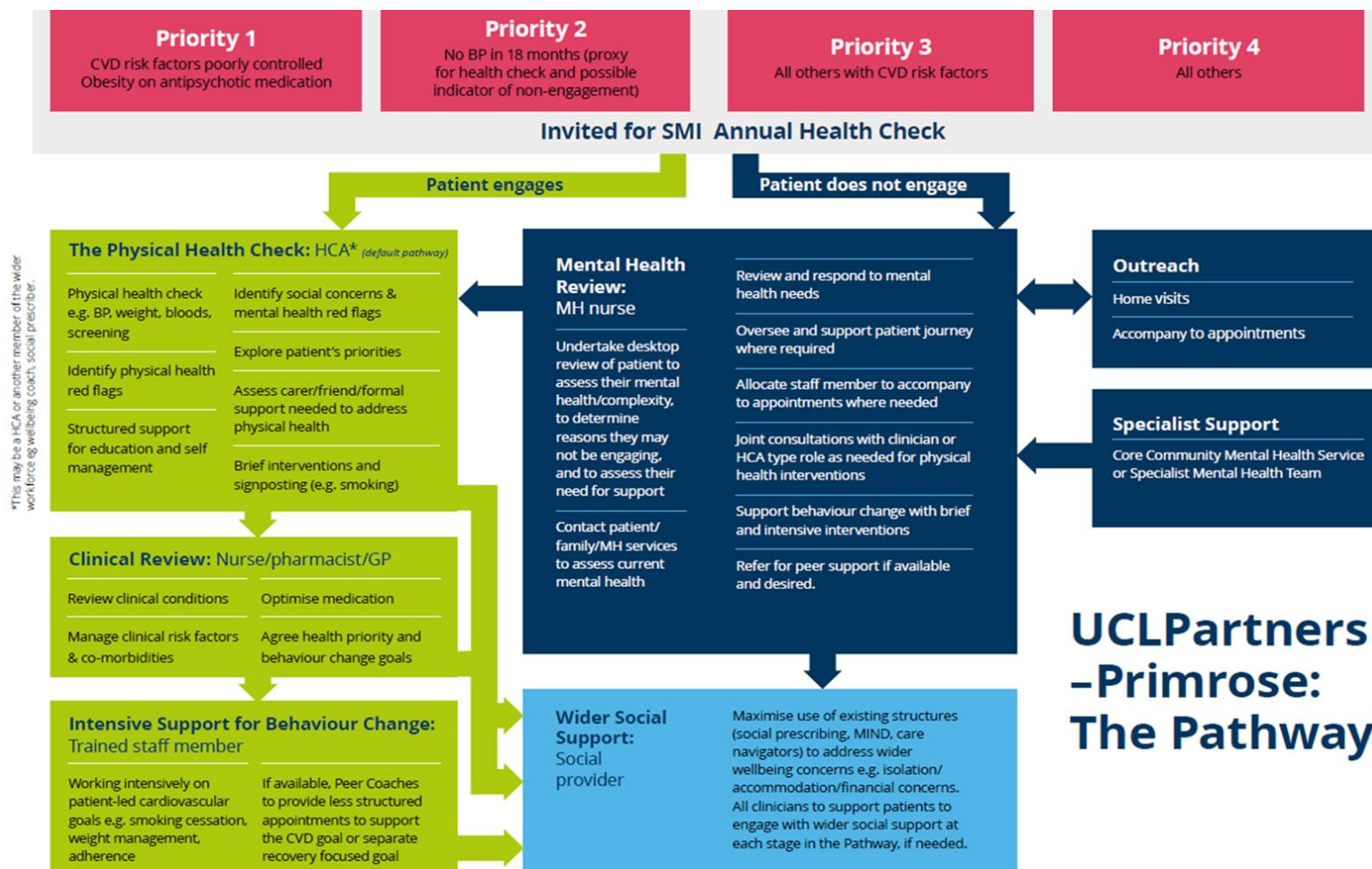
The UCLPartners-Primrose framework (also known as UCLP-Primrose) has been developed to transform care for people with severe mental illness (SMI) and to reduce the major health inequalities this population face. It has three simple components:

- Risk stratification and search tools – to identify patients at highest risk or not engaged with care
 - Support to improve the annual SMI physical health check including clinical review to best treat the most important risk factors (e.g. Blood pressure and lipids)
 - Materials and training for offering structured behaviour change interventions and peer support to ensure both physical and mental health improvements.
-
- <https://uclpartners.com/our-priorities/cardiovascular/proactive-care/uclpartners-primrose-implementation-guide/>

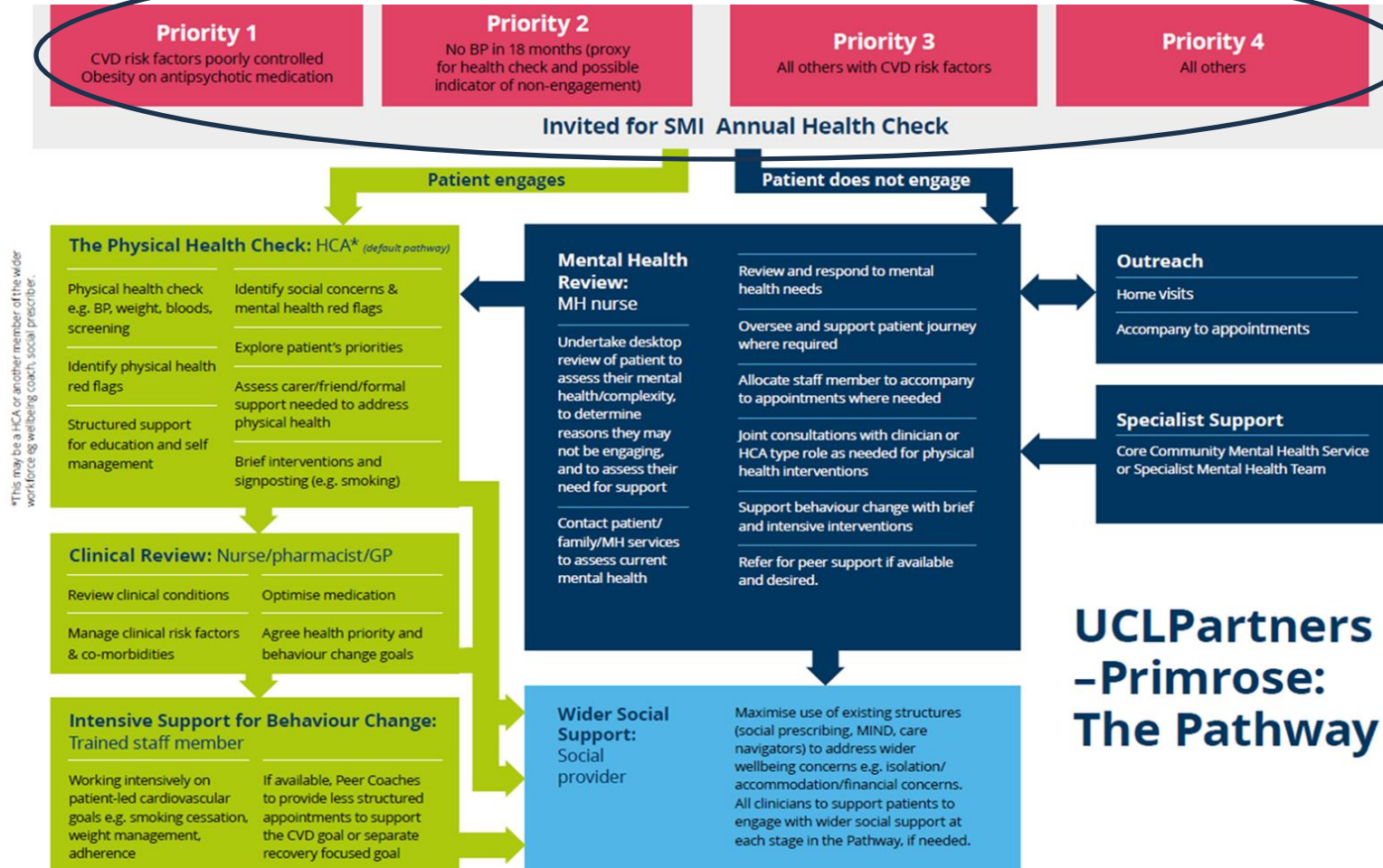
UCLP-PRIMROSE pathway adaption



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UCLP-PRIMROSE pathway adaption

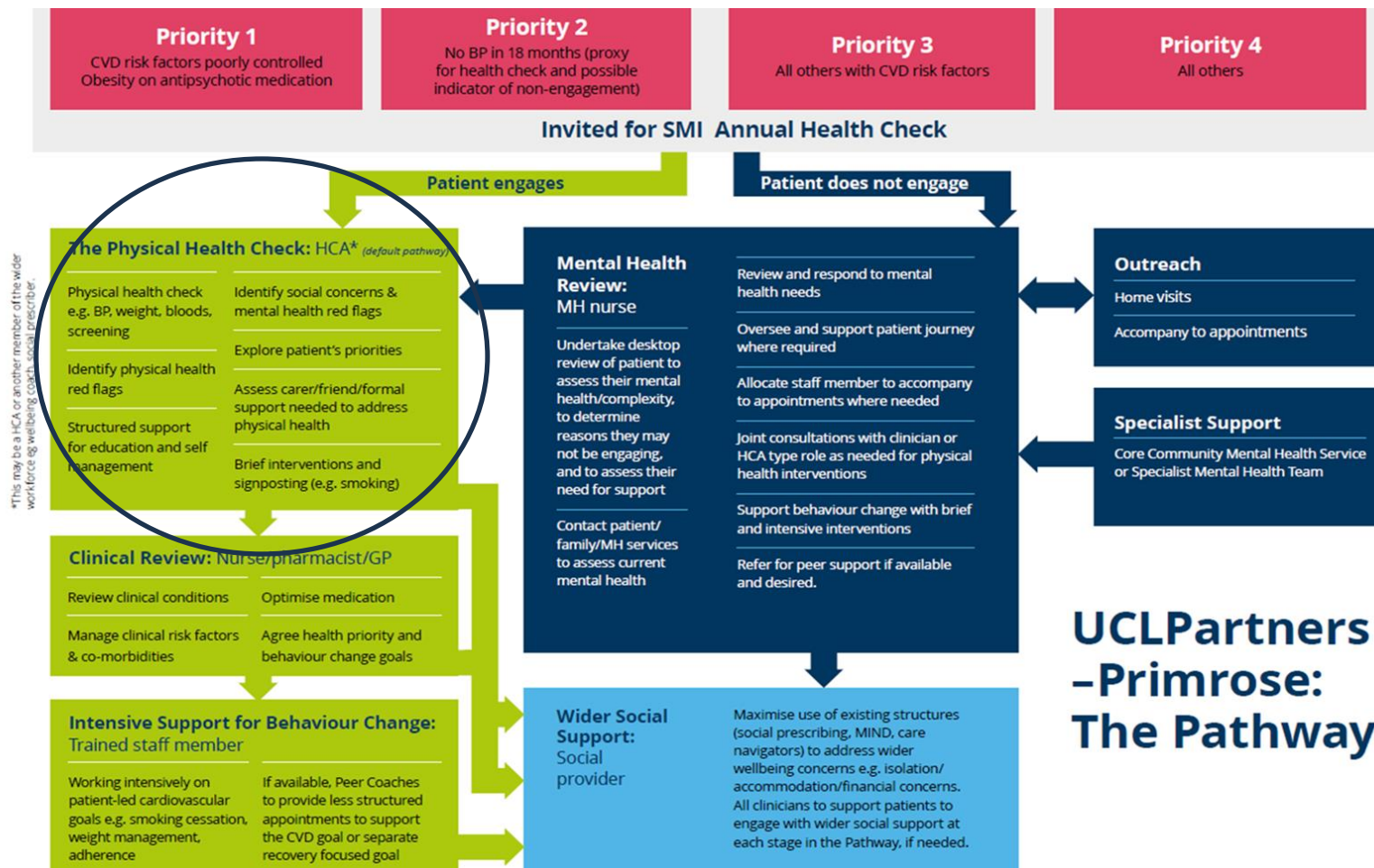


*This may be a HCA or another member of the wider workforce e.g. wellbeing coach, social prescriber.

UCLP-PRIMROSE pathway adaption



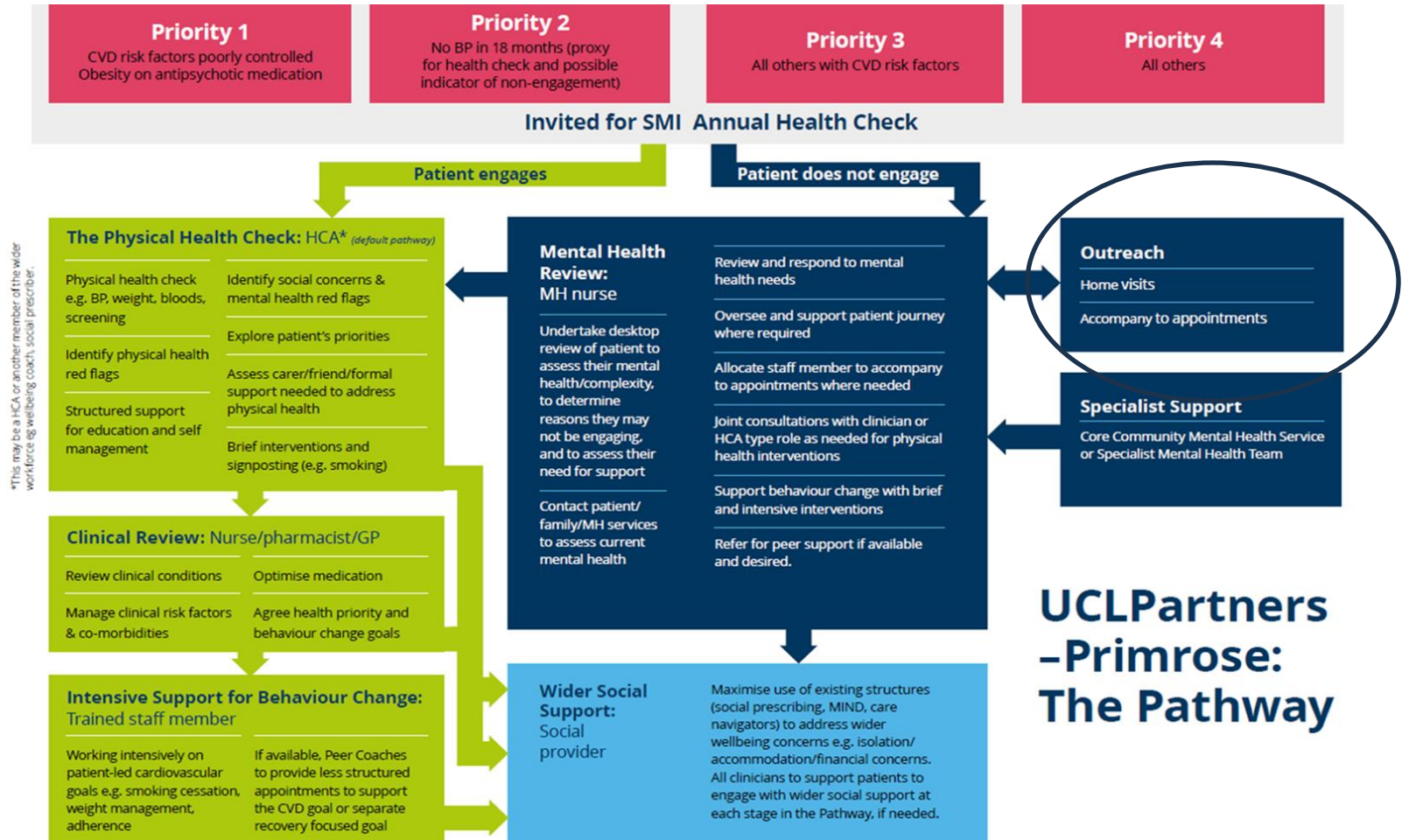
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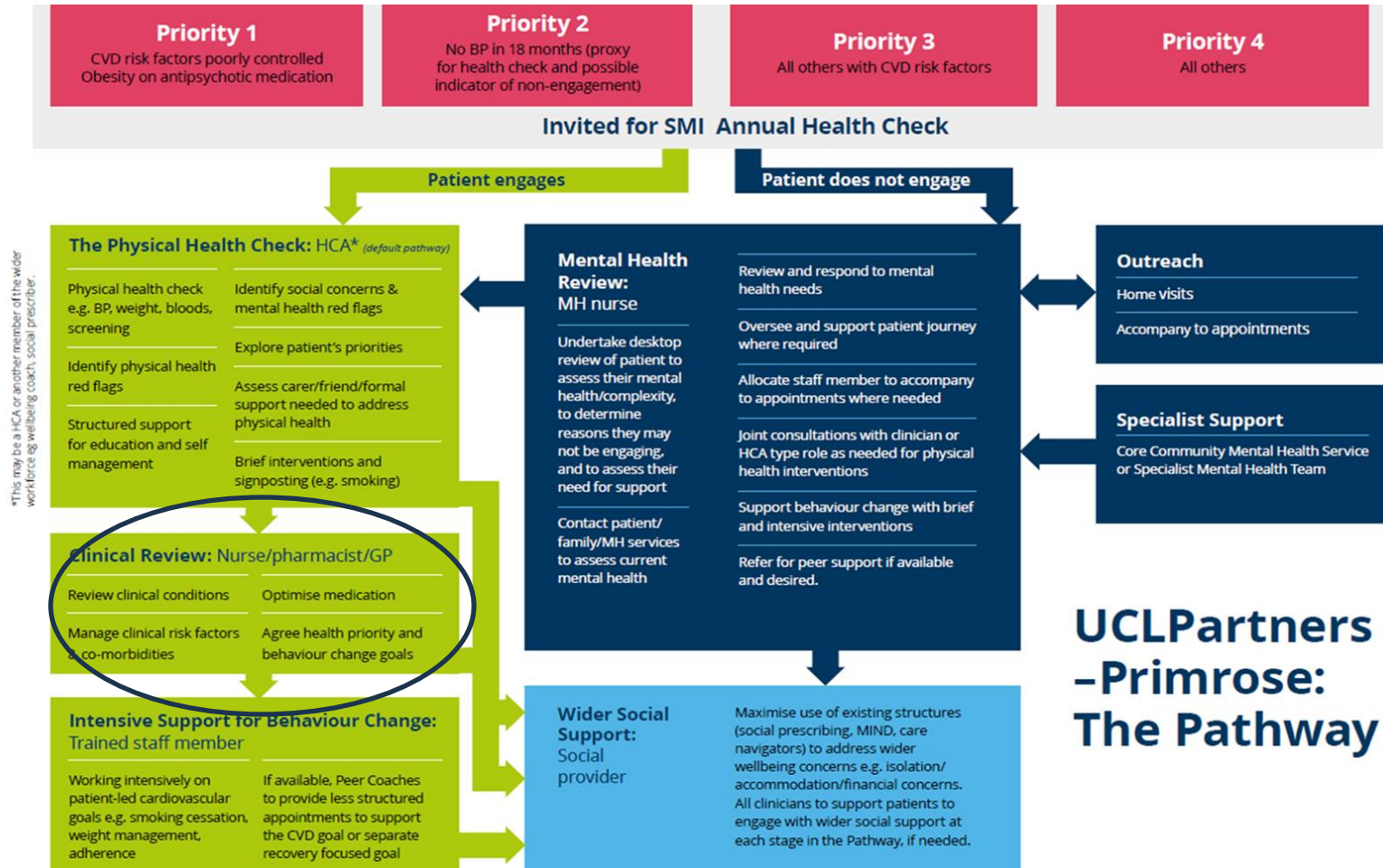
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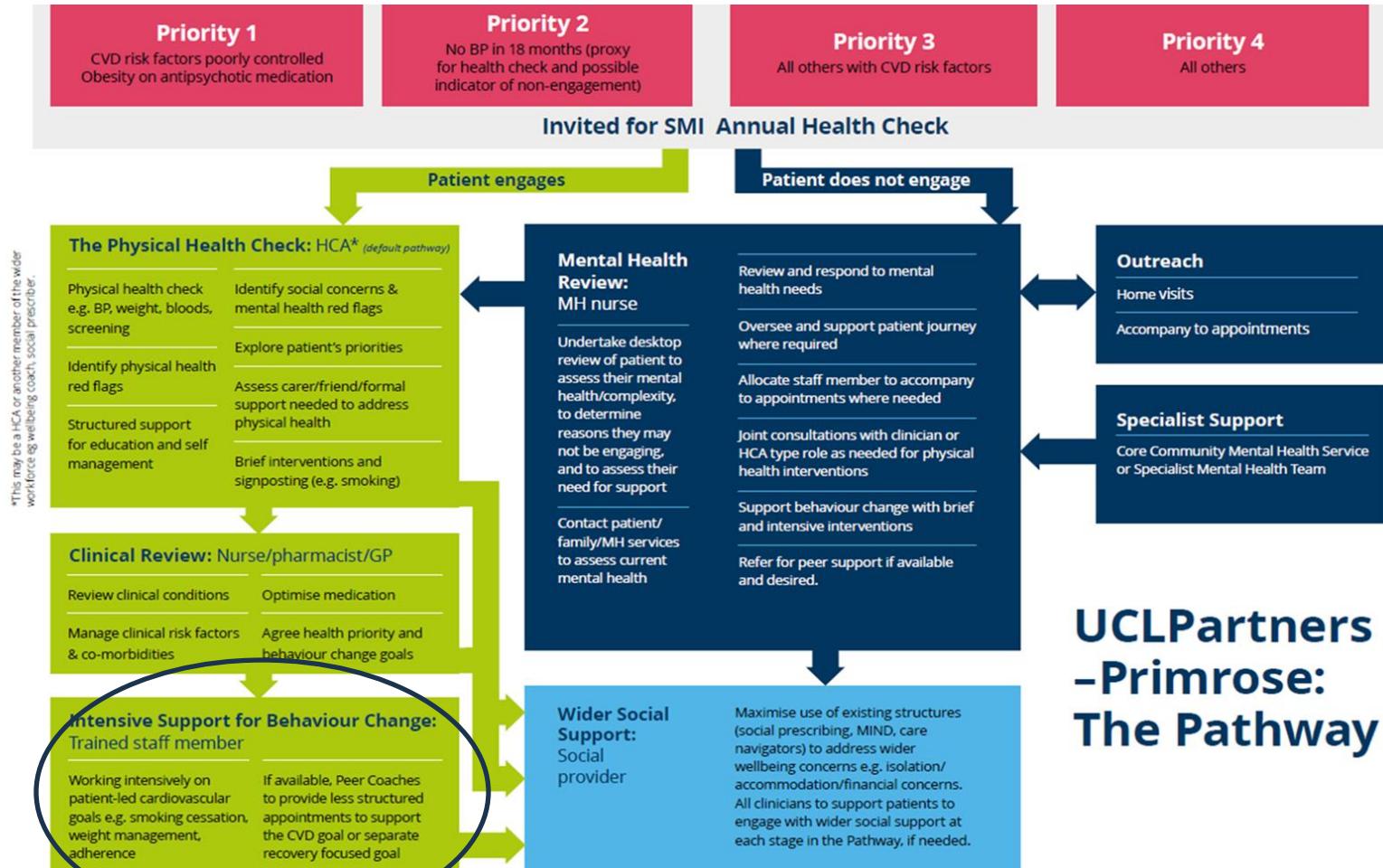
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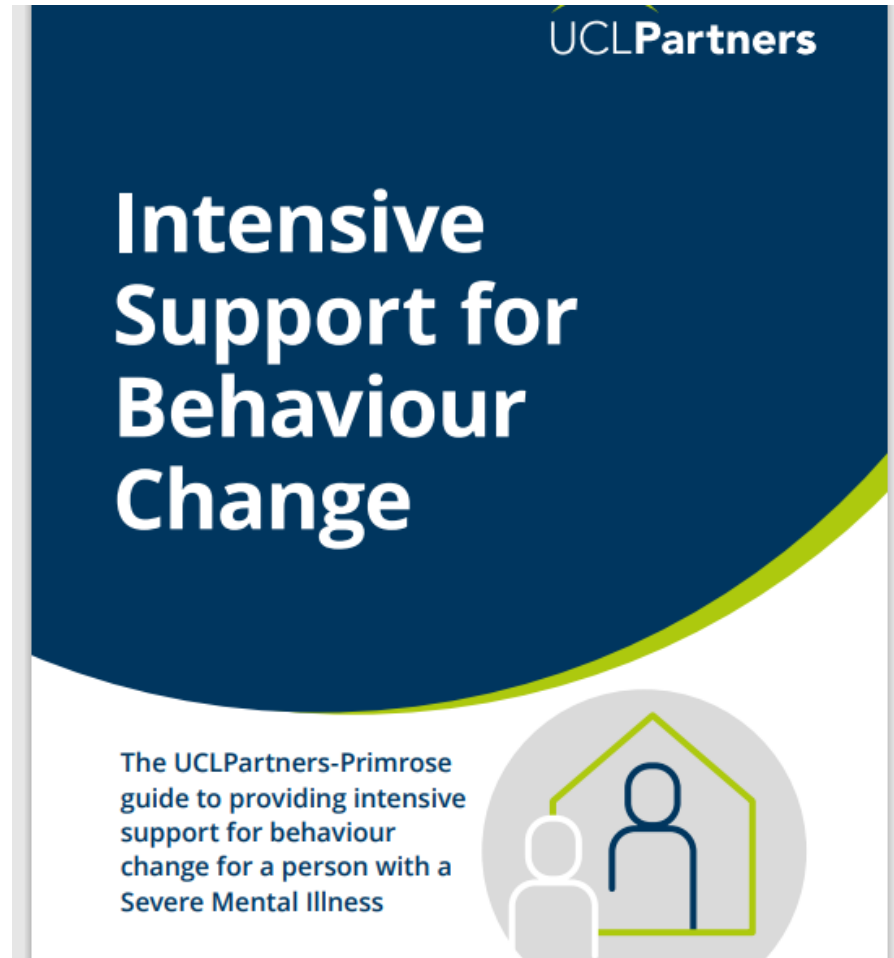
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Behaviour change



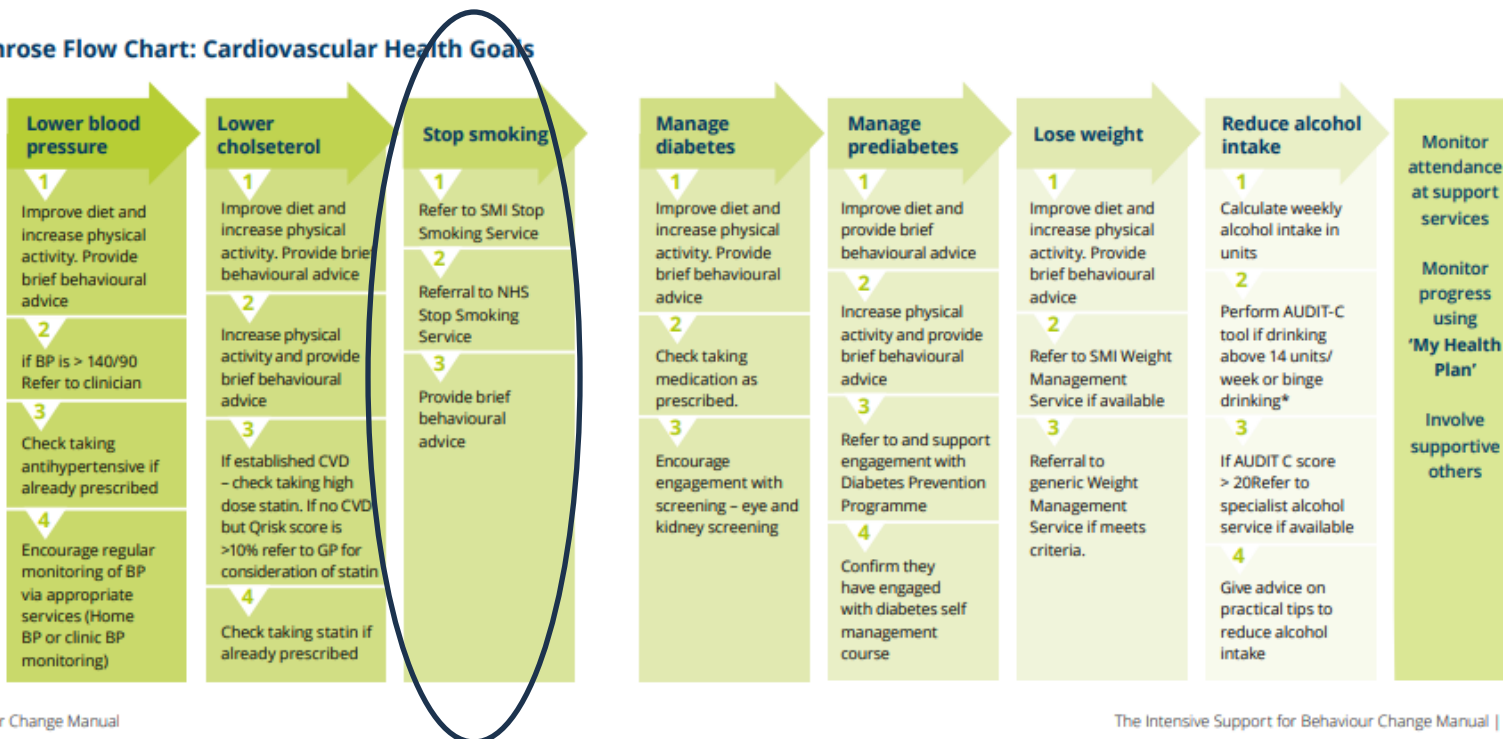
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Behaviour change

UCLPartners-Primrose Flow Chart: Cardiovascular Health Goals

These are suggested behavioural goals to be covered in the Intensive Behaviour Change appointments. Choose one initial behavioural goal with each patient. **Encourage prioritisation of the outcome on the left** – this will have an earlier/larger impact on CVD risk. Move to the right if the outcomes are not relevant to the patient and their health. In some instances, the patient might choose a goal that is less of a priority according to this flow chart. Note that some behavioural goals will impact on more than one outcome – e.g., taking medication regularly, improving diet and physical activity.



tensive Support for Behaviour Change Manual

The Intensive Support for Behaviour Change Manual | 7

PRIMROSE- Bradford experience



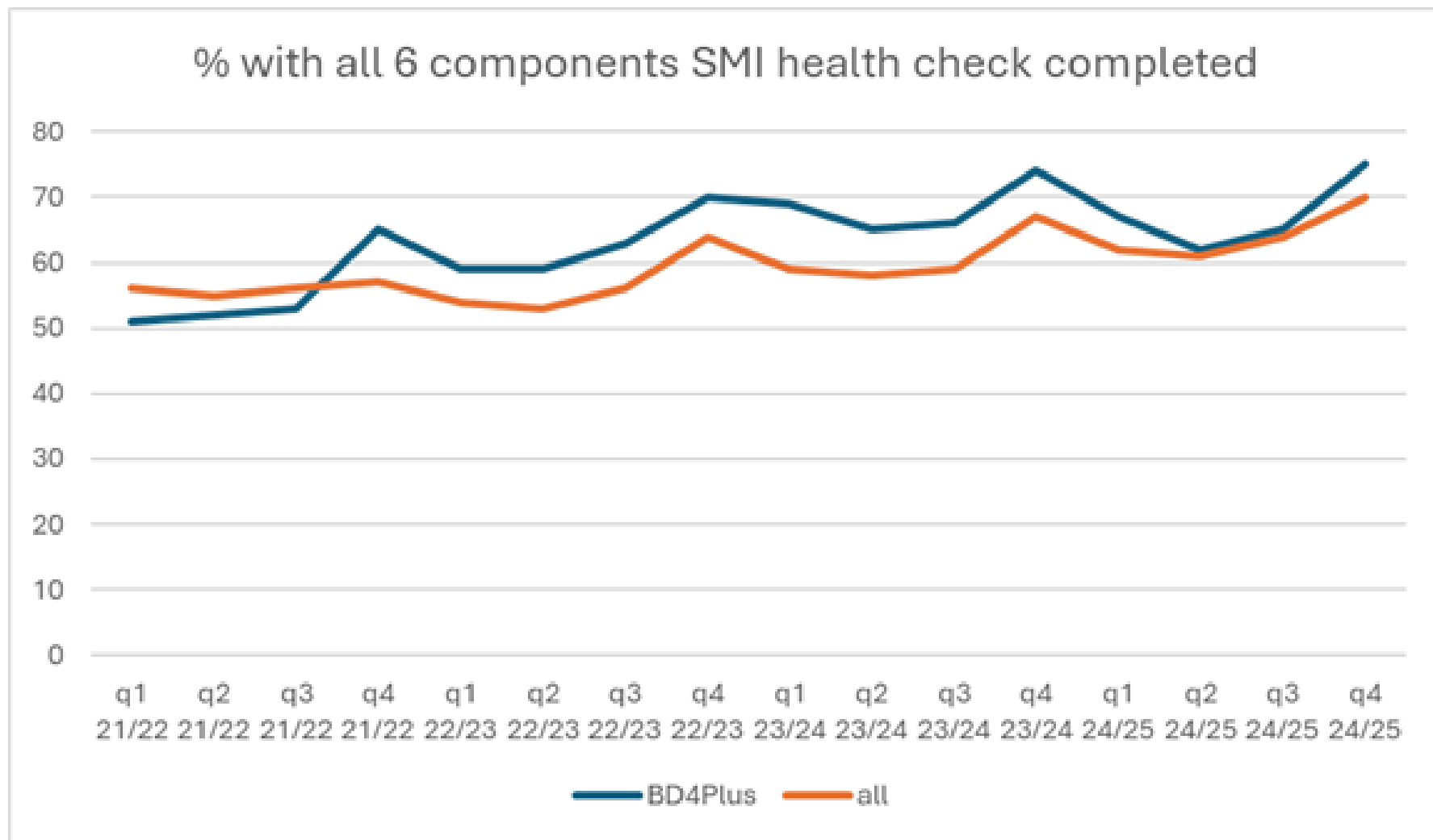
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- Introduced in one Primary Care Network (4 GP surgeries- adopted as 'treatment as usual' for this group from April 2023
- 495 people on SMI register; 369 (75% [+5%]) had health check with all 6 components
- 452 (92% [+6%]) had smoking status completed
- 20% increase in statin prescribing; 19 patients referred for Intensive Behaviour Change
- But: weakness in this in relation to smoking cessation-coaching and support, but still access generic service

PRIMROSE in Bradford



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Conclusion

- PRIMROSE offers a process, supported by extensive evidence, to engage people with SMI in annual physical health checks which link to interventions which can improve cardiovascular health
- Including coached support to address smoking
- But not a specific smoking cessation intervention in own right
- Likely to work better when paired with an intervention which does do this
- And PRIMROSE can act as 'gateway' to such interventions, systematically identifying people at need and preparing ground for them to access tailored support to quit