

Community and inpatient CQUIN 2018/19

Local implementation guide

About this guide

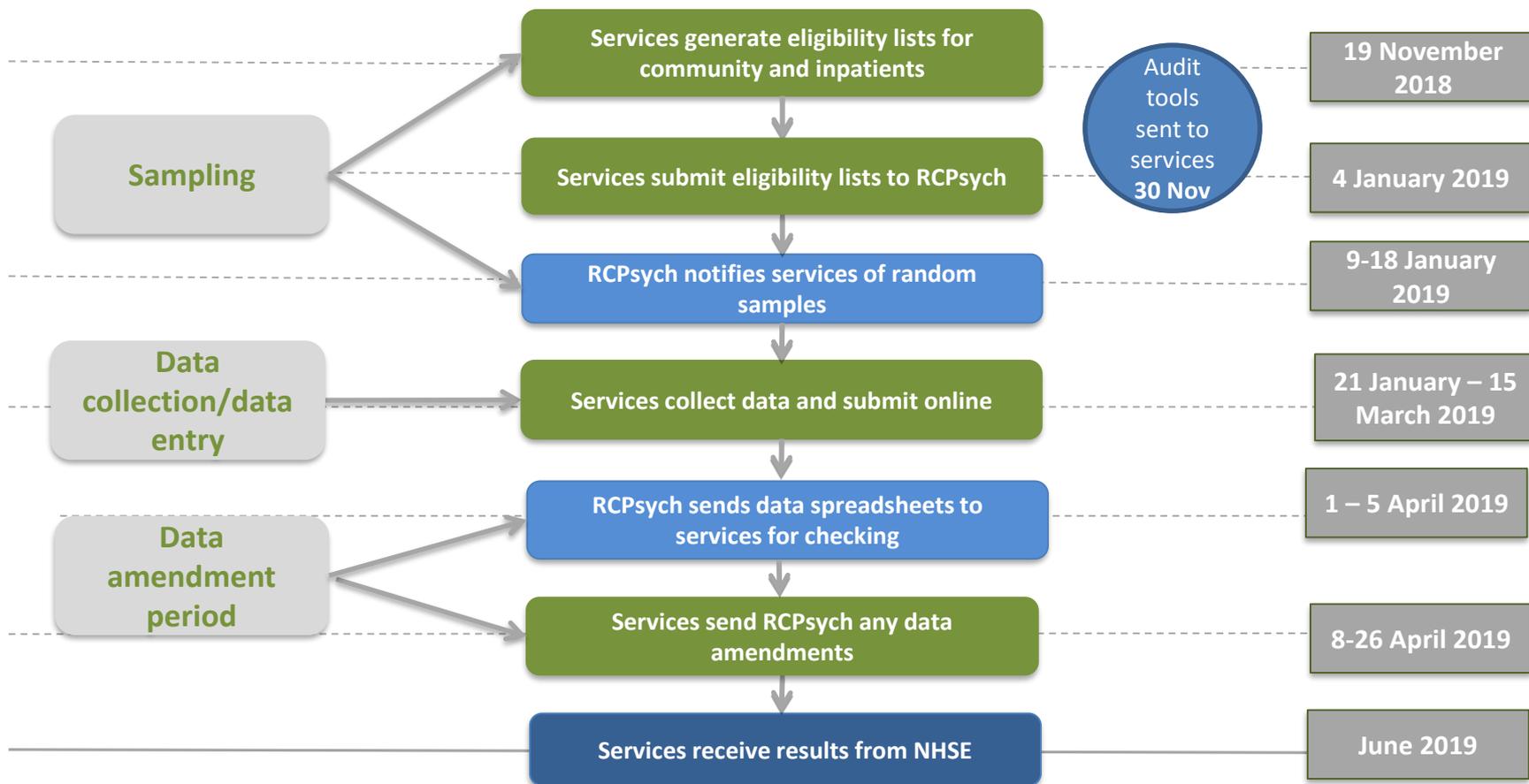
This guide is to help staff in local services to implement data collection for the inpatient and community part of indicator 3a of the national CQUIN to improve the physical healthcare of people with SMI.

Included in this guide are links to the resources and guidance documents for sampling, data collection and online data entry.

For more information about the purpose and background of the CQUIN, please view the separate [introductory slides](#) prepared by NHS England

Content

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An Introduction to the CQUIN



Inpatient and community CQUIN
2018-19 Process Flow Chart

Sampling

- Services submit spreadsheets with lists of eligibility patients to the CCQI between **19 November 2018** and **4 January 2019**
- The CCQI CQUIN team will notify services of their random samples between **7-18 January 2018**
- For further information about sampling, please see the [Guidance on sampling](#)

Data collection

- Services collect data between **21 January - 15 February 2019**
- Services submit data online between **21 January - 15 February 2019**
- Data collection can overlap with online data entry
- A.PDF of the [data collection tool](#) has been sent to local CQUIN leads for local data collection
- For more information please see the [Guidance on data collection](#)

Online data entry

- Online data entry will open on **18 February 2019** and close on **Friday 15 March 2019**.
- Data can be collected up until the end of the online data entry period.
- Log-in details and data entry information will be sent to local CQUIN leads in the week beginning **7 January 2019**.

- In the week beginning **1 April 2019**, the CCQI CQUIN team will send services the raw data they have submitted for local checking
- The CQUIN team will not generate any data cleaning queries
- Services should inform the CCQI CQUIN team of any data amendments by **Friday 26 April 2019**.
- No further amendments can be accepted after this date.

Results

- CQUIN scores to be disseminated via NHS England at the end of **June 2019**.
- Final data sets to be sent to sites by the CQUIN team in **June 2019**.

For queries relating to data collection please email cquin@rcpsych.ac.uk

For general CQUIN queries please email e.cquin@nhs.net

Appendix: Improving Physical Health for People with Severe Mental Illness (SMI) – An introduction to the CQUIN

Physical health in SMI: a case for change

People with SMI face stark health inequalities and **are less likely to have their physical health needs met**, both in terms of identification of physical health concerns and delivery of the appropriate, timely screening and treatment.



Compared to the general population, individuals with SMI (such as schizophrenia or bipolar disorder):

- Face a **shorter life expectancy** by an average of 15–20 years.
- Are **three times more likely to smoke**.
- Are at double the risk of **obesity and diabetes**, three times the risk of **hypertension and metabolic syndrome**, and five times the risk of **dyslipidaemia** (imbalance of lipids in the bloodstream).

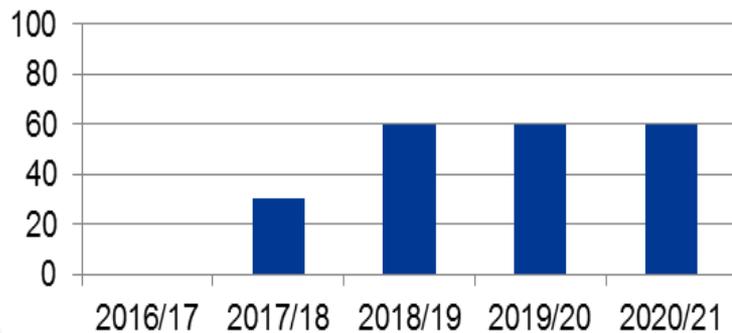
Why?

- Lack of clarity around **responsibilities** in healthcare provision in primary and secondary care.
- **Gaps in training** among primary care clinicians.
- **Lack of confidence** across the workforce to deliver physical health checks among people with SMI.
- Lack of integration between primary, physical health and mental health services

Mental Health Five Year Forward View Objective

NHS England should ensure that by 2020/21, 280,000 people have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention.

% of people with SMI receiving full physical health check



CCGs are to offer NICE-recommended screening and access to physical care interventions to cover 30% of the population with SMI on the GP register in 2017/18, moving to 60% population from the following year.

This is to be delivered across primary and secondary care.

Goal:

- To improve **access** to:
 - **physical health checks AND follow up interventions** for people with SMI
- To improve **the quality** of:
 - **physical health checks AND follow up interventions** for people with SMI

In order to incentivise providers to meet the FYFV recommendation of '280,000 people having their physical health needs met' the PH SMI CQUIN requires?



i. The % of patients with psychoses that receive a comprehensive range of cardio metabolic assessments and access to evidence based interventions where needed

Internal provider sample submitted to National Audit provider for the CQUIN

Weighting: 80%**

ii. Patient care plans or comprehensive discharge summaries shared with GPs

Assessed through an internal audit undertaken by providers

Weighting: 20%**



In 15/16 EIP settings were brought within scope and for 16/17 Community Mental Health Services (Patients on CPA) were also brought within scope.

**Weighting refers to pay-out ie. each element contributes towards a percentage of potential pay-out for this indicator. This does not take into account milestones that are assessed locally



El services also collected data for the:

EIP BMI outcome indicator

- 35% or more patients should gain no more than 7% body weight in the first year of taking antipsychotic medication.

EIP Smoking cessation outcome indicator

- 10% or more patients who were previously identified as in the Red Zone for smoking on the Lester Tool should have stopped smoking.



<p>A comprehensive cardio-metabolic risk assessment in line with the NHS health check</p>  <p><small>BMI, blood pressure and pulse, blood tests including cholesterol, blood glucose, lifestyle including diet and exercise, smoking status, urinary albumin protein, weight, waist or body mass index, and alcohol consumption. Risk assessment tools such as the QRISK tool can be used for more information. Further details on the comprehensive checks can be found in our relevant NICE guidelines.</small></p>	<p>Where indicated, relevant national screening programmes to be delivered or followed up</p>  <p><small>Cervical and breast cancer screening for women and faecal occult blood testing for men and women.</small></p>	<p>Medicine reconciliation and monitoring</p>  <p><small>Ensure medication remains up to date and accurately recording and is cross checked with all electronic records. Consider any additional medication including alcohol. In particular, substances of Potential Characteristic (PCs) e.g. Lithium level, LFTs, creatinine, ECG if indicated during the review.</small></p>	<p>General physical health enquiry</p>  <p><small>Medical and family history, sexual health including use of contraception, substance misuse assessment. Consider any additional risk factors identified and use over health assessment and any related physical examination.</small></p>
<p><small>Proactive engagement and psychosocial support may be required to ensure people with SMI access checks/ interventions and follow up care including personalised care planning. Follow up interventions may include implementation of NICE guidelines for: Smoking cessation, Obesity, Hypertension, Lifestyle Intervention, Diabetes, Lead modification, Drug misuse, Support for cancer pathway.</small></p>			

For further questions please email:

e.cquin@nhs.net