Improving Physical Health for People with Severe Mental Illness (SMI)

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):

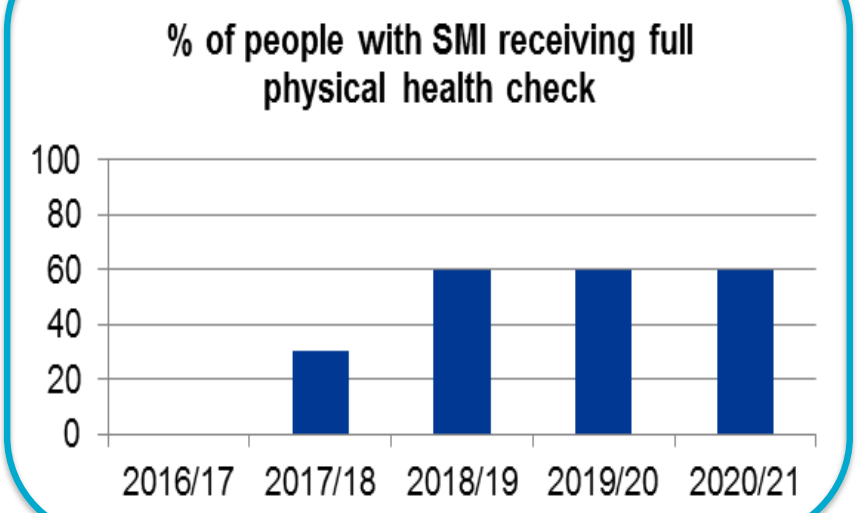
- Face a **shorter life expectancy** by an average of 15–20 years.
- Are **three times more likely to smoke**.
- Are at double the risk of **obesity and diabetes**, three times the risk of **hypertension and metabolic syndrome**, and five times the risk of **dyslipidaemia** (imbalance of lipids in the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



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

What does the PH SMI CQUIN require?

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

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

Assessed through an internal audit undertaken by providers

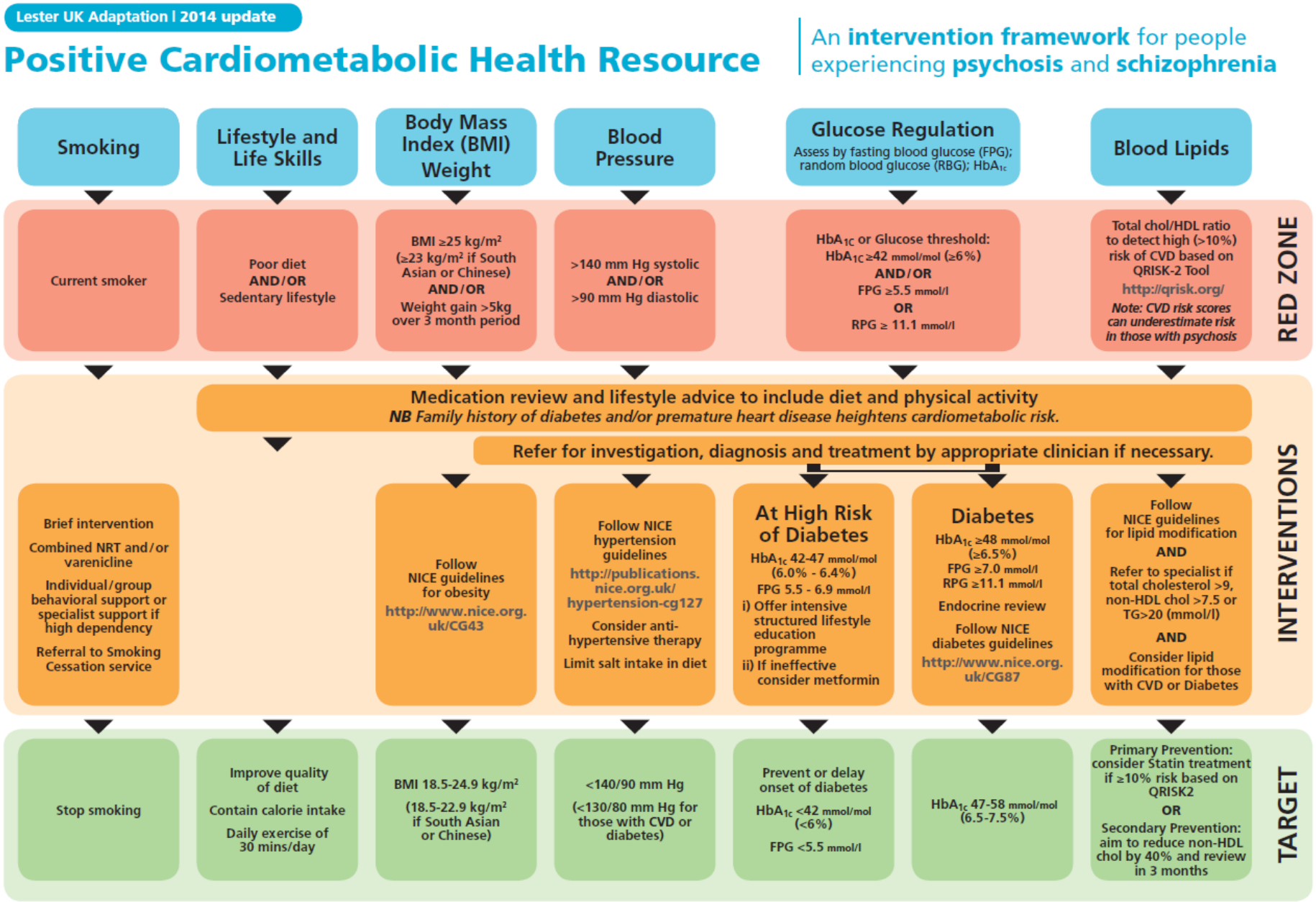
Weighting: 80%**

Weighting: 20%**

In 16/17 Community Mental Health Services (Patients on CPA) were brought within scope and in 17/18 EIP services 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

The cardio metabolic parameters are based on the Lester tool



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

…2018/19:

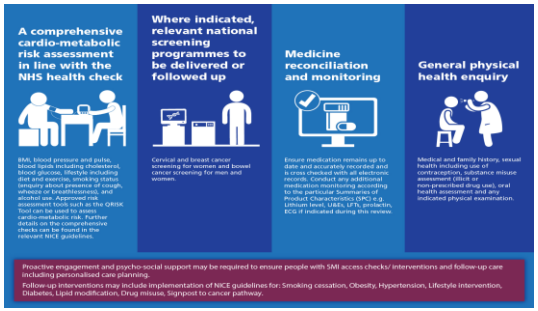
PH SMI CQUIN continues in 18/19

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**.



Responsibility for physical health assessments

Primary care teams are responsible for carrying out annual physical health assessments and follow-up care for:

1. patients with SMI who are not in contact with secondary mental health services, including both:
   - those whose care has always been solely in primary care, and
   - those who have been discharged from secondary care back to primary care; and
2. patients with SMI who have been in contact with secondary care mental health teams (with shared care arrangements in place) for more than 12 months and / or whose condition has stabilised.

Secondary care teams are responsible for carrying out annual physical health assessments and follow-up care for:

1. patients with SMI under care of mental health team for less than 12 months and / or whose condition has not yet stabilised
2. inpatients

For further questions please email:

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