

Additional analysis of BMI data

As part of the arrangements for the NCAP audit, the audit team at CCQI were also asked to collect the data required for the 2017/2018 national Mental Health CQUIN. This CQUIN assess the performance of Trusts in relation to the delivery of physical health care to patients with severe mental illnesses.

To fulfil this requirement the questions asked regarding physical health, in the NCAP Audit of Practice form, had to be the same as those used for the CQUIN data collection in previous years. (This was to avoid Trusts having to replicate aspects of the audit exercise to collect data for the 2017/2018 CQUIN.) The CQUIN questions were originally derived from those used for the 2013/2014 NAS2 audit and thus largely matched the data intended to be collected for NCAP. However, to be consistent with the CQUIN questions, the question regarding BMI and weight (question 28, in the NCAP Audit of Practice form) had to be modified to allow '*BMI and/or a change in weight over a three-month period of >5kg or ≤5kg*' to be recorded as evidence that monitoring of information about BMI or weight had been carried out.

In response to question 28, BMI data was provided for 4,686 of the 7,773 patients in the NCAP community sub-sample. For this group of 4,686 patients, weight change of >5kg was also recorded for 72 patients and weight change of ≤5kg for 233 patients. Weight change data was recorded for 395 of the patients for whom no BMI was recorded: 111 with >5kg and 284 with ≤5g. As described in the NCAP national report, the analysis of responses to this question included both the BMI data and the weight change data. Thus, the findings for monitoring of BMI and weight include responses regarding weight change if no BMI data was available. Similarly, the criteria for deciding whether an intervention relating to weight was necessary also make use of this weight change data.

In the summary Tables, at the end of the Monitoring and Intervention sections of the NCAP national report, the findings from these analyses are compared with the findings in the NAS1 and NAS2 reports relating to monitoring of BMI and interventions, where required for elevated BMI. However, in NAS1 and NAS2 data was only collected for BMI. Thus, the NCAP and NAS1/NAS2 findings are not exactly comparable. As the 'CQUIN question' allows an option regarding the data provided it was necessary to present the NCAP Trust comparisons (Figure

14 in the NCAP national report) using a combination of BMI and weight change data, otherwise Trusts who used this option could appear to be disadvantaged.

Below, we present an analysis of the NCAP data using only the data returned for BMI, i.e. ignoring the weight change data. In some respects, this allows a more appropriate comparison with the previous NAS1 and NAS2 audit findings.

Figure 1 shows an overall average of 60% for recording of BMI at least once in the previous 12 months, with a range of 6% to 94% across Trusts. (In the NCAP national report recording of BMI and/or change in weight is 65%.) For NAS1 and NAS2 the overall averages were 48% and 52% respectively, with Early Intervention patients removed from the NAS1 and NAS2 analyses.

Figure 1: Monitoring of BMI across Trusts in the last 12 months (n=7,773)

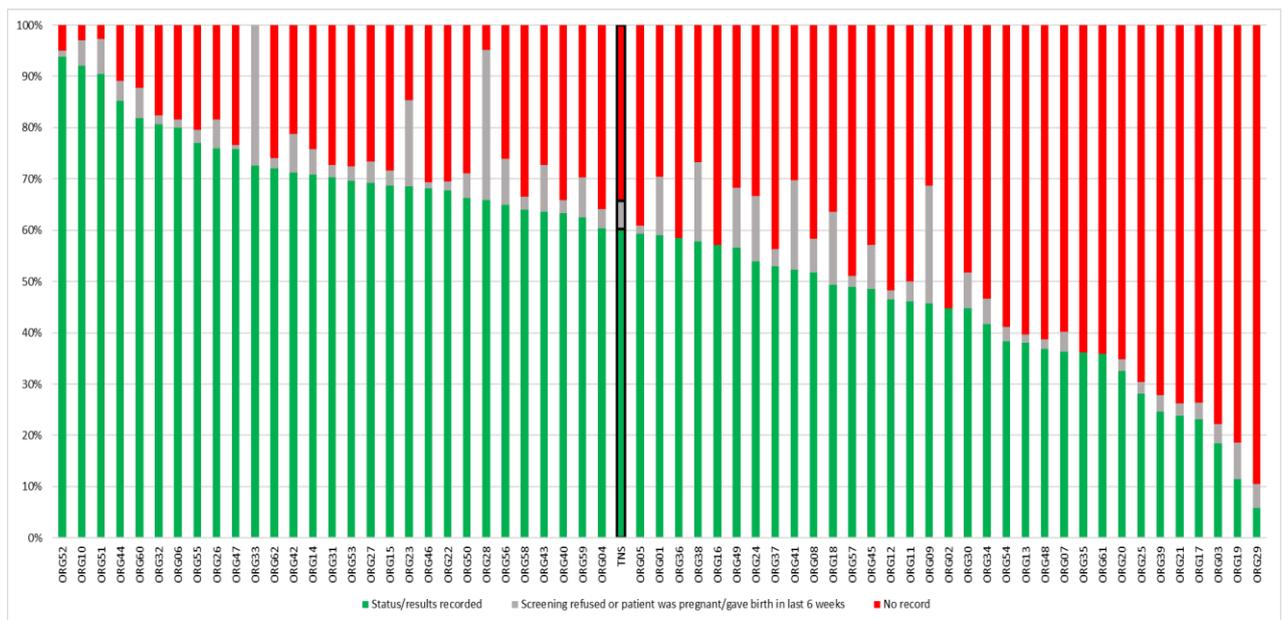


Figure 2 shows the analysis of the proportions of patients who have had various possible combinations of physical health risk factors monitored, when 'BMI only' data is used. An overall average of 40% have had all five factors monitored. (In the NCAP national report monitoring of all five risk factors occurred for 42% of patients.) The equivalent NAS1 and NAS2 percentages were 27% and 34% respectively.

Figure 2: Percentage of patients with different proportions of cardiometabolic health risk factors monitored once in the past 12 months (n=7,773)

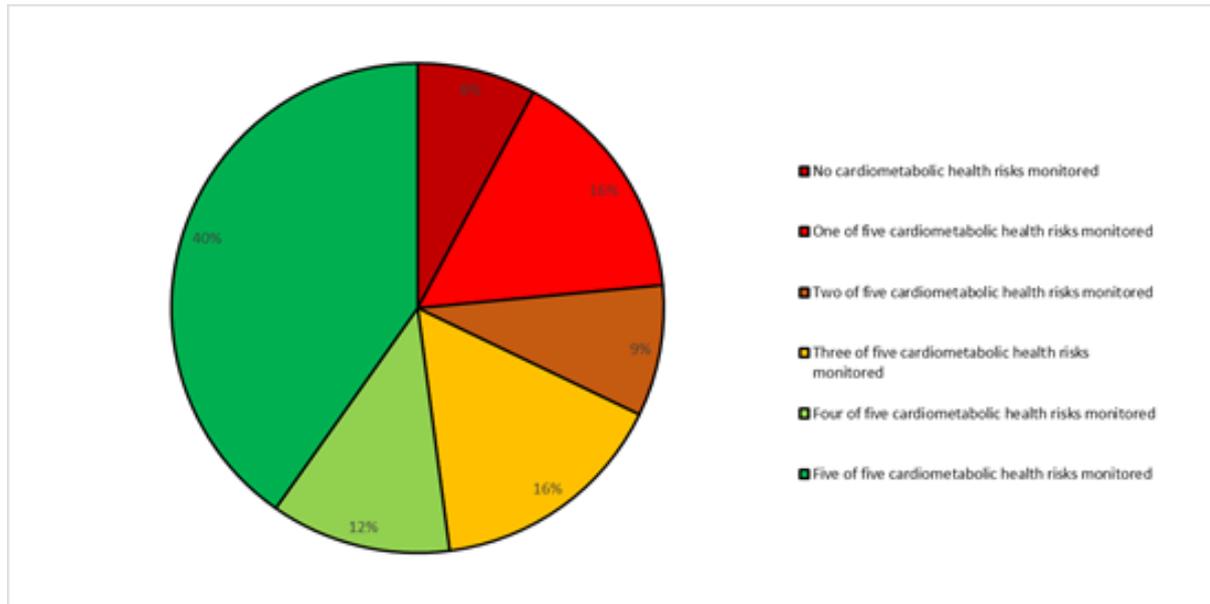


Figure 3 shows that an overall average of 79% of those with BMI $\geq 25\text{kg/m}^2$ were offered an intervention in NCAP, with a range from 0% to 100% across Trusts. (In the NCAP national report recording of intervention for BMI/weight change is 78%.) For NAS1 and NAS2 the equivalent findings were 73% and 70% respectively.

Figure 3: Intervention for elevated BMI across Trusts (n=3,581 with this risk)

