Delivering effective physical health checks in practice

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Overview

- Ensuring everyone with severe mental illness receives screening and lifestyle advice
- How we have implemented physical health checks and the results we have seen
- Monitoring improvement in practice
Ensuring everyone with severe mental illness receives screening and lifestyle advice

Why?

• More likely to:
  o Die early
  o Have a number of modifiable risk factors for cardiovascular disease
  o Have a comorbid physical condition

• Less likely to have:
  o Monitoring of their physical health
  o Physical examination
  o Prompt diagnosis for a physical problem
  o Intervention to help change unhealthy behaviour (e.g. smoking)
  o Screening for cancer (e.g. mammography)
  o Surgical intervention (e.g. following an MI)
Ensuring everyone with severe mental illness receives screening and lifestyle advice

How?

• Provide financial incentives
• Prepare clinicians, support workers, carers
• Provide appropriate guidance and tools
Ensuring everyone with severe mental illness receives screening and lifestyle advice

Payment incentives – primary care

<table>
<thead>
<tr>
<th>2014/15 QOF ID</th>
<th>Indicator wording</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH001</td>
<td>The contractor establishes and maintains a register of patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy</td>
<td></td>
</tr>
<tr>
<td>MH002</td>
<td>The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, (in the preceding 12 months) agreed between individuals, their family and/or carers as appropriate</td>
<td></td>
</tr>
<tr>
<td>MH003</td>
<td>The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months</td>
<td></td>
</tr>
<tr>
<td>MH004</td>
<td>The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol:hdli ratio in the preceding 12 months</td>
<td>Retired</td>
</tr>
<tr>
<td>MH005</td>
<td>The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months</td>
<td>Retired</td>
</tr>
<tr>
<td>MH006</td>
<td>The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 12 months</td>
<td>Retired</td>
</tr>
<tr>
<td>MH007</td>
<td>The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months</td>
<td></td>
</tr>
<tr>
<td>MH008</td>
<td>The percentage of women aged 25 or over and who have not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding 5 years</td>
<td></td>
</tr>
<tr>
<td>MH009</td>
<td>The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 9 months</td>
<td></td>
</tr>
<tr>
<td>MH010</td>
<td>The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range in the preceding 4 months</td>
<td></td>
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</tbody>
</table>
Ensuring everyone with severe mental illness receives screening and lifestyle advice

Monitoring - primary care (pre specific payment incentive for SMI)

Hardy et al. (2013) Journal of Mental Health.
Ensuring everyone with severe mental illness receives screening and lifestyle advice

Monitoring - primary care (post specific payment incentive for SMI)

<table>
<thead>
<tr>
<th>Blood Pressure</th>
<th>Diabetes Tested</th>
<th>Diabetes % tested</th>
<th>Severe mental illness Tested</th>
<th>Severe mental illness %Tested</th>
<th>Chi² Statistic</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,298,767</td>
<td>96.1%</td>
<td>355,834</td>
<td>84.1%</td>
<td>Chi² = 205712</td>
<td>p &lt;.001</td>
<td></td>
</tr>
<tr>
<td>BMI</td>
<td>2,329,552</td>
<td>97.5%</td>
<td>335,652</td>
<td>79.4%</td>
<td>Chi² = 691072</td>
<td>p &lt;.001</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>2,378,115</td>
<td>98.4%</td>
<td>218,539</td>
<td>71.7%</td>
<td>Chi² = 262020</td>
<td>p &lt;.001</td>
</tr>
<tr>
<td>HBA1c or glucose</td>
<td>2,363,485</td>
<td>94.9%</td>
<td>197,494</td>
<td>64.8%</td>
<td>Chi² = 495257</td>
<td>p &lt;.001</td>
</tr>
</tbody>
</table>

Ensuring everyone with severe mental illness receives screening and lifestyle advice

Payment Incentives

Locally Enhanced Service (LES)

Enhanced services plug a gap in essential services or deliver higher than specified standards, with the aim of helping PCTs (now CCGs) reduce demand on secondary care. Enhanced services expand the range of services to meet local need, improve convenience and extend choice (DH 2010).
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Payment incentives

Inpatients – Physical Health CQUIN 2014/15

INDICATORS

Indicator 1: 65 per cent of funding for demonstrating, through a national audit process similar to the National Audit of Schizophrenia, full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in patients with psychoses, including schizophrenia.

Indicator 2: 35 per cent of funding for completion of a programme of local audit of communication with patients’ GPs, focusing on patients on the CPA, demonstrating by Quarter 4 that, for 90 per cent of patients, an up-to-date care plan has been shared with the GP, including the holistic components set out in the CPA guidance.
Ensuring everyone with severe mental illness receives screening and lifestyle advice

Prepare staff

Primary Care
38% of practice nurses would like training to carry out physical health checks for people with SMI (Hardy 2014). 23% currently doing it without having had training (Hardy 2014).

Secondary care
Over 80% of mental health nurses reported they would like training for the management of diabetes, cardiovascular health, and nutrition. Sixty-nine percent would like education about smoking and 67% reproductive health (Robson et al 2012).
Ensuring everyone with severe mental illness receives screening and lifestyle advice

Prepare staff

(Hardy 2014)
Ensuring everyone with severe mental illness receives screening and lifestyle advice

Prepare staff – primary care

Hardy and Huber (2014)
Ensuring everyone with severe mental illness receives screening and lifestyle advice

Prepare staff – primary care
Ensuring everyone with severe mental illness receives screening and lifestyle advice

Prepare staff – primary care

HENCEL and UCLPartners: Practice nurse masterclasses

Ten modules:

**Compulsory**
Module 1 – Mental health awareness (classroom)

**Optional**
Module 2 – Behaviour change (classroom)

**Module 3 – Physical health of people with mental illness (classroom)**
Module 4 – Wellbeing (classroom)
Module 5 – Co-morbidities: using a psychological approach (classroom)
Module 6 – Alcohol and drug awareness (e-learning)
Module 7 – Medications used in mental illness (e-learning)
Module 8 – Your patient’s journey (e-learning)
Module 9 – Care planning (e-learning)
Module 10 – Specific conditions (e-learning)
Ensuring everyone with severe mental illness receives screening and lifestyle advice

Prepare staff - secondary care

Survey and physical health training for mental health nurses in preparation.

Carers guide:
Available from Rethink website
Ensuring everyone with severe mental illness receives screening and lifestyle advice

Provide appropriate guidance and tools – guidance for all
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Provide appropriate guidance and tools – tools for all
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Provide appropriate guidance and tools – guidance and tools for practice nurses

Primary Care Physical Health Checks for people with Severe Mental Illness (SMI) – Best Practice Guide
FOURTH EDITION

The Health Improvement Profile for Primary Care (HIP-PC)

http://physicalsmi.webeden.co.uk/
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Provide appropriate guidance and tools – guidance and tools for mental health nurses

The HIP
How we have implemented physical health checks and the results we have seen

Monitoring - primary care (post training)

How we have implemented physical health checks and the results we have seen

Offering lifestyle advice – following training

How we have implemented physical health checks and the results we have seen

- [Title/Initial/Surname]
- [Patient Address Block]
- [Post Code]
- Dear [Title] [Surname]
- You are invited to …………..Medical Centre, on…………….at…………for a health check.
- The purpose of the appointment is to check that you are physically well and review the medications that you are taking. You will be offered a blood test and may be offered an ECG (examination of your heart). You can refuse any of the examinations offered to you if you so wish. Please bring a specimen of urine.
- If you have any medical problems these can be dealt with during this appointment.
- If you have any questions or concerns, please contact the surgery by ringing…………
- Yours sincerely
- Name of Practitioner
How we have implemented physical health checks and the results we have seen

Inviting patients for a health check

Attendance at health check

- SMI - given (Hardy and Gray 2012)
- General public - given (Norman and Connor 1993)
- SMI - offered (Harvey et al 2005)
- General public - offered (Norman and Connor 1993)
Monitoring improvement in practice

Present

• Evaluation of training sessions have shown improvements in clinician’s knowledge and attitudes (Hardy and Huber 2014).
• Audits (QoF, NAS can show increase in activity but not quality)

Need for research including qualitative elements to find out impact on patients (bids applied for). (Hardy et al 2013)
References


http://uclpstorneuatu.blob.core.windows.net/cmsassets/Mental%20health%20and%20wellbeing%20survey%2020%20Jan%202014.pdf

Hardy S and Huber J. (2014) Training practice nurses to care for people with severe mental illness. Primary Healthcare. 24 (3) 18-23.


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