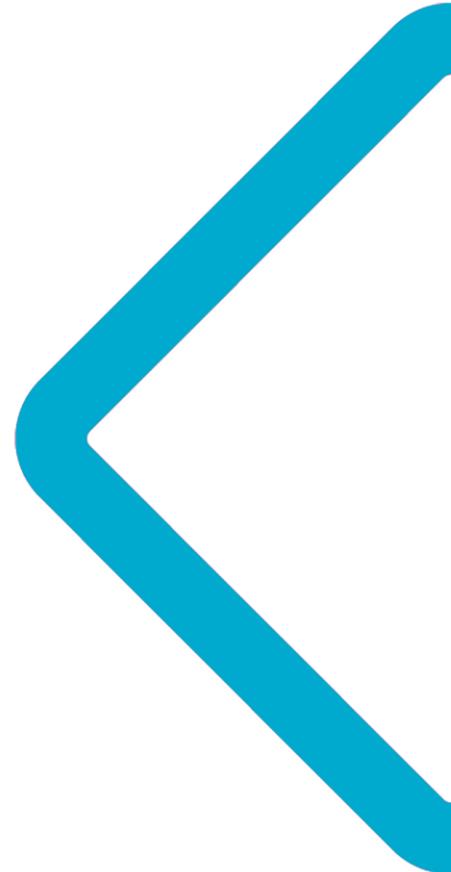


Physical Health Checks for People with Severe Mental Illness (SMI)

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Dr.Chris Pritchard, Cheshire and Merseyside Primary Care Clinical Lead for MH

28th November 2024



Context

- People with mental health problems such as psychosis are at increased risk of poor physical health and die on average 15 to 20 years earlier than the general population
- Main causes of premature death are chronic physical conditions such as coronary heart disease, type 2 diabetes and respiratory diseases
- These physical conditions are associated with modifiable risk factors such as smoking, obesity and high blood pressure, and are also associated with side effects of psychiatric medication
- They are seen as preventable with comprehensive assessment, treatment and recommended safe monitoring of physical health and the side effects of medication

REDUCING HEALTHCARE INEQUALITIES

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS5

Key clinical areas of health inequalities

CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



1



MATERNITY
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2



SEVERE MENTAL ILLNESS (SMI)
ensure annual Physical Health Checks for people with SMI to at least, nationally set targets

3



CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4



EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028

5



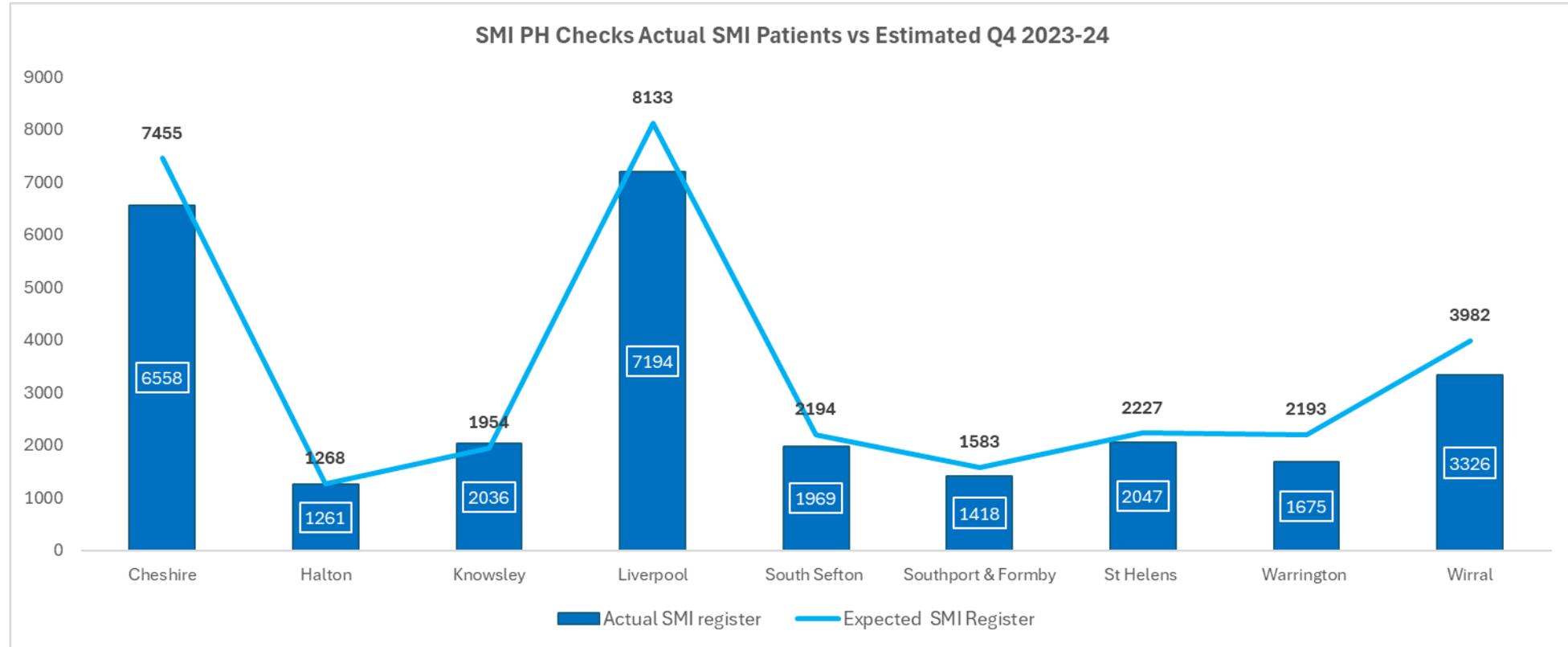
HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management



SMOKING CESSATION
positively impacts all 5 key clinical areas

SMI Registers

- GP Practices are expected to hold an **up-to-date** SMI register



- Actual numbers on the SMI register compared with expected vary between 76.4% and 104.2% within primary care suggesting that data cleansing may be required

Physical Health Checks

| Six core health checks to be undertaken on an annual basis | |
|------------------------------------------------------------|-----------------------------------|
| Alcohol consumption | Body Mass Index (weight & height) |
| Blood Pressure | Lipid profile (cholesterol) |
| Blood Glucose | Smoking status |

- ICS should develop a protocol outlining roles & responsibilities across Primary Care, Secondary Care and VCSFE organisations. Protocol should follow recommendations in NICE guidelines CG178 and specifically define;
 - Data sharing arrangements across clinical areas
 - Clarity on who is responsible for each step, including undertaking the check, analysing the results and supporting access to interventions and care as needed
- ICS should consider commissioning enhanced or dedicated services and outreach programmes

Nationally published performance data

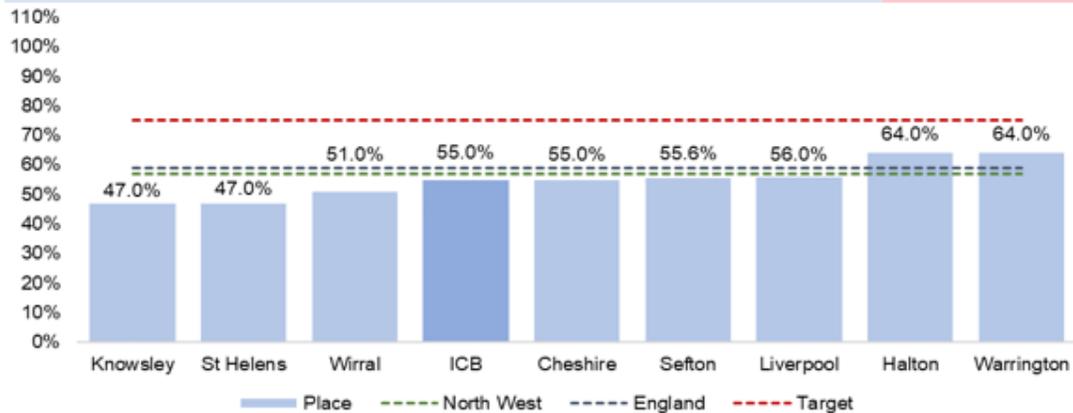
- Minimum 60% of people with SMI should receive all 6 checks in 2024/25 with clear plans to meet the 75% target for 2025/26

Q1 2024/25

People with SMI receiving a full annual physical health check

Latest ICB Performance (Q1-24/25) **55.0%** National Ranking **31/42**

Place Breakdown (Q1 – 24/25) **Deteriorated**

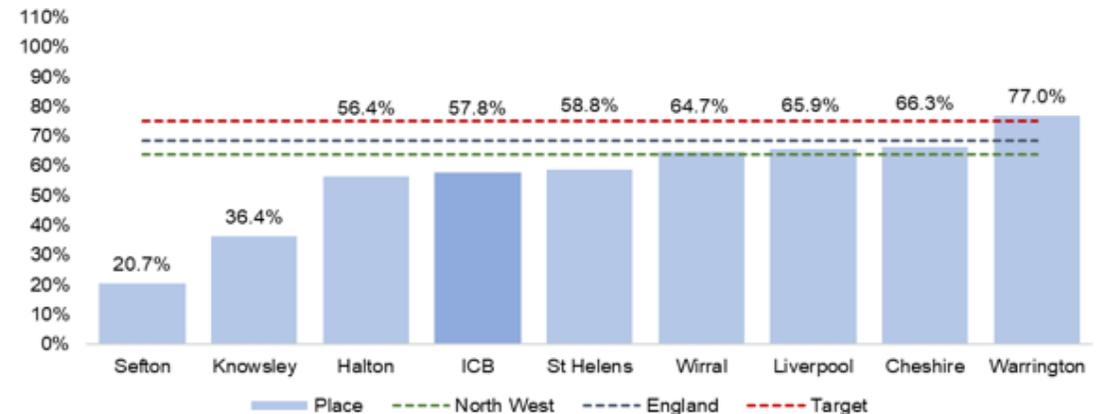


Q4 2023/24

People with SMI receiving a full annual physical health check

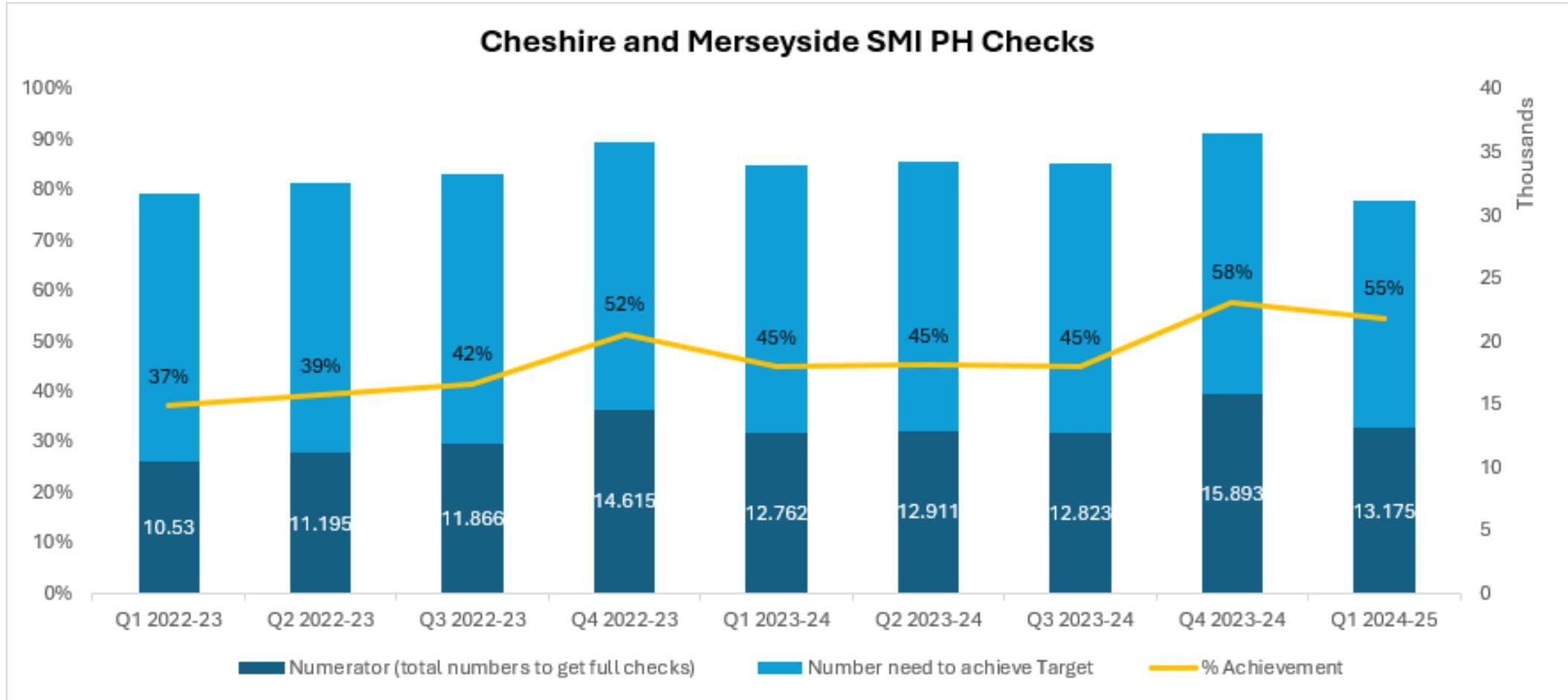
Latest ICB Performance (Q4-23/24) **57.8%** National Ranking **n/a**

Place Breakdown (Q4 – 23/24) ***NEW***



- Only 2 places currently achieving anticipated levels (according to data) compared with 4 places at the end of 2023/24 – often an increase in Q4 as GP Practices strive to achieve QOF

Cheshire and Merseyside Trend Data



14,615 checks undertaken at end of Q4 2022/23 (52% achievement)

15,893 checks undertaken at end of Q4 2023/24 (58% achievement)

Good practice examples

- **Wirral** commissioned a VCSFE provider to undertake checks on behalf of primary care. When the service first started in 2022, only 13% of people on SMI had all 6 checks. In March 2024, this had increased to 64%, exceeding this year's ambition
- **Wirral's** Sunlight Group Practice uses a multi-morbidity tool to undertake health checks for all long-term conditions in single appointment with healthcare professional. Elements of an examination required for several conditions and recorded on one template. Time saved for patient and clinicians, no duplication of investigations leading to cost savings
- **Knowsley** is piloting a “one-stop-shop” within one area where all 6 checks will be undertaken and access provided to interventions such as smoking cessation, drug & alcohol services and health and wellbeing practitioners
- **Liverpool, Sefton & Knowsley** have commissioned Mersey Care to operate an outreach service which targets those people who may have difficulty engaging with or attending their GP practice

Challenges

- Data flow and data quality issues may mean that nationally published data is not fully reflective of actual performance
- Significant unwarranted variation at place, PCN and GP practice level
- GP QOF income has been protected for 2024/25 via new contract - GPs not incentivised to achieve a higher number of checks than delivered last year
- GP collective action may have reduced appointment slots available
- Ability to commission additional tailored outreach and health promotion, and sustainability of existing initiatives, is limited in the current financial context
- Historically a surge in activity in Q4 which does not allow sufficient time for following up on non-attendance
- Targets and data are focussed on measurement and not intervention – “Don’t just screen, Intervene!”

What are we doing?

- Reviewing local vs national data to identify anomalies and/or data quality issues and working to resolve these
- Each place identifying 5 highest and 5 lowest performing GP surgeries –
 - Good practice being shared
 - Specific challenges being discussed and actions developed to increase uptake
- Local Place-based PH-SMI groups are in place with partners invited
- 64% of patients on GP registers are already having 5 of the 6 health checks – data review being undertaken to identify if there are any specific service or training need gaps at PCN level
- Exploring options to increase uptake to 75% in 2025/26 including commissioning VCSFE, local pharmacies or NHS providers to support health checks and consideration of Local Direct Enhanced Service (DES) contract with GPs