Improving the Quality of Physical Health Checks

Kate Dale
Mental/Physical Health Project Lead
Academic Health Science Network
Yorkshire & Humber

Bradford District Care NHS Foundation Trust
(Honorary)
Research

- Patients with Severe Mental Illness (SMI) experience health inequalities.
- The most notable is a shorter lifespan, reduced by around 20 years compared to the general population.
- There is considerable evidence that one of the main causes of early death in people with SMI is cardiovascular disease.
- Other physical causes include cancer.
Disability Rights Commission

People with mental health problems experience ‘diagnostic overshadowing’: that is, reports of physical ill-health being viewed as part of the mental health problem or learning disability, and so not investigated or treated.
The Quality and Outcomes Framework (QOF)

A physical health check within the last 12 months
Until recently did not specify what the health check should include.

Recommends:
• Recording Alcohol consumption
• BMI
• BP
• Cholesterol/HDL
• Blood Glucose
• Cytology Recordings
• However it does **not** specify intervention
Present QOF

- BP
- Alcohol
- Cervical Screening
- Lithium
Mental/Physical Health QoF Indicators

- Physical health to be reviewed at 12 monthly intervals.
- The review includes a check on accuracy of any prescribed medication.
- Side effect monitoring.
- Review of physical health.
- Review of co-ordination arrangements with secondary care.
- Lithium monitoring.
- The practice has a (SMI) register.
National Institute for Health and Care Excellence (NICE)

Offers guidance for:
• Bipolar Disorder (CG38)
• Schizophrenia (CG82)
Proposal to address health inequalities in the SMI population in Bradford

- A more specific standardised data entry template based on existing mental health QOF indicator
- Specific to areas of physical health risks prevalent to those with SMI
- More specific tests e.g. blood tests for diabetes, cholesterol, ECG and other appropriate tests.
- Auditable across the whole city using the SystmOne primary care information system
Audit Outcome

- 12 practices audited
- Using QOF SMI registers
- 20% of each register
- Random sample
- Total of 104 patients included
- Anonymous
- 42% female 58% male
Audit Findings

No patients had been given a cardiovascular risk calculation

This would be a good way to identify high risk people for prevention

No patients had a blood test for prolactin levels

(elevated prolactin is a significant and common adverse effect of antipsychotic treatment)
The SystmOne Physical Health Check Template

Screenshots.
Mental Health Physical Review

Has a carer

Has community mental health team key worker

Has a carer

BAIPCT Record Relationship view cannot be shown without a patient

Obesity is a significant risk factor for diseases such as cardiovascular disease and diabetes. Patients on the SMI register are already at increased risk. Please recommend appropriate weight loss advice to patients with a BMI > 25.

Height: m
Weight: Kg
BMI: kg/m²

Blood pressure procedure refused
Pulse rate: bpm
Pulse Rate Regularity

Health education - weight management

The prevalence of instances of cancer in patients with SMI is potentially higher than that of the general population. Please try to ensure that cervical screening, breast cancer screening and other appropriate cancer screening is offered in relation to the patient's age and gender.

BAIPCT Last Cervical Smear view cannot be shown without a patient

Cytology exceptions

Lifestyle advice and intervention

Smoking status
Lives with Smokers?
Smoking cessation advice
Smoking cessation drug therapy
Current drug user
Drugs - health education
Cardiovascular Risk

Cardiovascular disease and coronary heart disease are the most common cause of death in patients with serious mental illness. These patients are at increased risk when compared with the general population. It is important to address the risk factors and apply screening for CVD. It is also important to promote lifestyle advice regarding smoking, obesity, diet and activity where appropriate as a preventative measure.

Cancer Screening

Cancer is the second most prevalent cause of premature death in patients with schizophrenia. The mortality rate is around 50% higher than in the general population. In particular, breast cancer risk is increased in females and lung cancer is increased in males. As a result, regular screening for common cancers should be included as an integral part of the annual physical review for patients with serious mental illness.

Smoking Status, Alcohol consumption and drug use

Smoking increases the risk of cardiovascular disease and cancer which are already twice as likely to occur in patients with serious mental illness than in the general population. To manage these risks they must be evaluated and a healthy lifestyle promoted as an integral part of their mental health annual physical review. To promote a healthy lifestyle advice may be given on smoking, diet, physical activity and drug use with referrals to specialist services where appropriate.

Psychotropic Drugs and blood testing

Patients taking psychotropic medication may require certain blood testing on a regular basis. These drugs can cause an increase in appetite which in turn can lead to chronic problems such as obesity, high cholesterol and diabetes. It is important to regularly test a patients total cholesterol/HDL ratio as well as random and fasting blood glucose. Some Psychotropic drugs can also cause sexual dysfunction. This can be a difficult subject for patients to discuss openly and can lead to them not taking their medication. Raised prolactin levels can be a sign of sexual dysfunction as well as causing other undesirable side effects. Regular checking of prolactin levels can be very beneficial.

ECG

If patient is on drugs that could prolong QT interval e.g. high dose antipsychotics Patients with Cardiac Disease; Before starting Lithium

Before starting antipsychotics if

- specified in the summary of product characteristics (SPC)  
- physical examination shows specific cardiovascular risk (such as diagnosis of high blood pressure)
- there is personal history of cardiovascular disease
This template has been designed by specialist nurse(s), GPwSI(s) and consultant psychiatrist(s) with support from the Data Quality Team.
The template will be used by clinicians in general practices to record the annual physical health check for patients on the QOF Mental Health Register.
This template is designed to be used instead of the current QOF GMS Mental Health data entry template.

Purpose: The purpose of this template is to encourage a better quality of annual physical health checks for patients suffering from serious mental illness. Patients with serious mental illness die up to 20 years younger than the general population, usually from potentially preventable causes. This template is designed to encourage thorough physical reviews for these patients on an annual basis and to offer appropriate interventions, screening and advice.

Who will input into the template: Clinicians at General Practices - GP’s and Practice Nurse
For Clinical Queries Please Contact: Kate Dale (kate.dale@bdct.nhs.uk) or David Yeomans, Consultant Psychiatrist LHFT

This template has been assured by the Bradford & Airedale Clinical Data and Template Assurance Group based on the following review cycle:

Date template was last reviewed against clinical evidence: 01 Oct 2012
Date of next template review: 01 Oct 2013

To see the amendment history of this template, you can click on the 'information' button below.

To suggest an amendment or if you believe the template needs reviewing in light of new clinical guidance, please e-mail your request to the Data Quality Team using the link below.

This template has been designed and assured specifically for use by SystmOne Units supported by the Bradford and Airedale Data Quality Team. Where an agreement exists with the Bradford and Airedale Data Quality Team for the use of this template in a health community not supported by the Bradford and Airedale Data Quality Team then the template must be separately assured by the local health community.

Any changes, amendments or local configuration made to the template are not supported or assured by Bradford and Airedale Data Quality Team.

Email the Data Quality Team

© This template was developed by the NHS Bradford and Airedale Data Quality Team.
RIO Version

Now Live in Secondary Care
New Physical Health/Wellbeing Clinics in 5 CMHTs Across BDCFT
Second round of audits

- Using the new template in our first practice
- 75 people were on the SMI register
- Data are available for the first 27 people checked using new template
## Body Mass Index (BMI)

27/27 BMI’s recorded (100%)

<table>
<thead>
<tr>
<th>BMI Category</th>
<th>Number</th>
<th>BMI Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>4</td>
<td>BMI &lt;25</td>
</tr>
<tr>
<td>Overweight</td>
<td>10</td>
<td>BMI 25–30</td>
</tr>
<tr>
<td>Obese</td>
<td>8</td>
<td>BMI 30-35</td>
</tr>
<tr>
<td>V. Obese</td>
<td>5</td>
<td>BMI &gt;35</td>
</tr>
</tbody>
</table>

4 out of 27 patients had a **Normal** BMI  
23 out of 27 patients had an **Abnormal** BMI

**ALL** 23 patients where offered weight loss advice
<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td>27 = 100%</td>
</tr>
<tr>
<td>Cervical Smears</td>
<td>10 of 13 eligible = 77%</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>27 = 100%</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>21 = 78%</td>
</tr>
<tr>
<td>Triglyceride</td>
<td>20 = 75%</td>
</tr>
<tr>
<td>Random Blood Glucose</td>
<td>24 (3 were fasting) = 89%</td>
</tr>
<tr>
<td>Full Blood Count</td>
<td>27 = 100%</td>
</tr>
<tr>
<td>Liver Function</td>
<td>27 = 100%</td>
</tr>
<tr>
<td>Prolactin</td>
<td>22 = 82%</td>
</tr>
<tr>
<td>Parameter</td>
<td>Percentage/Details</td>
</tr>
<tr>
<td>----------------------------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>Thyroid Function</td>
<td>24 = 89%</td>
</tr>
<tr>
<td>Smoking Status</td>
<td>27 = 100% (18 smokers, 3 ex, 6 non)</td>
</tr>
<tr>
<td>Smoking Advice</td>
<td>18 = 100%</td>
</tr>
<tr>
<td>Weekly alcohol intake</td>
<td>27 = 100%</td>
</tr>
<tr>
<td>Current drug misuse</td>
<td>27 recorded = 100% 0 current users</td>
</tr>
<tr>
<td>On Lithium</td>
<td>2</td>
</tr>
<tr>
<td>ECG</td>
<td>23 Requested</td>
</tr>
<tr>
<td>Q Risk</td>
<td>13 Recorded = 48%</td>
</tr>
</tbody>
</table>
Where we are now

• Rolled out to all GP practices.
• Replicated on different IT systems
• Opened 5 clinics in secondary care.
• Rolled out in all in-patient areas
• Communicated to GP electronically for inpatient discharges.
Where we are now cont…

- Rolled out physical health training to all band 2,3,4 (Calderdale)
- RAMPPS
- Link workers.
- Standardised Simple Kits on all areas.
- ECG
- Smoke Free
National Transformation: Health Economics Evaluation
National Transformation: Health Economics Evaluation

Potential cost saving for Y&H

£11.3m

with 47,713 health checks

VALUE across the system

(YHEC, September 2016)
Regional & National spread – enabled by Y&H AHSN

Priority action for the NHS by 2020/21
FYFV MH

“By 2020/21, at least 280,000 people living with severe mental health problems should have their physical health needs met”
FYFV MH

Project sponsored and championed by MH CEOs across Y&H and NE

You & Your Care
www.bdct.nhs.uk
National Transformation: Template published for use

SystmOne:
Template published at the end of December 2015

*Over 2,700 GP practices using SystmOne*

EMIS Web:
Template published May 2016

*Over 3,000 GP practices use EMIS Web*

Real impact for patients, across the country.
National Transformation: Elearning Module

- ELearning module to support implementation of robust MH / PH programmes using the Bradford Physical Health Assessment Tool

*Go Live - 15.12.16*
Toolkit for spread

• Incentive schemes for GPs to encourage monitoring of physical health
• Continue efforts to reduce smoking - one of the most significant causes of poorer physical health for this group
• Identify National Champions for MH / PH

Dr Geraldine Strathdee is a major advocate for this programme
Experiences

• 13 years!
• Relationships.
• Education.
• Support.
• Standardised
• Meaningful.
Recognition Local & National

- Endorsed by Geraldine Strathdee (National Director for Mental Health, NHS England)
- Adopted across various sites in England
- AHSN (Yorkshire and Humber) supporting roll out regionally
- Supported by NHSIQ
- NHS Education England
Thank you very much for listening

Contact details

kate.dale@bdct.nhs.uk

Please do not hesitate to contact me for further information.