

LIVING LONGER LIVES

JUNE 2014

CASE STUDY

Physical healthcare of patients with severe mental illness

A template for physical healthcare in Bradford: a collaboration between specialist mental health and primary care

Introduction

When a clinical audit in some of Bradford and Airedale's general practices confirmed suspicions that the physical health of people living with severe mental illness (SMI) was not being comprehensively or consistently monitored, a joint team from Bradford District Care Trust, Leeds and York Partnership NHS Foundation Trust and the West and South Yorkshire and Bassetlaw Commissioning Support Unit decided to intervene. Their plan was to design and implement a new physical health template with associated training, firstly in primary care to help and encourage their primary care colleagues to provide a good physical healthcare service for patients with SMI and then ultimately to link this to secondary care to ensure a consistent, high quality service at every level.

Background

The audit¹, which had covered 105 sets of patient notes across 13 of Bradford's 80 general practices, had revealed that 10% of patients being treated in secondary care for severe mental illness were excluded from the SMI register (despite having appropriate diagnoses) and that two-thirds of patients with SMIs had not received the annual physical health-check recommended by NICE (guideline 82). None of the patients had QRISK scores² or prolactin levels recorded in their notes. These were all indicators that people living with SMIs in Bradford and Airedale were experiencing disadvantages in relation to physical health screening compared with other high risk groups. This result was in line with the wider evidence base which suggests that SMI patients die 15-20 years younger than average³, mainly from preventable physical causes (cardiovascular deaths alone outnumber deaths from suicide).

The solution

A project lead was seconded from secondary care into primary care within Bradford District Care Trust to promote a standard annual physical health-check for patients with SMIs in primary care and to help GPs submit QOF⁴ returns⁵. The first step was to assemble a working group which comprised a GP lead with special interest in mental health (GWSI), a consultant psychiatrist, a data quality specialist, a lead pharmacist and a mental health/physical health project lead. This group worked together to develop a short, electronic physical health template which was to be used as a prompt by GPs during annual health checks for patients with SMIs. The template was delivered initially through the SystemOne Primary Care software system and then later translated for EMIS Web.

Some screenshots of the electronic template are shown on the next page.

¹ The audit was based on NICE Schizophrenia Guideline 82 which has now been replaced by guideline CG178 – Psychosis and Schizophrenia in adults. <http://guidance.nice.org.uk/CG178>

² <http://qrisk.org>

³ Chin-Kuo Chang et al (2011), Life Expectancy at Birth for People with Serious Mental Illness and Other Major Disorders from a Secondary Mental Health Case Register in London. <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0019590>

⁴ NB: When this project was undertaken CVD specific QOF targets included alcohol use, BMI, blood pressure and cholesterol and glucose levels. In 2014 BMI and cholesterol and glucose levels have been removed from the QOF.

⁵ <http://www.qof.hscic.gov.uk>

Screenshots

WYCSU Mental Health Physical Review

Risk factors & lifestyle | Test requests & QOF | Guidance | Reference

Mental Health Physical Review

If the patient has a Carer or Key worker please use the button below to record the relationship in the patient record. To record next of kin please remember to tick the next of kin check box

Has a carer

Has community mental health team key worker

Record Relationship

WYCSU 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 BP mmHg

Weight Kg Blood pressure procedure refused

BMI Kg/m² Pulse rate bpm

Health education - weight management Pulse Rate Regularity

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

WYCSU Last Cervical Smear view cannot be shown without a patient

Cytology exceptions

Lifestyle advice and intervention

Alcohol Intake

Alcohol consumption screening test declined

Health education - alcohol

WYCSU ES - Alcohol 2014/15

Smoking status

Lives with Smokers?

Smoking cessation advice

Smoking cessation drug therapy

Current drug user

Drugs - health education

Has a carer

Date ▾ | Checked | ...

No previous values

Show recordings from other templates

Show empty recordings

WYCSU Mental Health Physical Review

Risk factors & lifestyle | Test requests & QOF | Guidance | Reference

FH: Cardiovascular disease

FH: Diabetes mellitus

FH: Respiratory disease

Family history of cancer

On Lithium? Please complete the Mental Health GMS template for QOF achievement

Mental Health v28 2014/2015

The following blood tests are recommended for all patients on the SMI register:
FBC, LFT, HbA1c, Total Cholesterol:HDL, Prolactin, TFT

ECG if indicated (see guidance page)

Blood test requested

ECG requested

Psychotropic drugs can cause raised prolactin levels as a result of which some patients may experience sexual dysfunction and need advice as appropriate

ONLY COMPLETE THE CHECK BOX BELOW IF THE PATIENT IS SUFFERING FROM SEXUAL DYSFUNCTION

Advice for sexual dysfunction

QOF achievement

Please complete both fields below:

Mental health annual physical examination done

Review completed

Mental health medication review

Note: The follow-up for a patient that DNA's their Mental Health Review needs to be within 2 weeks of their DNA.
The date of the MH care plan must be after the date of the psychosis, Schizophrenia + bipolar affective disease code, if one exists.

Exception reporting: mental health quality i...

Care Plan

DNA - Did not attend mental health review

Mental health review follow-up

Please record ethnicity and language

WYCSU Equality, Diversity and Care

Print Template: WYCSU Mental Health...

To print summary press the button below and select 'BATPCT Mental Health Physical Review'
You must save and re-enter the record to include information recorded today

Print Summary

FH: Cardiovascular disease

Date ▾ | Checked | ...

No previous values

Show recordings from other templates

Show empty recordings

The group ensured that the physical health template was designed to look like other templates on SystmOne and would automatically fit into the GP's workstream, this acted as an incentive to GPs who were able to generate their QOF payment more easily through use of the template to deliver annual health checks for those with SMIs.

The content of the template is based on NICE guidance, is updated when guidance changes and uses standard QRISK2 cardiovascular risk calculators. It covers three main areas of physical health, namely cardiovascular disease, endocrine disorders and respiratory failure.

When the final version had been agreed, the template underwent a hazard review process and a prototype testing process before being piloted and evaluated in six general practices. Positive evaluation findings led to wider roll-out across all 80 SystmOne practices in Bradford and Airedale. Each practice was offered a half hour protected learning time (PLT) session with members of the team. The session covered reasons for using the tools as well as information on how it works.

Measurement and evaluation

The evaluation of the work was done using the QOF codes (and Read CTV3⁶ codes) for physical health monitoring, clinical historical data examination findings and test results from the practice's computer systems and did not include any patient identifiable data. The method used for the evaluation compared annual health-checks carried out using the template with those not using the template.

The result

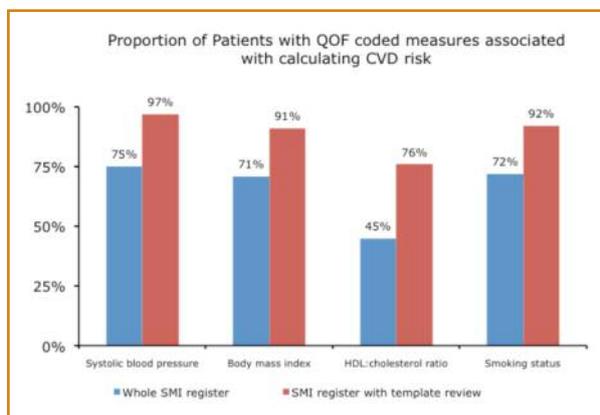
In total 335 patients received a health-check using the template over the evaluation period. This represented approximately 6% of SMI patients in the area and 21% of SMI physical health checks completed. These patients were registered with the sixty general practices in the area which used the template during the twelve month evaluation period. Of those practices who had used the template a third (33%) had used it for at least ten patients. The team felt that this level of uptake of the template was very encouraging given that no incentives were in place to persuade practices to use the tool other than an improvement in patient care and potentially increasing QOF recording.

Interestingly, twelve of the sixty practices using the tool had not had the half hour training session but had discovered the tool on the system themselves.

The evaluation results were positive, showing an increase in adherence to the NICE standards of calculating CVD risk through using the template and using the template more than doubled the detection rate for at risk patients (patients with a QRISK2 score of >20%) than health-checks without it (from 1.5% to 3.9%).

The implication is that by detecting risk more effectively, early interventions can be used to reduce cardiovascular risk and prolong life. This is important for equality of health care in the SMI population.

⁶ Clinical Terms version 3



Practices who received the accompanying training session were more likely to use the template, and anecdotal evidence suggested that the training was highly valued by staff. This suggests that communication and promotion is likely to be vital in further spreading the use of the template.

Next steps

Having rolled out the template and training course in primary care in Bradford, the team have now set their sights on spread - both into secondary and community care in the Bradford and Airedale region and geographically, with the template already being piloted in other areas of England.

The project lead has now returned to secondary care and the spread programme has had a positive start. The team are currently negotiating with the RiO patient record system⁷ to have the physical health template incorporated into the secondary care system. This, in combination with a planned improvement in the communication of results, will give continuity of physical care for patients across primary and secondary care.

Training on the deteriorating patient, vital signs and physical health monitoring (based around the Calderdale Competency Framework⁸) has been

delivered to all healthcare support workers in the area and registered nurses are currently undergoing training around Recognising and Assessing Medical Problems in Psychiatric Settings (RAMPPS).

A new shared care guidance system is also driving things forward so that from April 1st 2014 secondary care will have shared responsibility for the monitoring of patients' physical health until patients are stable enough to return to the care of the GP and the GP is happy to continue prescribing psychotropic medication. Secondary care will also be responsible for taking base line ECGs on patients newly initiated on anti-psychotic medication.

Plans for spread into community settings include the potential use of the physical health template as part of the RiO system and the introduction of physical health and wellbeing clinics across all of the community mental health teams. These clinics will all have access to ECG machines with electronic links to a central site for result processing.

Looking ahead into 2014/2015, in addition to these ambitions for spread, the team are hopeful that the physical health template will be able to support and facilitate the new national CQUIN on physical health in all 23,000 mental health inpatient beds.

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⁷ <http://www.servelecggroup.com/Healthcare/Healthcare.html>

⁸ <http://www.cht.nhs.uk/services/non-clinical-a-z/the-calderdale-framework>