



Physical Health Checks

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About Us

Rethink Mental Illness is a charity that believes a better life is possible for millions of people affected by mental illness. In 1972, one man spoke about his family's experiences of mental illness in a letter to the Times and in the process brought together hundreds to talk about their experiences of mental illness and support each other. Today we directly support almost 60,000 people every year across England to get through crises and rebuild their lives. We give information and advice to 500,000 more and we change policy for millions. We are a membership organisation, governed by people who have lived through mental illness.



Why do we need to monitor physical health?

- Life expectancy for people affected by mental illness can be 15-20 years less than the general population.
- Two-thirds of these early deaths are from preventable physical health problems such as diabetes and heart disease.
- Unwanted side effects of medication
- People with mental illness are more likely to smoke
- This group is also more likely to be less physically active



What are physical health checks?

Definition of the term 'SMI': refers to all individuals who have received a diagnosis of schizophrenia, bipolar affective disorder or who have experienced an episode of non-organic psychosis.

A comprehensive cardio-metabolic risk assessment including substance misuse



Where indicated, relevant national screening programmes to be delivered or followed up



Medicine reconciliation and monitoring



General physical health enquiry



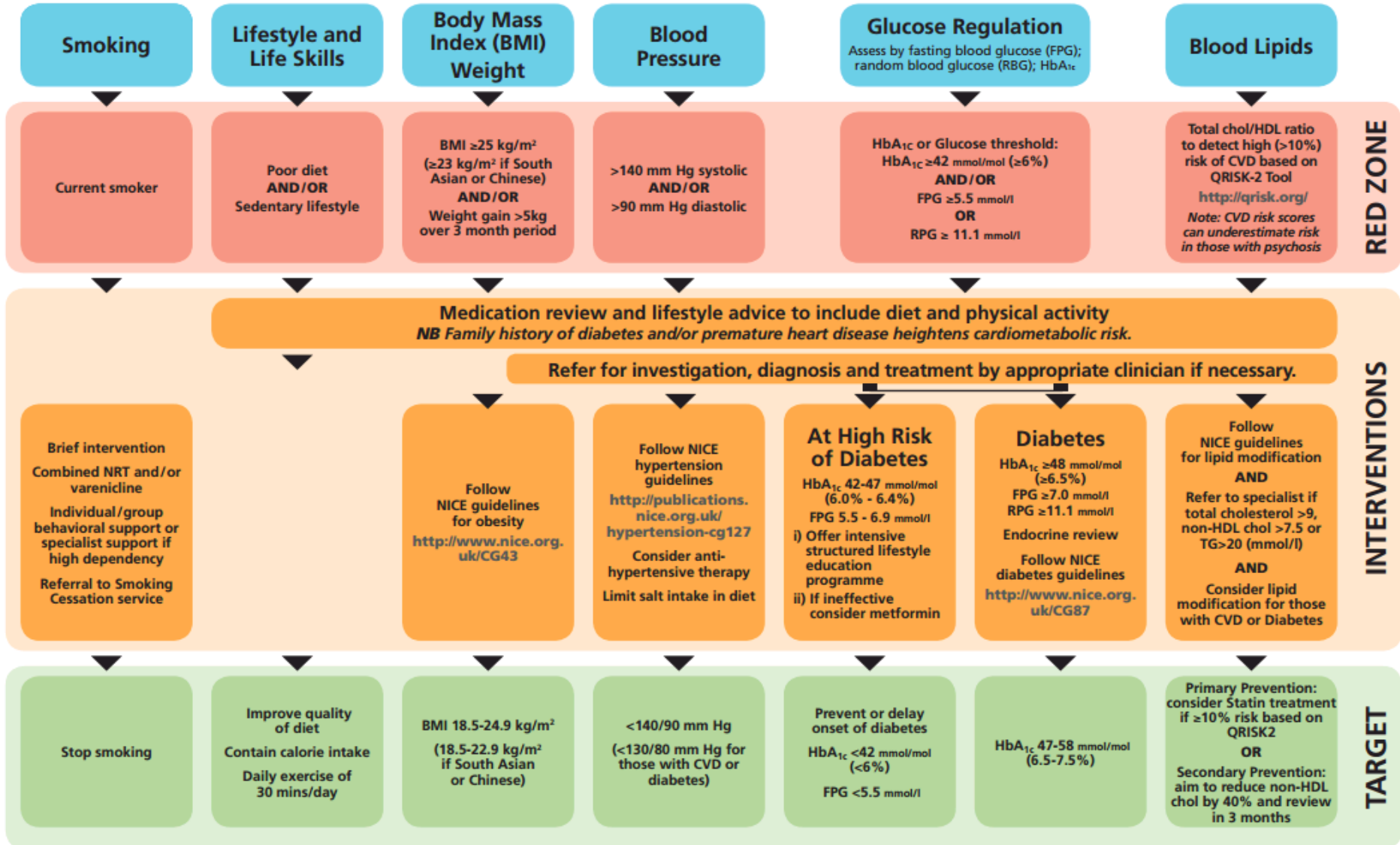


The Lester Tool

Designed to help clinicians deliver physical health checks by highlighting the relevant indicators, providing information on the healthy range of results and giving interventions which can help to improve results.

Positive Cardiometabolic Health Resource

An **intervention framework** for people experiencing **psychosis** and **schizophrenia**





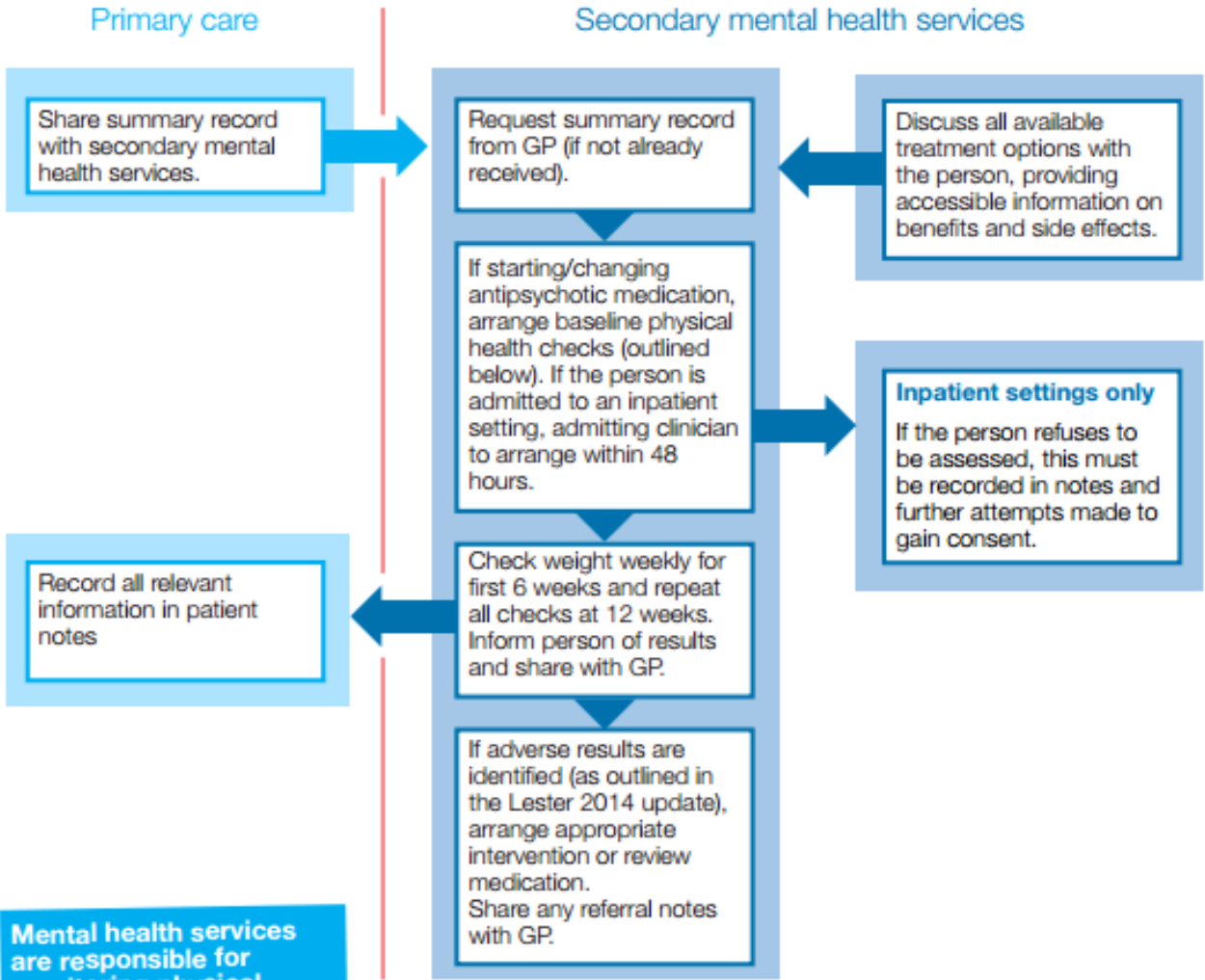
Physical health pathway

Three different pathways:

- Someone newly admitted to an inpatient setting
- Annual physical health check in primary care
- Physical Health at a CPA review



Initiation of treatment or admission to inpatient setting

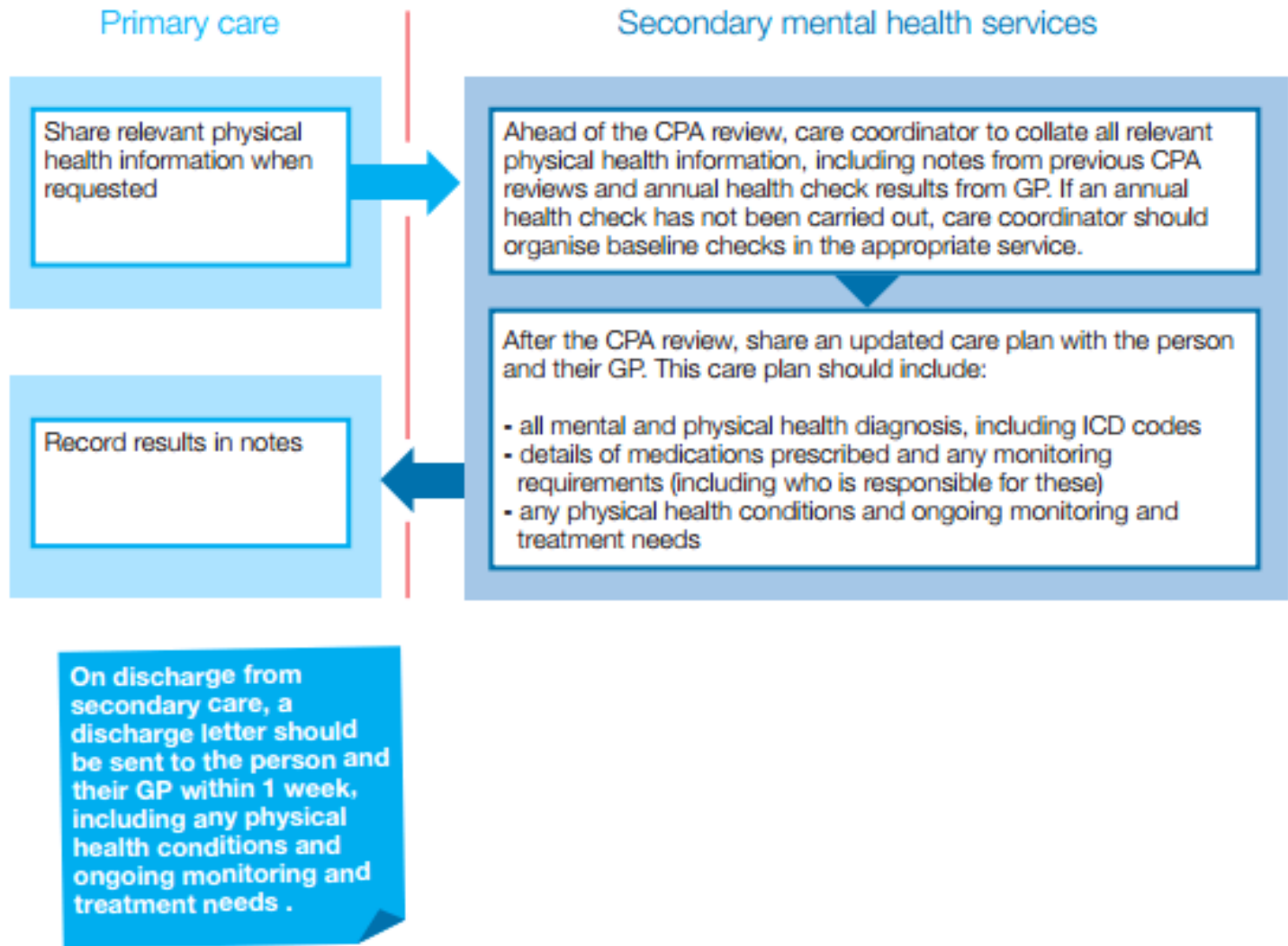


Mental health services are responsible for monitoring physical health and medication side-effects for the first 12 months, or until the person's condition has stabilised, whichever is longer. Responsibility may then transfer to primary care under shared care arrangements.

- ### Baseline Physical Health Tests
- Family history
 - Smoking status, exercise and diet
 - Weight and waist circumference
 - Blood Pressure and pulse
 - Fasting estimates of plasma glucose (FPG) and/or HbA1c,
 - Lipids (total cholesterol, LDL, HDL, triglycerides)
 - ECG (if the person is being admitted as an inpatient if history/family history of CVD, or if taking medication known to cause ECG abnormalities)

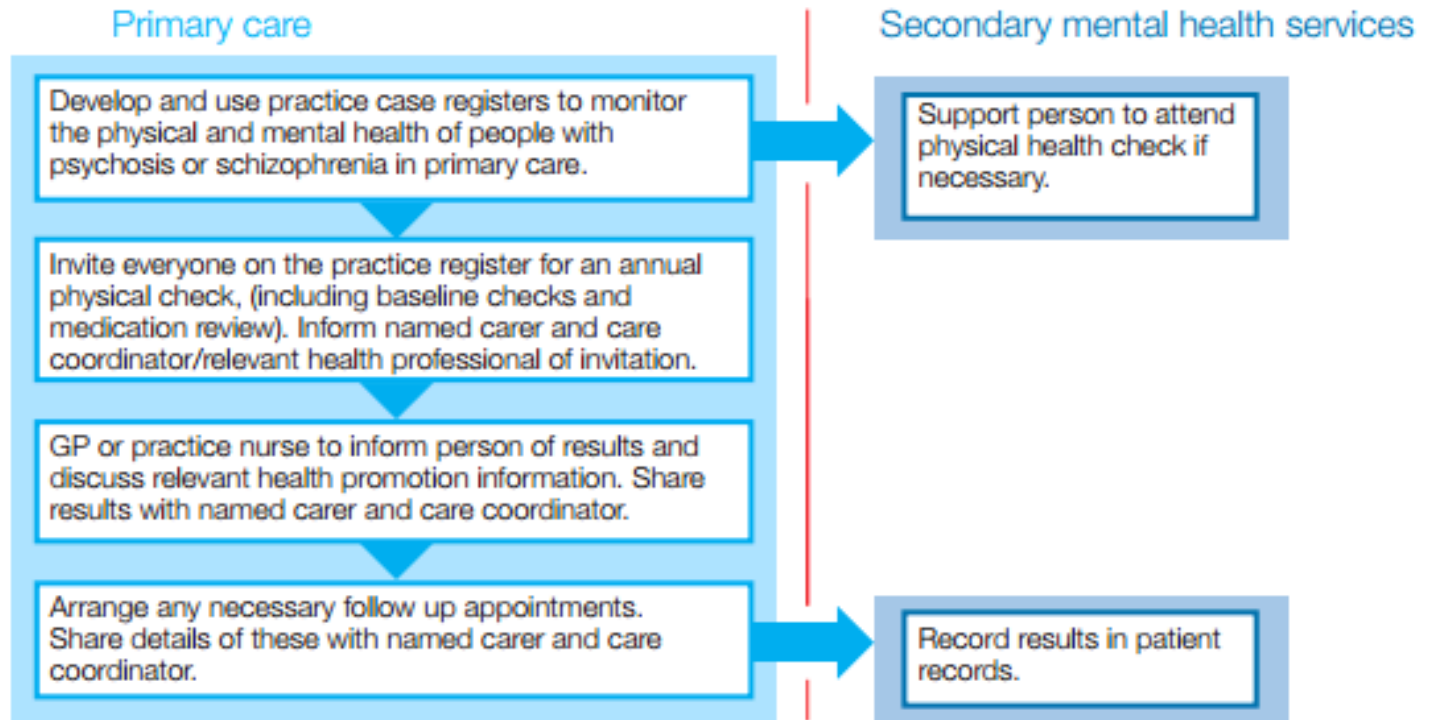


Care Programme Approach (CPA) Review





Annual health check in primary care





Are people getting their physical health checks?

Physical health checks are not consistently offered to people with SMI and there are large geographical disparities in take-up.

Around a third of people with schizophrenia in hospital received the recommended assessment of cardiovascular risk in the previous 12 months.

This topic continues to be a CQUIN for this year and next, with the additional incentives for a proportion of people who reduce their BMI, or stop smoking.



Are people getting their physical health checks? - Data

Data from 2014/15 shows that monitoring of physical health and access to preventative treatment for people with SMI varies considerably.

In primary care (CCG), the proportion of people with SMI receiving the complete list of physical health checks ranged from 17.5% to 52.4%.

In secondary mental health services, 25% of people with schizophrenia were offered interventions for elevated blood pressure, 53% for abnormal glucose control, 57% for smoking and 76% for weight management.



Are people getting their physical health checks? - Targets

NHS England has committed to ensuring that by 2020/21, 280,000 more people living with SMI have their physical health needs met by increasing early detection and expanding access to evidence based physical care assessment and intervention each year.

Progress will be monitored at the level of individual CCGs, with the intention to publish, from April 2018 onwards, a data set showing the percentage of people on the SMI register within that CCGs footprint who have received a comprehensive physical health check.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
Number of people with a SMI receiving a full annual physical health assessment and appropriate follow-up care	-	140,000	280,000	280,000	280,000
% of people on the SMI register	-	30%	60%	60%	60%



Data in Hertfordshire

Area	Percentage	Numbers
National	34.8%	126,164 / 362,512
East & North Hertfordshire CCG	33.7%	1,087 / 3,223
Herts Valley CCG	35.4%	1,222 / 3,451
Bedfordshire CCG	39.8%	955 / 2,398
West Essex CCG	32.0%	338 / 1,212



Are the checks enough?

Individuals often fall through the gaps between primary and secondary care, meaning that no consistent record of physical health is maintained.

This means follow ups are often not happening, and opportunities are missed.

Physical symptoms are often misdiagnosed or treated as related to a medication.



What happens if people don't get their checks?

People are more likely to be more physically unwell by the time they receive a diagnosis.

Individuals may be struggling with side effects of medication which are not being recognised by their clinical team.



What are we doing?

Working to influence national decision making bodies such as NHS England and Public Health England

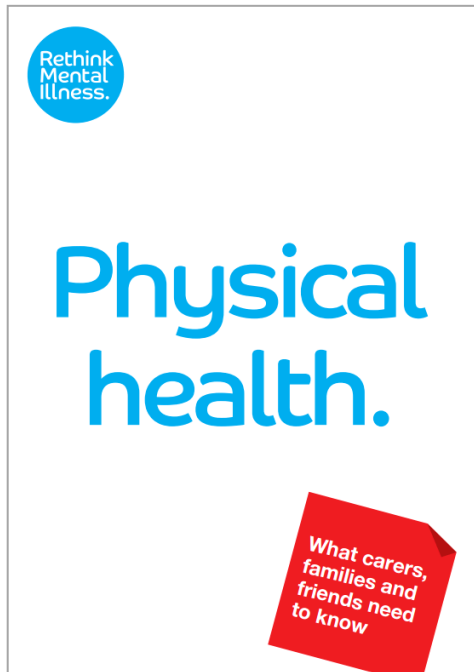
Developing a physical health checks app

Building links with charities partners such as Diabetes UK and Arthritis UK to develop a more well-rounded offer for people with mental illness

Embedding physical activity into our peer support groups



Resource for carers



Available to download at www.rethink.org

Sections

- What support should people be getting and from who?
- Visiting the GP surgery
- Medication and side effects
- Healthy lifestyles
- Being in hospital
- Sharing information with professionals
- Complaints and advocacy
- Other useful information



Questions from carers (1)

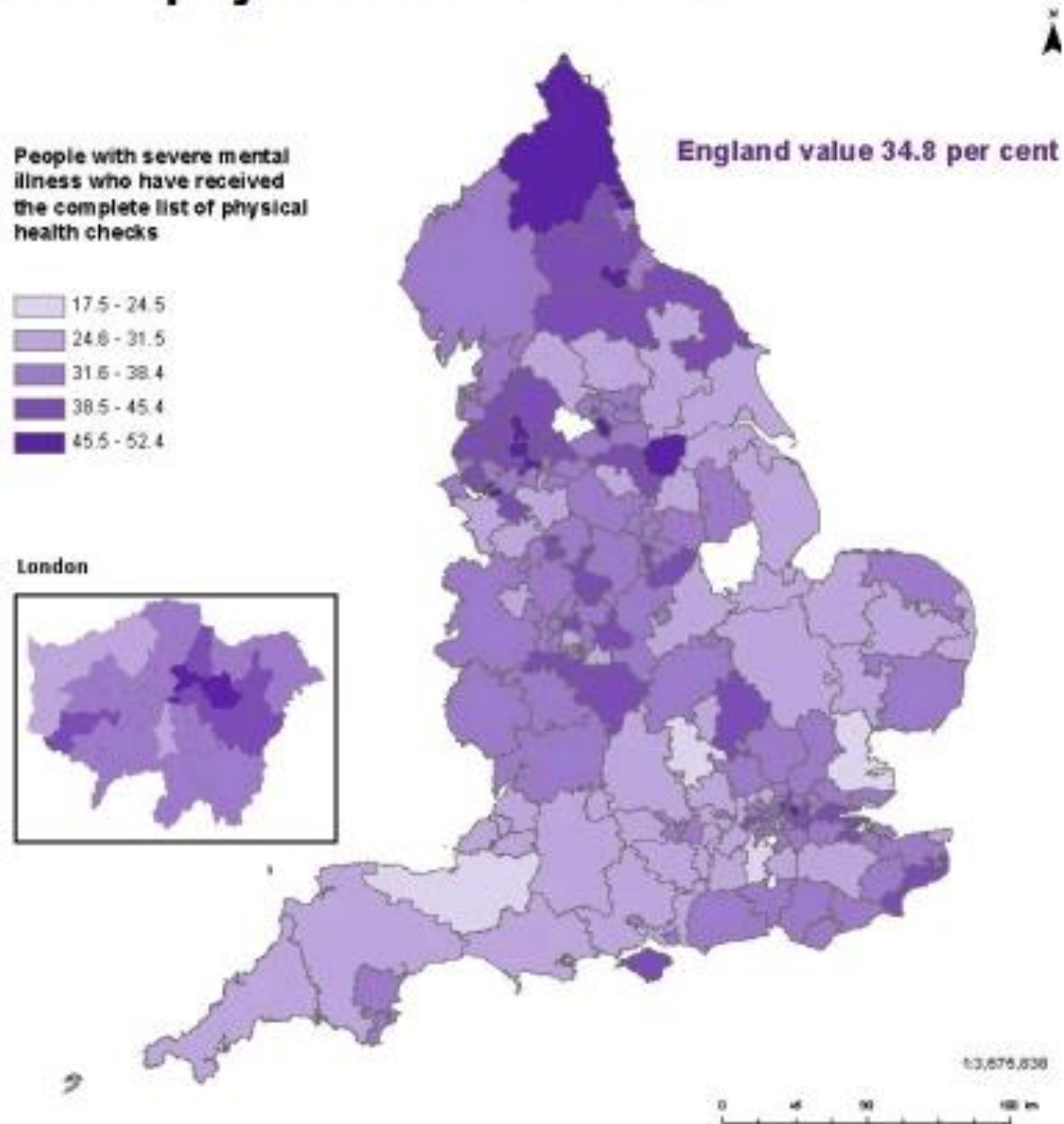
Q

In Hertfordshire, there appears to be inconsistency across the county relating to physical health checks for people with a mental illness, is this the same in other counties?

A

Unfortunately, yes. There are big disparities across the country in terms of the number of physical health checks being delivered. NHS England are about to release some guidance for CCGs, and we are hoping this will begin to turn the tide.

Map 8: People with SMI receiving complete list of physical health checks





Questions from carers (2)



How can communication around Physical Health Checks be improved:-

a) There is sometimes confusion for the Service user/Carer about responsibility for carrying out these checks, i.e. is it GP or secondary service.



Primary care teams are responsible for carrying out annual physical health checks and follow up care for:

- Patients with SMI who are not in contact with secondary care services, including both:
 - Those whose care has always been solely in primary care
 - Those who have been discharged from secondary care back to primary care
- Patients with SMI who are in contact with secondary care mental health teams, but have been so for more than 12 months and / or whose condition has stabilised



Questions from carers (2)

Q

How can communication around physical Health checks be improved:-

b) Often there appears to be lack communications between GP's and secondary services, a two way issue, and test results are not always shared.

A

Ideally local systems will be integrated to facilitate sharing of screening results and care plans, for example as in Southwark Integrated Care Record. However, in the absence of shared or interoperable IT systems, alternative communication channels can be used to share results such as written correspondence. This could include emails (scanning results), letters or telephone calls.



Questions from carers (3)



How can physical health checks be more effectively promoted?



As NHS England targets come into effect, we expect to see more promotion within primary care services for people to come along to checks. In the meantime, peer support groups can play a big role in encouraging others to ask their doctor for a check. There are also lots of resources on www.rethink.org for you to download.



Any other questions?

Over to you...



Stay in touch

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