Service	Nottingham and Nottinghamshire Physical Health Checks for Serious Mental Illness Local Enhanced Service
Commissioner Lead	Adele Smith, Learning Disabilities Commissioning Manager
Provider Lead	GP Practices of Nottingham and Nottinghamshire CCG
Period	1 April 2021 to 31 March 2023
Date of Review	December 2021

1. Population Needs

1.1 National/local context and evidence base

Evidence shows there are stark levels of premature mortality for people with a Serious Mental Illness (SMI) who are likely to die 15-20 years earlier than the rest of the population and largely due to preventable or treatable physical health problems. Compared with the general patient population, patients with SMI are at substantially higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease. People with a long-standing mental health problem are twice as likely to smoke, with the highest rates among people with psychosis or bipolar disorder.

In the Five Year Forward View for Mental Health (2016) NHSE/I set a standard that by 2020-21, 280,000 people living with Severe Mental Illness have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year. This equates to a target of 60% of people on the General Practice SMI register receiving a full and comprehensive physical health check across primary and secondary care by 2020/21, an ambition that was reiterated in NHS Long Term Plan (2019) and Mental Health Implementation Plan (2019) with an increasing trajectory each year as detailed below:

Ambition	2020/21	2021/22	2022/23	2023/24
SMI physical health checks	A total of 280,000 people receiving physical health checks (in line with the Five Year Forward View Mental Health commitment)	A total of 302,000 people receiving physical health checks (an additional 22,00 above the Five Year Forward View Mental Health ambition)	A total of 346,000 people receiving physical health checks (an additional 66,00 above the Five Year Forward View Mental Health ambition)	A total of 390,000 people receiving physical health checks (an additional 110,00 above the Five Year Forward View Mental Health ambition)

The Quality Outcomes Framework (QOF) for 2021/22 has received further investment from NHSE/I in order to strengthen the SMI physical health check indicator set and support uptake. From 1 April 2021 the QOF indicators will include all 6 core component physical health checks for SMI as detailed below. To ensure consistency in approach and unnecessary duplication, the LES will adopt the same clinical criteria as the QOF for SMI physical health checks and align reporting.

Clinical Area	Indicator ID	Indicator wording	Points	Thresholds
SMI	MH003	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months	4	50-90%
	MH006	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 12 months	4	50-90%
	SMOK002	The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months	25	50-90%
	MH007	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months	4	50-90%
	NEW	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of lipid profile in the preceding 12 months (in those patients currently prescribed antipsychotics, and/or have pre-existing cardiovascular conditions, and/or smoke, and/or are overweight) or preceding 24 months for all other patients	8	50-90%
	NEW	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months.	8	50-90%

In Nottingham and Nottinghamshire (as at 1 January 2021) there were 7,207 patients on the SMI register of whom; 1,442 (20%) SMI patients had not received a single health check against the 6 core components in the last 12 months.

Nottingham and Nottinghamshire CCG	**Number of components completed**	**Percentage**
Core Physical Health Check Components Complete as at 1st February 2021 (12 rolling months)	0	20.0%
	1	10.4%
	2	10.3%
	3	10.9%
	4	13.2%
	5	14.7%
	6	20.6%

Locally it's estimated that the 60% physical health SMI target is comprised of 10% patients under Secondary Care and 50% within Primary Care.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

2.2 Local defined outcomes

It is expected that the provision of this service within Nottingham and Nottinghamshire CCG practices will lead to:

- High quality physical health care for SMI patients that enables early identification and intervention, reducing the premature mortality rate and health inequalities experienced.
- Improved quality of life for SMI patients.
- At least 60% of SMI registered patients receive a comprehensive physical health check annually, in line with the national standard and NICE clinical guidelines.

3. Scope

3.1 Aims and Objectives of Service

The aim of the service is to improve the physical health of people with a Serious Mental Illness (SMI), in turn reducing the premature morality rate and health inequalities experienced by this cohort.

The service will support practices and the CCG to fulfil their responsibility and requirement to provide high quality physical health checks and follow up interventions to people with a SMI for at least 60% of the registered SMI population, excluding those patients recorded as in remission in line with QOF guidance[1].

The objective of the service is to:

- Provide high quality physical health checks for SMI patients in primary care.
- Improve uptake of physical health checks for those eligible on the GP SMI register in line with national expectations.
- Measure and monitor the physical health of SMI patients, enabling early identification and intervention.
- Provide follow up health interventions and relevant advice, in line with NICE guidelines, that supports and educates patients with SMI to make informed, healthy choices and positive lifestyle changes.

[1] QOF guidance outlines that clinicians should only consider using the remission codes if the patient has been in remission for at least five years, that is where there is:
• no record of anti-psychotic medication;
• no mental health in-patient episodes; and
• no secondary or community care mental health follow-up for at least five years

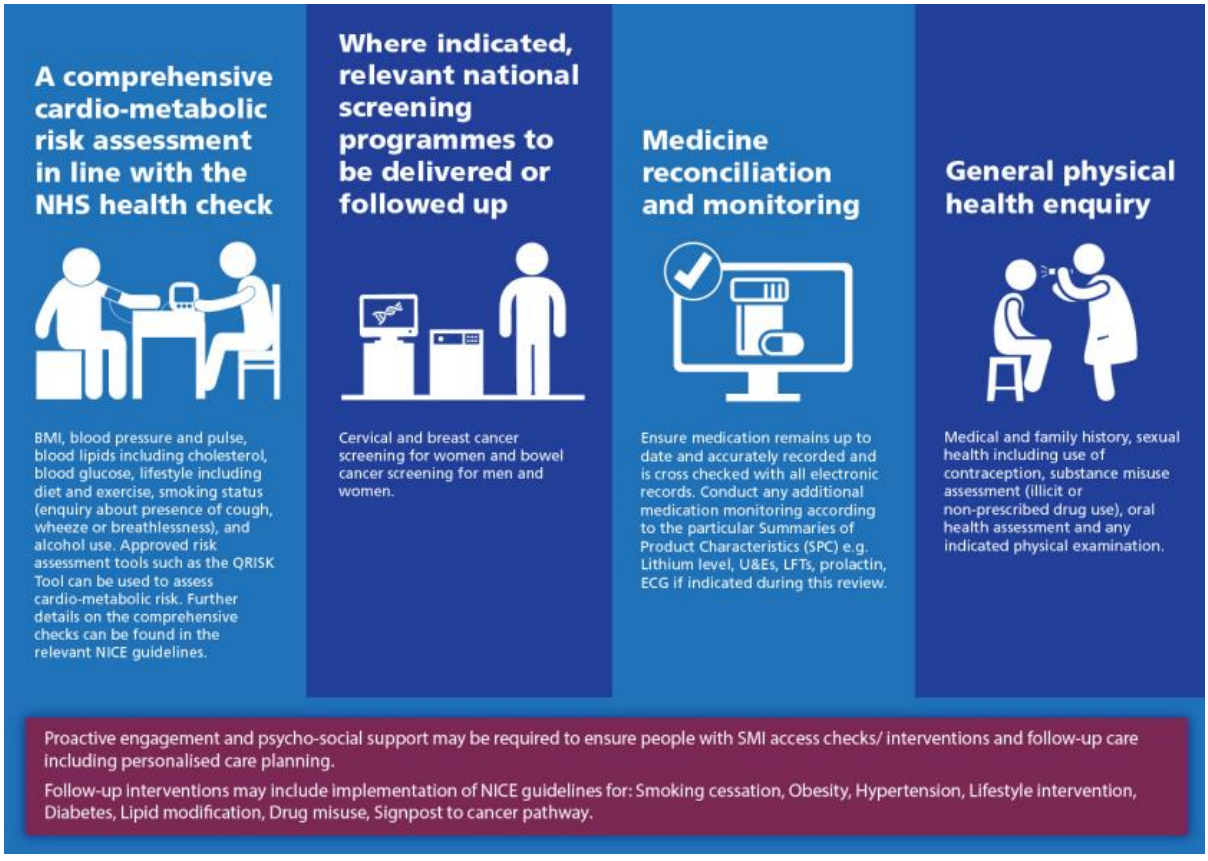
- Initiate personalised care planning in partnership with the patient that encourages active participation and ownership.
- Support the system-wide objectives to make every contact count for our patients and reduce health inequalities.

3.2 Service Description/Care Pathway

The service shall ensure high quality, comprehensive physical health checks and follow up interventions are undertaken for their QOF registered SMI population in line with the 6 core indicators and 5 additional supporting indicators below:

	Target Health Check Indicators		Additional Supporting Indicators
1	Weight (BMI/ BMI and weight)	1	Assessed nutritional status, diet, physical activity
2	BP and pulse check	2	Assessed use of illicit substance, non-prescribed drugs
3	Blood lipid including cholesterol	3	Medicines review
4	Blood glucose	4	Access to relevant national screenings
5	Assessed alcohol consumption	5	Indicated follow-up interventions
6	Assessed smoking status		

Figure 1: The recommended physical health assessments for people on the SMI register, taken from Improving physical healthcare for people living with SMI in primary care (2018)



The provider shall:

- Provide physical health checks for their QOF SMI registered population (excluding patients recorded as 'in remission') they are responsible for by a suitably qualified clinician (GP/Practice Nurse).
- Undertake the 6 core components and 5 additional supporting indicators (detailed above) as part of a complete physical health check, on an annual basis for their

eligible SMI patients.

- Request any bloods or tests required as part of the health check.
- Undertake proactive follow up on results of all assessments.
- Provide lifestyle guidance, health education literature, or referral to appropriate health/lifestyle services as part of the indicated follow up interventions and personalised care planning.
- Record completed physical health checks in the patient's electronic record in line with QOF SMI indictors and the requirements of this service.
- Install the locally developed PH SMI templates for S1 and EMIS to capture recording and local reporting of activity as part of this service.
- Ensure the practice's SMI register is up to date and accurate in line with QOF.
- Work jointly with Secondary Care and the Health Improvement Workers (HIW) in the Local Mental Health Teams to re-engage and develop relationships with those patients who previously disengaged or didn't engage with the practice.
- Ensure all staff involved in providing the physical health checks has the necessary training and skills, and professional development is available.

In line with the Physical Health Checks for People with SMI Directions 2020, practices are encouraged to agree permission for the national GPES extract for PH SMI national reporting. Practices will be sent an invitation to participate via the Calculating Quality Reporting Service (CQRS).

3.3 Population Covered

Eligibility for the service is in line with QOF guidance; therefore the service will cover those patients not 'in remission'[2] on the SMI registers in Nottingham and Nottinghamshire.

3.4 Any Acceptance and Exclusion Criteria and Thresholds

SMI registered patients under primary or secondary care will be eligible for this service.

In line with QOF, those patients on the SMI register who are 'in remission' will be excluded from this service.

3.5 Interdependence with other services/providers

- Health Improvement Workers (HIWs) within the Local Mental Health Teams (LMHTs) provided by Nottinghamshire Healthcare NHS Foundation Trust.
  The HIWs within the LMHTs will provide outreach support and undertake physical health checks for those patients who have not been engaged with their GP practice for their physical health checks. The HIWs will work with the patient to understand any potential barriers to attending their practice, and engage with the practice to share learning and re-establish the relationship so the patient attends the practice for future physical health checks. They will also undertake the physical health checks for those patients who are under secondary care for less than 12 months and/or whose condition has not yet stabilised.

[2] QOF guidance outlines that clinicians should only consider using the remission codes if the patient has been in remission for at least five years, that is where there is:
• no record of anti-psychotic medication;
• no mental health in-patient episodes; and
• no secondary or community care mental health follow-up for at least five years

- Community health and lifestyle services (i.e. smoking cessation services).
  Onward referrals for healthy lifestyle interventions identified as part of the physical health checks and individualised care plan.

- PCN Social Prescribers and Link Workers to support the practice and individuals with SMI by providing signposting to health and lifestyle services and raising awareness of the physical health checks.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The provider must ensure that they are aware of, compliant with, and can provide evidence if required, to demonstrate compliance with all relevant standards including adherence to the relevant NICE guidelines where applicable.

- NICE CG178 Psychosis and schizophrenia in adults
- NICE CG185 Bi-polar Disorder

Appropriate evidence-based physical care interventions should be provided for all physical health risks or conditions identified during the assessment including:

- For alcohol and illicit/non-prescribed drug use: follow guidance on co-occurring substance misuse and SMI NICE CG120.
- For Obesity prevention NICE CG43
- For Physical activity: brief advice for adults in primary care NICE PH44
- For Hypertension in adults: diagnosis and management NICE CG127
- For Type 2 diabetes prevention and treatment NICE PH38, NICE NG28
- For Type 1 diabetes diagnosis and management NICE NG17, NG18 and NG19
- For Lipid modification NICE CG181
- For current smokers: facilitate smoking cessation through pharmacotherapies, intensive behavioural support, and methods such as carbon monoxide monitoring NICE Public Health Guideline PH 48.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

The provider must ensure that they are aware of, compliant with, and can provide evidence if required, to demonstrate compliance with all relevant standards.

4.3 Applicable local standards

The provider must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with all local policies, procedures and guidance. CQC registration is completed and the essential 16 standards achieved. Staff involved in delivering this service should be adequately trained and supervised as determined by the provider and must have suitable indemnity.

Serious Incidents (SI's) and Patient Safety Incidents (PSI's)

It is a condition of participation in this service that providers will report all Serious Incidents that relate to primary care services to the appropriate CCG, in line with NHS England's Serious Incident Framework, March 2015 (new Patient Safety Incident Response Framework (PSIRF) in development, anticipated roll out Autumn 2022). If it is not clear

whether or not an incident fulfils the definition of a serious incident, providers and commissioners must engage in open and honest discussions to agree the appropriate and proportionate response. If deemed to be a Serious Incident the incident will be logged by the CCG on the current serious incident management system STEIS (the Strategic Executive Information System) or any other data base as directed by national guidance.

Safety Alerts

Providers must ensure that they are aware of and have a process in place for managing any safety alerts from the following sources that apply to any equipment or patient safety concerns associated with this enhanced service and that these are acted upon:

- Medicines and Healthcare products Regulatory Agency (MHRA) http://www.mhra.gov.uk/#page=DynamicListMedicines
- Central Alerting System (CAS) https://www.cas.dh.gov.uk/Home.aspx
- Local or national clinical guidance
- National and local formularies

Where requested details of action taken must be reported back to the CCG within the designated timescale.

Infection Prevention and Control

Good infection prevention and prudent antimicrobial use are essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention of infection must be part of everyday practice and be applied consistently by everyone (The Health Act 2008) Registered providers should meet the requirements of The Health and Social Care Act 2008. The provider should:

- Have systems in place to manage and monitor the prevention of infection, including regular audit and training. Infection prevention and control training for all staff every 2 years and hand hygiene yearly for all clinicians
- Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections and meets national estates guidance and local IPC guidance
- Ensure appropriate antimicrobial use to optimize patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
- Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely manner
- Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to others
- Systems to ensure that all care workers are aware of and discharge their responsibilities in the process of preventing and controlling infection
- Provide adequate isolation facilities
- Secure adequate access to laboratory support
- Have and adhere to infection prevention and control policies that are based on national and local guidance
- Have a system in place to manage the occupational health needs and obligations of staff in relation to infection
- Have robust systems and processes in place to manage pandemics at a practice

level including the management and reporting of staff outbreaks

Safeguarding
All staff working in this service area will be trained and competent in safeguarding children and adults as outlined in the Intercollegiate Guidance: -

Children: https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies

Looked After children
https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge_skills_and_competence_of_healthcare_staff.pdf

Adults: https://www.rcn.org.uk/professional-development/publications/pub-007069

All staff will comply with Nottingham and Nottinghamshire safeguarding children and adult procedures which can be accessed via these links: -

Safeguarding Children Procedures City & County: -
https://nottinghamshirescb.proceduresonline.com/

Safeguarding Adult Procedures Nottinghamshire : -
https://nsab.nottinghamshire.gov.uk/procedures/

Safeguarding Adult Procedures Nottingham City: -
https://www.nottinghamcity.gov.uk/information-for-residents/health-and-social-care/adult-social-care/adult-safeguarding

On the request of the commissioner, the provider will provide evidence to give assurance of compliance with safeguarding standards.

5. Applicable Quality Requirements and CQUIN Goals

5.1 Applicable Quality Requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN Goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises:
The Service will be provided within the boundaries of Nottingham and Nottinghamshire CCG. Providers must have adequate mechanisms and facilities including premises and equipment as are necessary to enable the proper provision of this service.

Location(s) of Service Delivery
The Provider is required to carry out the service within a recognised primary care setting registered for the purpose of healthcare.

Days/Hours of operation
As a minimum the service will operate Monday to Friday 8am to 6.30pm, GP core opening hours. The service will be expected to provide a variety of clinic times providing choice for the patient and will vary from provider to provider.

7. Contract

The contract will run from 1st April 2021 to 31st March 2023, subject to review in December 2021 at which time the CCG's commissioning intentions for this service for the remainder of the contract will be confirmed.

The notice period is three months for termination under General Condition 17.2.

Remuneration and Outcome Measures

Providers will be paid £30 per completed physical health check which includes all 6 core components and 5 additional supporting indicators (only one payment per SMI patient given a comprehensive physical health check) whether completed in part or in full by the practice or by a Health Improvement Worker. This payment reflects the additional follow up work to be undertaken following the 6 core components incentivised through the QOF SMI indicators.

SystmOne

For SystmOne practices, as part of F12 there is a report for SMI in the F12 Local Enhanced Services Claims folder which make it simple to find the numbers for claiming. These reports show patients coded as below (consider using the F12 LES templates for the service where green stars indicate the codes to add for claiming purposes). The F12 reports will account for any current active patients AND any deducted within that quarter where you have been caring for them.

EMIS

Unfortunately, EMIS reports cannot be shared centrally in the way we as SystmOne, therefore practices will need to write these searches for themselves currently– the same codes and criteria should be used for reporting purposes, however.

Report Name	Criteria and requirements	F12 Template
SMI1	Any patient with applicable codes for achieving each indicator from the PHSMIXXX clusters e.g. PHSMIALC - PHSMI Alcohol consumption codes	F12 SMI Physical Health Check LES

Claims

Practices should claim using the LES claim form on a quarterly basis. A claim can be made for each completed physical health check which includes all 6 core components and 5 additional supporting indicators. Providers will receive quarterly payments in arrears based on submitted LES claim form.

Providers will be required to:

- Comply with requests from Nottingham & Nottinghamshire CCG to provide information as it may reasonably request for the purposes of monitoring the providers' performance of its obligations under this service.
- Participate in an audit relating to this service as requested by Nottingham & Nottinghamshire CCG, if required.