

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Health checks for people with Severe Mental Illness (SMI)
Commissioner Lead	NHS Shropshire CCG
Provider Lead	GP Practice
Period	1 st April 2019 to 31 st March 2020
Date of Review	October 2019

1. Population Needs

1.1 National/local context and evidence base

People with a Severe Mental Illness (SMI) face health inequalities and are less likely to have their physical health needs met, both in terms of identification of physical health concerns and delivery of appropriate, timely screening and treatment.

Compared to the general population, individuals with SMI (defined by those individuals with schizophrenia, psychosis or bipolar disorder):

- Face a shorter life expectancy by an average of 15–20 years.
- Are three times more likely to smoke.
- Are at double the risk of obesity and diabetes, three times the risk of hypertension and metabolic syndrome, and five times the risk of dyslipidaemia (imbalance of lipids in the bloodstream).

The reasons for these inequalities are complex and include some of the following:-

- Lifestyle behaviours
- Complexities of the social isolation, previous emotional traumas and increased self-medication and risk taking e.g. substance misuse
- Side effects of medication
- Lack of clarity and integration around responsibilities in healthcare provision in primary and secondary care.
- Poor uptake of training by primary care and secondary mental health clinicians around physical and mental health

Shropshire CCG will ensure delivery of the nationally determined improvement areas as detailed within the Department of Health *Our NHS Care Objectives 3 draft mandate*; within the following five domains:

- Preventing people from dying prematurely.
- Enhancing quality of life for people with long term condition.
- Helping people to recover from episodes of ill health or following injury.
- Ensuring people have a positive experience of care.
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

Delivery of better health outcomes within these domains underpins the strategic priorities of the CCG. The CCG is also committed to the delivery of regionally mandated service improvements where they are shown to improve patient outcomes or reduce inequalities.

The target for this service is to ensure that 60% of people on the SMI register have a full physical and mental health review annually and that this is recorded on the GP registers. In Shropshire 2,451 people (2,133 currently identified) are on the SMI register.

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	X
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

Minimum of 60% of people on the SMI register have a full physical and mental health review annually and that this is recorded on the GP registers as part of improving the physical health of individuals with severe and enduring mental health problems.

3. Scope

3.1 Aims and objectives of service

The CCG is commissioning a service for the enhanced Case Management of patients on the SMI QOF register. This includes patients who are under secondary care where GPs are actively involved in their care and those under the sole care of their GP

- Provide proactive case management for these patients, supported by an Annual Health check.
- Ensure that the patient benefits from high quality care, delivered as close to their home as appropriate
- Prevent or reduce unnecessary referrals and admissions to specialist services and Secondary Care.

This service is in addition to those services that GMS, PMS and APMS providers are contracted to provide to their registered patients. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, which are considered beyond the scope of essential services and additional services within the GMS, PMS and APMS contract.

3.2 Service description/care pathway

3.2.1 Case Finding

The service provider will:

- Update their SMI register and proactively invite the patients on the reviewed list for an Annual Health review. With your permission the CCG Data Quality team have undertaken a search of your baseline within EMIS which is available to you to use.
- Identify patients with SMI on a case by case basis i.e. as patients present to the Practice. Cross referencing where necessary with MPFT to ensure that all patients are captured in the appropriate setting.

3.2.2 Proactive Case Management

The service provider will:

- Carry out an Annual Physical Health Review resulting in a Care Plan that is given to the patient.
- Offer to review progress and make adjustments against the plan where necessary.
- Undertake all required prescribing, monitoring, administration and annual review of medication, including depot, as appropriate. The CCG's Medicines Management Team are able to advise around any medicines management implications, and to clarify any relevant mental health pathways.

Appointment Guidance Notes:

- The table below details the required checks for SMI patients under this LCS:

1. measurement of weight (BMI or BMI + Waist circumference)
2. blood pressure and pulse check (diastolic and systolic blood pressure recording + pulse rate)
3. blood lipid including cholesterol test (cholesterol measurement or QRISK measurement)
4. blood glucose test (blood glucose or HbA1c measurement)
5. assessment of alcohol consumption
6. assessment of smoking status
7. Diet & Nutrition Recorded
8. Exercise Advice or GPPAQ Physical Activity Recorded
9. Substance Abuse Status Recorded
10. Eligible for Cervical Smear
Cervical Smear In Last 5 Years
11. Medication Review Recorded
12. Sexual Health, Activity or Contraception Advice Recorded
13. Oral Health Advice or Dental Examination Recorded

- Where appropriate and with the consent of the patient, carers may be involved in any appointments in primary care. If carers are involved, they will have the opportunity to have an individual appointment with the patient's GP to discuss any issues they may have. If the carer has legal responsibility for the patient, they must be involved in all review appointments.
- The Annual Review to be carried out by an appropriately competent professional.

The service provider will also:

- Ensure each patient has a named GP.
- Ensure adequate follow-up and engagement of all patients who Did Not Attend (DNA). Practices must have a protocol for the follow-up and engagement with patients who DNA.

3.2.3 Data Collection

- Production of an appropriate GP record. Adequate recording should be made regarding the patient's clinical history, follow-up arrangements and onward referral details.
- If the patient is not registered with the practice providing the service, the providing practice must ensure that the patient's registered practice is given all appropriate clinical details for inclusion into the patient's notes.

3.2.4 Facilities

- Provision of adequate equipment and facilities.

3.2.5 Training

- Practitioners undertaking the physical health check and reviews should have undertaken appropriate training.

3.2.6 Tariffs and Codes

Patients included and being claimed as part of this service shall be coded appropriately. Please refer to the Read Codes included in the Supporting Documents Folder for the codes that should be used for recording patient activity for this scheme.

Frequency of data extraction shall be completed on a monthly basis.

Please see Schedule 3 Part A for the Local Prices.

Please also refer to Schedule 6 Part A for the Reporting Requirements.

3.2.7 Annual review

All practices providing this service shall conduct an annual review to include:

- Register of patients
- clinical outcomes
- complications

3.3 Population covered

This service must be delivered by an individual Practice or group of Practices to all patients registered with these practices ensuring equitable access and quality of service to the entire CCG population group. It is recommended that this specification is delivered at practice specific level as this ensures the most holistic care for the patient and closest to their home.

3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 Acceptance

- Adult patients (aged 18 years and over) who are on the QOF SMI register.

These would include patients who:

- Have needs above those that would ordinarily be provided for under the GMS core contract, or the Quality Outcomes Framework, and require the additional proactive support.
- Are under Secondary Care and have no anticipated changes to their current treatment plan and, where applicable, are prepared to receive medication from their GP.
- Require minimal assistance with medication concordance and must be stable on medication but requiring regular review and monitoring.

3.4.2 Exclusions

- Patients with mild to moderate mental illness whose conditions respond well to first line treatment specified in NICE guidance who are not on the SMI register.
- Patients under 18 years of age.

3.5 Interdependence with and responsibilities of other services/providers

National guidance states the following:

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

- patients with SMI who are not in contact with secondary mental health services, including both: those whose care has always been solely in primary care, and those who have been discharged from secondary care back to primary care
- patients with SMI who have been in contact with secondary care mental health teams (with shared care arrangements in place) for more than 12 months and / or whose condition has stabilized.

Secondary care teams are responsible for carrying out annual physical health assessments and follow-up care for:

- patients with SMI under the care of a mental health team for less than 12 months and / or whose condition has not yet stabilized;
- inpatients.

The CCG's Medicines Management Team are able to advise around any medicines management implications, and to clarify any relevant mental health pathways. MPFT service shall provide advice, guidance and support on all aspects of mental health to primary care to promote positive mental health within primary care (staff, patients and public) and raise the profile of emotional wellbeing; provide signposting to relevant community services; clarity regarding how and when to refer to secondary mental health services including to neuro development disorders, children and young people's services. Encourage and support the management of patients who can be stabilised in primary care.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

- NICE Guidance Common Mental Illness (CG123)
- NICE Guidance Anxiety: (CG113)
- NICE Guidance Depression (CG90)
- NICE Guidance: Borderline Personality (CG78)
- NICE Guidance Eating Disorders (CG9) – due to be updated April 2017
- NICE Guidance Obsessive Compulsive Disorder (CG31)
- NICE Guidance Post Traumatic Stress Disorder (CG 26)

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

- World Health Organisation: The Mental Health Context
http://www.who.int/mental_health/policy/services/3_context_WEB_07.pdf
- Guidance issued by Royal College of General practitioners: meeting the competences set out in the new RCPsych curriculum -www.rcgp-curriculum.org.uk
- The RCPsych website provides general advice and guidance for the management of mental health conditions in general practice www.rcpsych.ac.uk.

4.3 Applicable local standards

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.2 Applicable CQUIN goals (See Schedule 4D)

Not Applicable.

6. Location of Provider Premises

The Provider's Premises are located at the GP Practice.