

MEETING:	Governing Body	AGENDA ITEM:	7
DATE:	12 July 2018		
TITLE:	Physical Health Checks for People living with Serious Mental Illness (SMI)		
AUTHORS:	Adam Scott, Commissioning Officer Maxine Foster, Dementia Commissioning Manager Russell Carpenter, Head of Governance/Board Secretary		
LEAD DIRECTOR:	Debbie Richards, Director of Commissioning and Delivery		

Reason for presenting this paper:	
For Action	
For Approval	✓
For Decision	
For Assurance	
For Information	
For Ratification	✓

Summary of Purpose and Scope of Report:

Introduction

People living with severe mental illness (SMI) face one of the greatest health inequality gaps in England. This population group is at risk of dying on average up to two decades earlier than the general population, mostly due to preventable physical diseases. This disparity in health outcomes is partly due to physical health needs being overlooked, both in terms of identification and treatment. These patients should be actively screened for preventable health conditions relating to a lack of physical activity, smoking and alcohol, such as obesity, diabetes, heart disease and cancer.

In the Five Year Forward View for Mental Health, NHS England has committed to ensuring that “by 2020/21, 280,000 more people living with severe mental illness (SMI) have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year”.

This paper provides further details of the service specification and the method the CCG will adopt to commission physical health checks for people living with SMI during 2018/19.

Purpose

To ensure the physical health needs of people living with SMI are not overlooked, the 5 Year Forward View for Mental Health suggests that 60% of patients with SMI should have an annual health check during 2018/19 and that at least 50% of these checks should be carried

out in primary care.

As guidance suggests the majority of health checks should be carried out in primary care, the CCG considers that general practice may be the most effective setting for delivering physical health checks. However, a number of other options have also been considered:

- A. Cluster/Locality model: Practices working together collaboratively to design a local service to optimise access for their patients e.g. nominated lead practices delivering health checks for any patient registered within the locality;
- B. A community nurse-led service at Community Hubs, pharmacies, health checks at drug and alcohol services etc. ("Care Closer to Home");
- C. A hybrid of the above two options i.e. GP provided service with an option for community provision ("Making Every Contact Count");
- D. Secondary Care provider to deliver the health checks via the Recovery College (a service designed to help patients with self-management).

To test assumptions that general practice is best-placed to deliver this service, the CCG is proposing to offer a pilot "direct award" to Buckinghamshire practices with immediate effect¹.

As this scheme will be voluntary, the CCG is proposing that for patients registered with practices that do not participate, the CCG will liaise with secondary care (i.e. Oxford Health) to carry out the required checks.

Funding

This scheme forms part of the £685k budget allocated for physical health screenings. There is a national trajectory from NHS England that requires NHS Buckinghamshire CCG to complete 60% of physical health screenings on patients living with SMI in 2018/19 from a cohort of 4,200. There is a proposed tariff for physical health screenings, which is dependent on the number completed in 2018/19.

The tariff will be based on the percentage of checks achieved. £42.50 for each comprehensive health check completed for 0%-49.9%. £45.00 for each comprehensive health check completed for 50%-59.9% and finally £47.50 for each comprehensive health check completed for 60%-100%. Maximum cost to CCG for this scheme in 2018/19 is £200k.

Public and Member Engagement Feedback

Mental Health Commissioners have engaged with the membership while developing the attached specification. The Local Medical Committee (LMC) as the members' representative body has also been consulted. The specification was distributed to LMC for comment in advance of the meeting on 3rd July 2018. Feedback received was that the proposed fixed tariff was not appropriate due to the challenges of engaging this cohort of patients. As a result the specification has been changed to a tiered tariff approach.

Further to this at the meeting on the 3rd July 2018 the following points were made for consideration:

- Training opportunities are provided for staff;
- The tariff suggested is not commensurate with the tariff offered for other physical

¹ Direct Awards are enhanced services (in addition to contracted GMS services) commissioned locally dependent on local needs which are delivered in general practice. These services are voluntary.

health checks;

- The tiered tariff is complicated and a fixed tariff should be considered.

In response, the CCG will plan for training opportunities to be made available during the course of the year and a tiered tariff has been proposed, to reflect that once a practice has reached 50% coverage, it is harder to engage some patients within this cohort. In terms of tariff, the CCG has looked at both the NHS health check tariff commissioned by Public Health and the health check for people with learning disability. The view is that the physical health check for people living with SMI is more comprehensive than the NHS health check, but is not as detailed as that offered to patients with learning disability. The NHS health check is also commissioned on a tiered tariff which has proven most effective.

The CCG's Primary Care Operational Group (PCOG) also reviewed this proposal at its meeting held on 5th July 2018. PCOG endorsed and recommends the adoption of this proposal subject to:

- This scheme is seen as a pilot;
- Budget for this scheme is confirmed;
- Review of scheme in year to ensure appropriate take up of health checks from all sectors of the community;
- The need to ensure that patients who are eligible for an NHS Health Check or an LD review as well as a physical health check under this scheme, were not offered duplicate health checks in any one year.
- Opportunities for further training for staff working in general practice are developed.

Further engagement will also take place at practice level through patient participation groups (PPGs), and via the local Mental Health Participation Board (MHPB). However, given the next MHPB meets on 16 July 2018, it has been concluded as prudent not to delay the commissioning decision whilst this engagement is conducted, but to base any approval given subject to the inclusion of feedback from PPGs and the MHPB.

Timescales

The reason for expediency with regard to this scheme is the direct association with deliverables of the Five Year Forward View for Mental Health, within which NHS England committed to ensure that *"by 2020/21, 280,000 more people living with severe mental illness (SMI) have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year"*.

If approved, the CCG wishes to offer this scheme to general practice during July 2018, so that people living with SMI can benefit with immediate effect.

Further review of future next steps will take place at an appropriate juncture between now and March 2019.

Recommendation

It is proposed that a pilot Direct Award scheme is offered to general practice in 2018/19 to test the assumption that this is the most effective means of delivering physical health checks to people living with SMI.

The Governing Body is asked to:

1. **APPROVE** and **RATIFY** the attached service specification for issue as a pilot scheme.
2. **DELEGATE AUTHORITY** to the Director of Commissioning and Delivery and Director of Transformation to make appropriate amendments to the specification to reflect additional patient and public engagement.

Authority to make a decision – process and/or commissioning (if relevant)

Delegated decision to PCCC within CCG scheme of reservation and delegation is as follows:

Approve and ratify Direct Awards (up to annual composite value per annum except where brand new which needs to be approved by Governing Body). Hence the need for decision on this scheme to be made by Governing Body.

Conflicts of Interest: (please tick accordingly)

No conflict identified	
Conflict noted, conflicted party can participate in discussion and decision (see below)	
Conflict noted, conflicted party can participate in discussion but not decision (see below)	✓
Conflict noted, conflicted party can remain but not participate in discussion (see below)	
Conflicted party is excluded from discussion (see below)	
Governance assurance (see below)	

Dr Sian Roberts

Dr Sian Roberts, as Mental Health and Learning Disability Clinical Director and subject matter expert, has previously led development of the attached service specification for this direct award scheme. However as a partner in her practice (John Hampden Surgery) she is materially conflicted given the financial benefit to practices through subsequent participation in the scheme.

On 4 June 2018 a CCG steer was given that this specification is to be delivered through a pilot direct award scheme. Accordingly Dr Roberts has not participated further in the development of the specification, nor supporting work to lead to commissioning decision.

Dr Roberts has handed responsibility to Adam Scott, Commissioning Officer and Project Manager and Maxine Foster, Dementia Commissioning Manager, who are not materially conflicted. They have facilitated further engagement with LMC (Local Medical Committee) prior to award of the scheme (as described above) and ensured submission of papers for decision. Debbie Richards, Director of Commissioning and Delivery, remains Lead Director for Governing Body approval.

Dr Roberts led primary care engagement prior to 4 June 2018 when her material conflict was recognised. This has involved both CCG Clinical Directors and LMC. For Clinical Directors, this was for the purpose only of commenting on the clinical elements of the specification to ensure it is fit for purpose. This is on the basis that they are also materially conflicted, and therefore the allocated budget and payment framework was not discussed.

At LMC, discussion covered both the clinical elements and payment mechanism. Although a material conflict of interest was noted, it was deemed appropriate that this was undertaken in order to test the scheme's viability in general practice.

Joint Care Delivery Board (JCDB)

The options paper was circulated on 14 June 2018 for noting and comments. Dr Sian Roberts and Dr Juliet Sutton both declared their material conflicts of interest as both partners in practices that would financially benefit from the scheme. They participate in the conversation from a clinical perspective. The paper was not for a decision by the JCDB but was for noting, with contributions and comments by members. In addition, no funding details were included in the paper.

Primary Care Operational Group (PCOG)

The paper was circulated to this group for recommendation, rather than Primary Care Commissioning Committee, for timing purposes (PCCC meets quarterly, whereas PCOG meets monthly). PCOG has delegated authority from PCCC for this recommendation. Materially conflicted member GPs have a standing invitation but have no voting rights. The Chair is a Lay Member of the Governing Body.

Governing Body

Member GPs present whose practices would ultimately benefit financially from the scheme described are formal voting members and therefore are suggested to remove themselves from discussion and decision in relation to this item. They are free to remain present in the meeting given it is taking place in public. It is on this same basis that the financial detail described has not been withheld prior to a decision as it is already in the public domain.

The Clinical Chair will hand over the chair of the meeting to his lay deputy for the duration of this item.

Strategic aims supported by this paper (please tick)

Better Health in Bucks – to commission high quality services that are safe, accessible to all and achieve good patient outcomes for all	✓
Better Care for Bucks – to commission personalised, high value integrated care in the right place at the right time	✓
Better Care for Bucks – to ensure local people and stakeholders have a greater influence on the services we commission	✓
Sustainability within Bucks – to contribute to the delivery of a financially sustainable health and care economy that achieves value for money and encourages innovation	✓
Leadership across Bucks – to promote equity as an employer and as clinical commissioners	✓

Governance requirements: (Please tick each box as is relevant to the paper)

Governance Element	Y	N	N/A	Comments/Summary
Patient & Public Involvement	✓			This will be taken to the mental health partnership board on 16 th July 18 for public engagement and feedback. A briefing will be sent to the PPG board as part of the engagement process.
Equality	✓			The scheme will be made available to all practices and cover the whole of the Buckinghamshire registered population.
Quality	✓			The service specification sets out requirements of

			service delivery.
Privacy	✓		The CCG will extract outcome data quarterly via EMIS enterprise. Practices using alternative clinical systems will be required to report quarterly to the CCG. The CCG will in turn report these outcomes to NHS England. As this is anonymised, there is no new or additional processing and therefore a DPIA becomes irrelevant.
Financial	✓		Funding is as described above.
Risks	✓		The risk assessment is currently in process.
Statutory/Legal	✓		The CCG is performance managed by NHS England and there is a national trajectory attached to this scheme.
Prior consideration Committees /Forums/Groups	✓		The paper has been to JCDB on 15 th June and is going to the Mental Health Partnership Board on 16 th July and PPG Board (awaiting a date). Benchmarking exercise was undertaken with Public Health regarding NHS health checks via email on 26.06.18 The proposal has been reviewed by PCOG on 5 th July 2018.
Membership Involvement	✓		The membership has been appropriately engaged as part of developing the attached specification for approval, specifically through the Local Medical Committee (LMC) as members representative body.

Supporting Papers:

NHS Buckinghamshire CCG Service Specification for Improving Physical Health in Patients with a Severe Mental Illness July 2018 – March 2019.

GP Pilot Direct Award Service Specification **July 2018 - March 2019**

Improving Physical Health in Patients living with a Severe Mental Illness

People living with severe mental illness (SMI) face one of the greatest health inequality gaps in England. This population group is at risk of dying on average up to two decades earlier than the general population, mostly due to preventable physical diseases. This disparity in health outcomes is partly due to physical health needs being overlooked, both in terms of identification and treatment. These patients should be actively screened for preventable health conditions relating to a lack of physical activity, smoking and alcohol, such as obesity, diabetes, heart disease and cancer.

The life expectancy of people with SMI, such as schizophrenia or bipolar affective disorder, is lower by an average of 15–20 years compared to the general population due to preventable physical illness. In Buckinghamshire, patients with SMI are 3.5 times more likely to die prematurely.

- Smoking is the largest avoidable cause of premature death and health inequality in those with mental disorders, with individuals with SMI being three times more likely to smoke,
- Individuals with SMI have double the risk of obesity and diabetes,
- Individuals with SMI have three times the risk of hypertension and metabolic syndrome,
- Individuals with SMI have five times the risk of dyslipidaemia than the general population.

All adults on the SMI register should receive the full list of recommended physical health assessments as part of a routine check at least annually (NICE clinical guidelines CG185 and CG178).

In the Five Year Forward View for Mental Health, NHS England committed to ensure that “by 2020/21, 280,000 more people living with severe mental illness (SMI) have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year”.

NHSE targets

- 2017/18: 30% of patients with SMI to have an annual health check;
- 2018/19: 60% of patients with SMI to have an annual health check (at least 50% in primary care and 10% in secondary care).

Mental Health Right Care pack data, has shown that patients from formerly both Chiltern and Aylesbury Vale Clinical Commissioning Groups (CCGs) now Buckinghamshire CCG from 1st April 2018, are **less** likely to have physical screening, compared to similar CCGs, increasing the inequality gap for health outcomes for patients in Buckinghamshire.

1. Overall Objectives

Patients with severe mental illness (SMI) to have their physical health needs met by increasing early detection and access to evidence-based physical care assessment and intervention each year. This will improve health outcomes, reduce premature mortality and reduce health inequalities in this cohort.

2. Aim

There are currently 4200 patients with SMI on GP Mental Health registers in Buckinghamshire. At least 60% of patients on GP Mental Health registers to have an annual health check between 1st July 2018- 31st March 2019.

3. Annual Health Check process

- GP Practices currently include patients with Serious Mental Illness on their Mental Health Register. This includes patients with a diagnosis of:
 - Schizophrenia
 - Bipolar
 - Psychotic illness.
- Each patient on the Mental Health register should have access to an annual review.
- Only one annual review should be undertaken for the following groups of patients to avoid duplication:
 - SMI annual health checks
 - Learning disability annual health checks
 - Public Health – five yearly health checks (>40 to 74 age groups).
- Patients should be offered annual glucose/haemoglobin (HbA1c) and cholesterol (and thyroid stimulating hormone (TSH) and creatinine if on lithium therapy). In addition patients should have their blood pressure (BP) and body mass index (BMI) measured, cancer screening (if appropriate) and a smoking and alcohol status recorded.
- The patient should be signposted to healthy lifestyle interventions; e.g. Live Well Stay Well services, smoking cessation, weight loss support and hypertension, diabetes, hyperlipidaemia (with raised a predicted algorithm for cardiovascular disease (QRISK)) should be actively and appropriately managed.

4. Detail of an Annual Health Check

Each adult on the Mental Health Register (over the age of 18) to be offered an annual health check that will be recorded on a nationally recommended template (e.g. Bradford Tool)

Each check will include:

- Blood Pressure (BP)
- Body Mass Index (BMI)
- Smoking status
- Alcohol status
- Glucose or Haemoglobin (Hba1C)
- Cholesterol/lipids
- Appropriate access to cancer screening; e.g. cervical cancer, breast cancer, bowel cancer
- Medication review.

In addition, if the patient is on lithium therapy:

- Serum creatinine
- Thyroid stimulating hormone (TSH).

Appropriate interventions should be offered for any abnormalities found e.g.

- Antihypertensive medication
- Diabetes management
- Smoking cessation
- Weight management
- Statins if a prediction algorithm for cardiovascular disease (QRISK) >20%.

Results will be recorded on a standardised SMI template on GP clinical systems, (eg Bradford tool @ EMISWeb) which will include all the relevant codes required for each component of the annual health check.

5. Training

Training is embedded within the Bradford screening tool available for practices within EMIS. However other training opportunities / needs will be explored with practices during the pilot.

6. Timetable/Milestones

During this pilot at least 60% adult patients on the GP mental health register to have had a structured annual review between 1st July 2018 and 31st March 2019.

7. Measuring Outcomes

The CCG will extract outcome data quarterly via educational management information system (EMIS) enterprise. Practices using alternative clinical systems will be required to report quarterly to the CCG. The CCG will in turn report these outcomes to the National Health Service England (NHSE).

The CCG will work with the anonymised data to ensure equality of access to SMI annual health checks is being achieved for all patient groups.

8. Tariff

The tariff will be percentage based figure. £42.50 for each comprehensive health check completed for 0%-49.9%. £45.00 for each comprehensive health check completed for 50%-59.9% and finally £47.50 for each comprehensive health check completed for 60%-100%. Final payment will be made dependent upon the combined yearly total following 31st March 2019.

9. References

NICE guidance; Psychosis and schizophrenia in adults: prevention and management
www.nice.org.uk/guidance/cg178

NHSE Publication Feb 2018; Improving physical healthcare for people living with severe mental illness (SMI) in primary care
www.england.nhs.uk/publication/improving-physical-healthcare-for-people-living-with-severe-mental-illness-smi-in-primary-care-guidance-for-ccgs/

www.england.nhs.uk/wp-content/uploads/2018/02/improving-physical-health-care-for-smi-in-primary-care-annexes.pdf

NHS Right Care 2017; Commissioning for Value Mental health and dementia pack
www.england.nhs.uk/wp-content/uploads/2017/07/cfv-chiltern-mhidp.pdf
www.england.nhs.uk/wp-content/uploads/2017/07/cfv-aylesbury-vale-mhidp.pdf

NHSE; The Mental Health Five Year Forward View
www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

Buckinghamshire Joint Health and Wellbeing Board Performance Mental Health Dashboard Analysis Report(May 2018)
<https://democracy.buckscc.gov.uk/documents/b31455/Buckinghamshire%20Joint%20Health%20and%20Wellbeing%20Board%20Performance%20Dashboard%20Analysis%20Report%2003rd-May-2018.pdf?T=9>

Bradford Tool
<https://www.digitalhealth.net/includes/images/news0254/PDF/physical-health-template-casestudy.pdf>



Adobe Acrobat
Document

Version Control

Date	Version Number	Description of Changes	Edited by
27/06/18	1.0	Tariff update	Adam Scott
03/07/18	2.0	Tariff option following input from LMC	Adam Scott
05/07/18	3.0	Incorporating comments from Primary Care Operational Group	Adam Scott

