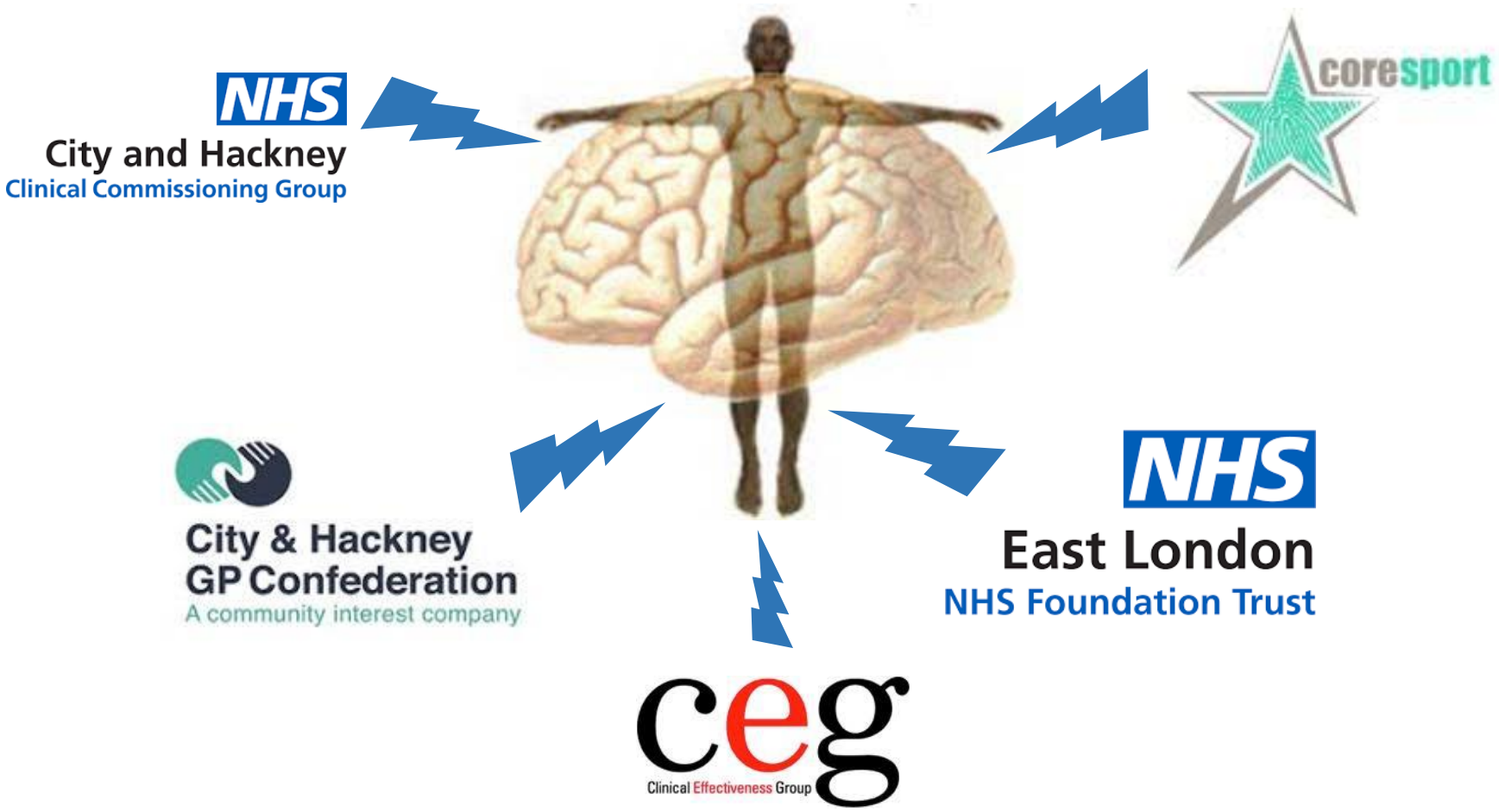
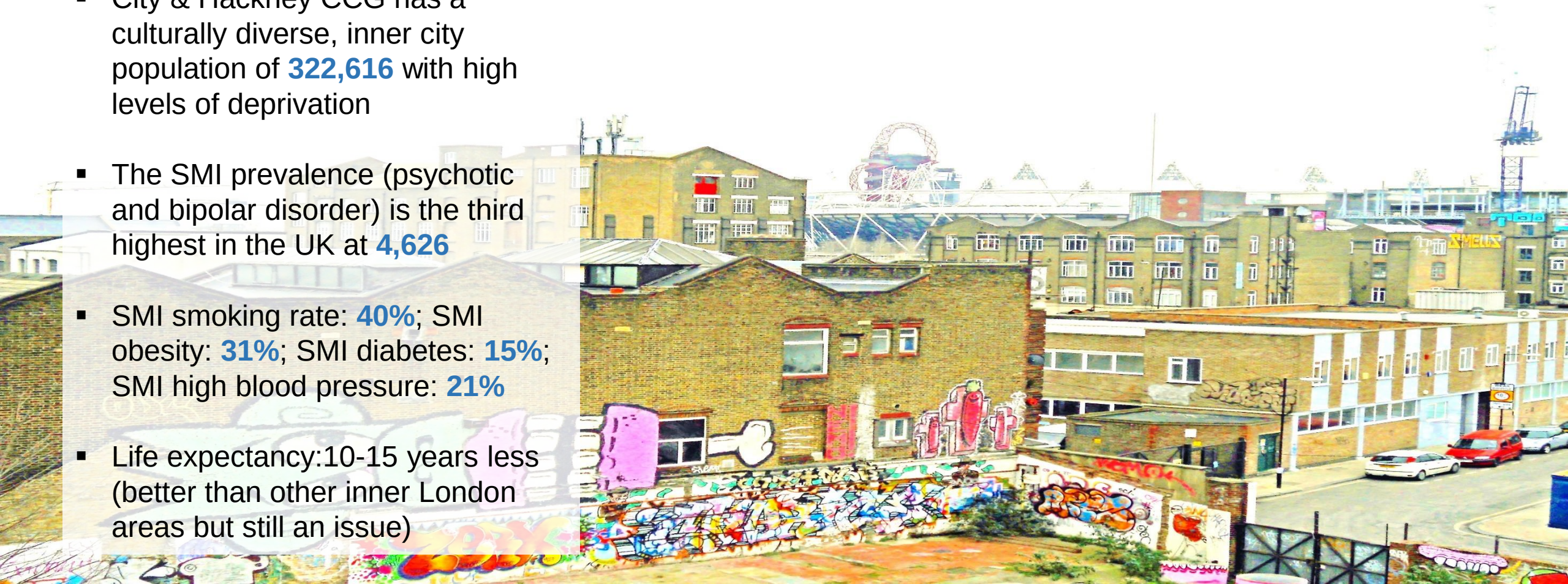
An Alliance Model for SMI Physical Health



Our Local Area provides a real challenge

- City & Hackney CCG has a culturally diverse, inner city population of **322,616** with high levels of deprivation
- The SMI prevalence (psychotic and bipolar disorder) is the third highest in the UK at **4,626**
- SMI smoking rate: **40%**; SMI obesity: **31%**; SMI diabetes: **15%**; SMI high blood pressure: **21%**
- Life expectancy:10-15 years less (better than other inner London areas but still an issue)



What are the system barriers for people with SMI?

1. **ACCESS:** some don't visit their GP regularly or have physical heath checks
2. **PSYCHOLOGICAL:** some do not feel confident to make use of mainstream exercise and diet classes
3. **SOCIAL:** our main free local exercise provider did not accept people with severe mental illness
4. **SKILLS:** GPs tend not to have the confidence to properly review anti-psychotic medication with patients
5. **INFORMATION:** does not flow between primary and secondary providers and the patient

We have addressed the issues by working together

CLINICAL EFFECTIVENESS GROUP
University based organisation that collates & analyses primary care data (including physical health checks)

CITY & HACKNEY GP CONFED
Oversees work of 40 GP Practices: GPs incentivised to hit physical health check targets

CITY & HACKNEY CLINICAL COMISSIONING GROUP
Alliance agreement + joint contract

EAST LONDON FOUNDATION TRUST
Secondary care Trust which provides HCAs & liaison nurses

CORE SPORTS
Voluntary Sector co-led, co-produced sports

Overcoming the Information Barrier

- The Alliance uses the primary care data system EMIS as its common language
- The CEG pulls data off EMIS and creates a dashboard that gives the Alliance and all 42 GP practices a **bird's eye view**
- The dashboard has helped address differences in quality between practices
- The dashboard **identified 1,000 people** on anti-psychotics without a psychotic diagnosis
- Over **80%** had not had a physical health check or recent medication review
- HCAs in CMHTs use EMIS

Improving SMI Physical Health Checks

Select period using the drop down

Jul 2019

SMI - Key Metric

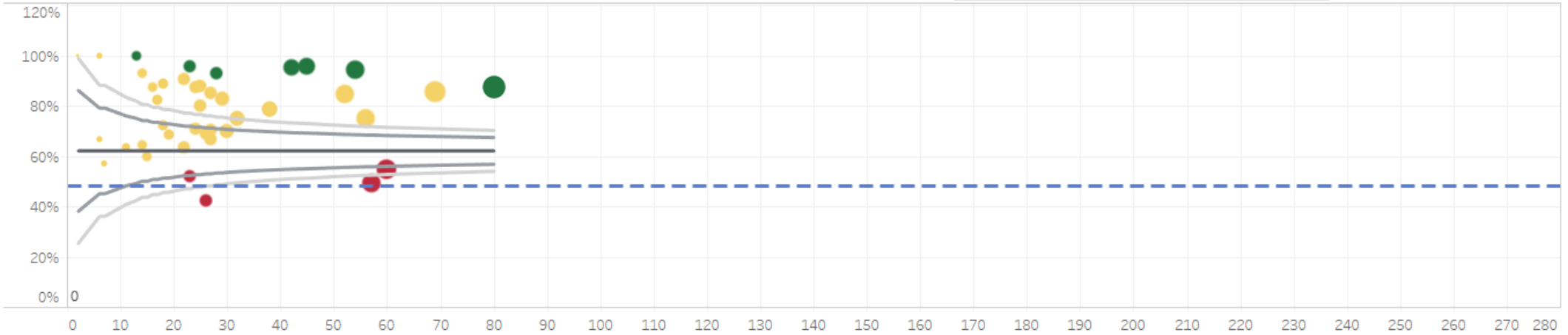
Offered Lifestyle Advice (% SMI + Obese)

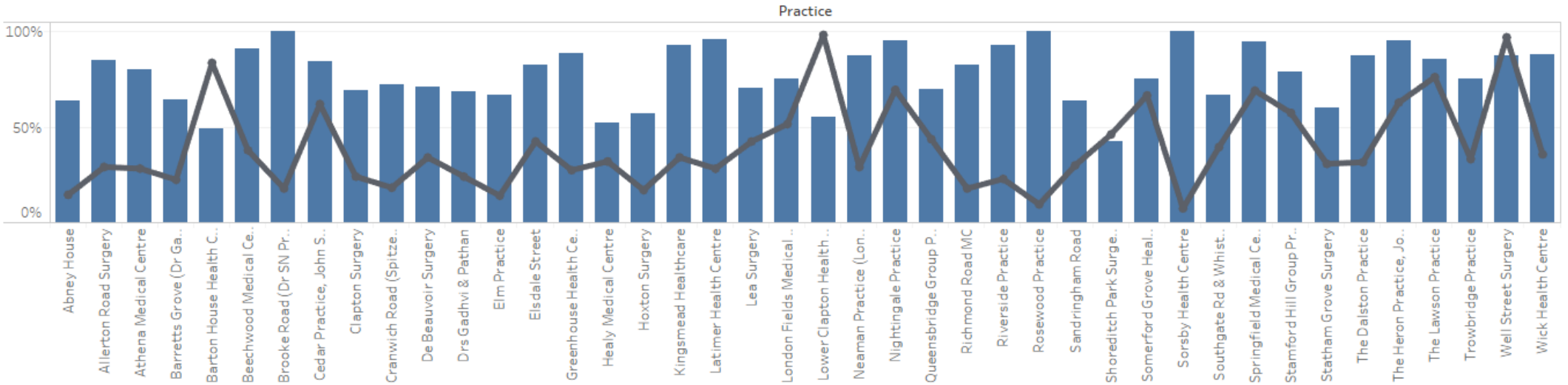
CH Population	SMI Register (QOF)	SMI coded in Remission	Offered Lifestyle Advice (% SMI + Obese)
324,130	4,678	687 15%	933 78%

Neighbourhood

(All)

Home





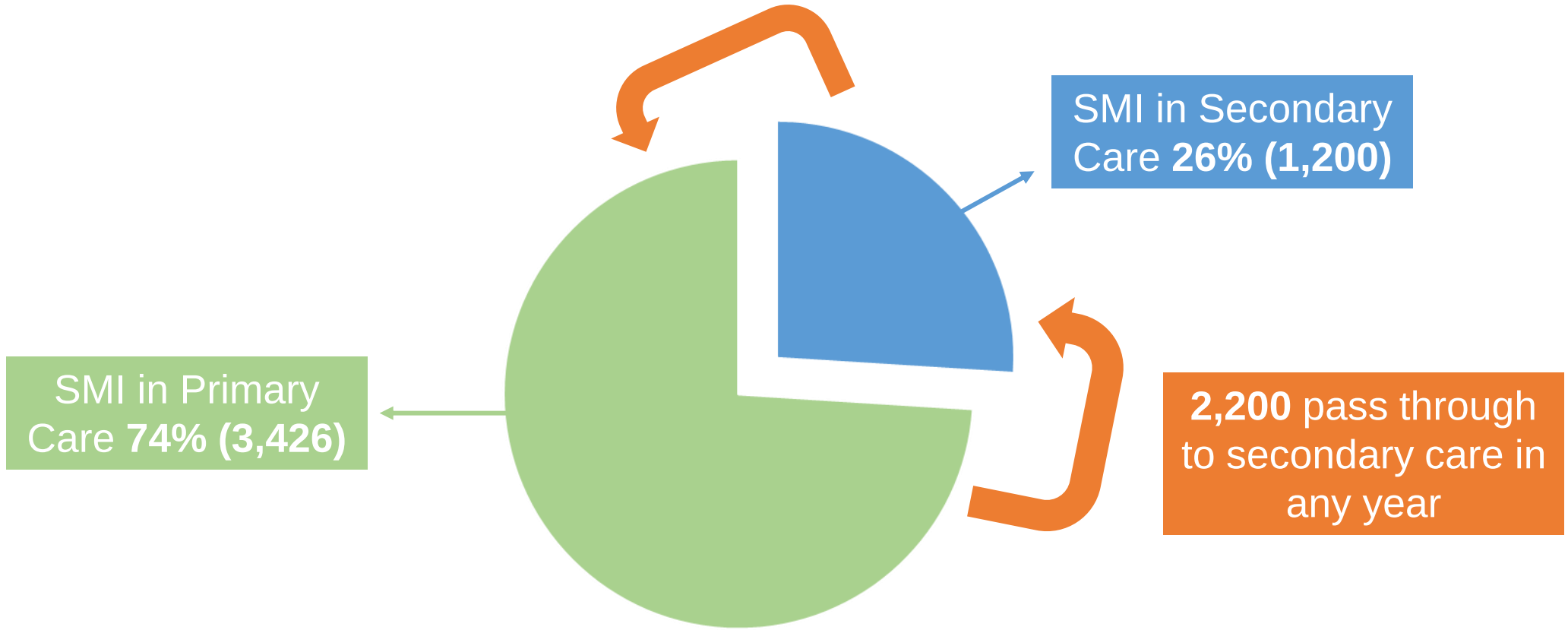
CEG Liaison worker discusses data profile with each practice. Work to improve outliers e.g. Beechwood practice move from 5% to 61% coverage after visits

Overcoming the Skills Barrier:

- A joint GP/Psych review of patients on anti-psychotics without a psychotic diagnosis led to 53 having their medication reduced and 77 came off completely.
- 4 hours mandatory GP MH training annually
- **Practice nurses and HCAs are also offered training**

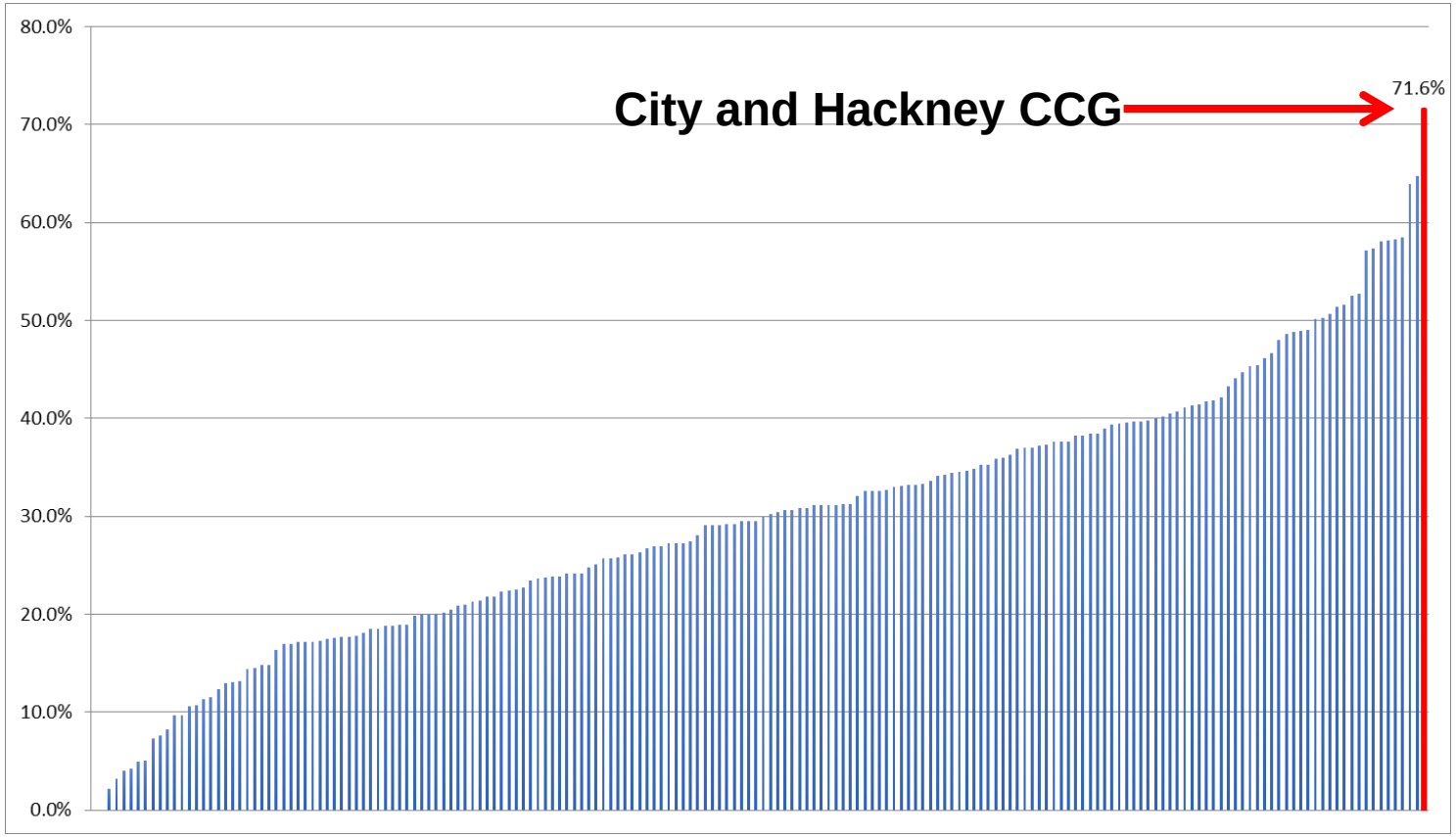
Overcoming the Access Barrier

ELFT's HCAs are able to capture the flow in and out of secondary care and conduct home visits and residential home visits for hard to reach patients



Overcoming the Access Barrier: Outcomes

Through the Alliance, City and Hackney's SMI physical health checks increased from 31% to **71.6%** and achieved the **highest level in England**, coming top out of 184 CCGs



Overcoming Psychological & Social Barriers

- Core Sport offers a **safe environment** where people can take risks
- Focused on **improving physical health and diet** for people with SMI
- Co-led by people with SMI
- Co-produced through active engagement

Empowerment

Physical health check
(HCA primary & secondary care interface)

Above threshold?
- BMI
- Blood pressure
- Low exercise
- Poor diet

Core Sport
- Service users set their own goals
- 74% engage after assessment

Service users self monitor
- BMI
- Blood pressure
- Exercise
- Diet
- MH Wellbeing

Early Outcomes
- Increase in exercise
- Improved diet
- Improved BMI
- Improved blood pressure
- Increase in WEMWBS

Empowerment

“Gym, swimming, yoga, boxing...I love (it). I feel like I really belong…that social element really helps me to keep coming back each week, it is so much easier to exercise with others when having fun. Core Health class, helped me change my diet and along with the weekly exercise, I have lost almost three stone…this also helped reduce my pain levels too, as I had knee replacement surgery a few years ago and for the first time in years there are days I can finally walk around without my crutches. I saw my GP a few weeks back and they were really happy with my progress. I have type 2 diabetes and if I continue with what I am doing I might be able to reverse this diagnosis!”

Overcoming the Access Barrier: Case Study

Vincent has a psychotic disorder and lives on an estate in one of the most deprived parts of Hackney. He never visits his GP practice because he has a paranoid fear of healthcare staff. The ELFT specialist mental health HCA, Adam, was able to develop a relationship with Vincent, visit him at home and complete a physical health check. The blood test revealed toxic levels of lithium. In consultation with the psychiatrist his medication was reduced.

Mobile equipment like the portable ECG supports visits to more severe patients at home or in supported housing, who wouldn't visit their GP.

Adam with the portable ECG used for home visits

Essentials for success

- Comprehensive GP template and easy referral mechanisms
- Accurate data analysis and feedback to practices
- Practice visits to iron out problems
- Sort IT issues even if that means double entry
- Have a trusted community offer for lifestyle changes- eg smoking services, diet and exercise services
- Aim for no excess mortality
- Challenge prescribing habits
- Look beyond SMI- all long term mental illness means excess mortality

Impact of C19 on SMI cohort

- 65% not in secondary care and many of this group have not contact with GP or other services
- Reduced monitoring of physical health due to cessation of healthchecks
- Reduction in community based services support exercise and healthy eating
- Physical impact of confinement to home
- Psychological impact home confinement
- Likely to have less financial resources and less physical home space
- More likely to misuse drugs and alcohol – pandemic may increase this
- Double impact of SMI and LTC or on shielded list in terms of increased health risk and increased isolation

Mitigating Risks

- **Reach out to cohort:** texts, letters, phone calls
- **Resume health checks**

Using risk stratification for face to face contact but shifting most measures to online/remote

- **Create an online health improvement offer.** Core Sports offer a range of online classes for people with severe mental health problems. Core work closely with ELFT and can triage into ELFT and other VCMEs within mental health network.
- **Personal Health Budgets:** are available through Core and ELFT to purchase home exercise equipment, BP monitors and Smart phones for those not online. Smart phones can be loaded with Fitbit and other wellbeing apps as well as recovery plans and diaries.

A new SMI pathway