SMI Health Checks – Increasing engagement within Primary Care

Katey McCorkell
PCN Pharmacy Technician

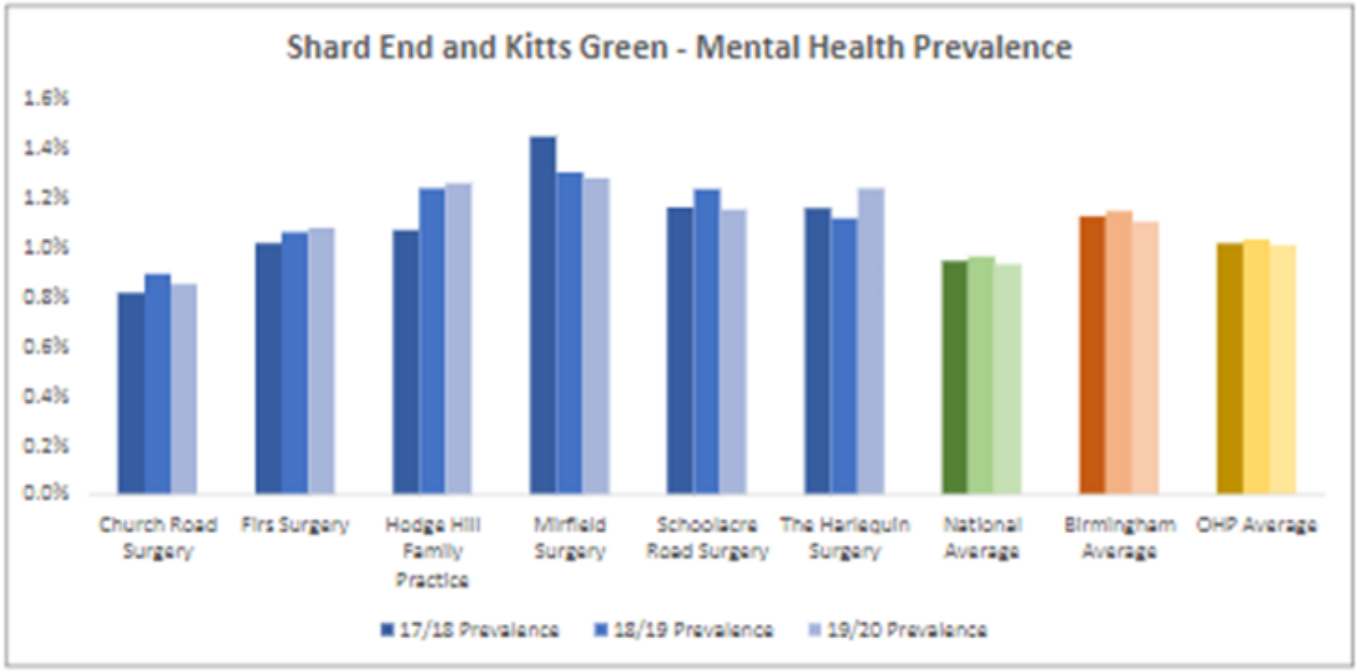
Shard End & Kitts Green PCN

PCN Tackling Neighbourhood Health Inequalities Project

The PCN Clinical Director along with the CCG and OHP employed population health expert who looked to identify a patient group experiencing health inequalities within the PCN.

Patients diagnosed with a Severe mental illness (SMI) were selected.

A SMARTER goal setting template was used and submitted to Birmingham and Solihull CCG Transformation team



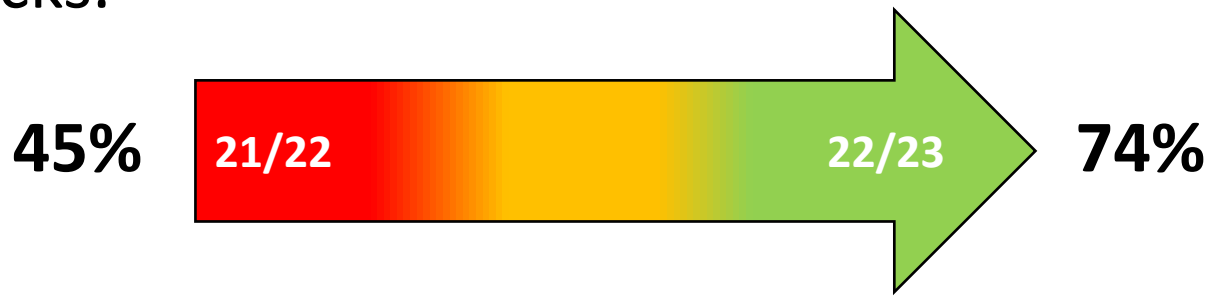
Health Inequalities Project 22/23

Aim

- The aim of the project was to improve primary care engagement and care in patients with a severe mental illness (SMI) diagnosis.
- This project aimed to build on existing work (monitoring elements of the DES) and improve engagement and delivery of beneficial interventions.

Result

- The PCN increased the number of SMI patients receiving their full physical health checks.



OHP

Review baseline data

21/22

	Physical health checks						
	BP	BMI	Cholesterol	HbA1c/ glucose	Alcohol status	Smoking status	All 6 health checks
Schoolacre	66%	63%	72%	63%	59%	72%	44%
Harlequin	64%	52%	54%	53%	50%	63%	27%
Hodge Hill	77%	76%	68%	69%	63%	71%	48%
Eden Court	77%	82%	75%	77%	72%	83%	59%
Church Road	69%	65%	70%	73%	62%	75%	49%
The Firs	68%	62%	65%	54%	65%	70%	46%
Mirfield	69%	66%	66%	66%	61%	76%	52%
PCN Total	70%	67%	67%	65%	62%	73%	46%

Recall systems/ Invites

Ensure a recall system is in place

Surgery	SMI reg	Recall system	Initial physical health check	SMR	Training?	Notes
Harlequin	131	Birth month	HCA for MH MOT only, Nurse if other LTC required	PCN pharmacist	HCA/Nurse	HCA to be SMI lead - provide lists by birth month
Firs	37	LTC by birth month	Nurse	PCN pharmacist	Nurse	Linked with LTC sytem PM/PT to send invites
Hodge Hill	62	LTC by birth month	HCA	PCN pharmacist	not req	Linked with LTC system admin to send invites
Eden Court	93	LTC by birth month	HCA	PCN pharmacist	not req	Linked with LTC system admin to send invites
Church Rd	100	EMIS diary	HCA	PCN pharmacist	HCA	Picked up by meds man when due, add searches to invite overdue pts
Mirfield	83	EMIS diary	Nurse	PCN pharmacist	not req	Picked up by admin and invited
Schoolacre	32	S1 Recall	Nurse	PCN pharmacist	online	Add in recall dates for each SMI pt, overdue list to PM

Tip: Work with the practice's current process

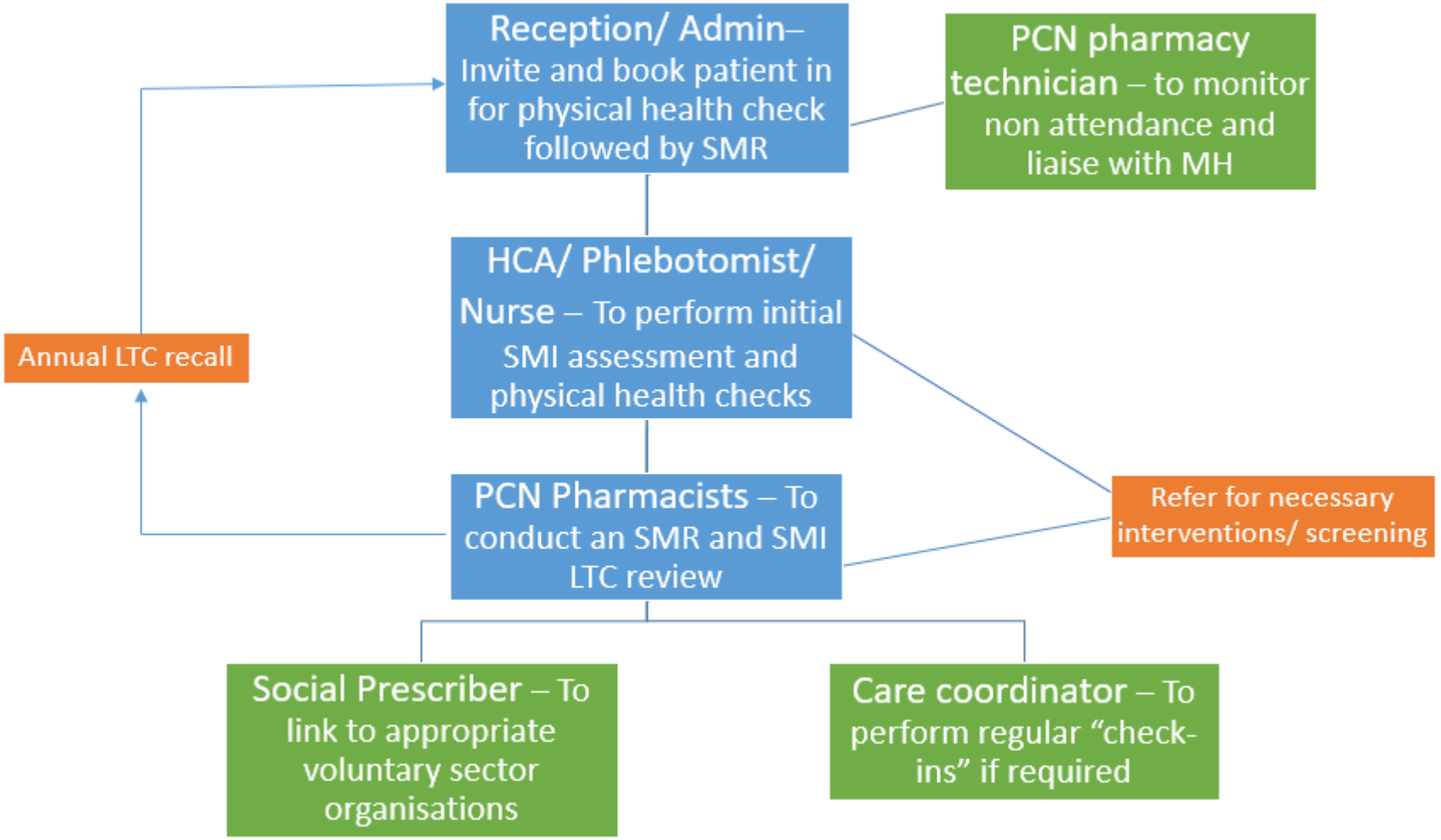
Utilise system alerts

- Mental Health Register Without BP Action More
- Mental Health Register Without Cholesterol or QRISK Score Action More
- On SMI register- needs health check: *Action to see if any of the 6 core items of the SMI health check are missing*
- SMI patient - eligible for QRISK: *Please do QRISK 3* Action More

- Needs Smoking Cessation advic...
- Non-Diabetic Hyperglycaemia
- Mental Health Care Plan Outsta...
- Alcohol Consumption recording

OHP

Process


Reception/ Admin– Invite and book patient in for physical health check followed by SMR
PCN pharmacy technician – to monitor non attendance and liaise with MH
HCA/ Phlebotomist/ Nurse – To perform initial SMI assessment and physical health checks
Annual LTC recall
PCN Pharmacists – To conduct an SMR and SMI LTC review
Refer for necessary interventions/ screening
Social Prescriber – To link to appropriate voluntary sector organisations
Care coordinator – To perform regular "check-ins" if required

Process

We developed a holistic approach involving:

PCN Pharmacy Technician	PCN Pharmacists	Nurses/ HCA	Internal Support	External support
				
• Project manage • Raise awareness across PCN • Provide training • Ascertain baseline data • Monitor progress	• Provide medication reviews • Carry out appropriate follow-ups after PHC • Signpost	• Carry out physical health checks • Offer lifestyle advice and appropriate interventions. • Support with recalls	• Social prescriber to support with finances, well-being, and other community links. • Care co-ordinator to support vulnerable or housebound patients • Admin, reception, practice manager	• Mental health team • Community pharmacist

OHP

Training

Mental Health Annual Review Checklist

Nurse/ HCA – Initial assessment

To do	Advice and referrals	Done
Bloods (check LTC bloods list, must include HbA1c & Lipids)		
BP and pulse/rhythm	Follow BP protocol if high, lifestyle advice	
Weight and BMI	Diet advice/ weight management referral	
Diet and physical activity recorded	Lifestyle advice	
Alcohol Status	Education/ referral	
Smoking Status	Advice/ smoking cessation referral	
Use of illicit substance	Referral	
Cancer screening	Encourage booking if applicable	

Pharmacist – for patients on medication

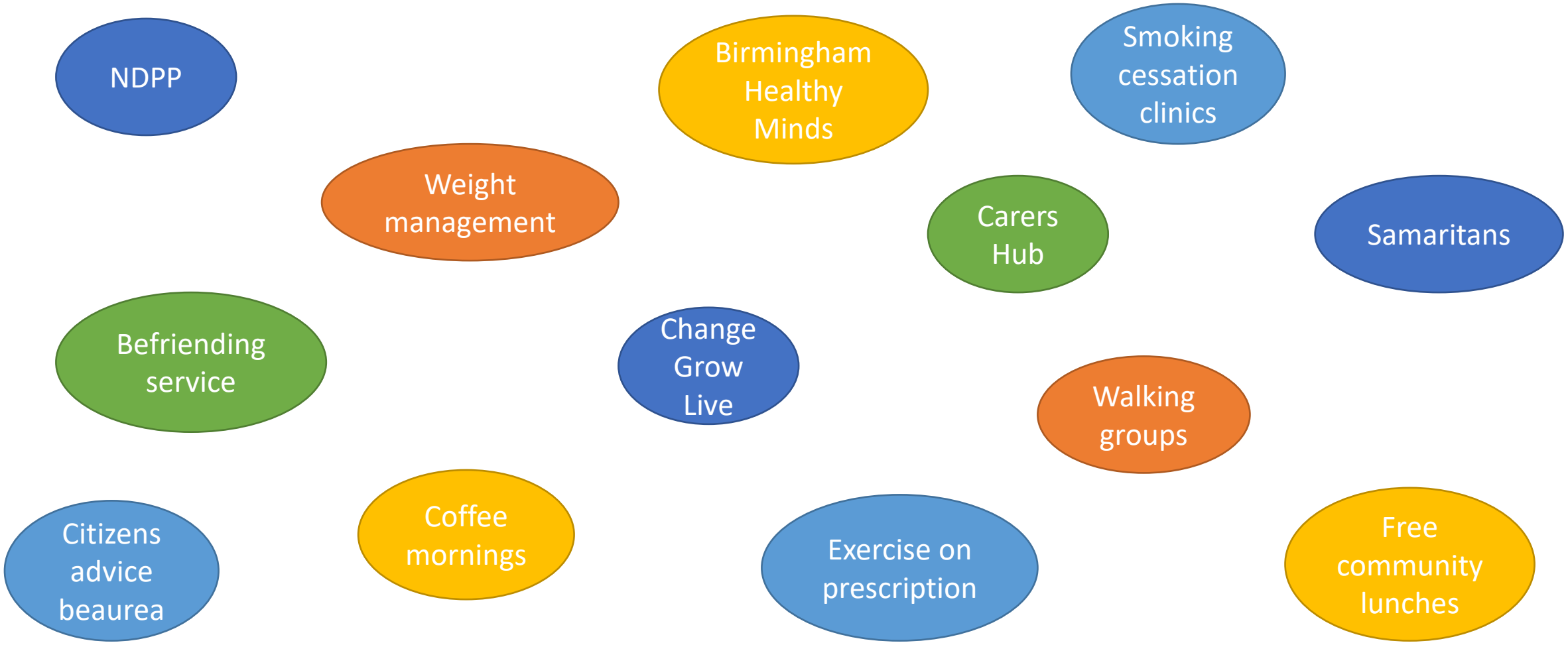
To do	Advice and referrals	Done
Check initial assessment complete	Ask for information or book in for appropriate checks	
Review bloods and BP (Hba1c/ Lipids)	Lifestyle advice, next steps if needed, referral to NHS diabetes prevention program	
Calculate QRISK	Lifestyle advice, offer statin?	
Complete SMR		
MH Wellbeing check	BHM accuRx?, Crisis numbers, offer Social prescribing referral, Care co-ordinator support?	

Pharmacy Technician – for patients who decline an SMR or have no medication

To do	Advice and referrals	Done
Check initial assessment complete	Ask for information or book in for appropriate checks, utilise accuRx	
Complete QRISK	Book in with pharmacist to discuss Statin if needed	
Send out SPLW info	Information & Self-referral link	
Send out or discuss PSQ	For random patients	

Training

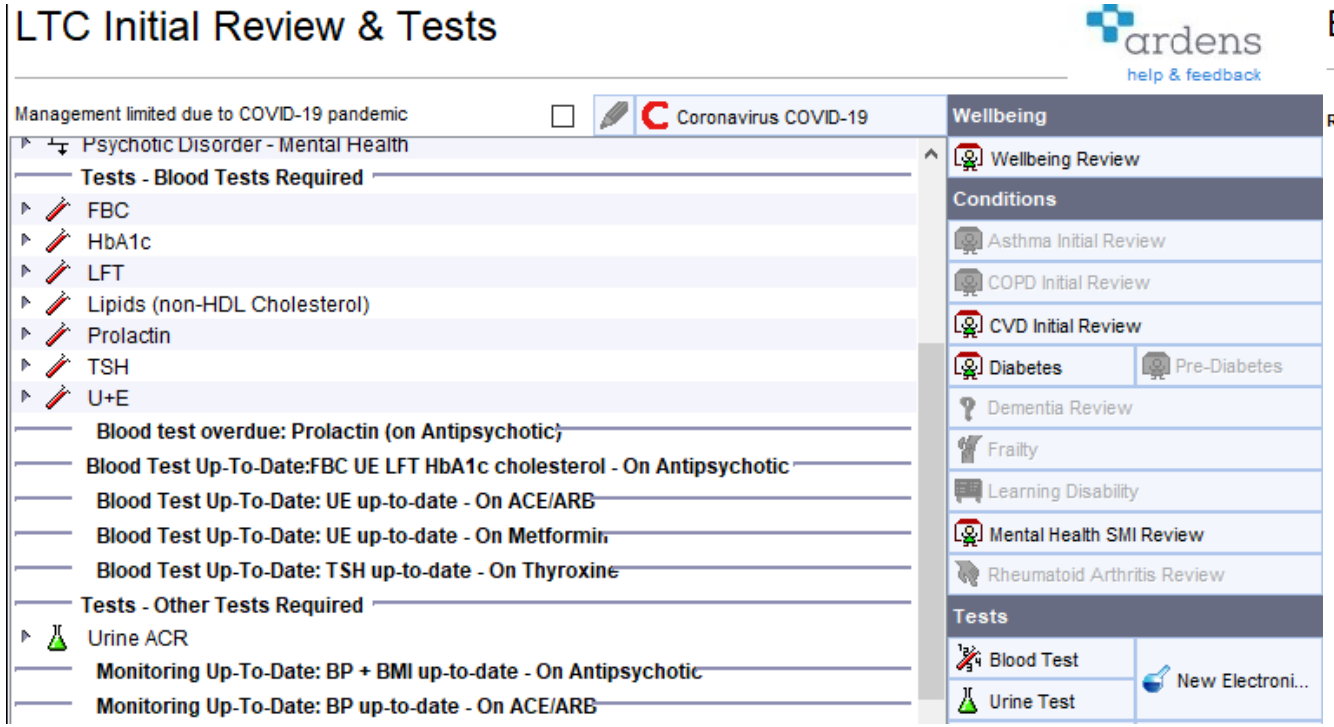
Raise awareness of resources available for follow up interventions



OHP

Training

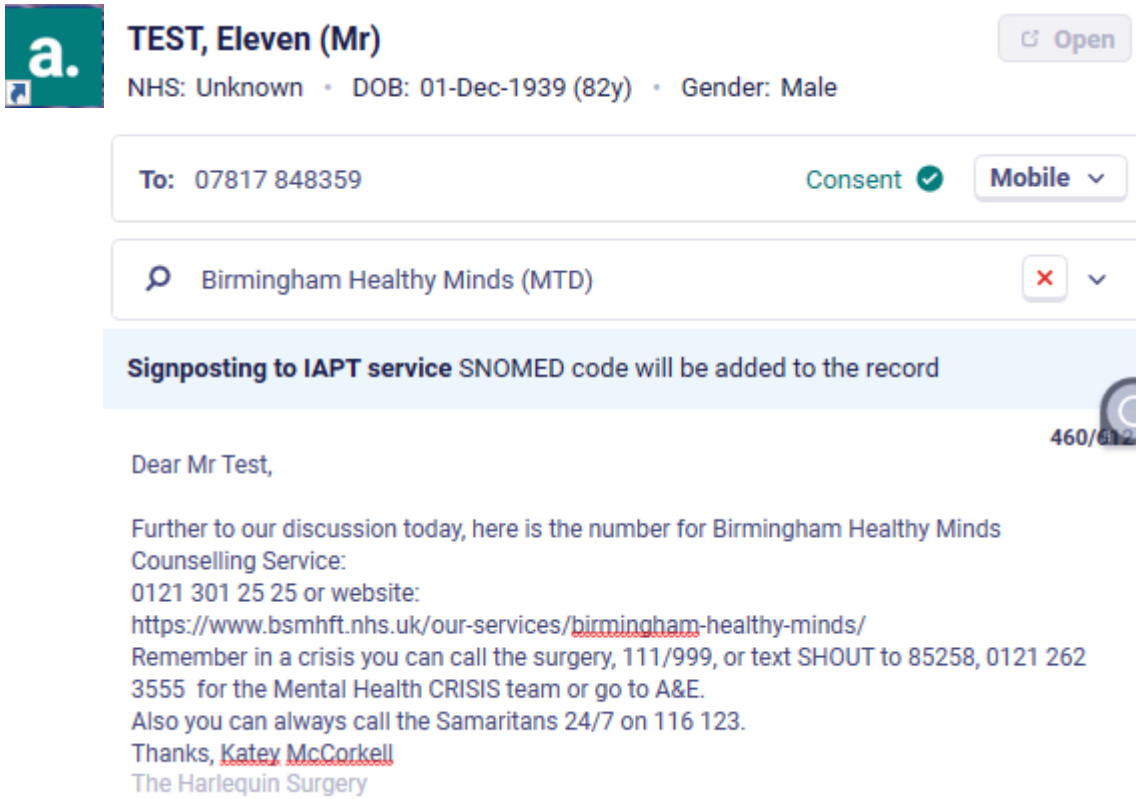
Use system templates

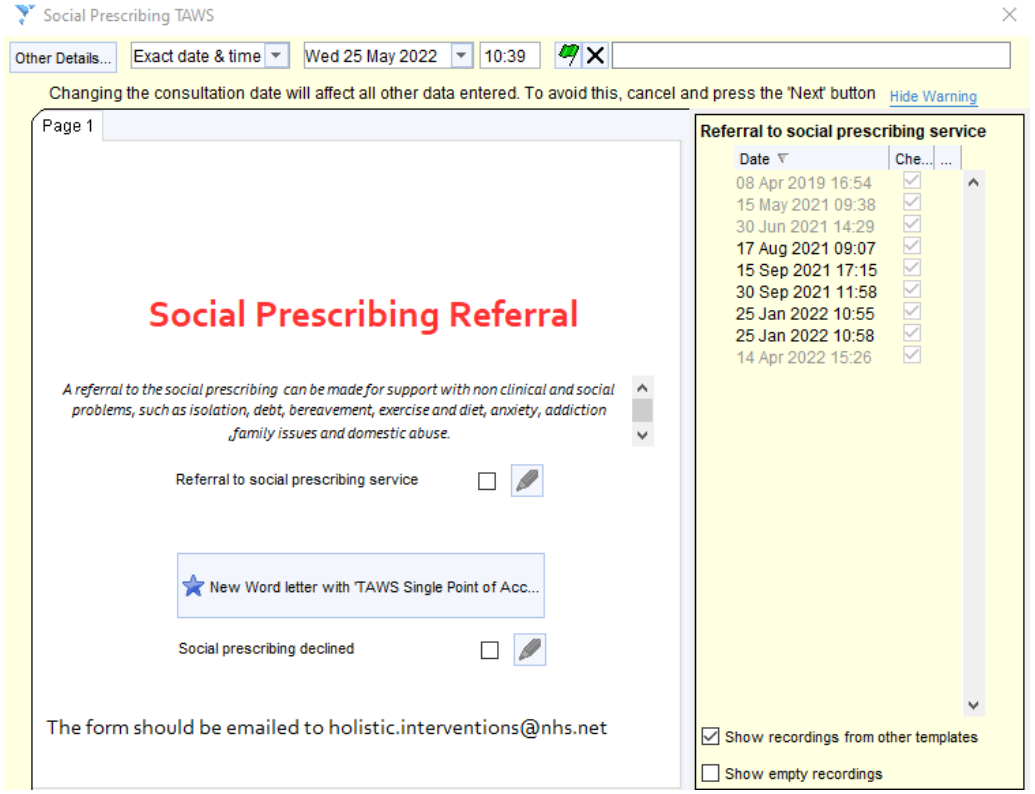


OHP

Training

Referrals and SMS templates





Going forward

		Physical health checks						
	SMI register	BMI	BP	cholesterol/ QRISK	HbA1c/ glucose	Alcohol status	Smoking status	All 6 health checks
PCN 21/22	533	66%	70%	66%	66%	61%	73%	45%
PCN 22/23	560	80%	83%	80%	80%	86%	89%	74%

QOF: Individual elements 50-90%, Full PHC 50-80%

Extras			Health & Wellbeing
Nutrition /activity level	Illicit substance	SMR done	Referred to social prescriber
		21%	5%
40%	23%	49%	16%

Continue to increase the number of SMR's and Social Prescribing referrals to support with interventions

Health Inequalities Project 23/24

Going forward

Follow up interventions										Cancer Screening/ advice			
Weight management	BP Lifestyle	BP drugs	Glucose at risk	Glucose DM	Alcohol	Smoking	Receiving interventions	QRISK done	QRISK>10 % statin offered/ declined	Screened / advised	Cervical screening	Breast screening	Bowel Screening
							64%			44%			
45%	36%	44%	58%	90%	54%	96%	61%	46%	97%	73%	88%	44%	87%

- Review ways to improve follow-up interventions
- Appoint an SMI champion for each surgery
- Focus on QRISK
- Increase the number of patients given advice about cancer screening
- Look at flu vaccination uptake in this patient group