

SMI Health Checks – Increasing engagement within Primary Care

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Shard End & Kitts Green PCN

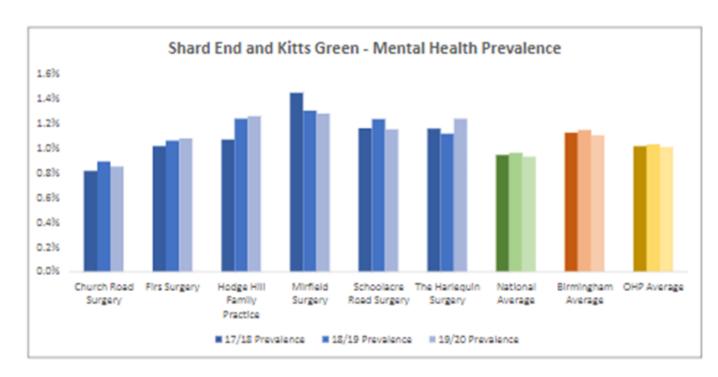
PCN Tackling Neighbourhood Health Inequalities Project

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





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.





Review baseline data

21/22 Physical health checks All 6 Alcohol Smoking health HbA1c/ BP Cholesterol glucose status checks BMI status Schoolacre 63% 72% 63% **59%** 72% 44% 66% 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 62% 65% 54% 65% 70% 46% 68% Mirfield 76% 69% 66% 66% 66% 61% 52% PCN Total 67% 67% 65% 62% 73% 46% 70%



Ensure a recall system is in place

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

 $\frac{1}{2}$ On SMI register-needs health check: Action to see if any of the 6 core items of the SMI health check are missing

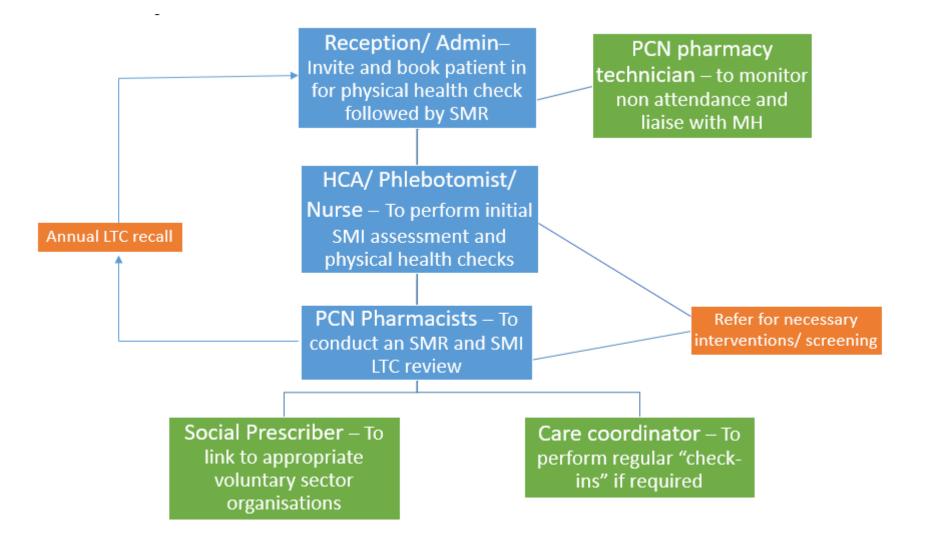
SMI patient - eligible for QRISK: Please do QRISK 3 Action More

🛆 Needs Smoking Cessation advic...

- 🛆 Non-Diabetic Hyperglycaemia
- 🛆 Mental Health Care Plan Outsta...
- 🛆 Alcohol Consumption recording



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



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	Lifestyle advice	
recorded		
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

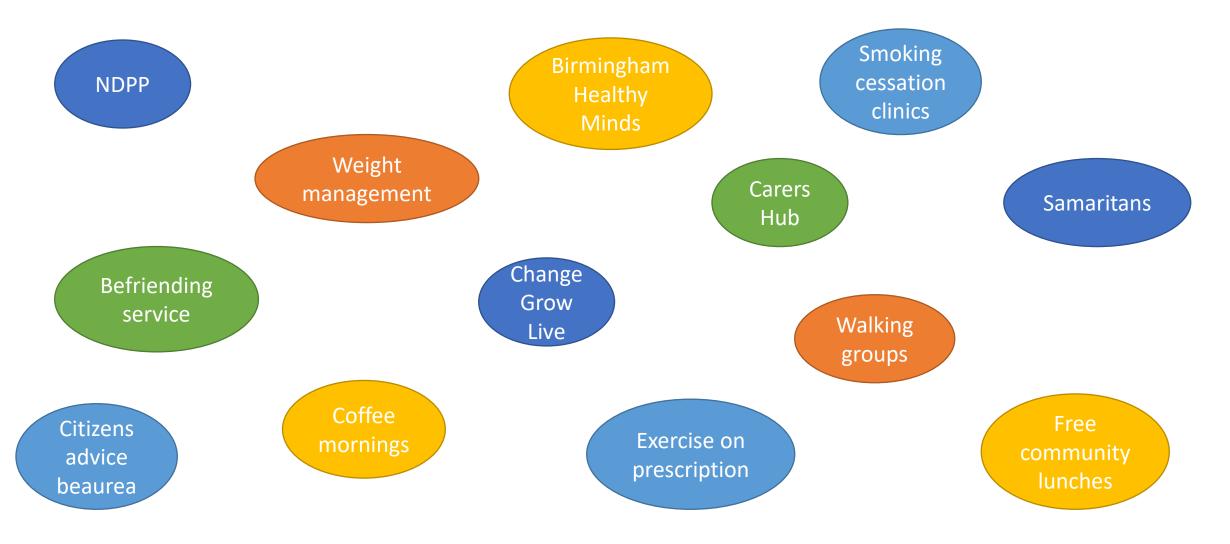
To do	Advice and referrals	Done
Check initial assessment	Ask for information or book in for	
complete	appropriate checks	
Review bloods and BP (Hba1c/	Lifestyle advice, next steps if needed,	
Lipids)	referral to NHS diabetes prevention	
	program	
Calculate QRISK	Lifestyle advice, offer statin?	
Complete 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	Ask for information or book in for	
complete	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	



Raise awareness of resources available for follow up interventions





🔻 🥒 📑 Care Plan

🛆 Future Care Plan..

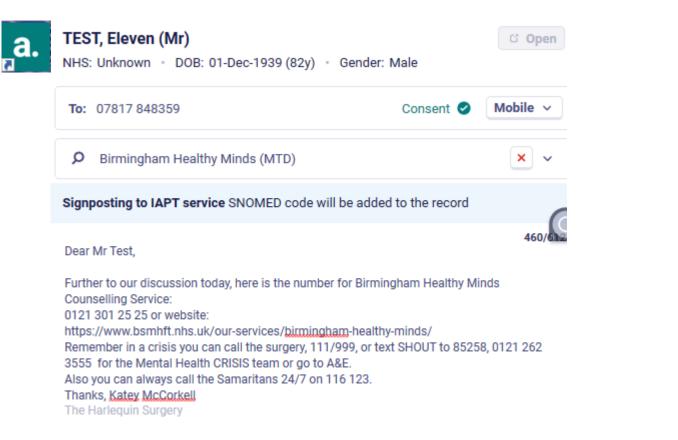
Use system templates

TC Initial Review & Tests	help & feedback	Bipolar Disorder	- Review - Physical He	alth	help & feedba
nagement limited due to COVID-19 pandemic 🛛 🖉 🕻 C Coronavirus COVID-19	Wellbeing	Review 📩 Review	·	MI enhanced services a	administration
+ Psychotic Disorder - Mental Health	Vellbeing Review	\star 📩 Alcohol			-
Tests - Blood Tests Required	Conditions	★ Diet			
/ FBC		* Exercise			#
/ HbA1c	Asthma Initial Review		· · · · · · · · · · · · · · · · · · ·		
	Q COPD Initial Review	★ Oral health			A
Lipids (non-HDL Cholesterol) Prolactin	CVD Initial Review	📩 Sexual health	~		×
Prolactin TSH	Diabetes Pre-Diabetes	— 📩 📩 Smoking	~		<u> </u>
/ U+E	R A	📩 📩 Substance Misuse	· · · · · · · · · · · · · · · · · · ·	B //	I
Blood test overdue: Prolactin (on Antipsychotic)	P Dementia Review	★ ★ Weight	Kg Height 1.651	m BMI	👜 BMI Calculator
Blood Test Up-To-Date:FBC UE LFT HbA1c cholesterol - On Antipsychotic	🖬 Frailty	★ Waist circumfere	cm		Weight declined
Blood Test Up-To-Date: UE up-to-date - On ACE/ARB	Learning Disability	★ Weight referral	•	Dbesity & Weight M	
Blood Test Up-To-Date: UE up-to-date - On Metformin	Review	★ ★ BP	BP mmHg	BP Monitoring	BP refused
Blood Test Up-To-Date: OL up-to-date - On Thyroxine		THR	bpm	MBPM Diary	Vitals & Lifestyle
Tests - Other Tests Required	Rheumatoid Arthritis Review	Pulse	· · · · · · · · · · · · · · · · · · ·		
Urine ACR	Tests	📩 📩 Total cholesterol	mmoVI	Phlebotomy	Cholesterol declined
Monitoring Up-To-Date: BP + BMI up-to-date - On Antipsychotic	🔏 Blood Test		35 mmo/mol	Diabetes	Glucose test declined
Monitoring Up-To-Date: BP + Dim up-to-date - On ACE/ARB	Urine Test			Ju Diabetes	
Monitoring op-10-Date. BP up-to-date - On ACE/ARB		📩 📩 Cancer	🔍 Cancer Screening		
		Risk 📩 CVD Risk	~	🥒 😫 QRISK2 🛛 💐	CVD Review QRISK
		Management Immunisations	•	M Immunisations	💞 Patient Goals
		📩 Medication review			GASS

★ Care plan



Referrals and SMS templates



Social Prescribing TAWS	>
her Details Exact date & time 💌 Wed 25 May 2022 💌 10:39 🥙 🗙	
Changing the consultation date will affect all other data entered. To avoid this, cancel	and press the 'Next' button Hide Warning
Page 1	Referral to social prescribing service
A referral to the social prescribing can be made for support with non clinical and social problems, such as isolation, debt, bereavement, exercise and diet, anxiety, addiction family issues and domestic abuse.	Date Che 08 Apr 2019 16:54 ✓ ✓ ▲ 15 May 2021 09:38 ✓ ▲ ▲ 30 Jun 2021 14:29 ✓ ▲ ▲ 17 Aug 2021 09:07 ✓ ▲ ▲ 30 Sep 2021 17:15 ✓ ▲ ▲ 30 Sep 2021 11:58 ✓ ▲ ▲ 25 Jan 2022 10:55 ✓ ▲ ▲ 14 Apr 2022 15:26 ✓ ▲ ▲
New Word letter with 'TAWS Single Point of Acc Social prescribing declined	✓ Show recordings from other templates Show empty recordings



Health Inequalities Project 23/24

Going forward

			Physical health checks								
	SMI register	DIM	вр	cholester ol/ QRISK	-			All 6 health checks			
PCN 21/22					<u> </u>						
PCN 22/23								74%			



	Extras		Health & Wellbeing
Nutrition /activity level		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 Scre	ening/ advi	ce	
,	Weight									QRISK>10 % statin				
- 1	manage	вр			Glucose				QRISK	offered/				Bowel
	ment	Lifestyle	BP drugs	at risk	DM	Alcohol	Smoking	interventions	done	declined	/ advised	screening	screening	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