

## Physical Health Checks in Serious Mental Illness

### Frequently Asked Questions

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**Q: Where have the trajectory figures come from?**

**A:** Projected figures were set by the National team, to help inform locally determined trajectories, and communicated to each CCG during the summer of 2018. If a CCG challenged the projections new figures were negotiated, where no challenge was received the National figures were taken as agreed.

**Q: Who at the CCG agreed these?**

**A:** Where no response was received to the request for discussion, or the reminder, it was considered that the nationally derived figures were acceptable to the CCG.

**Q: How is delivery of this trajectory going to be monitored?**

**A:** The new mandatory quarterly reporting via SDCS will support the monitoring process, but this will be supplemented by regular contact from the team Project Officer, and discussion about how the trajectory is to be achieved, issues identified and support required. The Q4 return will be used to determine whether 2018/19 trajectories were met.

**Q: How will the trajectories for 2019/20 be decided? And when?**

**A:** Through the 2019/20 operational planning cycle. Please refer to the NHS England website for more information and updates: <https://www.england.nhs.uk/deliver-forward-view/>. The [NHS Operational Planning and Contracting Guidance 2019/20](#) reiterates the requirement that at least 60% people with a severe mental illness should receive a full annual physical health check.

**Q: Is there a recommended template for recording the physical health check?**

**A:** There are a number of templates in use across the country by different organisations, and on different clinical systems. The 'Bradford template' is available in the system templates of both EMISWeb and SystemOne. Instructions for use of the template can be found in the guidance attached at the end of this document.

**Q: Does the Bradford template record all 12 indicators necessary from 2019/20?**

**A:** The template currently only allows the recording of the initial 6 indicators, but a re-design is taking place to align to NHS England commissioning guidance fully. It is hoped that this re-design will be complete by April 2019.

**Q: Is there any training available for CCGs and GP practices in relation to PH in SMI?**

**A:** There is an e-learning module available via the Academic Health Science Network website, along with other training opportunities. Further details of these can be found in the guidance attached or via future communications from the team.

**Q: What is the denominator mentioned in the reporting notes?**

**A:** The denominator is the total number of patients on the SMI register at each practice as reported by the CCG to SDCS.

**Q: What is the numerator mentioned in the reporting notes?**

**A:** The numerator is the number of patients who have had all 6 health checks within the 12 months to the reporting date (the last day of the quarter) as reported by the CCG to SDCS.

**Q: How can we obtain this information from practices?**

**A:** This information can either be obtained manually or electronically from the CCGs commissioned provider which will either be the GP practices in each CCG area or where an enhanced service is in place, the provider delivering these e.g. a mental health Trust delivering in a primary care setting.

**Q: How does the collection of data fit with GDPR?**

**A:** This is an aggregate collection considering the numbers of physical health checks delivered on a CCG-level in primary care settings. There is no exchange or reporting of record-level information. Risk of Disclosure Review documentation identified the data collection, reporting and monitoring process as low-risk. Please also note that this data collection was approved by the Data Coordination Board as confirmed by the DCB Assurance Certificate.

CCGs have a delegated responsibility to improve physical healthcare for people with SMI in line with their legislative duties for addressing equalities and health inequalities. In accordance with the Public Sector Equality Duty, section 149 (1) of the Equality Act 2010 and the Health and Social Care Act 2012, CCGs alongside other bodies have duties regarding:

- eliminating unlawful discrimination under the Equality Act 2010;
- advancing equality of opportunity;
- fostering good relations;
- reducing health inequalities in access to health and health outcomes; and
- improving services and developing more integrated services.

The data collection links to CCGs' Statutory functions and responsibilities to reduce health inequalities, and to improve and integrate services providing physical healthcare for people with SMI. This is an important part of a broader CCG and STP-level commitment to reduce premature mortality across the SMI cohort.

Guidance on the rights of individuals to opt out of the usage of confidential patient information for research and planning purposes is available on the NHS Digital National data opt-out programme website. The resources include information on exemptions from the opt-out. Note that in General Practices, the national data opt-out programme has replaced the previous 'type 2' opt-out.

**Q: How does the manual collection of data work?**

**A:** As part of the contracted service specification, the CCG would need to require that every provider (i.e. GP practice) in their area provide all the numbers required each quarter in a spreadsheet. The information provided by each practice will then need to be manually input to SDCS.

**Q: How does electronic collection of data work?**

**A:** Each CCG has the option to purchase the reporting software for their particular clinical system. It may be that they need to buy more than one, if practices use different systems. The reporting software will have the facility for searches to be created which will pull the relevant numbers from the practice clinical systems. Some software may require a practice to 'opt in' otherwise their data cannot be obtained. The data obtained is anonymous, and is loaded into a spreadsheet. The data will then need to be manually input to SDCS.

**Q: Is there guidance available with the read codes for all 12 indicators?**

**A:** Guidance is currently only available for 6 indicators, additional guidance is being prepared.

**Q: The new national SDCS submission of data uses a rolling 12 month position for each of the health check areas. Why has this been requested when it does not represent the correct position for 2018/19?**

**A:** The explanation provided by the NHS England's National team is that NHS England commissioning guidance outlines that 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, in line with NICE clinical guidelines CG185 and CG178. The current SDCS collection aims to capture activity against this in a primary care setting, collecting data on the delivery of the full comprehensive physical health assessment to the SMI cohort.

Through rolling annual submissions, the SDCS collection aligns to the annual delivery of the health check specified in the commissioning guidance, while recognising that individual elements of the physical health check can be carried out at different times. All 6 elements of the check would need to be carried out between those specified dates for the check to also count as a full physical health assessment delivered in the 12 months to the end of the reporting period.

CCGs have set trajectories for the quarterly delivery of physical health checks and follow-up care in primary care settings. The rolling year's data gives indicative information against these trajectories but we will only be able to determine confidently whether the trajectories have been met at the end of Q4, as this will tell us how many people on the GP SMI register received the comprehensive check in 2018/19.

**Q: How should SMI patients in remission be recorded for reporting purposes?**

**A:** As per QOF Guidance, the SMI register should include patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses, as well as other patients on lithium therapy. The QOF guidance also contains details on when clinicians should consider excluding patients from the SMI register because their illness is in remission. If a patient is in remission, they would remain on the SMI register (in case of future relapse) but would be excluded from denominators for individual QOF indicators.

**Q: If SMI patients in remission are excluded from PH in SMI reporting, will there not be a discrepancy between these figures and those reported for QOF?**

**A:** SMI patients in remission should be coded appropriately and excluded from both QOF and PH in SMI reporting.

## Contacts

If you would have any further questions regarding the above please do not hesitate to contact the team :-

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## Reference:

[NHS England » Improving physical healthcare for people living with severe mental illness \(SMI\) in primary care: Guidance for CCGs](#)



Draft resource pack -  
September 2018 upda



SysmOne - add  
template



SysmOne  
Screenshots



Bradford tool for  
EMISWeb