

Delivering Physical Health Checks for People on SMI Registers

(1st October 2019 – 31st March 2020)

1. Purpose of Agreement

This Agreement outlines the service to be provided by the Provider, called Delivering Physical Health Checks for People on SMI Registers.

2. Duration of Agreement

This agreement is for a period of six months, commencing **1st October 2019** and ending on **31st March 2020**.

3. Background

People living with severe mental illness face one of the greatest health inequality gaps in England. Individuals with SMI are not consistently being offered appropriate or timely physical health assessments despite their higher risk of poor physical health. The five-year forward view for mental health committed to leading work to ensure by 2020/21, SMI patients have their physical health needs met by increasing early detection and expanding physical assessment and intervention each year.

This local enhanced service aims to improve health outcomes for SMI Patients and supports the national SMI physical health ambition and National CQUINS.

4. Aims

In order to deliver the requirements of this objective the practices will need to:

- Increase the uptake of physical health checks for all patients on SMI registers (target of 60% of QOF SMI Register)
- Adopt the use of the Bradford Toolkit for undertaking physical health checks. Data entry templates for both clinical systems are available (and updated) on the C and P dashboards/EMIS web support.
- Work closely to support PRISM teams with collaborative working and supporting access to physical health checks and interventions

5. Service Delivery

To provide a comprehensive and systematic annual health check and cardiovascular risk assessment for those currently on the Severe and enduring Mental Illness register (SMI) to build upon the existing QOF criteria for Mental Health (MH).

- a) Eligible individuals from the practice SMI registered list will be offered a health check which includes the interventions detailed at point 1a below.

1a *NICE Guidance Physical Health Checks for people on SMI Registers.

<p>Measurements Body Mass Index Waist circumference Pulse rate (ECG if clinically indicated) Blood pressure</p>	<p>Blood tests Lipids Fasting Blood Glucose or HbA1C</p>
<p>Screening Support access to all national screening programmes (cervical, breast, bowel, aortic aneurysm) Encouraging discussion and provide advice on self-examination (breast and testicular) –well woman/well man advice</p>	<p>Lifestyle advice/management Sleep Smoking Exercise Alcohol Diet (including request to PRISM for support to enable people to access physical health interventions)</p>
<p>Medication review including: Antipsychotics – annual review Mood stabilisers – annual review</p>	

- b) Quality and Clinical Governance Standards

The provider will ensure that patients receive a quality service whilst in their charge and will ensure the following quality standards are in place:

- i) Ensure adherence to best practice and commitment to continually improving the service.
- ii) Meet all clinical standards, legislative guidance and local procedures as required of the service.
- iii) Meet all applicable statutory reporting requirements such as compliance against Care Quality Commission Quality and Safety regulations. The provider should provide evidence of compliance to the commissioner as and when requested to do so.
- iv) Practices will be expected to adopt the Standard Operating Procedure attached herewith.
- v) In addition, the service will be expected to conform to relevant national and local guidance and NICE guidelines in particular.
- vi) Providers should ensure that appropriate risk management and health and safety procedures are in place.
- vii) Providers should ensure appropriate systems are in place to report Serious Incidents in line with national and local policy.

6. Service outline

- a) **The development and maintenance of a register.** Contractors should be able to produce an up to date register of all patients which includes patient ID reference number, date of birth, the indication for, and length of treatment

- a) **Professional Links.** To work together with other professionals when appropriate and to promote engagement of people with SMI with physical health checks and interventions. Any health professionals involved in the care of patients in the programme should be appropriately trained
- b) **Referral Policies.** When appropriate to refer patients promptly to other necessary services and to the relevant support agencies using locally agreed guidelines where these exist
- c) **Patient Education.** To provide education to patients (and their carers and support staff when appropriate) in the management of their condition
- d) **Call and Recall.** To ensure that a systemic call and recall of patients on this register is taking place either in a hospital or general practice setting.
- e) **Clinical Procedures.** To ensure that all clinical information related to the service is recorded in the patient's own GP held lifelong record.
- f) **Record-Keeping.** To maintain adequate records of the service provided.
- g) **Training.** Each practice must ensure that all staff involved in providing any aspect of care under this scheme have the necessary training and skills to do so

7. Accreditation

Those doctors who have previously provided services similar to this service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the service shall be deemed professionally qualified to do so.

8. Untoward events

It is a condition of participation in this service that practitioners will give notification to the Commissioner clinical governance lead of all emergency admissions or deaths of any patient covered under this service, where such admission or death is or may be due to usage of the drug(s) in question or attributable to the relevant underlying medical condition. This must be reported within 72 hours of the information becoming known to the practitioner. This is in addition to a practitioner's statutory obligations.

9. Activity Reporting and Payment Arrangements

- Reporting Arrangements

Practices will not be required to submit health check activity to the CCG as this will be extracted centrally on behalf of Practices, via our Primary Care Information Team on a quarterly basis.

If Practices require help or advice on clinical recording, coding and reporting, please contact The Primary Care Information team via the following email address: capccg.primarycareinformation@nhs.net

- Payment Arrangements

Practices will receive £0.12 per patient, based on list size as of 1st April 2019, for undertaking the requirements as outlined in section 4 of this agreement.

10. Payment Verification

Practices entering into this contract agree to participate fully in the post payment verification/validation process determined by the Commissioner and LMC. Practices should ensure that they keep accurate records to ensure a full and proper audit trail is available and Practices are encouraged to utilise Practice computer systems to enable this condition to be met.

11. Performance

The CCG reserves the right to suspend the commissioning of this service where there are concerns around compliance and patient safety.

12. Safeguarding Adults

It is important that practices protect adults from avoidable harm (as defined in Safeguarding Adults guidelines) including safeguarding training, training on the Mental Capacity Act and Deprivation of Liberty. A Safeguarding lead should be identified in each practice.

13. Care Quality Commission (CQC)

The provider must meet CQC standards and where appropriate be registered with the Care Quality Commission (CQC). The standards and the relevant services are contained in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2014.

14. Termination

Should either party wish to terminate this agreement, a minimum period of 3 months notice must be provided in writing.

15. Signatories to the Agreement

Practices wishing to provide this service are required to complete & sign the application form and return to the Commissioner for consideration.