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Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

BNSSG Primary Care Commissioning Committee (PCCC)

Date: Tuesday 28th June 2022
Time: 9.30am – 11.45am
Location: Meeting to be held virtually, please email bnssg.corporate@nhs.net if you would like to attend.

Agenda Number:	8
Title:	SMI (Severe Mental Illness) physical health improvement programme Seeking PCCC's agreement to extend the primary care incentive scheme through 2022/23
Purpose: Seeking PCCC's agreement to extend the primary care incentive scheme through 2022/23	
Key Points for Discussion:	
See accompanying PowerPoint slides – Main points: • 2021/22 scheme successful – bringing about significant improvement in performance. • Proposal to continue incentive scheme throughout 22/23. • MOU drafted to issue to PCN CDs. • Including a set of stipulations required for payments.	
Recommendations:	The PCCC is asked to endorse the recommendation that the SMI physical health improvement programme primary care incentive scheme is funded through the Community Mental Health Programme through 2022/23.
Previously Considered By and feedback:	PCOG on 16th June 22. Supported the proposal.
Management of Declared Interest:	No specific declarations of interest in relation to this item
Risk and Assurance:	A full project risk register is held by the Steering Group – main risks: • As a result of physical health checks being undertaken, but little follow-up and few health action plans created, there is a risk that Physical Health problems will continue to go unaddressed resulting in continued early mortality and poorer health outcomes. Score: 4x4 = 16

	• As a result of failure within the system to address the specific needs in relation to engagement/access of particular demographic groups which are over-represented within the SMI cohort (e.g. Black/African/Caribbean men), there is a risk that they will not be engaged and their physical health improvement will be unaddressed, which may result in a perpetuation of their health inequalities. Score: 2x4 = 8 • As a result of some clinicians' perception that service users lack motivation/interest in their own health improvement, there is a risk that they will continue to be held responsible for their lack of engagement which may result in its perpetuation. Score: 2x4 = 8
Financial / Resource Implications:	Budget allocated = £340,000
Legal, Policy and Regulatory Requirements:	None
How does this reduce Health Inequalities:	This national programme was put in place to address a stark health inequality faced by the SMI cohort.
How does this impact on Equality & diversity:	Need to focus on further disadvantaged communities within the SMI cohort, especially on particular ethnic minority groups and areas of high socio-economic deprivation.
Patient and Public Involvement:	This is a very specific cohort of patients (people with one of three psychosis-related diagnoses). It is not an issue for wider public involvement.
Communications and Engagement:	Local communications are planned to go out to all PCNs to support the commencement of the 22/23 primary care incentive scheme once agreed.
Author(s):	Ian Popperwell
Sponsoring Director / Clinical Lead / Lay Member:	Sukeina Kassam

Bristol, North Somerset and South Gloucestershire
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SMI (Severe Mental Illness) physical health improvement programme
Seeking PCCC's agreement to extend the primary care incentive scheme through 2022/23

Primary Care Commissioning Committee
28th June 2022

Created by
Ian Popperwell

Background and summary from 2021/22

In August 2021 primary care incentive scheme introduced via Covid Expansion Fund scheme with £160K found from 220/21 CCG underspends

- Scheme introduced to incentivise GP practices to undertake full sets of physical health checks.
- Addressing the SMI health inequality is a national priority
- Part of Core20Plus5
- BNSSG had remained one of lowest performers in the country and region
- £40 paid for each full set of health checks coded and recorded into EMIS.
- (additional to QOF payments)
- Paid to and administered by PCNs
- BNSSG moved from CC. 12% of people on SMI register receiving health checks (in August 21) to 45.7% (in March 22)
- Usage of funding = 87% (£138,700) of the £160k funding was used based on the delivery of completed health checks.
- 3 PCNs did not use all of their 50% upfront payment

Proposal to extend scheme through 22/23

- The incentive scheme has clearly been the trigger for PCNs and practices to mobilise on this national priority
- We propose to:
  - Continue the scheme to avoid a lapse back
  - Ensure that health checks result in health improvement
  - Continue to work through PCNs
- We have £340K in 22/23 which will cover the entire cohort, so no need for caps on activity
- We expect PCNs to:
  - Use the resource as appropriate to their local need
  - Support practices with large registers
  - Maintain our improvement

Memorandum of Understanding

- We are seeking PCCCs approval for
- MOU drafted ready to issue to PCN CDs
- Including the following stipulations:
  - Payment for full sets of health checks SNOMED coded and recorded into EMIS
  - Permission to share data (for comparative purposes) with all practices
  - The standard letter / leaflet used
  - Recording of onward signposting and referral to further tests, screening, treatment and health improvement interventions

MEMORANDUM OF UNDERSTANDING

SEVERE MENTAL ILLNESS (SMI) PHYSICAL HEALTH IMPROVEMENT: PRIMARY CARE INCENTIVE SCHEME

BETWEEN

PRIMARY CARE NETWORK (PCN) XXX

AND

NHS BRISTOL, NORTH SOMERSET, SOUTH GLOUCESTERSHIRE CCG

(APRIL 2022 TO MARCH 2023)

THE PARTNERS FROM THE CONSTITUENT PRACTICES OF:

1. Primary Care Network (PCN) - xxxxxxxxxxxxxxxxxxxxxxxx
2. NHS BNSSG CCG

THE PARTNERS ACCOUNTABLE REPRESENTATIVES:

1) Partners of above PCN primary medical services provider(s)
2) Lisa Manson, Director of Commissioning

1. PURPOSE OF THE MEMORANDUM:

1.1 The purpose of this Memorandum of Understanding (MOU) is to:
- Describe the key principles and measures governing the allocation of the primary care incentive scheme funding to the PCN.
- Outline the governance and reporting arrangements.

1.2 The Partners, individually and collectively, have (by signing the Memorandum) agreed to use all reasonable endeavours to comply with the terms and spirit of the Memorandum.

1.3 It has been agreed to provide funding at PCN level in order to respond to programmes of work where practices in PCN groupings should work together to achieve economies of scale and to ensure appropriate population coverage.

2. KEY PRINCIPLES:

The Partners have (by signing the Memorandum) agreed the following key principles:

2.1 Funding is ring fenced exclusively for use by PCNs to fund partners/practices to undertake work to support the delivery of the SMI health check incentive scheme.

2.2 The Community Mental Health Programme SMI Physical Health Steering Group's 'Principles for good SMI physical health' (Appendix 1).

3. EXPLANATION OF THE SCHEME

3.1 This is a payment by results scheme (in addition to QOF and IIF) to encourage the increase in the completion of the mandated set of six annual physical health checks for people on the SMI registers from April 2022 to end March 2023.

3.2 There is a total of £340,000 allocated to this scheme in 2022/23 across BNSSG, and the amount available to each PCN will be proportionately distributed according to their partner practices' SMI register sizes. A payment of £40 will be made for each full set of (six) SMI Annual Health Checks completed, SNOMED coded and recorded into EMIS. This represents 8,500 sets of physical health checks across all BNSSG practices, which will cover the entire cohort. *N.B. QOF targets still apply unless national guidance is issued in year*

3.3 The health checks are not an end in themselves and must be followed up with any necessary action identified by their results in order to address the physical health issues that have led to the stark health inequality of this cohort. This includes onward referral for further tests, screenings or treatment as appropriate, as well as referral/signposting to local community-based health improvement interventions - the Ardens template allows for the recording of these as appropriate to individual need. This MOU expects this level of recording for each patient on the SMI register.

3.4 There is no specific stipulation as to how PCNs should use the payments, as it is important that they have the freedom to use them to maximise any opportunities to improve the physical health of the patients on their SMI registers, and take into consideration the particular demographics of their locality. Similarly, the money could be used to directly pay practices for the health checks they have undertaken, or used to purchase PCN-wide resources.

3.5 Possible uses of the funding include: recruiting (or extending extra hours of HCA, Nurse, social prescriber, health navigator etc time); supporting the workload of practices within the PCN with large SMI registers; for specific outreach to BAME communities; home visits; peer support; engagement with voluntary sector partners to support engagement/health improvement.

3.6 Practices are now using a range of means to contact their patients with SMI to improve engagement (letter, phone calls, text messages). All of these are valid so long as they are tailored to the specified informational needs of patients and give a consistent message about the checks. We have learned that patients with SMI want to know the reason for the checks, what they can expect, the details, and what they will gain from them. In order to bring about greater consistency, a new single letter and accompanying leaflet have been co-produced by people with lived experience and clinical leads which has been published by One Care to practices as an EMIS template, and is called *'CCG BNSSG SMI HC invitation letter and leaflet'*. This should be used by all practices as the standard letter, or as the basis of invitations made via a phone call. Text messages are best used as reminders as they do not allow space for detailed explanations.

3.7 Due to variations in different templates available within EMIS, we recommend the use of the Ardens template as it incorporates the six

mandated health checks, and also supports inclusion of a greater range of health issues including cancer screening.

4. REQUIREMENTS OF THIS MOU

In order for the CCG to make the appropriate payments the following conditions will apply to PCNs and Practices:

4.1 Health checks: For each patient, all 6 health checks (described in Appendix 2) must be completed, SNOMED coded and recorded into EMIS

4.2 Data:

- 4.2.1 Data will be used to track the number of health checks achieved as part of the incentive scheme NOT individual practice performance
- 4.2.2 Monthly running of practice level EMIS search & report for SMI health checks
- 4.2.3 Practice level reporting will be shared with the SMI Steering group, ICP leads, PCN leads and all practices
- 4.2.4 Data will show the number of people on the SMI register, SMI prevalence, no. of complete sets (all 6) of health checks and no. of individual checks.
- 4.2.5 Data will be shown by locality and percentages included will show; the proportion of register size, proportion health checks completed, of total BNSSG and percentage of SMI register with a full set of health checks.
- 4.2.6 The only change from current permissions is the practice level report will be shared with all practices. This will allow practices to understand their own performance in the context of the PCN, Locality Partnerships and system level.

4.3 Invitations: To ensure consistency of practice, when inviting patients for SMI physical health checks, practices must use the new standard letter and leaflet (see 3.6), either sent by post or email or their content used as the basis of invitations made via a phone call. Note, this includes all communications in other community languages.

4.4 The results of each person's physical health check will be followed up by the necessary signposting, referrals for further tests, screening, treatment or health improvement activities as appropriate to their needs and recorded into the EMIS Ardens template. For those few practices that don't use Ardens, we recommend the choice of another available template that allows for this follow-up recording.

5. PRIORITY GOALS

The Partners have (by signing the Memorandum) agreed to commit to achievement/focus on the following priority goals:

5.1 To support improvement of practice and completion of severe mental illness (SMI) physical health checks – using the funding as an enabler to resource service improvement requirements.

5.2 To meet or exceed NHS England's 2022/23 requirements in relation to the number of physical health checks undertaken. N.B. In 2022/23, NHSE will be using measurement of volume (the number of health checks undertaken) rather than a percentage.

5.3 To ensure that the results of the health checks lead to necessary onward referrals for further treatment, screening and health improvement interventions.

5.4 To increase take-up of flu vaccinations.

5.5 To increase take-up of COVID vaccinations.

5.6 To increase take-up of cancer screening.

6. GOVERNANCE

6.1 The Primary Care Commissioning Committee will be responsible for oversight and monitoring achievement of the terms of this MOU against the delivery of SMI health checks.

6.2 The Community Mental Health Programme Severe Mental Illness Physical Health Improvement Steering Group will monitor the use of the incentive scheme funds and the picture of achievement on a monthly basis.

7. FUNDING

7.1 All funding attached to this MOU is non-recurrent and should not be used to fund commitments running beyond the 2022/23 financial year.

7.2 There is a total of £340,000 allocated to this scheme in 2022/23 across BNSSG. This represents 8,500 sets of physical health checks across all BNSSG practices and therefore practices will be paid for all sets of physical health checks undertaken (so long as the register remains within 8,500). *N.B. QOF targets still apply unless national guidance is issued in year*

7.3 Each PCN will receive an allocation of the number of health checks they will be incentivised to deliver which will be proportionately distributed according to the cumulative register sizes of their partner practices (notification of the funding available to each PCN is in the attached spreadsheet in Appendix 3).

7.4 £40 payments will be made for each set of health checks completed, SNOMED coded and recorded into EMIS from April 1st 2022 to 31st March 2023.

7.5 PCNs will need to work out how they manage their allocated funding between their partner practices (which will have different SMI register sizes). However we hope that they will operate as a PCN and target the funding towards the practices with the largest registers.
Payment will be made in two tranches:
- Tranche 1 will be an upfront payment of 50% of each PCN’s allocation based on their proportion of the BNSSG SMI register
- Tranche 2 will be made after the end of the financial year to those PCNs that have exceeded the health checks covered by their upfront payment.

These payments provide extra resource to help PCNs towards achieving the national minimum target of the cohort receiving full sets of checks and do not represent a limit. It must be noted, as described above, that they are not an end in themselves and must be followed up with appropriate onward referral for treatment and health improvement.

7.6 If any PCNs have not undertaken enough sets of health checks to cover their upfront payment, the remainder will be clawed back after the end of the financial year.

7.7 After the end of the financial year, the unspent funding will be divided and paid to those PCNs that have exceeded their NHSE target number of health checks as an additional incentive.

8. APPENDICES

8.1 Appendix 1 - Community Mental Health Programme: Principles for good SMI physical health

8.2 Appendix 2 – SMI Core Definitions

9. AUTHORISATION

This Memorandum of Understanding is authorised by the following:

PCN

Clinical Director (Print name and sign) **Date**

___________________________________ __________________________

Practice Name	Partner Name	Partner Signature

Bristol North Somerset South Gloucestershire CCG

Director of Commissioning Date

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Community Mental Health Programme:

Principles for good SMI physical health

Introduction

The SMI (severe mental illness) Physical Health Improvement Steering Group has co-produced a set of principles in response to the fourteen underpinning principles laid out in the Community Mental Health Programme (CMHP) Target Operating Model covering all aspects of good practice in mental health and cross-system working. They help organisations within the system to shape their practice in relation to the health improvement of people with SMI. These principles need to be embedded in the practice of all organisations involved in supporting the improvement in the physical health of people with SMI.

People with SMI face one of the largest health inequalities in the country. They are less likely to have their physical health needs met than the population as a whole, they die on average 15 to 20 years earlier, and two thirds of these deaths are from avoidable physical illnesses including heart disease and cancer. The population have considerably higher incidence of smoking, obesity, diabetes and COPD. Despite this, they are not consistently offered physical health assessments, nor supported to access information and advice or take up tests and interventions that reduce the risk of preventable conditions.

The current emerging research suggests that people with SMI are also being disproportionately impacted by the Covid-19 pandemic, including higher mortality rates.

There are however a range of very different views about these issues and the reasons for them amongst health professionals, and therefore the SMI Physical Health Improvement Steering Group presents a set of principles that should inform and underpin all the work and communications of the SMI physical health improvement project and bring about consistent practice across BNSSG.

The principles below have therefore been agreed by the key stakeholder agencies that have a role in relation to the physical health of people with severe mental illness.

Principles

The principles produced by the SMI Physical Health Improvement Steering Group are listed with the related principles from the CMHP Target Operating Model bulleted below.

A stark health inequality for people with SMI exists and can be reduced. They have the right to good physical health and have the potential for its improvement

- **Coproduction**
- **Delivering value for individuals**
- **Community asset based support**
- **Evidence-based and informed support**
- **Care is wrapped around the person**
- **A model of care based on inclusivity**

- A model that **embeds quality improvement**

We should work towards improvement no matter how adverse the surrounding circumstances might appear, and no matter where people live over BNSSG, they should receive the same quality of, and approach to their healthcare

- **Whole system approach**
- **Collaborative culture**
- **Community asset based support**
- **Access**

People are best engaged in their own health improvement if the messages are presented positively and clearly and social prescribing, navigation and peer support can enable this

- **Collaborative culture**
- **'One team' approach to consistent support**
- **Coproduction**
- **Delivering value for individuals**
- **Community asset based support**
- **Evidence-based and informed support**
- **Care is wrapped around the person**
- **A mixture of clinical and non-clinical workforce**

All health issues that are discovered by health checks must be followed up by referral to appropriate treatments to address them, as well as further checks and screenings

- **Whole system approach**
- **Collaborative culture**
- **'One team' approach to consistent support**
- **Evidence-based and informed support**
- **Care is wrapped around the person**
- **Continuity of care**
- **A model of care based on inclusivity**

The responsibility for supporting physical health improvement of people with SMI should be shared amongst primary care, secondary mental health care and third sector organisations and all checks undertaken should be fully recorded and the data shared amongst them in a timely fashion

- **Whole system approach**
- **Collaborative culture**

- **‘One team’ approach to consistent support**
- **Delivering value for individuals**
- **Community asset based support**
- **Care is wrapped around the person**
- **A mixture of clinical and non-clinical workforce**
- **Continuity of care**
- **A model of care based on inclusivity**
- **A data-driven model focusing on outcomes**

6th May 2021

Severe Mental Illness (SMI) Physical Health

Core Definitions

SMI cohort (QoF register)

The term SMI, refers to all individuals who have received a diagnosis of:

1. schizophrenia;
2. bipolar affective disorder;
3. or who have experienced an episode of non-organic psychosis.

N.B. Diagnoses, including diagnoses of personality disorder (other than schizotypal personality disorder), substance misuse disorders without co-morbid psychosis, eating disorders or recurrent depression are not included in the definition.

SMI physical health checks

1. measurement of weight (BMI or BMI + Waist circumference)
2. blood pressure and pulse check (diastolic and systolic blood pressure recording + pulse rate)
3. blood lipid including cholesterol test (cholesterol measurement or QRISK measurement)
4. blood glucose test (blood glucose or HbA1c measurement)
5. assessment of alcohol consumption
6. assessment of smoking status