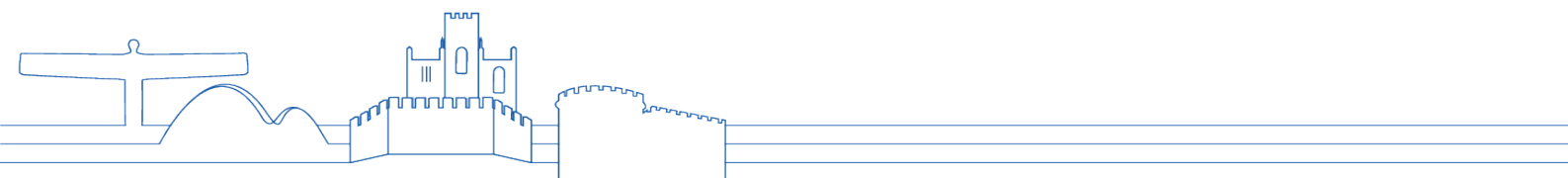




**North East and
North Cumbria**

Physical Health Checks for people with Severe Mental Illness: Patient experiences

February 2023





This report was produced by Involve North East on behalf of North East and North Cumbria Integrated Care Board. We are an independent organisation who specialises in involvement and engagement. We work with integrity, ensuring people's voices influence the design of services they receive.

We have vast experience and expertise in gathering the views and opinions of patients, carers and the general public in relation to health services. For example:

- service evaluations
- changes to care pathways
- locating new services

We employ quantitative and qualitative data collection techniques including:

- Questionnaires – paper-based and online
- Participatory appraisals
- Drop-in events
- Face-to-face and telephone interviews
- Focus groups
- Informal group discussions

For more information about the services we can provide please contact Andrew White on 0191 226 3450 or email andrew@involve.org.uk. Visit our website at: www.involve.org.uk

Charity number: 1116182
Company number: 5899382

Contents

Introduction	1
Key findings	3
Patient/carer views	4
Recommendations	11
Appendices	12

Introduction

North East and North Cumbria Integrated Care Board is working to improve the uptake of physical health checks for people with Severe Mental Illness (SMI) in Newcastle and Gateshead.

It is well known that people living with SMI are at higher risk of physical health problems. The life expectancy of people with SMI is 15-20 years lower than the general population (DE Hert M and others. 'Physical illness in patients with severe mental disorders' World Psychiatry 2011: volume 10, issue 1, pages 52-77). Estimates suggest that two in three deaths are from physical illnesses that could have been prevented ('Five Year Forward View for Mental Health', NHS England 2016). Smoking is the largest avoidable cause of premature death; more than 40% of adults with SMI smoke. People with SMI also have double the risk of obesity and diabetes and three times the risk of hypertension, than the general population ('Improving physical healthcare for people living with severe mental illness (SMI) in primary care', NHS England, 2018).

In order to try to address this inequality, the 'Five Year Forward View for Mental Health' (NHS England, 2016) set a target of ensuring that by 2020/21, 280,000 people (60% of people on the SMI Register) living with SMI have had their physical health needs met through an annual physical health check and interventions. This commitment was reiterated by NHS England in 2018 in 'Improving physical healthcare for people living with severe mental illness (SMI) in primary care' as it reported that people with SMI are, "not consistently being offered appropriate or timely physical health assessments despite their higher risk of poor physical health."

In 2020 work was carried out with patients with SMI living in Newcastle and Gateshead to explore the barriers/enablers to accessing physical health checks. Using these findings as a base, voluntary sector organisations Recovery College and Roots and Wings developed a patient information leaflet and peer support model.

Since July 2021 GP practices in Newcastle and Gateshead have provided an Enhanced Service around the provision of health checks for people with SMI and guidance has been produced to support practices in this initiative. Patients should receive an annual comprehensive assessment which covers:

- Measurement of weight
- Blood pressure and pulse
- Blood lipids including cholesterol test
- Blood glucose test
- Assessment of alcohol consumption
- Smoking status
- Nutritional status, diet and level of physical activity
- Use of illicit substances/non prescribed drugs
- Access to relevant national screenings
- Medicines reconciliation and review
- General physical health enquiry into sexual health and oral health
- Follow up delivery of or referral to appropriate NICE recommended interventions
- Personalised care planning and support - physical health goals and approaches to self-care
- Key professional noted for each patient
- Psychosocial interventions including social navigator referrals
- Engagement with activities to improve overall health and wellbeing

Involve North East was asked to gather feedback from patients who had received a check after July 2021 to understand their experience and help identify where timely adjustments to the health check process could be made, in order to improve patient experience and uptake.

Recognising that people with SMI are a group who are seldom heard and after consultation with organisations working with these groups it was felt that the best way to gather feedback was at the point of contact with the GP practice. Patients/carers were able to share their views via an online survey with a link provided to them in their invitation letter for their health check and within the care plan they were given after their health check. Practice staff carrying out the check were also asked to remind patients to complete the feedback questionnaire. Patients were also offered help to complete the survey by peer supporters provided by local charity ReCoCo (Recovery College Collective) and a prize draw was used to thank people for giving up their time to take part.

In order to engage with people who may have already had a health check, the survey was promoted widely at regular intervals amongst relevant local voluntary and community sector organisations whose service users fit the target group. It was also promoted to other voluntary and statutory organisations who may have come into contact with this cohort. Posters which included information about the project, a link and QR code to the online questionnaire and contact details to get in touch to take part in other ways were distributed.

In an effort to boost responses, a practice in Gateshead who had completed a large number of health checks was identified, and some of these patients were invited to take part in a focus group. All six patients who were approached agreed to take part however, unfortunately, only one patient attended the session. The others were offered alternative methods of engagement including one-to-one interviews but did not take up these offers. Thirty-three patients/carers provided feedback on their experiences, 32 completed a questionnaire and one took part in an interview (see Appendix 1 for participant profile).

Involve North East provided regular feedback to the project group on findings. This document provides a summary of that feedback with recommendations.

Key findings

Invitation process

Most patients received a telephone call or text message from their practice about their health check and just over half were offered a choice of date and time for the appointment. Four-in-five received no information about the check ahead of their appointment. Suggestions for improvements to the invitation process reflected this with requests for an explanation of what the health check is and why they should have one, provided at the time of contact. Having a different invitation method from the one that they had experienced was also suggested.

Motivation for attendance

Nearly two-thirds of patients had previously taken part in a health check for their SMI but for around a quarter, this was their first check. Wanting to keep up to date with their health checks was the main motivating factor for patients attending whilst receiving an invitation to attend was also highlighted. A minority felt that they had to attend and for some a desire to improve their health was a reason for going. Some were encouraged to go by someone else.

Health check appointment

Health checks were predominantly carried out by a practice nurse or a GP although some reported having their checks with a healthcare assistant. The content of the health check varied across the GP practices with nearly one-third stating that they were not given the opportunity to discuss additional health concerns, nearly half not discussing or setting personal goals and one-in-five being referred to other services. Fewer than one-in-ten patients had been offered a copy of their care plan.

Value of the health check

Despite variation in the format of the health check, nearly two-thirds of patients felt it was useful, two-thirds felt listened to and most felt that the appointment was about the right length. However, echoing the pre-appointment findings, only two-fifths felt that they were given the right amount of information, only half felt that they had a plan for managing their health and less than half of patients felt that they were more in control of their health after the check. However, all but one patient stated that they would attend a future health check.

Suggestions for improvements to the health check

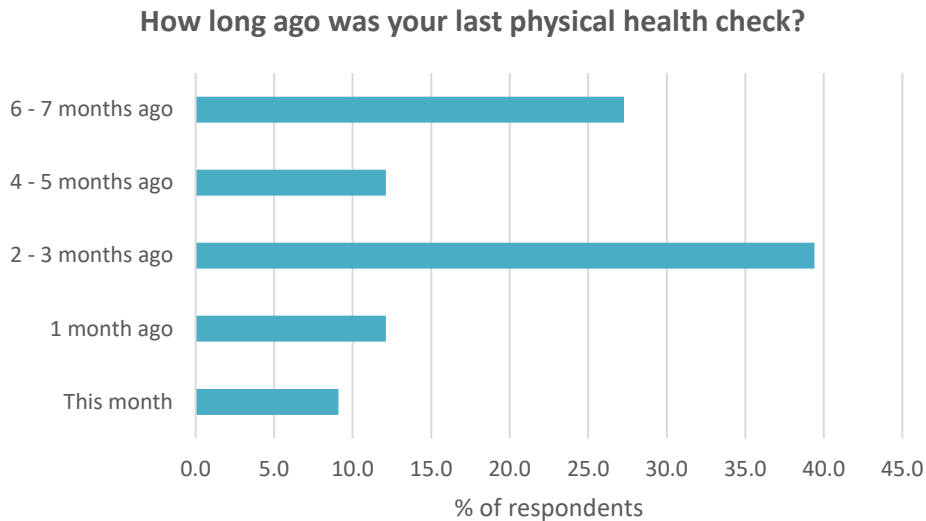
Five patients offered suggestions which centred on the invitation process and operation of the health check, for example a more flexible appointment process, being able to bring a friend and being provided with a copy of the care plan.

Patient/carer views

35 people gave their views, 33 provided their own feedback and two answered on behalf of someone else.

Before the health check

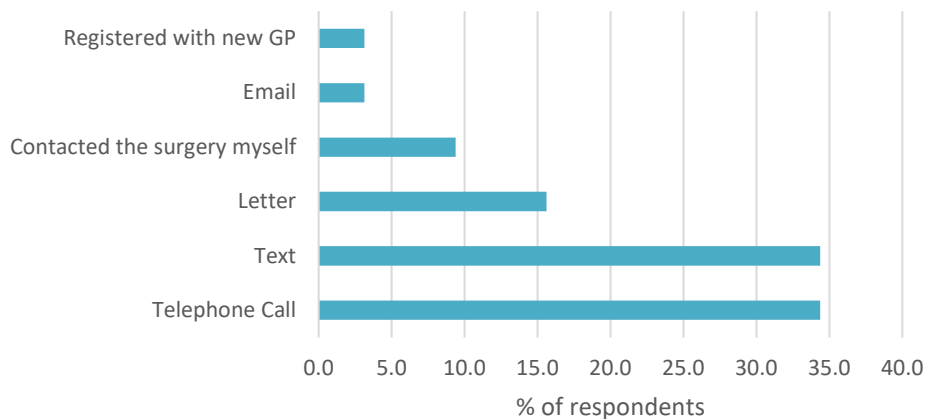
How long ago was your last physical health check?



No. of respondents – 32

Some participants had attended a check within a month of completing the questionnaire and for others it had been a number of months since their check was completed.

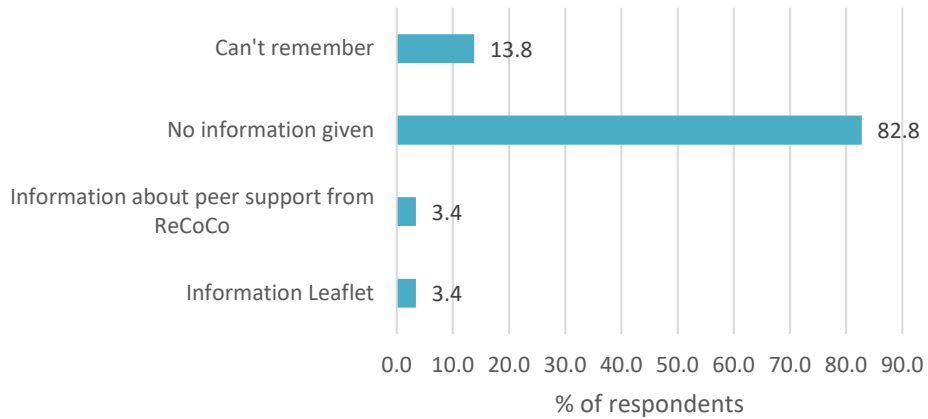
How did the GP practice contact you about the health check?



No. of respondents – 32

A telephone call or a text message were the most common methods practices engaged to invite patients for a health check.

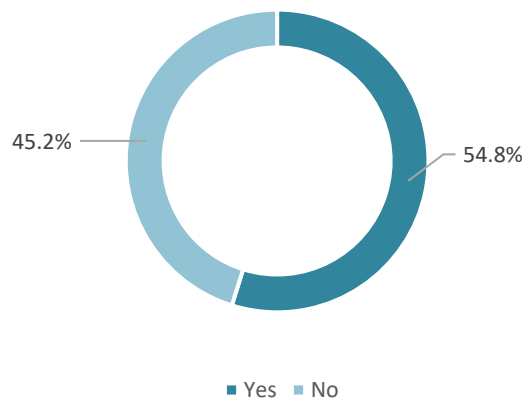
Were you given any information about the health check before the appointment?



No. of respondents – 29

The vast majority of people were given no information ahead of their appointment.

Were you offered a choice of date and time for your appointment?



No. of respondents – 31

Over half of patients recalled being offered a choice of appointment time. For one who was given a set date and time, they felt it was actually better for them as it meant they “wouldn’t try to avoid arranging it” which they said could have happened if it was left up to them to decide a date and time.

Can you suggest any improvements to how you were invited?

Eight people suggested improvements to the invitation process.

Suggestion	No. of respondents
Would have liked an explanation of why the health check is important and what it would entail	5
Would have liked a different invitation method	4
Would have liked a choice of appointment time	1
Would have like more notice of my appointment	1

Respondents could give more than one answer

The most common suggestions were for an explanation of why the health check was important and what it would entail.

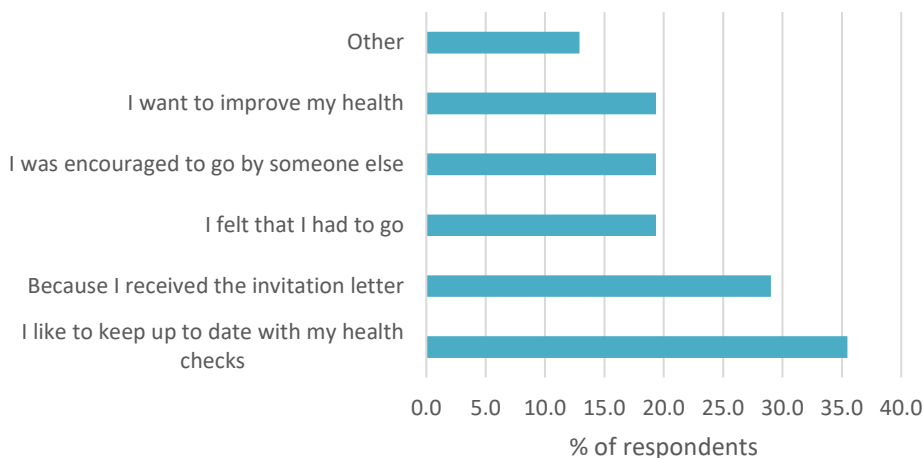
“I would have preferred a telephone call personally.”

“Getting an information leaflet with the invitation would have been really useful, they would have known why they were invited to the health check.”

“A better more comprehensive explanation of why a health check would be of use.”

All respondents stated that they were knew why they were invited for the check. Sixteen (61.5%) had previously had a check whilst for six (23.0%), this had been their first check and four (15.4%) participants could not remember whether they had taken part in a health check before. Three people stated that they also attended health checks for other conditions they have.

Why did you attend this check?



No. of respondents – 31

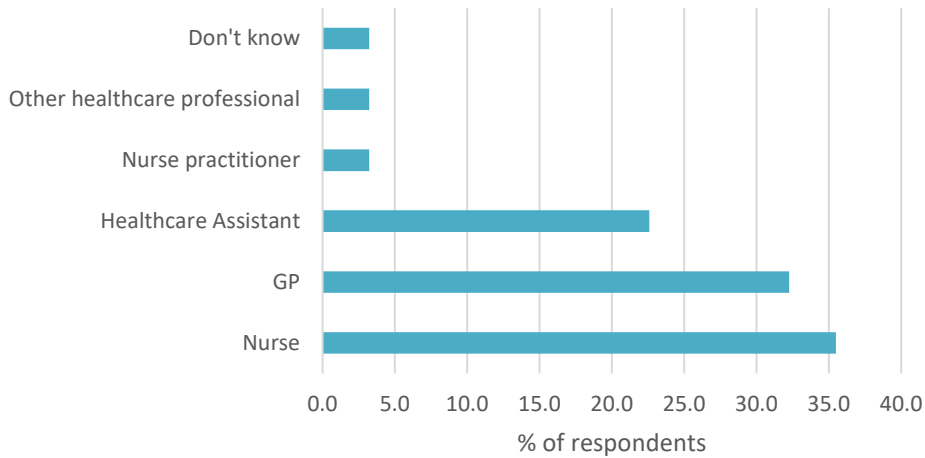
Respondents could give more than one answer

People attended appointments for a number of reasons with motivation to keep up to date with health checks cited most frequently. Others simply went because they had received an invitation. Four people provided ‘other’ reasons:

- As I was being checked before I was prescribed antipsychotics

- As part of my participation in a drug trial I had to have them 6 monthly
- My GP said they would have to inform DVLA if I did not attend
- I was in pain

Who carried out your health check?



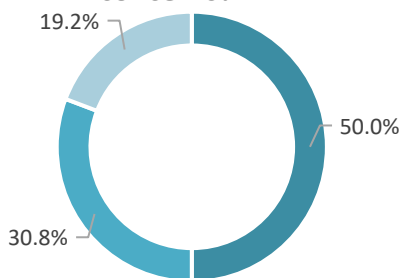
No. of respondents – 31

Health checks were predominantly carried out by a practice nurse or a GP. A number of people also reported that a healthcare assistant had conducted the check. One patient appreciated the check being carried out by a nurse rather than their GP.

“I feel going to see the GP is a bit like going to the headmaster’s office, but the nurse seems more like they are helping a friend. I was very nervous going into the appointment but she was really nice, friendly and informative.”

During the health check

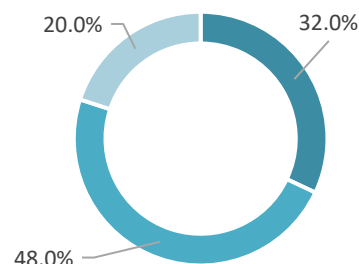
Were you given the opportunity to discuss any additional health concerns?



■ Yes ■ No ■ Can't remember

No. of respondents – 31

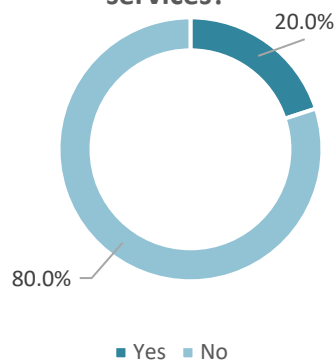
Did you discuss and set personal health and wellbeing goals?



■ Yes ■ No ■ Can't remember

No. of respondents – 31

Were you referred on to other services?



No. of respondents – 31

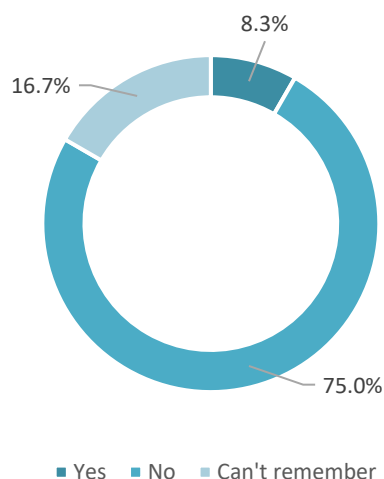
During the health check, half of patients (50.0%) felt that they were given the opportunity to discuss additional health concerns.

“I didn’t like a medication I’m on and hadn’t been taking it but I felt at ease telling the nurse and they helped me look at different options to the medication.”

Fewer than one third (32.0%) of patients recalled discussing and setting health goals during the health check and only 20.0% had been referred on to other services.

“The nurse gave me a list of things I could do and groups I could go to but for some of the groups it’s been a very slow process. I’m interested in doing the gardening group, but I still haven’t been along to a session yet and I’m not really sure whether I should get in touch with them again myself.”

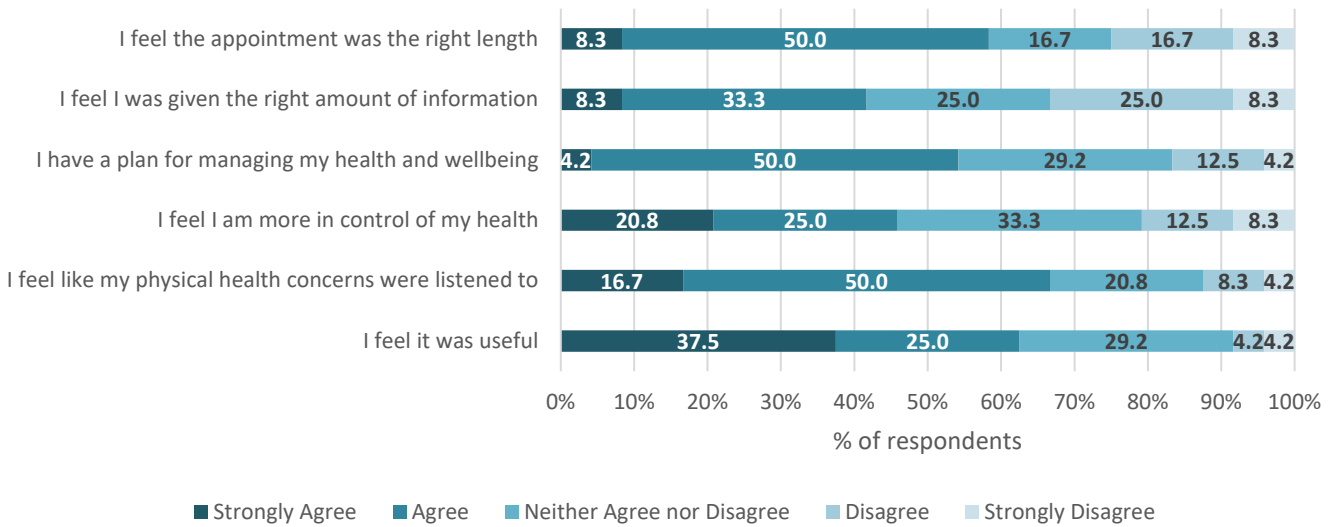
Were you offered a copy of your care plan?



No. of respondents – 24

Fewer than one-in-ten patients (2) had been offered a copy of their care plan; one accepted the copy whilst the other felt that “verbal was enough”. One patient who had not been offered a copy explained that they had found the health check exhausting and if they had then been given a care plan to take away, would have been overwhelmed.

How did you feel after the health check?



No of respondents – 24

Nearly two-thirds (62.5%) of patients agreed that the health check was useful and two thirds (66.7%) felt listened to during the appointment. Fewer than half (45.8%) however felt more in control of their health as a result of the check. Over half (54.2%) felt that they had a plan for managing their health and wellbeing. Two in five (41.6%) believed they had received the right amount of information during the check and over half (58.3%) felt that the appointment was the right length.

“In the health check I could talk about my thoughts and not feel judged or weird, I felt like I was being treated as a human being, rather than someone who had something wrong.”

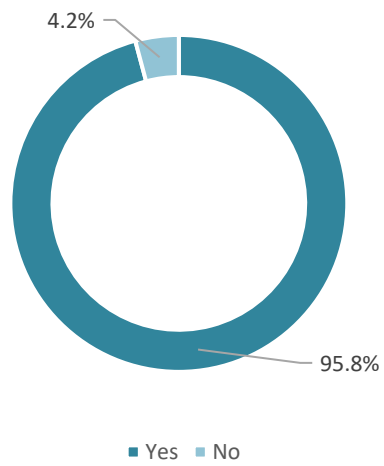
“I liked that they could offer me more social treatments, rather than just medications and the nurse put the links to the different groups I could go to in an email so I could have a proper look at them.”

Improvements to the health check

Five patients offered suggestions for improvements to the check:

- Conducted by a nurse or GP
- A copy of care plan drawn up and given to the patient
- More flexible appointments
- Have a drop-in event instead of having to make an appointment
- Longer appointment times
- Being able to bring a friend

Would you attend another health check?



No of respondents – 24

All but one patient would attend a future health check because they felt that the healthcare assistant conducting their check did not offer enough explanation as to the purpose of the check.

Recommendations

The findings above provide a summary of the feedback from 33 patients/carers. The following recommendations are based on this small sample and it is suggested that further patient engagement is carried out at regular intervals to monitor patient experience and improve future uptake of the health check.

Reason for health check

- Very few patients received information about the health check ahead of their appointment despite practices having access to paper and electronic copies of information leaflets.
 - It is suggested that practices are reminded that leaflets should go out alongside letter invites to attend a health check. Telephone call invitations should include a verbal explanation of the check (using the leaflet as a prompt) and a follow-up letter/email which includes the leaflet. In order for people invited by text message to receive information, the leaflet should be added to an online resource with a link included in the message.

Invitation and appointment process

- Some patients requested a different invitation method to the one they received.
 - It is suggested that practices consider using more than one method to invite patients to their health check.
- Just over half of patients were offered a choice of time and date for their appointment.
 - It is suggested that all patients are offered choice to ensure that it is as easy as possible for them to attend. Very few patients received information about the health check ahead of their appointment despite practices having access to paper and electronic copies of information leaflets.
- One patient suggested an alternative approach to appointments could be to hold a drop-in event rather than a set appointment time.
 - It is suggested that this should be considered.
- Another patient felt that they would have benefited from bringing a friend to their appointment.
 - It is suggested that patients should be able to bring someone with them. If this is already possible, patients should be made aware of this option at the initial contact.

Consistency of health check

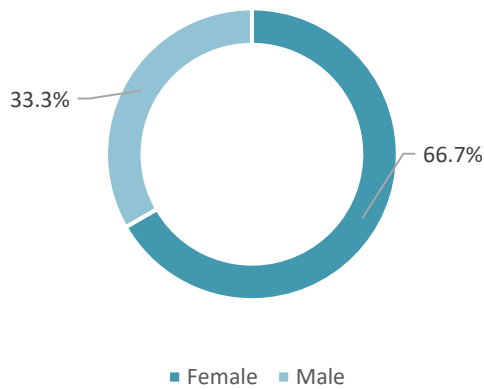
- The content of the health check varied across GP practices as did the value patients placed on the check with less than half believing that they received the right amount of information, had a plan to manage their health or were more in control of their health as a result of the check.
 - It is suggested that practices are reminded of the health check process and what things should be included within it and in particular:
 - Offering patients the opportunity to discuss any additional health concerns
 - Discuss with patients the setting of personal health and wellbeing goals
 - The possibility of referral to other services
 - The provision of information (in accessible formats) to support them
- A minority of patients were offered a copy of their care plan.
 - It is suggested that practices are reminded that patients should be offered a copy of their care plan in an accessible format.

Appendices

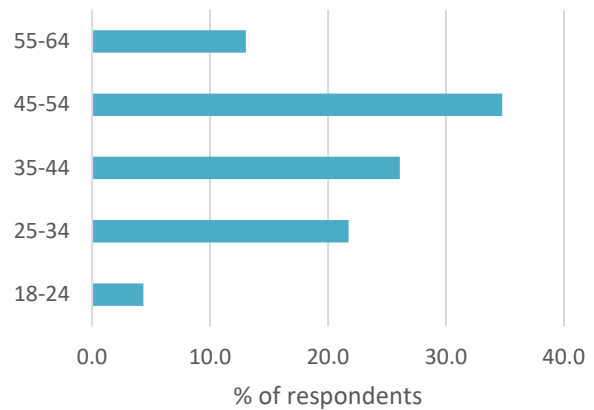
Appendix 1: Profile of respondents

Please note not all respondents shared their personal details

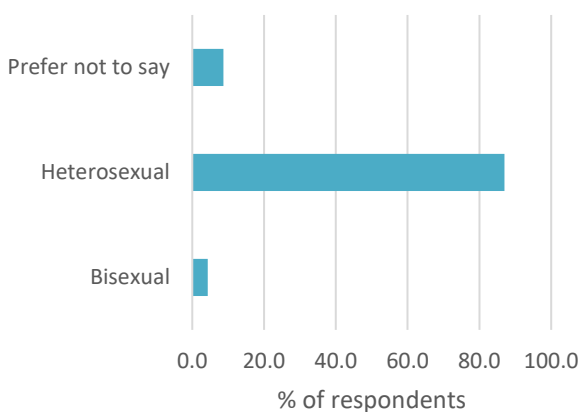
Gender



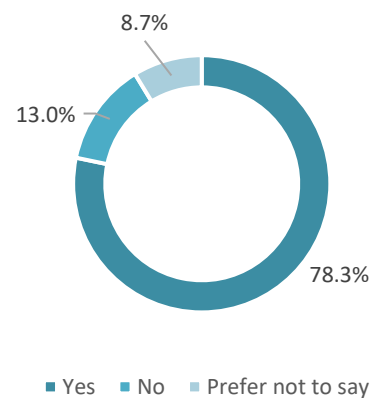
Age



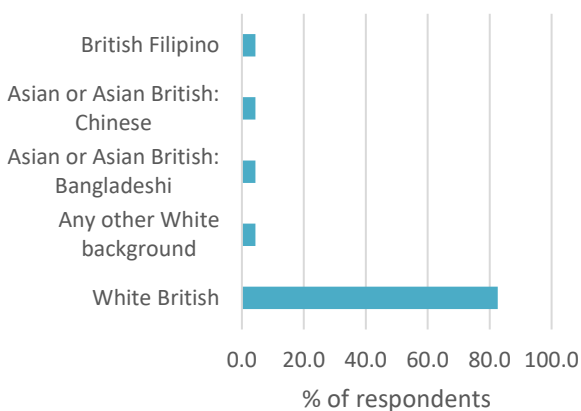
Sexual orientation



Disability or limiting long term illness



Ethnic background



GP practice	No. of patients
Avenue Medical Practice	1
Biddlestone Medical Centre	2
Central Gateshead Medical Group	1
Chainbridge Medical Partnership	1
Dilston Medical Centre	1
Elswick Family Practice	1
Gosforth Memorial Medical Centre	1
Heaton Road Surgery	1
Holmside Medical Group	1
Longrigg Medical Centre	1
Newcastle Medical Centre	1
Oxford Terrace and Rawling Road Medical Group	1
Park Medical Group	1
Saville Medical Group	1
The Grove Medical Group	1
Thornfield Medical Group	1
Throckley Medical Group	1
Whickham Health Centre	1
Wrekenton Medical Group	1