

Service Specification Template – 2024/25

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| Service Name & Number | Universal Offer – SMI Physical Health checks UO9SMI_NSSOT |
| Population and / or geography to be served | The service shall be available to all patients registered with a GP Practice within the agreed Primary Care Network (PCN) to whom the commissioner is responsible for providing services to. |
| Service aims and desired outcomes | <p>The Provider shall record all activity using the Universal Offer clinical template.</p> <p>Aims and objectives of service</p> <p>Everyone with a severe mental illness in Staffordshire shall receive an annual physical and mental health review, regardless of which service/s they are receiving care from.</p> <ul style="list-style-type: none">• Include providing; advice, intervention and signposting required following a review (physical, mental and social).• An information sharing pathway, in the absence of a digital solution.• Develop knowledge and skill of primary care staff in working with people with severe mental illness. |
| Service description and location(s) from which it will be delivered | <p>To support patients being able to access a physical health check in the appropriate setting, the Provider will undertake an exercise with the Mental Health Provider to identify patients under the care of the Trust and ensure this is coded within the GP clinical system to avoid duplication. This will be undertaken on an annual basis.</p> <p>The Provider shall undertake a physical health check which will be made up of the following elements (appendix 2 outlines the full reporting requirements that will form part of the clinical report template and will be pulled centrally by the Data Quality Facilitators):</p> <p><u>Physical Health:</u></p> <ul style="list-style-type: none">• Weight• Waist Circumference /• BMI• Blood Pressure• Pulse Rate• QRISK3• HBA1C• Lipid profile• Liver function• Renal function• Thyroid function• Prolactin• ECG (if indicated)• Personal history• Family history <p><u>Lifestyle Advice:</u></p> <ul style="list-style-type: none">• Smoking• Alcohol use• Drug use• Activity• Diet• Oral health• Sexual health and contraception• Attendance of health screening |

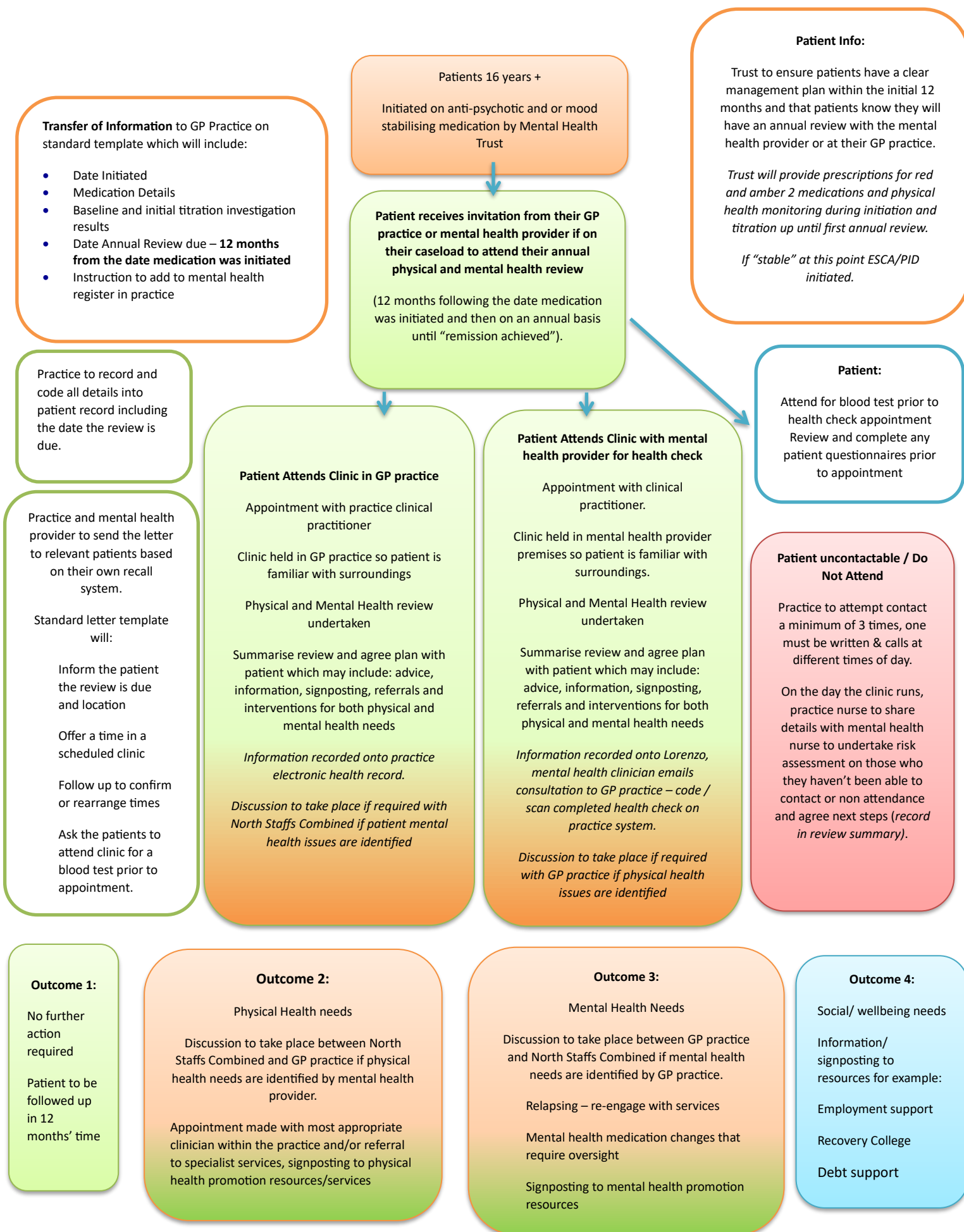
| | <p>Mental Health Review: Functioning:</p> <ul style="list-style-type: none"> • Employment/meaningful occupation • Relationships • Self-care • Experience of symptoms and impact <p>Risks:</p> <ul style="list-style-type: none"> • Deliberate self-harm and suicide • Unintentional self-harm (self-neglect) • Harm to others • Harm from others (vulnerability) <p>Mental health medication review:</p> <ul style="list-style-type: none"> • Considering information from results of physical and mental health review, NICE guidelines and patient choice. <p>Personalised Care Planning – Consider:</p> <ul style="list-style-type: none"> • Brief advice/ information (including physical and mental health promotion) • Signposting (including physical and mental health promotion resources) • Referral onwards • Further review/ investigations • Change in treatment /care plan <p>The Provider shall record all elements of the health checks using an agreed clinical template. This will be made available via the Data Quality Specialists. This is to ensure that all activity is consistently coded and recorded.</p> <p>The Provider shall deliver the service in line with the pathway outlined in appendix 1 and the model below:</p> <div data-bbox="424 1238 1406 1406" style="background-color: #4a7ebb; color: white; padding: 10px; border-radius: 10px;"> <p>All people registered on the GP SMI register (regardless of whether open to North Staffs Combined or not) are invited to attend a review on an annual basis. North Staffs Combined invites patients on its caseload and GP practice invites patients under their care. (Preferably have relevant blood tests prior to appointment so that results are available for appointment)</p> </div> <div data-bbox="424 1413 1406 1518" style="background-color: #4a7ebb; color: white; padding: 10px;"> <p>Appointment with relevant clinician held in either GP practice or Primary Care Network location or North Staffs Combined services.</p> </div> <table border="1" data-bbox="424 1525 1406 1823" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #003366; color: white;">GP Practice Clinician</th><th style="background-color: #003366; color: white;">North Staffs Combined Clinician</th></tr> </thead> <tbody> <tr> <td style="background-color: #4a7ebb; color: white;"> <ul style="list-style-type: none"> • Undertakes physical health assessment • Reviews mental health, functioning and medication alongside the physical health observations and results. </td><td style="background-color: #d9e1f2;"> <ul style="list-style-type: none"> • Undertakes physical health assessment • Reviews mental health, functioning and medication alongside the physical health observations and results. </td></tr> <tr> <td colspan="2" style="background-color: #4a7ebb; color: white;"> <p>MDT approach where required between GP practices and North Staffs Combined for identified patients to provide advice, information, signposting, referral, intervention for both physical and mental health needs</p> </td></tr> <tr> <td style="background-color: #4a7ebb; color: white;"> <ul style="list-style-type: none"> • Record in primary care health record </td><td style="background-color: #d9e1f2;"> <ul style="list-style-type: none"> • Record in North Staffs Combined health record where open to service and inform GP practice </td></tr> </tbody> </table> <p>The service shall be delivered from the GP practice or branch surgery of the delivering GP practice or from another healthcare setting within the delivering Primary Care Network.</p> | GP Practice Clinician | North Staffs Combined Clinician | <ul style="list-style-type: none"> • Undertakes physical health assessment • Reviews mental health, functioning and medication alongside the physical health observations and results. | <ul style="list-style-type: none"> • Undertakes physical health assessment • Reviews mental health, functioning and medication alongside the physical health observations and results. | <p>MDT approach where required between GP practices and North Staffs Combined for identified patients to provide advice, information, signposting, referral, intervention for both physical and mental health needs</p> | | <ul style="list-style-type: none"> • Record in primary care health record | <ul style="list-style-type: none"> • Record in North Staffs Combined health record where open to service and inform GP practice |
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| Service Model | Care Pathway | | | | | | | | |

- The Mental Health Provider shall initiate treatment onto antipsychotic medication and update the patient's registered GP practice using a standardised letter. This shall include a clear date that the annual check is due.
- The GP Provider shall invite the patients under their care for an annual physical and mental health check at the practice using their own recall processes and using a standard letter provided for the purpose of physical health checks for patients with an SMI, while making sure the right people are called by validating clinical records to ensure people with an incorrect diagnosis are not being called in unnecessarily and that people without an up to date diagnosis are not being missed. (An accurate register of those needing to be called in is essential in the effectiveness of this work - NHSE)
- The Mental Health Provider shall invite the patients under their care for an annual physical and mental health check and inform the GP practices when the check has been completed and provide relevant clinical information for the patient record. Where relevant data sharing is in place with GP practices, the Mental Health Provider may input the health check information directly into the patient GP record.
- The GP Provider shall work with other practices within its network/locality to provide some flexibility for patients to attend nearby clinics, should the registered practices clinic times be unsuitable. The choice will remain with the patient.
- The invitation letter the patient receives will inform them to attend for blood tests prior to the appointment which should be in time to allow results to be available at the appointment.
- The GP Provider shall have a clear process in place for confirming the appointment with the patient if they are being sent a pre-booked appointment.
- The GP Provider and Mental Health Provider shall have a clear process in place for following up patients who do not respond or confirm their appointments. This must include a minimum of 3 attempts to contact, with at least one being a written letter. If after 3 attempts the patient is still unreachable, the practice nurse will liaise with the mental health nurse as part of the MDT meetings, to undertake a risk analysis and agree next steps together.
- The GP Provider shall deliver an assessment to review the physical and mental health needs of the patient. This will be in line with **Service description and location(s) from which it will be delivered** section of this specification (see above) of this specification. These appointments will be a minimum of 30 mins and maximum of 45 minutes and will vary depending on the needs of the patient.
- The GP Provider clinical system shall be updated with all the relevant information regarding checks undertaken by the Mental Health Provider. This information will be transferred to the practice on an agreed template for inclusion in the patient record. Where relevant data sharing is in place with GP practices, the Mental Health Provider may input the health check information directly into the GP patient record.
- The GP Provider and the Mental Health Provider shall participate in MDT meetings, which shall take place on a monthly basis as required, to discuss

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| | <p>all relevant follow up actions as identified throughout the assessment clinics. The MDT meetings can be virtual in nature. Where there are no patients to discuss, MDT meetings will not be held.</p> <ul style="list-style-type: none"> • The GP Provider shall arrange any follow up appointments required within the practice. This will be with the most appropriate clinician depending on the nature of the request (e.g. medication review with practice pharmacist or cardiovascular review by GP). • The Mental Health Provider shall arrange any follow up interventions required with mental health services. • The mental health practitioner will be responsible for updating the care record and the care team of any person actively receiving care from the mental health provider. • Both the GP Provider and the Mental Health Provider shall jointly agree any wellbeing interventions required following the assessment. This may include signposting to job centres, voluntary groups to help social isolation issues, or referrals to debt advice services. A directory of these services will be available in each clinic as these will vary by area. <p><u>Mental Health Provider:</u></p> <ul style="list-style-type: none"> • The service shall be available for all patients registered with a GP practice in North Staffordshire and Stoke on Trent ICB sub locations to whom the commissioner is responsible for. <p>GP Provider</p> <ul style="list-style-type: none"> • The service shall be available to any patient registered with the practice as a permanent or temporary resident. The practice shall also have the ability to book patients into clinics, which are registered at a GP practice within their Primary Care Network (PCN) where PCN delivery is the agreed model. <p>Any acceptance and exclusion criteria and thresholds</p> <p>Acceptance Criteria</p> <ul style="list-style-type: none"> • Patients 16 years old and over, who have been on antipsychotic medication for at least 12 months. • Patients residing in a care home shall be part of the recall system <p>Exclusion Criteria</p> <ul style="list-style-type: none"> • Patients under the age 16 • Patients with a primary diagnosis of dementia shall be excluded as they are subject to separate annual health reviews. • Patients with a primary learning disability are subject to separate annual health reviews. |
| Tariff | Practices will be paid £55 per fully completed health check with health check requirements as detailed in Appendix 2 of the specification. |
| Reporting and Payment | <p>You are required by the ICB to use UO resources provided by the MLCSU Data Quality Team to support the recording of patient data and reporting for the UO services.</p> <p>A clinical template written by MLCSU Data Quality Team (DQT) has been provided for recording patient data for services delivered as part of the Universal Offer (UO). The template has been validated by ICB clinical leads and built to ICB service</p> |

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| | <p>specifications to support the UO service pathway. The clinical template will also help to demonstrate that the UO specified pathway has been used to deliver patient care.</p> <p>Using the clinical template will ensure the UO searches and claim reports (provided by the DQT) are populated correctly and submitted claims can be validated by the ICB against reports the ICB receive from the Data Quality Team. Where payment is made via RTP files, the report provided to the ICB will assist the ICB to validate the expected activity levels from the provider for that UO service.</p> <p>For EMIS practices the UO clinical templates are published centrally via Resource Publisher and will be maintained and updated by the DQT as and when required and will also reflect any Snomed code changes that may be required. Associated searches and reports will be updated where necessary and made available for use and practices will be notified of updates.</p> <p>For TPP S1 practices, the clinical templates are maintained and updated for you by your Data Quality Specialist.</p> <p>Various guidance documents to support using the resources provided by the MLCSU DQT for the UO services are available from the GP365 website Universal Offer (sharepoint.com) or you can contact your Data Quality Specialist for any queries regarding use of the DQT resources or any training requirements related to use of the UO clinical templates or UO searches & reports.</p> <p>If the activity is not coded correctly, it will not be paid for.</p> |
| Review Date | January 2027 |
| Termination Notice Period | 3 years with a six-month notice period for termination. The service specification will be subject to regular review. |
| Applicable quality requirements and Accreditation Requirements | <p>https://www.england.nhs.uk/mental-health/resources/smi/</p> <p>Best Practice guide for Improving SMI PHCs developed by MPFT/NSCHT and DQ Team.</p> |

Appendix 1 – SMI Physical Health Check Pathway



Appendix 2

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| Physical Health Checks Input - Table 1 | 1.2.1 Patients on Mental Health Register (Not Coded as In Remission) |
| | 1.4.1. BMI Recorded |
| | 1.4.2. Blood Pressure Recorded |
| | 1.4.3. Cholesterol or QRISK3 Recorded |
| | 1.4.4. Blood Glucose or HbA1c Recorded |
| | 1.4.5. Alcohol Consumption Recorded |
| | 1.4.6. Smoking Status Recorded |
| | 1.2.2. Patients With ALL 6 Supporting Measures Completed |
| Physical Health Checks Input - Table 2 | 1.6.1. Nutritional Status or Diet and Level of Physical Activity Recorded |
| | 1.6.2. Use of Illicit Substance/Non-Prescribed Drugs Recorded |
| | 1.6.3. Medicines Reconciliation or Review Recorded |
| Follow-Up Interventions input - Table 1 | 1.8.a. Patients With BMI 25+ |
| | 1.8.1. Patients With BMI 25+ offered Weight Management |
| | 1.8.b. Blood Pressure Above Systolic 140mmHg OR Diastolic 90mmHg |
| | 1.8.2. Patients With BP >140/90 Offered Lifestyle Intervention |
| | 1.8.3. Patients With BP >140/90 Offered Pharmacological Intervention |
| | 1.8.c. Patients With HbA1c 42-47mmol/mol OR FPG 5.5-6.9 mmol/L |
| | 1.8.4. Patients With High-Risk/Prediabetic HbA1c or FBG Offered Intervention |
| | 1.8.d. Patients With HbA1c 48+ mmol/mol OR FPG 7+ mmol/L |
| | 1.8.5. Patients With Diabetic Range HbA1c or FBG Offered Diabetic Intervention |
| | 1.8.e. Patients With A Record of Alcohol Misuse or High Alcohol Consumption |
| | 1.8.6. Patients With A Record of Alcohol Misuse Offered Intervention |
| | 1.8.f. Patients Identified As Current Smokers |
| | 1.8.7. Current Smokers Offered Smoking Cessation or Nicotine Replacement Therapy |
| | 1.8.g. Patients With A Record of Substance Misuse |
| | 1.8.8. Patients With A Record of Substance Misuse Offered Intervention |
| | 1.8.9. Patients Offered Lifestyle Interventions |
| | 1.8.10. Patients Prescribed Statins |
| Cancer Screening Input - Table 1 | 1.10.1 Access To National Screening – Eligible For Cervical Cancer Screening |
| | 3.4.1. Patients Receiving A Cervical Smear In Last 60m |
| | 1.10.2 Access To National Screening – Eligible For Breast Cancer Screening |
| | 3.4.2. Patients Receiving Breast Screening In Last 36m |
| | 1.10.3 Access To National Screening – Eligible For Bowel Cancer Screening |
| | 3.4.3. Patients Receiving Bowel Cancer Screening In Last 24m |

Numbering as per SDCS collection.