

# Improving physical healthcare to reduce premature mortality in people with severe mental illness (PSMI)

There are 2 parts to this CQUIN indicator:

National CQUIN	Indicator	Indicator weighting (% of CQUIN scheme available)	Value (£)
CQUIN 2a	Improving Physical healthcare to reduce premature mortality in people with SMI: Cardio Metabolic Assessment and treatment for Patients with Psychoses	80% of 0.25% (0.20%)	
CQUIN 2b	Communication with General Practitioners	20% of 0.25% (0.05%)	

## 2a. Cardio Metabolic assessment and treatment for patients with psychoses

Indicator	
<b>Indicator name</b>	Cardio metabolic assessment and treatment for patients with psychoses
<b>Indicator weighting (% of CQUIN scheme available)</b>	80% of 0.25% (0.20%)
<b>Description of indicator</b>	To demonstrate Cardio metabolic Assessment and Treatment for Patients with Psychoses in the following areas: <ul style="list-style-type: none"> <li>a) Inpatient Wards</li> <li>b) Early Intervention Psychosis Services</li> <li>c) Community Mental Health Services (Patients on CPA)</li> </ul>
<b>Numerator</b>	<p><b>a) Inpatients and Early Intervention Psychosis Services</b></p> <p>Number of patients in defined audit sample who have both:</p> <ul style="list-style-type: none"> <li>i. a completed assessment for each of the cardio-metabolic parameters with results documented in the patient's records</li> <li>ii. a record of interventions offered where indicated, for patients who are identified as at risk as per the red zone of the Lester Tool.</li> </ul> <p><b>b) Patients on CPA in Community Mental Health Services</b></p> <p>Number of patients in defined audit sample who have both:</p>

<b>Indicator</b>	
	<p>i. a completed assessment for each of the cardio-metabolic parameters with results recorded in the patient's records</p> <p>ii. a record of interventions offered where indicated, for patients who are identified as at risk as per the red zone of the Lester Tool.</p>
<b>Denominator</b>	<p><b>a) Inpatients and Early Intervention Psychosis Services</b>  <u>Inpatients</u>  Number of patients in defined national audit sample – (the sample must be limited to patients who have been admitted to the ward for at least 7 days. Inpatients with an admission of less than 7 days are excluded)  <u>Early Intervention Psychosis Services</u>  Number of patients in defined national audit sample – (the sample must be limited to patients who have been on the team caseload for a minimum of 6 months)</p> <p><b>b) Patients on CPA in Community Mental Health Services</b>  Number of patients on CPA in defined national audit sample – (the sample must be limited to patients who have been on the team caseload for a minimum of 12 months)</p>
<b>Rationale for inclusion</b>	<p>This CQUIN builds on the developments made across England on improving physical health care for people with severe mental illness (SMI) in order to reduce premature mortality in this patient group. It gives providers an opportunity to continue building on progress made over the past two years and ensure systems are in place to embed learning and sustain good practice.</p> <p>The aim is to ensure that patients with SMI have comprehensive cardio metabolic risk assessments, have access to the necessary treatments/interventions and the results are recorded in the patient's record and shared appropriately with the patient and the treating clinical teams.</p> <p>Patients with SMI for the purpose of this CQUIN are all patients with psychoses, including schizophrenia (see additional notes below), in all types of inpatient units and community settings commissioned from all sectors.</p> <p>The cardio metabolic parameters based on the Lester Tool for this CQUIN are as follows:</p> <ul style="list-style-type: none"> <li>• Smoking status;</li> <li>• Lifestyle (including exercise, diet alcohol and drugs);</li> <li>• Body Mass Index;</li> <li>• Blood pressure;</li> <li>• Glucose regulation (HbA1c or fasting glucose or random glucose as appropriate);</li> <li>• Blood lipids.</li> </ul>
<b>Data source</b>	Internal provider sample submitted to National Audit provider for the CQUIN.
<b>Frequency of data collection</b>	Data for national audit expected to be collected and submitted to national audit provider during Quarter 3 of 2016/17 – results to be available in Quarter 4
<b>Organisation responsible for data collection</b>	MH Provider
<b>Frequency of reporting to commissioner</b>	Results of national audit expected to be available for Quarter 4 for reporting to commissioners (April 2017). Additional direct reporting to commissioners locally in Quarters 2, 3 and 4.

<b>Indicator</b>	
<b>Baseline period/date</b>	Not applicable
<b>Baseline value</b>	Not applicable
<b>Final indicator period/date (on which payment is based)</b>	Quarter 4, 2016/17
<b>Final indicator value (payment threshold)</b>	<p>a) Inpatients – 90%</p> <p>b) Early Intervention Psychosis Services – 90%</p> <p>c) Community Mental Health Services (Patients on CPA) - 65%</p>
<b>Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)</b>	<p>Quarter 4 audit results demonstrate that for 90% of inpatients, 90% of Early Intervention Psychosis services and 65% of Community Mental Health Services audited, the provider has undertaken an assessment of each of the cardio metabolic parameters below, with the results recorded in the patient's records/care plan/discharge documentation as appropriate, together with a record of associated interventions where indicated (eg smoking cessation programme, lifestyle interventions, medication review, treatment according to NICE guidelines and /or onward referral to another clinician for assessment, diagnosis and treatment)</p> <p>The parameters are:</p> <ul style="list-style-type: none"> <li>• Smoking status;</li> <li>• Lifestyle (including exercise, diet alcohol and drugs);</li> <li>• Body Mass Index;</li> <li>• Blood pressure;</li> <li>• Glucose regulation (HbA1c or fasting glucose or random glucose as appropriate);</li> <li>• Blood lipids.</li> </ul>
<b>Final indicator reporting date</b>	30 April 2017
<b>Are there rules for any agreed in-year milestones that result in payment?</b>	Yes- see below
<b>Are there any rules for partial achievement of the indicator at the final indicator period/date?</b>	Yes- see below

## Milestones

Date/period milestone relates to	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 1	<p><b>Inpatient Wards and Early Intervention Psychosis Services</b></p> <ul style="list-style-type: none"> <li>i. Ensure ongoing training programme for clinicians on improving physical health care for patients with SMI (assessed locally by commissioners)</li> <li>ii. Evidence of successful implementation of electronic healthcare records data collection of physical health assessment and measurable outcomes (assessed locally by commissioners)</li> <li>iii. Evidence of routine systematic feedback on performance to clinical teams (assessed locally by commissioners)</li> </ul> <p><b>Community Mental Health Services (Patients on CPA)</b></p> <ul style="list-style-type: none"> <li>iv. Establish physical health training plan for community mental health clinicians (assessed locally by commissioners)</li> <li>v. Identification/development of clear pathways for interventions and signposting for all cardio-metabolic risk factors:               <ul style="list-style-type: none"> <li>• Smoking cessation</li> <li>• Lifestyle (including exercise, diet alcohol and drugs)</li> <li>• Obesity</li> <li>• Hypertension</li> <li>• Diabetes</li> <li>• High cholesterol</li> </ul> </li> </ul> <p>(assessed locally by commissioners)</p>	31 July 2016	20% of indicator weighting for part 2a
Quarter 2	Completed pathways in place and disseminated to all clinical teams (assessed locally by commissioners)	October 2016	10% of indicator weighting for part 2a
Quarter 3	Clinical staff training plan fully implemented (assessed locally by commissioners)	31 January 2017	10% of indicator weighting for part 2a
Quarter 4	<p>Results of national audit across both inpatients and Early Intervention Psychosis Services (see sliding scales below for payment details).</p> <p>Community Mental Health Services - (see sliding scales below for payment details).</p>	April 2017	60% of indicator weighting for part 2a in all, made up of: 30% 30%

## Rules for partial achievement

### Inpatients and Early Intervention Psychosis Services

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
49.9% or less	No payment
50.0% to 69.9%	25% payment
70.0% to 79.9%	50% payment
80.0% to 89.9%	75% payment
90.0% or above	100% payment

### Community Mental Health Services

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
34.9% or less	No payment
35.0% to 44.9%	25% payment
45.0% to 54.9%	50% payment
55.0% to 64.9%	75% payment
65.0% or above	100% payment

## Supporting Guidance and References

- **ICD 10 codes:** For the purposes of the CQUIN, patients who have a diagnosis of psychosis, including schizophrenia and bipolar affective disorder with the relevant ICD-10 diagnostic codes will be included in the national audit: F10.5, F11.5, F12.5, F13.5, F14.5, F15.5, F16.5, F19.5, F20-29, F30.2, F31.2, F31.5, F32.3 and F33.3
- **Lester tool:**  
<http://www.rcpsych.ac.uk/pdf/eversion%20NICE%20Endorsed%20Lester%20UK%20adaptation%20.pdf>