Equally Well UK

CENTRE FOR MENTAL HEALTH

REACHING OUT

Improving the physical health of people with severe mental illness

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CONTENTS

A NOTE ON TERMINOLOGY

Throughout this report, we have used both the phrase 'severe mental illness' and the acronym SMI. The former has been used to refer to people with lived experience of mental illnesses such as schizophrenia, bipolar or other psychoses, and the latter is used in relation to clinical interventions or systems (such as 'PHSMI checks' and 'SMI registers'). This distinction is to ensure people with lived experience of these illnesses are referred to with the utmost dignity at all times, and to avoid the use of a 'label.'

EXECUTIVE SUMMARY

People living with severe mental illness (SMI) die on average **15 to 20 years younger** than the general population, largely due to **physical illnesses** that could be prevented or treated. To address this inequality, NHS England **has committed** to 390,000 people living with severe mental illness receiving an annual physical health check by 2023/24. This equates to approximately **three-quarters of people on primary care SMI registers** receiving an annual physical health check. Delivery of physical health checks for people living with severe mental illness is also one of the five clinical focus areas for **Core20PLUS5**, NHS England's programme and approach to addressing health inequalities.

Recognising the barriers that people living with severe mental illness face in accessing the physical health checks, and with a particular drop in the number of these checks being delivered during the Covid-19 pandemic, NHS England has provided funding for outreach each year since 2020.

In 2023 Equally Well UK gathered learning on the use of this outreach funding provided to increase uptake of annual physical health (PHSMI) checks, Covid-19 vaccines and flu vaccines (where eligible) among people living with severe mental illness. Information and case studies demonstrate how the funding was key in enabling local NHS systems and their partners to reach people on primary care SMI registers who need additional support and adjustments to access PHSMI checks.

The outreach funding has been successfully used in different ways to reach people who had not previously accessed PHSMI checks, such as:

- Coproducing information about the benefits of PHSMI checks with people with lived experience
- Commissioning local Voluntary, Community and Social Enterprise (VCSE) organisations to provide outreach, particularly using peer support workers to reach people and offer them personalised support in attending appointments
- Investing in point-of-care testing equipment
- Recruiting additional clinical staff to provide outreach and deliver the checks, including in patients' homes
- Establishing clinics in community venues.

The use of funding for outreach has been particularly effective when embedded as part of a broader commitment and investment from Integrated Care Systems (ICSs) to address the physical health needs of people living with severe mental illness.

INTRODUCTION

Premature mortality rates are higher for people living with severe mental illness (SMI) than for the general population – specifically, those with a diagnosis of schizophrenia, bipolar or other psychoses are at higher risk. The average life expectancy of someone living with severe mental illness is 15-20 years shorter than the general population, and for people living with severe mental illness, two in every three deaths are from physical illnesses that could be prevented or treated.

The NHS Long Term Plan committed to 390,000 people living with severe mental illness receiving an annual physical health (PHSMI) check by 2023-24. This equates to approximately three-quarters of people on Primary Care SMI registers receiving a PHSMI check. Delivery of physical health checks for people living with severe mental illness is also one of the five clinical focus areas of **Core20PLUS5**, NHSE's programme and approach to addressing health inequalities.

The PHSMI check is made up of six assessments:

- Alcohol consumption status
- Blood glucose/Hb1Ac test (as clinically appropriate)
- Blood lipid (cholesterol) test
- Blood pressure
- Body Mass Index (BMI)
- Smoking status.

These PHSMI checks may identify the need for follow-up interventions to be provided and patients will be referred into appropriate treatment pathways. The check is based on NICE clinical guidance and is designed to contribute to preventing premature death from physical illnesses such as heart disease, stroke, kidney disease and diabetes.

Additionally, the Joint Committee on Vaccination and Immunisation has identified people with schizophrenia, bipolar disorder, or any mental illness that causes severe functional impairment (along with their carers) as a priority cohort for Covid-19 vaccines. The majority of people living with severe mental illness are also likely to be living with another long-term condition which would make them eligible for a flu vaccine.

The Covid-19 pandemic had greatly impacted on the delivery of annual PHSMI checks, and the uptake of the Covid-19 vaccination among people living with severe mental illness was originally lower than in the general population, despite increased risk from the disease. NHS England provided specific funding to Integrated Care Systems (ICSs), allocated on a fair shares basis, to provide outreach services for people living with severe mental illness who may need extra support to access annual PHSMI checks, Covid-19 vaccinations and (where eligible) flu vaccinations. The outreach funding was intended to have a particular focus on addressing any inequalities in uptake of the PHSMI checks and vaccinations. £4.4m of outreach funding was first provided in December 2020, with £12m provided each financial year since.

Investment in outreach was part of a wider effort to increase the number of PHSMI checks, including incentivising delivery through primary care via the Quality and Outcomes Framework (QOF). There has been a significant increase in delivery of PHSMI checks since the introduction of the outreach funding, from a low of 110,500 PHSMI checks delivered in the 12 months to the end of December 2020 (22% of SMI registers), to a high of 313,000 PHSMI checks in the 12 months to the end of March 2023 (58% of SMI registers). This is a 183% increase from the introduction of the outreach funding and a 96% increase since prior to the pandemic (the 12 months to the end of March 2020).

Early in the roll out of the Covid-19 vaccine, there was a lower rate of uptake of the vaccine amongst people living with severe mental illness and those in touch with mental health services, compared to the general population. Since the introduction of the outreach funding and targeted communications from NHS England and Voluntary, Community and Social Enterprise (VCSE) partners, the gap between the rate of vaccine uptake (primary dose) reduced. Work is continuing to address discrepancies in uptake in boosters for this population.

OUTREACH TO INCREASE UPTAKE OF PHYSICAL HEALTH CHECKS

COLLECTING LEARNING FROM OUTREACH ACROSS ENGLAND

In 2023 **Equally Well UK** (a nationwide collaborative working to improve the physical health of people living with severe mental illness and aiming to prevent premature mortality) was commissioned by NHS England to collect learnings and best practice from outreach programmes funded to increase uptake of PHSMI checks, Covid-19 and flu vaccinations for people living with severe mental illness.

A survey was sent to 32 ICSs asking for information about the models of outreach being employed, and for examples of best practice in increasing uptake of PHSMI checks. Replies were received from 21 ICS areas, including information submitted by NHSE regional teams on behalf of ICS areas. Follow-up calls were made with 11 sites to explore their work in more detail and construct case studies. Although the survey requested quantitative data, the majority of areas could not disaggregate activity financed by the outreach funding from the broader delivery of the physical health checks in their systems.

Equally Well UK held a workshop with people with lived experience of severe mental illness to discuss findings from the survey and explore their own experiences of PHSMI checks.

WHO BENEFITS FROM OUTREACH SERVICES?

Experts by experience described ways in which people living with severe mental illness may have additional difficulties in attending a GP surgery for a PHSMI check without extra support. They noted that outreach would play a key part in overcoming the barriers below.

- Anyone who struggles to leave their home, including residents of care homes, people who have difficulty with transport or limited mobility
- Anyone with concerns about discussing their health, such as weight or smoking and people who may not understand why a physical health check is important
- Anyone whose previous experience of health care, including compulsory treatment or detention, makes them distrustful of NHS services
- Anyone who may have worries about understanding what they were being told at the GP surgery, due to a language barrier
- Anyone who may find it difficult to remember appointments or where the side effects of medication, such as excessive drowsiness in the mornings, might make morning appointments challenging
- Anyone with anxiety such as needle phobia, who would find the experience of attending the GP surgery for a physical health check difficult.

HOW OUTREACH FUNDING WAS USED

The responses to the survey revealed that the outreach funding has been used in a wide variety of ways across England. Examples of how the funding was used included:

- Coproducing materials, i.e. posters, leaflets and invitations for PHSMI checks with people with lived experience
- Commissioning local VCSE organisations to provide outreach alongside their community support services, particularly using peer support workers to reach people and offer them personalised support in attending appointments for PHSMI checks
- Investing in point-of-care testing equipment to enable testing outside of primary care settings
- Recruiting additional clinical staff (for instance, community nurses or healthcare assistants employed by either primary care or mental health trusts) to provide outreach and deliver the checks in patients' homes
- Clinics established in community venues.

CHALLENGES TO IMPLEMENTATION

The challenges in mobilising the outreach funding were generally similar across all sites:

- Establishing programmes with uncertainty of whether funding will be recurrent
- Taking time to establish trust and ways of working between primary care staff and outreach provider organisations
- The quality, accuracy and completeness of some primary care SMI registers
- Data sharing and a lack of interoperability between different IT systems
- External staff (including VCSE staff) being unable to book people's PHSMI check directly into primary care appointment systems themselves.

In addition, less is known about whether people with protected characteristics, particular diagnoses, or living in areas of higher deprivation are less likely to have had their PHSMI check. Sites are using outreach funding to increase the overall number of PHSMI checks, but progress is limited in being able to monitor and understand whether outreach is addressing inequality of access beyond anecdotal feedback. Most sites were unable to provide demographic data, and therefore we do not have information on whether the goal of identifying and reaching specific groups with a lower rate of PHSMI checks is being achieved.

In Sheffield, a dedicated service has been set up to deliver PHSMI checks and, in line with the Core20PLUS5 approach, an evidence-based tool has been developed to support outreach. The tool is for patients who have not responded to initial outreach contact methods including calls, texts, self-book appointments and letters to book a PHSMI check.

The tool scores a person's barriers to accessing the health check, particular characteristics and factors that may increase their risk of potential poor mental health, physical health or isolation. As the score increases, the level of outreach offered increases. This enables the service to target the outreach appropriately and reach those most in need.

KEYS TO EFFECTIVE OUTREACH

COPRODUCTION WITH PEOPLE WITH LIVED EXPERIENCE

Producing literature and communications side-by-side with people who have lived experience of severe mental illness and other disadvantage produces material which is more accessible and readily understood by the target audience. For example, people with lived experience have highlighted that receiving letters from GPs sent in brown envelopes with franked postage may cause anxiety, as they resemble official letters, for instance regarding benefits. Hand-addressed envelopes with a postage stamp are more likely to be opened and read.

The Birmingham and Solihull 'Annual Physical Health Check – Have you had yours yet?' campaign was published via social media over a four-week period in September 2023. The campaign was created jointly with Experts by Experience and includes an **animation** *to communicate key messages about the health check and a series of eight vox pop films featuring service users and clinicians sharing their views about the importance and value of the PHSMI checks.*

Areas should involve people with lived experience in designing and delivering training for people delivering PHSMI checks, to ensure they understand the barriers people face to accessing checks and how to deliver them in a trauma-informed way.

In Somerset, peer mentors have co-designed and facilitated training for primary care professionals around engaging people living with severe mental illness, with a focus on delivery of PHSMI checks.

FACILITATING DATA SHARING

Accessing primary care data records can pose a problem for external organisations. Data sharing agreements and accessing the primary care data systems through the provision of virtual private networks (VPNs), primary care laptops and NHS smart cards to non-primary care staff are some ways in which the patient lists and availability of clinic slots can be shared with outreach delivery partners.

Thurrock and Brentwood Mind outreach workers were provided with laptops and permitted access to the relevant parts of the primary care data system. The laptops have access to SystmOne and are used to record contacts with patients and PHSMI checks in real time.

Everyturn in Northumberland have been provided with Virtual Private Networks (VPNs), smart cards and card readers as a more cost-effective way of accessing SystmOne and EMIS.

PROVIDING SUPPORT TO ATTEND

Outreach workers use a range of communication methods to reach people – such as letters, texts, phone calls, and visiting other mental health clinics and services that people living with severe mental illness may be attending – to invite them for a PHSMI check. Support to increase attendance may take the form of encouragement and answering questions. Outreach workers will offer to explore people's thoughts and concerns about the PHSMI check, such as how blood is taken, whether it may hurt, and what happens next. In some areas, outreach workers will support people to use public transport or even bring a patient to the GP surgery by car and sit with them throughout the PHSMI check.

Outreach workers employed by Manchester Mind have been instrumental in supporting patients to come for their PHSMI check by explaining the detail of the PHSMI check process and offering to provide transport to the GP surgery. The success of the outreach programme has led to several new diagnoses of diabetes, with support and advice on management offered.

In some areas, outreach work is mainly carried out by peer support workers (people with their own experience of severe mental illness), who can use this experience to support others to feel comfortable getting a PHSMI check, and to engage with any subsequent treatment and sources of support.

*The outreach offer for Suffolk is provided by '**Healthy Together**', a project delivered by the peer-led VCSE organisation Suffolk User Forum. Peer support workers deliver an outreach service, supporting people to meet their health care goals through personalised care and support planning. Individuals receive information that is accessible to them, and are provided help with transport to attend appointments. Peer support workers may attend the PHSMI check alongside the patient, offering to take notes about the advice given by clinical staff. Following a PHSMI check, ongoing support is offered for those who would like further support on achieving physical health and wellbeing goals and planning for the following year's PHSMI check. Healthy Together peer support workers may also support people through an SMI personal health budget.*

Healthy Together increases the uptake of health appointments, with over 90% of those referred attending health care appointments, improving access to over 70 different health, social and wellbeing pathways.

CONDUCTING PHSMI CHECKS AWAY FROM PRIMARY CARE SETTINGS

Being able to deliver some or all aspects of a PHSMI check in places people feel the most comfortable, whether in homes or community settings, is an important part of outreach for people whose physical or mental health presents significant barriers to attending an appointment at a GP surgery.

Doncaster has a dedicated community severe mental illness physical health check (PHC) service that offers home visits when patients are unable to access community venues. Appointments are designed to ensure the patient can have up to an hour and a half for a comprehensive check (including physical activity levels, access to cancer screening and substance use and medicines reviews). Doncaster also has a VCSE provider who supports SMI PHC patients with regards to follow-up interventions such as booking Covid-19 and flu vaccinations, attending appointments for cancer screening, and booking further support with smoking cessation and weight management.

Point-of-care testing equipment can be used for a PHSMI check in the community or someone's home. A range of staff roles can be trained to use the equipment where local protocols permit. The equipment has been used in care homes, community centres, NHS community mental health hubs, and outside where outreach is undertaken with people sleeping rough.

This equipment will need to conform to local clinical safety and governance requirements. Some elements of the PHSMI check will provide indicative results rather than meeting diagnostic clinical requirements. Local areas can decide how to manage this, and whether to use this equipment for initial outreach and screening.

In Bedfordshire, Luton and Milton Keynes, point-of-care testing boxes have been issued to outreach staff so that every patient has the opportunity to have all the elements of the PHSMI check done, and this can be in their home or a familiar community venue.

CASE STUDIES

Data has been provided on the number of SMI physical health checks delivered prior to the outreach funding being made available (in quarter 3 of 2020/21) to the end of the most recent financial year (quarter 4 of 2022/23), which allows us to see the increase in PHSMI checks since the funding was made available. We cannot disaggregate the effect of other initiatives and programmes of work in improving the rate of delivery of PHSMI checks. Data is published nationally through a **Strategic Data Collection Service**.

DORSET

Q3 2020/21	Q4 2022/23	
1,721 checks (22% of SMI register)	5,057 checks (59% of SMI register)	**194% increase**

As part of a broader strategic focus on physical health for people living with severe mental illness, a collaboration of organisations is working in Dorset on four workstreams, of which outreach is one. Other workstreams include a dedicated service to deliver PHSMI checks with the roll out of SMI Physical Health Support Workers across Dorset.

The outreach workstream is led by various VCSE organisations, all of which are supporting differing needs of people with severe mental illness to engage and access their annual PHSMI check and lifestyle interventions. Organisations include Dorset **Help & Care** and **Dorset Mental Health Forum**. Help & Care have a self-care management team embedded within GP surgeries and Dorset Mental Health Forum provide lived experience experts and peer support staff embedded in primary and secondary mental health services.

Established outreach activities include:

- Social prescribing services provided by Help & Care have been embedded into the SMI Physical Health Support Worker's pathway, to signpost patients with socioeconomic and other issues preventing them from accessing health care
- Education, training and awareness has been delivered to outreach leads
- All outreach team members have created effective communication and liaison with the SMI Physical Health Support Workers undertaking PHSMI checks
- Information and training is offered to staff around Covid-19 and flu vaccination for people with severe mental illness.

Key workstreams include the following:

- Dorset Mental Health Forum working with those with lived experience of severe mental illness to understand the barriers to accessing PHSMI checks and having positive conversations to support them to attend
- A 'DNA' (did not attend) liaison pilot reaching out to those who have not attended PHSMI checks previously, run by the Community Action Network Health Engagement Officer. They have currently engaged an additional 87 people over a few months who previously had not attended their PHSMI check
- Scoping and developing a business case to introduce point-of-care finger prick testing for those who are needle-phobic or where there is unsuccessful phlebotomy to increase uptake in PHSMI checks within this subgroup
- Developing patient information leaflets and communications about PHSMI checks, including case studies to help people understand the importance of the PHSMI checks
- Scoping and testing the viability of collating all community resources into one directory of services and support, to assist their SMI Physical Health Support Workers with signposting
- Facilitating a pathway pilot to the LiveWell Dorset service to improve uptake in lifestyle interventions. To date, this has engaged over 50 people in less than a year to register and initiate a pathway (where they previously had two individuals a year).

HILLINGDON

Q3 2020/21	Q4 2022/23	
320 checks (13% of SMI register)	1,943 checks (70% of SMI register)	**507% increase**

* Note: data provided by North West London ICS, as this data is not published.

Outreach to improve the uptake of PHSMI checks in North West London is one part of wider strategic work led by the ICS on improving the physical health of people living with severe mental illness. Since 2021, outreach funding within North West London has been targeted in the outer boroughs (Brent, Harrow and Hillingdon) where uptake was significantly below target. This outreach has included the development of an enhanced service specification with primary care, health checks dashboards and templates, and a training video and materials for GPs (including a service user led video).

In Hillingdon, the funding was used to commission **Hillingdon Mind** to run an outreach service. The project began with forums where people with lived experience identified a range of barriers to receiving their PHSMI check. This included lack of understanding from some primary care staff about the difficulties experienced by service users in engaging with the PHSMI check, and a lack of clear information provided on what to expect from a check and how to book them. Based on this feedback, the work began with training for primary care staff in Mental Health First Aid, with a focus on severe mental illness.

If a GP surgery in Hillingdon does not receive a reply to an invitation for a PHSMI check, they can refer the patient to the Hillingdon Mind service. Following this referral, a patient receives a letter and resources from Hillingdon Mind explaining what the PHSMI check involves and the support that Hillingdon Mind can provide. The letter explains that people should expect to receive a call from Hillingdon Mind, and a text is sent ahead of the phone call.

Hillingdon Mind staff make the phone call to explain the process of the PHSMI check and answer any questions. Staff offer to book the appointment on the person's behalf, liaise with primary care staff and attend the appointment with them. The service has found that more people favoured afternoon appointments and that longer appointments were helpful in avoiding the need for people to return for a follow-up for different aspects of the PHSMI check. Hillingdon Mind staff attend multidisciplinary meetings at GP surgeries to discuss the progress of the outreach programme.

Hillingdon Mind staff also encourage people to complete a Wellbeing Action Plan, to help people set realistic goals for general health and wellbeing. They also provide support options and signposting to relevant services within the community.

Initially there was limited support for patients with additional needs (including physical disabilities) and for those with English as their second language, which is now flagged to the GP surgery. Hillingdon Mind has encouraged GP surgeries to provide accessible resources in key community languages and interpreters for relevant information about the PHSMI check.

HULL

Q3 2020/21	Q4 2022/23	
375 checks (15% of SMI register)	1,150 checks (44% of SMI register)	**207% increase**

Hull's Wellbeing Primary Care Liaison team were funded through the outreach programme to support the uptake and quality of annual PHSMI checks within GP surgeries.

Over the last financial year, engagement work between primary care and secondary care has been undertaken to identify a process of effective sharing of PHSMI checks which have been completed within secondary care with a person's GP surgery.

The Wellbeing Primary Care Liaison Service has supported the outreach programme through delivering four programmes of virtual PHSMI check training, which included reasonable adjustments, cancer screening, managing deterioration and immunisations, with guidance on the process of delivery and use of the Electronic Care Record template. Training was delivered to approximately 160 primary care staff across Hull and East Riding. Through training, staff said they had gained more of an understanding of how to address key health inequalities in line with Core20PLUS5.

Data quality work has been undertaken through joint work between the Wellbeing Primary Care Liaison team and the Primary Care Data Quality team to identify reporting errors or issues and how these can be rectified moving forward. This has led to the local development of a monthly data reporting system, which enables Hull Primary Care Networks to identify coding errors and workload priorities on an individual GP surgery basis. The Wellbeing Primary Care Liaison Service has now started to utilise this reporting system to support GP surgeries by highlighting key priority areas.

The Wellbeing Primary Care Liaison Service has created roadshows for patients to help reduce health inequalities by delivering health information in a more accessible format.

The main aim of the roadshows are to inform and empower patients to have a better understanding of key health conditions and the ways they can self-manage and self-monitor health issues. The roadshows have included themes such as heart health, how to take your blood pressure, and mental health. These roadshows have been delivered across community venues in Hull.

The GP surgeries in Hull reported that the Wellbeing Primary Care Liaison Service support has been useful, and that having a specialist team working to enhance the patients' experience and improve the quality of the PHSMI check is widely appreciated.

KENT AND MEDWAY

Q3 2020/21	Q4 2022/23	
1,209 checks (10% of SMI register)	7,132 checks (47% of SMI register)	**490% increase**

In Kent and Medway, £1.2m has been invested in improving the uptake of PHSMI checks; the outreach funding accounts for a small part of this total. The ICS has recruited mental health nurses and healthcare assistants (HCAs) who deliver the PHSMI checks (or part of the checks for HCAs) and invested in point-of-care testing equipment which is used in people's homes.

The outreach funding in particular has been used to:

- Conduct patient-centred design to understand what service improvements could be made to help people have their PHSMI check, such as covering the cost of bus fares or reminding those who have difficulty remembering where and when to attend their appointment
- Gather information and gain understanding of how it feels for someone to have their PHSMI check and how to best communicate how it will benefit patients
- Rephrase invitations and information and present these in a way that will not frighten people, but communicate positively and helpfully, e.g. emphasising improved quality of life
- Purchase point-of-care testing equipment to enable home visiting and reach people who struggle to attend GP surgeries
- Provide staff with beneficial training sessions on shared decision making.

Other examples of best practice in Kent and Medway include:

- Updating the website and communications to include cancer screening, sexual and oral health and substance use, which extend the focus on health beyond the core six elements of a PHSMI check, to cover recommended elements of a comprehensive check
- Updating the Ardens template to ensure that SNOMED coding is correct and the data is properly recorded within GP systems[1]
- Reaching out to racialised communities with culturally-informed communications. The ICS is leading on the production of a leaflet and an animation video.

[1] SNOMED codes are used to record and cluster clinical information about patients in electronic health records such as SystmOne and EMIS. Ardens is the provider of SystmOne and EMIS web templates which hold the clinical information for 2,800 GP surgeries across England.

MANCHESTER

Q3 2020/21	Q4 2022/23	
1,995 checks (24% of SMI register)	5,027 checks (61% of SMI register)	**152% increase**

Manchester Mind provides an outreach service where staff provide support to people before and after a PHSMI check. The focus is to support those who have not attended the GP surgery for over a year and a list of people from the GP SMI register is supplied for Manchester Mind to contact.

Outreach workers try to contact each person by phone, leaving a message if they do not answer. They use Manchester Mind phone numbers and do not withhold the number, so people can contact the outreach workers directly if they want to.

All interactions with patients are entered directly onto each GP surgery's data system. Outreach workers also liaise with local mental health practitioners to feed back any additional information shared about the patient. Any welfare or safeguarding concerns are referred directly to the GP surgery's designated safeguarding lead.

For patients who agree to a PHSMI check, the outreach workers help them to book the appointment. In some primary care networks this can be done directly as the outreach workers have access to the central booking system. Where they do not have access to this, a request for a booking is sent to that GP surgery's admin team.

For a small number of patients who particularly struggle to get to a GP surgery for a PHSMI check, outreach workers will support them to plan their journey in and may attend the appointment with them.

Patients supported to access the PHSMI check with Manchester Mind who are identified as having additional unmet needs are also referred to the organisation's Extended Support Offer. This involves 6-10 one-to-one support sessions by phone, in a community setting or in the person's home. A 12-point social needs assessment is used to identify the level of needs across four key social determinant themes that impact on mental health: basic needs, medical needs, community needs, and social welfare needs.

NORTHUMBERLAND

Q3 2020/21	Q4 2022/23	
753 checks (31% of SMI register)	1,666 checks (62% of SMI register)	**121% increase**

The VCSE provider **Everyturn** manages the outreach programme in Northumberland, coordinating a collaboration of smaller mental health provider organisations. The service is now offered in six out of seven Primary Care Networks across Northumberland by two full-time workers employed by Everyturn and four part-time subcontracted posts.

Initially consultation was arranged with people with lived experience accessing the local recovery college to identify how patients would like to be engaged by the service.

Everyturn and the Primary Care Networks worked on data sharing agreements and IT arrangements which allowed VCSE staff to access SystmOne and EMIS by having honorary contracts in place, and by using Virtual Private Networks (VPNs) and smart card readers connected to the laptops of Everyturn and the smaller VCSE providers.

Outreach begins with creating a list in the Primary Care Network system of patients who have not responded to invitations for the PHSMI check. Everyturn reach out to them by sending a text message from the GP surgery IT system. In this text the staff member introduces themselves and explains that they will be reaching out during the coming week. The second stage is a phone call to obtain consent for Everyturn to work with the person and to book them in for the PHSMI check. During the phone call, Everyturn staff will discuss individual needs such as anxiety about visiting the GP surgery. Individual solutions may be offered such as booking the first appointment of the day to minimise the time people have to wait in a busy waiting room. If the person does not attend the booked PHSMI check, Everyturn contacts them again to talk about why it would be beneficial to try again to attend and to reiterate the value of the PHSMI check in preventing or reducing future ill-health. If someone is unable to leave the house, a home visit from the District Nurse to complete the PHSMI check will be arranged.

Following the PHSMI check, another appointment will be arranged to discuss further help that may be required. This may be physical health improvement, such as smoking cessation support, or in relation to social needs such as housing, a referral for social prescribing, or access to the recovery college or a support worker.

Often three or four appointments are held with people before they are stepped down from the outreach service, with the aim of engaging people through other services such as the recovery college or walking groups.

SHROPSHIRE

Q3 2020/21	Q4 2022/23	
430 checks (20% of SMI register)	2,067 checks (56% of SMI register)	**381% increase**

Four SMI outreach workers are employed at Band 4 by Midlands Partnership University NHS Foundation Trust: two cover Shropshire, and two work across Telford and Wrekin, providing an offer of outreach to every GP surgery. Their focus is on reducing missed appointments ('Did not attend', or DNAs) through analysing the data describing the characteristics of people who have not attended and reaching out with targeted offers of further appointments at the GP surgery or in the community.

The outreach team work with primary care staff on the reconciliation of the SMI register to ensure that it is an accurate list of all those who should be included.

Outreach is provided by using point-of-care testing kits in settings including:

- Care homes
- The Shrewsbury Ark Day Centre for people who are homeless and vulnerable
- A crisis café
- Mind support group.

Home visits are also offered to those living in rural areas of Shropshire, people in Telford and Wrekin who are unable to travel to a GP surgery, and for people whose local GP surgery does not take bloods.

Although flu and Covid-19 vaccines are not offered by the outreach workers, they use the opportunity of speaking to patients to discuss vaccinations, as well as initiating broader discussions about actions people can take to improve their own health.

THURROCK

Q3 2020/21	Q4 2022/23	
187 checks (16% of SMI register)	858 checks (61% of SMI register)	**359% increase**

Community Support Workers employed by **Thurrock and Brentwood Mind** have been commissioned to conduct outreach and deliver aspects of the PHSMI check. The first phase of the work involved obtaining laptops to enter information directly into the primary care IT system, and providing training in the delivery of the PHSMI check (except for blood tests).

With the laptops, outreach workers can enter the data straight onto SystmOne and can complete the PHSMI check in different locations, including in patients' homes if needed. The outreach workers report that having laptops has also helped them to feel accepted as part of the extended staff team in primary care.

Outreach workers contact patients on the GP SMI register by phone and invite them to attend a PHSMI check in an accessible and familiar venue for them. This may be a local community health hub, the Mind office, or their own home. People are sent text reminders and followed up if they do not attend, to understand the reasons why and to encourage attendance at a further appointment. Anyone who needs to have a blood test at their GP surgery is supported to attend this aspect of the check.

The outreach workers have also collaborated with secondary mental health services to offer people PHSMI checks when they come to clinics for other services, such as depo injections or medication reviews.

INCREASING ACCESS TO PHYSICAL HEALTH CHECKS FOR PEOPLE LIVING WITH SEVERE MENTAL ILLNESS

CENTRE FOR MENTAL HEALTH

Equally Well UK

People living with severe mental illness (SMI) die on average 15 to 20 years younger than the general population, largely due to physical illnesses that could be prevented or treated.

Physical health checks for patients with severe mental illness can help to identify signs of physical illnesses which can then be treated early. People can be offered medical interventions, and support and resources to adopt positive health behaviours.

The core PHSMI check is made up of six assessments:

- Alcohol consumption status
- Blood glucose/Hb1Ac test (as clinically appropriate)
- Blood lipid (cholesterol) test
- Blood pressure
- Body Mass Index (BMI)
- Smoking status

PLANNING

Preparation for outreach:

- Form a project group with local partners
- Analyse your data - who is and isn't accessing PHSMI checks currently?
- Get buy-in from key stakeholders and agree roles and responsibilities
- Facilitate access to primary care data for outreach partners as needed.

Start by working with people with lived experience of severe mental illness and their carers **to understand the current barriers** to accessing PHSMI checks.

Work together to design a service.

COPRODUCE

the design of communications and outreach activities with people who have lived experience of severe mental illness and can advise on tone and language.

GATHER IDEAS

for how and where to provide outreach.

RECRUITMENT & TRAINING

Arrange access for external organisations to SMI registers and the primary care IT systems, for example through honorary contracts and the provision of IT equipment.

Outreach worker roles can be undertaken by Healthcare Assistants, GP Practice Nurses, VCSE Community Support Workers and Peer Support Workers.

Training is provided for primary care staff and others supporting people to have a PHSMI check, on the importance of PHSMI checks and how to encourage and support people living with severe mental illness to have their PHSMI check. This can be coproduced and delivered with people with lived experience.

Posts employed by VCSE partners can help to reach people using VCSE services.

OUTREACH

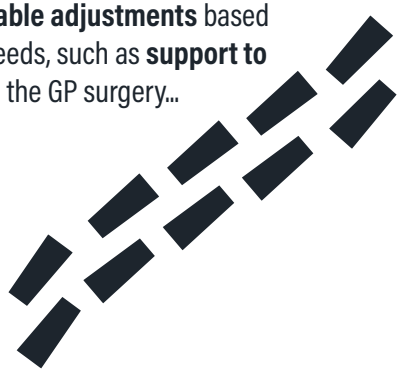
Develop a protocol to phone and write to patients with **a warm invitation**

Use text messages

to remind patients of appointments

and follow up if they do not attend.

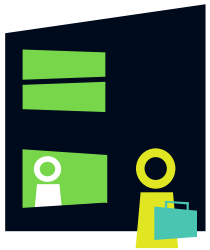
Make **reasonable adjustments** based on people's needs, such as **support to plan travel** to the GP surgery...



... or booking appointments at the **start or end of the day**.

VCSE organisations are well placed to provide outreach services as they often have **well established relationships** with people living with severe mental illness and particular **communities you may want to reach**.

Take PHSMI checks to where people are - in homes, community centres or within secondary care.



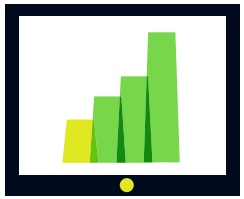
Point-of-care testing kits can help with this.

STRATEGY

Don't just screen

Intervene.
Use outreach to support people to access follow-up interventions too.

See the Lester Tool



Focus on **demographic groups with the lowest attendance**. This may include people with physical disabilities or mobility difficulties, people living in deprived areas, those from certain ethnicities or people with English as a second language.

Make every contact count

If contact is made with those who have not been engaging with primary care...

use this opportunity to provide holistic support for their physical and mental health and social needs.

This may include support to access other health care such as oral health and cancer screening, or social prescribing for their wider needs.

Outreach should be part of a wider strategy to improve the physical health of people living with severe mental illness.

REFLECTIONS AND RECOMMENDATIONS

1. **Outreach should have a focus on underserved groups**.

   An initial exercise should be carried out to identify whether certain communities or people with shared characteristics are less likely to have had PHSMI checks. Monitoring the increase in uptake of checks should consider demographics, diagnoses, or areas of higher deprivation, to identify inequality of uptake of the PHSMI checks by different groups.

2. **Coproduce communications and training for best outcomes**.

   The most effective outreach communications are developed in partnership with people with lived experience. This will include the initial invitation from the GP surgery, the wording of text reminders, and posters, leaflets or videos explaining the purpose and value of the PHSMI check. Coproduced training on working with people living with severe mental illness and the PHSMI check can also be particularly effective.

3. **Recruit dedicated roles to deliver PHSMI checks.**

   Employing staff dedicated to providing PHSMI checks can be more effective as they will have a focus on developing trusted relationships with patients and will assist with ongoing support for follow-up interventions. They will build up expertise in the most effective ways of engaging people and facilitating PHSMI checks. Dedicated workers will help to relieve pressures on primary care staff and can offer training for primary care colleagues on providing trauma-informed care for people living with severe mental illness.

4. **Create a partnership with VCSE organisations for outreach.**

   VCSE organisations may be well placed to provide support which enables people to access PHSMI checks, e.g. by providing peer support, arranging transport and accompanying people during the PHSMI check, or by establishing clinics for PHSMI checks in VCSE community venues. With appropriate training, PHSMI checks can be completed by staff from VCSE organisations who already have strong links with people living with severe mental illness.

5. **Ensure SMI registers are up to date and enable access to primary care data.**

   Well-targeted outreach begins with work to ensure SMI registers are up to date. Outreach is also much smoother when outreach workers can access the primary care data systems directly. This may be facilitated by the provision of primary care laptops to outreach workers employed in secondary care or VCSE organisations and honorary contracts.

6. **Consider how outreach funding can facilitate moving beyond the core PHSMI check to a comprehensive PHSMI check**.

   Outreach workers can often spend more time with a person than those working in primary care, meaning they can provide a **comprehensive PHSMI check** in line with recommended best practice (which features 12 elements including assessment of nutrition, physical activity, and substance use).

7. **Offer checks in community venues and provide home visits**.

   For some people, attending a GP surgery will remain difficult due to their concerns about who they will meet and how they may be made to feel during the PHSMI check. Some patients may struggle to travel to a GP due to physical mobility difficulties or conditions such as agoraphobia. Services that go to people, rather than requiring everyone to come to the GP surgery, provide a genuine outreach service for a PHSMI check. Utilise settings such as mental health secondary care clinics or VCSE community centres to reach people who have not responded to invitations to their GP surgery for a PHSMI check. Point-of-care testing may be necessary to facilitate this for people least likely to access services at a GP surgery.

8. **Integrate the outreach services with further health care support and treatment pathways.**

   PHSMI checks are a critical first step, but it is vital that people living with severe mental illness are supported to access follow-up interventions if needed (in line with the **Lester Tool** – 'don't just screen, intervene'). Ongoing support provided by outreach workers is valuable in overcoming similar or further barriers to accessing relevant services and support to which patients are referred.

9. **Outreach should be one part of a broader strategy to address the physical health of people living with severe mental illness.**

   The most successful use of outreach funding has seen this funding utilised as part of a broader strategic approach to improving the physical health of people living with severe mental illness. Outreach funding can enhance a programme funded from other sources by contributing to a dedicated service which delivers PHSMI checks.

10. **Sustained funding for outreach.**

    The work delivered to date demonstrates the importance of providing outreach funding to help systems address the barriers that people living with severe mental illness face in accessing PHSMI checks and wider physical health support. Good outreach programmes require health care staff to build trusted and sustained relationships and so it is important that funding is sustainable to ensure longer-term planning.

CENTRE FOR MENTAL HEALTH

REACHING OUT

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Image: **istockphoto.com/portfolio/SDIProductions**

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