



Mental Health **TOGETHER**

Engaging with Derby and Derbyshire

Physical Health and Severe Mental Illness (SMI) An Interim Report - January 2020



*Listening to the
voice of experience*

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This project is commissioned by NHS Derby and Derbyshire Clinical Commissioning Group and funded by Health Education England.

If you would like to know more about this project, or the other work carried out by Mental Health Together, please contact us:

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Background and introduction

Earlier this year NHS Derby and Derbyshire Clinical Commissioning Group (NHS DDCCG) secured funding from Health Education England (HEE) to enable us to undertake a project focussing on the physical health of people with a severe mental illness (SMI). According to the NHS England guidance 'Improving physical healthcare for people living with severe mental illness (SMI) in primary care – Guidance for CCGs' (2018)':

'SMI refers to all individuals who have received a diagnosis of schizophrenia or bipolar affective disorder, or who have experienced an episode of non-organic psychosis.'

This guidance also indicates that compared to the general population, individuals with a severe mental illness face one of the greatest health inequalities and, as a result, their life expectancy is significantly lower than the general population (up to 15 -20 years lower). This vulnerability is a result of various issues including medication side effects and lifestyle factors. It is therefore imperative that they have the opportunity to have their physical health monitored regularly. People with an SMI diagnosis should be on the SMI register at their GP practice and should be invited for an annual physical health check to detect and treat any existing health problems and prevent other serious problems from occurring.

In Derbyshire, and nationally, the data tells us the number of people attending physical health checks is not where it should be (currently about 30% of those eligible). This, of course, raises concern for their physical health and a key aim of this project is to try to understand why this is the case. To explore the barriers that prevent people from attending this annual check with those who are directly affected. NHS DDCCG also asked us to explore how people feel about their physical health, what broader barriers they face in trying to stay physically well and what they feel would support them to achieve better physical health for themselves. This second aspect of the project covers both people with SMI and people with other long-term mental health conditions.

Key aims

- **Explore the barriers to people with SMI attending annual health checks**
- **Explore wider barriers to staying physically well (both SMI and non-SMI)**

Having concluded the first phase of this project we are providing an interim report into the findings so far to inform on-going commissioning work. It also enables us to reflect on all that we have learnt to date, see where the gaps in knowledge and information remain and plan our next phase accordingly.

What is Mental Health Together (MHT)?

MHT is the engagement service in Derbyshire for people living with a mental health condition and those who care for them. We are funded by NHS DDCCG and Derbyshire County Council (DCC) to ensure that the voices of experts with lived experience feed into decision making about mental health services and social care. Our key role is to recruit, train and support people as Experts by Experience and enable them to have a voice in the shaping and commissioning of services in Derbyshire. We also engage as much as possible with the wider

community to pick up feedback about current services. Our team of Experts have been an invaluable source of advice to us in shaping and delivering this project to date.

As part of our commitment to this very important piece of work the staff and Experts at Mental Health Together have together become members of Equally Well UK <https://equallywell.co.uk/> and have signed the Charter for Equal Health for people with severe mental illness. By signing the pledge, we are agreeing to work together to help reduce health inequalities for people living with severe mental illness in our region.

Our approach

Our project worker set about identifying as many initial points of contact as possible where she could engage with the people at the heart of this project. So far, she has visited numerous voluntary and community groups across Derbyshire and Derby City including a number of carers groups. She has also attended several outpatient clinics and a Clozapine clinic run by Derbyshire Healthcare Foundation Trust (DHcFT). Individuals have been interviewed in person, on the telephone and via hospital visits undertaken with the support of staff and patients representatives.

Individuals have been invited to share their experiences by completing a questionnaire, in paper form or electronically. Support has been offered whenever needed or requested. When visiting groups such as carer groups and peer support groups their feedback as a group have been gathered into trends and themes to support our findings.

At each stage of designing the questionnaire, we invited our Experts, Healthwatch Derbyshire (HWD) colleagues and NHS DDCCG commissioners to have an input into shaping it. At the time of preparing this report **168 surveys had been completed, 66 of these respondents identify themselves as having an SMI, 73 categorised themselves with a different mental health condition and 29 chose not to state their diagnosis.**

We have also had some limited contact with GP practices to find out their perspective and how some of them are successfully encouraging more of their patients to attend their annual health checks (see Appendix V: Feedback from GP practices achieving good annual health check attendance).

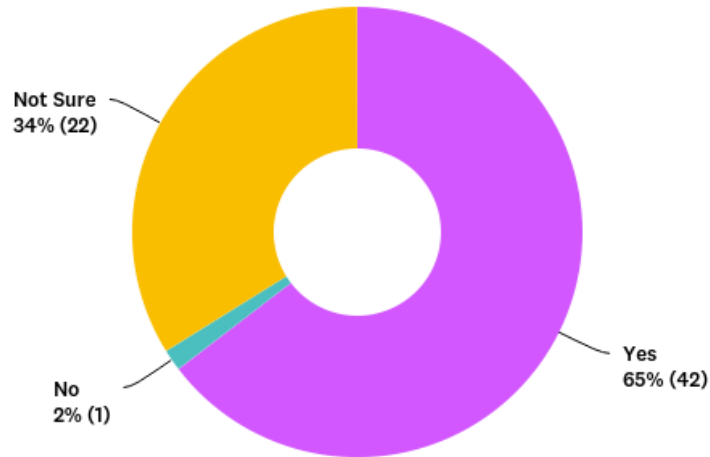
Summary of key findings

- 1) Approximately half of respondents with SMI know they are entitled to an annual health check
- 2) 79% of respondents with SMI who have attended an annual health check found it helpful to varying degrees
- 3) Some groups of people with SMI will need health checks to be taken to them as a peer-supported experience
- 4) Lack of confidence, lack of motivation and side effects of medication are the top 3 barriers to physical health for people with SMI
- 5) People with SMI expressed the need for more support and information on medication side effects which affect their physical health
- 6) On average all respondents (including SMI) rate their physical health at 5 out of 10
- 7) 75% of all respondents (including SMI) worry about their physical health
- 8) All respondents (including SMI) report a cumulative impact of multiple physical health conditions and other barriers
- 9) People expressed a need for better understanding of their diagnosis and more involvement in the choice of treatment
- 10) Solutions to barriers experienced in relation to physical health include:
 - person-centred and consistent support – available individually and/or in groups
 - access to on-going affordable physical health activities
 - help with anxiety around travelling alone on public transport
 - personalised health advice
 - more information, support and choice regarding medication and side effects
 - easier access to longer appointments with GPs who have a good understanding of mental health
- 11) Carers need to know if the person they care for is on the SMI register and should be receiving an annual health check
- 12) Carers urge GP practices to proactively involve them with annual health checks, with the patient's consent.

Our findings so far

1) Annual health checks

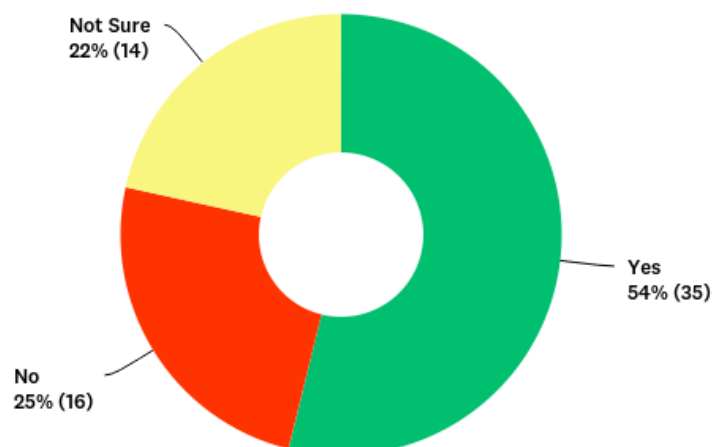
Do you know if you are registered as having an SMI with your GP?



When asked whether they knew if their mental health condition had been registered by their GP practice as an SMI (schizophrenia, bipolar disorder or psychosis) 65 of the respondents answered the question, as follows: 65% said 'yes', 2% said 'no' and 34% were 'not sure'.

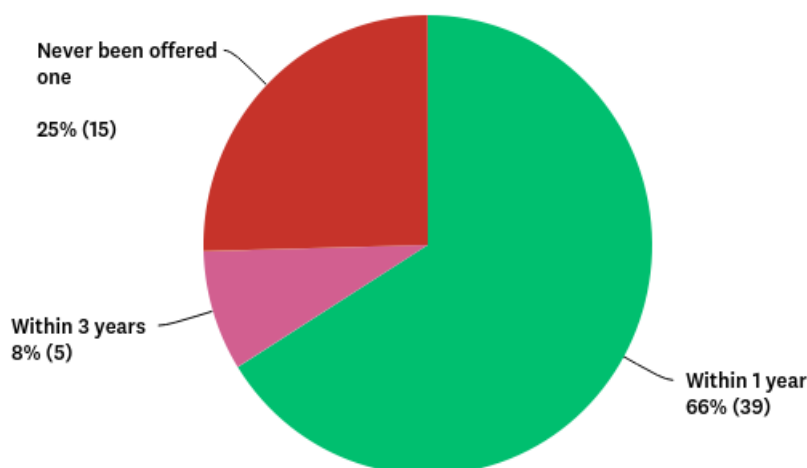
We then asked this same group if they were aware of the annual physical health check to which 54% said they were, 25% indicated they were not aware, and 22% were not sure. These findings highlight that out of 65 individuals who responded, only 35 were aware that they are entitled to annual physical health checks due to their diagnosis.

Do you know you are entitled to an annual physical health check?



When asked when they were last invited for an annual health check, people responded as follows: 66% answered 'within a year', 8% 'within three years' and 25% stated they had 'never been offered one'.

When was the last time you were offered a physical health check?



Of those offered a physical health check, 95% attended whilst only 5% said that they had chosen not to attend. The reasons these people gave for non-attendance were:

“Wasn't sure what it was, don't like opening letters.”

“I do not like going to my GP practice.”

“What's the point? I have various conditions which are complex and I have to manage my stress levels. If I call to arrange an appointment, I am sometimes dealing with a rude receptionist and I may not be able to get an appointment that suits because I am also a carer. If I go, I have to sit in an uncomfortable waiting room with people who are coughing and unwell. Because of my various conditions, I don't want to catch any other illnesses. You need more time in the appointment and a less complicated system of organising appointments.”

It is interesting and remarkable that 95% of people who answered this question had gone along to their annual health check when invited. This differs markedly from the county's average attendance of approximately 30%.

However, the people we have been able to speak to have been connected into local services, attending groups and outpatient appointments. It may be reasonable to assume that those who are less connected and supported are less likely to attend their annual health check.

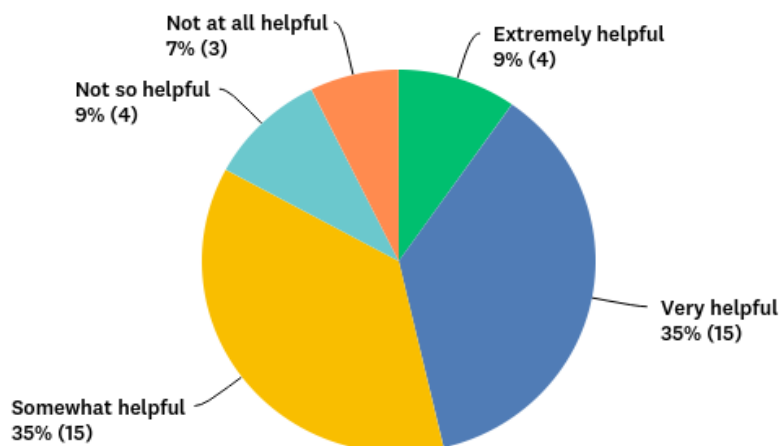
A proposal from one peer support group was for a health professional to 'bring the health check to them'. People who will not go alone, or who will not go to a GP practice at all, are far more likely to participate in a health check with their peers. We intend to continue finding ways to connect with people who are not currently attending their annual health check throughout the life of this project.

“Expecting people to go to GP surgeries for health checks when they are not even able to use the phone due to anxiety etc. People unsupported in the

community and unable to remember, plan and get to their appointments in the first place.”

Of those SMI patients who did attend their annual physical health checks, the diagram below indicates how helpful respondents found the appointment.

How helpful was your annual physical health check?



This is encouraging as it shows that **79% of attendees found the annual physical health check to be either ‘somewhat helpful’, ‘very helpful’, or ‘extremely helpful’**. Being met by friendly staff and the importance of feeling listened to was an overall theme throughout. Comments around what was ‘helpful’ also included:

“Checking everything is okay so I know I am on track with my weight, liver, kidneys and my lithium levels.”

“I didn’t feel I was being ignored as a result of being called.”

“Having my blood pressure, weight checked and being able to talk about physical health with a professional.”

“To be able to understand the side effects of my medication and being kept informed.”

What people found was ‘not helpful’ about their annual health check included the letters they had received being either too wordy or not enough explanation about the purpose and importance of the health check, difficulty in getting GP appointments, the feeling that they were not being listened to, and that they did not understand what was happening and why.

Negative comments included:

“I got no feedback after the tests were done, I would have like to have heard something.”

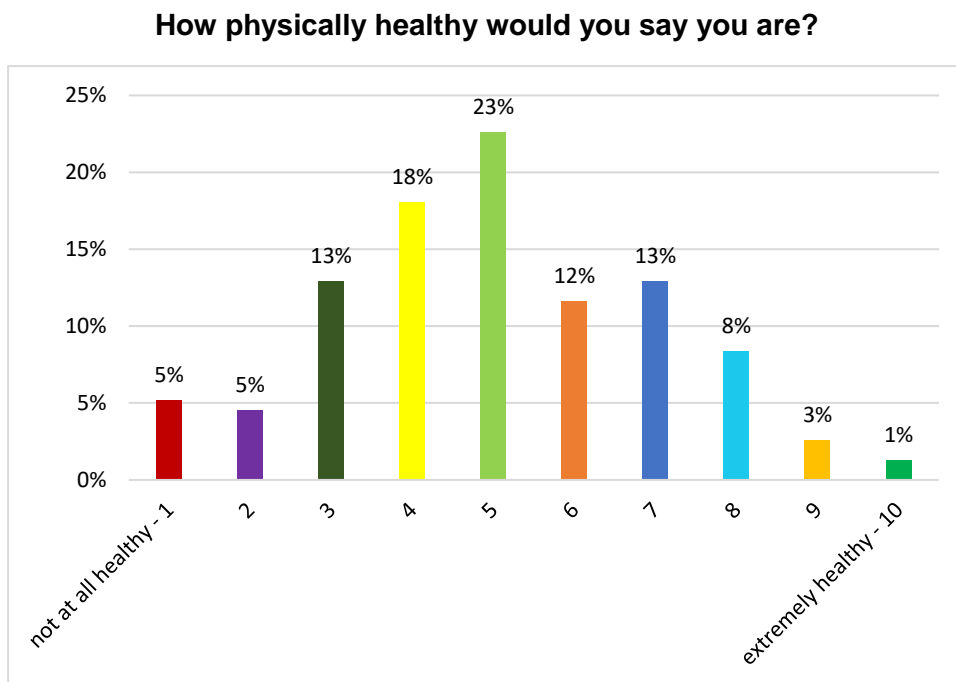
“No one told me (carer) that my son had a severe mental illness, I found out myself on the internet, which is poor. After two years of no physical health checks, I asked why. My son is now on the register.”

"[The professional] not knowing much about autism and learning difficulty at the appointment was not helpful."

2) Respondents views on their own physical wellbeing

All respondents:

On a scale of 1-10 with 1 being 'not at all healthy' and 10 being 'extremely healthy' all who responded to this question (155) were asked to rate how they viewed their own physical health.



You will see from the graph above that the highest numbers are in the middle. 23% of all our respondents rated their physical health as a 5 and a further 18% as a 4 out of 10. In the SMI group (66) the results were similar in comparison. The main differences being, 8% of SMI respondents rated themselves as 3, as opposed to 13% in the entire group and 20% rated themselves as 7, higher than the entire group at 13%.

It is very sobering to see that out of a fairly high sample of 155 people **the average person assessed themselves as just 5 out of 10 for their overall physical health**. A very high percentage of respondents took the time to tell us why they had rated themselves as they had. A key issue for many was the sheer number of different physical health conditions they were coping with as well as their mental health. **The impact of one health condition on another and the interplay of medications and side effects set up a vicious circle that is very hard for people to break.** For example, weight gain from medication leads to problems with joints and prevents exercise. Depression then de-motivates and kicks in comfort eating, further weight gain and potentially with some serious conditions like diabetes rearing their head. All very understandable and not at all easy for an individual on their own to get control of and start to reverse the cycle.

Below are just a few quotes from the many comments we received:

“My physical health is going downhill. I was diagnosed with arthritis and I had a stroke. I had an ulcer that burst and a heart attack. I have diabetes and have to watch my sugar levels.”

“I have arthritis and fibromyalgia. Medication helps me fall asleep but 2-3 hours later I am awake in pain. I have problems with my bowel and have to take laxatives. This affects me going out.”

“My brain is okay, physically not. Riddled with arthritis, fibromyalgia, no grip in hands, keep dropping things ... Diet is poor- don't eat due to an eating disorder. I have gum disease, my teeth are crumbling and I'm losing my teeth.”

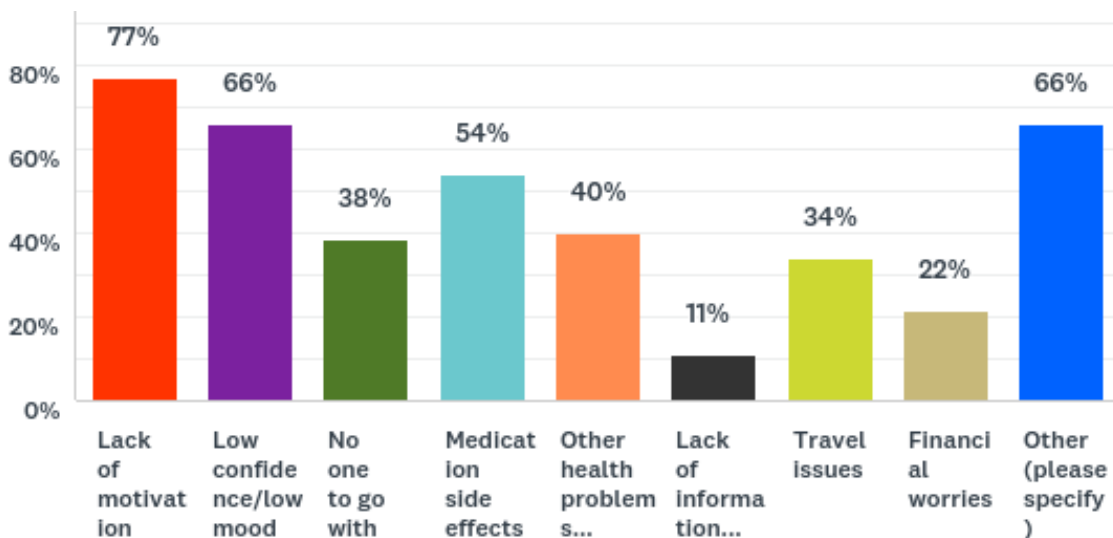
A number of respondents told us that the menopause was having a very significant impact on both their mental and physical health. They did not always feel that there was sufficient recognition of this from health professionals nor enough information available to them to help them cope and mitigate the impact.

3) Barriers to being physically healthy

SMI Respondents:

Out of 66 respondents in the SMI category, 65 answered and described their barriers to being physically healthy. **The top three barriers were described as lack of motivation, low confidence/low mood and medication side effects.**

What are the barriers that make it difficult for you to be physically healthy?



See below, quotes from some respondents:

“I have a lack of motivation since being diagnosed with a mental health condition. I have to fight to get myself to do things.”

"I have bipolar, when I'm in a low mood I find it difficult to get enough exercise."

"I've had weight gain, drowsiness and feel a bit spaced out because of my medication"

"I have low confidence and don't feel I can go places alone."

As you will notice from the graph above we also received a substantial number of 'Other' comments (66% of responses) so this also needed to be analysed. **A theme emerging from this data highlighted significant barriers around going places alone.** These include going to new places, meeting new people, crowds and accessing public transport due to the level of anxiety that this can cause.

"Unable to travel alone, unable to talk to people, I have panic attacks, anxiety and I struggle on my own. Isolated behind walls as a result."

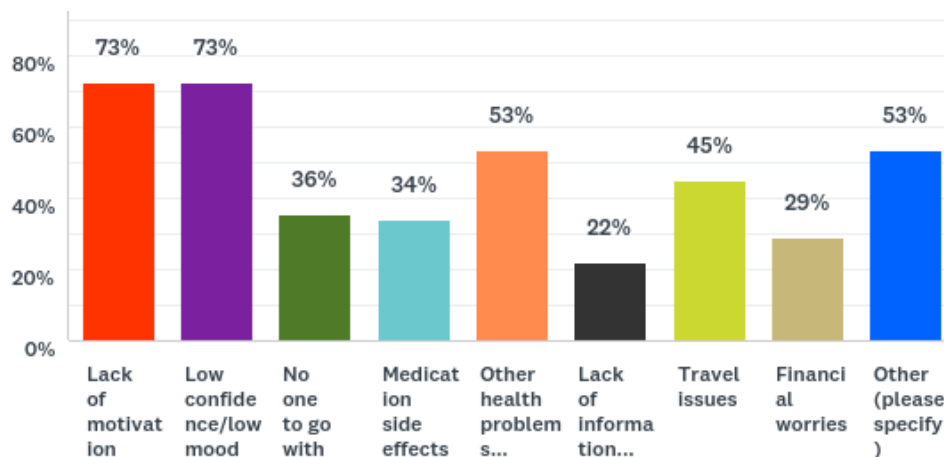
"I am unable to get on a bus or train due to anxiety and paranoia."

"I get anxious on buses, how far I am travelling and I don't like crowds."

Non-SMI respondents:

The non-SMI group identified the same two highest priority barriers as the SMI group. But the third-highest barrier identified for them was 'other health problems'. 53% of all respondents registered this as a barrier to physical health as opposed to 40% in the SMI group. So it features very strongly overall for all respondents. Many respondents are trying to cope with one or more physical health condition as well as their mental health condition.

What are the barriers that make it difficult for you to be physically healthy?



See page 8 for some examples of the range of 'other health problems' that people are having to cope with.

Comparison of groups

The key difference between these two groups of respondents is that the SMI respondents rated 'medication side effects' as significantly higher than the other group (53% as opposed to 34%).

This is not surprising at all given the strength of some medication used for severe mental illness and the consequent side effects. But it does highlight the need for good quality information about medication (how to maximise benefits whilst minimising side effects) and also the need for good support around all health outcomes such as nutrition and exercise. It also highlights the danger that concerns about medication can overshadow physical health aspirations both for the person and potentially for healthcare staff.

Carer's perspective

Feedback from individual carers and carers groups has been very helpful and has produced the following key themes:

- Carers need their physical health looking after too so they can stay fit and well and continue their caring role. GP practices should be ensuring that they hold a register of carers, keep it up to date and offer adjustments to carers including health checks when requested. *"Doctors often assume that you are managing/coping okay when you may not be."*
- GP practices do not always have the right attitude to mental health "If on Clozaril the GP does not want to know." "GP surgeries should have a flag system whereby people with mental health do not have a long wait for a GP appointment."
- Carers need to have information about their loved one's diagnosis, and in particular physical health impacts
- Carers need to know that the person they care for is on the SMI register and should receive an annual check
- If the person they care for is happy for them to be contacted by the GP practice then they can support the person to attend and remind if necessary. Consent could be assessed as part of care and noted in records
- It would be good to have the annual physical health check at the same time as an annual medication review. That way people only have one appointment to go to
- Need more autism awareness in GP practices. *"If supermarkets can do it why can't surgeries?"* Training for surgery staff so that they have an understanding of autism. Quiet spaces in surgeries for people on the autistic spectrum. Think about the environment e.g. bright lights are not good
- Childcare can be a barrier to accessing physical health care – whether it is the carer who has children or the person themselves.

Quote from person caring for someone with schizophrenia:

"It is necessary to have professional support in place, support workers, social workers, doctors, psychiatrists and CPNs. They all need to work as a package and it is very rare at present. I have had to fight for the person I care for to get the help he needed and it has taken a toll on my health.
People with mental health problems need to see the same doctor who knows their medical history, they need consistency, it's very important."

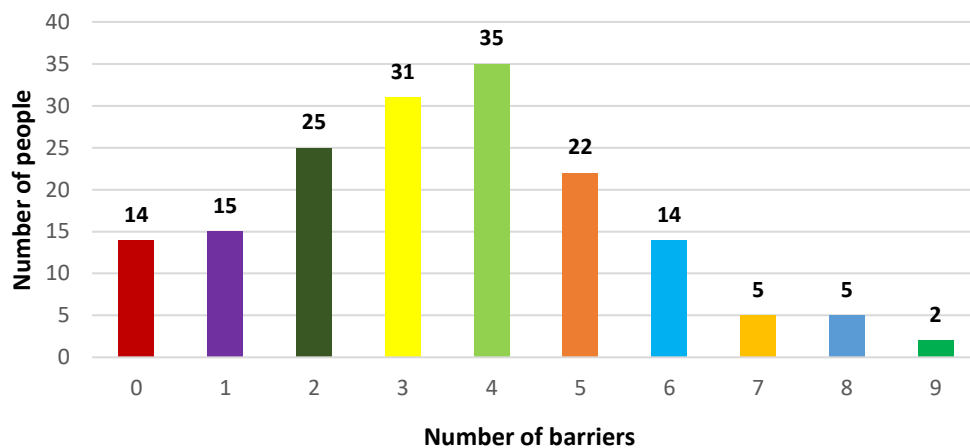
Quote from someone supporting her husband with schizophrenia:

*“Hospital admissions (for mental health) would create problems with my husband’s physical health care. Medical appointments would be booked at other hospitals and my husband would not be able to leave the ward to attend them. So he was taken off the list! More recently **he had an in-patient admission for six weeks during which all his physical and mental health needs were addressed.** The ward booked him for scans, blood tests and consultant appointments and staff accompanied him to his appointments. **This made a massive difference to his mental health recovery and me as a carer.** He felt listened to as a whole person.”*

Feedback from formal carers at a supported housing association:

*“It would be good to have the annual physical health check at the same time as the annual medication review. That way people only have one appointment to go to. Some of our customers feel threatened by the prospect of attending health appointments alone. When we accompany customers we notice the way that doctors speak to people, **they often don’t simplify what they are saying and sometimes dismiss people’s needs by not getting to the bottom of issues, just giving medication.** Customers often feel not listened to”.*

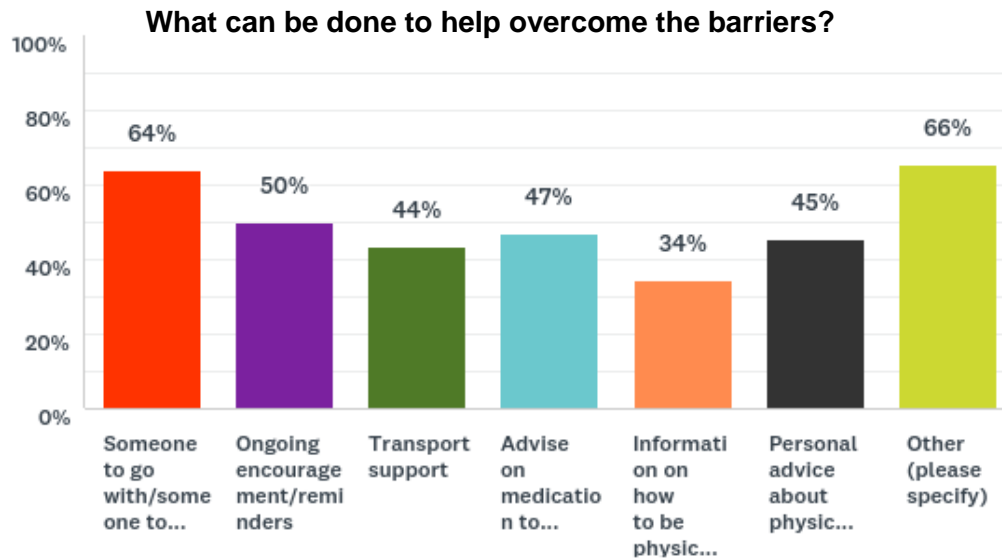
Graph showing the number of barriers identified



The other vital finding in this section is the sheer number of different types of barriers that people frequently face. This applies to all respondents. The graph above shows that the average number of barriers identified by each person is four (35 respondents). A further 22 respondents identified five different types of significant barriers and 31 respondents identified at least three barriers. This was probably the most shocking and striking finding so far and it goes a long way to explaining why so many people find it difficult to take steps towards better physical health.

4) Respondents' perception of what could be done to help overcome these barriers

SMI respondents:



In the SMI group findings above, we can see the top three priorities in terms of what can be done to help overcome barriers to support greater physical health are as follows:

1) Someone to go with/someone to support me

2) Ongoing encouragement and reminders

3) Advice on medication to minimise side effects

These requests tie in of course with the barriers previously identified by this group of respondents. There is less emphasis within the SMI group on the importance/need for general information on how to be physically well. However, on the other hand, 45% of SMI respondents did indicate a desire for greater personal advice about their physical health. This may well reflect the concerns about medication side effects which impact on individual efforts to improve health outcomes.

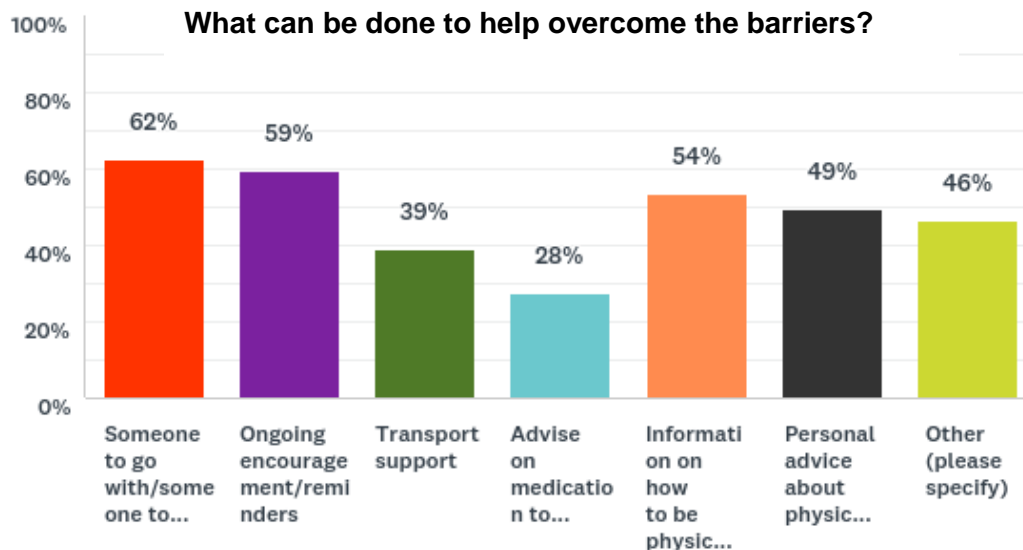
Again, the above graph shows a significant number (66%) left comments in the 'Other' tick box within the SMI group. The themes apparent from this data include the need to have greater support and encouragement in accessing activities/services to aid greater physical health. **Support with transport due to heightened anxieties around using public transport**, rather than availability of transport links, although this was acknowledged an issue in some areas.

There were a number of comments referring to lack of communication and involvement in their care. **More time focused on their physical health and more training for staff** on how to speak to someone with a mental health condition.

"If the health service talked to you more about things. If you know more you feel better. They should sit and explain things. They don't explain when you are ill and what it means, and about the treatment you are on and why."

“For doctors and other professionals to not think that the pain in my head is because I have mental health problems. This has happened a lot and it makes me feel annoyed and not listened to.”

Non-SMI respondents:



Top three priorities:

- 1) Someone to go with/someone to support me**
- 2) Ongoing encouragement and reminders**
- 3) Information about how to be physically healthy**

In the non-SMI group, only 28% of respondents indicated that they would like advice on medication to minimise side effects, as opposed to 47% in the SMI group. This reiterates what has already been noted about the impact of medication on SMI respondents.

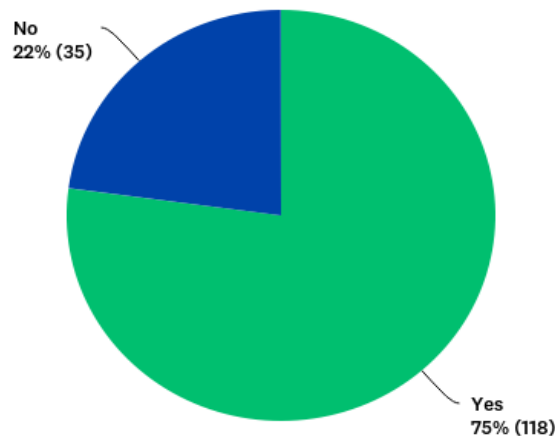
Information on how to be physically well, including diet/exercise support is the third-highest score (54%) for the non-SMI group. It is reasonable to suggest from these priorities that information alone is of little use to many people without the necessary support and on-going encouragement alongside it.

It is also important to point out that despite many of this group having multiple health conditions as well as an on-going mental health condition they do not have the benefit of an annual health check for advice but generally have to make do with very short GP appointment slots restricted to one condition each time.

5) Do you worry about your physical health?

The majority of all respondents answered 'Yes' highlighting that they worry about their physical health (75%). In the SMI group alone, the figures are comparable, at 72%. These figures are extremely significant and indicate the importance of engaging with individuals around their concerns and involving them in a plan to aid good physical/mental health.

Do you worry about your physical health?

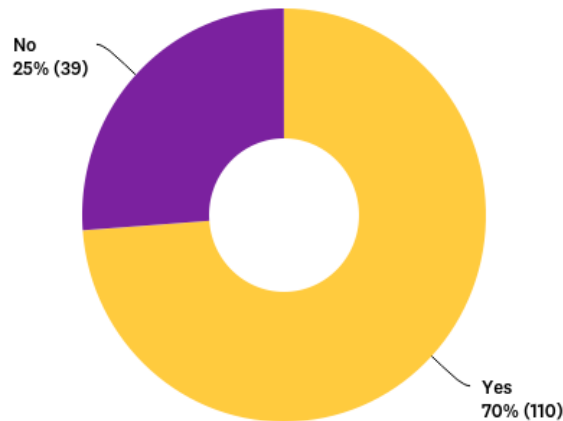


Concerning the above, when invited to comment further 50 comments were logged from the SMI group. A diverse range of concerns was noted. 24% (12) of those comments were from respondents referring to having one, or more, long term health conditions and 18% (9) referred to concerns about being overweight.

"I worry about dropping dead with stress. I'm a diabetic and know the risks. I'm overweight but when I try to lose weight and a crisis happens, I put it (weight) on again. I don't have the discipline not to eat when things are stressful. Because of my fibromyalgia, I have severe fatigue and can't exercise."

"I worry because I am in pain every day, it gets me down. I worry about the effect it will have on my family when I pass away."

6) Do you feel able to tell a professional about any concerns you have concerning physical health?



Of those who answered this question, 70% indicated that they felt able to talk to a professional about concerns they may have about their physical health. This percentage also mirrors the experience of SMI respondents. There were a number of positive comments about individual's experience with their GPs, although a number of comments indicated that it would depend on which GP they saw, highlighting that they had a relationship of trust with some but not others.

Where there were negative responses raised the issues included:

- **Availability of appointments** and having to ring first thing in the morning to get an appointment. This proved problematic for respondents who felt impacted by negative side effects related to the medication.
- **The short length of time** in appointments and not being allowed to talk about more than one health concern at a time. In particular, this caused concern to respondents who experienced more than one long term health condition.
- **Being taken seriously** about physical health matters. The belief that some professionals assume that a physical health concern raised is due to their mental health condition.

"The [professional] I saw gave me a letter to give to another professional. In that letter, she put that I had a mental health diagnosis and that people with mental health problems are more sensitive to their health. I felt she indicated that my physical concern was out of proportion and exaggerated in some way, this really upset me." (SMI patient)

"I have given up now as I have so many things wrong with me. They say it's just one thing at a time and then it's a long time again before I can get another appointment." (SMI patient)

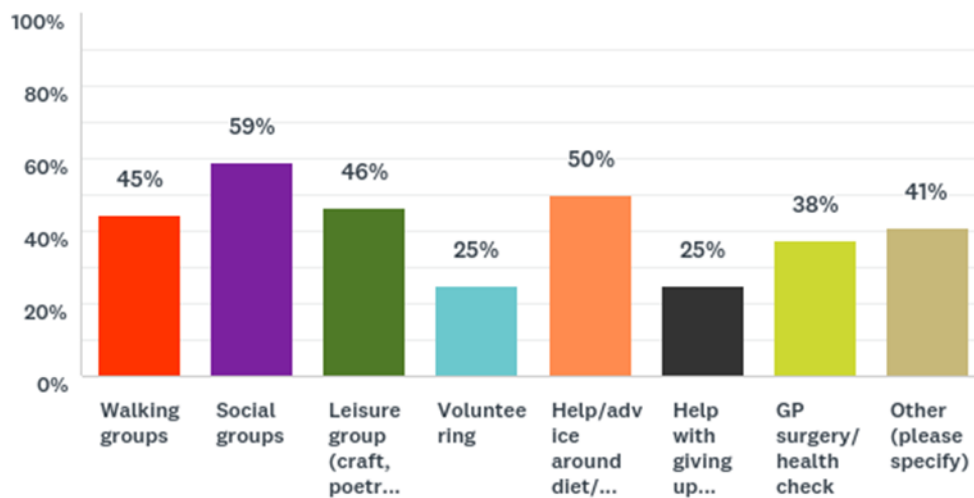
"I struggle with getting an appointment. They say to phone on the day but I may not have credit to ring them. A new rule has been made that prescriptions are no longer taken over the counter, you have to do it online, but I am not computer literate. I also do not like ringing up and talking to a stranger, it's difficult for me to do that." (SMI patient)

“You are told you can only talk about one thing at a time, so my physical problems are getting worse as I am unable to tell the doctor everything and have each symptom addressed. I have to ring first thing in the morning which is difficult due to the medication I am on. I feel groggy and not quite with it.” (SMI patient)

7) Do you feel that any of the following groups and support would be beneficial to your physical health and overall wellbeing?

SMI respondents:

What groups and support would be beneficial to your physical health?



In the SMI group out of 56 individuals who responded the top three areas identified to aid physical health and wellbeing are as follows:

- 1) Social groups (59%)**
- 2) Help and advice around diet and physical activity (50%)**
- 3) Leisure groups (interest groups such as crafts) (46%)**

General comments in the 'Other' section included support to access and attend swimming and follow-up when programmes to support physical wellbeing have come to an end. The cost was identified as an issue and a potential barrier to attending groups/activities. Greater access to counselling and anxiety management/relaxation groups. It is also interesting to observe, below, that 45% of SMI respondents highlighted that 'walking groups' would be an activity viewed as beneficial.

Non-SMI respondents:

The non-SMI group indicated the same top three categories, just in a different order:

- 1) Social groups (63%)**
- 2) Leisure groups (interest groups such as crafts) (50%)**

3) Help and advice around diet and physical activity (45%)

It is clear from the categories chosen that both groups identify the benefits of physical and social activities with other people. For many, peer support group and other groups of special interest offer friendship, informal support and contribute significantly to the physical and overall wellbeing of individuals.

“The best thing that happened was I joined a peer support group that helped me greatly.”

“Help meal planning and support with cooking and having a buddy to go to exercise classes with me.”

“Swimming - someone to encourage me and go with me.”

Not everyone feels able to participate in groups. However, and for some, there needs to be one-to-one support and for most respondents, the support needs to be on-going, not just for an initial six weeks.

“Swimming - wellbeing programme lasts three months after it finishes you no longer get checks/monitoring.”

Demographics of respondents

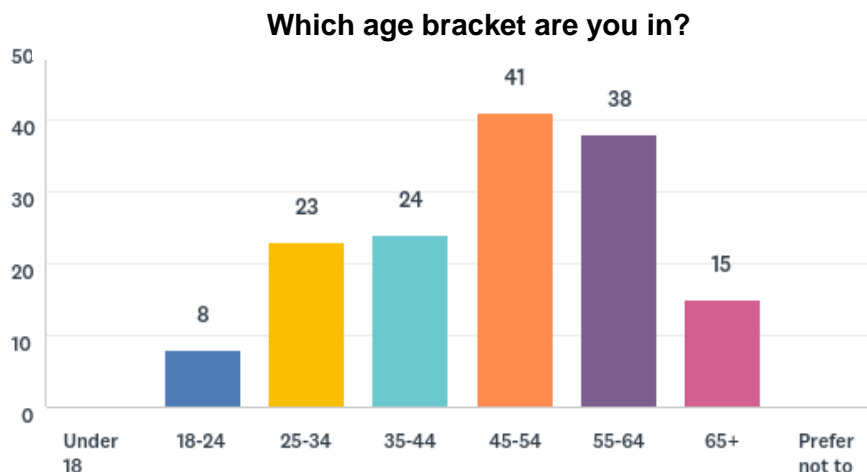
Gender

In terms of gender, out of 168 surveys completed, 140 answered the question and described their gender as:

Female = 56% (78) Male = 43% (60) Prefer not to say = 1% (1) Other = 1% (1)

Age

Out of 168 surveys completed, 149 answered the question about their age as below. These results indicate the highest number of respondents coming from the 45-54 and 55-64 years age brackets, highlighting the need for greater efforts to gain feedback from the younger and older population groups.



Ethnicity

Out of 168 respondents, 146 answered this question and described their ethnicity as follows:

White British = 95% (139) Other Black = 1% (1) Other Asian = 1% (1)
 White & Asian = 1% (2) Other Mixed = 1% (2) Prefer not to say = 1% (1)

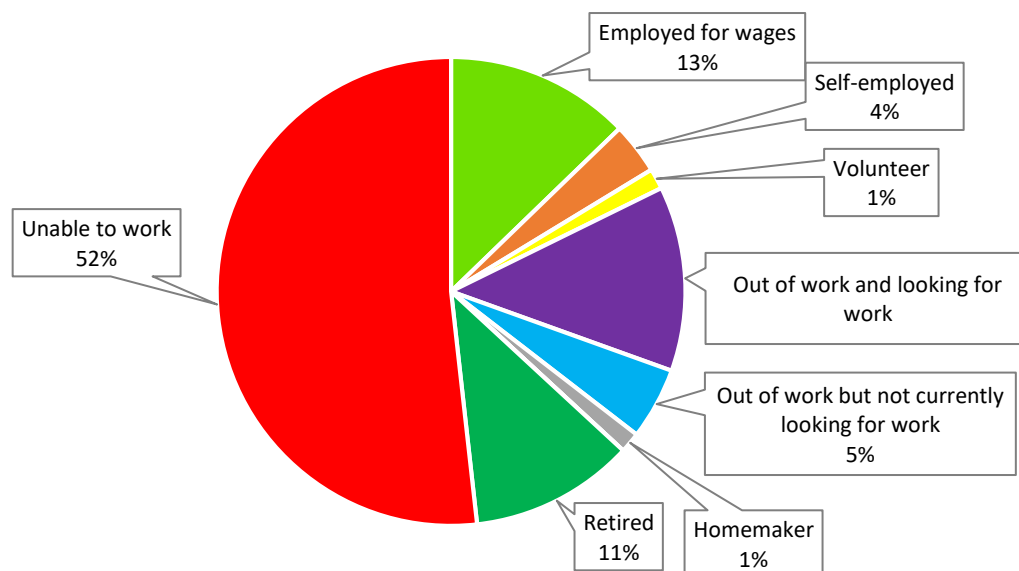
Regardless of attempts to reach BME groups these findings show clearly that further work is required to ensure a fair representation of the population of Derby and Derbyshire during the life of the project.

Geographical location of GP Practice (where provided)



Employment status

As you can see from the graph below just over half of all our respondents said that they were 'unable to work', 17% had employment and 11% were retired. A further 13% said they were 'out of work but looking for work'.



Actions taken by MHT

- ✓ Signed up to Equally Well UK to connect with national initiatives and good practice
- ✓ Co-designed a new 'Patient Invitation' letter for annual health checks
- ✓ Completed the first phase of survey work and produced an interim report.

Thank you

MHT would like to thank all participants who gave their time to talk to us about their own experiences of annual health checks and their physical health. We also extend our thanks to the many groups, services and individuals who supported and cooperated with this engagement activity.

Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all patients and carers (formal and informal) experiences of physical healthcare but offer useful insight. It is important to note that the engagement was carried out within a specific time frame and therefore only provides a snapshot of patient experience collected then. They are the genuine thoughts, feelings and issues that patients and carers have conveyed to us. The data should be used in conjunction with, and to complement, other sources of data that are available.

Next steps

As we reflect on this phase of the project we recognise that the next steps need to include further efforts to:

- Engage with people from a diverse range of communities across Derbyshire and Derby City
- Engage with people who are less connected into health and social care services.
- Engage with younger people, particularly more work needs to be done to engage with people receiving care from the early intervention in psychosis services.
- Engage with people of 65 years and over including people with dementia and their carers.
- Engage with those people who are currently attending the physical health clinics offered by Derbyshire Healthcare Foundation Trust. It is important to understand what a good transition would look like once their physical health is transferred to the care of their GP practice.

Further steps to be discussed and agreed with NHS DDCCG, with our Experts and with other stakeholders. **We would very much welcome your feedback to this interim report to inform further work.**

Appendices

Appendix I: Feedback from the project launch event

Appendix II: Brainstorming session with Experts on a physical health check invite letter

Appendix III: Physical health check invite letter designed with Experts

Appendix IV: SMI Health Check Elements

Appendix V: Feedback from GP practices achieving good annual health check attendance

Appendix VI: Template letter sent out to patients via GP practice.

Appendix I: Feedback from the project launch event

Physical Health SMI Project Launch Event - 19th June 2019



Group Discussions

1) What factors have the biggest impact on your physical health?

- Timely access to GPs and nurse practitioners / not being able to access GP
- Good housing
- Mental health being stable
- Being in the right kind of space
- Having a good routine in my life
- Diet – eating well
- Sleeping well
- Sexual activity
- Exercise
- Motivation
- Society pressure
- Time of year – i.e. SAD in winter
- Being on the proper medication
- Side effects of mental health medication
- Insufficient facts
- Price
- Mental health placebo effect
- Geography – rural location

2) What would help you most to stay physically healthy?

- Regular exercise
- Moral Support
- Lower prices, maybe free activities
- An active peer support group
- A like-minded group of people experiencing similar difficulties – motivating
- Opportunity to take part in 'green' healthy exercise that is safe
- Support network
- Someone to go with to get the routine started
- Lots of help needed to change routine
- Having a pleasure aspect to the activity
- Counselling or support more available to participate in new activities and overcome fears
- Someone to transport you to the leisure centre or other activity groups
- Eating healthily
- Learn how to cook and about good food

3) What are the biggest barriers you have faced?

- Cost of activities and joining a gym
- Travel costs
- Rural isolation

- Transport to get to the gym
- Lack of confidence to join groups
- Ups & downs of mental health and energy levels –difficulty with consistency
- Effects of taking medication
- Being passed from one professional to another
- Anxiety
- Cost of healthy eating – fruit can be expensive and veg expensive in winter
- Motivation
- Lack of confidence
- Stigmas – “the doctors just read from a book when we are all different books”
- Asking for help

Appendix II: Brainstorming session with Experts on a physical health check invite letter

Brainstorming Session – suggestions of what to consider in a letter inviting patients to an annual SMI physical health check (Experts by Experience peer support meeting)

GROUP 1 FEEDBACK

- Clear & concise.
- Not 'Medical Terminology'.
- Mention 'person centered'.
- Reason for 'health check'.
- Benefits of monitoring physical/mental care / self-care.
- Reason for request.
- Benefit for: GP, the person (Not patient*?).
- Advice can update on signposting.

GROUP 2 FEEDBACK

- A clear explanation (in plain English) as to the reason for the health check.
- Explanation of the benefits.
- Explanations of what the tests are/how invasive or not. Issues with needles! Need warning to mentally prepare yourself.
- What is the follow up after the test?
- Can I bring someone with me?
- Can I have a choice of gender, (Nurse/GP)?
- Who will do the tests?
- Don't send in a brown envelope!
- More friendly-looking letters as a bit stark, formal, clinical.
- Text reminders are important.
- How long will the appointment be and how soon will I get my results?
- Separate leaflet with the letter – FAQs, attractive looking.

GROUP 3 FEEDBACK

- The letter needs to explain why the health check is important, i.e.: more complex physical health needs (but don't scare with life expectancy figures).
- Health check due to the medication you take, including side effects.
- What will the checks be? (Blood pressure etc.).
- Needs to be clear it is a physical health check.
- What happens to the information? Does the psychiatrist know?
- Consistency in the letters which GP's send out in Derbyshire.
- Do people know if they are on an SMI register and why?
- Follow up call and repeat letters if people do not attend.
- A letter giving you an appointment, rather than you having to book one.
- Receptionist needs training as to what the appointments are about.
- Nominated person/carer to also get the letter/text reminders.

Appendix III: Physical health check invite letter designed with Experts

Front page

Very important to make this a personal invitation

This letter has been written in plain English and kept as brief as possible whilst giving necessary information

Dear (insert **name** of patient),

Your **yearly** physical health check appointment is:

(Date and time) with (name of doctor or nurse)

We invite all our patients who are registered as having a severe mental illness (SMI) because this may put you at higher risk of certain physical health problems. As a practice, we are committed to giving you the best healthcare we can and would like to help you avoid these health risks.

Your health check will last **about half an hour**. Your health check will be a good chance for you to talk about any questions you have about your health and your medications. You might like to **write down anything you want to talk about on the form provided on the back of this letter** and bring it with you to the appointment.

Please contact our reception if you cannot make your appointment time and we can make another appointment for you. **You can ask a family member, carer or friend to come with you** to the appointment if you would find it helpful.

We look forward to seeing you at your appointment.

Yours sincerely,

Dr X

Research shows that patients with SMI are more likely to turn up to a specific appointment time than an open invitation. It is important however that the appointment is not too early in the morning when effects of medication might cause problems

The length of the check is a selling point as people with SMI often need more time than normal appointments allow

This will help the person to see it as a useful opportunity to share any concerns and to remember what they wish to raise

Very important to make it clear that you welcome someone to accompany the patient

My Yearly Health Check

Questions I would like to ask about:

My Medication

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My Physical Health

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My Mental Health

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Appendix IV: SMI Health Check Elements

The annual health check consists of the following six core checks; additional indicators to be reported on within primary care are also included as follows:

Target health check core indicators
1. Weight (BMI / BMI and Weight)
2. BP and pulse check
3. Blood lipid including cholesterol
4. Blood glucose (or HbA1c measurement)
5. Assessed alcohol consumption
6. Assessed smoking status
Additional indicators to be reported
1. Assessed nutritional status, diet, physical activity
2. Assessed use of illicit substance, non-prescribed drugs
3. Medicines review

Appendix V: Feedback from GP practices achieving good annual health check attendance

Surgery 1

Like other surgeries, we do struggle to ensure patients with SMI attend for their annual health checks. The physical check is done at the same time as the comprehensive care plan update. On last year's QOF mental health register we had 58 patients (mainly patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy).

We achieved 84.8% (min 40% - max 90%) so achieved 5.4/6 points

(The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate).

To improve attendance we currently:

- Put a recall on each patient's notes which states the date of the next (or overdue) annual review. This will appear on the patient's 'home page' for each consultation
- We add a reminder on the patient's notes if they have failed to attend their review. This will also appear when the patient's notes are initially opened.
- We start to write to patients in Sept / October onwards up to 3x to invite them to attend for their annual check
- We attach a letter / add a note to the prescription counterfoil if the patient's annual check is overdue (encouraging patient to book an appointment for the annual check) and the current authorization of their repeat medication has expired (though - in general terms - we would not usually refuse to issue the medication a patient with SMI even if they repeatedly did not attend their health check due to the possible negative impact of doing that).

Surgery 2

Overall the view is that the attendance is good and only a few do not attend. They highlighted that they work closely as a team and with the CMHT concerning this, and all liaison to and from the surgery is done with the patient's consent. They regularly complete the physical health section of the pre CPA meeting forms that the CMHT complete before the CPA meeting. This means that the person's mental health and physical health is all linked together.

'When it is all shared, there can then be mutual supporting of the patient and of course there are occasions for example when a particular aspect of physical health has led to a lack of progress with mental health as well as vice versa but the psychiatric nurses have been able to establish exactly what about their physical health is the problem, liaising with us and in turn us being able to offer something to improve that aspect and hence then their mental health, as well.'

Regular communication happens at this level. The practice manager stated that historically the surgery has had a very good reputation concerning the support of patients with mental health needs. They make every effort to know and support their patients.

Surgery 3

The Practice Manager reported that at present 84% of patients have attended health checks and is confident that they will reach the remaining 16%. It was highlighted that when someone does not show for their appointment the GP will ring them and chase it up. The surgery also monitor letters that they receive, such as from outpatients departments, to see if checks have been done in other settings. The surgery also encourage people who do not want to have a formal health check to come in and use the machine that takes BP, Pulse, BMI as an option also. This prints 2 tickets with results and 1 goes to reception for the patient's notes. The nurse then follows this up, for example, if someone needs support around BP or weight management. It was noted that attendance can drop later in the year at which point the GP's split the patients between them with the view to follow up/chase. Staff all get mental health training too, including the receptionists.

Appendix VI: Letter provided to a GP practice to send to SMI patients

Suite 14, Riverside Business Centre
Foundry Lane, Milford, BELPER
Derbyshire, DE56 0RN
Tel 01773 880786



Dear (patient)

RE: Having a voice around your physical health and mental health

At Mental Health Together (see website link below for information) we are currently doing some research around how people feel about their physical health and their experience of annual physical health checks at their GP practice. We want to know if you worry about your physical health and what things make it difficult for you to be healthy.

Would you be willing to complete a questionnaire with me over the phone, or do a survey online? Your views would be confidential and you do not need to give any personal details. If so, please phone, or email the contact details at the end of this letter, or complete the survey online at the following address; www.surveymonkey.co.uk/r/MHTphysicalhealthSMI

How would this help? This feedback will help inform the people who fund and provide health and social care services for people with mental health conditions in Derbyshire and Derby City.

Please help us to create change for the positive and improve the physical health of local people.

Kind regards

Involvement Officer

Mental Health Together

Tel - 01773 880786 / 07704 005303

Email – enquiries@mentalhealthtogether.org.uk

Website – www.healthwatchderbyshire.co.uk/mental-health-together