

Indicator 3a Cardio metabolic assessment and treatment for patients with psychoses

Indicator 3a	
Indicator name	Cardio metabolic assessment and treatment for patients with psychoses
Indicator weighting (% of CQUIN scheme available)	80% of 0.25% (0.20%)
Description of indicators	<p>For 2017/18 To demonstrate cardio metabolic assessment and treatment for patients with psychoses in the following areas:</p> <ol style="list-style-type: none"> a) Inpatient wards. b) <u>All</u> community based mental health services for people with mental illness (patients on CPA), excluding EIP services. c) Early intervention in psychosis (EIP) services. <p>And in addition, for 2018/19 To demonstrate positive outcomes in relation to BMI and smoking cessation for patients in early intervention in psychosis (EIP) services.</p>
Numerator	<p>For 2017/18</p> <p>The number of patients in the defined audit sample who have both:</p> <ol style="list-style-type: none"> i. a completed assessment for each of the cardio-metabolic parameters with results documented in the patient's electronic care record held by the secondary care provider. ii. a record of interventions offered where indicated, for patients who are identified as at risk as per the red zone of the Lester Tool. <p>For 2018/19</p> <p>For inpatient wards and community mental health services same as for 2017/18.</p> <p>For early intervention in psychosis services, same as for 2017/18 plus</p> <ul style="list-style-type: none"> • EIP BMI outcome indicator <p>The number of patients in the defined audit sample who have not exceeded a 7% weight gain since their baseline weight measurement prior to starting on anti-psychotic medication.</p>

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- **EIP Smoking cessation outcome indicator**

The number of patients in the defined audit sample who have stopped smoking

Denominator

For 2017/18

Inpatients

The sample must be limited to patients who have been admitted to the ward for at least 7 days. Inpatients with an admission of less than 7 days are excluded.

Patients on CPA in all community based mental health services

The sample must be limited to patients who have been on the team caseload for a minimum of 12 months.

Early intervention in psychosis services

The sample must be as per the annual CCQI EIP Network self-assessment specification.

As per Implementing the Five Year Forward View for Mental Health (<https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>) the NHS England planning guidance

(<https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>) and the NHSI Single Oversight Framework

(https://improvement.nhs.uk/uploads/documents/Single_Oversight_Framework_published_30_September_2016.pdf), all EIP services are expected to take part in the EIP Network, a quality assessment and improvement scheme administered by the Royal College of Psychiatrists College Centre for Quality Improvement, CCQI

(<http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqiprojects/earlyinterventionpsychosis.aspx>)

. This includes specific review of the quality of physical health care provided to people on the EIP caseload in line with the requirements of this CQUIN scheme.

For 2018/19

For **inpatient wards** and **community mental health services** same as for 2017/18.

For **early intervention in psychosis** services, same as for 2017/18 **plus**

- **EIP BMI outcome indicator**

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The number of patients experiencing a first episode of psychosis (not those classed as having an At Risk Mental State) who have been taking anti-psychotic medication for between at least 6 and 12 months.

- **EIP Smoking cessation outcome indicator**

The sample must be limited to patients who were identified in the 2017/18 sample as being at risk as per the red zone of the Lester Tool for smoking.

Rationale for inclusion

Background

People with severe mental illness (SMI) are at increased risk of poor physical health, and their life-expectancy is reduced by an average of 15–20 years mainly due to preventable physical illness. Two thirds of these deaths are from avoidable physical illnesses including heart disease and cancer, mainly caused by smoking. There is also a lack of access to physical healthcare for people with mental health problems – less than a third of people with schizophrenia in hospital receive the recommended assessment of cardiovascular risk in the previous 12 months. People with SMI are three times more likely to attend A&E with an urgent physical health need and almost five times more likely to be admitted as an emergency, suggesting deficiencies in the primary physical healthcare they are receiving.

Early Intervention in Psychosis Services

Since 1 April 2016, the access and waiting time standard for early intervention in psychosis (EIP) services has required that more than 50% of people experiencing first episode psychosis commence treatment with a NICE-approved care package within two weeks of referral. The standard is targeted at people aged 14-65 in line with NICE recommendations. In response to the recommendation of the Mental Health Taskforce, NHS England has committed to ensuring that, by 2020/21, the standard will be extended to reach at least 60% of people experiencing first episode psychosis.

To understand the baseline picture in terms of access to NICE-recommended interventions, NHS England commissioned the Healthcare Quality Improvement Partnership (HQIP) to undertake a baseline audit of

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EIP service provision. The sampling period spanned the period July 2014 to December 2014 and was published on 5 July 2016. Access to high quality physical healthcare assessment and interventions is one of the key requirements of the NICE Quality Standard but the audit finding was that screening for all seven physical health measures took place in only 22% of cases sampled (range of 0%-82%) and all indicated interventions were offered in only 13% of cases sampled (range of 0-64%). Improving access to high quality physical healthcare in EIP services is particularly crucial to improving longer term physical health care outcomes for people with psychosis and a specific focus on EIP services within this CQUIN scheme is therefore necessary.

Physical health SMI CQUIN

This CQUIN builds on the developments across England over the last 3 years to improve physical health care for people with severe mental illness (SMI) in order to reduce premature mortality in this patient group. The number of cardio metabolic assessments completed and interventions offered substantially increased between 2014/15 and 2015/16 and there was an increase in compliance with the CQUIN requirements. By continuing the CQUIN, providers have an opportunity to continue to build on progress made and ensure systems are in place to embed learning and sustain good practice.

The aim is to ensure that patients with SMI receive comprehensive cardio metabolic risk assessments and have access to the necessary treatments/interventions. The results are to be recorded in the patient's electronic care record (held by the secondary mental health provider) and shared appropriately with the patient, the treating clinical team and partners in primary care.

Patients with SMI for the purpose of this CQUIN are all patients with psychosis, including schizophrenia (see additional notes below), in all types of inpatient units and community settings commissioned from all sectors.

The cardio metabolic parameters, based on the Lester Tool, for this CQUIN are as follows:

- Smoking status;
- Lifestyle (including exercise, diet alcohol and

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- drugs);
- Body Mass Index;
- Blood pressure;
- Glucose regulation (preferably HbA1c or fasting plasma glucose. Random plasma glucose as appropriate);
- Blood lipids.

Previously EIP services were audited in the PSMI CQUIN. With the access and waiting time standard and subsequent work, as of 2016/17 EIP services are required to complete an annual self-assessment tool (<http://www.rcpsych.ac.uk/pdf/EIPN%20Self%20Assessment%20Tool.pdf>) which includes completing a physical health review at start of treatment (baseline), at 3 months and then annually (or 6 monthly for young people) unless a physical abnormality arises. This includes the cardio metabolic parameters based within the Lester Tool. With data already collected through the CCQI EIP self-assessment tool, the CQUIN will draw upon this information to help calculate the CQUIN indicator above for 2017/18 and 2018/19.

BMI and smoking outcomes in EIP services

In order to provide stretch upon previous year's requirements, for 18/19 this CQUIN scheme will develop to include a focus upon achieving outcomes in relation to BMI and smoking rates within EIP services. These are two of the parameters that, if positively impacted, have most potential to reduce premature mortality.

- The BMI outcome indicator is applicable to EIP services where 35% or more patients should gain no more than 7% body weight in the first year of taking antipsychotic medication.
- The smoking outcome indicator is applicable to EIP services where 10% or more patients who were previously identified as in the Red Zone for smoking on the Lester Tool should have stopped smoking.

This CQUIN is part of a suite of incentives that trusts will be working with, and a number of these incentives will be complementary. The Preventing ill health by risky behaviours – alcohol and tobacco CQUIN indicator also includes a requirement for clinicians to undertake assessment and arrange for intervention where appropriate in relation to smoking status and alcohol use.

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	NHS England and Public Health England have taken steps to ensure alignment between the CQUIN indicators and so this presents an opportunity for providers to build on the practice incentivised through this indicator. It is therefore expected that providers will develop synergies across their work in delivering CQUINs to maximise the opportunities and reduce cost duplication and strengthen efforts in this area.
Data source	Internal mental health provider sample submitted to national audit provider for the CQUIN (for inpatient and community mental health services). Internal mental health provider sample submitted to the Royal College of Psychiatrists CCQI EIP Network (for EIP services).
Frequency of data collection	Annual
Organisation responsible for data collection	Mental health provider
Frequency of reporting to commissioner	Results of national audit and EIP quality assessment expected to be available by Quarter 4 for reporting to commissioners (2017/18 and 2018/19). Additional direct reporting to commissioners locally in Quarters 2, 3 and 4.
Baseline period/date	Not applicable
Baseline value	Not applicable
Final indicator period/date (on which payment is based)	Data for national audit of inpatient and community based mental health services expected to be collected and submitted to national audit provider during Quarter 3 of both 2017/18 and 2018/19. Results to be available in Quarter 4. Data for EIP services expected to be collected and submitted to CCQI during Quarter 2 of both 2017/18 and 2018/19. Results to be available by Quarter 4.
Final indicator value (payment threshold)	<u>Thresholds for payment:</u> <u>For 17/18</u> a) Inpatients – 90% b) Community mental health services (patients on CPA) - 65% c) Early intervention in psychosis services – 90% <u>For 18/19</u> a) Inpatients – 90%

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	<ul style="list-style-type: none"> b) Community mental health services (patients on CPA) - 75% c) Early intervention in psychosis services – 90% <ul style="list-style-type: none"> BMI outcome indicator – 35% Smoking outcome indicator – 10%
Final indicator reporting date	30 March 2018 and 29 March 2019
Are there rules for any agreed in-year milestones that result in payment?	Yes - see below
Are there any rules for partial achievement of the indicator at the final indicator period/date?	Yes - see below (excludes BMI and smoking outcome indicators)

Milestones for indicator 3a

2017/18

Date/period milestone relates to 2017/18	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
<p>Quarter 1 17/18</p>	<p>i. Ensure sustainable and high quality training programme in place for all relevant clinical staff caring for people with SMI. Training should cover processes for assessing, documenting and acting on cardio metabolic risk factors. Clinical staff training plan should have been fully implemented and all relevant clinical staff trained by the end of Q1. (Assessed locally by commissioners)</p> <p>ii. Ensure clear pathways for interventions and signposting for all cardio-metabolic risk factors:</p> <ul style="list-style-type: none"> • Smoking cessation • Lifestyle (including exercise, diet alcohol and drugs) • Obesity • Hypertension • Diabetes • High cholesterol <p>Clear pathways should be in place and have been disseminated to all clinical teams by the end of Q1. (Assessed locally by commissioners)</p> <p>iii. Ensure that the electronic care record system has been developed and is being used effectively for collection of physical health assessment and interventions data. (Assessed locally by</p>	<p>July 2017</p>	<p>30% of indicator weighting for part 3a (10% for each of I, ii and iii).</p>

Date/period milestone relates to 2017/18	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
	commissioners).		
Quarter 4 17/18	<p>Results of national audit across inpatient and community mental health services and of EIP self-assessment scheme published. (See sliding scales below for payment details).</p> <p>Evidence of systematic feedback on performance to clinical teams (Assessed locally by commissioners).</p>	April 2018	<p>70% of indicator weighting for part 3a, made up of:</p> <p>20% (Inpatient services)</p> <p>20% (EIP services)</p> <p>30% (Community teams)</p>

2018/19

Date/period milestone relates to 2018/19	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
Quarter 1 18/19	<p>i. Ensure physical health training programme is built into mandatory training procedures and:</p> <ul style="list-style-type: none"> • All staff who should have been trained have received initial training • New starters in relevant roles are trained • Relevant staff receive refresher training <p>ii. Continue to ensure clear pathways for interventions and signposting for all cardio-metabolic risk factors:</p> <ul style="list-style-type: none"> • Smoking cessation • Lifestyle (including 	July 2018	10% of indicator weighting for part 3a

Date/period milestone relates to 2018/19	Rules for achievement of milestones (including evidence to be supplied to commissioner)	Date milestone to be reported	Milestone weighting (% of CQUIN scheme available)
	<p>exercise, diet alcohol and drugs)</p> <ul style="list-style-type: none"> • Obesity • Hypertension • Diabetes • High cholesterol <p>(Assessed locally by commissioners)</p> <p>iii. Complete internal audit to provide assurance that physical health assessment and interventions data are being recorded appropriately on the electronic care record. (Assessed locally by commissioners).</p>		
Quarter 4 18/19	<p>Results of national audit across inpatient and community mental health services and of EIP self-assessment scheme published. (See sliding scales below for payment details).</p> <p>Evidence of systematic feedback on performance to clinical teams (Assessed locally by commissioners).</p> <p>Results of audit across EIP services for achieving BMI outcome indicator – at least 35% of patients should gain no more than 7% body weight in the first year of taking antipsychotic medication.</p> <p>Results of audit across EIP services for achieving EIP smoking outcome indicator – at least 10% of patients who were previously in the Red Zone for smoking on the Lester Tool have stopped smoking.</p>	April 2019	<p>90% of indicator weighting for part 3a, made up of:</p> <p>20% (Inpatient services)</p> <p>40% (Community teams)</p> <p>20% (EIP services)</p> <p>5% (EIP BMI indicator)</p> <p>5% (EIP Smoking indicator)</p>

Rules for partial achievement of indicator 3a

Inpatient services & Early Intervention Psychosis Services (excluding BMI and smoking outcome indicators for which there is no partial achievement threshold)

For 2017/18 and 2018/19

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

Community Mental Health Services

For 2017/18

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

For 2018/19

Final indicator value for the partial achievement threshold	% of CQUIN scheme available for meeting final indicator value
44.9% or less	No payment
45.0% to 54.9%	25% payment
55.0% to 64.9%	50% payment
65.0% to 74.9%	75% payment
75.0% or above	100% payment