

nGMS Contract

Mental Health
Quality Indicators

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Who Should go on the Mental Health Register?

MH 1: The Practice can produce a register of people with severe long term mental health problems who require and have agreed to regular follow up

Who Should go on the Mental Health Register?

Blue Book (GPC)

‘Practices would normally wish to consider including all patients with psychotic illness, patients treated under a Care Programme Approach (CPA) and patients requiring complex packages of care from a multi-disciplinary secondary care team. This would include all patient under Enhanced CPA.’

‘Other Practices may also wish to include on a register patients with long-term depression.’

‘Practices must use their discretion and should retain flexibility as to who is included on the Register. However they would be expected to describe which patients they include and how they are identified for inclusion.’

Who Should go on the Mental Health Register?

National Institute for Mental Health (Dept Health)

The list of different groups of vulnerable people are not specified, and is left to the discretion of each practice. However, as a minimum it is recommended that people with a psychotic illness (those with schizophrenia and bi-polar affective disorder) are included in the register. This is also likely to include those who are receiving Enhanced Care Programme Approach care packages from the Specialist Mental Health provider.

It may well be that there are individuals on your practice list who have significant physical health needs as a consequence of their mental health problems, irrespective of their diagnostic label; you may chose to offer this quality level of care to those particular individuals as well.

Who Should go on the Mental Health Register?

Gloucestershire Mental Health Leads

Proposed definition July 04:

Patients should be considered for inclusion in the Register of patients with severe long-term mental health problems if either:

They have a diagnosis of;

Schizophrenia

Psychosis

Bipolar disorder

They are receiving treatment with lithium for a mental health problem

They are considered by the Primary Health Care Team and/or

Specialist Services to have a serious mental health illness (e.g. on Enhanced Care Programme Approach)..

Who shouldn't be on the Register?

National Institute for Mental Health

The GMS contract allows for individuals who refuse care that is offered, to be excluded from target calculations.

The patient needs to make “an informed choice” that they do not wish to receive the care that is being offered. There may be some very good reasons why the care is refused – for example, the patient may be working full time, and cannot get to the surgery at a time that is mutually convenient.

Care must be taken to make an assessment on a case by case basis, that the refusal to accept treatment, is a properly informed choice, based on the correct information, and not as a consequence of inappropriate beliefs or ideas made as a result of the illness itself. This highly sensitive issue must lie with the individual practice and requires careful thought; seeking advice and an opinion from specialists within the mental health services may be appropriate.

To comply with the current advice on exception reporting, you will need to keep a record of those individuals who have declined care.

The preferred coding for people who decline to be on the register is 9H7.

Who shouldn't be on the Register?

9h9./9h9..|Exception reporting: mental health quality indicators
9h91/9h91.|Excepted from mental health quality indicators: Patient unsuitable
9h92/9h92.|Excepted from mental health quality indicators: Informed dissent.

This is the alternative exception reporting system but requires re-assessment every 15 months.

The 9H7 method of excepting (previous slide) is however permanent. It is at present the preferred method of exception as recommended by NIMH and Glos PCTs

How to Compile a Register?

1. Search practice computer system by diagnosis:

For those groups of conditions that are included in the register it is recommended that the Eu[x] codes are used. The reason to use these specific codes is that they map accurately to the ICD10 codes used by mental health trusts(e.g. Eu20 = F20)

	5 byte code	(4 byte in brackets)
Schizophrenia	Eu20%,E10%	(E21%)
Other Psychoses		Eu2%,E12%,E13 (E23%)
Mania	Eu30%,E110	(E221%)
Bipolar		Eu31%,E111,E114,E115,E116
(E22Z%)		
Severe Depression	Eu322, Eu323,E1124	
Severe Recurrent Depression	Eu322,Eu333,E1134	

Those patients identified should have their records “tagged” with the code 9H8 (mental health register) to allow for swifter searching at a later date.

Those individuals who have declined to be offered this service, should have their records tagged with 9H7 (declined to go on the mental health register), and it would be helpful to include on their record the reason that care has been declined. It is very likely that this will be a very small number of individuals.

How to Compile a Register?

2. Search the practice computer system for prescribed psychotropic medication.

In particular search for BNF categories 4.2 which includes:
depot phenothiazine preparations
preparations used in bi-polar disorder such as lithium
typical and atypical anti-psychotic medication.

The list that is generated needs to be compared to the list obtained in step 1 above, and individual patient records who appear in the therapeutic search, but not in the diagnostic search scrutinised to identify why; it may be that a diagnostic coding has been missed, or that a medication included in the therapeutic search is being used for another clinical indication. As a result of this second stage searching, the register created in Step 1 can be refined.

How to Compile a Register?

3. Ask the PHCT

There is a definite value in asking all member of the PHCT, if they believe that there are individuals whom they think have specific physical health needs as a consequence of their mental illness. It is this stage that allows the practice to include specific individuals who fall outside the broad diagnostic groups that will form the bulk of the register. Whilst you should ask the clinicians within the PHCT, both nurses and doctors, there is often a value in asking the receptionists, as their perception and knowledge is often both illuminating and underestimated! Again if the practice has a policy (see above) on whom should be included in their register, such extra patients who are identified in this step, should have their records appropriately tagged electronically.

How to Compile a Register?

4. Ask the Community Mental Health Team

It is valuable to compare the list of individuals on your list, with a similar list that the CMHT holds. The value lies not only in ensuring that the list is accurate, but it also promotes understanding. It is likely that there will be considerably more people on the primary care register (>25%), than on the specialist CMHT register.

How to perform a review?

MH2: The percentage of patients with severe long term mental health problems, with a review recorded in the preceding 15 months. This review includes a check on the accuracy of the prescribed medication, a review of the physical health and a review of the co-ordination arrangements with secondary care

How to perform a physical review?

Blue Book (GPC)

‘Patients with severe mental health problems are at considerably increased risk of physical ill-health. It is therefore good practice for a member of the practice team to review each patient’s physical health on an annual basis.

Regular preventative care.....
.....

Issues relating to alcohol and drug use.....
.....

Smoking and heart disease
.....
.....

Risk of diabetes from Olanzapine and Risperadone.
.....

How to perform a physical review?

National Institute for Mental Health (Dept Health)

The interventions that need to be undertaken can be deduced from the evidence base.

Standardised Mortality Rate (SMR) for cardiovascular disease in people with schizophrenia and bi-polar disorder is in the order of 400. An assessment of the cardiovascular system is therefore necessary – checking the BP and reviewing the history is appropriate

Standardised Mortality Rate (SMR) for respiratory disease in people with schizophrenia and bi-polar disorder is in the order of 400. An assessment of the respiratory system is therefore necessary – checking the peak flow rate, and reviewing the history is appropriate

90% of people with schizophrenia smoke, whereas about 30% of people with bi-polar disorder smoke. Enquiring about the smoking habits is therefore appropriate, and consideration of smoking cessation interventions discussed with the patient is appropriate.

Diabetes Mellitus is about five times as common in people with schizophrenia and bi-polar disorder. A review of symptoms related to depression, and either urine analysis or fasting blood glucose is appropriate, as well as measuring the BMI.

Alcohol and substance misuse is increased in people with schizophrenia and bipolar disorder. The rate varies considerably in published studies from 10% - 70% of patients. Nevertheless, it is appropriate to enquire about alcohol and substance misuse, and consider referral to a drug and/or alcohol team if considered appropriate.

How to perform a physical review?

National Institute for Mental Health (Dept Health)

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A review of cervical cytology in line with current guidance. Although people with schizophrenia and bipolar disorder are not more at risk than other groups, they must not be excluded from being offered screening because of their mental illness.

HIV has been shown to be eight times more common, and Hepatitis C fifteen more times common in people with schizophrenia and bi-polar disorder. The studies are however unique to the East Coast of America, and have not been replicated in the UK. The practice should therefore take a considered view as to whether it may be appropriate to assess the HIV or Hepatitis C status of any individual on the register.

Offer protection against influenza. Considering the significant morbidity of people with schizophrenia and bi-polar disorder, the practice may wish to review their policy of whom is included in the "at risk" categories that are offered protection against influenza. It should be noted that the current DH guidance does not include people with schizophrenia and bi-polar disorder.

The clinician undertaking the review should also enquire about the development of any new physical symptoms or signs, including weight loss.

How to perform a general review?

Blue Book (GPC)

Accuracy of medication prescribing can be checked.....

.....

Review of medications.....

.....

Opportunity to review co-ordination arrangements with Secondary Care:

e.g.CPN

.....

.....

e.g.Services being received.

.....

How to perform a general review?

National Institute for Mental Health (Dept Health)

A review of what medication is intended to be prescribed, by the practice, and by the mental health team, if they are under the care of the specialist mental health provider.

A review of what the patient is actually taking

A review of what other medication may be being prescribed for other disorders by other professionals

A review of what “over the counter” medication is being taken, if any

An assessment of any potential conflicts, side effects and interactions

An assessment of the level of concordance with prescribed medication

Providing information on the benefits and risks associated with prescribed medication, and the effects of sudden cessation of treatment

It is considered good practice to offer referral to a specialist mental health team/psychiatrist if a patient has not had their medication regime reviewed in the last five years

How to perform a review?

National Institute for Mental Health (Dept Health)

For those patients already in contact with the specialist mental health services the following data should be recorded:

Name of key worker: every person in contact with the specialist mental health services will be on either standard or enhanced care programme approach. As part of this care, there will be an assigned “key worker” who is responsible for co-ordinating all aspects of care from within specialist mental health services and for co-ordinating with external organisations including primary care. Their name should be recorded, as well as contact details both in and outside of office hours. The key worker may come from a number of possible professions including CPNs, OTs, or the psychiatrist.

Contact details for the mental health trust, both in office hours and outside of office hours, as well as who to contact, and what to do, in emergencies.

The name of the carer, if the patient has a named carer, together with their contact details.

How to perform a review?

psychiatric review done 6A6

Latest Compliance 661F,8B3E%,8B39%

Under care of community drug team	9NN1.
Under care of community alcohol team	9NN2.
Has support worker	9NN3.
Has community mental health team key worker	9NN4.
Under care of psychiatrist	9NN5.
Under care of GP	9NN6.
Under care of mental health team	9NN7.
CPA Programme	8CG%

How to perform a review?

The National Primary Care Research and Development Centre is a multi disciplinary and academically independent centre, established by the Department of Health in 1995

Arranging regular reviews

Although people with serious mental health problems may consult many times in a year, their care is sometimes poorly co-ordinated. For example, they may make excessive use of emergency surgeries, get poor continuity, increase work for the practice and still not get the care they need.

An annual review could include:

- Checking contact details are recorded for all the key people involved in care. This is invaluable for people who may subsequently have to manage crises.
- Checking what the follow-up arrangements with specialist services are, if any.
- Checking whom the key worker is if the person is on the Care Programme Approach. The ideal annual review would be done jointly by someone from the pri-

How to perform a review?

mary care team and the key worker.

- Checking the patient's current mental state (anxiety, depression, hallucinations, delusions, appearance/self-care, behaviour).
- Checking current physical problems, and whether opportunities for preventive care have been missed (e.g. hepatitis immunisation for those at risk, cervical cytology etc).
- Particular issues for people with severe and enduring mental illness should be to:
 - Screen for diabetes (a recognised risk with antipsychotic medication)
 - Cardiovascular risk factors (smoking, blood pressure recording, serum cholesterol HDL and LDL).
 - Monitor side effects of drug therapy
 - Check for any evidence of alcohol or illicit drug misuse
 - Checking current social difficulties, and whether there are ways to address them.

How to perform a review?

- Medication review.

These are the sorts of things that get missed when care of people is reactive (e.g. to crises or a prescription running out) rather than planned. The person who carries out the annual review should be the person who has main responsibility for that person's care in the practice.

This may be a GP or a nurse. Especially where people are in contact with specialist services, the practice nurse giving depot injections may be the most regular source of contact with the practice. Review of notes may be carried out with the liaison worker (CPN usually).

This is a time efficient way of reviewing a group of patients and identifying those that need to be seen.

MH 3: The percentage of patients on lithium therapy with a record of lithium levels checked in the last six months

Patients who are maintained on lithium salts should have their renal function, calcium levels and thyroid function tested every six months.

The preferred coding is 44W8%

MH 4: The percentage of patients on lithium therapy with a record of serum Creatinine and TSH in the preceding 15 months

This demonstrates that patients who are taking lithium have had the appropriate blood tests to ensure that they have not developed any side effects of their medication

The preferred coding is:

Thyroid function tests:	442%
Serum Creatinine:	44J3%

MH5: The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range within the last six months

This demonstrates that the results of the blood tests are influencing care, and that the prescribing physician is appropriately monitoring the effects of the medication

The preferred coding for the lithium level is:
last Lithium results(44W8)

or last results therapeutic (44W80) if the patient is outside the local laboratory range but the dose is appropriate.

BMA Website March 04

Q. In the Quality and Outcomes Framework for Mental Health level 1 it states that: "The practice can produce a register of people with severe long-term mental health problems who require and have agreed to regular follow-up". What is the interpretation of "and have agreed?" Is implied consent ok?

A. They have to be asked and they have to agree; many practices are planning to do it in writing. Implied consent is not sufficient.

Q. I have a question on the definition of severe mental illness in the new GMS contract and cannot find anything on the website that deals with this problem. Please could you direct me to the most authoritative source for a reply?

A. Severe mental illness is, as you say, very hard to define. In the Q&O Framework, unlike all the other areas, we have not specified specific diagnostic labels to be used. The principle used is the construction of a register based on patient need. Practices must use their discretion and should retain flexibility as to who to include on the register.

There is more guidance on setting up a register on pages 29 and 30 of Gask et al: A practical guide to the National Service Framework for Mental Health published by NPCRDC and this can be downloaded from www.npcrdc.man.ac.uk

Q. Does a practice need to get consent to include a patient on the Mental Health Register?

A. Consent to be on the register is not mandatory as the register is electronic. It is only consent to follow ups that are mandatory.