NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE indicator validity assessment

Indicator: IND248

Percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who, in the preceding 12 months, received all six elements of the physical health check for people with severe mental illness.

Importance

Considerations	Assessment
NHSE&I have asked NICE to look at a new composite indicator that would measure the delivery of all 6 elements of the physical health checks for people with severe mental illness (SMI). This aligns with ambitions of the Long Term Plan to address higher risks of poor physical health. This also aligns with the NHS Mental Health Implementation Plan 2019/20 – 2023/24 which, as part of the Long Term Plan, aims to ensure that 390,000 people with SMI receive an annual physical health check.	The indicator reflects a specific priority area identified by NHS England & Improvement.
The 2022/23 QOF contains 6 indicators relating to single elements of this proposed indicator, for people with schizophrenia, bipolar affective disorder and other psychoses. 2021/22 QOF national intervention rates show some variation across indicators: MH003 blood pressure: 70% MH006 BMI: 68% MH007 alcohol consumption: 63% MH011 lipid profile: 61% MH012 blood glucose: 60% SMOK002 smoking: 91% Network Contract Directed Enhanced Service data for September 2022 for HI-16 show 26% of patients received all 6 checks in the preceding 12 months.	The indicator relates to an area where there is known variation in practice.

Considerations	Assessment
The aim of the annual checks is to identify and address risk factors linked to premature death. People with SMI are at a greater risk of poor physical health and die on average 15 to 20 years earlier than the general population. Major causes of death in people with SMI include cardiovascular disease, respiratory disease, diabetes and hypertension (PHE 2018, Severe mental illness (SMI) and physical health inequalities: briefing)	The indicator will lead to a meaningful improvement in patient outcomes.
The NHS England data above shows that in many cases people with SMI do not receive all six elements of the physical health check. It is expected that this indicator, incorporating all six elements of the physical health check, will increase the number of people with SMI who receive all of these checks annually.	

Evidence base

Considerations	Assessment
Blood pressure review is supported by NICE's guidelines on psychosis and schizophrenia in adults: prevention and management (2014), recommendations 1.1.3.6, 1.5.3.2 and 1.5.3.3, and bipolar disorder: assessment and management (2014, updated 2020), recommendation 1.2.12.	The indicator aligns with the evidence base.
BMI review is supported by NICE's guidelines on psychosis and schizophrenia in adults (2014), recommendations 1.1.3.6, 1.5.3.2 and 1.5.3.3, and bipolar disorder: assessment and management (2014, updated 2020), recommendation 1.2.12.	
Alcohol review is supported by NICE's guidelines on bipolar disorder: assessment and management (2014, updated 2020), recommendation 1.10.2, and alcohol-use disorders: prevention (2010), recommendations 6,7 and 9.	
Cholesterol review is supported by NICE's guidelines on psychosis and schizophrenia in adults: prevention and management CG178 (2014), recommendations 1.1.3.6, 1.3.6.1, 1.5.3.2, 1.5.3.3, and bipolar disorder: assessment and management (2014, updated 2020), recommendation 1.2.12.	
Blood glucose review is supported by NICE's guidelines on psychosis and schizophrenia in adults (2014), recommendations 1.1.3.6, 1.3.6.1, 1.5.3.2, 1.5.3.3, and bipolar disorder: assessment and management (2014, updated 2020), recommendation 1.2.12.	
There are no specific guidance recommendations stating that smoking status should be annual for people with SMI, although NICE's guideline on Tobacco: preventing uptake, promoting quitting and treating dependence (2021, updated 2022), recommendation 1.11.1 recommends checking at every opportunity.	

Specification

Considerations	Assessment
Numerator: the number in the denominator who, in the preceding 12 months, received all six elements of the Physical Health Check for people with Severe Mental Illness.	The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions.
Denominator: total number of registered patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses.	
At the patient level, personalised care adjustments (PCAs) against each health check should be considered to account for situations where the patient is in remission, declines physical health checks, does not respond to invite or if the physical health check is not appropriate.	
The denominator will include:	
Patients who have received all 6 physical health checks	
Patients who have not received all 6 checks, and for at least one of these checks there is no personalised care adjustment recorded.	
Patients who have received less than 6 health checks but whose total number of health checks plus PCAs equals exactly 6 will be rejected from the denominator.	
Definitions: All six elements of the physical health check for people with severe mental illness (SMI).	
The number of people with SMI who:	
• have a record of blood pressure in the preceding 12 months.	
• have a record of BMI in the preceding 12 months.	
• have a record of alcohol consumption in the preceding 12 months.	
• have a record of a lipid profile in the preceding 12 months.	
• have a record of blood glucose or HbA1c in the preceding 12 months.	
• have a record of smoking status.	
The indicator would be appropriate to assess performance at individual general practice level. To be classified as suitable for use in QOF, there should be an average minimum population of more than 20 patients per practice eligible for inclusion in the denominator prior to application of personalised care adjustments.	The indicator does outline minimum numbers of patients needed to be confident in the assessment of variation.
QOF data for 2021/22 shows that 1% of people in England are registered as having a diagnosis of schizophrenia, bipolar affective disorder and other psychoses: 95 patients for an average practice with 10,000 patients.	

Feasibility

Considerations	Assessment
Data is available from general practice IT systems, as evidenced by the QOF indicators and NHS England data on physical health checks for people with severe mental illness.	The indicator is repeatable.
Data is already being collected by QOF for the following 6 indicators: • MH003: blood pressure • MH006: BMI • MH007: alcohol consumption • MH011: lipid profile • MH012: blood glucose • SMOK002: smoking	The indicator is measuring what it is designed to measure. The indicator uses existing data fields.

Acceptability

Considerations	Assessment
The majority of stakeholders were supportive of an indicator for all 6 care processes. It was noted that it can be difficult to engage with people with severe mental illness.	The indicator assesses performance that is attributable to or within the control of the audience.
The indicator is intended for use in the Quality and Outcomes Framework. Achievement and intervention data would be available at general practice level with additional data on personalised care adjustment use.	The results of the indicator can be used to improve practice.

Risk

Considerations	Assessment
Some concerns were raised during development that the indicator could lead to increased coding of personalised care adjustments rather that provision of checks. The committee noted that this indicator should only be used in conjunction with the six existing individual indicators on care processes in order to understand where to focus quality improvement.	The indicator has an acceptable risk of unintended consequences.

NICE indicator advisory committee recommendation

The NICE indicator advisory committee approved this indicator for publication on the menu. They advised that as this indicator would return aggregate data it should only

be used in conjunction with existing individual indicators on care processes in order to understand where to focus quality improvement.