

Camden & Islington IPU for Psychosis and Chronic Conditions



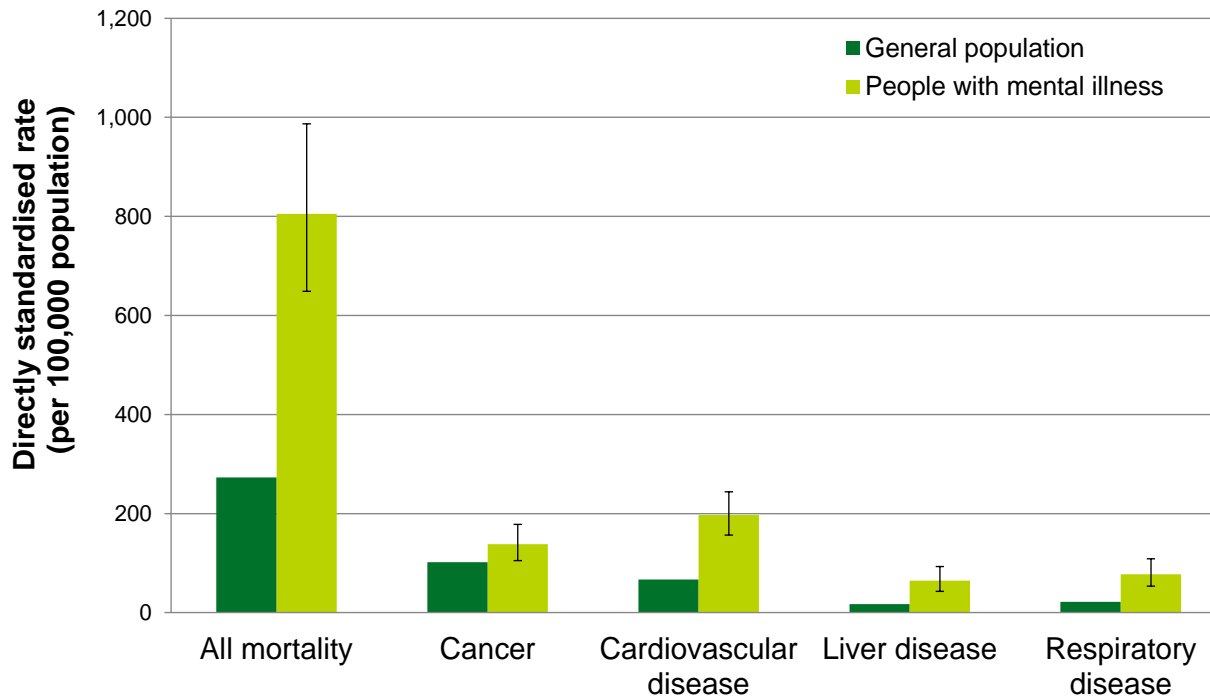
Schizophrenia Commission.
The Abandoned Illness. Nov 2012.

People with schizophrenia and psychosis die on average 15-20 years younger than the general population.

(Thornicroft, 2011, Chang et al 2011, Tiihonen et al 2009)

Main causes of death: Islington

Directly standardised mortality rates for adults diagnosed with serious mental illness* and the general population by main causes of death, people aged under 75 years old, Islington's resident population, 2010/11- 2013/14



- In Islington, people diagnosed with serious mental illness are more likely to die from CVD, liver and respiratory diseases compared to the general population (about 3.0 - 3.8 times more likely).

* This is based on the Mental Health Minimum dataset (MHMDS) linked to the primary care mortality dataset from the ONS (2015)

Source: NHSIC (2015)

Schizophrenia and Physical Health

- Prevalence of type 2 diabetes is 2-3 times higher for people with schizophrenia than in the general population.
- *f*People with schizophrenia who develop cancer are three times more likely to die than those in the general population with cancer.
- *f*People with severe mental illness are twice as likely to die from heart disease as the general population.
- Massive difference in smoking prevalence

What are the risk factors for CVD?

- High blood pressure
- High blood cholesterol
- Diabetes and prediabetes
- Smoking
- Being overweight or obese
- Being physically inactive
- Having a family history of early heart disease
- Unhealthy diet
- Age (55 or older for women)

Psychosis and untreated risk.

- Widespread under treatment of cardiovascular risk factors
- Study of 2463 people with schizophrenia from 12 European countries [45].
- 39% hypertensive but only 10.9% treated for hypertension
- 70% lipid disorder – only 7.1% treated
- 26% biochemical evidence of hyperglycaemia but only 3.5% treated for type 2 diabetes.

Screening Tests

- Smoking status
- BP
- HbA1c
- Cholesterol including HDL
- BMI (+ waist circumference: 94/82 cm)
- Family history
- ECG

Nurse-led screening trial results after 6 months

• Nurse Intervention		Education only			
• BP	96.2%	v	68.2%		p<0.001
• Chol	66.7%	v	26.9%		p<0.001
• Gluc	66.7%	v	36.5%		p=0.002
• BMI	92.5%	v	65.2%		p=0.001
• Smok	88.2%	v	57.8%		p=0.001

Smoking

- 55-70% of people with schizophrenia smoke, compared with 18% of the general population (cf 35% of unemployed population. 36-40% in lowest income quintiles).
- Local audit of Rehab Ward found 83% smoked and COPD 17%.
- Not just more likely to smoke – smoke more heavily
- People with mental illnesses consume 42% of all cigarettes smoked in the UK.
- IPU has trained community team 165 staff in smoking cessation.
- COPD case finding in community teams and new Well-Being Clinics. Hand held spirometry.
- Links with local forward looking Respiratory Teams – needs further development to integrate pathways for Pulmonary Rehab and acute breathlessness.
- Flu vaccine.

Baseline smoking data and IPU targets

SMOKING STATUS

	Caseload	Current Smokers	DQ errors**	% of smokers based on caseload	Smoking Cessation Training Completed Level 1s*	Level 2s*	Level 3s*
Acute	244	115	50	47.13%	3	0	0
Recovery & Rehabilitation	3958	1809	690	44.87%	129	25	8
Services for Ageing and Mental Health	3198	265	1311	8.29%	0	0	0
Total	7400	2189	2051	29.58%	132	25	8

* number of staffs trained

** not recorded, Unknown and Not stated

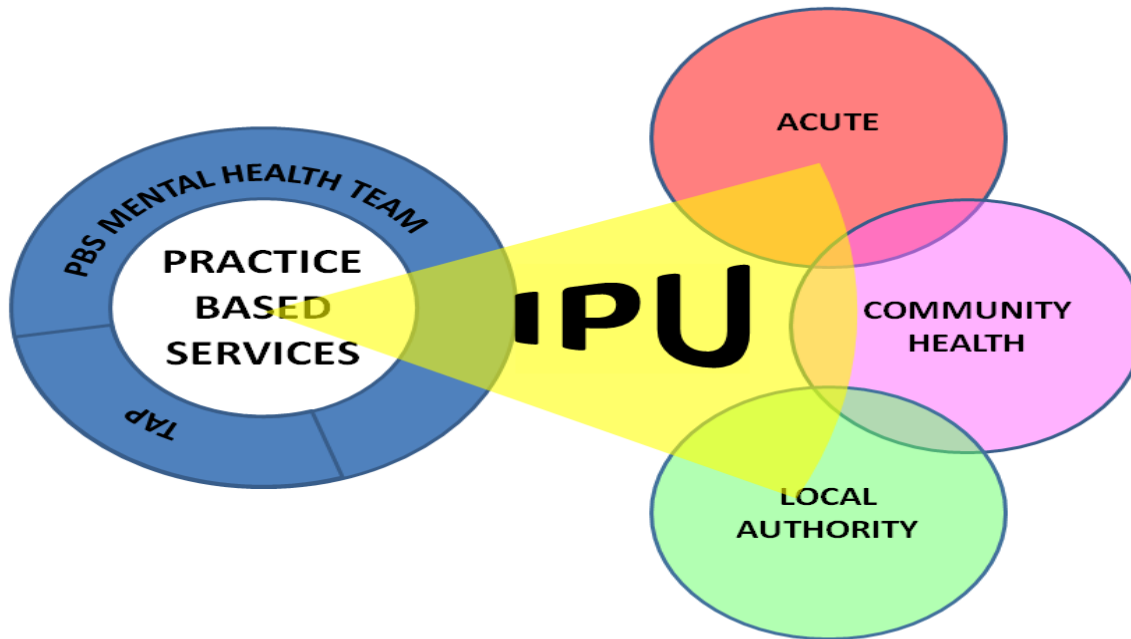
IPU target

	Caseload	Current Smokers based on Cluster 10-17	unclustered clients	DQ errors*	Target - 2% Quitters
Acute	244	51	4	17	1
Recovery & Rehabilitation	3958	1296	96	511	26
Services for Ageing and Mental Health	3198	21	8	66	0
Total	7400	1368	108	594	27

Challenges for mental health services

- Access to screening facilities and results in community MH settings
- Lack of confidence in some Mental Health Professionals
- Interface issues with primary care and physical HCPs
- Competing demands on time – psychotic crises and acute risk vs physical health screening and long term risk.
- Complexity of services and moving between teams
- Maintaining momentum of new initiatives and service improvements.

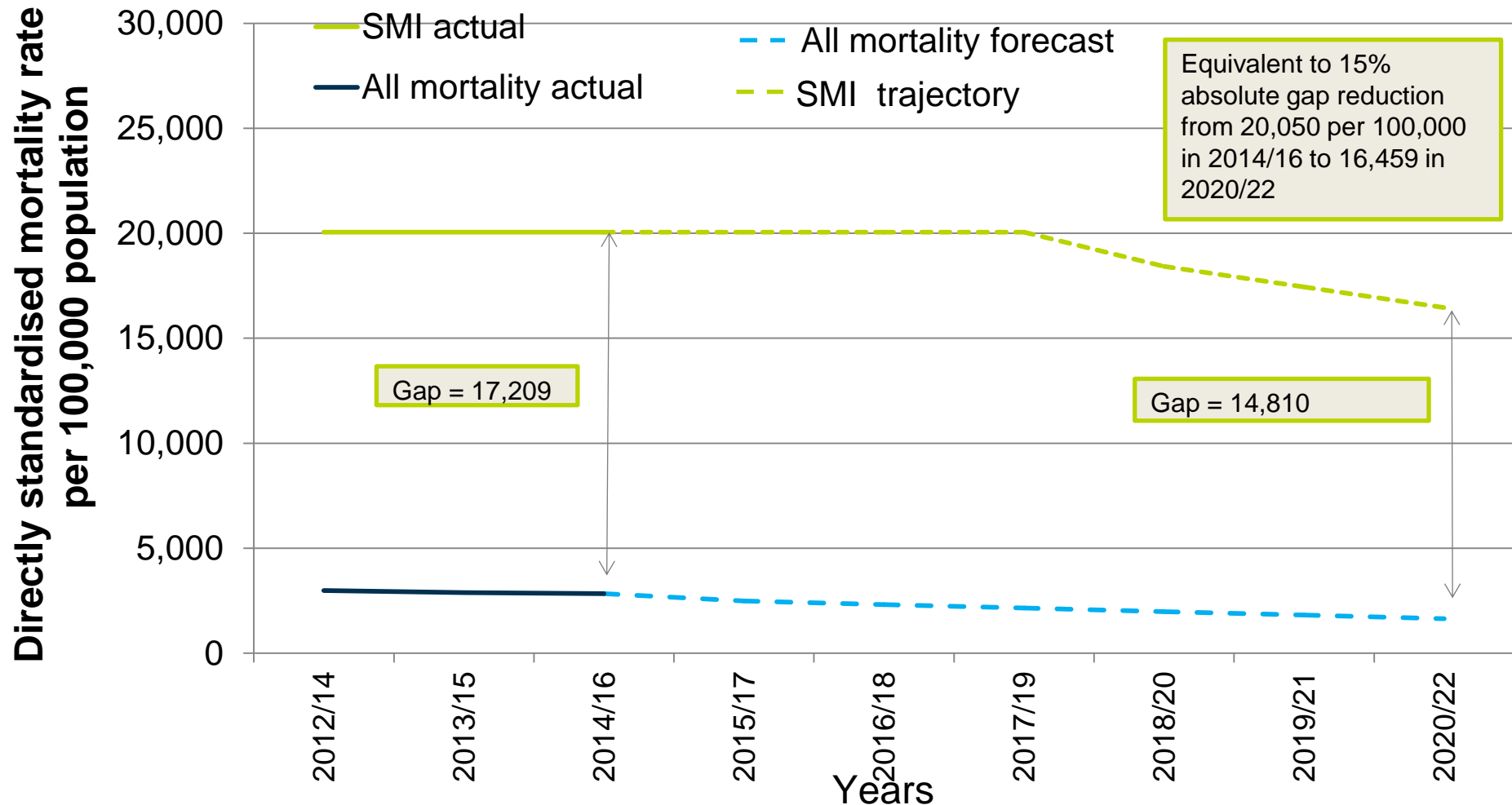
What does the practice based model look like?



Progress – Nursing development and Wellbeing Clinics

- 30 people across the Trust are trained in Spirometry Screening for COPD.
- IPU Training Plan and skills passport developed.
- Central database of training and skills distribution across teams to ensure all teams have.
- Referral pathway developed jointly with Long Term Condition team in Camden COPD service.
- Joint working with care coordinators and Diabetes MDT meetings on a monthly basis in both boroughs.
- Physical Health and Wellbeing Clinics running at 3 Recovery Team bases and 2 GP practices. 2 more planned for AOT and Recovery Team base.

Directly standardised rate of potential years of life lost (PYLL) per 100,000 population (3 year average) for serious mental illness and all mortality, absolute change trajectory, Islington, 2020/22



Source: CSU and NHS HI (2016)

Note: 2013/14 and 2014/15 estimates for PYLL (all mortality) are based on projections of the annual data.

SMI OUTCOMES	Plain English Description	Baseline Reference Values Islington CCG and Camden CCG combined				Trajectory Outcome Values (Band A for Achievement)				
		2012/ 13	2013/ 14	2014/ 15	2015/ 16	Year 1	Year 2	Year 3	Year 4	Year 5
1a. Mortality Rate A measure of mortality	Reduce the mortality gap by 15% over 5 years	N/A	N/A	N/A	N/A	2014 1934	2014 1934	1810 1567	1676 1396	1556 1248
1b. Premature Mortality A measure of premature mortality (Years of Life Lost under 75)	Reduce gap by 20% over 5 years.	N/A	N/A	N/A	N/A	20050 20730	20050 20730	20050 20730	18427 18786	17443 17683
1c. Suicide rate A measure of suicide in people with psychosis.	Deaths as a result of suicide in people in scope (3 year rolling total) to be reduced by 20%	N/A	N/A	20	19	19	18	17	16	15
2a. Quality of Life A measure of Quality of Life	A patient-reported measure of quality of life	To be baselined in 16/17 and trajectory set				Trajectory to be set in 16/17				
2b. Activities A measure of ability to undertake routine daily activities	A patient-reported measure of the ability to undertake routine daily activities	To be baselined in 16/17 and trajectory set				Trajectory to be set in 16/17				
3a. Symptom Control A measure of feeling in control of symptoms (e.g. hallucinations, delusions)	A patient-reported measure of feeling in control of symptoms	To be baselined in 16/17 and trajectory set				Trajectory to be set in 16/17				
3b. Self-management A measure of ability to manage care/medication	A patient-reported measure of the ability to self-manage care/medications	To be baselined in 16/17 and trajectory set				Trajectory to be set in 16/17				
3c. Control A measure of feeling in control of one's life	A patient-reported measure of feeling in control of one's life	To be baselined in 16/17 and trajectory set				Trajectory to be set in 16/17				

4a. Speed/timeliness of access A measure of timely access to services, including during crises	A patient-reported measure of speed/timeliness of access (inc during crisis)	To be baselined in 16/17 and trajectory set				Trajectory to be set in 16/17				
4b. Dignity, respect, and stigma A measure of i) feeling treated with dignity and respect, and ii) feeling free from stigma	A patient-reported measure of dignity, respect, and stigma	To be baselined in 16/17 and trajectory set				Trajectory to be set in 16/17				
4c. Personalised care A measure of i) feeling my treatment plan (inc crisis plan) is personal to me ii) feeling that care is coordinated iii) feeling involved in decisions about my care, and iv) being able to shape care services	A patient-reported measure of personalised care	To be baselined in 16/17 and trajectory set				Trajectory to be set in 16/17				
5a. Medication A measure of adverse side effects from anti-psychotic medication	A patient-reported measure of medication	To be baselined in 16/17 and trajectory set				Trajectory to be set in 16/17				
6a. Smoking A measure of smoking activity	Smoking prevalence in people in scope	46.3%	46.5%	45.0%	?	44%	43%	41%	40%	40%
6b. Substance Misuse A measure of i) alcohol use, ii) illicit drug use and iii) legal substance misuse	A patient-reported measure of substance misuse	To be baselined in 16/17 and trajectory set				Trajectory to be set in 16/17				

6ci. Diabetes A measure of diabetes prevalence	Total number of people in scope who have been screened for diabetes and percentage with a diagnosis of diabetes	11.5%	12.1%	12.7%	?	85% screened. 13% prevalence.	88% screened. 15% prevalence.	90% screened. 17% prevalence.	90% screened. 18% prevalence.	90% screened. 17.9% prevalence.	
6cii. Diabetes A measure of diabetes	Proportion of people in scope with a blood pressure reading below 140/80	63.8%	69.4%	68.0%	?	69%	70%	71%	73%	74%	
6ciii. Diabetes A measure of diabetes	In the preceding 12 months, the proportion of people in scope with diabetes with HbA1c of 75 mmol/mol or less and X proportion of those, with a	1a. 72.3% 1b. 63.3%	1a. 77.9% 1b. 68.2%	1a. 80.2% 1b. 69.9%	?	1a. 81% 1b. 70%	1a. 81% 1b. 70%	1b. 71%	1a. 82% 1b. 71%	1a. 83% 1b. 72%	1a. 84% 1b. 73%
		72.3%	77.9%	80.2%							
		63.3%	68.2%	69.9%							
6d. Diabetes Control A measure of diabetes control	A patient-reported measure of diabetes control	To be baselined in 16/17 and trajectory set				Trajectory to be set in 16/17					
6e. COPD Diagnosis in SMI	Screening smokers and ex-smokers with SMI using spirometry.	9.6%	10.3%	10.8%	10.8%	12.5%	20%	30%	40%	50%	
6f. Average bed days per person with SMI, diagnosed with COPD	Number of days spent at place of usual residence (as opposed to disrupted by care)										
7a. Meaningful activity A measure of maintaining participation in 'meaningful' activity	A patient-reported measure of participating in meaningful activity	To be baselined in 16/17 and trajectory set				Trajectory to be set in 16/17					
7b. Housing A measurement of safe and comfortable housing	A patient-reported measure of having safe and comfortable housing	To be baselined in 16/17 and trajectory set				Trajectory to be set in 16/17					
7c. Supporting carers A measure of carer support	A patient-reported or carer-reported measure of carer support	To be baselined in 16/17 and trajectory set				Trajectory to be set in 16/17					