

Logic Model - Improving Physical Health for People with Serious Mental Illness (SMI), Schizophrenia, Bipolar Affective Disorder (Annual Physical Health Checks)

Context	Inputs	Activities	Outputs	Outcomes	Impact
<p>People with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than the general population. Good physical healthcare and access to evidence based treatments are important to reduce this health inequality.</p> <ul style="list-style-type: none"> Improving physical health care for people living with severe mental illness in primary care. NHS England Improving physical health of people with serious mental illness: a practical tool kit. NHS England Bipolar affective disorder assessment and management. NICE Coexisting severe mental illness and substance misuse. NICE Psychosis and schizophrenia in adults: prevention and management. NICE Mental Health Core Skills Education and Training Framework. NHS England Improving the physical health of adults with severe mental illness: essential actions. 	<ul style="list-style-type: none"> The patient GP Family Network Secondary and Primary colleagues Third Sector Other Voluntary Sector Funding Sufficient resources for completing APHC Alignment between above services System of data for audit/service evaluation 	<ul style="list-style-type: none"> Measurement of substance misuse behaviours BMI Waist circumference Blood pressure Manual pulse Weight QRisk 2 Assessment (cardiovascular disease risk calculator) Leister practice score Lipids Fasting blood glucose or HbA1C Assessment of lifestyle and life skills ECG (where required) Prolactin symptom check/level (where required) Psychotropic medication review Other medication review Disinhibition scores (using robust psychometric measure) 	<ul style="list-style-type: none"> Robust biopsychosocial model of assessing physical health in patients with SMI Ability to evaluate quality of service More funding and care for people with SMI Better communication between services > better care for patient 	<p>Short</p> <ul style="list-style-type: none"> Identification of physical health needs <p>Medium</p> <ul style="list-style-type: none"> Appropriate care to be put in place Maintenance of good physical health <p>Long</p> <ul style="list-style-type: none"> Improved physical health Improved mental health 	<p>To continuously improve quality of care and outcomes for people with severe mental illness.</p>

The detail below shows indicators focused on Annual Physical Health Checks for people with SMI (NICE Guidelines).

- 1.The % of patients with schizophrenia, bipolar affective disorder and other psychosis who have a record of alcohol consumption in the preceding 15 months.
- 2.The % of patients with schizophrenia, bipolar affective disorder and other psychosis who have a record of BMI in the preceding 15 months.
- 3.The % of patients with schizophrenia, bipolar affective disorder and other psychosis who have a record of total cholesterol, hdi ratio in the preceding 15 months.
- 4.The % of patients with schizophrenia, bipolar affective disorder and other psychosis who have a record of blood pressure in the preceding 15 months.
- 5.The % of patients with schizophrenia, bipolar affective disorder and other psychosis who have a record of blood glucose in the preceding 15 months.
- 6.The % of patients with schizophrenia, bipolar affective disorder and other psychosis who have a record of blood glucose or HbA1c in the preceding 15 months.

The development of the above cannot exclude other factors such as:

- Positive MH outcomes
- Individual determinates
- Family, Community and Society determinate