

Appendix B Care Pathways

1. Hepatitis B vaccinations for 'at risk Groups'

This Service confirms the commitment of Somerset Clinical Commissioning Group (the Commissioner) to continue to fund General Practice Providers for the provision of Hepatitis B vaccinations for 'at risk' groups.

Responsibility for the commissioning of hepatitis B vaccination services is as follows:

Service	Commissioner
New-born babies of Hepatitis B mothers	NHS England
Hepatitis B vaccinations for at risk groups (excluding newborn babies of Hepatitis B mothers).	Somerset Clinical Commissioning Group

The service should only be offered to those patients in the 'at risk' groups ensuring that:

- service users meet the appropriate criteria
- reasonable adjustments are made to meet the needs of patients who have a disability.

This service should be provided in line with the Department of Health guidance on Hepatitis B vaccination in Chapter 18 of the Green Book, which can be found at <https://www.gov.uk/government/publications/hepatitis-b-the-green-book-chapter-18>.

The Provider will take all reasonable steps to ensure that the lifelong medical records held by an at-risk patient's GP are kept up-to-date with regard to his or her immunisation status, and in particular include:

- any refusal of an offer of vaccination
- where an offer of vaccination was accepted:
 - details of the consent to the vaccination or immunisation (where a person has consented on an at-risk patient's behalf, that person's relationship to the at risk patient must also be recorded¹)
 - the batch number, expiry date and title of the vaccine
 - the date of administration of the vaccine
 - where two vaccines are administered in close succession, the route of administration and the injection site of each vaccine
 - any contraindications to the vaccination or immunisation
 - any adverse reactions to the vaccination or immunisation

Where patients fail to attend for vaccination it is recommended that they are followed up to ensure that their needs are reviewed to ensure the call/recall system is working effectively.

¹ Refer to the *Mental Capacity Act* if necessary to ensure consent is appropriately obtained

Acceptance and Exclusion Criteria

'AT RISK' GROUPS FOR HEPATITIS B VACCINATION

Family group:

- Foster parents
- Adopting parents of positive child or child from high risk country
- Close family or sexual partners of someone with hepatitis B

High risk sexual behaviour group:

Genito Urinary Medical Services offer a vaccination programme to this group. GP Providers should provide advice and signpost to Genito Urinary Medicine Services, or provide opportunistic vaccination where GP staff are competent.

- Men who have sex with men
- Sex workers
- Frequent sexual partners
- Sexual partners of any of the above

High risk drug use group:

The Drug & Alcohol Action Team have specialist Blood Borne Virus workers who offer a vaccination programme to this group. GP Providers should provide advice and signpost to the Drug & Alcohol Action Team, or to a GP providing the Substance Misuse LES:

- Injecting drug users
- Close household members of infected injecting drug users

People living in residential care or nursing home settings:

- People with Learning Difficulties living in a residential care or nursing home setting

People receiving Renal Dialysis or with Liver disease

- Where these have not transferred from primary to secondary care as per local arrangements

The following at risk groups are NOT covered:

- People travelling to high risk areas
- People at occupational health risk
- People suffering a needle stick injury
- People living in institutions
- Patients in a custodial/prison setting
- People with the following medical conditions (secondary care are responsible for vaccination):
 - Frequent blood transfusion

2. Neo-natal checks

Participating providers will undertake neonatal checks in the Service User's home in cases of home confinement or where the check was not completed prior to the discharge of the baby from hospital.

In accordance with the NHS England Neonatal and Infant Hepatitis B Immunisation Protocol, where a baby is identified as at risk of Hepatitis B Providers shall ensure that mothers are informed of the protocol and immunisation schedule and are signposted to access this service appropriately.

<https://www.england.nhs.uk/south/info-professional/public-health/immunisations/hepatitis-b/>

* Please note that the administering of the vaccination does not form part of this service specification.

NEONATAL CHECK REQUIREMENTS

The following requirements are sourced from the National Institute for Clinical Excellence (NICE):

- the aims of any physical examination should be fully explained and the results shared with the parents and recorded in the postnatal care plan and the personal child health record
- a complete examination of the baby should take place within 72 hours of birth
- the examination should incorporate a review of parental concerns and the baby's medical history should also be reviewed including: family, maternal, antenatal and perinatal history; fetal, neonatal and infant history including any previously plotted birth-weight and head circumference; whether the baby has passed meconium and urine (and urine stream in a boy). Appropriate recommendations made by the NHS National Screening Committee should also be carried out <https://www.gov.uk/topic/population-screening-programmes> and <https://legacyscreening.phe.org.uk/screening-recommendations.php>

Specific details for the physical examination are as below, checking the baby's:

- appearance including colour, breathing, behaviour, activity and posture
- head (including fontanelles), face, nose, mouth including palate, ears, neck and general symmetry of head and facial features. Measure and plot head circumference
- eyes; check opacities and red reflex
- neck and clavicles, limbs, hands, feet and digits; assess proportions and symmetry
- heart; check position, heart rate, rhythm and sounds, murmurs and femoral pulse volume
- lungs; check effort, rate and lung sounds
- abdomen; check shape and palpate to identify any organomegaly; also check condition of umbilical cord
- genitalia and anus; check for completeness and patency and undescended testes in males
- spine; inspect and palpate bony structures and check integrity of the skin
- skin; note colour and texture as well as any birthmarks or rashes
- central nervous system; observe tone, behaviour, movements and posture. Elicit newborn reflexes only if concerned
- hips; check symmetry of the limbs and skin folds (perform Barlow and Ortolani's manoeuvres)

- cry; note sound
- weight; measure and plot

The newborn blood spot test should be offered to parents when their baby is five to eight days old.

Guidance on the outcomes can be sought via the Somerset Pink Book or a paediatrician.

NIPE Guidance

[Newborn and infant physical examination \(NIPE\) screening programme handbook - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612222/Newborn_and_infant_physical_examination_(NIPE)_screening_programme_handbook.pdf)

HEALTH RECORD

Information should be recorded in the Personal Child Health Record and in the lifelong medical record.

SAFEGUARDING CHILDREN

Anyone undertaking neonatal checks must be aware of their responsibility for safeguarding children and have the knowledge and skills, supported by appropriate training, to identify where there are concerns about the welfare of a child, or indicators of abuse or neglect. If concerns about possible abuse or neglect are identified when the child presents for immunisation the practitioner must follow the relevant provider child protection procedures and ultimately the Somerset Local Safeguarding Children's Board procedures.

3. Pre and Post-Operative Care

The following list gives guidance on the types of care that would be included within the scope of pre and post-operative care, and is not comprehensive:

- Blood tests
- Electrocardiogram
- Methicillin-resistant *Staphylococcus aureus* (MRSA) screens, including decolonisation, antibiotic treatment and rescreens in accordance with guidance in respect of positive Methicillin-resistant *Staphylococcus aureus* (MRSA) results
- suture or clip removal
- wound assessment and wound dressings in accordance with the CCG Wound Care Formulary and Wound Care Policy / Methicillin-resistant *Staphylococcus aureus* (MRSA) Wound Care Policy
- baseline observation: pulse, blood pressure and temperature, height, weight, nutritional assessment, social assessment

This enhanced service will fund:

- adequate facilities including premises and equipment, as are necessary to enable the proper provision of pre and post-operative care including facilities for cardiopulmonary resuscitation
- appropriately trained health care professionals to undertake the tasks listed above to provide care and support to Service Users undergoing care
- adherence to and maintenance of infection prevention & control national policy standards, The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance and local Aseptic Non Touch Technique (ANTT) policy (single use equipment where sterile equipment is required and appropriate environmental decontamination as according to the National Standards of Healthcare Cleanliness 2021).
- all drugs, dressings (in accordance with Trust Wound Care Formulary), appliances and necessary equipment to perform the care
- provision of information to Service Users as appropriate to their specific care
- maintenance of records of all care / procedures, consent and transfer of outcomes of pre op care to Service User's Consultant, or as directed

HEALTH RECORD

Providers must ensure that details of the Service User's monitoring is included in his or her lifelong record.

4. Long Acting Antipsychotic Injections in adults

The purpose of this service is to continue care, closer to home, in primary care for:

- those patients prescribed a long acting antipsychotic injection with a diagnosis of schizophrenia and other psychoses who have shown either a positive response to oral treatment but for whom concordance with oral therapy is poor or as a switch from one on formulary oral/injectable antipsychotic
- patients who are unable to tolerate conventional depot antipsychotics or who have responded to atypical antipsychotics but who have a history of poor adherence with oral treatment

The scheme will provide a cost-effective means of ensuring that patients suitable for shared care with a long acting antipsychotic injection have reduced relapse rates through better adherence to treatment (both as a consequence of less side effects and availability as a long acting injection) to improve clinical outcome and reduce psychiatric re-admission rates.

General Practitioner (GP) providers are required to work with the Psychiatric Service and Community Psychiatric Nurse to ensure the approved shared care agreement is followed (see <https://www.somersetccg.nhs.uk/prescribing-and-medicines-management/shared-care/>). This enhanced service also intends to ensure that patients receiving a long acting antipsychotic injection in primary care receive comprehensive care in line with best practice guidance for patients with a mental health condition.

Specifically the enhanced service requires that:

- adherence to and maintenance of infection prevention & control national policy standards, The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance and local Aseptic Non Touch Technique (ANTT) policy (single use equipment where sterile equipment is required and appropriate environmental decontamination as according to the National Standards of Healthcare Cleanliness 2021).
- each patient receiving a long acting antipsychotic injection must be on the Provider register of people with schizophrenia, bipolar affective disorder and other psychoses
- the GP provider must have a system to identify and follow up patients who do not attend their appointment for administering a long acting antipsychotic injection
- each patient receiving a long acting antipsychotic injection must have a comprehensive care plan documented in their records covering the issues and actions as set out in the current Quality and Outcomes Framework (QOF) guidance for patients on the register of schizophrenia, bipolar affective disorder and other psychoses
- each patient receiving a long acting antipsychotic injection must receive a minimum level two medication review at least annually
- each patient receiving a long acting antipsychotic injection must receive, prior to commencing therapy in primary care, a baseline health assessment to include as a minimum:
 - assessment of any issue relating to alcohol or drug use the patient may have
 - a review of the patients smoking status and discussion of support available to the patient should they wish to stop smoking
 - a Cardiovascular Disease risk assessment including blood pressure check and cholesterol check if clinically indicated
 - recording of their Body Mass Index (BMI)

- a diabetes risk assessment including blood glucose check or HbA1C check if clinically indicated
- discussion on sexual health issues and cervical screening if clinically appropriate
- each patient receiving a long acting antipsychotic injection must receive a health assessment initially at six months and then annually as a minimum thereafter, covering as a minimum:
 - assessment of any issue relating to alcohol or drug use the patient may have
 - a review of the patients smoking status and discussion of support available to the patient should they wish to stop smoking
 - a Cardiovascular Disease risk assessment including blood pressure check and cholesterol check if clinically indicated
 - recording of their Body Mass Index (BMI)
 - a diabetes risk assessment including Blood glucose check or HbA1C check if clinically indicated
 - discussion on sexual health issues and Cervical screening if clinically appropriate
- the Provider should check that the patient has received the appropriate written information via secondary care which should ensure that all newly diagnosed/treated patients (and/or their carers when appropriate) are supported through receiving appropriate education and advice on management of and prevention of secondary complications of their condition
- the GP provider should provide continuing information for patients. This should ensure that all patients (and/or their carers and support staff when appropriate) are informed of how to access appropriate and relevant information
- If a doctor, nurse, pharmacist or patient suspects that an adverse reaction to a long acting antipsychotic injection has occurred, it should be reported to the Commission on Human Medicines (CHM) using the Yellow Card spontaneous reporting scheme:
<https://yellowcard.mhra.gov.uk/>

Exception reporting, including for informed dissent, does not apply.

5. Population health management initiatives focused on Cardiovascular Disease (CVD) prevention and early detection

This Service confirms the commitment of Somerset Clinical Commissioning Group (the Commissioner) to fund General Practice Providers for the provision of Population health management initiatives focused on Cardiovascular Disease (CVD) prevention and early detection.

The enhanced provision should be delivered in line with national guidance and best practice:

<https://www.healthcheck.nhs.uk/commissioners-and-providers/governance/national-cvd-prevention-system-leadership-forum/>

<https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/>

<https://www.nice.org.uk/guidance/ph25>

Background

CVD is the number one cause of death globally, with an estimated 17.7 million people having died from CVD conditions in 2015, representing 31% of all global deaths. CVD deaths still account for 1 in 4 of all deaths in England - the equivalent to 1 death every 4 minutes.

Poor cardiovascular health can cause heart attacks, strokes, heart failure, chronic kidney disease, peripheral arterial disease and the onset of vascular dementia.

The NHS Health Check is a national programme offering a health check-up for adults in England aged 40 to 74 every five years. One of the largest prevention programmes of its type in the world, the programme is designed to help prevent and detect early signs of heart disease, kidney disease, Type 2 diabetes and dementia.

Description

The current national ambition is for 75 percent of 40- to 74-year-olds to have received a CVD risk check and cholesterol measurement.

In order to meet this ambition, GP practice will:

1. Follow up Health Checks outcomes if of concern when supplied by Health Check contracted provider
2. Seek to implement an opportunistic reminder system to measure blood pressure (BP) if patient has not had BP taken in last five years
3. Undertake opportunistic pulse checks for over 60s to detect undiagnosed atrial fibrillation (AF)
4. Sign up to the Active Practice Charter using the below link and be able to demonstrate that the practice has taken steps to:
 - Support a reduction in sedentary behaviour in staff
 - Support a reduction in sedentary behaviour in patients
 - Support an increase in physical activity in staff
 - Support an increase in physical activity in patients
 - Partner with a local physical activity provider, to support the practice in getting more people active.

Active Practice Charter link <https://r1.dotdigital-pages.com/p/49LX-5IR/active-practice-charter>

Acceptance Criteria

Patients on the GP register aged between 40 – 74 years of age.

Somerset Activity and Sports Partnership (SASP)

The SASP Workplace Activity Offer is a free health and wellbeing programme that can be tailored to meet an organisations specific needs and requirements. It is widely known that employee wellbeing plays a major part in organisational performance and productivity; SASP offer a flexible programme that is aimed at each and every organisation across Somerset to improve health and fitness.

More information can be found here: <https://www.sasp.co.uk/active-workplace>

Practices are encouraged to sign up to the scheme to promote an active workplace culture. This scheme is mapped across to the RCGP Active Practice Charter, therefore completing the SASP offer will also result in achieving the evidence for the Active Practice Charter.

The criteria for new practices signing up includes;

- Provision of contact details of one workplace representative that SASP will liaise with directly
- Display promotional posters and/or electronic infographics around the workplace on promoting physical activity and moving more/sitting less
- Sign up to SASP workplace offer newsletter - <https://www.sasp.co.uk/active-workplace> (scroll down page to near end).

Beyond this, SASP will require your organisation to choose a minimum of one from the following, although practices are at liberty to complete all;

- Participate in a minimum of one online activity challenge per year (there will be 4 on offer each year)
- Attendance at the SASP annual workplace games or enter team/s into the SASP local leagues
- Produce and implement a workplace activity policy (guidance and template would be sent in the welcome pack)

The criteria for existing practices signing up includes;

- Provision of up to date contact details of one workplace representative that SASP will liaise with directly
- Display promotional posters and/or electronic infographics around the workplace on promoting physical activity and moving more/sitting less
- Sign up to SASP workplace offer newsletter - <https://www.sasp.co.uk/active-workplace> (scroll down page to near end).

Beyond this, SASP will require your organisation to choose a minimum of one from the following, although practices are at liberty to complete all;

- Participate in a minimum of one online activity challenge per year (there will be 4 on offer each year)
- Attendance at the SASP annual workplace games or enter team/s into the SASP local leagues
- Implement your workplace activity policy (guidance and support provided from SASP staff)

Promotional Material

A promotional leaflet and a booklet giving more information on the 'Active Workplace Offer' can be found here: <https://www.sasp.co.uk/uploads/sasp-workplace-activity-offer.pdf>

Promotional material will be issued to practices following successful signup.

Sign-up

To sign up to the scheme please email Sarah Coombs on scoombs@sasp.co.uk.

6. Diabetes Service

This Service confirms the commitment of Somerset Clinical Commissioning Group (the Commissioner) to fund General Practice Providers for the provision of Diabetes Management.

Requirements

In order to ensure full compliance, practices are required to:

- Have a Non-diabetic Hyperglycaemia (NDH) register in place to record patients
- Refer patients at risk of developing diabetes to prevention programme
- Review patients on the NHS register annually
- Participate in and actively encourage people to sign up to My Diabetes My Way <https://somerset.mydiabetes.com/>
- Ensure the practice has access to a diabetes peer support group for patients (practice or Primary Care Network level)
- Practice to participate in an Enhanced Performance Improving Care (EPIC) visit as a Primary Care Network
- Practices will host and participate in at least one virtual staff clinics with specialist input. They should focus on managing high risk patients
- In addition to QOF achievement thresholds, practices will ensure all patients have been offered interventions to achieve all the NICE recommended treatment targets as per the following guidance: <https://www.england.nhs.uk/diabetes/treatment-care/>
- Identify team members in the practice responsible for diabetes foot checks (including a pulse check to check blood is still flowing to the diabetic foot) and complete the E-learning modules.

Enhanced Performance Improving Visits (EPIC)

EPIC visits are designed to stimulate a discussion on diabetes processes in primary care. The visits use quality improvement methodology to facilitate improvements in pathways.

A GP champion should facilitate each EPIC visit in collaboration with the Somerset Training Hub and all practice staff with an interest in diabetes should endeavour to attend, although it is recognised this may not always be possible. At minimum 1 GP partner and 1 practice nurse should attend. The Somerset Training Hub will co-ordinate the GP Champion.

Providers are required to attend EPIC visits once annually, focusing on one specific area to implement into their own practice. This should be done by taking comprehensive notes, recording key actions and outcomes to share learning with other colleagues; this will inform discussions for implementation within their own practice.

Somerset Clinical Commissioning Group reserves the right to carry out an audit of the specific areas providers choose to focus on following an EPIC visit. This will be to ensure service development is taking place and value for money.

Peer Support Groups

Providers should ensure that patient peer support groups are available to patients, with information on upcoming groups being advertised within the practice in addition to patient signposting upon diagnosis.

The topic of conversation at each meeting should either be set by the provider or by patient consensus to ensure a valuable session. At minimum, there should be one patient peer group available per Primary Care Network; however should demand be sufficient providers may wish to run groups at practice level. Providers should work together as a Primary Care Network to decide whether to operate at PCN or individual practice level.

Somerset currently has one GP Clinical Champion and we are recruiting to a second. The GP Champions review variation and facilitate quality improvement.

Reporting Requirements:

There are no specific reporting requirements required of providers; however Somerset Clinical Commissioning Group reserves the right to carry out an audit of the above requirements to ensure compliance. Providers should ensure there are appropriate processes in place to record compliance against the above requirements.

Providers may also be requested to submit details of peer support groups at the discretion of Somerset Clinical Commissioning Group.

7. Electronic Ear Irrigation

This Service confirms the commitment of Somerset Clinical Commissioning Group (the Commissioner) to fund General Practice Providers for the provision of electronic ear irrigation to adults.

The service should be provided in line with Somerset CCGs current Ear Wax Removal Criteria Based Access (CBA) Policy <https://www.somersetccg.nhs.uk/for-clinicians/interventions-not-normally-funded-innf/> and NICE Guidance 98 Hearing Loss in adults: assessment and management <https://www.nice.org.uk/guidance/NG98>

Background

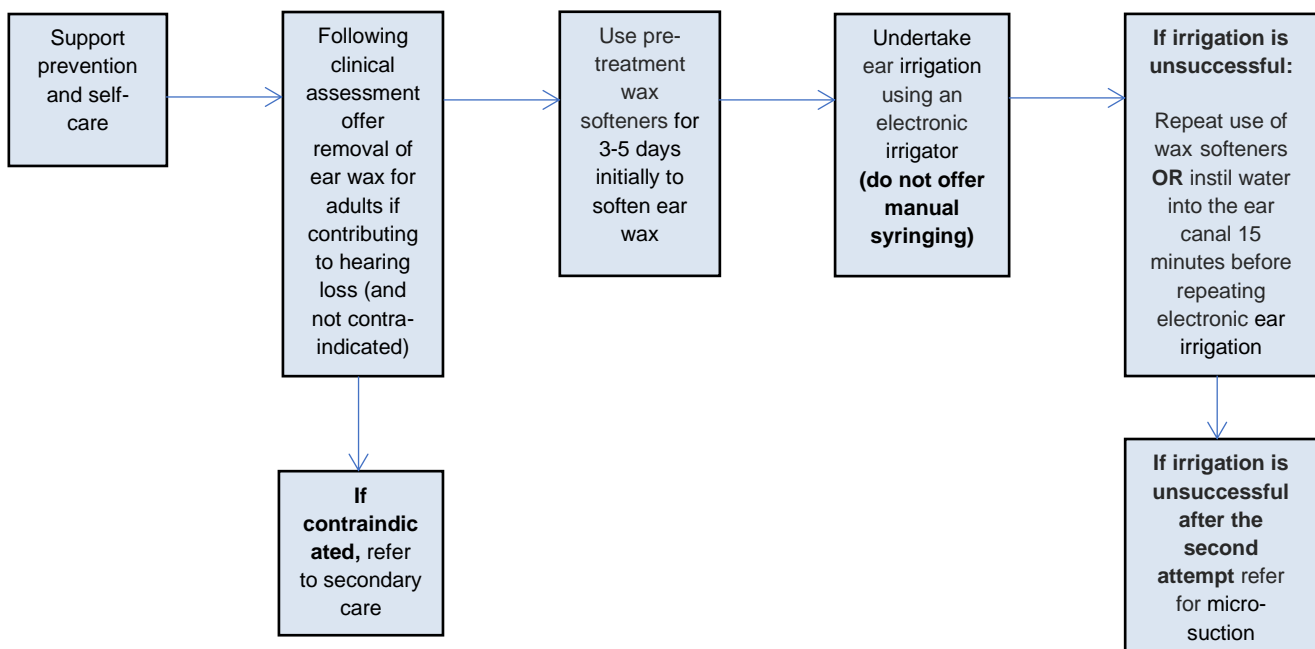
Ear wax may be wet or dry and is a normal physiological substance that protects the ear canal. It has several functions including aiding removal of keratin from the ear canal (earwax naturally migrates out of the ear, aided by the movement of the jaw.) It cleans, lubricates, and protects the lining of the ear canal, trapping dirt and repelling water.

Excessive build-up of ear wax can develop in some people, the wax can become impacted. Although wax frequently obscures the view of the tympanic membrane it does not usually cause hearing impairment.

It is only when the wax is impacted into the deeper canal against the tympanic membrane (often caused by attempts to clean out the ear with a cotton bud, or by the repeated insertion of a hearing aid mould) that it is likely to cause a hearing impairment.

When should ear wax be removed:

1. If earwax is totally occluding the ear canal and any of the following are present:
 - Hearing loss
 - Earache
 - Tinnitus
 - Vertigo
 - Cough suspected to be due to earwax
2. If the tympanic membrane is obscured by wax but needs to be viewed to establish a diagnosis.
3. If the person wears a hearing aid, wax is present and an impression needs to be taken of the ear canal for a mould, or if wax is causing the hearing aid to whistle.
4. **Note:** Manual syringing should not be used to remove ear wax as per the above referenced NICE Guidance 98 paragraph 1.2.2.



Acceptance Criteria

This service can be accessed by patients registered with a Somerset GP practice aged over 18 years of age.

Contraindications

Do not use manual syringing (it is a requirement of this service specification that ear wax irrigation is undertaken using an electronic irrigator).

Do not use ear irrigation to remove wax for people with:

- A history of any previous problem with irrigation (pain, perforation, severe vertigo).
- Current perforation of the tympanic membrane.
- A history of perforation of the tympanic membrane in the last 12 months. Not all experts would agree with this — some would advise that any history of a perforation at any time, even one that has been surgically repaired, is a contraindication to irrigation because a healed perforation may have a thin area which would be more prone to re-perforation.
- Grommets in place.
- A history of any ear surgery (except extruded grommets within the last 18 months, with subsequent discharge from an Ear Nose and Throat department).
- A mucus discharge from the ear (which may indicate an undiagnosed perforation) within the past 12 months.
- A history of a middle ear infection in the previous 6 weeks.
- Cleft palate, whether repaired or not.
- Acute otitis externa with an oedematous ear canal and painful pinna.
- Presence of a foreign body, including vegetable matter, in the ear. Hygroscopic matter, such as peas or lentils, will expand on contact with water making removal more difficult.
- Hearing in only one ear if it is the ear to be treated, as there is a remote chance that irrigation could cause permanent deafness

When to refer

If two attempts at electronic ear irrigation in primary care have been unsuccessful the patient should be referred for microsuction in line with Somerset CCGs current Ear Wax Removal CBA Policy.

8. Physical Health Checks for people living with Serious Mental Illness (SMI)

Background

In the Five Year Forward View for Mental Health, NHS England committed to leading work to ensure that by 2020/21, 280,000 people living with severe mental illness (SMI) have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year.

Description

In line with the CCGs commitment to support practices to undertake a comprehensive health check for 50-90%² of their registered population diagnosed with SMI as part of QOF; practices will positively and continuously support patients by undertaking the additional elements not reported through QOF.

Where justified and clinically appropriate, practices will enhance the patients personalised care plan by involving the patient, their family, carers and wider agencies to complete the following:

1. An assessment of nutritional status, diet and level of physical activity (nutrition/diet status + physical activity/exercise) status
2. An assessment of use of illicit substance/non prescribed drugs (substance misuse status)
3. Medicines reconciliation or review
4. Follow-up interventions where indicated by the physical health check
5. Access to national screening programmes (breast cancer, bowel cancer, cervical cancer)
6. To address the elevated rates of sexual and oral health complications observed across the SMI cohort, a general physical health enquiry, including sexual health and oral health assessment, should be provided as part of comprehensive physical healthcare in line with commissioning guidance, clinical evidence and consensus

Practices will also have access to the NHSE&I Mental Health train the trainer initiative which is focused on improving the quality of SMI health checks providing better outcomes for patients. Practices can individually or collectively as a PCN nominate an individual(s) to attend the dedicated training events and commit to undertake cascade training for health care practitioners who compete health checks. Practices will have access to a peer support network and additional resources via the Charlie Waller Trust: <https://charliewaller.org/>

Reporting

The six core elements of the annual health check will be reported via QOF achievement thresholds. Manual data extraction processes shall also remain in place to facilitate national reporting of these core elements plus the additional areas³. National reporting on the delivery of sexual health and oral health checks is not required for the purposes of this report.

Practices are encouraged to use the Ardens template accessed via the EMIS clinical system to contemporaneously record the patient annual physical health check. Alternatively, practices should code the elements of the physical health check completed using the SNOMED codes noted within the NHS E&I technical guidance: [NHS England report template - data icon](#)

Acceptance and Exclusion Criteria:

Acceptance

Primary care teams are responsible for carrying out annual physical health assessments and follow-up care for:

² QOF achievement thresholds: MH002 40 – 90% and MH003, MH006, MH007, MH011, MH012 and SMOK002 50 – 90% <https://www.england.nhs.uk/wp-content/uploads/2021/03/B0456-update-on-quality-outcomes-framework-changes-for-21-22-.pdf>

³ This data collection has been established to monitor the NHS E&I standard that at least 60% of people with SMI should have a comprehensive physical health check and be offered relevant interventions at least once a year

1. Patients with SMI who are not in contact with secondary mental health services, including both:
 - those whose care has always been solely in primary care, and
 - those who have been discharged from secondary care back to primary care; and
2. Patients with SMI who have been in contact with secondary care mental health teams (with shared care arrangements in place) for more than 12 months and / or whose condition has stabilised.

All adults on the SMI register should receive the full list of recommended physical health assessments as part of a routine check at least annually (NICE clinical guidelines CG185 and CG178).

Assessments should be undertaken more frequently as required:

- a. For the purposes of monitoring specific antipsychotics or other medications (local policies and procedures may apply according to Somerset CCG Prescribing and Medicines Management Group); **OR**
- b. Where a significant physical illness or risk of a physical illness has already been identified (NICE clinical guideline CG120)

Exclusion

Secondary care teams are responsible for carrying out annual physical health assessments and follow-up care for:

1. Patients with SMI under care of mental health team for less than 12 months and / or whose condition has not yet stabilised; **OR**
2. Inpatients