

# SPECIFICATION FOR DIRECTED ENHANCED SERVICE FOR THE CARE OF PEOPLE WITH MENTAL ILLNESS

## Introduction

1. All practices are expected to provide essential and additional services they are contracted to provide to all their patients. This enhanced services specification outlines the more specialised services to be provided. The specification of this service is designed to cover enhanced aspects of clinical care of the patient with severe mental illness, which go beyond the scope of essential services or the Quality and Outcomes Framework. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

## Policy Background

2. This is a directed enhanced service (DES) for the provision of enhanced medical services for people with severe mental illness. Implementation should be considered in the context of “Raising the Standard – The Revised Adult Mental Health National Service Framework and Action Plan for Wales. Raising the Standard updates the 2002 National Service Framework for Adult Mental Health Services and sets out an action plan. It sets standards for services in Wales and aims to drive up quality and reduce unacceptable variations in health and social services provision. It also provides practical guidelines to ensure the consistent and comprehensive implementation of the vision set out in the Adult Mental Health Strategy published in 2001.
3. The Care Programme Approach (CPA) has been introduced across Wales for all cases with a serious mental illness and/or complex enduring needs. CPA combines Care Planning and Case Management and is integrated with the Unified Assessment Process (UAP) to provide a framework for care co-ordination in mental health care. Policy Implementation guidance issued by the Welsh Assembly Government is available regarding the Care Programme Approach at <http://www.wales.nhs.uk/documents/mental-health-policy-imple-guide-e.pdf>. Page 11 of this guidance distinguishes “enhanced CPA” from “standard CPA”. This DES relates only to patients on enhanced CPA.

## Background

4. This DES complements and builds on the UK wide agreed Mental Health Clinical Area of the Quality and Outcomes Framework (QOF). The revised severe mental health indicators, excluding dementia and depression are allocated 39 quality points and represent an investment of £2.8M across Wales. Mental health indicator 9 (MH9) is directed at ensuring that patients with specific severe mental illnesses receive a substantive annual review. Mental health indicator 6 (MH6) provides evidence of the existence of a comprehensive and agreed care plan for this highly vulnerable group.
5. Well over 90 % of Welsh practices undertook to deliver the mental health QOF indicators in 2005-6, with the vast majority of participating practices reaching the

maximum achievement targets. The key requirement of this DES will be the production of a Practice Mental Illness (PMI) Report. The report will provide, on an annual basis, valuable additional and new information, much of which would not otherwise be known or available CPA co-ordinators or consultant psychiatrists. The report, which will be similar to a report done for insurance companies, will both strengthen and maintain the lines of communication between practices and their local mental health teams. The CPA coordinator will be a qualified health or social care professional at the local trust, who designs and oversees the patient's care plan. The core of the PMI report will be built upon patient contacts with the practice through the year e.g. the annual patient review if the patient is on the QOF register for Mental Health, and will not normally require any additional examination. It is intended that it can be completed on the basis of the normal patient contacts through the year and / or the recorded annual review and the patient's normal, practice held, clinical record.

6. The central purpose of the PMI report is to strengthen the patient's care plan, by providing a specific and structured report. Each report should be made available to both the lead consultant psychiatrist and the CPA co-ordinator for each patient. The rules on disclosure of information are governed by "Confidentiality and Disclosure of Information: General Medical Services (GMS) and Alternative Medical Services (APMS) Code of Practice Wales. This states at paragraph 11 that the provision of care and treatment requires information to be shared appropriately amongst those that provide that care.

## **Aim**

7. The scheme will improve the quality of care provided to patients with severe mental illness through better coordination and sharing of information:

## **Service Outline**

6. Practices delivering the DES will be required to:
  - a. develop and maintain a register of those individuals who are notified to them as being in receipt of Enhanced CPA.
  - b. The timing and delivery of the report will be a matter for practices. Subsequent PSMI reports will normally be at annual intervals.
  - c. Complete the standard severe mental illness report in the format set out in the annex to this specification.
  - d. Send the report to the lead consultant and CPA coordinator.

## **Eligibility**

7. Eligibility for this DES is limited to those patients that are included on Enhanced CPA. Since October 2005 it has been a requirement under the Mental Health NSF, that for CPA patients, GMS practices are provided with a copy of the patient's care plan within 7 days of its issue. However, work in establishing this DES suggests that the system may not yet be fully functioning. The Welsh Assembly Government has therefore agreed with CPA coordinators across Wales that practices will be sent by 31 May 2006 a list of their patients who are eligible

for this service. The letter will also include a contact name who will be able to advise on the status of patients regarding CPA and the person to whom the report should be sent once completed.

### **Professional Quality Assurance**

8. Members of the primary healthcare team who are involved with provision of this service should be in a position to demonstrate through their CPD and appraisal that they have the necessary experience, training and competence to provide this service effectively.

### **Costs**

7. £80 per patient report produced per year

## Annex

**Mental Health DES  
Mental Practice Mental illness Report**Section 1: Patient Details

Full Name:	
Address:	
Postcode	
Date of Birth	NHS No.
Lead GP	
Consultant Psychiatrist	
CPA Co-ordinator:	

**CPA Co-ordinator: No text box should be left blank. In certain categories the required information may not be known to the GP. The appropriate response is simply to state “not known” in the text box. In other categories the appropriate response may be “none” or “no action”**

Section 2: General Physical Health

2a) Summary of Medical History - This need only include major acute and significant chronic illness. As with any health summary it will be for the GP to exercise discretion in deciding whether to include or exclude an illness.

2b) Current Health Status- Comment generally on the patient’s current state of health, particularly whether this has changed in recent months or since last reviewed.

2c) Current Active Illnesses- Briefly note any significant non-psychiatric current illnesses, or changes in the severity of any chronic disease

2d) Current Medication- List both psychiatric and non-psychiatric repeat medication, with the current dosage listed for psychiatric drugs

2e) Physical/learning Disabilities- Note any significant physical or learning disabilities that the patient may have.

Section 3: Health Promotion and Disease Prevention

3a) Lifestyle Risk Factors- List adverse lifestyle factors, where known. Significant negative responses should be included, e.g. non-smoker

3b) Secondary Prevention Issues- Briefly note any significant secondary prevention issues, particularly those relevant to the Quality and Outcomes Framework, and advice or interventions offered and, where relevant outcomes achieved.

3c) Health Advice Offered- Include a very brief outline of any general health advice or interventions offered, e.g. dietary advice.

Section 4: Mental Health

4a) Current Mental Health Status- Comment on the current mental health status, and general well being, as based upon the most recent contact

4b) Recent Mental Health History- Note any significant psychiatric related incidents in the past 12 months, and the responses to those incidents

4c) Risk Awareness- Note any early warning signs of impending psychiatric instability, also include any expressions of concern from family, friends and carers regarding the patient's mental health, and any actions taken.



Section 5: Social Circumstances

5a) Current Social Circumstances- This question relates to the social circumstances of the patient, where known, including accommodation, occupational status, social and family contacts. Are these circumstances changing?

5b) Effectiveness and Adequacy of Support- Are the local support mechanisms, links to the CPA co-ordinator and secondary care, in place and working effectively to provide adequate social care support.

5c) Dependent Children. Are there any dependent children? If so, how many and how old?

Section 6: Actions Arising

6a) Quality and Outcomes Framework Review- What are the key issues that have arisen from the QOF Mental Illness review, where undertaken by the practice, and what actions have been taken as a result?

6b) Issues arising from discussions with CPA co-ordinator and consultant psychiatrist Note any mental health issues that have arisen from discussion with the CPA co-ordinator or psychiatry consultant and the actions taken

6c) Care Plan Update- How does the practice ensure that the issues and actions that arise from both the QOF review and the report are incorporated into an updated care plan