HIN 2024 Cardiometabolic Fellowship – Mental Health & CVD Risk QI Project Ideas & Information

Mental Health and CVD Risk QI Projects – Sample Aims

There is "bi-directional" association between mental health conditions and CVD risk – so you may wish for your QI project to focus either on optimising CVD care for people with an established mental health condition (e.g. undertaking physical health checks on people living with SMI) or screening for mental health conditions in people living with established CVD risk factors.

Your aim might look like….

- To increase the number of people on the serious mental illness register receiving all 6 core physical health checks by 20% by October 2024.
- Improve from 80 to 100% the number of people completing SMI physical health checks who have smoking status recorded by October 2024.
- To screen 100 people not meeting NICE treatment target for hypertension for anxiety and depression by October 2024.

A SMART Aim is Specific, Measurable, Achievable, Relevant, & Timebound

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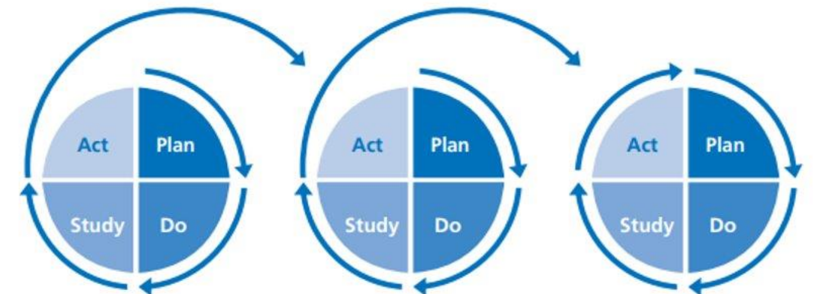
Mental Health Projects – Ideas for Delivery

Following are ideas for delivery to get you started in planning your project. Your project will need to reflect ways of working in your practice, staff and patient need, procedures & guidance, local pathways - and any other factors. However this can help you get started.

Recap on suggested project approach – PDSA cycles

To implement the PDSA cycle you will likely -

1. Identify what the problem is. Use data and other evidence (ie staff and patient feedback) to identify this.
2. Identify who in your practice needs to be involved in each stage of the project. Speak to colleagues about what you are doing – some Fellows found bringing the data was very useful to getting everyone on board.
3. With colleagues map the current process for recalling patients and optimising treatment. Think through the patient experience of this process, involving patients where possible.
4. Identify areas you can change for your project.
5. Work with colleagues to develop an improved process – for both patients and staff. Again involve patients where possible.
6. Decide what you will test for your project – PDSA cycle
7. Begin delivery of a new way of working.



Outline project steps for SMI physical health check projects

Your project might involve -

1. Run EMIS search or use Eclipse to identify patients in the target groups, and choose a target group.
2. Text or call patients in target groups to invite them in for check up and complete the 6 core checks, plus any other checks indicated by individual's medical history.
3. Implement your process for patients who do not respond.
4. Update records and coding for patients with up to date readings using Ardens template.
5. Optimise treatment for patients where needed. For patients with very high blood pressure or other severe CVD risks implement escalation process.
6. Support patients with self-management advice and resources.
7. Track patients to assess impact.
8. Compare progress to aim - look at what is working well and what could be further improved.
9. Rerun the cycle (PDSA cycle) with the next set of patients.

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Outline project steps – Mental health screening project

Implementation plan for testing. This could involve:

1. Bring together relevant colleagues to discuss opportunities for MH screening. Consider when might be best, what the limitations are, and how confident staff are at completing and assessing screening questionnaires with patients, and conversations around mental health support.
2. Identify which screening tools you plan to use (e.g. GAD7 (for anxiety) and PHQ9 (for depression)).
3. Develop a process map for MH screening (e.g.. during a diabetes clinic). Think through staff and patient experience in the process (i.e. using a journey map).
4. Establish a protocol, and pathways for patients who you identify new mental health concerns in.
5. Check staff are confident with implementing this, including with coding patients following checks, sending results in if relevant etc. If needed organise training on this.
6. Set your baseline data, a start date, and a review date.
7. Implement the screening as agreed. Track patients to assess impact – number offered screening, number screened, new MH needs found, follow up.
8. Compare progress to aim; Consult with staff and patients to understand what is working well and what could be further improved; Rerun the cycle (PDSA cycle)

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MH Projects - Other things to consider

- Who do you need to involve in your project? (Stakeholders – This could include practice and / or PCN staff, patients, carers etc) How could they help you understand barriers and enablers for improved care?
- Who else could help project delivery? Would they need training to support?
- Who can run searches in the practice? Can anyone be trained to help?
- Do you need training to help with delivery?
- Are staff confident with coding? With escalation procedures? Local pathways and guidance?
- What other local services can support this group of people? E.g. Talking Therapies or voluntary and community sector organisations?
- Is there already a call and recall system to bring in patients for regular checks? How well is this working?
- What information on self-management do you have for patients? Does it reflect your patients' diets and culture? How are they sent information?

MH resources to support you project

- Fellowship Data Dashboard
- HIN Protected Characteristics Dashboard
- Lester UK Adaptation: Positive Cardiometabolic Health Resource
- CIPHA Physical health checks: SevereMental Illness
- NHS England- Improving physical health for people living with SMI
- Centre for Mental Health- REACHING OUT physical health checks for people with SMI
- SEL – Pathfinder Data – Intro webinar link here, access via bi@selondonics.nhs.uk

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