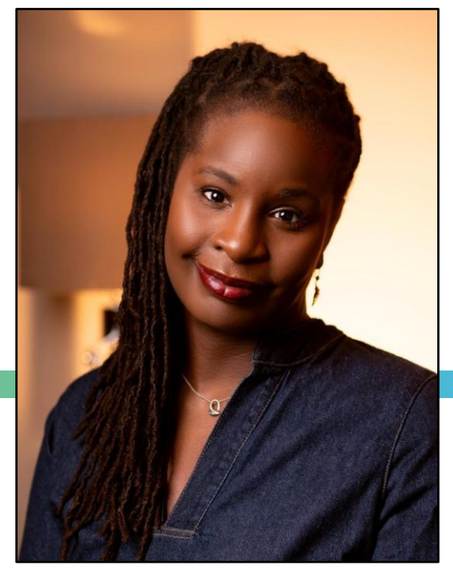
Cardiometabolic Risk in Patients with Severe Mental Illness (SMI)

A primary care improvement project with two Barnet practices



Dr Oge Ilozue | GP Partner & Trainer | Barnet PCN2

Aim

Review and optimise treatment for at least 70% of patients on the SMI register, by November 2025, who require all six elements of the physical health check and have not had their SMI physical health check within the last 12 months across two Barnet GP practices.

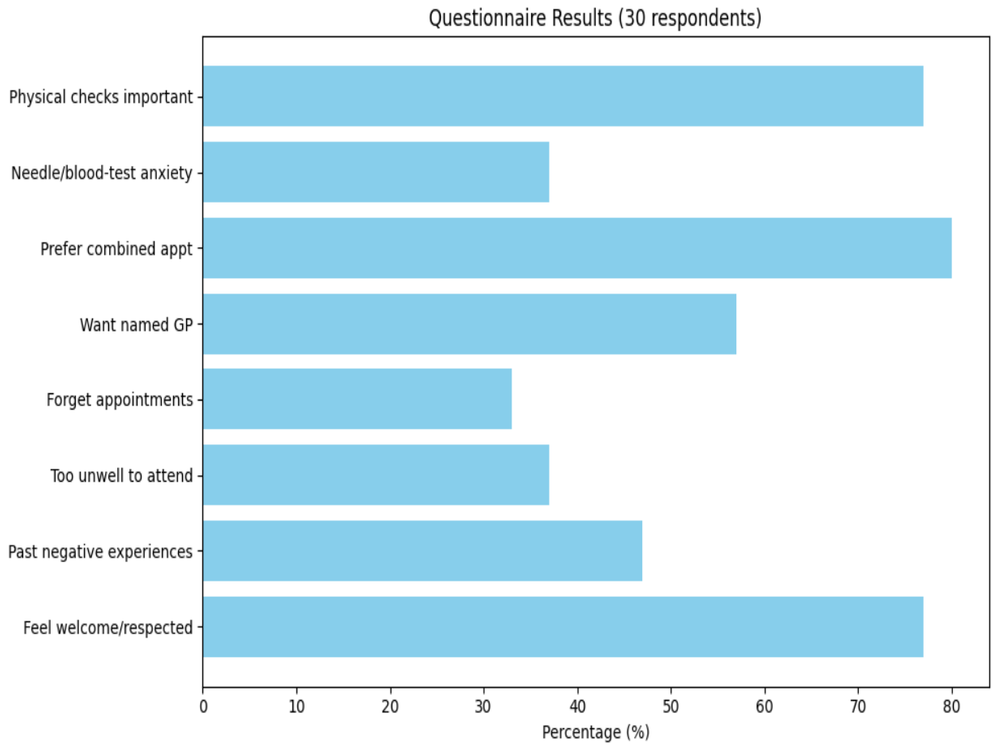
Method

Over a six-month period (May–November 2025), the project was implemented across two practices. EMIS searches were used to generate patient lists, and clinicians verified contact details and mental health team involvement.

Identified patients were invited for extended same-day appointments to complete comprehensive cardiometabolic assessments—blood pressure, body mass index (BMI), smoking and alcohol status, lipid profile, and HbA1c, alongside a mental health review in line with Quality Outcome Framework standards.

Where patients were not contactable, outreach methods included telephone calls, video consultations, SMS, letters, flexible appointment slots, and involvement of carers or family where appropriate.

A brief UCLPartners co-developed patient survey sent to all patients captured reasons for non-engagement. Parallel outreach was undertaken through Redhill/Springwell Mental Health Teams, Longer Lives, Homeless in Action, and Supported Living Centres to reach individuals less engaged with primary care. Data was analysed to assess engagement outcomes and barriers to participation.



Summary of Results

33 patients were identified on the SMI register at the practice who had not yet completed all aspects of SMI check – bloods or physical examination in the last 12months. Among those reviewed, a high burden of CVD was identified (**36%**) with identified modifiable cardiometabolic risk - smokers or ex smokers (**60.6%**), obesity (**33%**), hypertension (**12%**), nondiabetic hyperglycaemia (**18%**). The data showed **36%** had no bloods or bloods were not done for >2years so the risk was unknown. Our total SMI register is 107 patients, so we have 70% of completed SMI checks which met our aim.

The questionnaire identified several high priority needs – 30 respondents across 2 practices (see graph)

- Continuity (via a named GP and/or support worker is required) (**57%** want a named GP).
- Combined mental + physical health appointments is a preference – patients with a diagnosis of a SMI valued and wanted their physical health regarded (**80%**).
- Improved access to appointments of all modalities - **37%** felt too unwell to attend.
- Reminders about appointments via flexible formats - **33%** forgot about their appointment.
- Trauma-informed and anxiety-sensitive approaches, especially around blood tests - **37%** had a needle phobia or anxiety around blood tests.
- More supportive and personalised experiences for those with past negative care encounters - **47%** had a previous negative experiences of care.

Sustaining the Change

Named SMI leads – clinical and administrative - in the practice handling the reviews and recalls and providing much needed continuity and personalised care.

Learnings

- Engagement with Redhill & Springwell teams proved challenging due to difficulty identifying the correct contact, highlighting the need for clearer cross-service pathways to support patients effectively.
- Engagement with Barnet Homes highlighted their annual health fair and Homeless Action day-centre touchpoints, offering clear opportunities for future GP collaboration through neighbourhood working to better support vulnerable patient groups.
- Collaboration with Barnet Longer Lives teams has progressed, supported by a consultant psychiatrist though service restructuring has created uncertainty around capacity.
- Point-of-care testing delivered at local community touchpoints was highlighted as a potentially invaluable tool for improving cardiometabolic monitoring (Lipids, HbA1c) in our SMI patients particularly those who struggle to access traditional primary care settings.
- Clozapine clinics and similar touchpoints offer opportunities to capture physical health checks in communities. There is an overall unanimous consensus that escalating SMI physical health checks is essential but historically limited by operational and resource constraints.
- Strong collaboration between primary care, secondary care, and community services is essential for integrated, accessible care for this vulnerable population cohort.

Patient feedback

"I don't feel heard or taken seriously."
"I left disappointed and upset because of unprofessional service."
"The GP appointment technology is too much when you are unwell"

Patient feedback

"Medication doesn't work — doctors need to find real medication."
"I always feel listened to by the team, especially Dr Oge. Truly she is wonderful and so is the team."

Contact Details

@UCLPartners
@UCLPartners
@UCLPartners
uclpartners.com

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