# Cardiometabolic Risk in Severe Mental Illness

## A primary care improvement project across two Barnet practices

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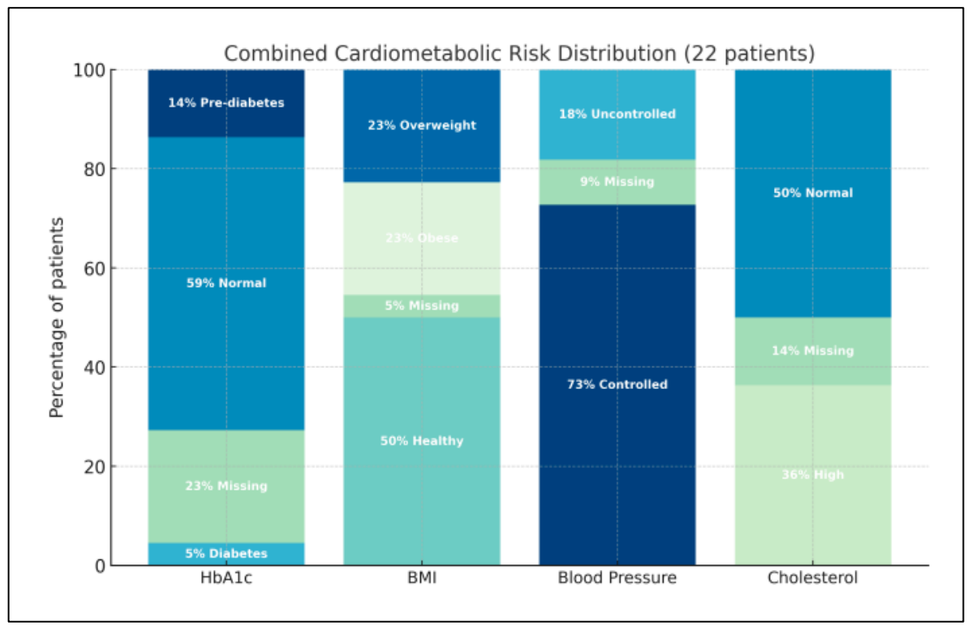
## Aim

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

## Method

Over a six-month period (May–November 2025), 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

42 patients were identified on the SMI register at one practice, of whom 22 (52%) attended for a full face-to-face physical health check (blood pressure, BMI, HbA1c and cholesterol). Among those reviewed, a high burden of modifiable cardiometabolic risk was identified, including overweight/obesity (46%), raised cholesterol (36%), and uncontrolled blood pressure (18%). HbA1c results showed 59% normal, 14% pre-diabetes, and 5% diabetes, reinforcing the need for systematic annual reviews and targeted interventions to reduce premature CVD in this cohort (see Graph). There were small but important gaps in data completeness, particularly missing HbA1c, cholesterol, blood pressure and QRISK values, which may underestimate the true cardiometabolic burden. The remaining 20 patients (48%) did not engage despite repeated phone calls, SMS messages, letters, and flexible appointments, limiting progress toward the aim of reviewing and optimising ≥70% of eligible patients requiring all six check elements. Attempts to enhance engagement through voluntary and community sector partners did not result in successful contact, highlighting structural challenges in achieving comprehensive cardiometabolic monitoring in people with SMI.

**Questionnaire Results (30 completed across both practices)**

- **77%** feel welcome and respected at the GP practice
- **47%** report past negative healthcare experiences (stigma, dismissal, feeling unsafe)
- **37%** feel too mentally or physically unwell to attend appointments
- **33%** forget appointments → need for reminders
- **57%** want a named GP / continuity
- **80%** prefer one longer combined mental & physical health appointment
- **37%** report needle/blood-test anxiety
- **77%** say physical health checks are very important

## Sustaining the Change

To maintain improvement, both practices will embed a structured annual SMI physical health review pathway, supported by proactive recalls, continuity of care, and clear ownership of the SMI register. Strengthened links with secondary care and community partners—including Clozapine clinics, Barnet Longer Lives and Supported Living services—will be essential to reach patients who are seldom heard. The practices also plan to pilot community-based outreach reviews to deliver SMI and long term condition checks in partner settings. Together, these measures support progress toward reviewing and optimising ≥70% of eligible patients.

## 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 seldom-heard 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 cohorts.

### Patient feedback

"Mental health nurses don't listen."
"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."
"I don't feel safe in waiting rooms or clinical settings."

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