

Addressing Parity of Esteem in National Clinical Audit – A Guide: Appendix II – National commissioning initiatives for parity of esteem

The 2013 Chief Medical Officer Report for England¹ stated that ‘If mental illnesses are a common consequence of physical disease and are associated with poor outcomes, commissioning structures should recognise this and ensure that mental health needs are met’. The authors also acknowledged however, the difficulties of the commissioning structures often occurring in separate silos and that secondary care services are rarely well equipped to deal with patients with multi-morbidity. They suggest one way of ameliorating this ever important situation is for commissioners to have relevant training and to be encouraged to account for the physical health needs of mental health patients and vice versa.

NHS Improvement has contributed their voice on parity of esteem by stating that ‘payment arrangements need to support the delivery of holistic, integrated and evidence-based care for the biological, psychological and social issues related to people’s mental health’ and that ‘effective use of data, information and evidence are key to achieving these objectives’². Leading on from this, they have developed a Single Oversight Framework (SOF) with a number of mental health indicators including ensuring that there are routine cardio-metabolic assessments of people with psychosis³.

Best Practice Tariffs

There are also three 2017/19 Best Practice Tariffs⁴ that specifically mention the need for holistic mental and physical healthcare of patients. In paediatric diabetes they state:

‘Each patient must have an annual assessment by their MDT of whether they need input to their care by a clinical psychologist, and access to psychological support, which should be integral to the team, as appropriate’.

In the cardiac rehabilitation tariff, there is acknowledgment of their essential mental health component and in the falls and fragility tariff, that delirium screening should take place and this is already incorporated into the National Hip Fracture Database (NHFD) component of the Falls and Fragility Fracture Audit Programme (FFFAP)⁵ commissioned by HQIP.

Commissioning for Quality and Innovation (CQUINS)

Parity of esteem features in three of the 13 NHS England 2017-19 Commissioning for Quality and Innovation (CQUINS)⁶ and this data could potentially be, or is already to some extent, being collected from national clinical audits:

Indicator 3: Improving physical healthcare to reduce premature mortality in people with serious mental illness (PSMI)

3a) Cardio metabolic assessment and treatment for patients with psychoses

3b) Collaborating with primary care clinicians

- Rationale: *‘People with severe mental illness (SMI) are at increased risk of poor physical health, and their life-expectancy is reduced by an average of 15–20 years mainly due to preventable physical illness. Two thirds of these deaths are from avoidable physical illnesses including heart disease and cancer, mainly caused by smoking.*

There is also a lack of access to physical healthcare for people with mental health problems – less than a third of people with schizophrenia in hospital receive the recommended assessment of cardiovascular risk in the previous 12 months. People with SMI are three times more likely to attend A&E with an urgent physical health need and almost five times more likely to be admitted as an emergency.’

Indicator 4: Improving services for people with mental health needs who present to A&E

For 2017/18:

- Reduce by 20% the number of attendances to A&E for those within a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions, and establish improved services to ensure this reduction is sustainable.

For 2018/19:

- Sustain the reduction in year 1 of attendances to A&E for those within the selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions
 - Reduce total number of attendances to A&E by 10% for all people with primary mental health needs
- Rationale: *‘People with mental ill health are 3 times more likely to present to A&E than the general population. More than 1 million presentations are currently recorded as being directly related to mental ill health. People with known mental ill health are 5 times more likely to be admitted to acute hospitals and 80% of these emergency admissions are recorded as being primarily for physical health reasons.*

The Quality Watch study also found that people with mental ill health had 3.6 times more potentially preventable emergency admissions than those without mental ill health in 2013/14.’⁷

Indicator 9: Preventing ill health by risky behaviours – alcohol and tobacco

Adult patients admitted to acute and mental health hospitals

- 9a Tobacco screening
- 9b Tobacco brief advice
- 9c Tobacco referral and medication offer
- 9d Alcohol screening
- 9e Alcohol brief advice or referral

- Tobacco rationale: *‘Smoking is estimated to cost £13.8bn to society (£2bn on the NHS through hospital admissions, £7.5bn through lost productivity, £1.1bn in social care). Smoking is England’s biggest killer, causing nearly 80,000 premature deaths a year and a heavy toll of illness, 33% of tobacco is consumed by people with mental health problems.’⁸ Smoking is the single largest cause of health inequalities.’⁹*
- Alcohol rationale: *‘In England, 25% of the adult population (33% of men and 16% of women) consume alcohol at levels above the UK CMOs’ lower-risk guideline and increase their risk of alcohol-related ill health.’¹⁰ Alcohol misuse contributes (wholly or partially) to 60 health conditions leading to hospital admission, due either to acute alcohol intoxication or to the toxic effect of alcohol misuse over time. Conditions include cardiovascular conditions, liver disease, cancers, depression and accidental injuries’.¹¹*

There is also the locally determined Prescribed Specialised Services (PSS) CQUIN scheme for CAMHS (Child and Adolescent Mental Health Services) Screening for Paediatric Patients with Long Term Conditions¹² to incentivise the mental health screening of paediatric outpatients with a long term condition with the Strengths and Difficulties Questionnaire¹³. The expectation is that a minimum of 30% of patients are screened for four long term condition areas chosen with commissioners and it suggests that this may ‘kick-start’ a CAMHS liaison service and to try and address the inconsistent national provision for CAMHS/psychiatry in paediatric hospitals. It is also suggested that initial costs in set up would be recouped in money saved from reduced length of stay and better treatment of ‘somatisation, asthma, better diabetic control, concordance with treatment, reduction in stress etc.’

In the report on ‘Commissioning Intentions 2016/2017 for Prescribed Specialised Services’¹⁴, the programme of care for mental health services includes a focus on improving joint working across pathways of care as part of the Collaborative Commissioning agenda. They specifically mention the recommendations for children’s services from ‘Future in Mind’ and NHS England’s promise to additionally invest in perinatal services over the next five years.

NHS England has also produced a document with transformative ideas for commissioners to better achieve parity of esteem¹⁵. The report outlines the case of why this is an important issue for them,

as well as demonstrating what good looks like, and a 'how to' guide for commissioning for parity of esteem.

References

- ¹ www.mrc.ac.uk/documents/pdf/chief-medical-officer-annual-report-2013/
- ² www.gov.uk/guidance/new-payment-approaches-for-mental-health-services
- ³ improvement.nhs.uk/uploads/documents/Single_Oversight_Framework_published_30_September_2016.pdf
- ⁴ improvement.nhs.uk/uploads/documents/2017-2019_national_tariff_payment_system.pdf
- ⁵ www.hqip.org.uk/national-programmes/a-z-of-nca/falls-and-fragility-fractures-includes-the-hip-fracture-database/
- ⁶ www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/
- ⁷ www.qualitywatch.org.uk/sites/files/qualitywatch/field/field_document/QualityWatch_Mental_ill_health_and_hospital_use_full_report.pdf
- ⁸ www.gov.uk/government/uploads/system/uploads/attachment_data/file/366852/PHE_Priorities.pdf
- ⁹ www.sciencedirect.com/science/article/pii/S0140673606689757
- ¹⁰ digital.nhs.uk/catalogue/PUB16076
- ¹¹ www.hscic.gov.uk/catalogue/PUB13218/HSE2012-Ch6-Alc-cons.pdf
- ¹² www.england.nhs.uk/wp-content/uploads/2016/11/wc3-camhs-paediatric-pat-ltc.pdf
- ¹³ www.sdqinfo.org/a0.html
- ¹⁴ www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/09/comms-intents-16-17.pdf
- ¹⁵ www.england.nhs.uk/wp-content/uploads/2014/02/nhs-parity.pdf