Schizophrenia and integrated care
Introduction

As the understanding of schizophrenia has evolved over the years, so have approaches, treatments and therapies.

However, people diagnosed with schizophrenia have poor access to general practitioners; their physical health suffers and as a result their life is shortened by up to 20 years.¹

NICE treatment guidelines emphasise services for early detection and intervention, and focus on long-term recovery. They advocate that clinicians should support patients to make informed choices about, and have more control over, the management of their condition. Currently NICE guidelines suggest that primary care should play a role in monitoring the physical health of patients with schizophrenia.²

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Benefits of transitioning a patient to primary care

Transitioning a patient from primary care has many potential benefits for you and your patients.

Benefits for healthcare professionals

- Provide personalised comprehensive care plans
- Help achieve NHS outcome frameworks 2014/15 (for example, 2.5 to encourage people with mental illness back in employment)³
- Supports the increased emphasis on healthcare professionals to become more accountable for providing a holistic approach for patients (e.g. CQUINs)⁵
- Open communication with secondary care team can be agreed upon transition to encourage and support a holistic treatment plan
- Holistically manage the biopsychosocial aspects of your patients health, which will help achieve QOF targets such as having a register of patients with schizophrenia:⁶
  - With a comprehensive care plan
  - A record of blood pressure
  - A record of alcohol consumption
- Locally commissioned services (LCS) may provide additional support such as incentives for treating patients with mental illness in primary care

Benefits for your patients

- Gives your patient the opportunity to reintegrate into society
- Provides a holistic approach to treatment
- Reduces stigma associated with hospital care
- Ability to choose treatment closer to home, putting patients at the heart of their own care
- Helps patients build a supporting and lasting relationship with their GP. This encourages physical health check-ups and ensures that risk factors contributing to poor health such as smoking, alcohol consumption, infectious disease and cardiovascular complications are minimised.
- Approximately 40% of patients with schizophrenia are currently obese,⁶ and 80% of patients smoke. The commonest cause of physical health death in diagnosed patients cardiovascular disease.⁷
What type of patients can transfer to integrated care?

Currently, the NHS employs a system known as Mental Health Care Clusters to group patients based on their illness-related characteristics.

There are 21 mental health care clusters, differentiated by severity of illness. The Mental Health Care Clusters are part of a currency developed to support Payment by Results for Mental Health Services. Patients most suitable for transfer to primary care are considered to be those in Cluster 11. People in cluster 11 have a history of psychotic symptoms that are currently controlled and causing minor issues if any at all, although they may still exhibit some vulnerability.

Although care co-ordination and risk assessment may be low, it will still be necessary. Aspects of lifestyle and physical health linked with mental health needs to be actively addressed.

Cluster 11 patient profile

- Has a history of psychotic symptoms\(^8\)
- Requires no psychotropic medication or has been on a stable dose for the past year\(^9\)
- Not currently detained under the Mental Health Act\(^9\)
- Symptoms are currently controlled and causing minor problems if any\(^8\)
- Any residual risks can be managed in primary care\(^9\)
- Patient is currently experiencing a period of recovery where they are capable of full or near-full functioning\(^8\)
- There may be impairment in self-esteem and vulnerability to life\(^8\)

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Your responsibilities

If you agree to undertake a shared care agreement, the responsibilities for the patient’s treatment are passed to you, with certain caveats.

You will be expected to continue prescription and monitor physical health parameters, however you will not be expected to initiate treatment and will be asked to refer back to secondary care if there is a poor response to treatment (e.g. relapse). Below is an example of the kind of responsibilities you may be expected to hold:

- Confirm or decline request to share patient’s care using the shared care request form relatively quickly
- Carry out baseline monitoring requirements and continue monitoring after initiation as set down in the Trust shared care agreement, and following request from secondary care
- Prescription of antipsychotic after initial supply by secondary care clinician
- Carrying out the annual monitoring of physical health parameters as recommended in the NHS Trust shared care agreement
- Feed-back clinically significant results to the secondary care clinician for advice on impact to mental health medication
### Your responsibilities

**Observing patient for evidence of ADRs**, and subsequent completion of yellow card, and raising this with secondary care clinician if necessary.

**Reducing and stopping treatment in line with secondary care clinician’s original request.**

**Monitoring the patient’s mental health status whilst taking prescribing responsibility...**

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### An example of physical health parameters:

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waist Circumference</td>
<td>Annually</td>
</tr>
<tr>
<td>Weight</td>
<td>3 monthly for 1 year</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td></td>
</tr>
<tr>
<td>HbA1c</td>
<td></td>
</tr>
<tr>
<td>Fasting or random Lipid Profile (HDL and Triglycerides)</td>
<td></td>
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<tr>
<td>U&amp;E</td>
<td></td>
</tr>
<tr>
<td>ECG*</td>
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</tbody>
</table>

*Offer the person an electrocardiogram (ECG) if:
- Specified in the SPC
- A physical examination has identified specific cardiovascular risk (such as diagnosis of high blood pressure)
- There is personal history of cardiovascular disease

*Adverse Drug Reactions*
Support from Janssen Psychiatry

In addition to the benefits already described, Janssen have developed a range of support services to help provide added value to your treatment and build a lasting relationship with your patients. For example:

- Schizophrenia 24x7 - open-access website provides information and interactive tools to help people affected by schizophrenia
  www.schizophrenia24x7.com

- Reach4Resource - offers a range of useful support and training resources for mental health healthcare professionals. This includes early warning signs, relapse signature, antipsychotic medication management, QoF’s etc.
  www.reach4resource.co.uk

- Getting Better App - an innovative smartphone app to support your patient in getting better and staying well

- Care4today™ - offers a range of face-to-face sessions and online resources to help patients through their illness
  www.care4today.com

Janssen have developed a range of support services to help provide added value...
Contact us

If you have any questions or wish to request further information, please contact us as follows:

By email:
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Reporting suspected adverse reactions is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Janssen-Cilag Ltd on 01494 567447.

References
   Last accessed: May 2014.
   Available at https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_2.5_100710_5_V5.pdf.
   Last accessed: May 2014.
10. Leicestershire Medicines Strategy Group 2014. Shared Care Agreement for Atypical Antipsychotics. Available at: