A two pronged solution to completing physical healthchecks for people with SMI can support recovery in the context of covid-19



A flexible approach to completion of physical healthchecks and follow up interventions:

Elements where remote assessment is possible



Assessment of alcohol consumption



Assessment of smoking status

Elements where remote assessment is possible with access to equipment



BMI & weight check



Blood pressure and pulse

Elements where remote assessment is not currently recommended*



Blood glucose test



Blood lipid test

Prioritising physical health of people with SMI in the recovery and restoration phase:

Access to services

Services should proactively contact people with SMI to promote and support physical health, share <u>existing</u> <u>resources</u>, and 'make every contact count'.

Service adaptation

- Services should re-instate physical healthchecks by moving to virtual methods of delivery or providing checks in-person safely and securely.
- Clinical judgement should be used to balance the risk of completing the check against the risk of an individual contracting Covid-19

Workforce

- Appoint a senior STP/ICS lead, responsible for ensuring the physical health needs of people with SMI are actively met.
- Ensure a competent, multi-disciplinary team should be in place which covers: GPs, healthcare assistants, nurses, lived experience practitioners and peer support workers.

Partnership working

• VCSE partnerships should be maximised for patient outreach, promotion of good physical health for people with SMI, and commissioning services to deliver annual physical healthchecks.

Vulnerable populations

There should be meaningful <u>co-production to develop services</u> that meet the needs of BAME communities, LGBTQIA+ populations, people who are clinically vulnerable and required to shield during the pandemic, and other groups that may require additional support.