

Severe Mental Health - Sheffield

Summary | Screening | Smear,Mammogram,Bowel | Other screening & Meds review | Summary pintout | Lester Framework | Lester Text | Templ...

Pg 1/6

## Summary

Shf-GP SEMI MH QOF diagnoses view cannot be show

Shf-GP SEMI long term diagnoses view cannot be shown witho

Existing long term conditions - please complete relevant template

Code for Mental health care plan

Discharge Care Programme Approach review ☐

Record Relationship
 

Use this to record any relationships eg  
Community MH Key worker  
Carer  
Psychiatrist

Day centre care ☐ Education or Employment

**Place of residence**

Lives in:

Frequent changes of address ☐

**Exceptions**

Please also record the reasons for exception reporting (use the pencil)

Mental Health exceptions

Print Summary

Select: Shf-GP SEMI Summary for Sheffield Care Trust

Information | Print | Suspend | Ok | Cancel

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Pg 2/6

## The Lester UK Adaptation Framework

[Lester Intervention Framework](#)

**Smoking**

Social + Lifestyle 2015 ...

[Enter via Smoking page](#)

**Diet, Activity**

Social + Lifestyle 2015 -...

[Enter via Diet, Activity page](#)

**Biometrics**

Social + Lifestyle 2015 -...

[Enter via Biometrics page](#)

**Glucose Regulations**

Blood glucose test declined ☐

Haemoglobin A1c level - IFCC stand...  mmol/mol

Random blood glucose level  mmol/L

Fasting blood glucose level  mmol/L

To view previous recordings click in each of the boxes above

**Blood Lipids**

QRISK2 Calculator ...

**Kidney Function**

GFR calculated abbreviated MDRD  mL/mi...

MSU results

Microalbumin result

Microalbuminuria ☐

Urine albumin/creatinine ratio  mg/mmol

Serum creatinine level  umol/L

**Blood Screening**

Venous blood sampling ☐

Blood sample taken

New Electronic Pathology/Radiology Request

[Click above to access ICE and other results](#)

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Severe Mental Health - Sheffield

Summary Screening Smear,Mammogram,Bowel Other screening & Meds review Summary pintout Lester Framework Lester Text Templ...

Pg 3/6

### Smear

New Smear

SHF-GP SEMI Smear QOF view cannot be shown without a patient

SHF-GP SEMI Hysterectomy QOF view cannot be shown without a patient

Cervical cytology exception reporting codes

### Mammogram

Mammogram - screening ☐

Mammography result

Family history of breast cancer ☐

age over 50 only, unless younger patient with family history of breast cancer

### Bowel cancer screen

(Age 60 - 74 years. Bowel screening kit sent every 2yrs)

Bowel cancer screen programme ☐

Family history - bowel cancer

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Severe Mental Health - Sheffield

Summary Screening Smear,Mammogram,Bowel Other screening & Meds review Summary pintout Lester Framework Lester Text Templ...

Pg 4/6

### Screening

#### Alcohol Screening

Social + Lifestyle 2015 - ...

#### Dental Screening

Registered with dentist

Referred to dentist ☐

#### Substance Misuse

Substance misuse

Substance misuse trend

Drug addiction therapy

Please also record frequency and type (using pencil)

On substance misuse programme ☐

Substance misuse treatment programme completed ☐

### Medication Review

Antipsychotic Dementia Med Revw DRAFT - Sheffield

Medication Review 2013 - Sheffield

Serum lithium level  mmol/L

Lithium level therapeutic ☐

Lithium stopped ☐

SHF-GP SEMI Serum Lithium QOF view cannot be shown without a patient

#### Useful Links

- [Sheffield MH guide](#)
- [MIND](#)
- [Rethink Mental Illness](#)

Information Print Suspend Ok Cancel

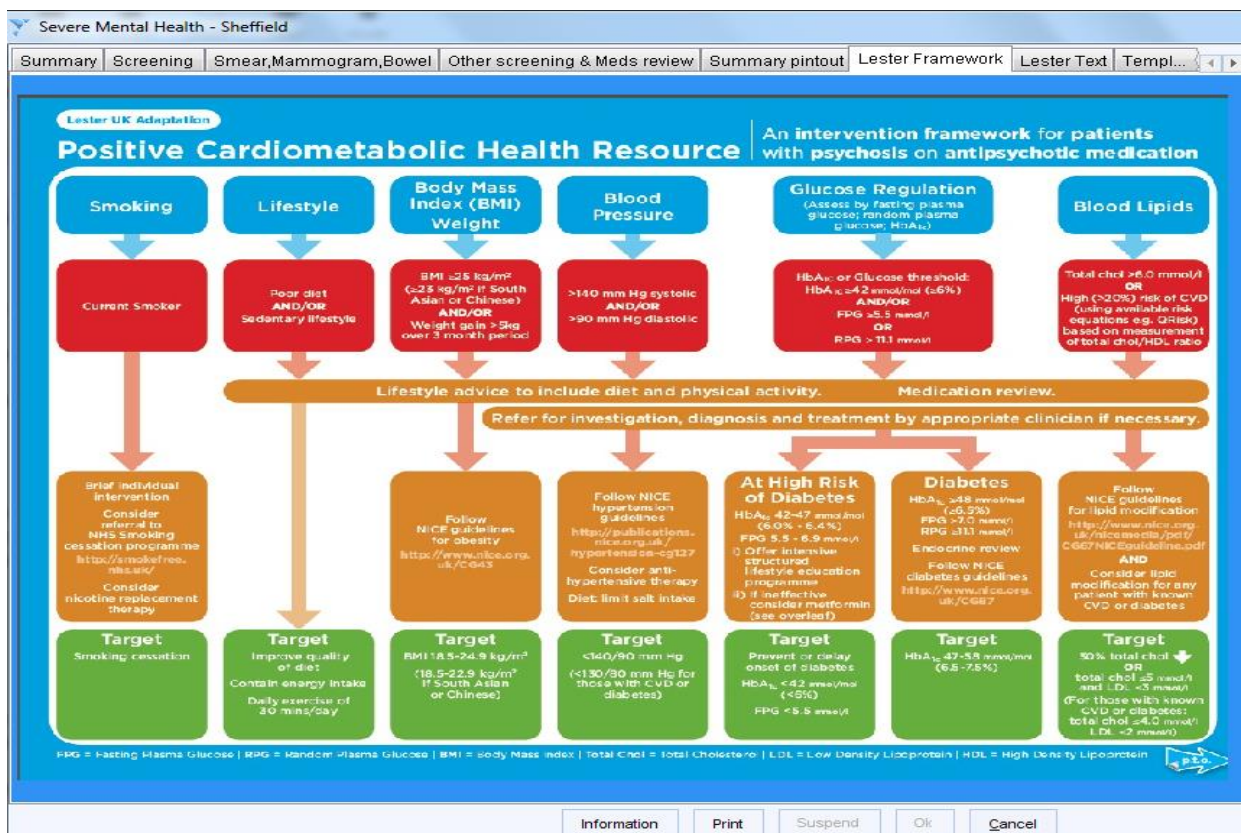
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SystmOne Trust Reporting: BEARDSLEY, Elizabeth (Clinical Access Role) at Sheffield CCG Reporting - New Template Maintenance

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Don't just SCREEN - INTERVENE for all patients in the "red zone"

**Interventions:**

**Nutritional counselling:** reduce take away and "junk" food, reduce energy intake to prevent weight gain, stop soft drinks and juices, increase fibre intake.

**Physical activity:** structured education/ lifestyle intervention. Advise physical activity: e.g. Advise a minimum of 150 minutes of moderate intensity physical activity per week (http://tiny.cc/De7DwD).

**Specific Pharmacological Interventions**

**Anti-hypertensive therapy:** Normally GP supervised. Follow NICE recommendations (http://www.nice.org.uk/medicines/anti-hypertensives/2012).

**Lipid lowering therapy:** Normally GP supervised. Follow NICE recommendations (http://www.nice.org.uk/medicines/lipid-lowering/2013).

**Treatment of diabetes:** Normally GP supervised. Follow NICE recommendations (http://www.nice.org.uk/CG137).

**Treatment of those at high risk of diabetes:** FPG 5.5-6.9 mmol/L, HbA1c 43-47 mmol/mol (5.0-6.4%). Follow NICE guideline PH10 Preventing type 2 diabetes: risk identification and interventions for individuals at high risk (recommended 1b) - http://guidance.nice.org.uk/PH10.

**Adhere to British National Formulary guidance on pill use (in particular ensure renal function is adequate).**

**Start with a low dose e.g. 500mg once daily and build up, as tolerated, to 1500-2000 mg daily.**

**Review of antipsychotic medications:** Normally psychiatrist supervised. Should be a priority if there is:

- Rapid weight gain (e.g. 5kg <1 month) following antipsychotic initiation.
- Rapid development (<3 months) of abnormal lipids, BP or glucose.

The psychiatrist should consider whether the antipsychotic drug regimen has played a causative role in these abnormalities and, if so, whether an alternative is given could be expected to offer less adverse effect:

- As a first step prescribed dosages should follow BNF recommendations; rationalise any polypharmacy.
- Changing antipsychotic requires careful clinical judgement to weigh benefits against risk of relapse of the psychosis.
- Benefit from changing antipsychotic for those on the drug for a long time (>1 year) is likely to be minimal.
- If clinical judgement and patient preference support continuing with the same treatment then ensure appropriate further monitoring and clinical considerations.

**History and examination following initiation or change of antipsychotic medication**

**Frequency:** as a minimum review those prescribed new antipsychotic at baseline and at least once after 1 month. Ideally weight should be assessed 1-2 weekly in the first 8 weeks of taking a new antipsychotic; as rapid early weight gain may predict severe weight gain in the longer term. Subsequent review should take place annually unless an abnormality of physical health emerges, which should then prompt appropriate action and/or continuing review at least every 3 months.

**At review:**

**History:** Seek history of substantial weight gain (e.g. 5kg) and particularly where this has been rapid (e.g. within 8 months). Also review smoking, exercise and diet. Ask about family history (diabetes, obesity, CVD in first degree relatives <65 yrs) and gestational diabetes. Note activity.

**Examination:** Weight, BMI, BP.

**Investigations:** Fasting estimates of plasma glucose (FPG, HbA1c), and lipid (total cholesterol, LDL, HDL, triglycerides). If fasting samples are impractical then non-fasting samples are satisfactory for most measurements except for LDL or triglycerides.

**ECG:** include if history of CVD, family history of CVD, or if patient taking certain antipsychotics (see Summary of Product Characteristics) or other drugs known to cause ECG abnormalities (eg erythromycin, tricyclic anti-depressants and anti-mice - see British National Formulary for further information).

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**Severe Enduring Mental Health** Nationally around 46% of people with mental health have a long term physical condition. Co-morbid mental health problems have a number of serious implications for people with long-term conditions, including poorer clinical outcomes, lower quality of life and reduced ability to manage physical symptoms effectively (Hings Fund 2012)

The purpose of the Right First Time Programme - Project 4 is to:

- Improve the physiological health of people with serious mental illness
- Reduce inequalities in the morbidity and mortality rates of people with serious mental illness

The Lester Framework: Lead Authors on the UK adaptation  
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**A South Yorkshire template developed in Sheffield**

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