

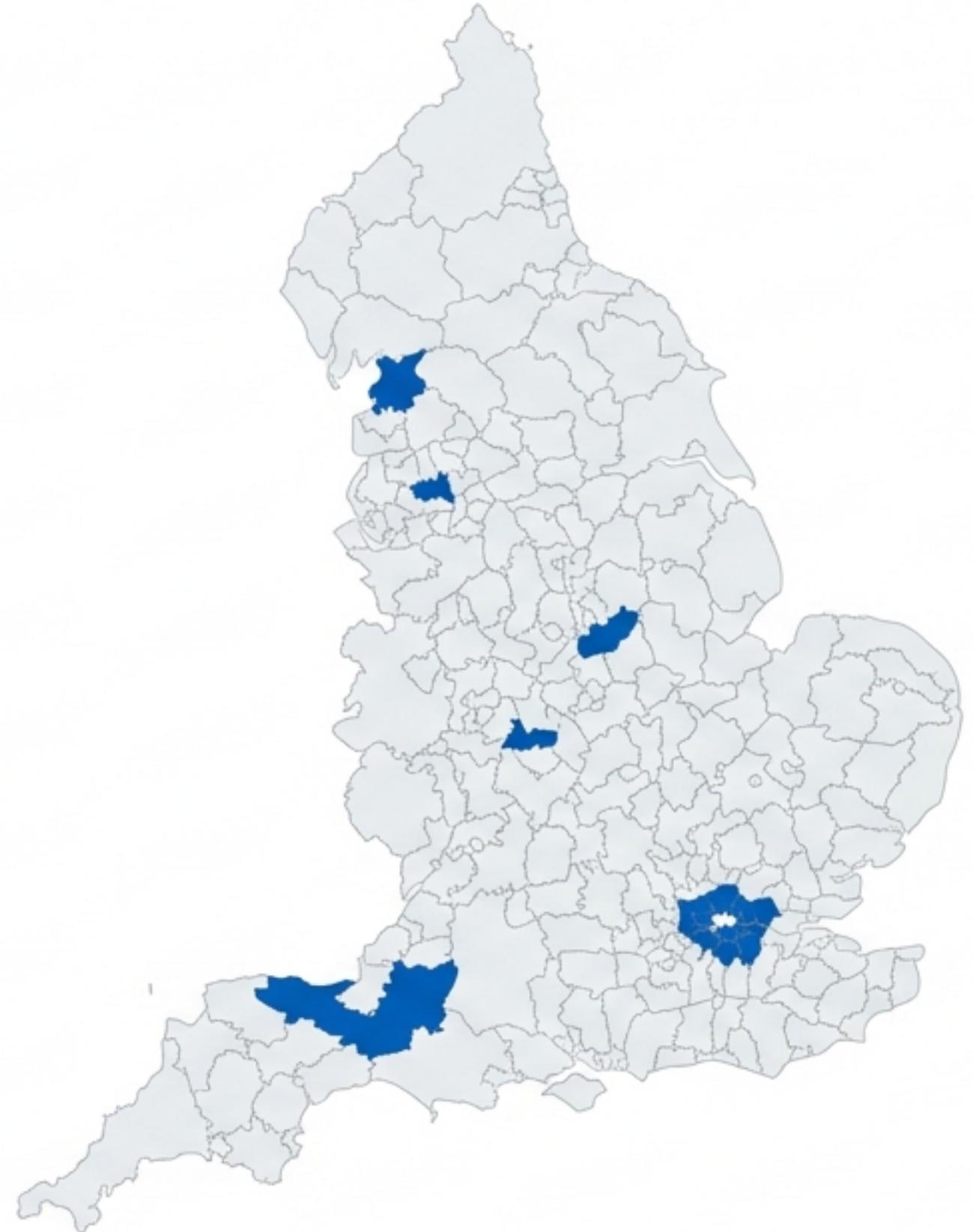
NHS England: SMI Physical Health Checks Performance Diagnostic & Strategic Recommendations (2018–2024)

A comprehensive analysis of completion rates, geographic disparities, and operational bottlenecks.

Scope: 106 Sub-Integrated Care Boards (Sub-ICBs)

Population: ~400,000 patients on SMI register

Framework:
Diagnostic & Remediation



The Human Cost: A 15-20 Year Mortality Gap

15-20 YEARS

Difference in life expectancy between SMI patients and the general population.



Employment Disparity: 6% employment rate for SMI vs. 75% in general population.



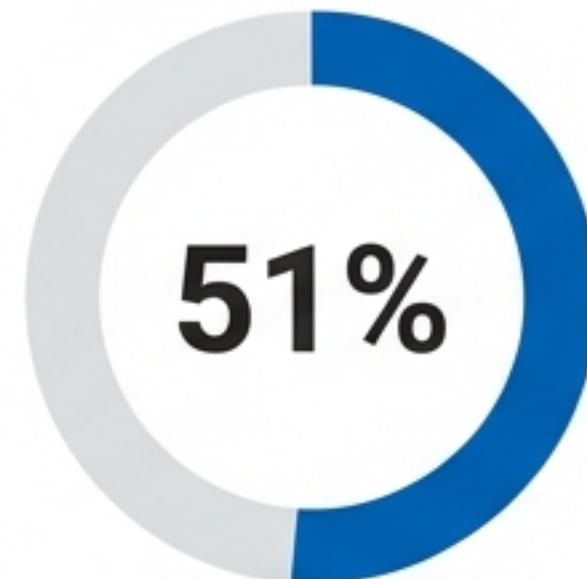
Physical Risk Factors: Substantially higher risks of obesity, asthma, diabetes, COPD, and cardiovascular disease.



Behavioral Risks: 2x likely to smoke compared to general population; highest rates in psychosis/bipolar disorders.

Regular physical health checks are not administrative targets; they are the primary intervention for early detection of potentially fatal conditions.

Executive Dashboard: Current Status & Key Drivers



Current Completion Rate (Q4 2023/24)

Target: 60% (NHS Long Term Plan)

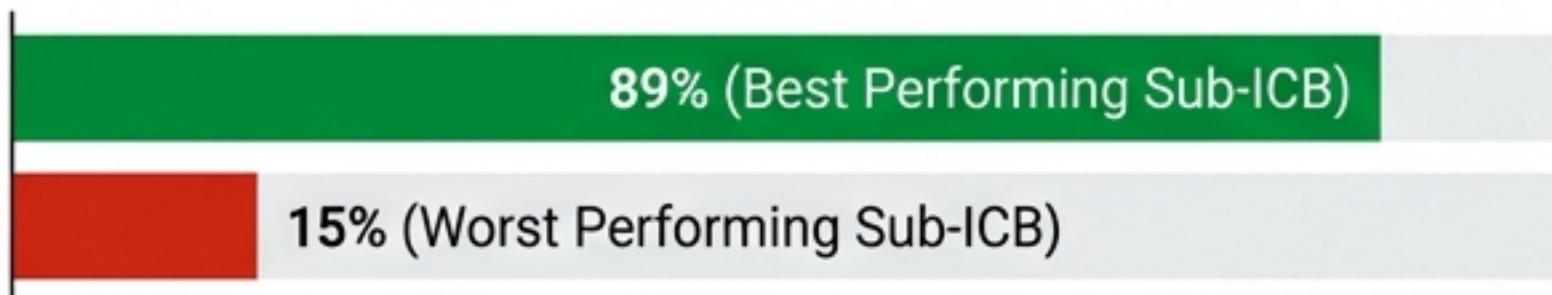
↓ Gap: 9 percentage points (~200k patients missing checks)

Plateaued Recovery



Performance crashed during COVID (Q2 2020). Recovered to 109% of pre-pandemic levels, but growth has slowed to +0.6% per quarter.

The Postcode Lottery



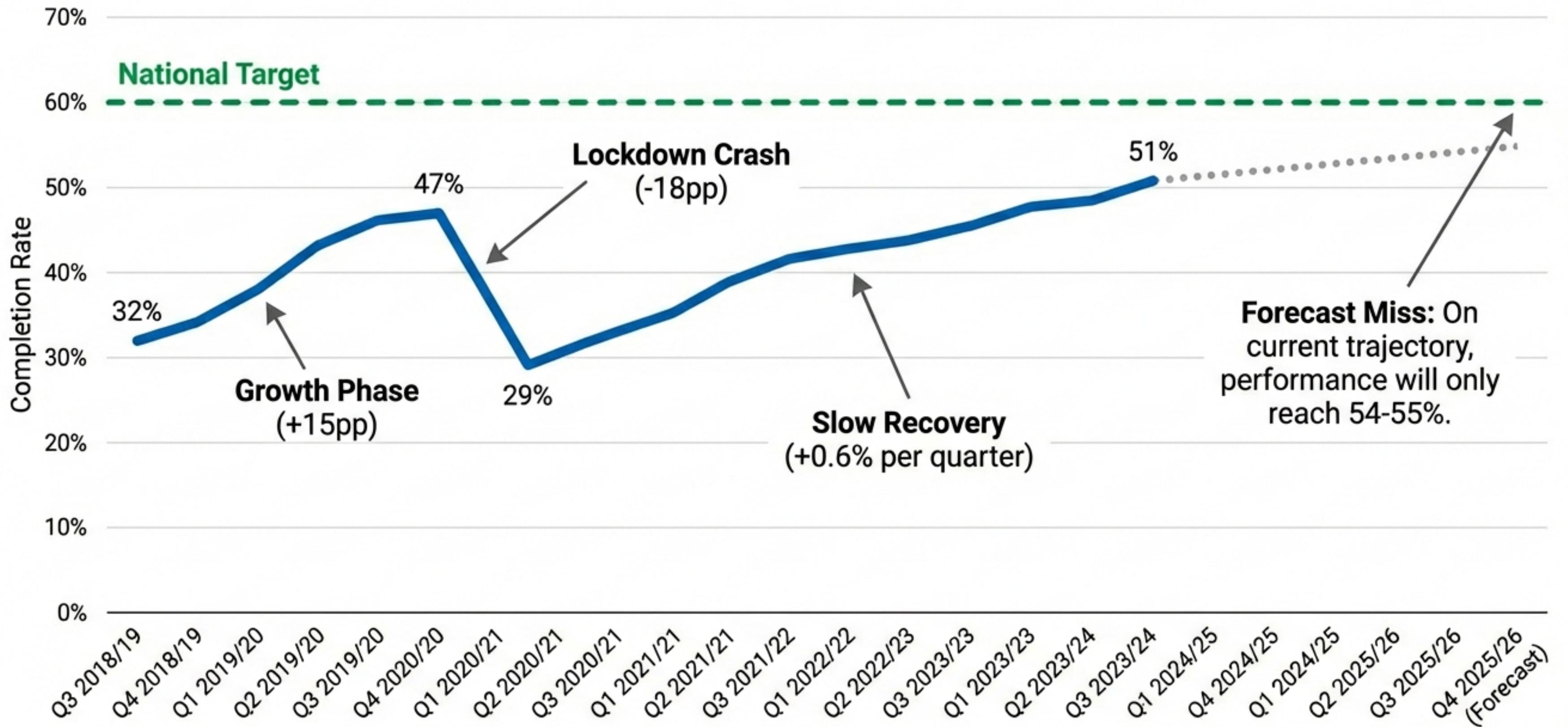
74-percentage point gap in care quality.

Operational Seasonality



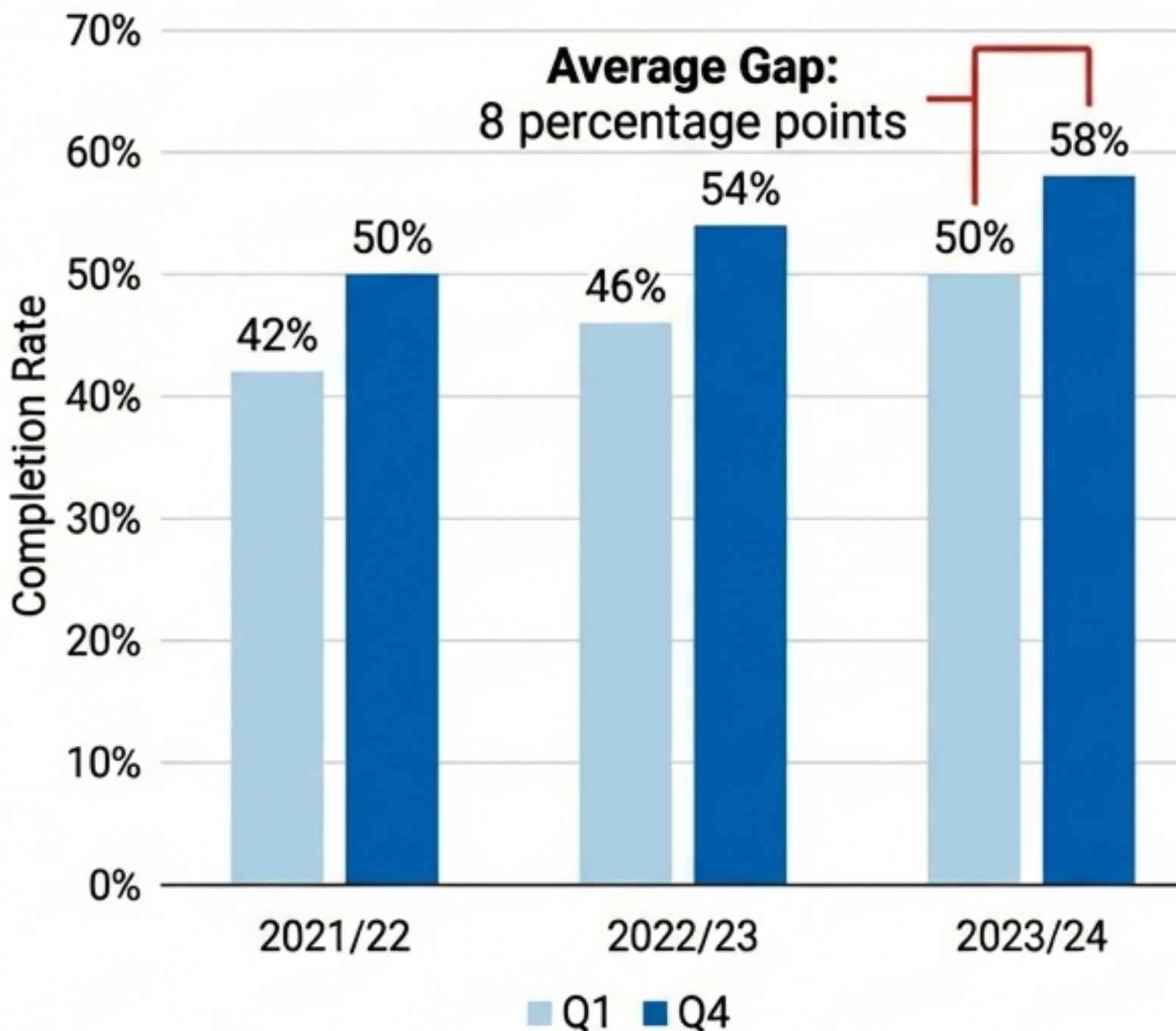
Operational Seasonality: A consistent 8% performance gap between Q1 and Q4 indicates reactive, target-chasing behavior rather than continuous care.

Pre-COVID Momentum Has Stalled, Leaving the 60% Target at Risk



The “Year-End Surge” Indicates Reactive Operations

Q1 vs Q4 Completion Rate (3-Year Trend)



Analysis of Operational Seasonality

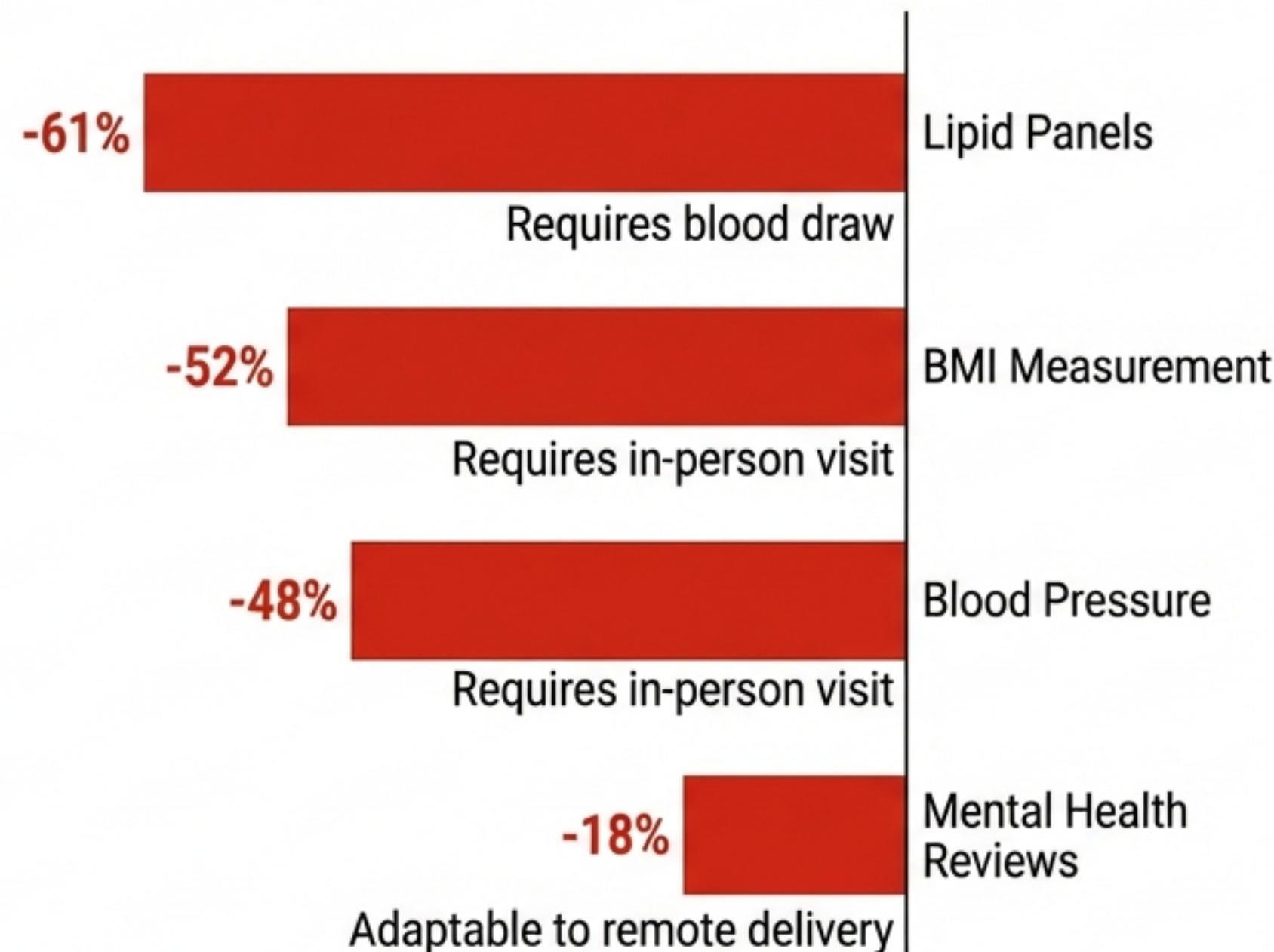
Data Points: Q4 averages 54% completion vs. Q1 averages 46%.

Analysis: This “sawtooth” pattern suggests staff are rushing to meet annual targets in March (financial year-end).

Consequence: This creates capacity bottlenecks in March and leaves patients without care for the first half of the year.

'Physical' Interventions Suffered Most and Have Recovered Slowest

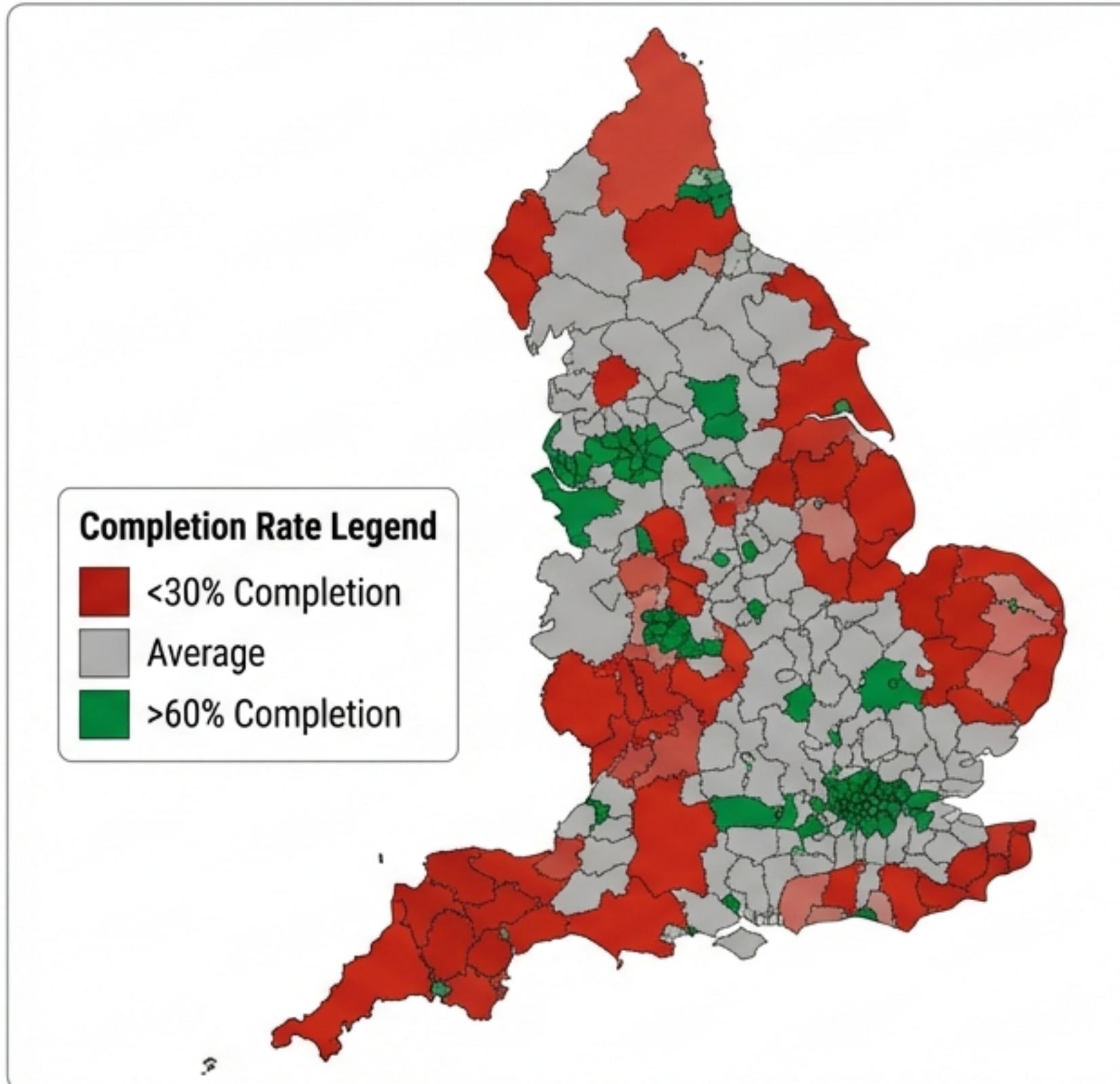
% Drop during Lockdown (Q1-Q2 2020)



Impact: An estimated backlog of 180,000 missed checks accrued during the pandemic.

Insight: Top-quartile performers recovered faster by implementing **split appointments** (blood tests separated from clinical assessment).

Location Dictates Care Quality: The 'Postcode Lottery'



45 percentage point gap

Difference between Top Decile (Avg 82%) and Bottom Decile (Avg <30%).

This variation cannot be explained by patient demographics alone; it indicates substantial differences in operational delivery models, resource allocation, and priority.

80%+ Completion is Achievable; The Bottom Quartile Drag is Significant

Top 10 Sub-ICBs

82% Avg

- Dedicated SMI clinics
- Integrated care pathways
- Proactive recall

↑ Sub-ICB A: 89%

↑ Sub-ICB B: 87%

✓ Sub-ICB C: 86%

✓ Sub-ICB D: 85%

Bottom 10 Sub-ICBs

<30% Avg

- Poor data quality
- Rural barriers
- Lack of ownership

↓ Sub-ICB Y: 15%

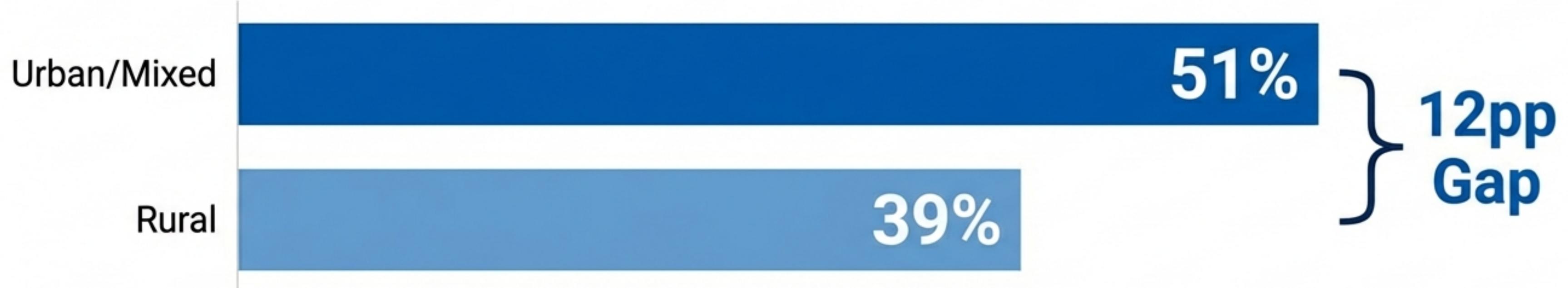
↓ Sub-ICB Z: 18%

▲ Sub-ICB W: 22%

▲ Sub-ICB X: 25%

The Opportunity: 27 Sub-ICBs are currently performing below 30%. If these underperformers moved to the national average, overall performance would rise to 58%, nearly meeting the policy target.

Rural Areas Face Structural Barriers Requiring Bespoke Solutions



Root Cause Diagnosis



Geography

Larger travel distances for patients.



Infrastructure

Smaller GP practices, fewer specialized resources.



Service Density

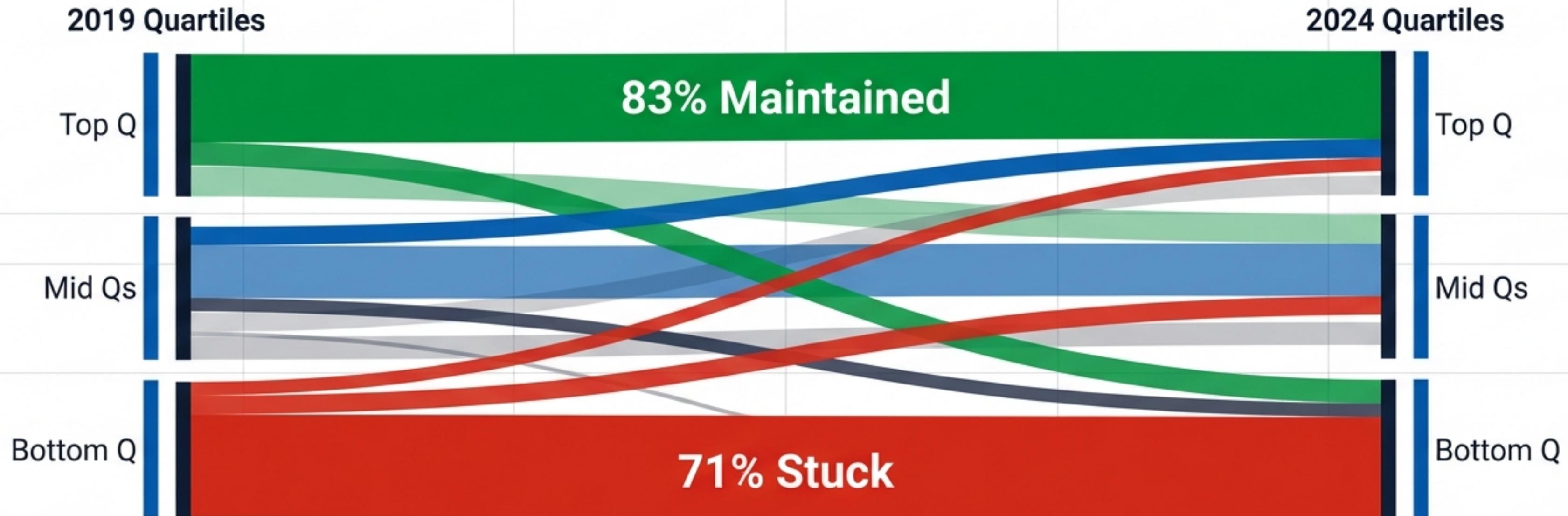
Lower density of mental health services.



Data Gaps

Reliance on secondary care (hospitals) for checks often goes unreported.

Failure is Systemic: Underperformance is “Sticky”

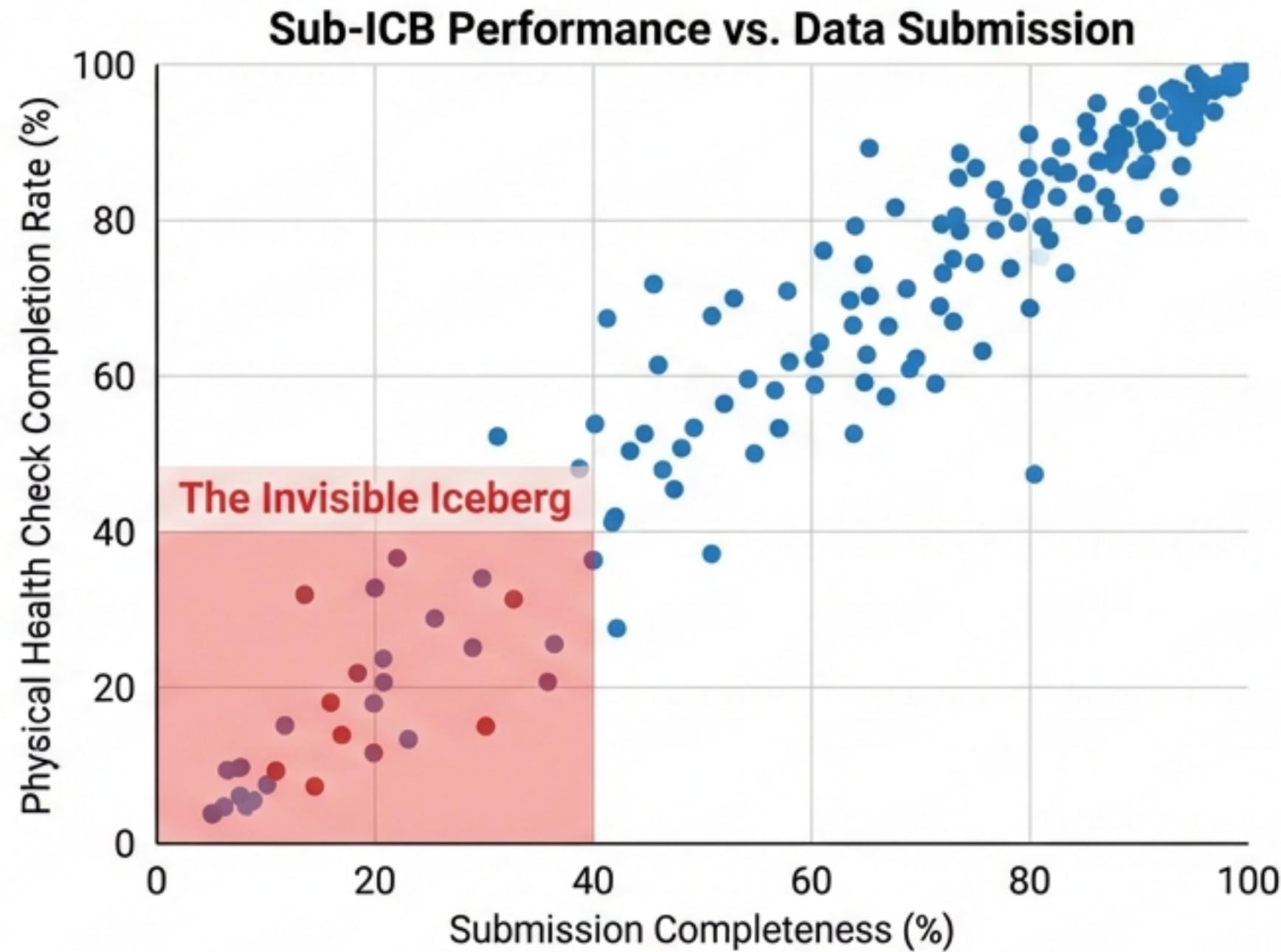


➡ 71% of bottom performers in 2019 are still bottom performers in 2024.

↗ 83% of top performers maintained excellence.

Natural improvement is not happening in distressed areas. External intervention is required.

The “Double Deficit”: Poor Performance Correlates with Poor Data



INSIGHT

- Sub-ICBs with completion rates <40% are 2.3x more likely to have missing data.
- The "Invisible" Patients: ~15% of expected submissions are missing. 3 Sub-ICBs never submitted data, leaving ~12,000 SMI patients unmonitored.
- **Warning:** Current national figures likely overestimate performance because non-reporters are excluded from averages.

The Transition to GPES Automation: Opportunities & Risks

Past Bespoke Collection

- Manual entry.
- High burden.
- Prone to non-submission.

Transition
2024

Future GPES Extraction

- Automated extraction from GP records.
- Low burden.
- 100% submission.

Pro:

Eliminates
non-submission.
Complete national
picture.

Con:

Blind Spot Risk.
May miss 15-20% of
checks delivered in
Secondary Care if not
coded back to GP systems.

Data dictionaries must be rigorously defined to capture secondary care interventions.

Recommendation 1: Targeted Intervention for the 'Bottom 27'



Intensive Support

The Buddy System: Pair bottom-quartile Sub-ICBs with top-decile performers (>80%) for a 12-month improvement collaborative.



Rural Strategy

Access Innovation: Deploy mobile health check clinics and digital triage pathways specifically for the rural clusters averaging 39%.



Recovery Funding

COVID Catch-up: Allocate specific funding to the 25% of areas still operating below their pre-pandemic baseline.

Recommendation 2: Operational Policy & Governance Shifts

	Current State	Proposed State
 Seasonality	Annual Targets (Causes March Panic)	Quarterly Performance Checkpoints (Smooths capacity) 
 Data Accountability	Voluntary Submission (15% Missing) 	Mandatory Compliance with penalties for non-reporting 
 Delivery Model	Standard Appointments	Flexible Delivery: Formalize split appointments and outreach as standard SOP. 

The Path to Green: Closing the Gap by 2025/26

