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Physical Health Competency Framework for Mental Health and Learning Disability Settings

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Physical Health Competency Framework for Mental Health and Learning Disability Settings
Published: March 2020.
Accelerated publication in response to the COVID-19 pandemic.

Acknowledgements

This Framework is based on a previous edition developed by Heath Education England (HEE) in the West Midlands working with stakeholders as part of a physical care in mental health programme in 2017, hosted by North Staffordshire Combined Healthcare NHS Trust.

The updating of the 2017 Framework has been undertaken through a series of facilitated workshops by a multidisciplinary group of professionals from a range of organisations and professional backgrounds. In addition to that, it has also been tested for usability with range of early implementer sites across England and its impact has been evaluated by an independent agency, from which, recommendations for its further development has been received by HEE.

In light of Covid-19, this interim version has been released to mental health services across the country to support their response and a final version that consider the outcomes of the evaluation, will be developed by HEE later this year.

Health Education England is a member of the Equally Well collaborative hosted in the UK by the Centre for Mental Health and is a signatory to the *Equally Well UK Charter.*

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Introduction

The [NHS Long-Term Plan](#) aims to further reduce the health inequalities between mental and physical healthcare and ensure as much investment in both. This is 'parity of esteem'.

It is common to think that parity of esteem only refers to increasing investment in mental healthcare to make it equivalent to physical healthcare. Interdependencies are much more complex than that. Poor mental health is associated with a greater risk of physical health problems, and equally poor physical health is associated with a greater risk of mental health problems.

It has been known for at least a quarter of a century that people with severe mental illness have a reduced life expectancy of 15–20 years[1], yet most reasons for this are avoidable.

The same is true in reports of care received by people with learning disabilities. When visiting their GP, people with a learning disability are less likely to receive physical health checks – despite often experiencing greater need. People with learning

disabilities who have cancer are less likely to be informed of their diagnosis and prognosis, be given pain relief and less likely to receive palliative care[2].

The Learning Disabilities Mortality Review (LeDeR) programme was established in May 2015 to support local areas across England to review the deaths of people with a learning disability, to learn from those deaths and to put that learning into practice.

The third annual LeDeR report in May 2019[3] showed an average age of death that is 23 years younger than the general population for men with a learning disability and 27 years younger for women.

There is ongoing evidence that cancer, constipation, dysphagia, and sepsis in particular could be much better identified and managed in people with a learning disability. Identifying problems early is the aim of this framework, as it articulates the skills that staff need to have to do that.

All forms of care must consider and value both mental and physical health equally. We have a collective responsibility to understand that physical and mental healthcare inextricably linked and that it is

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[1] Newman SC and Bland RC (1991) 'Mortality in a cohort of patients with schizophrenia: a record linkage study', Can J Psychiatry 36(4), 239–245

[2] https://www.ndti.org.uk/uploads/files/IHaL_2011_healthinequalitiessocialcare_guidance_final.pdf
[3] https://www.england.nhs.uk/wp-content/uploads/2019/05/action-from-learning.pdf

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not possible to treat or support one without affecting the other.

One of the significant factors in this disparity is known as 'diagnostic overshadowing'. This describes what happens when healthcare staff incorrectly attribute symptoms of physical ill health to a mental health condition or learning disability.
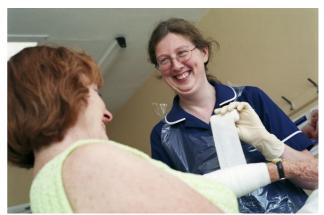
We have come a long way in terms of research and evidence; in mental health and learning disability settings we must now continue to ensure that we look at the whole person, the whole picture and most importantly, listen and respond.

About this version of the competency framework

Taking into consideration the themes identified in national reports and research, this framework incorporates elements of knowledge and skills needed for registered clinical staff working in mental healthcare

and/or learning disability settings to be able to meet the physical health needs of service users with serious mental illness and/or service users with a learning disability.

Not all skills are required in all settings, and knowledge is required within 'scope of practice' - at a level which an individual clinician would need to perform competently within their role at the time.

The knowledge and skills are presented here as a self-assessment document that allows staff to reflect on whether the individual component is relevant to their practice and if so, whether they are currently competent or in need of further development.

It is envisaged that where the clinician has declared themselves in need of development, an action plan to meet the need should be identified in collaboration with their supervisor(s), and in line with the needs of the service.

Limitations

This framework is not a prescriptive document, and it does not describe all the skills, knowledge and abilities that may be required to care appropriately for service users in mental health or learning disability settings.

Additionally, each individual member of staff should be aware of their own limitations in relation to what is expected of them in their

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role. It is the duty of all healthcare registrants to recognise limitations in their practice and refer appropriately on those cases for potential intervention that are outside of their own scope of practice.

Consideration needs to be given to vulnerable groups in particular; those at either end of the age spectrum, or those with pre-existing or acutely presenting medical conditions requiring specialist intervention.

This framework does not detail the vital role that support staff and other members of the MDT may play in the delivery of healthcare interventions. Neither does it replace or supersede any policies, procedures, assessment tools or protocols that may be in place locally or within a specific service or setting.

Other Uses

This framework can also be used in recruitment processes, as a basis for team discussions, to identify learning needs across teams and organisations, and to help form the design and content of learning and development programmes.

Who?

- Individuals wishing to assess themselves against what physical care competencies are expected of them as mental health and/or learning disability clinicians.

- Line managers and educators wishing to assess and develop the skills and knowledge of their clinical staff.
- Educators and training providers wishing to develop learning resources to address physical care aspects of mental health or learning disability clinical training.

When?

Anyone can access and use this tool when they choose to. Skills and knowledge should be continually re-reviewed, and our suggestion is that as a minimum this takes place annually at supervision or appraisal, after a long or sustained period of absence from clinical practice, when changing roles or as part of a re-review process when addressing learning needs previously identified.

Thus, through this approach to continuing learning needs assessment, individual mental health professionals, teams and mental health service providers will afford the delivery of holistic individualised care.

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Physical health competency framework;
For clinicians working in Mental Health and Learning Disability settings

Name:		Supervisor:		Date:	

No.	Knowledge (K) or Skills (S) required	Competency	Core for all staff (C)	Role Specific: For local Agreement
		Section 1: Vital Signs		
1	S	Ensure vital signs monitoring equipment used is fit for purpose, decontaminated, calibrated and maintained.	C	
2	K	Describe the benefits of using an early warning score system such as the Modified Early Warning Score (MEWS), or NEWS (National Early Warning Score).	C	
3	K	Recall the indicators of delirium.	C	
4	K	Articulate range for a normal body temperature and the possible causes of pyrexia and hypothermia.	C	
5	K	Explain the appropriate interventions to restore normal body temperature.	C	
6	S	Recognise the signs and symptoms of a seizure.	C	
7	S	Develop plans to identify and manage individual indicators of seizures.	C	
8	K	Explain the correct management of a seizure, including environmental safety, appropriate use of rescue medication, monitoring and observation post-seizure and maintenance of dignity throughout.	C	
9	S	Use emergency rescue medication (where appropriate) and describe resuscitation plans for seizures.	C	
10	S	Perform an appropriate assessment of respirations including assessment of rate, depth and rhythm and other clinically significant factors.	C	
11	K	Articulate the normal range for respiration.	C	
12	S	Assess consciousness level using a validated scale such as AVPU (Alert, Voice, Pain, Unresponsive).	C	
13	K	Describe the immediate actions for altered levels of conscious.	C	
14	K	Articulate the causes of raised and lowered arterial oxygen saturations.	C	

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No.	Knowledge (K) or Skills (S) required	Competency	Core for all staff (C)	Role Specific: For local Agreement
Section 2: Infection Prevention and Control				
15*	K	Understand and articulate the role that universal precautions play in the management of infectious diseases..	C	
A	S	Display proficiency in universal precautions (e.g. handwashing) as required.	C	
B	S	Can effectively contribute to risk reduction in the environment using appropriate infection prevention and control measures	C	
C	K	Understand and can describe the risks to the environment from the management of a patient displaying signs or symptoms or having a clinically confirmed infection		
D	S	Use Personal Protective Equipment (PPE) appropriately and in the context of the care and clinical need	C	
16	K	Describe the signs of wound infection.	C	
17	K	Recall the general signs of infection.	C	
18	K	Recall the signs and symptoms of Sepsis.	C	
19	K	Articulate how to reduce the risk of infection in a wound.	C	
20	K	Explain the reasons for using a clean technique versus aseptic technique, and the reasons for the choice.	C	
21	K	Explain how to minimise the risks of a urinary tract infection associated with or without catheterisation and can articulate these to a service user.	C	
22	K	Describe how to minimise risks of infection with an invasive device and articulate these to a service user.	C	
23	S	Maintain a sterile closed circuit and empty urinary catheter equipment with reference to minimising infection risk.		Yes
24	K	Articulate the signs and symptoms of a urinary tract infection.	C	
25	S	Perform urinalysis and basic observational assessment of urine screening tools.	C	
26	K	Articulate what abnormal urinalysis can indicate.	C	

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No.	Knowledge (K) or Skills (S) required	Competency	Core for all staff (C)	Role Specific: For local Agreement
27	K	Articulate factors indicating the need to undertake an analysis of MSSU (Mid Steam Specimen Urine).		Yes

No.	Knowledge (K) or Skills (S) required	Competency	Core for all staff (C)	Role Specific: For local Agreement
		Section 3: Pressure Ulcers and VTE (Venous Thromboembolism) - Mobility, sedentary lifestyle etc		
28	K	Explain ways to maintain and promote healthy skin.	C	
29	K	Recall the skin changes that may indicate increased risk of pressure ulcers.	C	
30	K	Identify when and where pressure ulcers are most likely to occur.	C	
31	K	Articulate the basic principles of pressure ulcer prevention.	C	
32	S	Undertake a pressure ulcer risk assessment using a standardised tool.	C	
33	K	Describe how to reduce the risks associated with Venous Thromboembolism (VTE) generally and with specific reference to anti-psychotic medication.	C	
34	K	Recall the risks and benefits of anticoagulant therapy.	C	
		Section 4: Cardio-Metabolic Risk Factors		
35*	K	Demonstrate awareness of how to produce a collaborative plan of care to minimise cardio-metabolic risks and side effects associated with antipsychotic medication (PHC10).	C	
36	K	Articulate the signs and symptoms of a transient ischaemic attack and a cerebral vascular accident.	C	
37	K	Describe the signs and symptoms of a myocardial infarction.	C	
38	S	Perform a manual assessment of blood pressure (PHC2).	C	
39	K	Articulate the normal range for blood pressure and causes of raised and/or lowered blood pressure.	C	
40	K	Explain treatments and interventions used to manage blood pressure.	C	
41	K	Recall the importance of lifestyle factors in maintaining a healthy blood pressure.	C	
42	K	Articulate complications that may result from abnormal blood pressure, particularly orthostatic (postural) hypotension.	C	
43	S	Perform an appropriate assessment of body temperature.	C	

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No.	Knowledge (K) or Skills (S) required	Competency	Core for all staff (C)	Role Specific: For local Agreement
44	S	Perform a manual assessment at the appropriate site of heart rate, rhythm and strength over 60 seconds.	C	
45	K	Recall normal range for pulse and possible causes of tachycardia, bradycardia and irregular pulse.	C	
46	K	Explain when a variation in pulse rate would need to be escalated as a concern, and what subsequent interventions may be appropriate.	C	
47	K	Articulate the causes of Tachypnoea and Bradypnoea.	C	
48	K	Explain interventions for Tachypnoea and Bradypnoea and when to escalate concerns.	C	
49	S	Demonstrate how to measure pulse oximetry.	C	
50	K	Articulate the reason for recording pulse oximetry and its limitations.	C	
51	S	Perform a 12 lead ECG (Electrocardiogram) recording.		Yes
52	K	Explain clinical reasons for undertaking an ECG.	C	
53	K	Articulate reasons for monitoring cardio-metabolic risk factors from initiation of antipsychotic medication.	C	
54	K	Describe risks associated with being overweight or underweight and poor nutrition in relation to cardiovascular health (PHC7).	C	
55	K	Know how to ensure blood lipid tests are undertaken, including cholesterol tests (PHC3).	C	
56	K	Know the difference between types of cholesterol results, be able to explain them in context to a service user and escalate concerns when necessary.	C	

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No.	Knowledge (K) or Skills (S) required	Competency	Core for all staff (C)	Role Specific: For local Agreement
**Section 5 - Motivational Interviewing**				
57	K	Articulate a basic understanding of motivational interviewing and describe the benefits of using the approach.	C	
58	S	Use a motivational interviewing approach (readiness for change, cycle of change, COM-B etc.…) to strengthen a services user's motivation for making change to improve their physical health.	C	
59	S	Work with carers to increase likelihood of a service user making behavioural changes and adopting a healthier lifestyle.	C	
60	S	Demonstrate health facilitation skills so that service users with LD and/or MH (Mental health) problems are supported to access universal services where possible.	C	
61*	S	Discuss working in partnership with service users and carers to encourage and support self-management.	C	
62	K	Explain the benefits of self-management for long-term conditions.	C	
63	K	Recall some general principles of self-management (such as understanding the condition, recognising and managing the impact, and making adaptions in everyday life) and support service users to integrate these into their own lives.	C	
64*	K	Describe Using goal setting to support service users to manage a long-term condition.	C	
**Section 6 - Nutrition and Weight Management**				
65	K	Explain the increased risk of gastro-intestinal conditions in those with a learning disability.	C	
66	K	Articulate signs of dysphagia or swallowing risk and when to refer to Speech and Language Therapy service.	C	
67	K	Articulate the link between dysphagia or swallowing risks and the risk of aspiration pneumonia.	C	
68*	S	Demonstrate sensitively and appropriately raising the issue of a service user being overweight or obese (PHC7).	C	
69	K/S	Discuss the importance of a healthy diet and physical exercise in relation to obesity.	C	
70	K/S	Explain when it is appropriate to develop a plan of care for weight management (PHC7).	C	
71*	S	Show awareness of how to produce collaborative plans of care for initial management of constipation and understand when to refer on.	C	
72	K	Articulate the benefits of maintaining a BMI within normal range.	C	

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No.	Knowledge (K) or Skills (S) required	Competency	Core for all staff (C)	Role Specific: For local Agreement
73	K	Explain what constitutes a healthy and unhealthy diet e.g. by describing the eat well plate.	C	
74	S	Identify those at risk of not eating a healthy diet.	C	
75	K	Know how to refer to local services aimed at obtaining and maintaining a healthy weight and/or increasing physical activity.	C	
76	K	Describe behaviours which help to maintain a healthy weight.	C	
77	K	Articulate how we can work collaboratively with service users to reduce the risk of them becoming obese.	C	
78	S	Calculate a BMI (Body Mass Index) for adults or a weight for height score for children (PHC1, PHC7).	C	
79	K	Interpret what a BMI indicates and know what the normal range is.	C	
80	S	Can measure waist circumference.	C	
81	K	Identify what waist circumference measurement indicates and know what the normal range is.	C	
82	S	Assess nutritional status via a standardised assessment such as; MUST (Malnutrition Universal Screening Tool) for adults or STAMP (Screening Tool for the Assessment of Malnutrition in Paediatrics) in CAMHS services (PHC7).	C	
83	K	Discuss how to assess if a service user has the life skills to address healthy eating and exercise needs and refer on where appropriate.	C	
E	K	Articulate an awareness of the importance of the assessment of mental capacity, using appropriate legislative frameworks in the context of informed consent.		
84	K	Recall risk factors for constipation in those with LD (Learning Disabilities) and/or SMI (Serious and enduring Mental Illness), (e.g. Clozapine).	C	
85	K	Articulate circumstances and conditions which put a service user at risk of dehydration.	C	
86	K	Describe the signs of dehydration.	C	
87	K	Articulate when measuring of fluid input and output would be beneficial for a service user.	C	
88*	S	Demonstrate how to accurately assess fluid and nutritional input and output.	C	
89	K	Explain the risk factors of patients with Anorexia Nervosa when admitted onto an inpatient ward in line with MARSIPAN guidance.		Yes

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No.	Knowledge (K) or Skills (S) required	Competency	Core for all staff (C)	Role Specific: For local Agreement
90	S	Carry out physical risk assessment in patients with an eating disorder to include; Body Mass Index (BMI) & Physical examination; muscle power, blood tests, electrocardiography (ECG).		Yes
91	K	Explain the risks associated with re-feeding syndrome and underfeeding syndrome and how to avoid these.		Yes
92	S	Safely demonstrate re-feeding technique using an NG (nasogastric) tube.		Yes
93	K	Explain links between vitamin D and bone health and challenges that may face service users (e.g. long-term inpatients or patients with eating disorders) and how this may be addressed through diet and supplement.	C	

No.	Knowledge (K) or Skills (S) required	Competency	Core for all staff (C)	Role Specific: For local Agreement
		Section 7 – Diabetes		
94	K	Describe the symptoms and differences between Type 1 and Type 2 Diabetes.	C	
95	K	Describe the effect of insulin on blood glucose levels.	C	
96	K	Recognise the signs and symptoms of hypoglycaemia and describe the treatments.	C	
97	S	Safely and accurately use appropriate medical devices to obtain and assess blood glucose levels (PHC4).	C	
98	K	Explain the signs and symptoms of hyperglycaemia and describe immediate actions and follow-up treatments.	C	
99	K	Recognise when and describe the reasons why the older person may be asymptomatic of hyperglycaemia and hypoglycaemia.	C	
100	K	Articulate the importance of physical activity, weight control and the role of a healthy diet in the prevention and reduction of complications in diabetes (PHC7).	C	
101	K	Articulate the risk factors for the development of diabetes with particular reference to those with an LD and/or severe mental illness (SMI) (e.g. prescription of anti-psychotic medications).	C	

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No.	Knowledge (K) or Skills (S) required	Competency	Core for all staff (C)	Role Specific: For local Agreement
102	K	Identify high risk populations at greatest risk of developing diabetes with particular reference to those with LD and/or SMI.	C	
103	S/K	Articulate how to work with service users to produce a collaborative plan of care to reduce the risk of them developing complications from diabetes.	C	
104*	K	Articulate ways to support someone with diabetes to care for themselves.	C	
105	K	Describe the normal ranges for random and fasting blood glucose levels.	C	
106	K	Articulate the relative benefits of a random blood glucose test, a fasting blood glucose test and a HbA1c (glycosylated haemoglobin) blood test to a service user.	C	
107	K	Know how to refer to key diabetes pathways, including Diabetes Prevention Programme.	C	

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No.	Knowledge (K) or Skills (S) required	Competency	Core for all staff (C)	Role Specific: For local Agreement
-5 Section 8 – Smoking
108	S	Demonstrate skills to appropriately and sensitively raise issues of smoking with service users who smoke.	C	
109	K	Explain the benefits of ceasing smoking.	C	
110	K	Articulate the risks of ceasing smoking in relation to antipsychotic, anti-depressant and benzodiazepine medication.	C	
111*	S	Carry out a nicotine dependence assessment (PHC6).		Yes
112	K	Know how to make referrals to smoking cessation services.	C	
-5 Section 9 - Alcohol & Substance Misuse
113	K	Know how to refer to local specialist alcohol and substance misuse services and how to seek advice and guidance from them.		
114	K	Describe the physical impact of harmful alcohol use.	C	
115	K	Describe interventions for harmful alcohol use.	C	
116	K/S	Describe benefits of using the Alcohol Use Disorders Identification Test to identify harmful or dependent alcohol use.		Yes
117	S	Monitor for signs of alcohol withdrawal.	C	
118	K	Describe the physical impact of substance misuse.	C	
119	K	Describe the physical impact of abuse of prescription medication.	C	
120	K	Describe interventions for harmful substance use.	C	
121	K	Describe benefits of using a substance misuse assessment tool to identify harmful or dependent substance use.		Yes
122	K	Explain how to monitor for signs of substance abuse withdrawal using appropriate tools.	C	
123	K	Know how to undertake an evidence-based alcohol screening eg Audit C (PHC5).	C	

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No.	Knowledge (K) or Skills (S) required	Competency	Core for all staff (C)	Role Specific: For local Agreement
		Section 10 - Health Improvements and Wellbeing		
124	K	Describe the manner in which reduced capacity or increased vulnerability impact on an individual's ability to engage in universal healthcare provision, including accessing screening, understanding and interpreting the results, and engaging in positive lifestyle behaviours.	C	
125	K	Articulate the benefits of engaging in universal screening such as mammography, cervical and bowel screening programmes, in dental, hearing and optical services and in immunisation programmes (PHC9).	C	
126	K	Describe the signs and symptoms of hypothyroidism and hyperthyroidism.	C	
127	K	Describe signs of neuroleptic malignant syndrome.	C	
128	K	Explain the physical health risks of anti-psychotic medication for those with dementia.	C	
129	K	Articulate the links between anti-psychotic medication and the development of metabolic syndrome.	C	
130	K	Describe risk factors important in falls prevention and those specifically with older people.	C	
131	K	Describe the possible signs of pain and physical ill-health for those with communication difficulties.	C	
132*	S	Describe the ways in which you would act as an advocate for service users with regard to their physical health.	C	
133	S/K	Demonstrate the knowledge and skills to sensitively and appropriately discuss current sexual practices and principles of safer sex with service users (PHC11).	C	
134	K	Explain how to refer to local GUM services when required (PHC11).	C	
135	K	Describe risks associated with poor dental and oral hygiene and benefits of good dental and oral health (PHC11).	C	
136	K	Know how to refer to dental services, including specialist services for patients who will not or can not access care with a general practice dentist.	C	
137	S/K	Articulate the risks of a sedentary lifestyle, and discuss the benefits of physical activity in line with national recommendations	C	
138	K	Be able to meaningfully articulate the social determinants of health and how innovations such as social prescribing can be useful in promoting engagement with ongoing community support systems.	C	

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No.	Knowledge (K) or Skills (S) required	Competency	Core for all staff (C)	Role Specific: For local Agreement
139*	K	Show an awareness of how to discuss pregnancy planning and identify and signpost new parents to suitable services, including Perinatal Mental Health Services when required for mothers, partners and fathers.	C	

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Next Steps

Following assessment against the above competency framework, if you have identified any learning or development needs, please discuss addressing these with your line manager or local learning and development team. Learning resources can also be found on the e-Learning for Healthcare platform; https://www.e-lfh.org.uk/

Ideally you should mutually discuss, produce and agree a personal development plan. This should;

- Highlight exactly how you plan to address your identified learning needs.
- Have a timescale by when you will achieve this by.
- Identify any support you may need.
- Include a date to re-review your knowledge and skills against the above competency framework.

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Appendix

List of Physical Health Checks

The NHS Long Term Plan states that "by 2023/24, we will further increase the number of people receiving physical health checks to an additional 110,000 people per year, bringing the total to 390,000 checks delivered each year[4]".

A specific health check for people with autism will be piloted and if successful, will be extended widely[5].

Physical Health Checks	
PHC1.	A measurement of weight.
PHC2.	A blood pressure and pulse check.
PHC3.	A blood lipid including cholesterol test.
PHC4.	A blood glucose test.
PHC5.	An assessment of alcohol consumption.
PHC6.	An assessment of smoking status.
PHC7.	An assessment of nutritional status, diet and level of physical activity.
PHC8.	An assessment of use of illicit substance/non-prescribed drugs.
PHC9.	Access to relevant national screenings.
PHC10.	Medicines reconciliation and review.
PHC11.	General physical health enquiry including sexual and oral health.
PHC12.	Indicated follow-up interventions.

A practical toolkit is available to help providers and commissioners improve the physical health of patients with serious mental illness in secondary care.
https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/05/serious-mental-hlth-toolkit-may16.pdf

An RCN Learning Resource about physical health in mental illness

https://www.rcn.org.uk/clinical-topics/mental-health/physical-health-in-mental-illness

NHS England CCG Guide for improving physical health for people with SMI in Primary Care

https://www.england.nhs.uk/wp-content/uploads/2018/02/improving-physical-health-care-for-smi-in-primary-care.pdf

Breaking down the barriers- e-Learning for Healthcare

https://www.england.nhs.uk/wp-content/uploads/2018/02/improving-physical-health-care-for-smi-in-primary-care.pdf

Physical healthcare in mental health settings- CQC

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[4] Paragraph 2.30
[5] Paragraph 3.31

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https://www.cqc.org.uk/sites/default/files/20180517_900852_briefguide-physical_healthcare_in_mental_health_settings_v3.pdf

WHO Guidelines

https://www.who.int/mental_health/evidence/guidelines_severe_mental_disorders_web_note_2018/en/

Academy of Medical Royal Colleges (2016) "Improving the physical health of adults with severe mental illness: essential actions"

https://www.aomrc.org.uk/reports-guidance/improving-physical-health-adults-severe-mental-illness-essential-actions/

END