**Integrated Physical Health Pathway**

**Primary care**

**Initiation of treatment or admission to inpatient setting**
- Ensure severe mental illness register is up to date.
- Share summary record when requested.
- Record all relevant information in patient notes.

**Annual Health Checks**
- Invite people for an annual physical check, including baseline tests and medication review. Inform named carer and care coordinator of invitation.
- GP or practice nurse to inform person of results and discuss relevant health promotion information. Share results with named carer and care coordinator.
- Arrange any necessary follow up appointments. Share details of these with named carer and care coordinator.

**Care Programme Approach (CPA) Review**
(Review of Coordinated Care)
- Share relevant physical health information when requested.
- Record results in notes.

**Secondary mental health services**

**Baseline Physical Health Checks**
- Family history.
- Smoking status, exercise and diet.
- Weight and Body Mass Index.
- Blood pressure.
- Fasting estimates of plasma glucose (FPG) and/or HbA1c.
- Lipids (total cholesterol, LDL, HDL, triglycerides).
- Consider ECG (if history/family history of CVD, or if taking medication known to cause ECG abnormalities).

This list is taken from Lester et al. (2012) Positive Cardiometabolic Health Resource: an intervention framework for patients with psychosis on antipsychotic medication. Royal College of Psychiatrists, London. This is a list of core tests but others might be offered as appropriate, according to local policies.

**Request summary record from GP (if not already received)**
- If starting/changing medication, arrange baseline physical health checks. If admitted to inpatient setting, admitting clinician to arrange within 48 hours.
- Check weight every 1 to 2 weeks for 8 weeks. Repeat all checks at 12 weeks. Inform person of results and share with GP.
- If adverse results are identified, arrange appropriate intervention or review medication. Share any referral notes with GP.

**Discuss all treatment options with the person, providing accessible information on benefits and side effects.**

**Inpatient only**
- If patient refuses to be assessed, record in notes and make further attempts to gain consent.

Responsibility for medication monitoring should transfer from secondary to primary care in line with locally agreed timeframes. If this transfer cannot take place, responsibility for monitoring and annual checks must remain with secondary care.

On discharge from secondary care, discharge notification/letter should be sent to GP within 1 week, highlighting any ongoing concerns.