People living with severe and prolonged mental illness in England die 15–20 years earlier than the general population. This premature mortality is mostly explained by preventable and controllable non-communicable diseases such as cardiovascular disease and cancer.

Accordingly, NHS England’s 2016 Five Year Forward View for Mental Health aimed to address this inequity by increasing early detection and treatment of physical ill-health in people living with severe mental illness (SMI) through annual full and comprehensive physical health checks. The vast majority of these take place in primary care and necessitate face-to-face clinician-patient interactions.

In summary, there was a 20.1% decrease in the proportion of patients living with SMI who had undergone a full physical health check in the preceding year, a comparable figure to the previous quarter (32.3%).

Cases of SARS-CoV-2 infection in England began to rapidly increase in March 2020, leading to the first national lockdown beginning on 23 March 2020.

On 30 June 2020, only 28.6% (136 416 of 476 616) of eligible patients had undergone a full physical health check in the preceding 12 months. This fell to 23.7% (119 980 of 506 716) eligible patients on 30 September 2020.

NHS Digital also publishes monthly data on the number of appointments in primary care. To reduce the risk of viral transmission there was a 47.2% decrease in the number of face-to-face appointments between 1 April 2020 and 30 September 2020 (61 643 671) compared with the corresponding figure in 2019 (116 722 482).

In summary, there was a 20.1% decrease in the proportion of patients living with SMI who had undergone a full physical health check in the preceding year in the 6 months following the first COVID-19 lockdown in England, alongside a substantial decrease in face-to-face appointments in primary care.

Since these physical health checks cannot be conducted remotely, their decrease is partially explained by this decrease in face-to-face appointments.

WEIGHING THE RISKS

While the consequences of viral transmission are significant, so too are those of unidentified and uncontrolled non-communicable diseases in people living with SMI. The well-recognised risk of premature mortality must be weighed against the threat of COVID-19 transmission during physical health checks.

COVID-19 has disproportionately impacted on those living with SMI in multiple ways, including higher risks of infection, severe clinical outcomes, and declining mental health.

The decrease in physical health checks among this cohort must be urgently addressed to prevent greater burdens of physical ill-health being added to this list.

Richard Armitage, GP and Clinical Lead affiliated with the Division of Epidemiology & Public Health at the University of Nottingham.

Email: richard.armitage@nhs.net
@drricharmitage

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