

Physical health checks for people with severe mental illness during COVID-19

People living with severe and prolonged mental illness in England die 15–20 years earlier than the general population.¹ 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.¹

A DECREASE IN PHYSICAL HEALTH CHECKS DURING COVID-19

NHS England publishes quarterly data on the number of people on the General Practice SMI register and how many of those received a physical health check in the previous 12 months.²

On 31 March 2020, 35.8% (159 312 of 444 972) of eligible patients had undergone a full physical health check in the preceding year, a comparable figure to the previous quarter (32.3%).² 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 2020.²

NHS Digital also publishes monthly data on the number of appointments in primary care.³ 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.^{4,5}

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.

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