

Indicator	Query	Response	Date
MH4/5	If a Practice has no patients on Lithium as at 31 March, can they claim for these Indicators?	If practices do not have anyone on Lithium treatment, their denominator for MH 4/5 will be nil so that they will be unable to claim any points for these indicators. It applies in a few other situations such as when a practice has no patient on a disease register who smokes, so that the smoking cessation advice indicators cannot be achieved.	April 2006
MH8	If practices do not have anyone on Lithium treatment, their denominator for MH 4/5 will be nil so that they will be unable to claim any points for these indicators. It applies in a few other situations such as when a practice has no patient on a disease register who smokes, so that the smoking cessation advice indicators cannot be achieved.	<p>The criteria for inclusion in the Mental Health Register changed from April 2006. The initial Ruleset was modified in December 2006 to address the problems associated with including commonly used Read Codes for Depression. Thus, many of the difficulties during 2006 will have been sorted. However, Practices are advised to review patients included in their Mental Health Register and to recode those included inappropriately.</p> <p>Practices need to ensure that patients on Lithium have also been coded such as to include them on the Register under MH8 ie Bipolar Affective Disorder or similar.</p>	June 2007
MH8	Should patients with a past history of Mental Illness from which they have recovered be removed from the Mental Health Register?	This has been debated at length and heat by the advisory expert panel and the conclusion is that such patients should remain on the register. Even those who have had only one or two bipolar episodes and nothing	12.01.07
		<p>for several years should remain on the MH register as they are at risk of future problems.</p> <p>The rationale for the MH indicator set is to ensure that early signs of difficulty are picked up, patients who do not attend are not assumed to be well, and that patients with severe and enduring mental health problems have adequate physical primary care as well as mental health care. It may be that some of these patients who are thought to be "well" in fact are struggling and might appreciate and benefit from contact with a health professional.</p> <p>All patients on the Mental Health Register should be reviewed (at least from their record) and exception reported if they are deemed unsuitable for the annual review (paradoxically because they are too well).</p>	

MH9&7	Should a patient who does not attend for a review under MH9 be followed up under MH7 after their first DNA or after 3 invitations for review?	The clinical rationale for MH7 is that a patient with mental health problems who does not attend an appointment may indeed be unwell rather than choosing not to come for review. MH7 therefore, encourages Practices to check in case such patients are in need of help with their mental health or other problems if they do not attend a routine appointment for review. It is a matter for clinical judgement whether to chase up the patient after the first or subsequent invitation for review – however, this must be done within 14 days of the missed appointment. Further clarification on this issue will be sought at a UK level.	June 2007
MH4&5	What should be done in the case of a patient issued with a script for lithium in the past 6 months but who has now stopped this medication (with this recorded as "lithium stopped" in their record? They still appear on the list of patients who require Lithium levels (MH5) and creatinine + thyroid function (MH4) to be checked because they had a lithium prescription within the last 6 months even though they are no longer taking this.	<p>There are 2 possible scenarios with the current rules that give different results:-</p> <ol style="list-style-type: none"> 1. If the patient does not have a qualifying diagnostic code (Schizophrenia, Bipolar or Psychosis) for the mental health register and has stopped Lithium within the last 6 months, use of the code 665B. (Lithium stopped) will remove them from the population requiring blood tests. 2. If the patient has a qualifying code for the mental health register and has stopped Lithium within the last 6 months, the patient will continue to be on the denominator for needing blood tests under MH4 and MH5 because of their mental health register diagnostic code even if code 665B. is used. <p>The difficulty arises with scenario 2. It is still appropriate to check creatinine and thyroid function as these are tests for the long term effects of Lithium and are within the last 15 months. It is however clearly no longer appropriate to check Lithium levels and these patients should therefore be exception coded as not suitable - keeping good notes as to the reasons for this.</p> <p>This is a problem area with the search specifications and has been raised with Connecting for Health to review.</p>	05.03.08

<p>MH7</p>	<p>How can practices fulfil the requirements of MH7 when they invite patients on the mental health register to phone in to make an appointment rather than giving them a specific time for a review</p>	<p>A previous FAQ from June 2007 relates to this query and is appended below for convenience.</p> <p>MH9&7 Should a patient who does not attend for a review under MH9 be followed up under MH7 after their first DNA or after 3 invitations for review?</p> <p>The clinical rationale for MH7 is that a patient with mental health problems who does not attend an appointment may indeed be unwell rather than choosing not to come for review. MH7 therefore, encourages Practices to check in case such patients are in need of help with their mental health or other problems if they do not attend a routine appointment for review. It is a matter for clinical judgement whether to chase up the patient after the first or subsequent invitation for review – however, this must be done within 14 days of the missed appointment. June 2007</p> <p>In this case, the practice should be following up patients on their mental health register who do not respond to the invitation for review and they need to set a reasonable period of time within which patients might phone for an appointment before following them up under MH7 if they have not responded. This date then becomes effectively the date on which they did not attend for their annual review.</p>	<p>21/03/09</p>
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