IMPROVING THE PHYSICAL HEALTH OF PEOPLE WITH SERIOUS MENTAL ILLNESS
A PRACTICAL TOOLKIT

Based on the independent evaluation by the Royal College of Psychiatrists of four NHS England pilot sites
CONTENTS

ACKNOWLEDGEMENTS 04
FOREWORD 05
ABOUT THIS TOOLKIT 06
CONTEXT 09
1. MOTIVATING AND ENGAGING STAFF 10
2. CLARITY OF ROLES AND RESPONSIBILITIES 11
3. SKILLS AND CONFIDENCE 13
4. EQUIPMENT 17
5. RECORDING, MONITORING AND COMMUNICATING INFORMATION 25
6. COMMUNICATING WITH SERVICE USERS TO INSPIRE ACTION 26
7. INTERFACES WITH OTHER SERVICES 34
8. EQUALITY AND HEALTH INEQUALITIES 38
SUPPORTING DOCUMENTS 41
USEFUL LINKS AND RESOURCES 42

www.england.nhs.uk
When treating patients with serious mental illness (SMI), it’s natural to think foremost about their mental health. But this group of patients are also at some of the greatest risk of poor overall health and premature mortality. Striking figures show that SMI patients die on average 20 years earlier than the general population due to preventable physical health problems – a life expectancy similar to the 1950’s\(^1\).

Estimates suggest there would be up to 12,000 fewer deaths from cardiovascular disease (CVD) if people with SMI had the same outcomes as the general population. A combination of factors, including the side effects of anti-psychotic medication, lifestyle and difficulty accessing mainstream health services can all contribute to this decreased life expectancy. The Five Year Forward View for Mental Health\(^2\) recognises the need to address this.

But trusts and commissioners, with support from national bodies, are working in new and imaginative ways to change this. By working closely with four trusts, NHS England’s pilot project has explored ways to implement the Lester (2014) tool, which helps identify SMI patients at risk of cardiovascular disease, and recommends the best option for intervention or treatment.

By providing a prompt for clinical teams to screen and intervene for cardiovascular conditions such as diabetes and high blood pressure, the Lester 2014 tool can be a valuable resource as we work towards parity of esteem for physical and mental health. In addition, the Lester tool has been aligned as part of this project with the Bradford tool, an IT template system which supports physical health screening. While each pilot site has explored a different approach, in each location the project has helped make physical health a real priority for their SMI patients. Be it ensuring that staff have the right skills and the confidence to use them, that the right systems and pathways are in place or making sure that patients are engaged with their physical health, we hope this toolkit provides both inspiration and practical support for others.

We can no longer see patients with serious mental illness only through the prism of their mental health; we must ensure all their health needs are monitored and catered for equally.


\(2\) The Independent Mental Health Taskforce (2016), The Five Year Forward View for Mental Health


\(\text{Huon Gray, National Clinical Director for Cardiac Care}\)

\(\text{Geraldine Strathdee, National Clinical Director for Mental Health}\)

\(\text{Robert Finnin, Project Manager, Data, Payments, Levers and Incentive Schemes, NHS England}\)

\(\text{Sheila Hardy, Senior Research Fellow, Northamptonshire Healthcare NHS Foundation Trust}\)

\(\text{Ben Thomas, Mental Health, Learning Disability and Dementia Care Professional Officer, Strategy and External Relations Directorate, Department of Health}\)

\(\text{National Clinical Director for Mental Health, NHS England}\)
What can trusts do to improve the physical health of people with serious mental illness?

The Royal College of Psychiatrists were commissioned to carry out an independent evaluation, which looked at how the Lester tool had been implemented in each of the four trusts. This identified a number of ‘causal mechanisms’ which based on the pilot sites’ experience are the key to bringing about change:

1. Motivating and engaging staff
2. Roles and responsibilities
3. Skills and confidence
4. Equipment
5. Rapid access to information
6. Communicating with service users
7. Interfaces with other services

This toolkit deals with each causal mechanism in turn, providing guidance, supporting documents and case studies to illustrate how trusts can address each factor when implementing the Lester tool.

Supporting resources

• An Evaluation of the Implementation of the Lester Tool 2014 in Psychiatric Inpatient Settings, Royal College of Psychiatrists

Perceived influences on the amount and quality of CVD screening and intervention in psychiatric inpatient settings

Clarity over roles and responsibilities
Motivation and engagement of staff
Perceived cost of screening and intervention
Availability of necessary equipment
Effective communication with service users about their physical health
Interface with primary care and other specialist services (e.g. cardiology)

1 Royal College of Psychiatrists, An evaluation of the implementation of the Lester tool 2014 in psychiatric inpatient settings, p88

The four trusts took different approaches to the problem, taking into account local priorities and ways of working, but each one involved implementing the Lester (2014) screening tool. NHS England’s Sustainable Improvement Team (working as NHS Improving Quality for much of the project) provided the sites with specialist quality improvement advice. The trusts were:

• Western Health Foundation Trust (2gether)
• Northumbria, Tames and Wear NHS Foundation Trust (NTW)
• Mersey Care NHS Trust (Mersey Care)
• Tyne, Eps and Wear valley NHS Foundation Trust (TEWV)

This toolkit is designed to help other mental health trusts implement the Lester tool, using a combination of detailed case studies, short examples and supporting documents provided by each pilot site. By sharing the pilot sites’ own material (such as physical health policies, example job descriptions and lists of equipment), we hope that other trusts will be able to use these as the basis for their own materials — without needing to start from scratch.

The materials included in this toolkit are all practical, local resources and some may still be work in progress. Readers are encouraged to consider, adapt or adopt the content as locally appropriate, and to acknowledge and reference the relevant trust accordingly. These sites are the intellectual property rights for their materials and are provided on an ‘as is’ basis.

Cardiovascular disease: The four conditions defined as cardiovascular disease are heart disease, type 2 diabetes, kidney disease and stroke.

The four trusts took different approaches to the problem, taking into account local priorities and ways of working, but each one involved implementing the Lester (2014) screening tool. NHS England’s Sustainable Improvement Team (working as NHS Improving Quality for much of the project) provided the sites with specialist quality improvement advice. The trusts were:

• Western Health Foundation Trust (2gether)
• Northumbria, Tames and Wear NHS Foundation Trust (NTW)
• Mersey Care NHS Trust (Mersey Care)
• Tyne, Eps and Wear valley NHS Foundation Trust (TEWV)

This toolkit is designed to help other mental health trusts implement the Lester tool, using a combination of detailed case studies, short examples and supporting documents provided by each pilot site. By sharing the pilot sites’ own material (such as physical health policies, example job descriptions and lists of equipment), we hope that other trusts will be able to use these as the basis for their own materials — without needing to start from scratch.

The materials included in this toolkit are all practical, local resources and some may still be work in progress. Readers are encouraged to consider, adapt or adopt the content as locally appropriate, and to acknowledge and reference the relevant trust accordingly. These sites are the intellectual property rights for their materials and are provided on an ‘as is’ basis.

Cardiovascular disease: The four conditions defined as cardiovascular disease are heart disease, type 2 diabetes, kidney disease and stroke.

The four trusts took different approaches to the problem, taking into account local priorities and ways of working, but each one involved implementing the Lester (2014) screening tool. NHS England’s Sustainable Improvement Team (working as NHS Improving Quality for much of the project) provided the sites with specialist quality improvement advice. The trusts were:

• Western Health Foundation Trust (2gether)
• Northumbria, Tames and Wear NHS Foundation Trust (NTW)
• Mersey Care NHS Trust (Mersey Care)
• Tyne, Eps and Wear valley NHS Foundation Trust (TEWV)

This toolkit is designed to help other mental health trusts implement the Lester tool, using a combination of detailed case studies, short examples and supporting documents provided by each pilot site. By sharing the pilot sites’ own material (such as physical health policies, example job descriptions and lists of equipment), we hope that other trusts will be able to use these as the basis for their own materials — without needing to start from scratch.

The materials included in this toolkit are all practical, local resources and some may still be work in progress. Readers are encouraged to consider, adapt or adopt the content as locally appropriate, and to acknowledge and reference the relevant trust accordingly. These sites are the intellectual property rights for their materials and are provided on an ‘as is’ basis.

Cardiovascular disease: The four conditions defined as cardiovascular disease are heart disease, type 2 diabetes, kidney disease and stroke.

The four trusts took different approaches to the problem, taking into account local priorities and ways of working, but each one involved implementing the Lester (2014) screening tool. NHS England’s Sustainable Improvement Team (working as NHS Improving Quality for much of the project) provided the sites with specialist quality improvement advice. The trusts were:

• Western Health Foundation Trust (2gether)
• Northumbria, Tames and Wear NHS Foundation Trust (NTW)
• Mersey Care NHS Trust (Mersey Care)
• Tyne, Eps and Wear valley NHS Foundation Trust (TEWV)

This toolkit is designed to help other mental health trusts implement the Lester tool, using a combination of detailed case studies, short examples and supporting documents provided by each pilot site. By sharing the pilot sites’ own material (such as physical health policies, example job descriptions and lists of equipment), we hope that other trusts will be able to use these as the basis for their own materials — without needing to start from scratch.

The materials included in this toolkit are all practical, local resources and some may still be work in progress. Readers are encouraged to consider, adapt or adopt the content as locally appropriate, and to acknowledge and reference the relevant trust accordingly. These sites are the intellectual property rights for their materials and are provided on an ‘as is’ basis.

Cardiovascular disease: The four conditions defined as cardiovascular disease are heart disease, type 2 diabetes, kidney disease and stroke.

The four trusts took different approaches to the problem, taking into account local priorities and ways of working, but each one involved implementing the Lester (2014) screening tool. NHS England’s Sustainable Improvement Team (working as NHS Improving Quality for much of the project) provided the sites with specialist quality improvement advice. The trusts were:

• Western Health Foundation Trust (2gether)
• Northumbria, Tames and Wear NHS Foundation Trust (NTW)
• Mersey Care NHS Trust (Mersey Care)
• Tyne, Eps and Wear valley NHS Foundation Trust (TEWV)

This toolkit is designed to help other mental health trusts implement the Lester tool, using a combination of detailed case studies, short examples and supporting documents provided by each pilot site. By sharing the pilot sites’ own material (such as physical health policies, example job descriptions and lists of equipment), we hope that other trusts will be able to use these as the basis for their own materials — without needing to start from scratch.

The materials included in this toolkit are all practical, local resources and some may still be work in progress. Readers are encouraged to consider, adapt or adopt the content as locally appropriate, and to acknowledge and reference the relevant trust accordingly. These sites are the intellectual property rights for their materials and are provided on an ‘as is’ basis.

Cardiovascular disease: The four conditions defined as cardiovascular disease are heart disease, type 2 diabetes, kidney disease and stroke.

The four trusts took different approaches to the problem, taking into account local priorities and ways of working, but each one involved implementing the Lester (2014) screening tool. NHS England’s Sustainable Improvement Team (working as NHS Improving Quality for much of the project) provided the sites with specialist quality improvement advice. The trusts were:

• Western Health Foundation Trust (2gether)
• Northumbria, Tames and Wear NHS Foundation Trust (NTW)
• Mersey Care NHS Trust (Mersey Care)
• Tyne, Eps and Wear valley NHS Foundation Trust (TEWV)

This toolkit is designed to help other mental health trusts implement the Lester tool, using a combination of detailed case studies, short examples and supporting documents provided by each pilot site. By sharing the pilot sites’ own material (such as physical health policies, example job descriptions and lists of equipment), we hope that other trusts will be able to use these as the basis for their own materials — without needing to start from scratch.

The materials included in this toolkit are all practical, local resources and some may still be work in progress. Readers are encouraged to consider, adapt or adopt the content as locally appropriate, and to acknowledge and reference the relevant trust accordingly. These sites are the intellectual property rights for their materials and are provided on an ‘as is’ basis.

Cardiovascular disease: The four conditions defined as cardiovascular disease are heart disease, type 2 diabetes, kidney disease and stroke.

The four trusts took different approaches to the problem, taking into account local priorities and ways of working, but each one involved implementing the Lester (2014) screening tool. NHS England’s Sustainable Improvement Team (working as NHS Improving Quality for much of the project) provided the sites with specialist quality improvement advice. The trusts were:

• Western Health Foundation Trust (2gether)
• Northumbria, Tames and Wear NHS Foundation Trust (NTW)
• Mersey Care NHS Trust (Mersey Care)
• Tyne, Eps and Wear valley NHS Foundation Trust (TEWV)

This toolkit is designed to help other mental health trusts implement the Lester tool, using a combination of detailed case studies, short examples and supporting documents provided by each pilot site. By sharing the pilot sites’ own material (such as physical health policies, example job descriptions and lists of equipment), we hope that other trusts will be able to use these as the basis for their own materials — without needing to start from scratch.

The materials included in this toolkit are all practical, local resources and some may still be work in progress. Readers are encouraged to consider, adapt or adopt the content as locally appropriate, and to acknowledge and reference the relevant trust accordingly. These sites are the intellectual property rights for their materials and are provided on an ‘as is’ basis.

Cardiovascular disease: The four conditions defined as cardiovascular disease are heart disease, type 2 diabetes, kidney disease and stroke.

The four trusts took different approaches to the problem, taking into account local priorities and ways of working, but each one involved implementing the Lester (2014) screening tool. NHS England’s Sustainable Improvement Team (working as NHS Improving Quality for much of the project) provided the sites with specialist quality improvement advice. The trusts were:

• Western Health Foundation Trust (2gether)
• Northumbria, Tames and Wear NHS Foundation Trust (NTW)
• Mersey Care NHS Trust (Mersey Care)
• Tyne, Eps and Wear valley NHS Foundation Trust (TEWV)

This toolkit is designed to help other mental health trusts implement the Lester tool, using a combination of detailed case studies, short examples and supporting documents provided by each pilot site. By sharing the pilot sites’ own material (such as physical health policies, example job descriptions and lists of equipment), we hope that other trusts will be able to use these as the basis for their own materials — without needing to start from scratch.

The materials included in this toolkit are all practical, local resources and some may still be work in progress. Readers are encouraged to consider, adapt or adopt the content as locally appropriate, and to acknowledge and reference the relevant trust accordingly. These sites are the intellectual property rights for their materials and are provided on an ‘as is’ basis.

Cardiovascular disease: The four conditions defined as cardiovascular disease are heart disease, type 2 diabetes, kidney disease and stroke.
What is the Lester tool?

The Cardiometabolic Health Resource (also known as the Lester Cardio-metabolic Health Resource) helps clinicians to assess the cardiovascular health of patients with SMI and recommends the best course of intervention and treatment – including thresholds for intervention. It brings together advice from a number of NICE guidelines and is also designed to take into account the impact of anti-psychotic medication on an increased risk of CVD in people with SMI.

The tool, (originally adapted by the Royal College of Psychiatrists and the Royal College of GPs for use in the UK), was modified to fit the NHS context by a partnership between the Royal College of Psychiatrists, NHS England and Public Health England, resulting in the Lester (2014) version – referred to as ‘the Lester tool’ in this report.

In addition, staff in all four trusts perceived that the project had brought about a significant cultural change with physical health now seen as a core part of each service users’ treatment, and a core responsibility of all clinical staff – helping bring about parity of esteem for physical and mental health care.

While it is too early to report on the long term impact on morbidity and mortality, it is hoped that improving the physical health of patients with serious mental illness will have long-term positive outcomes.

Headline results

Implementing the Lester tool had a positive impact on the way physical health was delivered in the four trusts.

- Inpatients receiving all five recommended CVD screens increased from 46% across all sites at baseline to 83% at follow up.
- Interventions delivered to those who needed them as a result of appropriate screening increased from 79% to 94%.
- 89% of service users surveyed reported wanting one or more tests or support when in mental health hospital.
- A cause for concern is that at follow up 41% of patients who needed an intervention for abnormal blood pressure and 33% of patients who needed an intervention for abnormal blood glucose did not receive one.

Inpatients receiving all five recommended CVD screens increased from 46% across all sites at baseline to 83% at follow up.

- Interventions delivered to those who needed them as a result of appropriate screening increased from 79% to 94%.
- 89% of service users surveyed reported wanting one or more tests or support when in mental health hospital.
- A cause for concern is that at follow up 41% of patients who needed an intervention for abnormal blood pressure and 33% of patients who needed an intervention for abnormal blood glucose did not receive one.

In addition, staff in all four trusts perceived that the project had brought about a significant cultural change with physical health now seen as a core part of each service users’ treatment, and a core responsibility of all clinical staff – helping bring about parity of esteem for physical and mental health care.

While it is too early to report on the long term impact on morbidity and mortality, it is hoped that improving the physical health of patients with serious mental illness will have long-term positive outcomes.

Headline results

Implementing the Lester tool had a positive impact on the way physical health was delivered in the four trusts.

- Inpatients receiving all five recommended CVD screens increased from 46% across all sites at baseline to 83% at follow up.
- Interventions delivered to those who needed them as a result of appropriate screening increased from 79% to 94%.
- 89% of service users surveyed reported wanting one or more tests or support when in mental health hospital.
- A cause for concern is that at follow up 41% of patients who needed an intervention for abnormal blood pressure and 33% of patients who needed an intervention for abnormal blood glucose did not receive one.

In addition, staff in all four trusts perceived that the project had brought about a significant cultural change with physical health now seen as a core part of each service users’ treatment, and a core responsibility of all clinical staff – helping bring about parity of esteem for physical and mental health care.

While it is too early to report on the long term impact on morbidity and mortality, it is hoped that improving the physical health of patients with serious mental illness will have long-term positive outcomes.
People with serious mental illness are at some of the greatest risk of poor health and premature mortality, dying on average 20 years earlier than the general population due to preventable physical problems. This is due to a combination of factors including the side effects of antipsychotic medication, lifestyle and difficulty in accessing mainstream health services. Estimates suggest there would be up to 12,000 fewer deaths from cardiovascular disease (CVD) each year if people with SMI had the same outcomes as the general population. The reduction in CVD related mortality in the general population is attributed primarily to improvements in diagnosis and treatment.

Alongside the mental health CQUIN and the recommendations made in the Five Year Forward View for Mental Health, produced by the Mental Health Taskforce, the Department of Health have produced ‘Improving the physical health of people with mental health problems. Actions for mental health nurses’ which focuses on the clinical skills mental health nurses and students need to tackle some of the key risk factors for physical health problems in people with an SMI.

To improve physical healthcare and reduce premature mortality in people with serious mental illness, the mental health CQUIN was introduced in 2014/15 and continues to be one of the CQUIN goals for 2015/16. It aims to support NHS England’s commitment made in the Five Year Forward View for Mental Health.

The evaluation report highlighted three main ways of engaging staff: • Organising large scale health engagement events for staff and service users. All four pilot sites were able to use their pilot funding to employ a dedicated physical healthcare facilitator or project manager to deliver the work. The short examples below show how all of the pilot sites used all three of these change mechanisms:

Senior support

2gether NHS Foundation Trust

2gether has a Physical Health Clinical Expert Reference Group, chaired by a consultant psychiatrist and made up of senior support to the importance of physical health, and discussed the Northumberland Tyne and Wear NHS Foundation Trust

The reference group gave the project top-level support by developing the pilot proposal and application for pilot funding. Senior frontline staff were already familiar with the Lester tool which was implemented in the trust in 2012.

The Royal College of Psychiatrists’ evaluation reported that the pilot sites also expressed concern about whether it was appropriate to carry out screening and interventions in units that provide short term care for patients who are in acute mental distress. Sites reported that staff in acute inpatient wards did not have enough capacity and needed to prioritise managing patients’ mental health. Smoking and weight were particularly identified as being better dealt with in long stay wards as these did not take priority when trying to stabilise someone’s mental state. Recovery and rehabilitation wards were seen to give greater opportunity for screening and intervention. Service users on these wards were thought more likely to pay attention to their physical health. This is in part due to a greater stability of mental state and because staff felt better able to support and monitor lifestyle changes on these wards.

The evaluation report highlighted three main ways of engaging staff with physical health care:

• Senior level support for the work
• Organising a dedicated physical healthcare facilitator or project manager

10. Improving the Physical Health of People with Serious Mental Illness: A Practical Toolkit

11. Improving the Physical Health of People with Serious Mental Illness: A Practical Toolkit
Dedicated physical health resource:
2gether NHS Foundation Trust
2gether employed a health facilitator who worked closely with the expert reference group and senior staff to engage frontline clinicians in practice improvement. They integrated the Lester tool with the trust IT system, provided training and support and developed policies explaining the responsibilities of different clinicians. Staff said that these activities gave them structure for screening and intervention and helped them understand the reasons behind the emphasis on physical health.

Read more about training at 2gether in chapter 3 – Skills and Confidence.

Northumberland Tyne and Wear NHS Foundation Trust
NTW employed a project manager who coordinated a trust-wide training programme which both enhanced mental health and community nurses’ physical health skills and helped to embed the importance of physical healthcare into the trust’s culture.

Read more about the NTW training programme in chapter 3 – Skills and Confidence.

Health engagement events:
2gether NHS Foundation Trust
2gether ran a physical health day to make service users and staff aware of health issues for people with SMI. 120 delegates heard about the easy steps people can take to improve physical health and which services are available. There were stalls showcasing sexual health, dental access, breast awareness, the learning disability health facilitation team, Slimming World, diabetes awareness, balanced diet, hydration, and substance misuse and practical sessions on foot care, pelvic floor classes, brief stress tolerance and relaxation sessions, mindfulness colouring and smoothie making.

Northumberland Tyne and Wear NHS Foundation Trust
To engage staff, the Physical Health and Wellbeing Group at NTW held two conferences called ‘Improving Health and Wellbeing – Everybody’s Business’ to help launch the Lester tool across the trust and into clinical practice. Staff were also able to find out more about:
• the mental health CQUIN and what it means for them
• healthy lifestyles and physical health interventions
• shared care & anti-psychotic medication
• the Physical Health Link Worker/Champions role

Supporting resources
• Job description – Band 6 health facilitator, 2gether NHS Foundation Trust
• Job description – Band 7 project manager, Northumberland, Tyne and Wear NHS Foundation Trust

Supporting resources
• Job description – Band 6 health facilitator, 2gether NHS Foundation Trust
• Job description – Band 7 project manager, Northumberland, Tyne and Wear NHS Foundation Trust

Overview
To make the Lester tool an effective resource for reducing CVD associated morbidity and mortality in patients with SMI, it is vital that all staff are clear about their roles and responsibilities for physical healthcare. This could be in the form of a written policy or a clear induction programme for new clinical staff. A written physical health policy can demonstrate senior commitment for and endorsement of physical healthcare, while also making it clear which physical health screenings and interventions staff are expected to carry out, within which timeframes.
Case study
2gether NHS Foundation Trust
Developing a trust-wide physical health policy for service users with serious mental illness

Key learning
- Strong support from senior staff, along with national drives such as the CQUIN, made a joined-up approach to physical health care possible.
- The trust created a dedicated physical health facilitator role, with the time and knowledge to pull disparate policies together.
- Roles and responsibilities for physical health care were clearly assigned.

Introduction
2gether NHS Foundation Trust in Gloucestershire used funding from the pilot site project to appoint an Agenda for Change band 6 'physical health facilitator' to join up the trust's approach to physical health care for service users with serious mental illness (SMI). A key element of this work was to create a standardised, together NHS Foundation Trust in Gloucestershire used funding from the pilot site project to appoint an Agenda for Change band 6 'physical health facilitator' to join up the trust's approach to physical health care for service users with serious mental illness (SMI). A key element of this work was to create a standardised, physical health facilitator role, with the time and knowledge to pull disparate policies together.

The solution
National initiatives such as the CQUIN (introduced in 2014/15) and the National Audit of Schizophrenia highlighted the importance of a joined-up approach to physical health care for SMI patients. This, along with strong support from the trust’s director of nursing and CERG and the recruitment of a dedicated physical health facilitator, made it possible to begin pulling together the different physical health policies that the trust were using. The physical health facilitator worked with the lead nurse to scope out all the policies in existence across the trust and pull them into one clear and concise document.

The policy
The physical health policy has been available to the trust’s staff since November 2015 and is already recognised as a valuable tool.

Next steps
The physical health policy has been made available to the trust’s staff since November 2015 and is already recognised as a valuable tool.

What Gething’s physical health policy included:
- A breakdown of responsibility for physical health by team, including timetables for completing screening when patients are admitted and reviewed.
- Guidance for recording scores on the clinical IT system (RoI) and descriptions of the physical health screens to be completed, including:
  - physical examination
  - admission bloods
  - electrocardiogram
  - EoC screening tool
  - Lester tool care plan
  - NEWS
  - SBMAD (communication tool for facilitating handover to the medical team in a medical emergency)
  - Malnutrition Universal Screening tool
  - venous thromboembolism assessment
  - falls assessment
  - substance and alcohol dependence
  - acute kidney injury
- Links to supporting documentation.

Case study
2gether NHS Foundation Trust
Developing a trust-wide physical health policy for service users with serious mental illness

Key learning
- Strong support from senior staff, along with national drives such as the CQUIN, made a joined-up approach to physical health care possible.
- The trust created a dedicated physical health facilitator role, with the time and knowledge to pull disparate policies together.
- Roles and responsibilities for physical health care were clearly assigned.

Introduction
2gether NHS Foundation Trust in Gloucestershire used funding from the pilot site project to appoint an Agenda for Change band 6 ‘physical health facilitator’ to join up the trust’s approach to physical health care for service users with serious mental illness (SMI). A key element of this work was to create a standardised, together NHS Foundation Trust in Gloucestershire used funding from the pilot site project to appoint an Agenda for Change band 6 ‘physical health facilitator’ to join up the trust’s approach to physical health care for service users with serious mental illness (SMI). A key element of this work was to create a standardised, physical health facilitator role, with the time and knowledge to pull disparate policies together.

The solution
National initiatives such as the CQUIN (introduced in 2014/15) and the National Audit of Schizophrenia highlighted the importance of a joined-up approach to physical health care for SMI patients. This, along with strong support from the trust’s director of nursing and CERG and the recruitment of a dedicated physical health facilitator, made it possible to begin pulling together the different physical health policies that the trust were using. The physical health facilitator worked with the lead nurse to scope out all the policies in existence across the trust and pull them into one clear and concise document.

The policy
The physical health policy has been available to the trust’s staff since November 2015 and is already recognised as a valuable tool.

Next steps
The physical health policy has been made available to the trust’s staff since November 2015 and is already recognised as a valuable tool.

What Gething’s physical health policy included:
- A breakdown of responsibility for physical health by team, including timetables for completing screening when patients are admitted and reviewed.
- Guidance for recording scores on the clinical IT system (RoI) and descriptions of the physical health screens to be completed, including:
  - physical examination
  - admission bloods
  - electrocardiogram
  - EoC screening tool
  - Lester tool care plan
  - NEWS
  - SBMAD (communication tool for facilitating handover to the medical team in a medical emergency)
  - Malnutrition Universal Screening tool
  - venous thromboembolism assessment
  - falls assessment
  - substance and alcohol dependence
  - acute kidney injury
- Links to supporting documentation.

Case study
2gether NHS Foundation Trust
Developing a trust-wide physical health policy for service users with serious mental illness

Key learning
- Strong support from senior staff, along with national drives such as the CQUIN, made a joined-up approach to physical health care possible.
- The trust created a dedicated physical health facilitator role, with the time and knowledge to pull disparate policies together.
- Roles and responsibilities for physical health care were clearly assigned.

Introduction
2gether NHS Foundation Trust in Gloucestershire used funding from the pilot site project to appoint an Agenda for Change band 6 ‘physical health facilitator’ to join up the trust’s approach to physical health care for service users with serious mental illness (SMI). A key element of this work was to create a standardised, together NHS Foundation Trust in Gloucestershire used funding from the pilot site project to appoint an Agenda for Change band 6 ‘physical health facilitator’ to join up the trust’s approach to physical health care for service users with serious mental illness (SMI). A key element of this work was to create a standardised, physical health facilitator role, with the time and knowledge to pull disparate policies together.

The solution
National initiatives such as the CQUIN (introduced in 2014/15) and the National Audit of Schizophrenia highlighted the importance of a joined-up approach to physical health care for SMI patients. This, along with strong support from the trust’s director of nursing and CERG and the recruitment of a dedicated physical health facilitator, made it possible to begin pulling together the different physical health policies that the trust were using. The physical health facilitator worked with the lead nurse to scope out all the policies in existence across the trust and pull them into one clear and concise document.

The policy
The physical health policy has been available to the trust’s staff since November 2015 and is already recognised as a valuable tool.

Next steps
The physical health policy has been made available to the trust’s staff since November 2015 and is already recognised as a valuable tool.

What Gething’s physical health policy included:
- A breakdown of responsibility for physical health by team, including timetables for completing screening when patients are admitted and reviewed.
- Guidance for recording scores on the clinical IT system (RoI) and descriptions of the physical health screens to be completed, including:
  - physical examination
  - admission bloods
  - electrocardiogram
  - EoC screening tool
  - Lester tool care plan
  - NEWS
  - SBMAD (communication tool for facilitating handover to the medical team in a medical emergency)
  - Malnutrition Universal Screening tool
  - venous thromboembolism assessment
  - falls assessment
  - substance and alcohol dependence
  - acute kidney injury
- Links to supporting documentation.
Supporting resources
- Physical health policy, 2gether NHS Foundation Trust
- Physical health policy appendices:
  - Appendix 1 – Essence of Care (Eoc) screening tool
  - Appendix 2 – National Early Warning Scoring (NEWS) chart
  - Appendix 3 – General practice sepsis screening and action tool
  - Appendix 4 – Lester update June 2014

TESS, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - MODELS OF CARE

The TEWV experience is a good example of how different models of care were used depending on the characteristics of the unit and its patients. The TEWV pilot project was rolled out on two wards – Farnham ward acute inpatient unit and Primrose Lodge rehabilitation unit.

Farnham Ward

Farnham ward is a 20-bedded male acute inpatient unit and physical health care for inpatients is considered to be the responsibility of all members of clinical staff. Physical health observations for all inpatients are recorded on an electronic physical health monitoring tool (see chapter 5: Recording, monitoring and communicating information for more). Information from the tool is used to assign duties and tasks relating to physical health care of inpatients to ward staff during daily report out each morning. This ensures that staff know exactly what their responsibility is each day, and the process has made a huge impact on integrating physical and mental health care on the ward.

Primrose Lodge

Primrose Lodge is a 15-bedded rehabilitation unit providing rehabilitation and recovery services to men and women with mental health problems in a community setting. Responsibility for physical health care is assigned to the visiting GP who is contracted to work one day a week on the ward. Physical health care tasks are assigned to the GP during weekly report out, and these are picked up by the GP. The GP also reviews every person on the ward once a week and makes any necessary referrals for further physical health tests or interventions.

3. SKILLS AND CONFIDENCE

Overview

One problem consistently highlighted by the pilot sites was a lack of training in physical health skills among mental health nurses. The pilot sites all reported that mental health nurses received inconsistent training in physical health skills. Some mental health nurses had received a good grounding in physical health skills while others reported that their training had missed this out completely.

Giving mental health nurses training in physical health skills and, crucially, the confidence to use them appropriately, ensures that staff are better able to carry out the screenings and interventions prompted by the Lester tool.

The NTW and TEWV pilot sites carried out a learning needs and confidence assessment during the early stages of their pilots, which highlighted the key development and training needs of staff, in particular mental health nurses.

At TEWV, 64% of staff who completed the assessment were mental health nurses. The results showed that clinical staff felt least confident in phlebotomy, calculating BMI, and performing an ECG. Most people reported that they felt confident identifying a physical health problem related to a change in smoking status, alcohol intake and side effects of medication.
Case study
Northumberland, Tyne and Wear NHS Foundation Trust

Designing a trust-wide physical health training programme

- Use of link nurses and a ‘train the trainer’ approach

The training was delivered in a classroom over one day. This proved to be a good way to refresh existing skills and upskill those who felt they had not received enough physical health training. The programme incorporated using the Lester tool and QRISK2 cardiovascular risk calculations to simulate various physical health scenarios. Sample topics include QTc interval changes, sepsis, congestive heart failure, acute stroke (for example), using a ‘SIM mannequin’ in a dedicated skills lab, and simulating real-life patient observations. The programme incorporated scenarios that teams may come across. The advanced skills course supports staff to identify and respond to a patient whose health is deteriorating.

Impact
The role of link nurses has expanded across the trust. The original nurses are now aided by assistant practitioners (band 4) and support workers (band 3) to support their team members in identifying, monitoring and coordinating appropriate physical health interventions. The foundation skills training is being programmed to accommodate any scenario a team may come across. The advanced skills course provides staff to identify and respond to a patient whose health is deteriorating.

Supporting resources
- Physical skills passport for nursing staff Northumberland, Tyne and Wear Foundation Trust
- Fundamentals of care: A physical health skills passport for nursing staff Northumberland, Tyne and Wear Foundation Trust
- The solution

The trust used the pilot funding to employ a project manager (Agenda for Change band 7) to coordinate and support the development of the existing 96 physical health link nurses (band 6) using a ‘train the trainer’ cascade approach. By developing physical health care in a coherent manner, the aim was that every qualified member of staff had the same basic level of physical health skills. Nurses working at Watergate Park neuro-sciences unit already had a very high level of physical health skills and were used to help shape the foundation skills training programme. They checked the training was suitable for roll-out and their feedback was used to amend the training. The programme incorporated using the Lester tool and QRISK2 cardiovascular risk calculations to simulate various physical health scenarios. Sample topics include QTc interval changes, sepsis, congestive heart failure, acute stroke (for example), using a ‘SIM mannequin’ in a dedicated skills lab, and simulating real-life patient observations. The programme incorporated scenarios that teams may come across. The advanced skills course supports staff to identify and respond to a patient whose health is deteriorating.

Supporting resources
- Physical skills passport for nursing staff Northumberland, Tyne and Wear Foundation Trust
- Fundamentals of care: A physical health skills passport for nursing staff Northumberland, Tyne and Wear Foundation Trust

The initial Foundation Skills training sessions were evaluated and the comments were used to amend the training further. For example, attendees felt that too much training time was being spent on injuries and requested more ‘hands-on’ experience with the equipment, such as blood pressure monitors, thermometers and urine sticks. Regular evaluation ensures the training continues to evolve, with the project manager responding to feedback, and requests for further topics.

A Physical Health Passport was developed to ensure staff completed all necessary training and were fully competent in their physical health skills. The passport clearly set out the rationale behind the training programme and provided a checklist for line managers to assess the competence of their staff.

The role of link nurses has expanded across the trust. The original nurses are now aided by assistant practitioners (band 4) and support workers (band 3) to support their team members in identifying, monitoring and coordinating appropriate physical health interventions. The foundation skills training is being programmed to accommodate any scenario a team may come across. The advanced skills course supports staff to identify and respond to a patient whose health is deteriorating.

Supporting resources
- Physical skills passport for nursing staff Northumberland, Tyne and Wear Foundation Trust
- Fundamentals of care: A physical health skills passport for nursing staff Northumberland, Tyne and Wear Foundation Trust

The training has helped to raise the importance of physical health and wellbeing among nursing staff and the project manager has noted an increase in calls from people asking for support and advice, where before staff may have simply made a note on the electronic patient record (EPR). The training has been rolled out to all areas of the trust, and areas that may have been initially hesitant about incorporating the programme are now running with excellent practice in physical health.

Next steps
The number of link workers has increased to 120 across all inpatient units, with numbers expected to continue to rise further as roll-out continues. As new community teams are also developed, the number of the community physical health champions is also increasing.

Advanced physical health skills training is also being rolled out to qualified link workers and health champions (in the first instance), using a ‘SIM mannequin’ in a dedicated skills lab, to simulate various physical health scenarios. Sample topics include QTc interval changes, sepsis, congestive heart failure, head injury and hypoglycaemia although the system can be programmed to accommodate any scenario a team may come across. The advanced skills course supports staff to identify and respond to a patient whose health is deteriorating.

Supporting resources
- Physical skills passport for nursing staff Northumberland, Tyne and Wear Foundation Trust
- Fundamentals of care: A physical health skills passport for nursing staff Northumberland, Tyne and Wear Foundation Trust
- User guide: Physical skills passport for nursing staff Northumberland, Tyne and Wear Foundation Trust

A Physical Health Passport was developed to ensure staff completed all necessary training and were fully competent in their physical health skills. The passport clearly set out the rationale behind the training programme and provided a checklist for line managers to assess the competence of their staff.

The initial Foundation Skills training sessions were evaluated and the comments were used to amend the training further. For example, attendees felt that too much training time was being spent on injuries and requested more ‘hands-on’ experience with the equipment, such as blood pressure monitors, thermometers and urine sticks. Regular evaluation ensures the training continues to evolve, with the project manager responding to feedback, and requests for further topics.

A Physical Health Passport was developed to ensure staff completed all necessary training and were fully competent in their physical health skills. The passport clearly set out the rationale behind the training programme and provided a checklist for line managers to assess the competence of their staff.

The initial Foundation Skills training sessions were evaluated and the comments were used to amend the training further. For example, attendees felt that too much training time was being spent on injuries and requested more ‘hands-on’ experience with the equipment, such as blood pressure monitors, thermometers and urine sticks. Regular evaluation ensures the training continues to evolve, with the project manager responding to feedback, and requests for further topics.

A Physical Health Passport was developed to ensure staff completed all necessary training and were fully competent in their physical health skills. The passport clearly set out the rationale behind the training programme and provided a checklist for line managers to assess the competence of their staff.

The initial Foundation Skills training sessions were evaluated and the comments were used to amend the training further. For example, attendees felt that too much training time was being spent on injuries and requested more ‘hands-on’ experience with the equipment, such as blood pressure monitors, thermometers and urine sticks. Regular evaluation ensures the training continues to evolve, with the project manager responding to feedback, and requests for further topics.

A Physical Health Passport was developed to ensure staff completed all necessary training and were fully competent in their physical health skills. The passport clearly set out the rationale behind the training programme and provided a checklist for line managers to assess the competence of their staff.

The initial Foundation Skills training sessions were evaluated and the comments were used to amend the training further. For example, attendees felt that too much training time was being spent on injuries and requested more ‘hands-on’ experience with the equipment, such as blood pressure monitors, thermometers and urine sticks. Regular evaluation ensures the training continues to evolve, with the project manager responding to feedback, and requests for further topics.

A Physical Health Passport was developed to ensure staff completed all necessary training and were fully competent in their physical health skills. The passport clearly set out the rationale behind the training programme and provided a checklist for line managers to assess the competence of their staff.

The initial Foundation Skills training sessions were evaluated and the comments were used to amend the training further. For example, attendees felt that too much training time was being spent on injuries and requested more ‘hands-on’ experience with the equipment, such as blood pressure monitors, thermometers and urine sticks. Regular evaluation ensures the training continues to evolve, with the project manager responding to feedback, and requests for further topics.

A Physical Health Passport was developed to ensure staff completed all necessary training and were fully competent in their physical health skills. The passport clearly set out the rationale behind the training programme and provided a checklist for line managers to assess the competence of their staff.

The initial Foundation Skills training sessions were evaluated and the comments were used to amend the training further. For example, attendees felt that too much training time was being spent on injuries and requested more ‘hands-on’ experience with the equipment, such as blood pressure monitors, thermometers and urine sticks. Regular evaluation ensures the training continues to evolve, with the project manager responding to feedback, and requests for further topics.

A Physical Health Passport was developed to ensure staff completed all necessary training and were fully competent in their physical health skills. The passport clearly set out the rationale behind the training programme and provided a checklist for line managers to assess the competence of their staff.
2gether NHS Foundation Trust

2gether used a ‘train the trainer’ approach. The project’s health facilitator designed a training programme which both promoted and supported the Lester tool processes. The training was delivered in every inpatient unit by a health facilitator, with a link worker or ‘champion’ nominated to coordinate and promote screening and intervention. Coaching was provided to individual staff members to build confidence and skills in screening and intervention, and training in blood tests was incorporated into the induction provided to junior doctors.

Tees, Esk and Wear Valleys NHS Foundation Trust

At TEWV, the team carried out a training needs assessment survey of all clinical staff. The training was designed to target the needs and responsibilities of different clinical staff groups and was focussed on the different domains highlighted by the Lester tool, such as smoking cessation. The team also used the training needs assessment to focus on areas of low confidence for clinical staff, such as phlebotomy and ECGs.

Mersey Care NHS Trust

Mersey Care carried out a basic survey of nursing staff knowledge, skills and confidence and used this to provide a ‘back to basics’ training in physical health screening for staff.

National training programmes

Health Education Yorkshire and the Humber

Recognising and assessing medical problems in psychiatric settings: using clinical simulation to improve physical healthcare for mental health patients – the RAMMPS course.

Key learning

• A simulation-based training course helped mental health clinical staff feel more confident in dealing with patients’ physical health conditions.

"The training is a really advanced approach for mental health nurses across the trust. It helps us develop the skills to recognise when a patient under the care of mental health services is deteriorating due to physical health problems."

Kate Dale, Mental and Physical Health Lead, Bradford District Care Foundation Trust

Background

People with severe mental illnesses (SMIs) have more comorbid physical health conditions than the general population and this group die, on average, 20 years earlier than the general population. A proportion of these deaths are due to preventable physical conditions. There is strong evidence for a close association between SMIs and cardiovascular diseases, diabetes, chronic obstructive pulmonary disease (COPD) and musculoskeletal disorders.

Health Education Yorkshire and the Humber (HEYH) became aware that whilst training and interventions were being developed for community settings - recognising the importance of physical healthcare as part of an overall plan - there was a need to improve awareness and training in inpatient settings. This was particularly true in relation to recognising when a patient on a psychiatric ward might be medically deteriorating. In medical and surgical inpatient settings a systematic approach to this is well embedded, but in psychiatric settings the approach has been much less well developed.

The team at HEYH recognised that mental health staff might lack confidence in managing physical health problems, as they may lack training or experience. A working group was set up...
to explore how mental health staff in these settings could be given training and education to provide better physical healthcare.

The solution
In relation to other clinical areas, training programmes which use simulation techniques have been underused in mental health contexts. Simulation techniques involve re-creating clinical situations using actors (simulated patients) and/or manikins in scenarios that allow staff to complete practical training in a risk-free environment.

The working group from HEYH decided that simulation would lend itself well to a mental health setting and developed a training course to promote inter-professional team-working focused around a medically deteriorating patient. This team of consultant psychiatrists, higher trainees, nurses, simulation leads and trainers attended a development day where they wrote and refined a series of clinical simulation scenarios. An inter-professional faculty was trained to run these scenarios and debrief delegates.

The Recognising and Assessing Medical Problems in Psychiatric Patients (RAMPPS) course was tested by junior doctors following the successful pilot course in 2012 a number of mental health staff in these settings could be given training and education to provide better physical healthcare. The result
Following the successful pilot course in 2012 a number of mental health organisations across the Yorkshire and the Humber region have introduced the RAMPPS course, with over 200 doctors, nurses and healthcare assistants taking part.

Staff say that they have improved their knowledge, skills and confidence for dealing with deteriorating physical health in mental health patients, alongside better team working and improved communication.

Mental health staff can now receive simulation training from ten scenarios which can be adapted to each individual organisation.

- brain tumour
- chest infection
- hypoglycaemia
- substance abuse
- respiratory depression
- complications of rapid tranquillisation
- neuropsychiatric malignant syndrome
- Wernicke’s encephalopathy
- severe thrombosis
- fatigue and exhaustion
- Clostridium-induced bowel obstruction

All the scenarios, debriefing tools and pre and post questionnaires have been published in the Health Education England RAMPPS handbook.

Next steps
The team currently have a full-time leadership fellow and a part time regional clinical skills advisor who continue to develop new scenarios, including children and young people and older adults, and evaluate the impact of the RAMPPS programme on patient safety.

You can watch a film explaining the course at: https://youtu.be/OWQDyzep9RU

Supporting resources
- RAMPPS Handbook

The HEYH team are now actively involved in spreading the course more widely across the region and to all local offices of Health Education England. Academic articles have been published in Mental Health Practice and Health Informatics.

The team have also developed a RAMPPS e-learning package to support the simulation training. The ten minute module provides pre-learning for all course attendees and includes a structured approach to the deteriorating patient using the ABCDE approach, the BRAD tool, the AVPU scale and National Early Warning Scores. This has now been integrated into the Electronic Staff Record systems of a number of trusts in the region and is now available on the national system too. The module is being added to the eLFH (e Learning For Health).

You can watch a film explaining the course at: https://youtu.be/OWQDyzep9RU

Supporting resources
- RAMPPS Handbook
“Not only did I really enjoy the experience, I also took away several important learning points which I had to put into action surprisingly quickly. The final station of the day was a patient with neuroleptic malignant syndrome and I was the junior doctor in the team. Afterwards, we spoke as a group about the scenario, and I mentioned that I’d never had to treat it before so it was a good exercise to practice rare and unusual presentations. Later that evening, I was on call, covering the wards in Sheffield. I had a job handed over to chase the blood test results of a patient who hadn’t been well that day. On seeing a creatinine kinase result of over 1000, I immediately thought NMS and transferred the patient to A&E. Had I not had the experience given to me by the RAMPPS course earlier that day, maybe I wouldn’t have seen the significance of that result, or maybe the course gave me the confidence to say, ‘this is NMS, he needs to go to hospital as soon as possible.”

Dr Victoria Lattimer, Junior Psychiatrist, RAMPPS delegate

Overview
While the pilot site project evaluation does not specifically focus on what equipment is needed, each pilot site acknowledged that to carry out the physical health checks recommended by the Lester tool it was essential to have access to the correct equipment. It is also essential to have private space available for physical health checks to take place.

Equipment will vary depending on setting.

Supporting resources
• Recommended medical devices from South London and Maudsley NHS Foundation Trust

[4. EQUIPMENT] 24
Improving the physical health of people with serious mental illness: A PRACTICAL TOOLKIT

5. RECORDING, MONITORING AND COMMUNICATING INFORMATION

Overview
Physical health monitoring and intervention is complex and may involve many different professional groups, including psychiatric nurses, psychiatrists, health instructors, physiotherapists, dieticians, GPs, practice nurses and specialists in secondary care, who are all likely to be collecting physical health data for the same service user.

Because of the complexity of this shared responsibility for service users’ physical health, it is vital to have an effective method of recording and sharing information. This can ensure all aspects of physical health are covered, avoid duplication and enable safe and effective clinical decision making.

Most mental health trusts now use electronic patient record systems to record both mental and physical health information for their service users. The systems used vary widely by trust and include PARIS, RIO, EPEX, Mental Health CareNotes and Lorenzo/IPM. The ideal solution would be a shared record across all care sectors with access for all relevant professionals and service users themselves. But given this range of systems in use, it is unlikely that this will be achieved in the foreseeable future. Therefore, many trusts have begun to look at different ways of providing an effective system whilst working within the boundaries of the existing technology.

Case study
Tees, Esk and Wear Valleys NHS Foundation Trust
Developing an electronic physical health monitoring tool (working with PARIS)

Key learning
• Developing an electronic physical health monitoring tool increased staff awareness of the importance of physical health monitoring for SMI patients.
• Existing culture and physical health processes on pilot wards changed as a result.
• Demonstrating the effectiveness of and need for the tool helped bring about changes to existing PARIS system.

Introduction
Two trusts near Valley NHS Foundation Trust (Tees, Esk and Wear Valley NHS Foundation Trust) were included in a physical health project. Although the existing tool already included some elements of physical health monitoring, more electronic access to blood test results from local pathology labs was limited to a specific number of login ‘licences’, meaning not all clinical staff could view the results quickly and easily. By developing and testing the tool in practice, the NHS England-funded pilot project helped demonstrate that physical health monitoring needed a specific area for all results to be collated and reviewed. Added to the CQUIN recommendations that all trusts develop an electronic monitoring tool for physical health, this has resulted in changes to the trust’s PARIS system.

The PARIS system had been expanded to incorporate a ‘physical health’ entry in the ‘casenotes’ section, but this was limited in function and meant that physical health data was still difficult to retrieve and review. The locality identified that PARIS lacked a specific location to record and review physical health parameters, especially trends.

Electronic access to blood test results from local pathology labs included some elements of physical health monitoring, more trends in processes in order to improve efficiency and quality.

The solution
Developing an electronic physical health monitoring tool was the pharmacy team’s approach to combatting recorded data in medicines management for use in the Caripina clinic. The tool never reached the piloting stage, so the D&AD AMH directorate clinical pharmacist seized the opportunity to modify the tool for the physical health project. Although the existing tool already included some elements of physical health monitoring, more were added to provide a complete picture of a service user’s physical health.

The PARIS system had been expanded to incorporate a ‘physical health’ entry in the ‘casenotes’ section, but this was limited in function and meant that physical health data was still difficult to retrieve and review. The locality identified that PARIS lacked a specific location to record and review physical health parameters, especially trends.

Electronic access to blood test results from local pathology labs included some elements of physical health monitoring, more
Based on an excel spreadsheet, the physical health monitoring tool included fields for:

- Patient details
- Blood pressure
- Pulse
- Temperature
- Weight
- Waist measurement
- BMI
- Smoking status
- Alcohol consumption
- Side effects of medication
- Constipation
- Date of blood tests

The tool also included graphs to show trends in a patient’s physical health parameters and a link to the Laster tool.

The tool was piloted on the Farham acute inpatient ward (20 beds) and Primrose Lodge rehabilitation ward (15 beds). The clinical pharmacist and project manager visited the chosen wards to explain the purpose of the tool and proposed changes to clinical pharmacist and project manager visited the chosen wards to explain the purpose of the tool and proposed changes to existing work processes. Staff received training in how and why to use the tool and an online survey asked staff about their further training needs.

The tool was placed on the trust’s shared drive, with full access limited to the ward clerks and other ward staff given read-only access so they could check a patient’s measurements. A paper-based physical health recording sheet was developed for ward staff to use during physical health assessments of patients, with the ward clerks taking responsibility for transferring data to the electronic tool. While this process did mean additional work for the ward clerks, some of the funding from the project was used to remunerate them for their work.

Impact

Introducing the tool has had an enormous impact in several key areas and within a matter of months staff perceived that it had contributed to a change in culture and attitudes towards physical health on both pilot wards.

- **Report Out:** Involving all key ward staff, Report Out takes place every weekday morning on Farham ward and once a week at Primrose Lodge. The ward clerk uses data from the tool to inform discussion about each patient and assign tasks to the multi-disciplinary team for that day or week. This ensures that every patient’s physical health needs are accurately recorded, and a focus on physical health is embedded continually into ward culture. The whole team is clear which physical health tasks have been completed so that only necessary tasks are allocated.

- **Electronic introduction of the tool:** It should now be easier for clinical staff to check if and when a patient has had a certain blood test, and chase the results if necessary.

- **Changes to PARIS:** Piloting and testing the tool in practice provided the trust with evidence that changes to the existing system were needed. Changes are being made to bring physical health data together and allow staff to record and access physical health data more quickly and easily.

**Next step**

Changes and additions to the PARIS system are currently in the testing stage and will soon be available for trust-wide use.

These will include:

- a more comprehensive physical case notes section
- the ability to print graphs to show trends and improve monitoring of a patient’s physical health. This will allow staff to see at a glance when something is unusual for a particular patient
- links to the QDRN CVD risk assessment and Laster tools
- health and lifestyle information and interventions

The trust has a separate project to improve communication with GPs and physical health care in general (including on wards), which is hoped to improve physical health interventions within the trust rather than relying on action by patients’ GPs.

Supporting resources

- Electronic physical health monitoring tool, Tees, Esk and Wear valley NHS Foundation Trust
- Report Out: A practical approach to improving physical health care in general practice, Tees, Esk and Wear valley NHS Foundation Trust
- Clarity of roles and responsibilities, Tees, Esk and Wear Valley NHS Foundation Trust
- Physical health monitoring, Bede, Tees, Esk and Wear Valley NHS Foundation Trust

**The Bradford template**

The Bradford template is a specially designed screen developed for the SystmOne, EMIS Web and RIS IT systems which collects all the physical health data required for each service user in one place and links to relevant guidance on treatment and intervention. The template now includes all the data recommended by the Laster tool but has a few additional sections designed to meet the specific requirements of Bradford District Care Foundation Trust.
2Gether NHS Foundation Trust – working with RiO

2Gether NHS Foundation Trust use the ‘open RIO’ system as their electronic patient record which means that they have the freedom to make changes to the system, but cannot pick up national changes such as the roll out of the Bradford template. The trust decided to make it easier to record physical health data by pulling together all of the data recording fields for the Lester tool into one place. They did this by developing a care plan specifically aligned to the Lester tool. The way this care plan is used is set out in the trust’s physical health policy.

The Lester care plan is linked to the trust’s ‘Essence of Care’ (EOC) screening tool which is completed for every patient within 72 hours of admission. If the patient is ‘high risk’ in any cardiovascular risk factor area, the EoC will signpost the individual to then open the Lester tool care plan, which provides guidance for interventions available to the patient. This care plan travels with the patient through community services once they are discharged.

Supporting resources
- Screenshots of RiO template, 2Gether NHS Foundation Trust
- 2Gether Physical health policy
- Essence of Care (EOC) Screening Tool

Mersey Care NHS Trust working with EPEX

Mersey Care currently uses EPEX as their electronic patient record system. However, they discovered this was not compatible with the recently developed Bradford template and did not bring together physical health data in a way that would facilitate use of the Lester tool. Doctors and nurses had access to different screens, which did not encourage joined up working across multidisciplinary teams. This led the trust to develop a dedicated physical health screen, which they incorporated into the existing IT system.

A working group made up of nurses, junior doctors, dieticians, senior clinicians and IT support made recommendations which resulted in a new IT screen that allows all clinical staff to record physical health data in one place. This has now been rolled out across the whole trust.

Initially, the new screen did not make a significant impact on recording of physical health data, despite inclusion in staff training and inductions, and use of the screen remained inconsistent. To combat this, each department, ward and community team introduced a weekly report on completion of the screen for each patient. This made a huge impact on reporting of physical health data as it highlighted the importance of physical health care to each team, enabled them to view their performance and facilitated discussions on physical health data.

Supporting resources
- Screenshots of physical health observations screen for EPEX, Mersey Care NHS Trust
Using IT to join up physical healthcare across primary and secondary care

**The Bradford Template (working across multiple systems)**

- A physical health recording template was created for use on SystmOne and EMIS Web in primary care and RIO in secondary care.
- The template prompts clinicians to carry out all aspects of the physical health check, prevents duplication and makes recording physical health data easier by collecting it in one place.
- A mechanism has been put in place to allow data sharing between primary and secondary care providing continuity of care and reducing duplication.
- The Bradford physical healthcare template is aligned with the Lester 2014 tool.

A physical health recording template was created for use on SystmOne and EMIS Web in primary care and RIO in secondary care. The new template was designed to prompt GPs to carry out comprehensive physical health checks for people with SMI which included cardiovascular risk calculations and had the added benefit of helping to generate QOF payments more easily. Training was provided for practices on the benefits and use of the template to help embed it in practice.

The initial evaluation results were positive, showing an increase in adherence to the NICE standards of calculating CVD risk through using the template and using the template more than doubled the detection rate for at risk patients (patients with a QRISK2 score of >20%) than health-checks without it (from 1.5% to 3.9%).

Following the success of the template in primary care the team set their sights on spreading the template, both geographically and into other areas in England. The template was translated for the RIO patient record system to be used across BDCFT and implemented as part of a drive to improve physical healthcare which also included the introduction of health and wellbeing clinics across community mental health teams. As part of this project, the team worked in partnership with NHS England to ensure that the Bradford template was aligned to the Lester 2014 tool, therefore aligning work in Bradford with NHS England’s work to drive to improve physical healthcare which also included the introduction of health and wellbeing clinics across community mental health teams. As part of this project, the team worked in partnership with NHS England to ensure that the Bradford template was aligned to the Lester 2014 tool, therefore aligning work in Bradford with NHS England’s work to help embed it in practice.

The team felt that a vital step was to link up the primary and secondary care records to avoid duplication and provide continuity of physical healthcare between BDCFT and primary care. A number of mechanisms make this possible: E-Discharge has been implemented for patients moving back to the care of their GP from BDCFT, BDCFT has read-only access for SystmOne to avoid duplication of tests and the trust is currently posting paper copies of physical health check outcomes to patients’ GPs whilst an electronic solution is being developed.

Physical healthcare for people in Bradford with serious mental illness is now much improved, with increased numbers of comprehensive physical health checks, more patients receiving cardiovascular risk assessments and improved communication between primary and secondary care. Next steps for the team include continued spread by incorporation into the PARIS patient record system to make the template available for even greater numbers of patients.

**Supporting resources**

- Users guides of Bradford physical health template, SystmOne version
- Screenshots of Bradford physical health template, SystmOne
- EMIS Web
- SystmOne

**SystmOne IT system which was used by 80 GP practices in the Bradford area (it was later translated into EMIS Web).**

Bradford’s story of improving physical healthcare for people with serious mental illness was initiated as a partnership between Bradford District Care Foundation Trust (BDCFT), Leeds and York Partnership NHS Foundation Trust and the West and South Yorkshire and Bassetlaw Commissioning Support Unit. The work has been built upon with internal initiatives within BDCFT.

Bradford’s template was designed to prompt GPs to carry out comprehensive physical health checks for people with SMI which included cardiovascular risk calculations and had the added benefit of helping to generate QOF payments more easily. Training was provided for practices on the benefits and use of the template to help embed it in practice.

The initial evaluation results were positive, showing an increase in adherence to the NICE standards of calculating CVD risk through using the template and using the template more than doubled the detection rate for at risk patients (patients with a QRISK2 score of >20%) than health-checks without it (from 1.5% to 3.9%).

Following the success of the template in primary care the team set their sights on spreading the template, both geographically and into other areas in England. The template was translated for the RIO patient record system to be used across BDCFT and implemented as part of a drive to improve physical healthcare which also included the introduction of health and wellbeing clinics across community mental health teams. As part of this project, the team worked in partnership with NHS England to ensure that the Bradford template was aligned to the Lester 2014 tool, therefore aligning work in Bradford with NHS England’s work to help embed it in practice.

The team felt that a vital step was to link up the primary and secondary care records to avoid duplication and provide continuity of physical healthcare between BDCFT and primary care. A number of mechanisms make this possible: E-Discharge has been implemented for patients moving back to the care of their GP from BDCFT, BDCFT has read-only access for SystmOne to avoid duplication of tests and the trust is currently posting paper copies of physical health check outcomes to patients’ GPs whilst an electronic solution is being developed.

Physical healthcare for people in Bradford with serious mental illness is now much improved, with increased numbers of comprehensive physical health checks, more patients receiving cardiovascular risk assessments and improved communication between primary and secondary care. Next steps for the team include continued spread by incorporation into the PARIS patient record system to make the template available for even greater numbers of patients.

**Supporting resources**

- Users guides of Bradford physical health template, SystmOne version
- Screenshots of Bradford physical health template, SystmOne
- EMIS Web
- SystmOne

IMPROVING THE PHYSICAL HEALTH OF PEOPLE WITH SERIOUS MENTAL ILLNESS: A PRACTICAL TOOLKIT

A PRACTICAL TOOLKIT

RESOURCES

USEFUL LINKS AND DOCUMENTS

SUPPORTING

INEQUALITIES

EQUALITY AND HEALTH

OTHER SERVICES

INTERFACES WITH

INSPIRE ACTION

SERVICE USERS TO

COMMUNICATING WITH

INFORMATION

AND COMMUNICATING

RECORDING, MONITORING

EQUIPMENT

SKILLS AND CONFIDENCE

RESPONSIBILITIES

CLARITY OF ROLES AND

ENGAGING STAFF

MOTIVATING AND

CONTEXT

32

33
Overview
There is often a perception that people with serious mental illness are not concerned about their physical health and therefore will not want to engage with physical healthcare, particularly when on an acute ward in a crisis situation. To enable them to design a service based around the needs of patients, Mersey Care NHS trust believed it was vital to challenge this assumption and ask service users for their views on physical healthcare in psychiatric settings.

A questionnaire was designed and tested with service users before being sent out widely across the four pilot sites and was completed by 195 service users who were inpatients or recently discharged.

Royal College of Psychiatrists’ evaluation findings
The graph (Figure 1) on the right shows the responses of service users when asked how concerned they were about their physical health.

Whilst almost a quarter of service users were not concerned about their physical health a large proportion were worried. Although the service user questionnaire did not address the issue directly, it is possible that those who are not concerned about their physical health may not be aware of their increased risk of cardiovascular conditions and premature death.

The graph below (Figure 2) shows the tests that service users reported that they would like to have when in hospital and in the community. This suggests that a large proportion of people are willing to engage with their physical health in both settings. The full results of the service user questionnaire can be found in the evaluation report.

*Caution should be exercised in relation to these figures, particularly in relation to support with smoking, exercise and diet because need was not assessed. The survey did not ask respondents if they were current smokers or were motivated to improve diet and exercise.
There are many factors which might play a role in a service user’s reported health status and level of concern, for example, a lack of knowledge about the risks of taking antipsychotic medication or their lifestyle choices, and of the consequences of the resulting poor physical health, diagnostic overshadowing when attending non-mental healthcare settings or the failure of clinicians to screen for cardiovascular conditions and explain the implications of the results. This makes it very important to communicate with service users about their physical health, but this communication can often be challenging. Some staff interviewed as part of the evaluation thought that the Lester tool helped them to communicate with patients.

“We could see if there’s something wrong, we could ask them if there’s something wrong. And they would turn round and say, I’m fine, I’m fine, I’m fine, when we know there’s something wrong. But actually using this tool, for all they say, I’m fine, I’m fine, this is a way of saying, it shows that you’re not fine, something’s wrong.”

Staff member, mental health trust

The Lester Postcard Prompt

There is also a Lester Postcard Prompt which can be used in one-to-one communication with patients. Using the postcard, the Lester tool can be presented as an authoritative tool and be used to encourage discussion about a range of health issues. The postcard was developed by the National Audit of Schizophrenia service user reference group to empower service users to approach their GP or mental health team to ask how the Lester tool could help improve their physical health.

Supporting resources

• Service user questionnaires, Royal College of Psychiatrists
• Results of service user survey, Tees, Esk and Wear Valleys NHS Foundation Trust
• The Lester postcard prompt
**IMPROVING THE PHYSICAL HEALTH OF PEOPLE WITH SERIOUS MENTAL ILLNESS:** A PRACTICAL TOOLKIT

**OVERVIEW**

Once a service user has been identified as at risk of developing CVD, it is important to make sure that they actually receive the necessary physical health monitoring and interventions for people with SMI. This also avoids duplication and provides continuity of care as service users move between primary and secondary care. In the absence of a shared IT system, the trust decided to adapt the letters which were already sent between the trust and primary care to make sure they contained relevant information such as date of last annual health check and current physical health diagnosis. The trust also standardised the clinical letters used by consultant psychiatrists. Initially the trust used the new clinical letter template to write to GP practices about SMI patients who had been on Care Programme Approach (CPA) for more than 100 days as they may not have received the necessary physical health screening. This allowed the trust to focus on the most vulnerable patients before rolling it out to all service users.

**Supporting resources**

- Consultant psychiatrist clinical letter template, 2Gether NHS Foundation Trust

**CASE STUDIES**

**2Gether NHS Foundation Trust**

*Improved letters for communication with primary care*

2Gether recognised that better communication with primary care was vital to make sure that physical health monitoring and interventions for people with SMI takes place. This also avoids duplication and provides continuity of care as service users move between primary and secondary care. In the absence of a shared IT system, the trust decided to adapt the letters which were already sent between the trust and primary care to make sure they contained relevant information such as date of last annual health check and current physical health diagnosis. The trust also standardised the clinical letters used by consultant psychiatrists. Initially the trust used the new clinical letter template to write to GP practices about SMI patients who had been on Care Programme Approach (CPA) for more than 100 days as they may not have received the necessary physical health screening. This allowed the trust to focus on the most vulnerable patients before rolling it out to all service users.

**7. INTERFACES WITH OTHER SERVICES**

**Aims**

- To improve physical health monitoring and interventions for people with SMI
- To make sure that physical health monitoring and interventions for people with SMI takes place
- To avoid duplication and provide continuity of care as service users move between primary and secondary care

**Apply now**

- For Lester 2014 to be successful in reducing CVD associated ineffectiveness links with primary care may mean that opportunities for intervention are missed since the service user is back under the care of their GP. Where service users are found to have a pre-existing cardiovascular condition which needs specialist intervention, access to services can be patchy and may rely on the connections of individual psychiatrists or on ‘gentleman’s agreements’ between physicians.

**Northumberland, Tyne & Wear NHS Foundation Trust**

**Procurement of specialist services**

MTW have begun to map pathways for a range of specialist services to ensure that all of their service users have the same access to high quality services. The first of the pathways they looked at was the one with the greatest number of referrals – cardiology – and more specifically, the pathway for specialist interpretation of ECGs. Because ECG interpretation is a fairly simple service in terms of referral and delivery, the trust decided to carry out a procurement exercise.

MTW used a trust-wide questionnaire to ask clinical staff about existing cardiology services, which confirmed that current arrangements were not generally sustainable. Whilst most areas were satisfied with their access to ECG facilities clinicians were almost unanimous in their lack of confidence when it came to interpreting ECG results. 75% of the 125 responses claimed to have an access route to a specialist cardiology opinion. This is very unsatisfactory as I am relying on the goodwill of the person at the end of the phone to interpret the ECG for me…If there is truly to be reliable access to experts to read ECGs.”

A coping exercise predicted demand for up to 2000 ECGs each year, of which the trust estimated that between 52% and 100% of ECGs would be reported as abnormal. An options appraisal concluded that it would not be cost effective to train MTW’s staff to provide the service internally, and the trust’s procurement team are currently exploring options to outsource ECG interpretation.

**One consultant psychiatrist explained:** “I am very strongly in favour of having formal arrangements for cardiology review of ECGs. We are not carrying out regular ECGs on our patients. If an ECG looks abnormal, I currently contact the on-call cardiologist registrar, faxing through the ECG and asking for an opinion. This is very unsatisfactory as I am relying on the goodwill of the person at the end of the phone to interpret the ECG for me…If there is truly to be parity for patients with mental health, we need reliable access to experts to read ECGs.”

A business case was developed to procure ECGs through a national telemedicine service which will be able to give equal coverage to the whole of NWTS’s large geographical area. The trust has considered the business case and given approval for the service to be introduced across the trust on a trial basis.
Service improvement techniques – process mapping
To make sure patients have equal access to all physical health interventions, Northumberland, Tyne & Wear NHS Foundation Trust are starting to address the provision of some much more complex, patient facing, services such as diabetic care and COPD. Many trusts use a mix of internal and external provision for this kind of service and they may find process mapping useful to understand the current and future provision of these services.

The NHS Institute’s Introduction to Process Mapping

Equality and Health Inequalities
The Lester tool was designed for use in all patients with psychosis on antipsychotic medication and this project has focussed on a smaller group again by working with service users in inpatient care. Although the toolkit shares resources which are relevant for use for everyone, there are some specific issues related to equality and health inequalities which staff should bear in mind when conducting physical health checks using the Lester tool.

Age
The evaluation highlighted two issues related to age. Firstly, some staff expressed concern that using QRISK2 for service users under the age of 40 can sometimes result in lower levels of intervention for elevated blood lipids than for their older counterparts due to the way in which the QRISK2 algorithm considers age as a risk. Secondly, other staff suggested that some of the interventions recommended by the Lester tool might be less appropriate for older adults who are coming to the end of their lives or affected by other conditions such as dementia. Staff should use their clinical judgement to ensure that patients receive equitable treatment regardless of age as directed by the Equality Act 2010.

Ethnicity and disability
Although the evaluation conducted for this project did not collect data on ethnicity or disability, it is important to remember that the NHS has a duty to collate and monitor this data and make services accessible for all ‘protected characteristics’ as defined in the Equality Act 2010. The resources highlighted in this toolkit are generic versions created by our pilot trusts for use with their own staff and local populations but other trusts are reminded that local adaptations may be needed to ensure that physical health checks using the Lester tool are accessible to diverse service users.¹

¹For more information: Guidance for NHS Commissioners on Equality and Health Inequalities Duties https://www.england.nhs.uk/about/gov/equality-hub/legal-duties/
1. Job description: Band 6 health facilitator, 2Gether NHS Foundation Trust
2. Job description: Band 7 health facilitator, Health Education, Yorkshire and the Humber
3. Job description: Band 5 project support manager, Tees, Esk and West Valley NHS Foundation Trust
4. Physical Health Policy, 2Gether NHS Foundation Trust
5. Appendix one: Essence of Care (EoC) screening tool
6. Appendix two: National Early Warning Scoring (NEWS) chart
7. Appendix three: General practice sepsis screening and action tool
8. Appendix four: Lester update June 2014
9. Physical skills passport for nursing staff, Health Education, Yorkshire and the Humber
10. User guide: Physical skills passport for nursing staff, Health Education, Yorkshire and the Humber
11. RAMPs handbook, Health Education, Yorkshire and the Humber
12. Recommended medical devices, South London and Maudsley NHS Foundation Trust
13. Electronic physical health monitoring tool, Tees, Esk and West Valley NHS Foundation Trust
14. Standard process description 1: Registration onto the EoC, Tees, Esk and West Valley NHS Foundation Trust
15. Standard process description 2: Completion of physical health monitoring of patients, technology tool for patients included in NHSIQ pilot, Tees, Esk and West Valley NHS Foundation Trust
16. Physical health monitoring recording sheet, Tees, Esk and West Valley NHS Foundation Trust
17. Screenshots of RiO template, 2Gether NHS Foundation Trust
18. Screenshots of physical health observations screen for EPEX, Mersey Care NHS Trust
19. Screenshots of Bradford physical health template, SystmOne version
20. Service user questionnaire, Royal College of Psychiatrists
21. Results of service user survey, Tees, Esk and Wear Rivers NHS Foundation Trust
22. Consultant psychiatrist clinical letter template, Greater Manchester West Mental Health NHS Foundation Trust

**USEFUL LINKS AND RESOURCES**

- An Evaluation of the Implementation of the Lester Tool 2014 in Psychiatric Inpatient Settings – The Evaluation Team at the Royal College of Psychiatrists’ Centre for Quality Improvement
- Bringing together mental and physical health – a new frontier for integrated care – The King’s Fund
- The Five Year Forward View for Mental Health - A report from the Independent Mental Health Taskforce to the NHS in England
- No health without mental health: A cross government mental health outcomes strategy for people of all ages
- Rights from the Start: Keeping Your Body in Mind. A guide for people experiencing psychosis for the first time and their carers. Greater Manchester West Mental Health NHS Foundation Trust
- Skills for health
- Equalities Act 2010
- Equal Treatment: Closing the Gap (A formal investigation into physical health inequalities experienced by people with learning disabilities and/or mental health problems)
- No health without mental health: A cross government mental health outcomes strategy for people of all ages
www.england.nhs.uk/mentalhealth
www.england.nhs.uk/futurenhs
Twitter: @NHSEngland