NHS
Nottinghamshire Healthcare
NHS Foundation Trust

Delivering Physical Healthcare to the Secure Hospital Population – Barriers and Opportunities

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Objectives

- Who are we?
- The bigger picture
- A call to action
- But why, our patients, our services, our staff and ourselves.
- The evidence (what there is)
- Making a change through the Physical Healthcare Check.
- The 6 areas for core focus
- Every contact counts
- The physical healthcare check is only one tool.
- NIHR areas for research focus.
- Rampton Hospital’s approach
- The future through research

Who are we?

One of the largest Physical Healthcare Teams within secure services

22 Wards
276 Beds

2 Clinical Pathways:
Primary Healthcare
Urgent Healthcare

Bespoke Healthcare Centre

Average of 1500 Patient contacts a month

MDT including:
GPs
ACP's
Urgent and Primary Healthcare Nurse
Dieticians
Physio
Administrators
Registered Nursing Associates

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The Bigger Picture

CORE20PLUS5

The King's Fund

Improving the physical health of people with mental health problems:

Actions for mental health nurses

NCEPOD

A Picture of Health?

A review of the quality of physical healthcare provided to adult patients admitted to a mental health inpatient setting

NICE National Institute for Health and Care Excellence

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Call to action

•Someone with a mental illness will die 15–20 years earlier than the general population (NICE, 2021)

• 75% of these premature deaths are from preventable physical causes, particularly cardiovascular disease

SMI patients:

- •Have much higher levels of obesity, diabetes, metabolic and cardiovascular disease.
- •It’s estimated that less than a third of patients with SMI receive annual CVD screening, and many of those who ARE assessed receive NO intervention for their identified risk factors.
- •Have a higher burden of disease symptoms and worse outcomes across the board.
- •Are three times more likely to attend A&E with an urgent physical health need;
- •Are almost five times more likely to be admitted as an emergency case;
- •Are three times more likely to smoke;
- •Are three-and-a-half times more likely to lose all teeth;

(Hayes et al., 2017; Hjorthøj, C., Stürup, A.E., McGrath, J.J. and Nordentoft, M., 2017; Correll et al,. 2017; Reilly, 2015)

Why? – The Patient

Diet

Mistrust

Behaviour

Social determinates of health

Increased age and levels of clinical frailty

Mental illness

Social determinants of health

Learning disabilities

Inactivity & poor levels of exercise

Physical health co-morbidities

Limited insight

Medication concordance

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Why? – The System

Disconnection from the community services

Lack of specialist commissioning for in reach

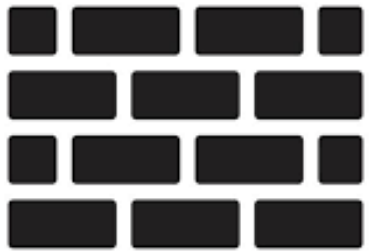
Double Discrimination

Staffing levels

Limited scope for adjustment

Menus / Diet

Restricted practices



Lack of evidence-based tools

Limited health Psychology

Variability within local service provision for PHC

Ward routine

The buildings are made for those with disabilities

Antipsychotic Medication

Maintaining the pace of change within PHC

Limited evidence-base

Lack of connectivity with IT systems

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Why? – Us

Limited knowledge of the MHA within PHC services

Time pressures

Diagnostic overshadowing

Prescribing practices

Our scope of practices

Training and competency

Variability in our application of restrictions.

Acceptance that Physical health is everyones responsibility.

Maintaining our competency

Our professional identities (especially within nursing)

Fatigue

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The Evidence

REVIEW ARTICLE

WILEY

Systematic review of physical activity interventions assessing physical and mental health outcomes on patients with severe mental illness (SMI) within secure forensic settings

Jessica Hassan[1] | Stephen Shannon[2] | Mark A. Tully[3] | Claire McCartan[4] | Gavin Davidson[4] | Richard Bunn[5] | Gavin Breslin[6]

Hassan, J., Shannon, S., Tully, M.A., McCartan, C., Davidson, G., Bunn, R. and Breslin, G., 2022. Systematic review of physical activity interventions assessing physical and mental health outcomes on patients with severe mental illness (SMI) within secure forensic settings. *Journal of psychiatric and mental health nursing*, *29*(5), pp.630-646.

A systematic search of six databases was conducted, in addition to a grey literature search. Studies were included if they had participants with SMI; were based in a forensic setting; involved a physical activity programme and reported physical and mental health outcomes. Four studies found with a total of 122 participants.

- High quality lit search methods, limited data.
- This review demonstrates that little is known around the effects of physical activity for people with SMI who reside in secure forensic settings, with little to no long-term effects reported.
- Physical activity interventions have shown some positive results through decreasing weight and waist circumference as well as a reduction in negative symptom scores in an exercise group compared with the “no treatment” control group post intervention.

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The Evidence

Physical health of patients with severe mental illness

An intervention on medium secure forensic unit

Vasudev, K., Thakkar, P.B. and Mitcheson, N., 2012. Physical health of patients with severe mental illness: an intervention on medium secure forensic unit. *International journal of health care quality assurance*, *25*(4), pp.363-370.

This study aims to examine the feasibility of maintaining a physical health monitoring sheet in patients' records and its impact on physical health of patients with SMI, over a period of one year

- Pilot Study, one ward, male patients only
- 80-87% of patients identified as smokers, raised BMI, cardiovascular risk.
- Physical health clinic was introduced
- Re-audit demonstrated 100% of records has been updated.
- Lipids and Qrisk2 (cardiovascular risk) had decreased.
- Nil other changes noted.

The Evidence

Improving physical health monitoring and interventions in a learning disabilities forensic psychiatric secure service

Madeleine Landin, Charlotte Palmer*, Nadine Paul and Puneh Shahrjerdi
School of Medicine, Faculty of Life Sciences and Medicine, King's College London, London, UK

Landin, M., Palmer, C., Paul, N. and Shahrjerdi, P., 2022. Improving physical health monitoring and interventions in a learning disabilities forensic psychiatric secure service. *International Journal of Risk & Safety in Medicine*, (Preprint), pp.S1-S6.

- Small cohort study, in one area.
- Nil change seen in any biometrics.
- Some changes seen in knowledge acquisition by patients about heathier lifestyles.

Some cohort study looking at the value of psycho-education, group exercise and healthy lifestyle diaries.

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Making Change – The Physical Healthcare Check?

The NHS four part annual review that explores patient with SMI and IDD Physical Health, with a focus on action:

- Part 1 - Core 6 elements (LESTER Tool)
- Part 2 – NHS health check, LTC review and vaccinations
- Part 3 – What follow up and onward referral is needed?
- Part 4 – National screening programme – Bowel, Breast and cervical CA, AAA and Diabetic retinopathy.

- Designed for, and structured around community GP practices.
- Are we doing this? Can we assure it is happening?, What data do we have?
- Who is doing this?
- What templates are we using?
- How do we manage the barrier of assess internally.
- Do we have the links to refer?
- Are we just measuring?

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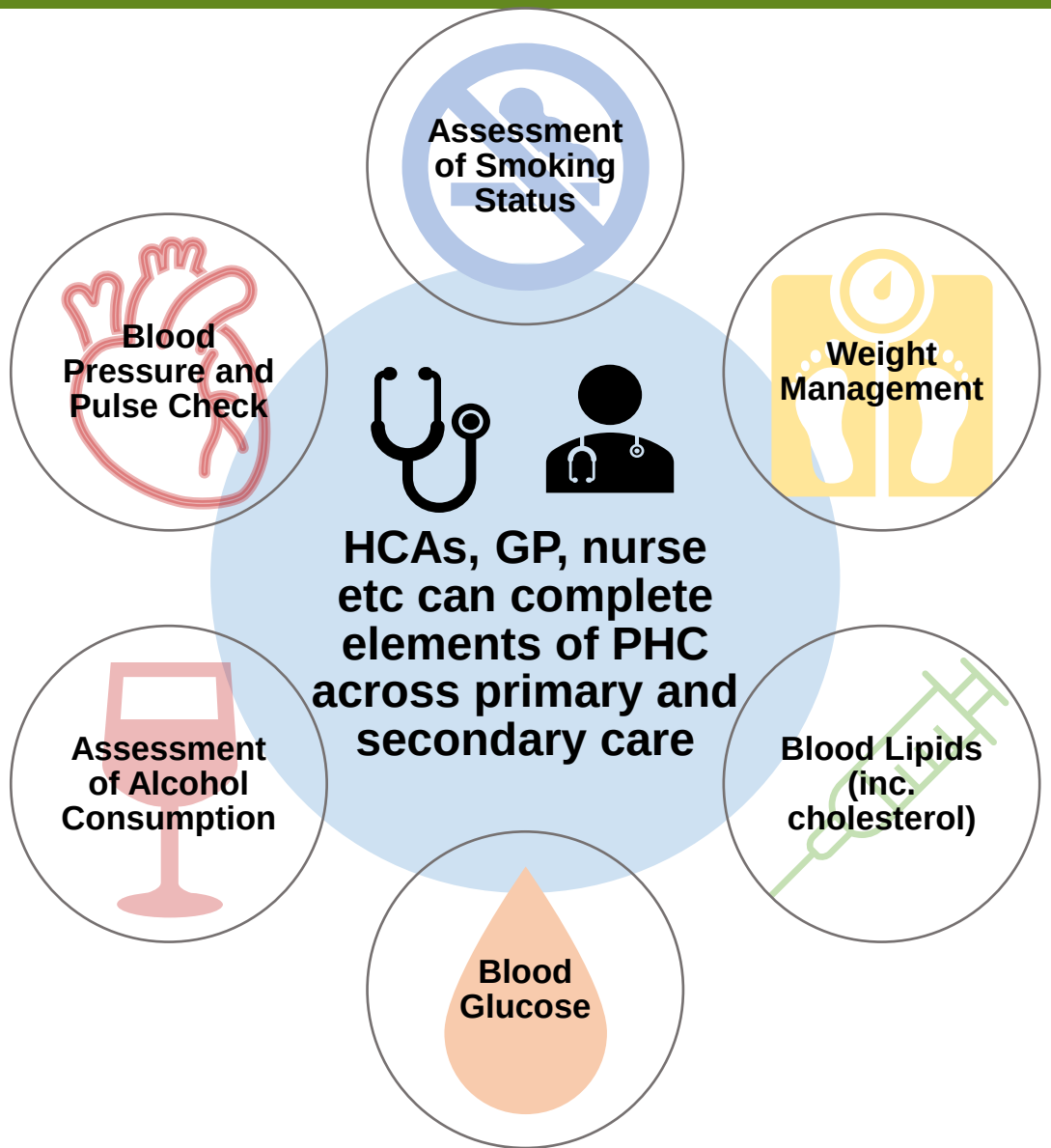
The big 6 impact interventions



The four key principles for supporting Physical healthcare Checks in SMI population

1

Supporting key physical health needs:

People with SMI have key physical health needs that must be met during this time, and we must not lose sight of the initial progress that has been made to address health inequalities.

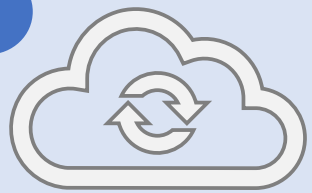
2

Routine blood test monitoring:

People who are on antipsychotic medication will require careful physical health monitoring, to be co-ordinated between primary and secondary mental health services.

When completing regular bloods monitoring teams can also complete PHC

3



Digitally enabled care:

Where appropriate, services are encouraged to explore digitally-enabled care/ Point of Care Testing. Teams may wish to stratify individuals on caseloads to identify those who will still benefit from F-2-F support

4

Make Every Contact Count:

Services should seek to maximise opportunities to promote and discuss good physical health and Make Every Contact Count (MECC)

Cross-cutting

- **Data and Reporting**
- **Sharing good practice**
- **Workforce**
- **Co-production and engagement with people with SMI**

What is Making Every Contact Count (MECC)?

- MECC is an approach to **behaviour change** that uses the millions of day-to-day interactions that organisations and people have with others to support them in making **positive changes to their physical and mental health and wellbeing**.

- Drawing on behaviour change evidence, MECC maximises the opportunity within routine health and care interactions for a **brief or very brief discussion** on health or wellbeing factors.

Behaviour change interventions mapped to NICE Behaviour Change: Individual Approaches
https://www.nice.org.uk/Guidance/PH49

https://www.nice.org.uk/Guidance/PH49

But is it bigger than the Physical Healthcare Check?

Time spent well

Service changes and QI activity

Ownership
Leadership

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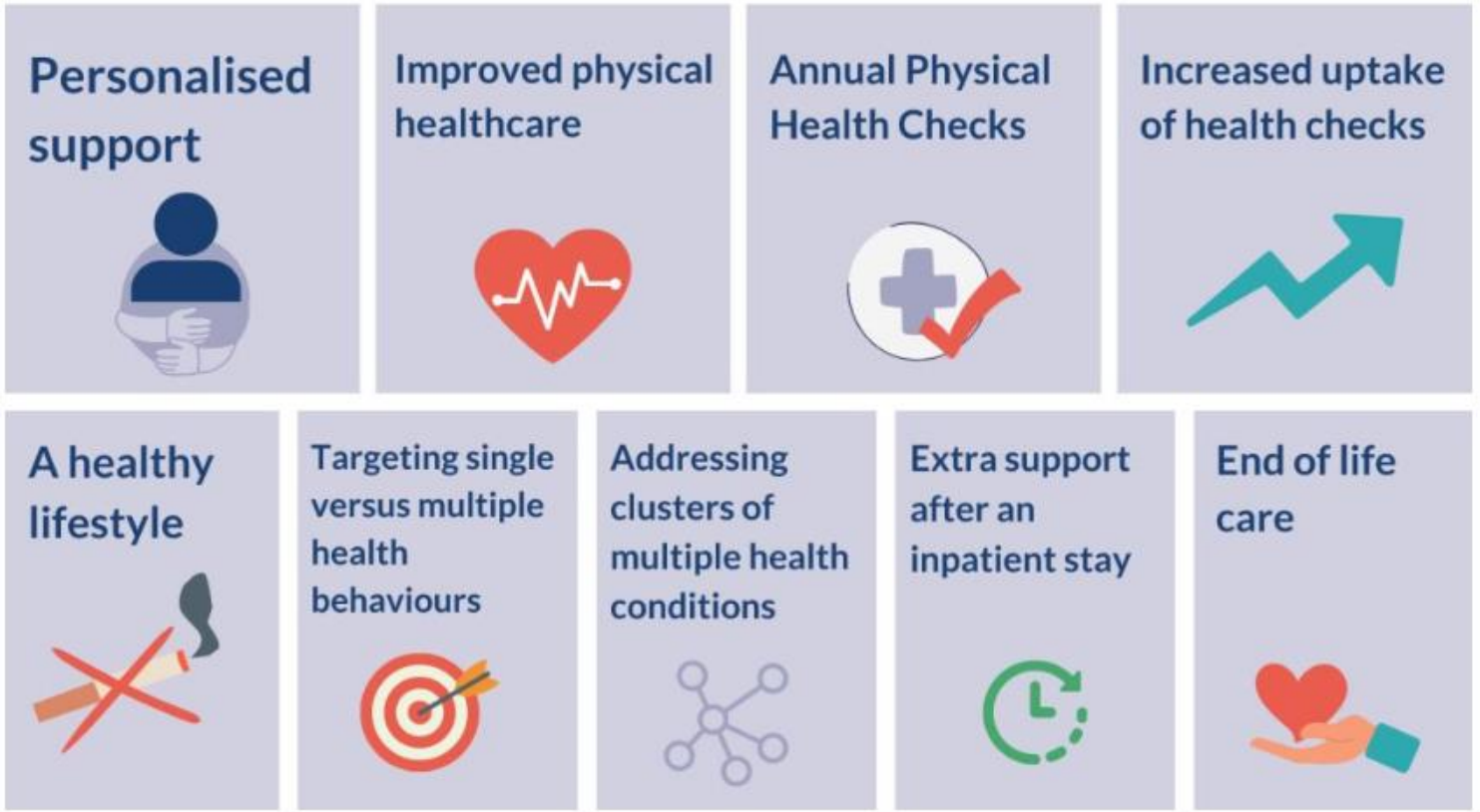
What does the NIHR think?



NIHR Evidence; Supporting the physical health of people with severe mental illness; April 2023; doi: 10.3310/nihrevidence_57597

Making Change

Physical Healthcare Service

Promote - Support - Rescue

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Physical Healthcare Strategy: Building Blocks to Success

Promote

- The growth of evidence-based practice
- Self-management of long-term conditions
- Positive lifestyle choices for better health
- Population Health frameworks
- Equitable access to services
- The use of technology
- The increase of health screen update
- Illness prevention

Support

- Rehabilitation and tackling frailty
- End of Life Care
- Growing meaningful data sets
- Evidence Based Practice
- Training and Education
- Effective communication
- Coproduction of solutions
- The correct environment for care
- Excellent Governance
- Partnership relationships

Rescue

- Emergency Department avoidance
- Medical emergency treatment
- Effective Clinical Triage
- Focused support for complex cases
- Effective use of resource
- Resilience through reflection
- Antimicrobial stewardship
- Specialist ambulatory pathways

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What is on the horizon through NIHR?

•Supporting Physical and Activity through Co-production in people with Severe Mental Illness (SPACES).

•Developing and evaluating a diabetes self-management intervention for people with severe mental illness: The DIAMONDS programme (Diabetes and Mental Illness, Improving Outcomes and Self-management).

•MoreRESPECT: A Randomised controlled trial of a sexual health promotion intervention for people with severe mental illness delivered in community mental health settings.

•REalist Synthesis Of non-pharmacological interVEntions for antipsychotic-induced weight gain (RESOLVE) in people living with Severe Mental Illness (SMI).

•Promoting Smoking CEssation and PrevenTing RElapse to tobacco use following a smokefree mental health inpatient stay: the SCEPTRE programme.

•Developing and user testing iSWITCHED (implementing SWITCHing EDucational intervention) to support switching antipsychotics to improve physical health outcomes in people with severe mental Illness.

•An intervention using mental health support workers as link workers to improve dental visiting in people with severe mental illness: A feasibility study.

•A cognitive intervention to increase physical activity in people with schizophrenia

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In summary

•Patients with SMI have a tough deal.

•We have an audience for the time they are with us in secure services, we need to think cohesively about all health outcome, no mental health without physical health.

•Inherently and systemically disadvantaged. The barriers to good physical health are systemic in patients, professionals and services.

•The Physical healthcare check has a core role to play, but we aren’t assured they are happening and if they are, to what standard.

•Making every contact counts is a golden thread through it all.

•Rampton hospital designed a PHC strategy around Promoting good wellbeing, supporting in illness and rescuing our patients in acute illness.

•We have a duty to advocate for our patients for all their healthcare, physical healthcare is everyone's business.

•It feeling overwhelming at times, start with the basics, they make the biggest differences in both short and long term health outcomes.

•There is no ‘right way’ of doing any of it. It is what is right for the patient at that time in their recovery.

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Thank You

Any Questions?

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