

Physical Health and Wellbeing Monitoring Guidelines and Clinics

Forensic Community Mental Health Service , Caird House, Beckford lodge, Hamilton ML3 0AL.

Dr Ayesha Raja, Consultant Forensic Psychiatrist. Maxine MacDougall, FCPN. Marlene Savage, FCPN.
Dr Yen Yi Lee, FY2. Dr Ellen Morrison, FY2. January 2022.



Aims

- To introduce Physical Health & Wellbeing (PH&WB) monitoring guidelines and clinics in Forensic Community Mental Health Service (FCMHS) , NHS Lanarkshire.
- To align existing practices to the standards set by the College Centre for Quality Improvement (CCQI) by the Royal College of Psychiatrists.

Background

Patients with severe enduring mental illness have lower life expectancy and poorer physical health outcomes than the general population. Patients on prescribed psychotropic medication can develop serious physical health problems if suboptimal monitoring is undertaken. Physical health monitoring is crucial for good psychiatric outcomes for patients with severe enduring mental illness. The Royal College of Psychiatrists prioritised and encouraged psychiatric services to develop local arrangements for physical health monitoring.

An audit undertaken in July 2020 retrospectively reviewed physical health data of all forensic patients over a year period. Results highlighted significant deficits in monitoring physical health of community patients. This led to the introduction of Physical Health &Wellbeing monitoring packs, incorporating physical health parameters for patients on psychotropic medications according to national and local guidelines. These were approved at the local Clinical Leadership group and incorporated within the Care Programme Approach process.

Methods

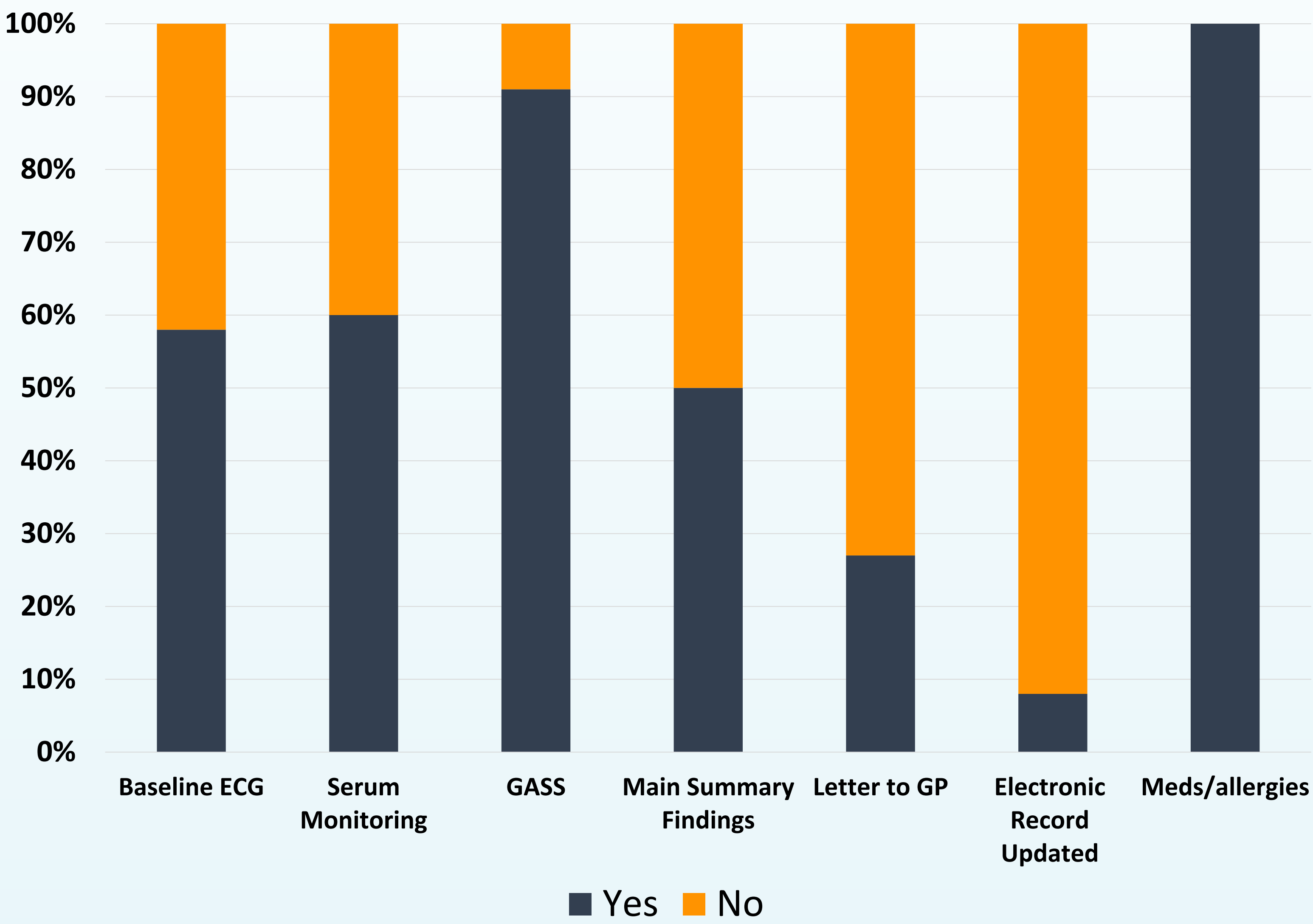
The study was undertaken over 3 months from January 2021 to March 2021. Physical Health and Wellbeing (PH&WB) monitoring packs were created for patients in the forensic community mental health service.

The monitoring pack collected information on patient demographics, medications, allergies, physical health conditions, weight, BMI, physical activity levels, physiological parameters, smoking status, alcohol use, illicit drug use, sexual health, blood investigations, any referrals made to other services and communication with GP.

An audit tool was created and 13 patients were randomly selected from the NHS Lanarkshire forensic database.

The PH&WB clinics were scheduled weekly at Caird house, FCMHS invited patients. Necessary blood investigations were undertaken and physical health parameters recorded in the PH&WB monitoring pack. The results led to follow up arrangements and liaison with primary services. In addition lifestyle advice information on healthy diet and varying level of exercise in achieving change was discussed. These would be reviewed at CPA on 6 monthly intervals.

Completion of Monitoring Packs in PH&WB Clinics



Results

The results of pilot study indicated improved physical health monitoring since the initial audit in July 2020. It was noted the monitoring packs were completed for all the patients selected for the study.

Information on medication and allergies was completed for 100% of patients. BMI was measured and calculated in 100% of patients. The main summary findings were completed in half of the patients and in 27% of patients, letters highlighting abnormal results were written to the GP.

However, some issues in data recording remained. For example, baseline ECG was only recorded in 58% of the patients on psychotropic medication, serum monitoring was recorded in 60%, Glasgow Antipsychotic Side-Effect Scale (GASS) was incomplete in 9% and only 8% of patient had their electronic record updated.

Conclusion

The introduction of PH&WB pack and RMO led PH&WB clinic along with FCPN colleagues enabled documentation and greater opportunity for identification of risk factors for physical health co-morbidities. PH&WB packs, clinics in the Forensic Community Mental Health Service and staff education allowed better communication between services (FCMHS, GPs and Hospitals).

To improve this further an excel spreadsheet created on a shared drive within FCMHS database allowed easily accessible information by clinical staff only. The completion of recording sheet automatically generated new time frame for next physical monitoring for patients. The hope in future is that this monitoring will demonstrate that identification of PH problems at an early stage will improve patients physical well being and health outcomes. In 6 months time, another audit will be undertaken to monitor progress in meeting the standards set.