

Improving Physical Health in Older Adult Patients with Severe Mental Illness (SMI)

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Introduction

- People living with severe mental illness (SMI) face one of the greatest health inequality gaps in England, with the life expectancy for people with SMI being 15–20 years lower than the general population¹.
- Individuals living with SMI are not consistently being offered appropriate or timely physical health assessments despite their higher risk of poor physical health¹.
- There is a particular lack of evidence regarding physical health in older adult patients with SMI.
- The 'Five Year Forward View for Mental Health' from NHS England committed to ensuring that by 2020/21 280,000 people living with SMI have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year¹. This was reinforced in the NHS Mental Health Implementation Plan 2019/20 – 2023/24, which also advised formation of community multi-disciplinary teams encompassing mental and physical health of older adults².
- On reviewing the Central & North West London (CNWL) physical health recording service 'Tableau' in September 2020 it became evident that our team were failing to meet the annual targets for patients with a SMI – with only 14.5% of our 80 patients having a completed annual physical health check.
- During informal focus group discussion in our teams business meeting, staff voiced concerns regarding lack of confidence with physical health skills and a lack of knowledge regarding using the Tableau data system.

Aim

- To improve the percentage of Westminster Older Adult CMHT patients with severe mental illness (SMI) who have had their completed annual physical health check from 14.5% to 75% over one year.

Methods

- A PDSA (Plan, Do, Study, Act) methodology was applied.
- Physical health teaching sessions were run for all care co-ordinators in October 2020, in small groups, covering all the domains of the physical health assessment. A confidence assessment was done before and after the sessions, from 0-10 in all of the domains of the physical health assessment. This was blinded, with a second party using anonymised staff numbers for collection of results to avoid bias.
- Teaching sessions were also provided in October 2020 on how to use the physical health reporting system 'Tableau'.
- Following this the 'Tableau' was monitored on a weekly basis to assess the number of patients with completed assessments (Figure 1).
- The specific physical health domains were also monitored to see if any areas were particularly difficult to attain (Figure 2).

Results

- Staff confidence level improved following the skills training clinics from 56% to 86% on average across the domains of the physical health check.
- The number of patients with a completed annual physical health review increased from a median of **14% to 35.5%** between October 2020 and February 2021, representing a **154% increase** (Figure 1).
- There was an initial significant increase in completed physical health checks between October and December, however between January and February the number began to plateau (Figure 1).
- The three areas of the physical health check with the lowest attainment were cholesterol (66.7%), diabetes (68.1%) and weight (63.8%) (Figure 2).
- The results were discussed with the doctors within the team and a range of interventions were applied, from lifestyle advice to recommending pharmacological intervention via the GP.

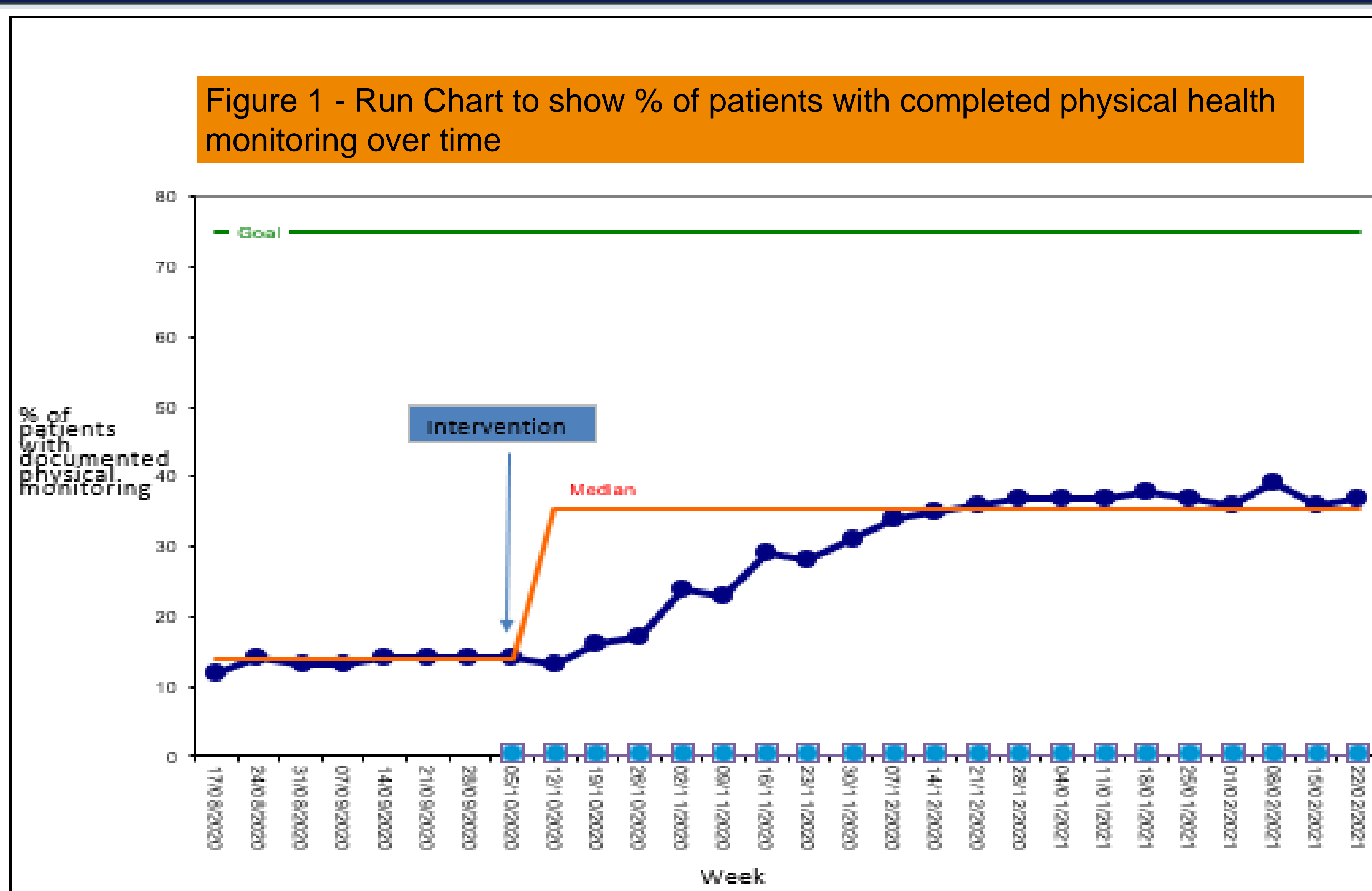
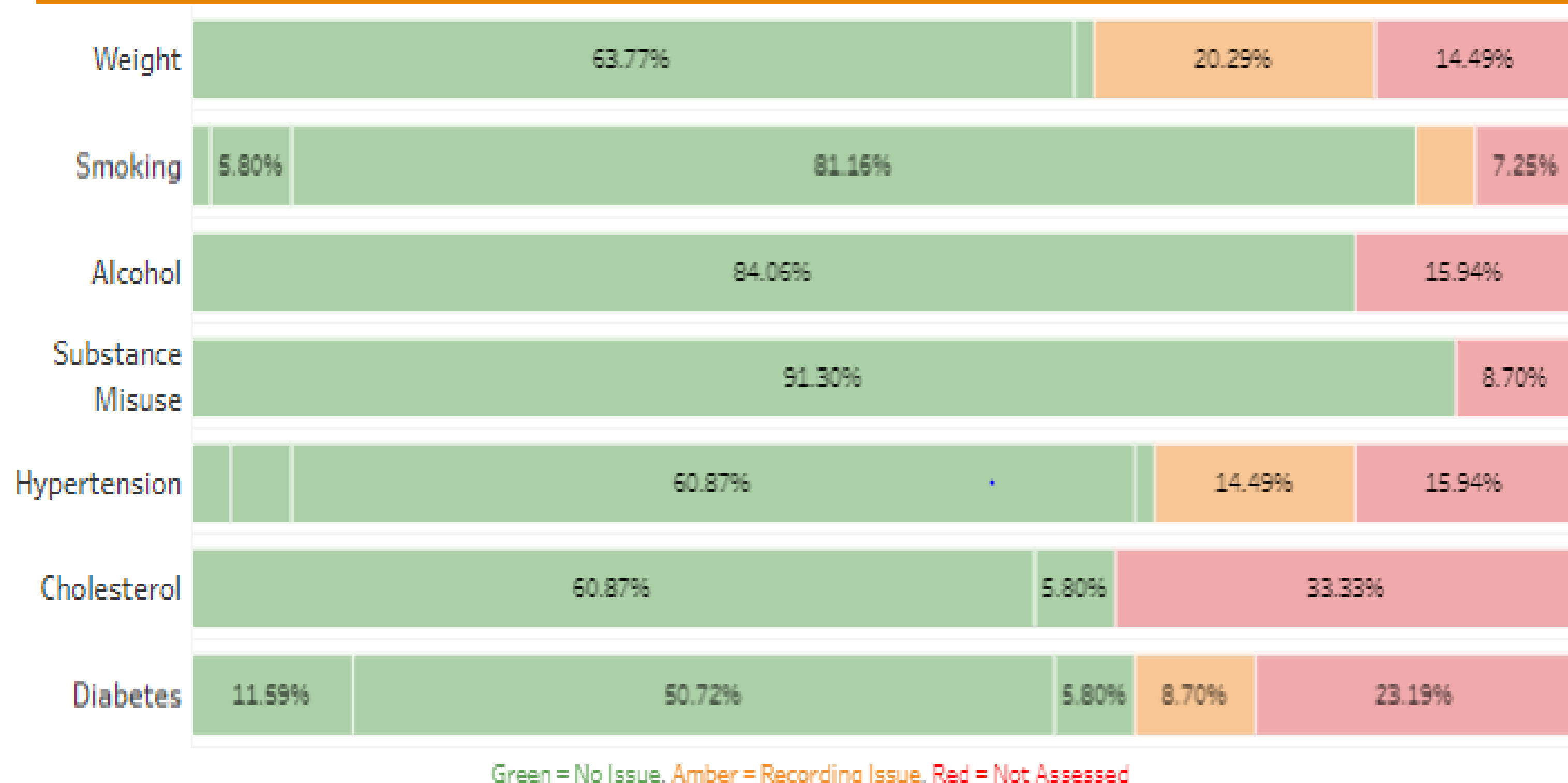


Figure 2 – Percentage of SMI patients with recorded physical health monitoring by domain in February 2021.



Conclusions

- Following the intervention of physical health and Tableau training sessions, the median percentage of completed physical health checks increased from 14.5% to 35.5% between October 2020 and February 2021.
- After an initial steady increase, the percentage of completed checks began to plateau. This is likely in part secondary to lack of phlebotomy trained staff to monitor cholesterol and diabetes.
- In light of this, from February 2021 we will be employing a phlebotomist to assist care co-ordinators as a second intervention and will continue to monitor the results via Tableau, with an aim to have 75% of patients with a completed annual physical health check by October 2021.
- If these interventions continue to improve the physical health monitoring of our patients, we will aim to extend this programme to other teams within the Trust.

References

1. Improving physical healthcare for people living with severe mental illness (SMI) in primary care, NHS England, February 2018.
2. NHS Mental Health Implementation Plan 2019/20 – 2023/24, NHS England, July 2019.

Poster Category

Quality Improvement Project