

Physical health clinic

"It's a positive impact on standard of care...I think it probably reduces referrals to other services. For instance, we had a smoker, anaemia, cough. We were concerned about malignancy. So, we did a Physical Health Clinic referral, and they told us what investigations were needed then ordered all the investigations from the ward rather than having to refer to respiratory clinic."

Experience from a Junior Doctor using this service



The problem

Initial scoping work with South London and Maudsley NHS FT and King's College Hospital service users and staff highlighted the need to improve how physical healthcare was delivered in inpatient units. Better joint working and communications between mental and physical health clinicians, faster access to more appropriate physical health care, and fit-for-purpose physical healthcare based in mental health settings was a potential route to to explore and improve this. The aim was to ensure inpatients received appropriate physical healthcare by creating a responsive physical health in-reach service. In doing so, we would aim to respond to patients' requests to avoid unnecessary transfers to emergency care and improve resource use.

Learning from other projects

Our project team combined literature searches, attendance at conferences, and networking to scope potential solutions, to help develop our approach and design an in-reach physical health team at South London and Maudsley NHS FT.

We engaged with colleagues from several mental health Trusts across England to learn from existing models. For example, our team explored learning from a project at Whittington Health NHS FT, which provided a weekly face-to-face in-reach service, that patients, carers, and clinicians could attend together to learn about and plan the clinical and self management of presenting issues of common comorbidities.

We held several focus groups and planning workshops with clinicians based at the Maudsley hospital, which would be our pilot site, to understand how best to adapt this service to the needs of South London and Maudsley NHS FT patients.

What we did

The Physical Health Clinic launched in June 2020. Infection prevention control measures introduced as a result of the COVID-19 pandemic meant that the early stages of our pilot were offered virtually. Clinicians referred patients directly via the South London and Maudsley NHS FT electronic patient record system; the referral was triaged by a clinical member of the IMPHS team; a Consultant general physician would respond by either telephone, email, or by booking an extended appointment on MS Teams which the patient could also attend. Consultant availability for appointments was limited to half a day per week, however another half-day was available for queries that didn't require appointment. Referrals would be answered Monday to Friday, 09:00–17:00.

In September 2021, a change in infection control measures allowed us to offer face-to-face appointments at the Maudsley hospital. Our on-going service evaluation also provided assurance to offer the intervention at additional sites and be able to meet potential increase in demand. In November 2021 adult-acute wards at Lambeth hospital were invited to make referrals as well as those from the Maudsley Hospital.

To maximise use of clinical capacity, in June 2022, the clinic's Consultant, accompanied by a South London and Maudsley NHS FT nurse, commenced weekly visits to all wards at the Maudsley hospital site. Ward doctors were asked to prepare patients or cases for review that required general medicine input; the clinic team provided advice and guidance response in situ.

Main impact and findings

Since implementation, the Physical Health Clinic has responded to more than 200 referrals or case reviews that have originated from Maudsley and Lambeth Hospitals, and of these referrals:

- › 50% were given advice on how to optimise medications, which may have prevented additional and appropriate prescriptions being given unnecessarily
- › 31% were advised on most appropriate further diagnostics, which may have promoted earlier diagnosis
- › 29% avoided a referral by either providing advice in situ or by optimising medication

Key achievements

Our approach to implementation has enabled our team to pilot small tests of change, tailor strategies, revise professional roles, scale up and continue to learn from clinicians working in an evolving healthcare system.

The success of the project has helped to establish streamlined pathways between inpatient and acute care services across two Trusts in south east London.

The importance of having a physical health in-reach or 'liaison' service in mental health settings has recently been recommended in *Physical Healthcare in Mental Health Inpatient Settings* (NCEPOD, 2022).

Key learning

- › Developing a standard operating procedure, and contingency operating procedure helped ensure service consistency.
- › Referral monitoring to evaluate service uptake, referral quality, efficiency in response times, and clinical outcomes enabled the team to adjust the intervention in real-time e.g., showed impact of staff rotation on referrals, and identified routine specialist expertise in diabetes was needed.
- › Trialling communication strategies raised awareness of the new service. Comparing activity against strategies helped to identify most impactful communication methods and required frequency using Implementation Science methodologies.
- › Evaluating intervention effectiveness through staff and patient feedback was valuable e.g., identified the need for practical nursing support, and value in enabling patient-led referrals.