

Integrating mental and physical healthcare: Evaluating the implementation of two novel interventions, Physical Health Clinic and Consultant Connect, in a UK mental health NHS Trust

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BACKGROUND

People with severe mental illnesses have poorer physical health and a reduced life expectancy compared to the general population¹. Two novel interventions, Consultant Connect (CC) and a Physical Health Clinic (PHC), were introduced at South London and Maudsley NHS Foundation Trust to improve integration between mental and physical healthcare.

CC is an App that enables direct telephone access to specialist consultants in local acute hospitals for advice and guidance. The PHC allows referrals to be made to a consultant physician, who responds to queries by e-mail, telephone, or in person². Both interventions have experienced widespread uptake (Fig. 3).

METHOD

Implementation and service impacts were assessed using semi-structured interviews with clinicians who have experiences of using CC and PHC. A total of 18 (CC = 10, PHC = 8) users were interviewed by one of two authors (TBP & GG). Responses were analysed by a multidisciplinary group and a number of themes identified, relating to i) implementation, ii) experiences using the interventions and iii) suggested improvements.

Here, we present preliminary findings from our initial thematic analysis of interviews. Analysis of validated measures of acceptability, appropriateness and feasibility is ongoing.

RESULTS

From the 18 interviews conducted, the following three themes emerged:

Implementation

- Users became aware of the interventions through a number of means: induction; email advertisements; word of mouth; and members of IMPHS team visiting wards. Spikes of registrations occurred after inductions (e.g Aug-21 in Fig 2) and periods of advertisement.

- Main reasons for using CC/PHC over other interventions: easier to contact than medical registrar; less likely to be busy; accessing a more experienced & specialist clinician; chronic issue. Relative frequency illustrated in Fig 1.

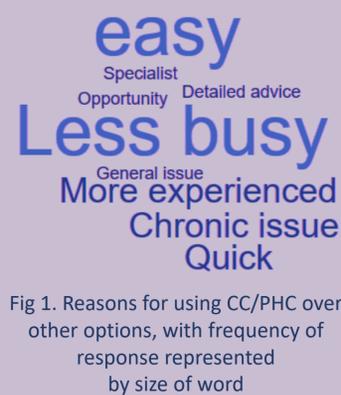


Fig 1. Reasons for using CC/PHC over other options, with frequency of response represented by size of word

Experience of Use

- Across 18 interviewees, 15 (83%) reported helpful advice leading to positive outcomes for patient care.
 - 3 (17%) said it prevented them sending the patient to hospital.
 - 11 (61%) said the process of accessing advice via CC/PHC was quick or easy.

“ [Using PHC] positively influenced patient care. I feel safer and more confident in my ward work. ”

- Interviewees sought a range of outcomes from referrals (see Fig 2 below). 17 (94%) were satisfied with the outcome after contacting CC or PHC.

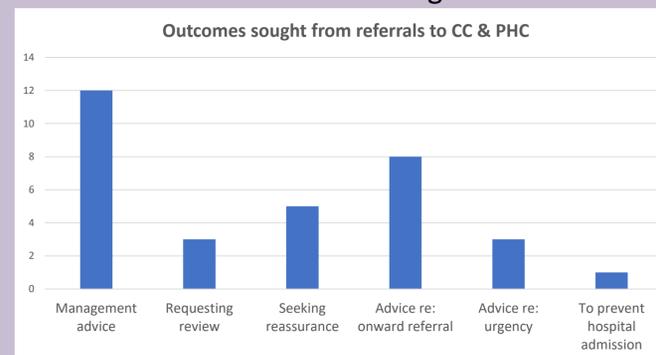


Fig 2. Outcomes sought from referrals to CC & PHC

“ Excellent resource... consultants... expecting calls and they have allocated time... it takes the burden off... and then you feel you can trust the specialist advice... I don't know if I could do my job well without it ”

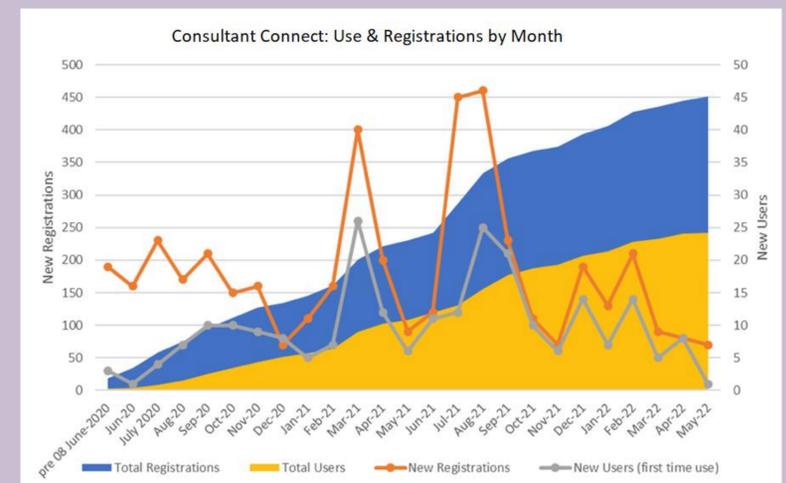


Fig 3. Registrations & users of Consultant Connect App

Suggested Improvements

- For CC, 7 interviewees (70%) highlighted some difficulty getting through to an appropriate consultant.
 - “ It would be good if the consultant had access to the patient notes. ”*
- For PHC, 3 interviewees (38%) were uncertain which patients would be appropriate to refer. Two (25%) highlighted lack of clarity about which patients the consultant might be able to visit on the ward to review
- Across both services, 5 respondents felt it was difficult to know which service was most appropriate for a given patient, and 2 requested examples of reasonable referrals.

CONCLUSIONS

Initial analysis suggests that CC and PHC have been effectively implemented, with growing numbers of users accessing consultant physician advice. Interviewees highlighted a number of advantages over traditional routes of seeking physical health advice for mental health inpatients, and the majority felt that CC and PHC provided quick and helpful support. This suggests that these interventions are providing training doctors with rapid access to up-to-date evidence-based physical health advice, with most reporting positive impacts on patient care.

REFERENCES

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- Williams, J et al. Development and rapid evaluation of services to support the physical health of people using psychiatric inpatient units during the COVID-19 pandemic: study protocol. *Implement Sci Commun*. 2021;2:12

ADDITIONAL INFORMATION

Please contact IMPHS@slam.nhs.uk for more information.

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