

Physical Health Policy



1. **POLICY**

- The overarching goal for this policy is to increase patient life expectancy and quality of life for people with poor physical and mental health by striving for clinical excellence through holistic, integrated physical and mental healthcare.

2. **PURPOSE**

- To support and improve the way the physical health needs of all age groups who access mental health, drug and alcohol, learning disability and forensic services are addressed is the purpose of this policy with an emphasis and goal of decreasing health inequalities and improving physical health outcomes.

3. **SCOPE**

- This policy applies to employees that provide services to people with mental health problems (adults, older people, children and forensic services) drug and alcohol problems and learning disabilities.

4. **RESPONSIBILITY**

- Board of Directors are responsible to have policies and procedures in place to promote best practices and meet national and local requirements.
- **Physical Health and Wellbeing (PH&WB) Group** are responsible to lead and develop the implementation of RDaSH, local and national priorities as follows:
 - To drive the physical health and well-being agenda;
 - To improve the physical health of patients;
 - To reduce mortality and morbidity of patients;
 - To improve the well-being of patients; and
 - To meet CQUIN targets in this area.
- **Care Group Directors** are responsible to make sure a strategic approach and action plans are in place.
- **Modern Matrons/ Service Managers** are responsible for implementing policy.
- **Team/Ward Managers** are responsible to make staff aware of this policy and monitor adherence to its contents.

[Physical Health and Wellbeing (PH&WB)]

- **Clinical Quality Lead to:**

- Review, update and amend policy as required.
- Develop, co-ordinate and deliver training and other practice development activities around key physical health and well-being priorities.
- Work with staff, patients and care groups to raise awareness of the importance of the PH&WB Agenda.

- **Admitting Doctor**

The admitting Doctor is responsible to:

- Complete the initial medical examination for all new admissions to the ward.
- Record any reason why it was not possible for the physical assessment to be completed at admission
- Make arrangements for any patients who do not undergo a physical examination at admission to have one completed as soon as possible.

- **Clinical Staff** are responsible to:

Promote healthy lifestyles and improving the physical health of patients. Staff and teams will use the Physical Health Assessment (available on the electronic patient record system) to identify signposting to services where appropriate.

- **Acute/Primary Liaison Learning Disabilities Nurses** will facilitate:

- Support people with learning disabilities in both Primary and Secondary care.
- Health Promotion/Health Experience Groups
- Health Action Planning
- Monitoring of Annual Health Checks
- Updating of GP Registers
- GP practices having a LD resource file
- Training in learning disability awareness, Hospital and Primary Care passports in Primary and Secondary health care, Emergency Services and the Independent sector.
- Easy read literature to support the individual with their health.

5. DEFINITIONS

6. REFERENCES and RELATED STATEMENTS of POLICY and PROCEDURE

- **LINKS TO OTHER TRUST PROCEDURAL DOCUMENTS**

- Adults Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Policy,
- Care Programme Approach Policy
- Dual Diagnosis for the Management of patients/Service Users with a Dual Diagnosis of Mental Health Problems and Substance Misuse
- Dysphagia Management Policy
- Medical Devices Management Policy
- Mental Capacity Act 2005 Policy
- Minimum Standards for the Physical Assessment and Examination of Inpatients in Mental Health and Learning Disability Services
- Nutrition Policy (Promoting Good Nutrition for Patients)
- Policy for the Care of the Bariatric Patient

- Policy for the Prevention and Management of Staff and Visitors Slips, Trips and Falls Pressure Ulcers; Detection, Prevention and Treatment Policy
- Trust Smoke free Policy
- The Safe and Secure Handling of Medicines Policy

6.02 REFERENCES

- Improving the physical health of people with mental health problems: Actions for mental health nurses, Nursing, Midwifery and Allied Health Professions Policy Unit, May 2016
- The *Five Year Forward View for Mental Health* (2016)
- DOH (2005) Mental Capacity Act
- DOH, 2011, No Health without Mental Health: a cross government mental health outcomes strategy for people of all ages
- The Lester UK Adaptation of the positive cardiometabolic health resource, 2014 update
<http://www.rcpsych.ac.uk/quality/nationalclinicalaudits/schizophrenia/nationalschizophreniaaudit/nasresources.aspx#CMH>
- NICE, 2014, Schizophrenia (update) (CG82) (replaced by CG178) Core interventions in the treatment and management of schizophrenia in primary and secondary care (update)
- NICE (2006), The management of bipolar disorder in adults, children & adolescents, in primary & secondary care, NICE, London (nice.org.uk) guidance.nice.org.uk/CG38 13 Feb 2014
- NHS England, 2014 Commissioning for quality and innovation (CQUIN): 2017/18 guidance 'Improving physical healthcare to reduce premature mortality in people with severe mental illness (SMI)'
- The Schizophrenia Commission, 2012, The Abandoned Illness
- The University of Manchester, (2013) The National Confidential Inquiry into suicide and homicide by people with mental illness

7. PROCEDURE

• IN – PATIENT SERVICES

- On admission:
- every patient must have a physical assessment in line with the standards detailed in The Trust Physical Assessment, Examination and on – going Care of In – patients Policy;
- any patients with existing health conditions whose physical observations are normally outside expected parameters should have a normal parameter exception care plan devised on admission; and
- ascertain any investigations that have occurred in primary care with the patient's G. P on admission.
- During the hospital stay, the following occurs:
- a physical health (PH) assessment should be completed with the patient and physical health care plan agreed (available on the electronic patient record);
- existing "physical health plan" that may be held by the patient's GP should be acquired;
- all relevant monitoring and screening requirements for the period be concluded; and
- The following applies for the on-going physical health of patients:
 - Physical Health assessment, review, examination and investigations should be repeated a minimum of 6 monthly whilst an in-patient.

- All health needs should be incorporated into the care plan with clear actions, review dates and who is responsible.
- The care plan should consider symptoms, progress and treatment for long term physical conditions e.g. diabetes, hypertension, and arthritis. This should be reviewed with the patient and documented by medical staff (frequency of review should be recorded in the care plan).
- Patients who develop physical health needs during an inpatient stay or who are identified as having a possible physical health problem must undergo a physical health examination within a reasonable time governed by the severity of the problem reported.
- In the event the physical health problem is felt to be severe or life threatening the nurse in charge must arrange for the transfer of the patient to the local A&E department.
- If after examination a referral to a primary care provider e.g. dentist is required, an appointment should be made and supported to attend.
- Weight and blood pressure (BP) should be checked and recorded a minimum of monthly for patients considered at risk.
- Patients should have access to dental care, chiropody, audiology, dietician, sexual health counselling and care and an optician where appropriate.
- On a patient's discharge from In – Patient Care, the following occurs:
- The medical staff, supported by the Multi – Disciplinary Team (MDT) to communicate any modified or existing physical health care plan, including any investigations and their outcomes to patient's GP and community team.
- **COMMUNITY TEAMS**
- All Patients will have a physical health assessment (on the electronic patient record) with identified needs and interventions recorded in a physical health care plan and shared with the patients GP. This will be carried out/reviewed a minimum of annually. In using the Physical Health Assessment tool staff can be assured that the minimum standard of observations identified by the Lester antipsychotic monitoring guidance and the cardio metabolic screening set out in the Physical Health Care CQUIN will be met.

Side effects of medication are reviewed using a validated rating scale e.g. GASS (in the electronic patient record) or the Side Effects Neuroleptic Medication rating scale, easy read version.

- **Adult Mental Health Services:**

People who receive specialist community mental health services that fulfill Primary Care criteria for serious mental illness (SMI) will be encouraged to register with their GP and advised to make effective use of the Primary Care Physical Health Review.

- **Learning Disability Services:**

Patients with a learning disability access the Learning Disability Health Action Team and have an annual health check with their GP.

Community nurses will complete a physical health assessment with the patient who will be given a copy of the 'My Health Action Plan' and use the Traffic Light Assessment.

8. TRAINING IMPLICATIONS

- **TRAINING/AWARENESS SESSIONS INCLUDE THE FOLLOWING:**

- Trust Induction (Health and Wellbeing session)
- Life Support Training (as specified by the staff training matrix)
- Clinical Skills training
- Recognizing and Assessing Medical Problems in Psychiatric Settings (RAMPPS)
- **OTHER REQUIREMENTS IDENTIFIED BY THE MEMBER OF STAFF/MANAGER MAY ALSO INCLUDE THE FOLLOWING:**
 - Wellness and Recovery Action Planning (WRAP)
 - Making Every Contact Count (MECC)
 - Medicines Management
 - Dysphagia
 - Falls
 - Behavior Change and Motivational Interviewing
 - Smoking cessation
 - Universal Malnutrition Screening Tool (MUST) training

9. MONITORING

Monitoring Arrangements for Physical Health Assessments and Implementation of Serious Incident Action Plans.

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Area for Monitoring	How	Who by	Reported to	Frequency
Physical Health Assessments	Two-pronged audit:			Annually
	1. Physical Health Care CQUIN	Clinical Effectiveness Team	Care Group Director	
	2. Audit via Silverlink (electronic patient records)	Clinical Effectiveness Team	Clinical Quality Group	
Implementation of Serious Incident action plans that include physical health care.	Review of action plans	Care Group Directors		Quarterly

10. EQUALITY IMPACT ASSESSMENT SCREENING UPDATE

10.01 PRIVACY, DIGNITY AND RESPECT

- The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi's review of the NHS, identifies the need to organize care around the individual, 'not just clinically but in terms of dignity and respect'.
- Consequently, the Trust must articulate its intent to deliver care with privacy and dignity and treat all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity, and respect (when appropriate, this should also include how same-sex accommodation is provided).

- **Mental Capacity Act**

- Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individual's capacity to participate in the decision-making process. Consequently, no intervention should be carried out without either the individual's informed consent or the powers included in a legal framework or by order of the Court.
- Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions of the Mental Capacity Act. For this reason, all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.
- All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005.

11. ATTACHMENTS

None.