

Executive summary

Method

Data from clinical and organisational questionnaires, case notes and surveys were reviewed to assess the care provided to patients aged 18 years and older who were admitted to a mental health inpatient setting for at least one week during 01/11/18 to 31/10/2019, and who:

- Had existing chronic obstructive pulmonary disease/asthma/cardiovascular disease/diabetes
- Had experienced a transfer to a physical health hospital
- Died in the mental health inpatient setting or within 30 days of discharge

Key messages

1. Assess patients for acute physical health conditions on arrival at a mental health inpatient setting and then undertake a detailed physical health assessment once the patient is admitted

Patients admitted for mental healthcare but who are also physically unwell need complex care. Patients may need a transfer to a physical health hospital for an acute condition, and/or they may have at least one long-term physical health condition that needs monitoring. Physical health conditions were not included in the initial clerking for 29/150 (19.3%) patients and a detailed physical health assessment was not undertaken appropriately for 28/126 (22.2%) patients.

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2. Develop a physical healthcare plan for patients admitted to a mental health inpatient setting

The ongoing physical healthcare of patients should be monitored to prevent deterioration. A plan for physical health observations was not documented for 48/217 (22.1%) patients and no advice was given about who should be notified in the event of physical health concerns for 47/169 (27.8%) patients. Physical healthcare plans were formulated for only 155/291 (53.3%) patients.

3. Formalise clinical networks/pathways between mental healthcare and physical healthcare

Mental healthcare staff need support in providing physical healthcare. There were 127/268 (47.4%) mental healthcare professionals surveyed who reported feeling 'fairly'/'less than fairly' confident or competent in caring for patients with long-term conditions and 216/317 (68.1%) thought there was scope for improvements in the hospital's networks with local physical healthcare providers. Local care pathways or pre-existing arrangements with physical healthcare providers were used as part of the care plan for 71/291 (24.4%) patients in this study.

4. Involve patients and their carers/friends/family in their physical healthcare and use the admission as an opportunity to assess, and involve patients in their general health

Hospital admissions are an excellent opportunity to assess and help improve a patient's general physical health and including family/carers can be a great form of support. There were 15/29 organisations with a physical health strategy that had a specific commitment to improve communication about physical health with patients and carers. However, there was no record that the findings of the physical health review had been discussed with the patient's family/carers in 100/188 (53.2%) sets of notes reviewed.

5. Include mental health and physical health conditions on electronic patient records and allow sharing across healthcare providers

Effective electronic patient records (EPR) for physical as well as mental health, should be shared across providers, to improve patient safety and make communication easier. While all organisations apart from one had some form of EPR system, only 20/56 reported that all elements of the clinical record were available on it and only 244/405 (60.2%) clinicians using the systems thought the EPR allowed easy viewing/input of the patient's physical health needs.