

Brief guide: Physical healthcare in mental health settings¹

Context and policy position

People with severe mental illness have a substantially lower life-expectancy than the general population. This is also true for people with learning disabilities and autistic people. Therefore, it is essential that staff in mental health settings meet patients' physical as well as mental health needs. Identifying unmet need and reducing health inequalities amongst people with mental illness features prominently in The NHS Long Term Plan (2019)².

A good service will ensure that people with mental health needs receive the same standard of physical healthcare as any other member of society. Services may deliver this through their own appropriately qualified and experienced staff or in partnership with other providers. The main tasks for practitioners in mental health services are:

1. Timely baseline medical assessment to ensure physical illness is not causing the psychiatric presentation.
2. Monitoring for adverse physical effects of psychotropic treatments and other high-risk medication, including combined doses above the BNF level [HDAT] according to NICE guidelines.
3. Investigation of causes of poor physical health and appropriate care planning.
4. Recognising, responding to and escalating appropriately acute physical deterioration, injury or pain.
5. Assessment and management of long-term physical health conditions – for example, diabetes – recognising the impact of acute or long-term mental illness on the physical condition.

¹There is a separate brief guide on this topic for people with learning disabilities or autistic people (which may also be helpful in respect of other mental health patients with cognitive impairments or communication needs).

²NHS Long Term Plan (2019) NHSE/ <https://www.england.nhs.uk/long-term-plan/>

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Evidence required

Safe

Patients' physiological observations are measured with appropriate frequency, deterioration is recognised, and care escalated promptly.

Also check:

- provision of appropriate and well-maintained equipment
- planned programme of maintenance of medical devices
- training and core competencies for using medical devices to assess and monitor physical health.

Effective

- Regular assessment of the physical health needs of patients, with appropriate follow-up (screening and intervention) and monitoring of outcomes. In particular, use of the Lester cardio-metabolic health resource or similar³ and appropriate care plans for physical health conditions.
- Use of, or reference to, preventative strategies such as the NHS health check programme⁴.
- Appropriate annual health checks are completed e.g. Blood tests, ECG, weight, medicines monitoring [therapeutic drug monitoring].
- Employment of (or suitable arrangements to provide) medical, nursing and pharmacy staff and other healthcare professionals with the necessary skills and knowledge^{5,6} to oversee and deliver aspects of physical healthcare. These staff must have adequate professional development to keep skills in line with best practice. This includes competent use of the equipment and correct interpretation of the results obtained (see appendix 1).
- People have access to healthy lifestyle options, such as bespoke smoking cessation programmes⁷, nutritionally balanced meals, physical exercise and support to engage with them.

³[Lester Positive Cardio metabolic Health Resource](#)

⁴NHSE February 2017 [NHS Health Check: Best practice guidance](#)

⁵Training recommended in [Improving the physical health of adults with severe mental illness: essential actions](#) includes recognition and first response to acute physical illness, resuscitation and the management of long term physical conditions. Also use of systems such as [National Early Warning Score](#) (NEWS2) (not suitable for pregnant women) or [Paediatric Early Warning Score](#) (PEWS) to assess and respond to acute physical illness.

⁶Health Education England, Physical Health Competency Framework for Mental Health and Learning Disability Settings (Dec 2019)
<https://www.hee.nhs.uk/sites/default/files/documents/Physical%20Health%20Competency%20Framework.pdf>

⁷Smoking cessation services must take account of the clinical risk of rapid change in psychiatric drug handling caused by stopping (or restarting) smoking.

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Well-led

- A physical health strategy appropriate for patients with mental illness that is approved by the board or a committee and reviewed annually. This should include measures to address local causes of deaths among patients with severe mental illness.
- A clinical lead who is a board member with responsibility for the physical health strategy and the development of clear, measurable health outcomes.
- Meaningful measurements of physical health outcomes – for example, reduction in smoking and obesity – and performance on annual physical health checks.
- Performance data on physical health assessments on admission.
- Assurance that a track and trigger system (NEWS2) is used effectively to recognise and respond to deteriorating patients in inpatient settings.
- Framework for improving physical healthcare to reduce premature mortality in people with severe mental illness⁸, and national audits (for example, National Diabetes Audit, National Clinical Audit of Psychosis).
- Positive and collaborative relationships with primary medical services, community healthcare and acute hospitals to meet the physical healthcare needs of people with mental illness⁹.

⁸Any provider of mental health inpatient or community services commissioned under an NHS Standard Contract is eligible for this CQUIN. Based on [Improving the physical health of adults with severe mental illness: essential actions](#) (2016).

⁹[NICE CG178](#) Psychosis and schizophrenia in adults: prevention and management paragraph 1.3.6.5 states 'The secondary care team should maintain responsibility for monitoring service users' physical health and the effects of antipsychotic medication for at least the first 12 months or until the person's condition has stabilised, whichever is longer. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements.'

Reporting

Under **safe**, in '**safe and clean environment**', report on the availability and condition of physical healthcare equipment (see appendix 1) and the room(s) that are used for examination.

Under **effective**, in '**assessment of needs and planning of care**', consider if physical healthcare screening is taking place. Report on whether patients' physical health is appropriately assessed on admission/referral by competent staff and if their care plans and risk assessments reflect their physical healthcare needs and protected characteristics.

Under **effective**, in '**best practice in treatment and care**', consider if appropriate physical health interventions are taking place. Consider access to routine age- and gender-appropriate screening and dental care if appropriate.

Under **well-led**, in '**good governance**', state if the provider's governance framework ensures there is board level or other senior accountability for physical healthcare and

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whether there is patient and carer involvement. Refer to arrangements with third parties to monitor patients' physical healthcare.

Under **well-led**, in '**commitment to quality improvement and innovation**', report on the provider's Board level assurance about physical health – for example, use of clinical audit, monitoring arrangements following the end of physical health CQUIN and safety thermometer as a part of commitment to quality improvement and innovation.

Link to regulations

Regulation 12 (Safe care and treatment) can be used if screening or appropriate interventions do not take place in a consistent manner appropriate for the patient's age, gender and physical health status.

Regulation 9 (Person-centred care) can be used if a patient (or their family, if appropriate) was not suitably involved in drawing up any care or treatment plans to meet their physical healthcare needs, especially if the patient's communication needs were not taken into account.

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Appendix 1 – Minimum Standard of Physical healthcare equipment recommended for each mental health setting

Key: E: Essential; D: Desirable (dependent on clinical need); N: Not required

If the manufacturer recommends the regular servicing or calibration of equipment, these checks must be carried out and recorded.

Item	Inpatient	Community clinic	Home Visit	Usage
Alcometer	E	D	D	Breathalyser to test breath for alcohol levels
Blood monitoring (BM) machine	E	D	D	For testing blood sugar levels
Body mass index (BMI) chart	E	E	D	Paper or online
Examination chair/couch	E	E	N	Physical examination
Height measure	E	E	D	Special arrangements may be needed to obtain the height of people who cannot stand up to be measured, e.g. measuring in bed if height not known
Measuring tape	E	E	D	For waist circumference
Neurological testing pins	E	N	N	For testing sensitivity
Ophthalmoscope/ auroscope	E	D	N	Hand-held scope for looking into eyes/ears
Oximeter	E	D	D	For measurement of pulse and oxygen levels – through pulse measurement (finger sleeve)
Access to Snellen chart	D	D	N	Eye test chart for measuring visual acuity
Sphygmomanometer	E	E	D	For recording blood pressure, with a choice of cuff sizes

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Item	Inpatient	Community clinic	Home Visit	Usage
Stethoscope	E	D	D	For measurement/listening to heart rate and breath sounds
Tendon hammer	E	N	N	For checking reflexes
Thermometer	E	E	D	For checking body temperature – can be oral (mouth) or tympanic (ear) or rectal or No contact thermometer
Tuning fork (256 Hz)	E	N	N	For checking hearing range
Urinalysis sticks	E	D	D	Urine testing sticks to look for glucose, protein, ketones and so on. Include drug tests and pregnancy test.
Weighing scales	E	E	D	There should be arrangements for people who cannot access standard scales – for example, due to obesity or wheelchair use.

Point of care devices and consumables	D	D	N	Full Blood Count (used in Clozapine clinic), BM machine, Lipids and HbA1c, Cholesterol testing
Easy access to ECG machines	D	D	N	For showing heart rhythm and to detect electrical activity
Bladder scanners	D	N	N	Checking for retention of urine
Resuscitation equipment	E	E	D	For responding to cardiac arrest
PPE and disposal bins	E	E	E	Personal protective equipment
Pen torch / light	E	E	D	For checking pupils' response

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Item	Inpatient	Community clinic	Home Visit	Usage
'Smokalyser' exhaled breath Carbon monoxide monitoring SPI	D	D	D	To support smoking harm reduction
Spirometry	D	D	N	To assess for chronic obstructive airway disease
Peak Flow Meter (may be single person use)	D	D	D	To monitor patients with chronic obstructive airway disease

Appendix 2 – Additional Information for Community Mental Health bases

The following mental health teams must also have access to an appropriate range of equipment for assessing and monitoring physical health, unless they can justify its absence:

- community mental health teams,
- crisis teams,
- home treatment teams,
- community child and adolescent mental health services,
- early intervention in psychosis teams and,
- other community based mental health teams.

Essential and desirable equipment is set out in Appendix 1.

Its absence can only be justified by robust documented arrangements for other providers to assess or monitor the physical health of any patients prescribed anti-psychotic medicines or lithium. This may be in the form of Service Level Agreements or Shared Care arrangements. The process must include notifying the mental health team about the outcome of monitoring.

Otherwise CQC will assume it is the responsibility of the community mental health team for at least the first 12 months or until the person's condition has stabilised, whichever is longer.

Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements. This is in line with NICE guidance.

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