

Recommendations

These recommendations have been formed by a consensus exercise involving all those listed in the acknowledgements. The recommendations have been independently edited by medical editors experienced in developing recommendations for healthcare audiences to act on.

The recommendations highlight areas that are suitable for regular local clinical audit and quality improvement initiatives by those providing care to this group of patients. The results of such work should be presented at quality or governance meetings and action plans to improve care should be shared with executive boards.

Executive boards are ultimately responsible for supporting the implementation of these recommendations. Suggested target audiences to action recommendations are listed in italics under each recommendation.

The term 'healthcare professionals' encompasses all those involved in the patient's care

1	<p>On arrival at a mental health inpatient setting, check if the patient faces any acute risks to their physical health, including physical health risks associated with rapid tranquilisation and take appropriate action.</p> <p>Target audience: <i>Mental healthcare professionals and receiving mental health ward medical and nursing staff</i></p>
2	<p>On admission to a mental health inpatient setting, carry out and record an initial physical health assessment on all patients. If the patient has the mental capacity to consent to undergo a physical health assessment but refuses, document this then and try again as soon as practicable.</p> <p>This should start within 4 hours* and include, but not limited to:</p> <ol style="list-style-type: none"> a. Baseline observations including blood pressure, heart rate and respiratory rate and temperature and oxygen saturation b. Details of existing physical health conditions and any acute changes since the last clinical review c. Current medication (physical and mental health) including side effects and adherence d. Whether the patient is at risk of withdrawal from drugs/alcohol e. Height, weight, relevant blood tests (use recent blood tests if appropriate) and an ECG f. Hydration status and a fluid balance plan g. Dietary status, with input from the nutrition team as necessary h. Review of physical health risks associated with rapid tranquilisation i. The frequency of repeat physical health observations, relevant to the patient's condition, using the National Early Warning Score (NEWS2) where appropriate <p><small>*This is in line with the Royal College of Psychiatrists Standards for Inpatient Mental Health Services (2022)</small></p> <p>Target audience: <i>Mental healthcare professionals with support from allied health professionals</i></p>

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3	<p>Within 24 hours of admission to a mental health inpatient setting, collaboratively develop and document a physical healthcare plan with every patient, based on their initial physical health assessment. Where applicable include:</p> <ol style="list-style-type: none"> a. The most appropriate healthcare location to treat the patient’s physical healthcare needs (e.g. mental health or physical health hospital) b. Monitoring and treatment plans, including: <ul style="list-style-type: none"> - how frequently to review the physical health risk assessment, recognising acute or chronic health conditions - how often to repeat physical health observations and whether to use early warning tools (National Early Warning Score (NEWS2)) - a nutrition plan c. The physical health support needed d. Escalation plans in the event of deterioration (linked to the NEWS2 score) or patient not consenting to be assessed, that include who to contact and when e. Identification of gaps in clinical history and a plan to address them <p>Target audience: <i>Mental healthcare professionals supported by physical healthcare professionals</i></p>
4	<p>Within 24 hours of admission to a mental health inpatient setting, pharmacy staff (in the mental health inpatient setting, and where involved, in the physical health hospital) should undertake a full medicines reconciliation, including all medications for physical as well as mental health.</p> <p><i>This is in line with NICE Quality Standard 120 (Medicines optimisation 2016) https://www.nice.org.uk/guidance/qs120</i></p> <p>Target audience: <i>Pharmacy staff in mental health inpatient settings and physical health hospitals</i></p>
5	<p>Develop and implement an organisational policy and protocol to ensure that patients in a mental health inpatient setting are properly assessed, and treated, for physical health conditions in a considerate and collaborative manner. This could be done by:</p> <ol style="list-style-type: none"> a. Formalising existing clinical networks or pathways for diagnosing or treating common acute conditions for example, infection or existing long-term conditions b. Training registered mental health nurses, healthcare assistants, or any other staff as appropriate to monitor and support the management of common long-term physical conditions, while ensuring their competencies are well defined and are kept up to date c. Collaborating with local physical health hospitals to develop a physical health liaison service <p>Target audience: <i>Mental health executive boards and physical health executive boards supported by commissioners</i></p>
6	<p>Develop and implement an organisational policy and protocol for the transfer to, and readmission from, a physical health hospital to a mental health inpatient setting. This should include:</p> <ol style="list-style-type: none"> a. A comprehensive clinical summary which includes, but is not limited to: <ul style="list-style-type: none"> - Physical and mental health condition(s) - Current physical and mental health care plans - Physical and mental health medications - Monitoring and escalation plans - A mental health capacity assessment and the status of mental health legislation (if applicable) <p style="text-align: right;">continued over</p>

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	<ul style="list-style-type: none"> b. Prompt treatment in the physical health hospital c. A plan for readmission to the mental health inpatient setting developed by the physical and mental healthcare teams working together. Include: <ul style="list-style-type: none"> - The estimated date of discharge and return to the original mental health ward - The planning for physical healthcare provision that goes beyond what is available in the mental health inpatient setting d. A record of transfers to a physical health hospital due to a deterioration in the physical health of a patient – this should be regularly audited for unexpected transfers <p>Target audience: <i>Mental health executive boards and physical health executive boards supported by commissioners and all healthcare professionals</i></p>
7	<p>Develop and implement an organisational policy and protocol to involve patients, carers/friends/family in the patient’s physical healthcare. This could include:</p> <ul style="list-style-type: none"> a. Enabling carers/family/friends to provide staff on the ward with information about the patient’s physical health b. Access to clear information on what general physical health assessments are carried out when a patient is admitted to the ward c. Access to: <ul style="list-style-type: none"> - Healthy lifestyle advice - How family/friends/carers can support good physical health d. Ensuring that with patient consent, patients and their carers/family/friends can: <ul style="list-style-type: none"> - Receive updates on the patient’s physical health including transfers to physical healthcare settings - Ask questions about the patient’s physical health needs - Contribute to the development of and/or receive a copy of the patient’s physical healthcare plan - Receive clear information about any post-discharge follow-up physical health plans <p>Target audience: <i>Mental health executive boards and mental healthcare professionals, associated patient involvement groups</i></p>
8	<p>Use admissions to a mental health inpatient setting as an opportunity to assess and involve patients in their general health. A hospital policy, supporting training in a range of health improvement topics for staff who work directly with patients, could include:</p> <ul style="list-style-type: none"> a. Exercise b. Diet c. Smoking cessation d. Alcohol use e. Substance use f. Sexual and reproductive health g. Immunisation h. Routine NHS screening programmes <p>Target audience: <i>Mental health executive boards and physical health executive boards supported by commissioners</i></p>

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9	<p>Offer support to patients admitted to a mental health inpatient setting who smoke tobacco, drink alcohol at harmful or dependent levels, or use other drugs. Use defined substance misuse pathways and where needed, include:</p> <ol style="list-style-type: none">Assessment and screening toolsSpecialist adviceInterventions and prescribed treatment (especially for dependence)Follow-up after discharge, supported by the local alcohol or drugs recovery services (local health authority commissioned services) <p><i>This is in line with Making Every Contact Count: https://www.makeeverycontactcount.co.uk/</i></p> <p>Target audience: <i>Mental healthcare professionals, local authorities and commissioners</i></p>
10	<p>Record the correct physical health diagnosis, ICD-10/SNOMED CT codes (or equivalent) in mental health clinical records and discharge summaries.</p> <p>Target audience: <i>Mental healthcare professionals, hospital coders</i></p>
11	<p>Ensure that electronic patient records in mental health inpatient settings:</p> <ul style="list-style-type: none">- Have the functionality to record physical health conditions- Have the facility for tasks to be set to aid disease and treatment monitoring- Are accessible, to allow handover between clinical teams and across healthcare providers <p>Target audience: <i>Mental health executive boards, IT departments and providers of electronic patient record systems supported by NHS Digital, NHS Wales Informatics Service, Northern Ireland Statistics and Research Agency</i></p>
12	<p>Provide a discharge summary to the patient, their carer/s, GP and community mental health team within 24 hours of discharge. This should include:</p> <ul style="list-style-type: none">- Mental and physical health diagnoses- All medications for mental and physical health, including who will provide them and the reason for any prescription changes- Follow-up arrangements with the community mental health team/GP- Mental health and physical health care plans- Any support needed to carry out the care plans <p>Target audience: <i>Mental healthcare professionals</i></p>