

Liaison physician: Working across medicine

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Event at Malmö

Working across medicine to improve physical health of people with severe mental illness

- Background
- Role of liaison physician
- Examples of clinical services
- Implementing change
- Perspectives

Background: UK general population

UK population in 2016¹ 65.648 million

- England 55.268 million
- Scotland 5.404 million
- Wales 3.113 million
- Northern Ireland 1.862 million

Life expectancy in UK at birth²

- Men 79.1 years
- Women 82.8 years

¹ Office of National Statistics.

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2016#main-points>. ² Office of National Statistics. Expectation of Life, Low Life Expectancy Variant, United Kingdom.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/datasets/expectationoflifelowlifeexpectancyvariantunitedkingdom>

Reversal of previous trends in life expectancy in UK

In 2015, in England and Wales, there was an increased number of deaths: These deaths were attributed to more people aged over 75 years old dying in the winter months from dementia (41%) than in previous years; and an increase in number of deaths from respiratory diseases (31%)

Office National Statistics: Provisional analysis of death registrations: 2015.

<https://www.ons.gov.uk/releases/provisionalanalysisof2015deathregistrationsinenglandandwales>

Background: Mortality gap - schizophrenia and bipolar disorders in UK

According to a study by Hayes *et al* (2017) of patients in primary care

- Schizophrenia diagnosis: n=22,497
- Bipolar disorder diagnosis: n=17,314

- Schizophrenia: Hazard Ratio of mortality = 2.08 (CI 1.98-2.19)
- Bipolar disorder: Hazard Ratio of mortality = 1.77 (CI 1.67 – 1.88)

- Schizophrenia: > risk of cardiovascular disease in those under 50 years
- Health of general population is improving faster than the health of people with schizophrenia and bipolar disorder

Background: Health services in England

- UK National Health Service budget and control is devolved to countries
- In England, the health bodies include NHS England, Public Health England, Health Education England, as well as
- Private health care providers and charities
- Standards: NICE (National Institute for health and Care Excellence)
- Regulation: Professional regulators and regulators for health services
- Professional bodies: Include the Medical Royal Colleges and Royal Societies
- Levels of care include: primary care, hospital care and specialist care
- Services delivered include: health promotion, disease prevention, treatment, management of long-term conditions
- Voluntary sector e.g. charities, patient and carer organisations; whose role includes provision of support and information, as well as lobbying of government and others

Strategy for health improvement

- Identify target group and their healthcare needs
- Use evidence-based guidelines
- Collaborate
- Implement
- Support
- Solve problems
- Evaluate
- Train

NICE Public Health Guidance PH6 - Behaviour change, 2007 (<http://guidance.nice.org.uk/PH6>)

Liaison physician

- ‘Liaison physician will have a background of a general practitioner or medical physician’
- ‘Understand the needs and complexities of managing the physical health of people with Severe Mental Illness’
- ‘Provide physical healthcare advice and treatment to psychiatric in-patients and to patients with severe mental illness living in the community who are not in regular contact with their GP’
- ‘Deliver equivalent standards of care as for people in the general population’
- ‘Act as an advisor to the Board on physical health matters’
- ‘Facilitate research and developments to improve physical healthcare’

Report of the Academy of Medical Royal Colleges: Improving the physical health of people with severe mental illness: Essential actions (2016) *Royal College of Psychiatrists*.

Liaison physicians: Who and what they can do?

- General practitioner or
- Physician: For example a specialist in Diabetes, Cardiology, Endocrinology, Neurology, Infectious diseases, Respiratory diseases

Ways in which physicians can help mental health teams

- Up-to-date knowledge and a different perspective
- Recognise what needs to be done
- Catalyst for change
- Expertise
- Implementation
- Evaluation

Diabetes: National Diabetes Audit

- National Diabetes Audit is an annual audit of the care of people with diabetes in England and Wales
- Part of the National Clinical Audit Programme
- Healthcare Quality Improvement Partnership
- Led by a consortium of Academy of Medical Royal Colleges

- Benchmark standards of care: Discover and reflect on where a service can make improvements to care

National Diabetes Audit (NDA): 8 criteria

- HbA1c
- Blood pressure
- Body mass index
- Serum creatinine
- Cholesterol
- Urinary albumin
- Foot surveillance
- Smoking
- Retinal screening (Organised by Public Health England)

Chaplin S National Diabetes Audit 2015-2016. Practical diabetes Vol: 34 No.2 p58-60. <http://www.practicaldiabetes.com/wp-content/uploads/sites/29/2017/03/SR-Chaplin-NDA-lsw.pdf>

Primary care services supported by Consultant Diabetologist: NDA in forensic psychiatric services

- Aim: Evaluate standard of diabetes care in 'primary care services' in secure psychiatric settings¹
- Results: 500 in-patients in medium and high secure psychiatric services in West London
88/500 (17.6%) of patients had type 2 diabetes
- Consultant physician visited patients in the high secure hospital and advised the primary care team in the medium secure hospitals
- Primary care computer system was used for access to data to extract NDA data
- **High Secure**
 - 26/30 (86%) of patients received all 8 recommended interventions
 - 14/30 (46.7%) had HbA1c < 58 mmol/mol
- **Medium and low secure**
 - 48/58 (82.8 %) of patients received all 8 recommended interventions
 - 43/58 (74.1%) had HbA1c < 58 mmol/mol

¹Puzzo I, Gable D & Cohen A (2017) Using the National Diabetes Audit to improve the care of diabetes in secure hospital in-patient settings. *Journal of Forensic Psychiatry and Psychology*

Consultant Cardiologist

Cardiologist was invited to visit a high secure hospital with his team

- Advice on developing services
 - Disease prevention
 - Smoking
 - Diet
 - Exercise
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- Weight management programme
 - Audit of cardiovascular risk factors
 - Liaison with primary care services to reduce cardiovascular risks
 - ECG reading service

Healthy lifestyle team at Rampton Hospital: Weight management and fitness programme

- Before and after fitness measurements
- Education: 1 x per week
- Exercise: 2-3 x per week
- Staff collected patients from wards
- Staff uniform
- Reports on progress given to clinical teams

Cormac et al (2013) Follow-up study of an integrated weight management and fitness programme. *Mental Health Review Journal*, Vol. 18 Issue: 1, pp.14-20 Cormac et al (2013)

Consultant Endocrinologists:

Contributed to the development of a Bone Health Service

- Grant of £20K of NICE monies obtained to develop services
- Endocrinologists supporting development of service

- New Service to assess bone health risk factors
 - Vitamin D levels
 - Prolactin levels
 - Calcium levels
 - Identify patients taking medication known to reduce vitamin D
 - Identify patients taking prolactin-raising medication

- Assess efficacy of supplements
 - Choice of oral vitamin D and Vitamin D by injection
 - No treatment

Bone health service evaluation

- 242/341 (71%) of patients agreed to blood tests
- Mean age 38.84 yrs (range 19.3 – 72.4 yrs)
- Gender - female 16%
- Baseline
 - Deficient in vitamin D - 41%
 - Insufficient vitamin D - 39.3 %
 - Adequate vitamin D – 11.2%
 - Optimal – 7.6%
- Prolactin levels > 450 mU/L
 - 33% (37/113) men
 - 56% (18/32) women
- If taking an anti-convulsant medication – significantly lower vitamin D level
- Risk factors*
 - 10 patients had 3 risk factors, 58 had 2 risk factors and 127 had 1 risk factor

* Risk factors for low vitamin D levels: dark skin, high prolactin levels, diabetes, low BMI, taking medication known to reduce absorption or metabolism of vitamin D. Service evaluation: data unpublished

Consultant Neurologist

- Sessions arranged following a Serious Untoward Incident
- Provided ward consultations
- Advised on management of epilepsy
- Training of doctors at local postgraduate training days

Consultant in Infectious diseases

National audit of infection control provides national standards

- Bench marking against national standards showed need for improvement
- Nurse specialist in infection control - appointed full-time
- Physician specialist in infection control - sessions part-time

Actions taken to improve standards

- Handwashing training and promotion of hygiene
- Staff education and benchmarking exercises
- Immunisation programme: influenza, hepatitis B
- Retractable needles to reduce risk of needle-stick injuries
- Influenza epidemic – preparations
- Policies for isolation in case of epidemics

Respiratory physicians

- Physicians and psychiatrists identified unmet need for respiratory diseases in psychiatric in-patients at a London teaching hospital
- Respiratory physicians: deliver 2 sessions per week
- One clinic per 2 weeks for psychiatric in-patients
 - Smoking cessation advice, assessment and treatment for respiratory diseases
- One session per week for telephone advice
 - Mainly answering queries from non-consultant grade psychiatrists
 - Local funding provided, service not evaluated

Making changes

*Learned helplessness

- Small changes can make a difference
- Encourage staff to identify issues
- Enable staff to tackle issues

- Learn from 'near misses'
- Don't wait for a catastrophe

*The baby elephant is chained to a stake and tries to get away but cannot pull out the stake. When the elephant is an adult and so strong it could pull out the stake, it does not try because it has learnt as a youngster that it is futile to try. Learned helplessness can also apply to humans.

Strategy

- Identify target group
- Use evidence-based guidelines
- Collaborate and implement
- Support

- Solve problems
- Train
- Evaluate

National Early Warning Score (NEWS) ¹

- Essential to measure and address the physiological changes associated with acute illness - in a timely and appropriate way
- Use the NEWS to enable nursing staff and others to have the confidence and information to enable rapid escalation to the right healthcare services
- NEWS can help to avoid a potential catastrophe
- Staff training is essential

¹Royal College of Physicians: <https://www.rcplondon.ac.uk/resources/national-early-warning-score-news>

Sepsis: Images from Sepsis Trust UK

- Raise awareness about Sepsis
- And the 'Red Flags' from Sepsis Trust
- Display Sepsis 'Red Flags' in clinical areas
- Train staff on recognition and first-response to Sepsis
- Use the Sepsis Trust website as a resource
- Evaluate management of Sepsis
- Take steps to address any issues with Sepsis management

Resources are available for maternal health and child health from the Sepsis Trust website

<https://sepsistrust.org/wp-content/uploads/2017/08/Inpatient-adult-NICE-Final-1107-2-1.pdf>

Perspectives: National initiatives in England

- NICE guidance
- Regulators set inspection standards
- Commissioning of services

- Quality improvements
- Service developments
- Information technology

- Continuous professional development

Perspectives: National initiatives in England

- Report on improving the physical health of people with severe mental illness: Essential Actions 2016
 - Key recommendations on leadership, training and IT
- Equally Well project
 - Multi-professional initiative to lead improvements - just starting in England
- Education
 - Royal College of Psychiatrists' conferences on physical health topics with physicians as speakers, annually for past 3 years
- Examinations
 - Royal Colleges of Physicians and Psychiatrists intend to share examination questions for postgraduate qualifications
- NHS England
 - Financial incentives can be used to focus health care providers on various issues
- Information technology
 - IT systems in psychiatric settings need upgrading to have more useful features to manage physical health conditions e.g. Many of the features of Primary Care IT systems)

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