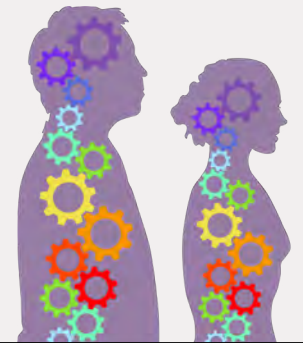


# Learning from the Integrating our Mental and Physical Healthcare Systems (IMPHS) Project

Delivered as part of the King's Health Partners  
Mind & Body Programme



***“IMPHS is great work – it is fantastic to see the emphasis on evaluation, sustainability, and lessons for implementation. We all know how hard this work is, and how much it matters”***

**Dr Mary Jane Docherty, Deputy Medical Director,  
South London and Maudsley NHS Foundation Trust**

# Contents

Forewords	4
Introduction	6
Project overview	7
The value of experience	9
<b>OUR PORTFOLIO</b>	
<b>Mental health pharmacists</b>	<b>12</b>
<b>Consultant Connect</b>	<b>16</b>
<b>Physical health clinic</b>	<b>21</b>
<b>Physical healthcare in adult community mental health teams</b>	<b>25</b>
<b>Health Champions</b>	<b>30</b>
<b>How people with severe mental illness use technology to manage</b>	<b>34</b>
<b>Beth</b>	<b>38</b>
Key lessons	41
Next steps	42
Acknowledgements	43

# Foreword by Jill Lockett

The Integrating our Mental and Physical Healthcare Systems Project has been a flagship project for the King's Health Partners Mind & Body Programme since its inception in 2019.

The project has provided us with an opportunity to rigorously research and test physical health interventions that could support people living with long-term mental illnesses and has provided a wealth of knowledge that can support organisations to improve services now and in the future. The approach of the team has been to work in close collaboration and meaningfully with clinicians, academics, and experts by experience. This has shown us the value of partnership working and the true impact it can have on the healthcare system as a whole if we work together from the outset of any new idea or innovation.

We all have a part to play in addressing the mortality gap for people with serious mental illness, and Integrating our Mental and Physical Healthcare Systems has certainly shown

us interventions and ways of working that can make a meaningful difference are possible to achieve.

Integrating our Mental and Physical Healthcare Systems will have a lasting legacy for King's Health Partners, and we hope that the learning continues to inform the work of the NHS and its partners and generates opportunities for developing and scaling up interventions that can truly transform patient lives for years to come.



*Jill Lockett*  
*Managing Director, King's Health Partners*

# Foreword by Sir Norman Lamb

In my capacity as Chair of South London and Maudsley NHS FT, it has been my great privilege to observe the work of the King's Health Partners Mind & Body Programme and its portfolio of projects these past few years. By its very nature, the programme encourages us all to think critically about ways we can innovate interventions for people living with mental illnesses and what we can do to make a difference, not only to the way we provide care, but how we support people to recover and live well beyond accessing our services.

The Integrating our Mental and Physical Healthcare Systems Project has been an exemplary addition to the Mind & Body Programme. At the project's heart has been a commitment to understanding what practical interventions can be robustly tested and mobilised to support the physical and mental health of our service users.

The unwavering dedication of the project team to ensure the work they do is seen, shared, and used to help inform our strategic planning and support our services, has been inspiring. It is my hope that we continue to learn from IMPHS as we develop and establish more integrated services that prioritise whole-person care in the years ahead.



*Sir Norman Lamb*  
*Chair, South London and Maudsley NHS FT*

# Introduction

## Background

The Mind & Body Programme at King's Health Partners believes that mental and physical health are inseparable. The programme is committed to championing excellence for complete mental and physical healthcare in a modern world through innovative projects that progress healthcare, healthcare improvement, education and research. Through doing so, the programme seeks to demonstrate the value of better joined up healthcare practice, pathways, and systems across mind and body care in order to achieve better health experiences and outcomes for patients.

The Mind & Body Programme is funded by partners at King's College London, King's College Hospital, Guy's and St Thomas' NHS Foundation Trust and South London and Maudsley NHS FT with support from The Health Foundation, Guy's and St Thomas' Charity, The Burdett Trust.



## Why mind and body matters



King's Health Partners © 2017

# Project overview

## Integrating our Mental and Physical Healthcare Systems (IMPHS)

IMPHS is a 3-year funded project commissioned by the Maudsley Charity that sits within the Mind & Body Programme at King's Health Partners, hosted by South London and Maudsley NHS FT, and delivered in partnership with King's College London.

## The purpose of this report

This report outlines the key outcomes, learning and opportunities for improvement identified through delivery of the IMPHS project and has been written with clinical and non-clinical professionals in mind. Our hope in sharing our portfolio in this way, is to share evidence of a range of physical health interventions that could inform the work healthcare staff and organisations do to improve health outcomes for adults living with long-term mental illnesses.

## Our aims

The project sought to:

- › Understand barriers that adults living with long-term mental illnesses may face when managing their physical healthcare.
- › Test and evaluate interventions that could better facilitate integrated mental and physical healthcare in routine practice for patients accessing services both now and in the future.

In doing so, the project aimed to develop a body of work that could be shared with healthcare staff, organisations, patients and carers to support high quality physical healthcare for adults with long-term mental health problems.

## Our ethos

IMPHS is a large and diverse project that aligns clinical, academic and lived experience perspectives on how physical healthcare can be better supported for adults living with long-term mental illnesses in order to reduce the mortality gap for this clinical population.

## **Our ethos (continued)**

As such our ethos is built on two key principles:

1. Co-design and co-delivery of clinical research and intervention testing that focuses on areas that require further investigation or improvement across the healthcare system as a whole, and proactively involves staff and experts by experience.
2. Multidisciplinary collaboration with clinical, academic, voluntary sector partners, and wider stakeholders to transfer knowledge gained through completed research, trials, and interventions into meaningful and practical solutions that can be implemented effectively into routine practice.

## **Our team**

The main delivery team was made up of a project manager, a healthcare practitioner, a researcher, research assistants and volunteer coordinators. A wider evaluation team made up of colleagues from across the partnership provided expertise in implementation science, health economics, statistics, clinical practice and lived experience. Having access to talent across the partnership brought a diverse range of specialist skills, knowledge and perspectives that improved the quality of our decision-making and approach to the project.

***“The partnership has effectively brought together clinicians and academia to consider an incredibly important topic. IMPHS makes it easier to transition the work into clinical services as it has been jointly produced and has benefitted from the contexts of both systems. This ensures that patients are receiving care which is evidence based rapidly. It also allows for trusts and organisations to be contributing to crucial work, and system-wise it consolidates and leverages the resources, skills, knowledge, and interests of all stakeholders”***

**IMPHS Clinical Advisor from South London and Maudsley NHS FT**



***“The experience has increased my confidence in the value of my perspective...Every point I made or sentiment I gave was authentically acknowledged.***

***A lot of our contributions showed up in the resources and the work which made it even more clear that our voices were important and valued. Everything was run past us including details about how we would like to engage with the work. It felt as though every effort was made to include us and acquire our insights.”***

Jake, Expert by Experience

## The value of experience

The IMPHS team recognise the value of personal, lived experience, and how so often this can be overlooked in the delivery of clinical and academic projects. The decision to involve people with experience of living with or caring for a person with mental and physical health problems was viewed as an essential part of our project design.

### Selecting our experts

The team advertised for eight expert by experience roles that would support the project. These paid roles would involve opportunities to join recruitment panels for staff that would work in the delivery team, join steering groups, participate in design meetings, support delivery of research, and to continually be involved throughout the project to contribute ideas and feedback on project progress.

Each expert by experience that joined our team brought different personal experiences. Their personal stories were invaluable to informing the project and continuing to have their input throughout ensured we were consistently thinking together about how we could maximise the impact and benefit for the end user.

## **Working with our experts**

Three experts were recruited to participate in the project steering group, and others were appointed to specific pieces of work within the project. All experts were consulted regularly around project design and were involved in the development of any project outputs e.g., presentations, webinars, reports, academic papers etc. to ensure they could provide feedback to the team throughout project delivery.

## **Support for our experts**

All experts were given training when they joined the project and invited to attend monthly meetings with a project supervisor. Development opportunities were provided to experts interested in exploring additional skills whilst on the project. All experts were also given regular opportunities to come together as a group to connect and share their experiences or learning whilst on the project.

## **Our learning**

Involving people with lived experience can fundamentally improve the quality of how a project is delivered and the outcomes it achieves. It kept our team focused on who should benefit, why and how, and ensured that we thought critically together about how to make the most difference with the work we were delivering through the project.

# Our portfolio

The IMPHS portfolio includes a diverse range of seven core projects focused on researching, testing, and evaluating physical healthcare interventions used to support adults living with long term mental illnesses.

---

## 1. Mental health pharmacists

Educational programme focused on developing a professional network of Pharmacists across King's College Hospital, South London and South London and Maudsley NHS FT. Including co-development of webinars, and prescribing guidelines to support routine practice.

---

## 2. Consultant Connect

Implementation and use of Consultant Connect as a communications platform to connect primary and secondary care services to better support physical health of common patients.

---

## 3. Physical health clinic

Pilot of an in-reach physical health clinic for Maudsley and Lambeth Hospitals

---

## 4. Physical healthcare in adult community mental health teams

Service evaluation exploring barriers and facilitators that influence how physical healthcare is approached within South London and Maudsley NHS Adult Community Mental Health Teams.

---

## 5. Health Champions

Feasibility trial of an intervention where Health Champion volunteers were matched with people using mental health services to help support them with their physical health.

---

## 6. How people with severe mental illness use technology to manage

Mixed methods study that investigated what digital technology adults with serious mental illness use to manage their physical health and the benefits this has on personal wellbeing.

---

## 7. Beth

Coordination of the development and launch of the Beth app and website within South London and Maudsley NHS.

# Mental health pharmacists

Providing physical health expertise for mental health pharmacists

---

*“The support from the IMPHS team was invaluable in keeping deadlines on track and holding me to account, as well as being an excellent team of cheerleaders full of enthusiasm for the project! IMPHS helped me navigate the governance structures at the various hospital trusts, and coordinated feedback and dissemination of the prescribing guidelines work.”*

*Siobhan Gee, Principle Pharmacist, Psychiatry Liaison Service, South London and Maudsley NHS FT*



## The problem

Pharmacists play a key role in supporting the health and wellbeing of service users, both in acute trusts and mental health hospitals. They support screening, signposting, initiating and maintaining treatment, managing adverse effects of medications, adherence, and providing information about medicines.

While pharmacists train in both mental and physical health, the majority of pharmacists then choose to work in either mental health settings or acute settings. While this creates specialist knowledge and competencies, there is a risk of losing skills, knowledge and confidence in the non-specialist area, which means patients may not always receive the optimum mind and body care. This is particularly relevant for people with severe mental illness as physical illnesses can arise or worsen as a result of psychotropic medicines.

## Exploring the need

We completed a competency and confidence survey with South London and Maudsley NHS FT mental health pharmacists, which showed mental health pharmacists were more confident and competent on mental health topics compared to physical health topics.

These findings were used to develop a variety of educational interventions focused on building knowledge and opportunities to connect across the network for mental health pharmacists across South London and Maudsley NHS FT and King's College Hospital. The proposed interventions were shared with the network to ensure they would be relevant, accessible and useful to support physical health learning and be transferable to routine practice.

## What we did

To support development of physical health expertise for mental health pharmacists we provided:

- › **Educational pharmacy webinars on physical health**
  - Specialist pharmacists from King’s College Hospital delivered a series of 12 live webinars on the most commonly queried physical health topics, such as diabetes, cardiovascular disease and respiratory. These were one hour long and consisted of a presentation, case study discussion and Q&As.
- › **Prescribing guidelines on physical health and mental health co-morbidities** – a Principal Pharmacist for Liaison Psychiatry at South London and Maudsley NHS FT wrote three guidelines which were then reviewed by leading experts at acute partner hospitals. This included guidelines on depression in inflammatory bowel disease and depression in heart failure. These were circulated to Trust-wide to pharmacists and doctors.
- › **In-reach liaison service** – Before the pandemic, acute pharmacists from King’s College Hospital spent one day per week on mental health wards as an ‘in reach’ service to provide immediate access to expert advice and guidance for physical health issues.

## Main impact and findings

### Educational pharmacy webinars on physical health

106 staff across three trusts attended the 12 webinars. An average of 21 staff attended each webinar, ranging from 5 to 42 people. Feedback from staff after 12 months identified that the webinars were ‘good-refreshers’, concise and provided appropriate level, pharmacy specific information. Common barriers for webinar attendance were high workload and other work commitments

All NHS staff can access our pharmacy webinars for free by visiting: <https://learninghub.kingshealthpartners.org/> and searching for Mental Health and Physical Health Pharmacy Webinars.

### Experience from a Pharmacist at South London and Maudsley NHS FT

*“Patients admitted to psychiatric hospitals frequently have poorly managed physical health/haven’t been adhering to their physical medication for some time/haven’t engaged with their GP or secondary care specialists. It’s therefore important when they are in our care that we consider their physical health needs as well as their mental health. Having a reminder of the basic principles managing hypertension, diabetes and asthma has been*

*a helpful refresher. Signposting to the most up to date guidance has been really helpful, increasing awareness of resources.”*

### **Prescribing guidelines on physical health and mental health co-morbidities**

The Maudsley Prescribing Guidelines in Psychiatry (Taylor et al, 2012). is the best practice standard for prescribing psychotropic medications in psychiatry. 50% of the interviewed pharmacists through this project were not aware of the existing guidelines and only two pharmacists had read them. Moreover, this project identified and filled the gaps within the guidelines for physical health side effects of prescribing anti-psychotic medications.

### **In-reach liaison service**

The liaison service helped to resolve a diverse range of physical health issues on the wards, most commonly in relation to diabetes, hypertension, cardiovascular disease, and kidney disease. The advice was particularly valuable to more junior pharmacists who had more general physical health queries. The in-person presence on the ward also helped to develop familiarity with the acute pharmacists and encouraged sharing of knowledge.

## **Key learning**

Continual education for clinicians helps to improve patient care by applying the best available evidence-based physical health expertise. Challenges in attending training and access to physical health expertise reflect the pressures in clinical settings and wider structural divisions between mental health and acute providers. On-the-ground, face-to-face support is a particularly accessible way of sharing knowledge.

To overcome these barriers, co-designing with pharmacists is key. Working with pharmacist advisors through regular meetings helped to identify and overcome challenges, such as sending regular reminders, tailoring the educational content, and publicising resources through existing staff forums, as well as recording sessions in the event staff cannot attend to access post-session. Engaging with the intended ‘staff users’ of services to collect and respond to feedback facilitates improvement.

Furthermore, role clarity and accountability, frequent communication with the acute hospital pharmacy team, regular monitoring of activity and issues, dedicated funding, and administrative resource enabled the success of the interventions. We also identified the ongoing need to publicise and improve access to resources.

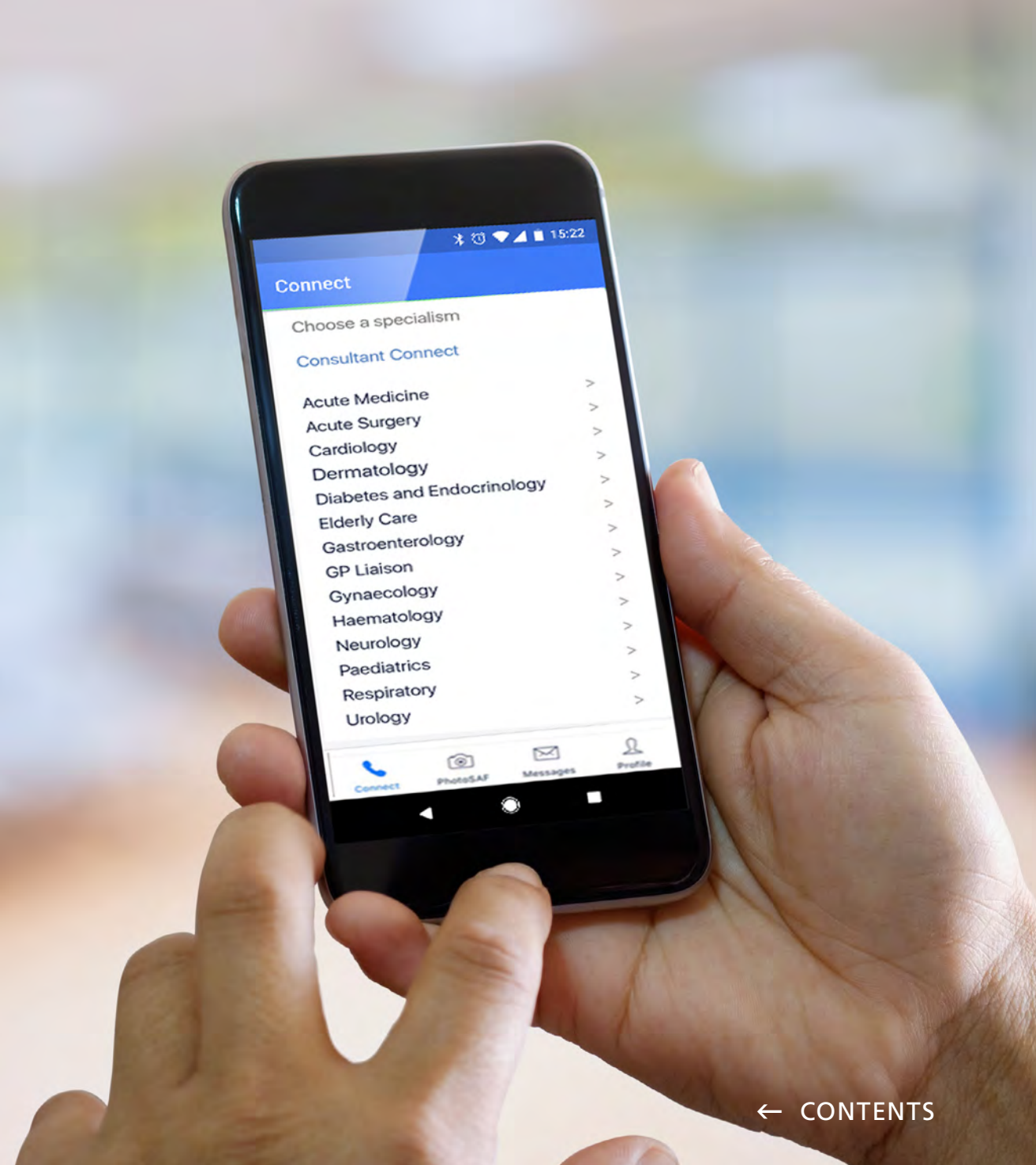
# Consultant Connect

Providing physical health advice and guidance

---

*“Consultant Connect is amazing... It reduced the number of patients I sent to hospital/ambulatory care and improved the appropriateness of care and referrals”*

*Junior Doctor, South London and Maudsley NHS FT*





# The problem

Despite the existing relationships between South London and Maudsley NHS FT and its acute hospital partners, communication delays and access to specialist acute advice and guidance has frequently been cited as a barrier to providing mind and body care. The IMPHS team engaged with over 150 South London and Maudsley NHS FT staff and 50 in-patients at the start of the project to understand the problems faced.

Clinicians reported that time used to access advice and guidance from acute specialist colleagues detracted from their time available to provide direct care for service users; they felt current pathways for obtaining advice and guidance increased the likelihood of having to transfer in-patients with non-emergency physical health issues to emergency departments, which also led to worsening patient experience. The perception was that current systems created unnecessary additional pressures on resourcing.

In-patients reported that, during an admission to a mental health hospital, it was preferable to have physical healthcare provided in mental health settings, where possible and appropriate. Their main reason was that transfers to busy, acute hospital environments, which are not set-up for the needs of people experiencing acute mental illness, would likely add to and become a cause of additional distress. The views of in-patients also aligned with the findings of *Right Care, Right Place* (2015) which are that there is an expectation that hospital stays should not be disrupted by unnecessary transfers.

## What we did

Consultant Connect ([www.consultantconnect.org.uk](http://www.consultantconnect.org.uk)) offered a ready-made solution for improving communication, saving clinicians' time, and improving patient experience and outcomes. The service provides an app-based communication platform that connects clinicians with experts, directly and in 'real time', without the need for a referral and bypassing hospital switchboards, so they can access specialist advice and guidance.

Consultant Connect was already operating and commissioner-funded at population level in south east London, to support GPs to access advice from local secondary care, acute hospitals; as a result, no further costs were incurred by expanding access to South London and Maudsley NHS FT. However, this would be the first time a mental health Trust had used Consultant Connect in this way, in the UK.

We planned to pilot Consultant Connect on one older adult mental health ward, commencing in March 2020. However, the emergence of the COVID-19 pandemic led to an increased, NHS-wide, need to avoid inappropriate inter-hospital transfers and admissions. In response, we sought permissions from senior leaders at the South East London CCG, King's Health Partners Chief Executive's

committee and relevant Clinical and Information Governance leads to open access to all South London and Maudsley NHS FT in-patient services.

In June 2020 all South London and Maudsley NHS FT in-patient clinicians were given access to the platform, which connected them with colleagues in local acute partner Trusts. Based on early evaluation findings, the pilot was extended to all community-based staff in 2021.

## Main impact and findings

Consultant Connect is now embedded into routine practice at South London and Maudsley NHS FT. Our evaluation found that, two years post launch:

- › Over 500 South London and Maudsley NHS FT staff registered for Consultant Connect, from 16 distinct professional groups.
- › Over half of all physical health calls placed were for Cardiology, Diabetes & Endocrinology, Haematology
- › A broad range of acute specialties have given advice and guidance: 61/80+ specialities have been contacted

- › >70% of queries resulted in the service user receiving physical health care from mental health clinicians, avoiding referrals or transfers based on outcomes left at the end of calls.

As part of our service evaluation, call data analysis helped to identify training needs for psychiatry trainee doctors. We produced four bespoke physical health educational webinars based on the most common call topics.

We also identified that approximately half of all calls to Cardiology related to ECG trace queries. Existing functionality on the Consultant Connect App enables secure transfer of picture and messages, that we are planning to switch on for South London and Maudsley NHS FT clinicians, and we believe further time saving will be made as a result.

In addition to physical health lines, South London and Maudsley NHS FT clinicians can also set up their own 'internal' lines. This has supported remote working practices and has been used to good effect with Staff Vaccination Advice Line.

## Key achievements

The value of Consultant Connect and the difference it has made to support staff in routine practice to be able to provide more effective and responsive care for their patients was recognised in multiple ways throughout the life of the project.

Our highlights include:

- › 'Best Mental Health Partnership with the NHS' – Award Finalist at the Health Sciences Journal (HSJ) Partnership Awards 2022
- › 'The Future NHS' – Award Nominee at the NHS Parliamentary Awards 2022
- › 'Best Oral Presentation' – Runner Up Award at 4th UK Implementation Science Research Conference 2021

# Key learning

The introduction of new systems, ways of working and interventions can be difficult to deliver and implementing change during a global pandemic increased that challenge. However, the existing infrastructure that Consultant Connect had already established in south east London, and many other areas, helped make rollout in South London and Maudsley NHS FT more feasible.

Successful implementation was supported by:

- › Speaking to a broad range of service users, carers and staff to identify the need and use case for Consultant Connect.
- › Securing high-level approvals and buy-in from senior leadership at all organisations early on to raise awareness and send a clear message of support to service managers and clinical staff.
- › Sending targeted and consistent communications about how to use Consultant Connect and its benefits. We developed a detailed communications plan including all available channels including engaging with early adopters/influencers to spread the word, and junior doctor WhatsApp groups (junior doctors are the largest user group).

- › Choosing to rollout the platform trust wide rather than small scale, which enabled us to collect enough usage and impact data to build the case for further developments such as adding more specialities to the directory, or widening access to include community mental health services.
- › Regularly reviewing usage data to identify opportunities for improvement with the intervention, as well as potential education and training.
- › Considering sustainability and resourcing; even small-scale implementation could take more than several months.

# Physical health clinic

---

*"It's a positive impact on standard of care...I think it probably reduces referrals to other services. For instance, we had a smoker, anaemia, cough. We were concerned about malignancy. So, we did a Physical Health Clinic referral, and they told us what investigations were needed then ordered all the investigations from the ward rather than having to refer to respiratory clinic."*

*Experience from a Junior Doctor using this service*



## The problem

Initial scoping work with South London and Maudsley NHS FT and King's College Hospital service users and staff highlighted the need to improve how physical healthcare was delivered in inpatient units. Better joint working and communications between mental and physical health clinicians, faster access to more appropriate physical health care, and fit-for-purpose physical healthcare based in mental health settings was a potential route to to explore and improve this. The aim was to ensure inpatients received appropriate physical healthcare by creating a responsive physical health in-reach service. In doing so, we would aim to respond to patients' requests to avoid unnecessary transfers to emergency care and improve resource use.

## Learning from other projects

Our project team combined literature searches, attendance at conferences, and networking to scope potential solutions, to help develop our approach and design an in-reach physical health team at South London and Maudsley NHS FT.

We engaged with colleagues from several mental health Trusts across England to learn from existing models. For example, our team explored learning from a project at Whittington Health NHS FT, which provided a weekly face-to-face in-reach service, that patients, carers, and clinicians could attend together to learn about and plan the clinical and self management of presenting issues of common comorbidities.

We held several focus groups and planning workshops with clinicians based at the Maudsley hospital, which would be our pilot site, to understand how best to adapt this service to the needs of South London and Maudsley NHS FT patients.

## What we did

The Physical Health Clinic launched in June 2020. Infection prevention control measures introduced as a result of the COVID-19 pandemic meant that the early stages of our pilot were offered virtually. Clinicians referred patients directly via the South London and Maudsley NHS FT electronic patient record system; the referral was triaged by a clinical member of the IMPHS team; a Consultant general physician would respond by either telephone, email, or by booking an extended appointment on MS Teams which the patient could also attend. Consultant availability for appointments was limited to half a day per week, however another half-day was available for queries that didn't require appointment. Referrals would be answered Monday to Friday, 09:00–17:00.

In September 2021, a change in infection control measures allowed us to offer face-to-face appointments at the Maudsley hospital. Our on-going service evaluation also provided assurance to offer the intervention at additional sites and be able to meet potential increase in demand. In November 2021 adult-acute wards at Lambeth hospital were invited to make referrals as well as those from the Maudsley Hospital.

To maximise use of clinical capacity, in June 2022, the clinic's Consultant, accompanied by a South London and Maudsley NHS FT nurse, commenced weekly visits to all wards at the Maudsley hospital site. Ward doctors were asked to prepare patients or cases for review that required general medicine input; the clinic team provided advice and guidance response in situ.

## Main impact and findings

Since implementation, the Physical Health Clinic has responded to more than 200 referrals or case reviews that have originated from Maudsley and Lambeth Hospitals, and of these referrals:

- › 50% were given advice on how to optimise medications, which may have prevented additional and appropriate prescriptions being given unnecessarily
- › 31% were advised on most appropriate further diagnostics, which may have promoted earlier diagnosis
- › 29% avoided a referral by either providing advice in situ or by optimising medication

## Key achievements

Our approach to implementation has enabled our team to pilot small tests of change, tailor strategies, revise professional roles, scale up and continue to learn from clinicians working in an evolving healthcare system.

The success of the project has helped to establish streamlined pathways between inpatient and acute care services across two Trusts in south east London.

The importance of having a physical health in-reach or 'liaison' service in mental health settings has recently been recommended in *Physical Healthcare in Mental Health Inpatient Settings* (NCEPOD, 2022).

## Key learning

- › Developing a standard operating procedure, and contingency operating procedure helped ensure service consistency.
- › Referral monitoring to evaluate service uptake, referral quality, efficiency in response times, and clinical outcomes enabled the team to adjust the intervention in real-time e.g., showed impact of staff rotation on referrals, and identified routine specialist expertise in diabetes was needed.
- › Trialling communication strategies raised awareness of the new service. Comparing activity against strategies helped to identify most impactful communication methods and required frequency using Implementation Science methodologies.
- › Evaluating intervention effectiveness through staff and patient feedback was valuable e.g., identified the need for practical nursing support, and value in enabling patient-led referrals.



# Physical healthcare in adult community mental health teams

---

*“Being invited to participate in conversations about how we approach physical healthcare, what impacts our ability to, and what we can do to improve it, is so reassuring...projects like this evaluation are so needed so the perspectives of staff on the ground can really be fed back in a way that helps us improve things for the future.”*

*Service evaluation participant who was involved in the project*



## The problem

Community mental health team staff have a role in identifying and preventing deterioration of physical health problems, by administering routine physical health checks for their patients and appropriately coordinating their healthcare.

However, little is known about how community mental health team staff at South London and Maudsley NHS FT perceive and approach their roles when providing physical healthcare to adults with a serious mental illness (SMI), or the potential barriers and facilitators they may face in everyday practice that can affect patient care. Additionally, we remain largely unaware of how service users and carers accessing community mental health team services experience physical healthcare as part of their journey, and in particular what barriers and facilitators may exist to receiving physical healthcare checks and support routinely.

## Our response

This project set out to evaluate the attitudes and experiences of staff, service users and carers based within South London and Maudsley NHS FT's adult community mental health services. The project aimed to identify critical issues faced by staff, as well as areas of good practice, in the following areas.

1. The physical health approach and practice of staff
2. The use of physical health data, systems and tools by staff
3. The physical health knowledge and skills used by staff
4. Staff, service-user, and carer experience when providing or accessing physical healthcare, and related outcomes
5. Perceptions and attitudes of staff, service users, and carers towards the future of physical healthcare within South London and Maudsley NHS FT

We used a service evaluation framework to investigate these areas and consider common barriers and facilitators that impact on clinical practice and patient experience. From this service evaluation, the Trust will be able to use insights to inform local decision-making and improve future routine practice regarding physical healthcare at South London and Maudsley NHS FT.

## What we did

The service evaluation was delivered over a 12-month period, which consisted of six main stages:

**Stage 1:** The team consulted staff within adult community mental health teams to identify key roles that work the most closely with service users with concurrent mental and physical health problems to be involved in the evaluation.

**Stage 2:** Established an expert by experience working group made up of service users, carers, and adult community mental health team staff to help us design and deliver evaluation activities.

**Stage 3:** Conducted 23 semi-structured interviews, 8 focus groups and 8 observations with a total of 50 participants. All interviews with conducted with staff currently working within South London and Maudsley NHS FT adult community mental health teams, focus groups included a mixture of staff, as well as current service users and carers.

**Stage 4:** Presented findings back to those community mental health team staff, service users, carers that participated in the evaluation, and worked with them to co-develop recommendations that would be presented back to the Trust.

**Stage 5:** Shared the final recommendations with wider adult community mental health team staff to identify recommendation priorities to be presented back to the Trust.

**Stage 6:** Developed a framework outlining key recommendations, ideas to implement, success criteria and benefits. This framework was then reviewed with key physical health leads from within South London and Maudsley NHS FT to refine a best practice approach for physical healthcare within the Trust.

## Key reflections

Using a structured approach to delivering this evaluation ensured that the team had clarity from the outset about how to investigate experiences, and then consider ways to embed them back into the organisation following the evaluation. The benefit of doing so ensured the team maintained constant engagement with stakeholders, and experts by experience, and were able to consider throughout what would make a difference to how physical healthcare is approached in adult community mental health teams.

## Main impact and findings

Key identified areas for improvement in relation to physical healthcare were:

- › Clear organisational vision and strategy for physical healthcare, supported by clear communication of this to staff, service users, carers, and partner organisations e.g., primary care.
- › Accessible policy that outlines the responsibilities of the organisation, community services and staff when supporting the physical health of adults with an SMI.
- › A comprehensive training programme that addresses generic and specific competencies for staff in key roles within community teams. A competency monitoring system that supports managers to continue to develop knowledge and skills of staff in practice.
- › Streamlined processes and systems that can appropriately support staff in their roles to be able to provide effective physical healthcare to service users and their families as well.

## Key achievements

Overall, the service evaluation was identified as a successful approach to investigating barriers and facilitators that impede clinical practice. The findings were recognised by Physical Health Leaders within South London and Maudsley NHS FT as crucial evidence upon which interventions can be modelled to support routine practice of physical healthcare for adults with SMI accessing community services.

Presentation of the evaluation process at the Implementation Science Conference 2022 was an opportunity for the delivery team to promote the value of evaluating physical healthcare in community settings. The presentation led to wider interest from across the UK about the model used to deliver the evaluation, and accessibility of the framework upon completion of the project.

## Key learning

Working with clinical staff when developing the design for the service evaluation ensured the questions we asked at interview were relevant, accessible, and ensured greater engagement with the process.

Building in opportunities to feedback to the adult community mental health team staff throughout delivery of the project ensured transparency of the findings and recommendations being developed. It was important for the Trust to develop staff confidence and buy-in to any recommendations developed, which this process supported.

Participating regularly in wider activities across the Trust regarding physical healthcare increased the stakeholder network of the delivery team, and ensured that support for the project was more easily obtained. This was especially helpful to increase the profile of the work, and when sharing findings, to be able to develop ideas to scale the framework to make it accessible or useable for other services, organisations, and Trusts.

## Next steps

Use of an Implementation Science approach has enabled the team to go beyond the findings of the service evaluation, and to develop recommendations that can help to transfer knowledge into actions to support physical healthcare in the Trust.

The learning from this project will be used to inform a framework to improve physical healthcare practice within adult community mental health services across South East London and beyond.

# Health Champions

---

*“Having the insight into other’s life, you begin to appreciate your life, and you look at how much you’re growing. For me, when I talk about healing, by giving out to others, what’s been coming back to me is self-love, self-awareness, self-care, self-realisation.”*

*Experience of a Health Champion who worked with us on the project*



## The problem

People with a diagnosis such as schizophrenia can struggle with managing their physical health alongside their mental health. They can want to make changes to their physical health like losing weight or being more physically active but find this difficult.

## Our response

South London and Maudsley NHS FT Volunteer Manager, Isobel Mdudu, thought that there could be a role for volunteers to provide support for people with their physical health and the idea for Health Champions was born. Health Champions are volunteers who are given special training and supported by a Volunteer Coordinator in South London and Maudsley NHS FT. Their role is to support people who have a diagnosis of serious mental illness and are using Community Mental Health Services to manage their physical health. This support is based on the person's own goals for their physical health.

We undertook a research study to evaluate whether having a Health Champion had any impact on how people managed their physical health and whether it impacted on any other aspects of their life. We were also interested in understanding what needs to be in place for the Health Champions intervention to take place successfully.

# What we did

We undertook a pilot randomised controlled feasibility trial where participants were randomised to either receiving the Health Champion intervention (intervention group) or to have treatment as usual (control group). Health Champions were paired individually with someone using mental health services and supported them for nine months. This support was mainly once a week for one hour. The person was encouraged to let the Health Champion know what their physical health goals were so that they could support them with this.

Health Champions were recruited from existing South London and Maudsley NHS FT volunteers and by advertising across King's Health Partners, King's College London and other organisations such as Good Gym. Health Champions were given training and we provided monthly group supervision and individual support from a Volunteer Coordinator and the research team. We recruited service user participants from Community Mental Health Teams across the four boroughs covered by South London and Maudsley NHS FT.

# What we evaluated

## We wanted to find out

1. Did having a Health Champion have an impact on the person's life?
2. Were we able to implement the intervention well?

## What we found

We recruited 48 service user participants; 27 participants were paired with a Health Champion (intervention group) and 21 participants received their usual care (control group).

*1. Did having a Health Champion impact on the persons' life?*  
The people who had a Health Champion overall had a positive experience and some people told us that had made changes to their physical health which included losing weight, no longer being pre-diabetic, being more physically active and making positive changes to their lifestyle. People also said that they had made other changes including going out more and feeling more confident.

*2. Were we able to implement the intervention well?*  
Participants and Health Champions told us that they enjoyed taking part and found it easy to do so.



## What participants told us

'Just talking to someone, being able to share, that was really nice, being able to trust someone.'

'Seeing (My Health Champion) has made me more confident and more happy and healthier.'

'I knew I had something that I had to do, rather than sitting at home feeling unmotivated and couldn't be bothered to do anything. I actually had a goal to meet the health champion or to receive a call from her.'

'It helped with my self-confidence and encouragement to do things and to turn negative things round to being positive.'

'It actually was quite brilliant because I think I would have slipped back into not going out completely, just not gone out anywhere at all whatsoever.'

## What our Health Champions told us

'My experience of being a Health Champion, it was a big learning experience. I learnt more about mental health illness, I learnt about how people cope with it, the help that people get for it, and I learnt more about people who are actually going through it and how it's affected them, but yet they still know how to smile, they still know how to be with the family and stuff.'

'It was a great experience for me, for someone that's always been super passionate about mental health, psychology and physical wellbeing as well.'

## Key learning

People who had a Health Champion enjoyed the experience and were able to make the changes they wanted. They liked that the Health Champion was someone independent of services and felt they had a different relationship with them which was really supportive. Both participants and Health Champions felt that they benefited from taking part in the intervention.

# How people with severe mental illness use technology to manage

---

*"I love monitoring myself. I feel good when I'm doing it. But I feel like I've got some control and I can feel like I can see where problems are starting to come up or what I've done in the past where I could actually do better."*

*Julia, service-user*



## The problem

With methods such as computerised therapy proving effective in the treatment of mental illness, it is conceivable that digital health interventions such as apps, websites and wearables may offer support to people with Serious Mental Illness (SMI) in managing health behaviours and long-term health conditions.

Prior to this project, a small evidence base suggested that digital interventions are acceptable for use in people with common mental illness. However, little research had been done to evaluate the use of such interventions in the context of SMI.

We wanted to find out which interventions people with SMI are currently using to help manage their physical health, and whether these interventions are effective in meeting the needs of the population as well as how this may be affected by contextual factors. We also wanted to assess the barriers and facilitators to use, and whether there is any tangible impact on people's physical health and health service use.

## What we did

We invited people with a diagnosis of SMI who were using South London and Maudsley NHS FT Community Mental Health Services to take part in the research study. The study consisted of three stages:

**Online survey:** 33 South London and Maudsley NHS FT service users took part in a brief online survey, in which they were asked about their use of digital health interventions, including which devices they used, what behaviours they used them for and a number of questions regarding usefulness and ease of use.

**Interviews:** 15 participants who had completed the survey took part in a face-to-face interview with a member of the research team. The interview questions were based on the e-health literacy framework and explored participant's experiences of digital interventions in greater depth, covering attitudes and opinions towards acceptability, usefulness, accessibility, and safety.

**Stakeholder workshops:** Five service users, four staff, two commissioners, two voluntary sector staff members and one carer took part in two workshops, where the results from stages one and stage two were presented and discussed to develop recommendations for digital health interventions.

The study was co-designed with two experts by experience who assisted with research design, development of survey and interview guide, ethical approval and interview analysis

## Main findings

### Stage 1

- › Participants were generally satisfied with their preferred digital health intervention (DHIs)
- › Devices were most frequently used for diet, exercise and weight management.
- › Over 54 different DHIS were named, the most frequently used included Fitbit, MyFitnessPal, Apple Health, Sleepio and Noom.

### Stage 2

- › Participants preferred DHIs apps which were simplistic, passive and incorporated data syncing and sharing. Negative qualities included intrusiveness and lack of consideration for diagnoses.
- › Participants reported several benefits to using DHIs, including

increased autonomy of care, encouragement, positive routine and tangible improvements to physical health. On the other hand, participants noted that DHIs could also have negative impacts, including encouragement of toxic behaviours and potential demotivating qualities.

- › Participants had a strong appreciation of the link between mental health and physical health: the level of device usage and motivation to engage in DHIs could be directly affected by fluctuating mental health.
- › DHIs aimed at physical health also had potential to impact mental health both positively and negatively which should be taken into consideration both prior to and during usage.
- › DHIs were seen as a positive aid but could not replace clinical care. Participants valued devices as an accessory to care which facilitated self-management of their own health, without having to rely on their care team for information.

### Stage 3 (Workshop Recommendations)

- › Participants were interested in having clinical guidance on what DHIs they could be using to manage physical health. They noted that DHIs should be an addition but NOT essential to care to avoid contributing to digital exclusion.

- › Service users, carers and clinical staff agreed they could benefit from further training or information about DHIs- perhaps through a popular apps list, or peer support networks.
- › There is a need for more research on a much greater scale.

### What does this mean?

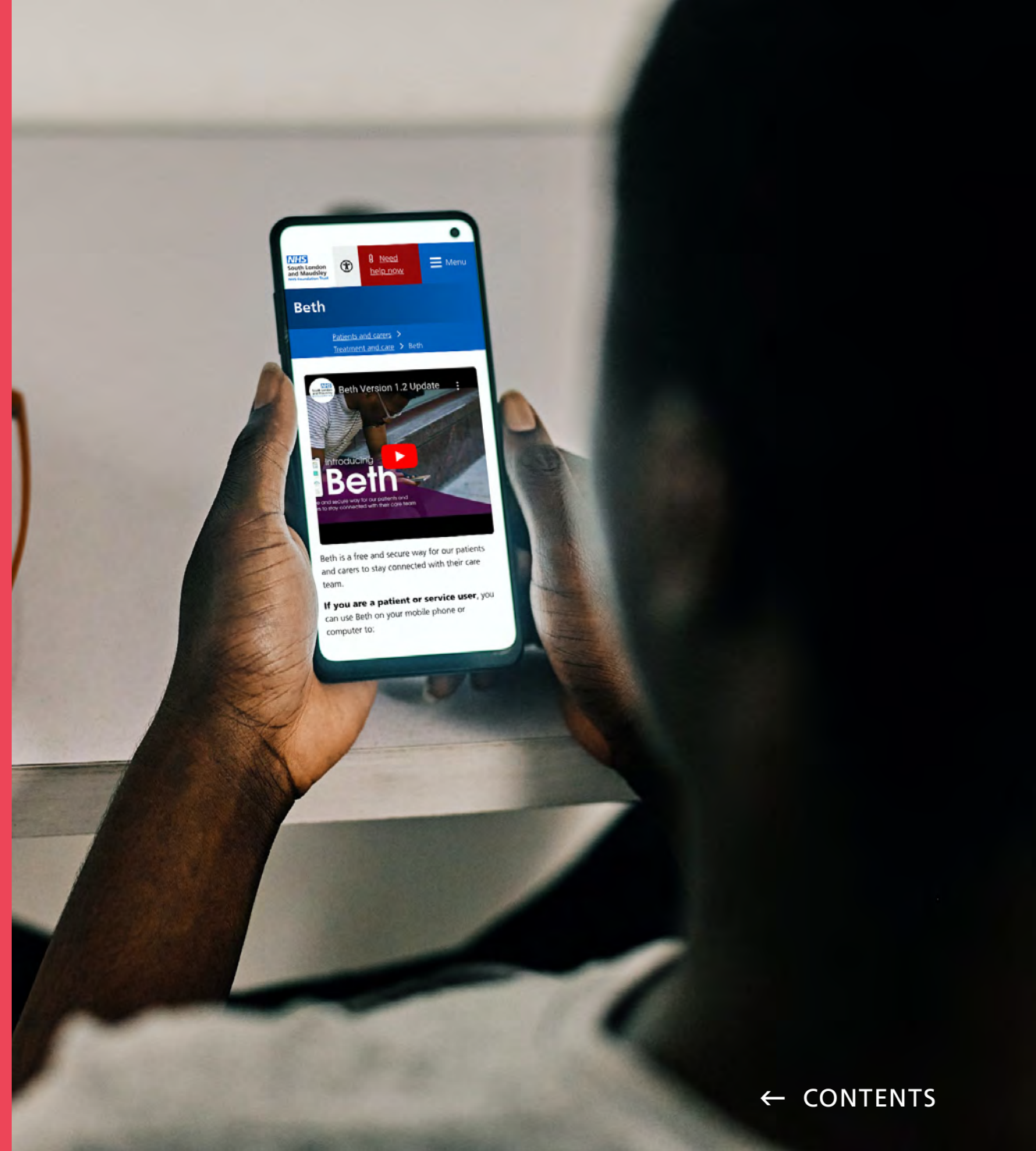
- › We've successfully addressed a gap in research by gaining an understanding of use of DHIs for physical health, by people with SMI.
- › We've learned that there is a real appetite for information about DHIs from a range of stakeholders, ranging from service users, clinical staff and commissioners:
- › Participants felt that they could be a realistic and scalable addition to help people with SMI better manage their physical health and expand the impact of support from health services
- › Service users were interested in knowing more about what devices are available, and were interested in having more devices developed with consideration to their specific needs and preferences.

## Key learning

- › The sample size for the study was smaller than expected but that did not compromise the quality of the findings.
- › Using a variety of methods to collect data was valuable to help explore individual experiences and how these influence personal wellbeing.
- › Learning from participants we spoke to, was that all valued different features as important when using technology to support their wellbeing, for example:
  - › Easy to use
  - › Convenient
  - › Real-time reminders and advice
  - › Accurate and person-specific
  - › Encouraging
  - › Practicalities – set-up, syncing, remembering device
  - › Addressing concerns about data safety
  - › Showing or evidencing tangible improvement to health
- › Advice/Guidance for NHS staff – be aware of and encourage service users look into devices, list of popular apps to suggest.

# Beth

An online platform to integrate physical and mental healthcare



## The problem

Digital technologies, such as websites and apps, have the potential to integrate physical and mental healthcare by improving access to high-quality information, recording and displaying data from clinical records, as well as enhancing communication with healthcare providers.

It can be difficult for service users to access their own information held in hospital records, which could be a barrier to more self-directed, personalised and effective care. Physical health information for the public is readily available online, however it can be difficult to find, and there is uncertainty around the quality of information. Improving user access to high-quality digital health resources has the potential to improve people's ability to manage their own care.

Beth, named after the Bethlem Royal Hospital, is a mobile-friendly website which enhances interaction and information sharing between South London and Maudsley NHS FT staff, service users and carers. Beth went live in South London and Maudsley NHS FT in June 2020.

## What we did

Building on the existing infrastructure of the Beth platform, the IMPHS project funded and supported two development phases.

In phase one, we enhanced the support available to service users and carers by integrating Beth with the South London and Maudsley NHS FT's electronic patient record system so service users can access the physical health parts of their electronic health record, self-management tools and links to external resources. In phase two, we developed a News and Events message board, which enables clinicians to share resources and events with their caseloads.

The IMPHS team engaged with several service user forums and led a focus group which highlighted service users' needs and preferences.

Our development phase means that service users can now:

- › Access their physical health information as recorded in the Trust's health care records; as well as having links to access approved physical health information and resources;
- › Message the care team and find out how to contact them;
- › See articles posted by clinical teams, The Recovery College, and volunteers via a 'News and Events' message board;
- › Receive tailored notifications via 'tags'.

## Main impact and findings

Beth's launch has coincided with the pandemic-driven shift to remote working and has 1,278 users (313 service users and 965 staff). Further work is being undertaken to increase use of the platform. The following points were also considered in implementing at the Trust:

- › Clearly articulating the user requirements - ideally co-designed with clinicians, service users and carers;-
- › Underpinning engagement with a range of communication methods, including imagery, videos, and jargon-free language;
- › Accompanying implementation with a culture and behaviour-change plan, such as supporting staff to develop the right skills, knowledge and confidence - but not underestimating the scale of the task;
- › Implementing clear governance and aims, which help to mitigate against scope creep;
- › Embedding evaluation into the programme.

*More information on Beth can be found in the NHS X Digital Playbook: <https://transform.england.nhs.uk/key-tools-and-info/digital-playbooks/>*



*“IMPHS is a shining example of education, commitment and human practice”*

SM, Expert by Experience

## Key lessons for IMPHS

- › Inclusion of service users and carers in project governance and research design consistently reminded the team of the project aims, and what matters most throughout the life of the project.
- › Closely aligning clinical and academic goals provided opportunity to implement and evaluate interventions in a real-world setting, and bring novel evidence-based practice into clinical settings.
- › Having broad reach across the partnership improved the quality and speed of sharing knowledge, reducing duplication, and strengthening working relationships beyond the project.

# Next steps

The Centre for Implementation Science at the Institute of Psychology, Psychiatry and Neuroscience at King's College London has worked alongside the team to deliver evaluation of the IMPHS project. Throughout the project the team have considered ways to translate research findings into practice to ensure outcomes ultimately support improvements in how we practice physical healthcare for adults with long-term mental illnesses.

This collaboration has resulted in a series of resources to showcase the approach, outcomes and learning from each study completed in the project portfolio, including:

- › Publication of a collection of academic papers
- › Generation of a six-part webinar series
- › Development of core resources, toolkits and frameworks to support physical healthcare in practice.

For more information about these resources and how you can access them, you can visit our dedicated IMPHS page on the King's Health Partners website: <https://bit.ly/KHP-IMPHS>

## Opportunities for the future

We are dedicated to sharing the learning from the IMPHS project in order to support clinical services now and in the future to improve how physical healthcare is delivered for adults with long-term mental illnesses.

If you are a professional interested in learning more about how to use our learning in practice or are interested in co-developing new initiatives that could be explored through IMPHS, please get in touch with our team:

[IMPHS@slam.nhs.uk](mailto:IMPHS@slam.nhs.uk)

[mindandbody@slam.nhs.uk](mailto:mindandbody@slam.nhs.uk)

# Acknowledgements

## Our funders

Thank you to the Maudsley Charity for its continued support in delivery of the Integrating our Mental and Physical Healthcare Systems project since 2019. The Maudsley Charity works in partnership with South London and Maudsley NHS FT and the Institute of Psychiatry, Psychology and Neuroscience, King's College London to promote positive change in the world of mental health. They support innovation, research and service improvement, working with patients and families, clinical care teams, researchers and community organisations with a common goal of improving mental health.

## Our partners

Thank you to King's Health Partners for its unwavering commitment to promoting integrating mind and body care, and the access this partnership has provided to be able to work collaboratively with organisations (King's Health Partners, Guy's and St Thomas' NHS FT, South London and Maudsley NHS FT and King's College London), clinical services, teams, professionals, and experts by experience that have contributed significantly to the overall quality and outcomes of the Integrating our Mental and Physical Healthcare Systems project.

## With particular thanks to the following groups and organisations that have supported the IMPHS programme over the last 3 years:

All the staff, service users and carers across South London and Maudsley NHS FT and King's College Hospital for their time, expertise and involvement

All our colleagues at the Centre for Implementation Science at King's College London and Universities of East Anglia and Southampton

All our associates at the South London and Maudsley NHS FT Quality Centre, South London and Maudsley NHS FT Partners, the South London and Maudsley NHS FT Volunteer Network, UCL Partners, Oxleas NHS FT, the Centre for Mental Health, Equally Well and Consultant Connect.

## We owe special thanks to:

Alice Casey, Alexander Morris, Andrea Lopez, Andy Healey, Annabel Lane, Amelia Jewell, Amy Ronaldson, Barbara Arroyo, Barbara Grey, Carl Nwabudike, Cathy Gillis, Charlie Costa, Claire Delaney-Pope, Damien Larkin, David Blazey, Elliann Fairbairn, Emma Bailey, Errol

Green, Euan Sadler, Fiona Gaughran, Gabrielle Richards, Gavin Shields, George Gillett, Gideon Tutaleni, Gracie Tredget, Greta Gillett, Henry Lockyer, Ian Cutting-Jones, Isabel McMullen, Isobel Mdudu, Ioannis Bakolis, Helen Kelsall, Jake Silke, Jan Luxton, James Roberts, Jill Lockett, John Biggs, John Tweed, Jorge Arias de la Torre, Joseph Casey, Julie Williams, Karen Ang, Kate Lillywhite, Katherine Barratt, Katherine Plummer, Kia-Chung Chua, Kirsty Giles, Lana Samuels, Lia Orlando, Lilli Underwood, Naomi Brill, Natalia Stepan, Nick Sevdalis, Nick Smith, Nicola Byrne, Nina Angelova, Noushig Nahabedian, Madelene Boyton, Martin Ford, Mariana Pinto da Costa, Mary Yates, Mary Jane Docherty, Mauricio Moreno, Megan Pritchard, Oliver Soriano, Omar Rayner-Andrews, Prashanth Reddy, Ray McGrath, Remy Wesolowski, Rina Patel, Robert Harland, Rod Booth, Rosemary Okafor, Rupinder Dev, Sara Dampier, Sarah Markham, Sarah Thomas, Scott Welpton, Sean Cross, Shubhra Mace, Simone Davies, Siobhan Gee, Sir Norman Lamb, Sofia Dewji, Stacy Dangare, Syeda Hasnain-Mohammed, Theo Boardman-Pretty, Trevor Tiedt, Ubong Akpan, Vanessa Smith and Zarnie Khadjesari.



An Academic Health Sciences Centre for London

Pioneering better health for all

A final note of thanks from Dr Sean Cross, Clinical Director of the Mind & Body Programme at King's Health Partners.

*"Part of the remit of the Integrating our Mental and Physical Healthcare Systems programme has been to try and raise the bar, to try and push more, to try and look for different ways that we as an Academic Health Science Centre at King's Health Partners, can keep pushing the debate about what we are doing to help people living with severe and enduring mental health problems in our communities.*

*An enormous thanks to everyone, hundreds of people, who over the last couple of years have been instrumental in making Integrating our Mental and Physical Healthcare Systems a flagship programme for us, and for making it such a worthwhile endeavour."*

IMPHS is delivered as part of the King's Health Partners Mind & Body Programme. This programme is committed to joining up mental and physical healthcare, training and research to improve health outcomes for patients accessing services across South East London and beyond.

Find out more about what we do and how you can work with us via

✉ [imphs@South London and Maudsley NHS FT.nhs.uk](mailto:imphs@South London and Maudsley NHS FT.nhs.uk)

🐦 [@mindandbody\\_khp](https://twitter.com/mindandbody_khp)

🌐 [kingshealthpartners.org/our-work/mind-and-body](https://kingshealthpartners.org/our-work/mind-and-body)

