

# Improving Physical Health Monitoring of City & Hackney Assertive Outreach Service Patients

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**AIM**

Improving physical health monitoring of AOS patients to 80% by May 2015. C&H AOS aims for its patients to have physical health checks (blood tests, weight, ECG, BP) as a minimum annually.

**BACKGROUND**

The life expectancy for people with schizophrenia and bipolar disorder is 25 years lower compared to the general population; largely because of physical health problems. Schizophrenia is associated with increased death rates from cardiovascular disease (two-fold), respiratory disease (three-fold) and infectious disease (four-fold), amongst others. The iatrogenic effects of some psychotropic medications could contribute to this, which can easily be detected through regular monitoring.

Improving physical healthcare to reduce premature mortality in people with SMI is a priority for ELFT and NHS England. The trust has already agreed to carry out regular audits supported by the Royal College of Psychiatrists to demonstrate its commitment to improved physical health. One of the notable findings regarding ELFT in the Report of the Second Round of the National Audit of Schizophrenia (NAS2) 2014 was "although monitoring of physical health risk factors were about average in ELFT, it was still below what should be provided and was particularly poor for monitoring of glucose control and lipids"

Figure 1: Driver Diagram of Improving Physical Health Monitoring of AOS Patients

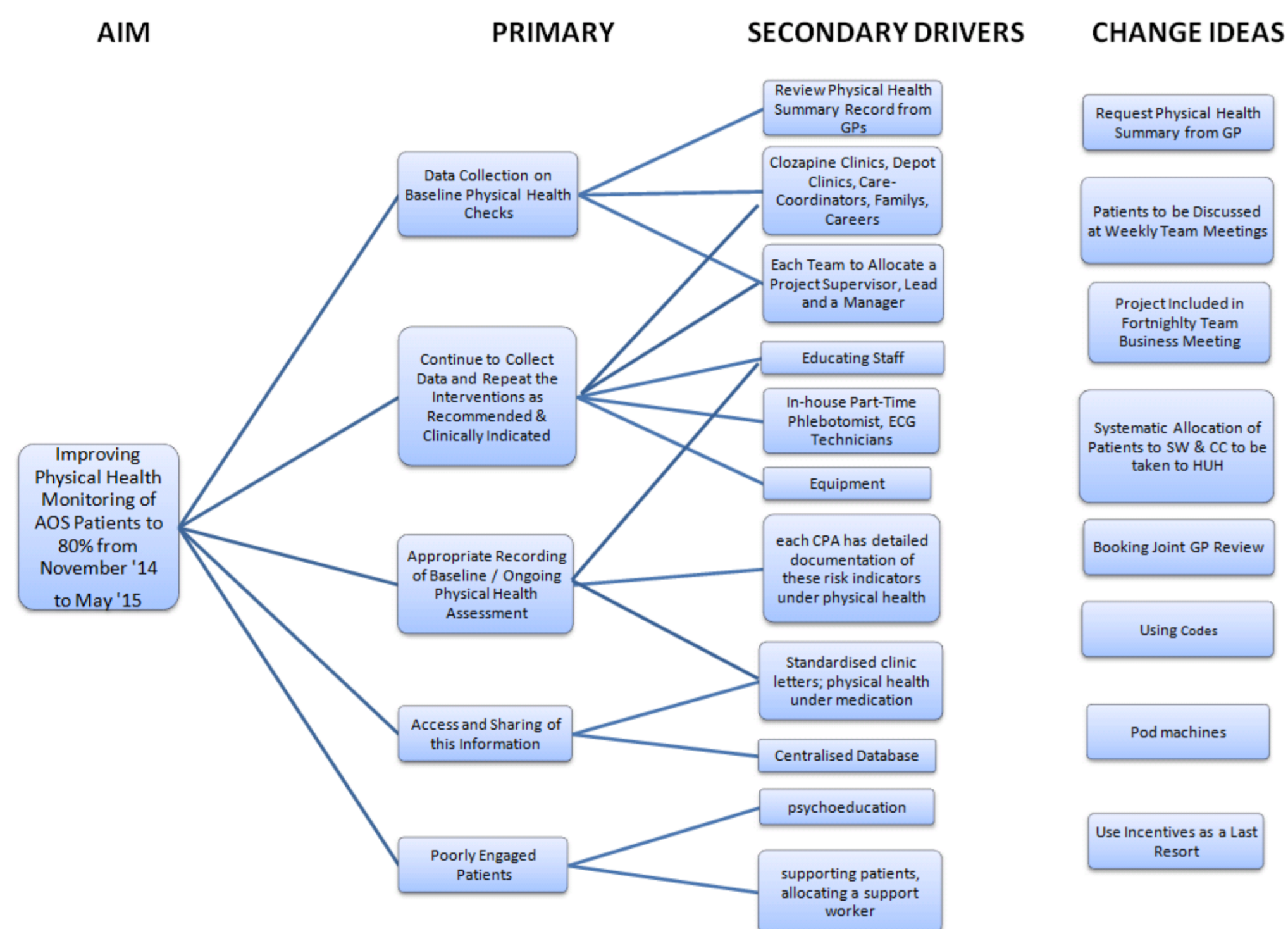


Figure 2: Tests of change using the PDSA ramp

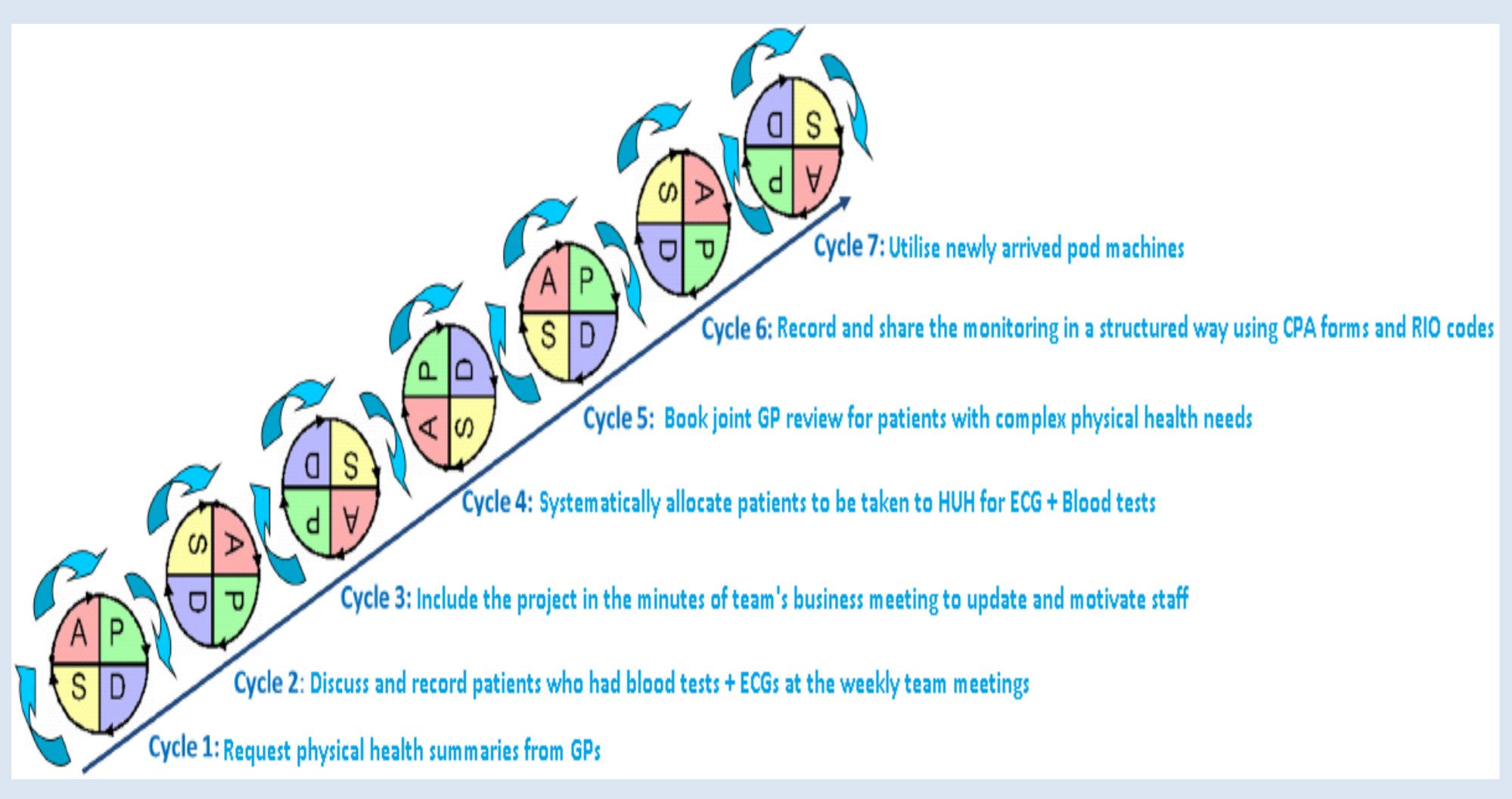
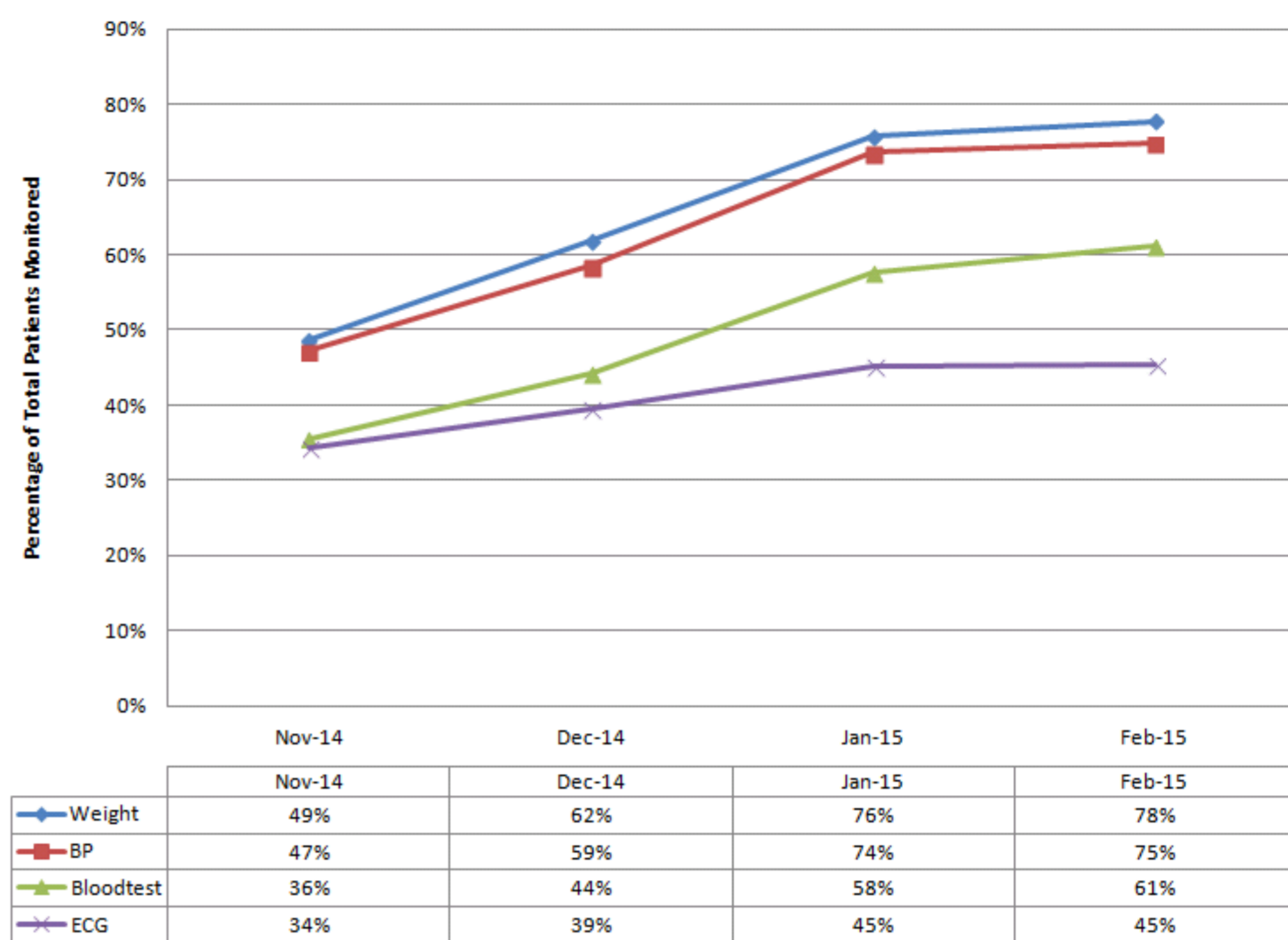


Figure 3: The Percentage of AOS Patients that had Blood Tests, Weight, ECG, BP between November 2014 and February 2015



**RESULTS**

Overall, there have been significant improvements from when the project started in November to the end of January, with an improvement of approximately 50% in all categories.

Although improvement continued in February, it was up only by a few percentage points for weight, BP and Blood Tests and unchanged for ECG compared with January. Despite this, the target of 80% for weight and BP monitoring, with 78% and 75% achieved respectively by February 2015 was almost reached.

There is, however, still some way to go with Blood Tests and ECG, with 61% and 45% achieved respectively by February 2015.

**LEARNING**

The complexities of physical health monitoring of psychotic and BPAD patients are more challenging than at first thought.

It was demonstrated that effective leadership, collaborative team work, routine recording of the results and improved communication between primary and secondary care increased the physical health monitoring of this complex and challenging patient group.

Increasing physical health monitoring of its patients has implications on C&H AOS's operational functioning, training and supporting infrastructure

**NEXT STEPS**

Continue to ensure that this project is owned by the whole team, staff are kept up-to-date with the process and assisted to continue to deliver improvement.

The creation of a central database, maintained by the team weekly to ensure embedding of this strategy to daily practice.

Continue to identify other areas for change that may lead to further improvement in the physical health monitoring of AOS patients. For example, to consider free lunch or payment for resistant patient group as a last resort towards the end of the period.

Consider separation of data for AOS and AOS Forensic as these are separate patient groups with different needs.

Improve individual education of patients and their carers by improving insight, adherence and motivation for their physical health. Consider group psycho education.

**References.**

Report of the second round of the National Audit of Schizophrenia (NAS2) 2014. Royal College of Psychiatrists. College centre for quality improvement.

No Health without Public Mental Health, Royal College of Psychiatrists, 2010