Parity of Esteem - CQUIN targets and improving equality of care

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Background

Parity of esteem - means the need to value mental health equally to physical health. People with complex mental health needs should have the same access to health care services and support as people with physical health needs

Our project followed the Mental Health CQUIN 2016/17 on 'Physical health monitoring in psychiatric services for all patients with psychoses'.
The overall goal of CQUIN targets is the assessment, documentation, and acting on, cardio-metabolic risk factors in patients with psychoses. The' acting on' included direct provision or referral onwards to other
services for intervention.

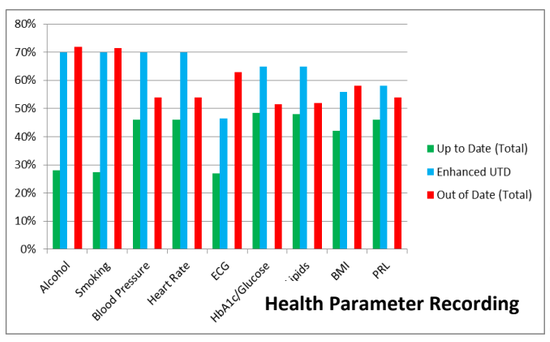
We believed that our process for Enhanced Care patients was working well, but this was a small proportion of the patients in our team who receive antipsychotic medications. We had hoped to target patients that were diabetic or pre-diabetic as we could capture this group who attended their appointments with us (and might not attend the GP practice) and consider enabling engagement with the appropriate services and possibly link with Diabetic Specialist Dieticians and Nurses to improve the attendance rate for these patients. We then learned that our target group was very small and already well-engaged with the Diabetic services so the parameters for our project changed.

In the process of undertaking our project the Trust's physical health policy was also changed. We broadened our parameters to look at all CQUIN targets and considered this with our Enhanced Care group of patients (rather than the entire caseload).

Method

We collated a list of all patients under our team with a psychotic disorder diagnosis who receive antipsychotic medications taking a baseline of the parameters required (and others that we undertake though not part of CQUIN targets).

Our project team had a brainstorming session and gathered information on other projects around the country. Four national health parameter related projects were identified and reviewed and we decided to adjust our project changing back to CQUIN targets as our diabetic patient numbers were small and patients are well engaged.

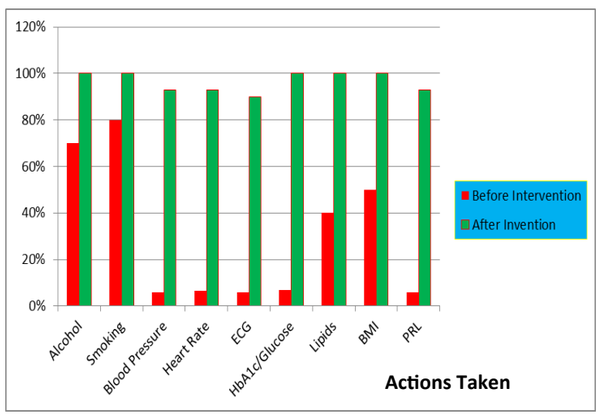


Our physical health monitoring nurse undertook discussions with our local GP practices to identify how we could improve our engagement with them in relation to the physical health requirements of our patients. We had a further brainstorming session and identified how to improve the communication of what we do with our GP's to avoid duplication and ensure actions are taken.

We devised a new format for communicating health parameters to our GP's and implemented this, reviewing it specifically with our Enhanced Care patients.

We re-evaluated the process and the use of the format after six months. Within this time, the Trust's Health Monitoring Policy was changed which led on to changes within our team (improving the overall health monitoring) and our results have been influenced by the new policy.

Within outpatient reviews we have asked our patients if their GP's have been discussing their physical health with them and have noted an overall improvement compared to prior to these changes.



Aim

Our project sought to evaluate and consider improving the Bournemouth East Community Mental Health Team management of physical health monitoring in patients with psychotic disorders who receive antipsychotic medications in keeping with the CQUIN requirements.

The secondary aim was to improve engagement with General Practitioners in sharing information and ensuring actions are taken on information gathered. This was also designed to reduce duplication.

Actions Taken

1) Collate a complete list of all patients on antipsychotic medications (with a psychotic disorder diagnosis) and gather information on current health parameters. Identify Diabetic and Pre-Diabetic patients and subset of Enhanced Care patients.
2) Devise a new information tool for the GP's and discussed with the team for implementation.
3) Implement information tool and engage GP's with this. Currently still used as considered helpful in reducing duplication.
4) Review recording of information in relation to health parameters for enhanced care patients and propose use with medical staff within wider Bournemouth Teams for standard care patients.
5) Discuss with patients within the Enhanced Care group at follow-up reviews in relation to their GP's and if they had discussed the information that was provided to them from our health monitoring.

Conclusions

Our QI project identified an improvement in the process of taking actions forward in relation to the physical health parameters of our patients whilst using the modified documentation and we validated that this process remains relevant and appropriate.

In the process of our QI project we identified several areas that require further improvement to further improve the parity of esteem, as follows:

Systems – There are many electronic systems in use across various services. None of these systems communicate with each other and therefor test results on one system have to be manually put on all of these systems. Through this process alone information can go missing and be delayed.

Staffing – With the sheer number of patients on medications and the tests required, including the potential actions to be taken there were not enough clinical hours in the working day to stay on top of this process. We now have physical health practitioners who work across our team and the GP practices and we will be evaluating if this assists in ensuring there is parity of esteem for our patient group.

Communication – At the start of our project it was evident that the work we were already undertaking was not being effectively received by the GP's and duplication was occurring. The implementation of our modified health monitoring form that engages with the GP's has improved this, although there is still room for delay considering the systems issues as indicated.

Reflections on QI

Our QI project had numerous issues at the start, being too focussed and thereafter when zooming out having a large number of patients. We were able to brainstorm and adjust our project accordingly.

Within the process of the project our Physical Health Monitoring Policy was changed and new staff were appointed to undertake this. We noted that the new policy had included expectations that would mean less staff time in general as more was being asked of staff. This was not helpful at that time but was ultimately a positive step towards parity of esteem for our patient group.

The undertaking of the project highlighted that the work we were already doing was not being acknowledged and thereby duplication was at times happening. It also highlighted the ongoing difficulty our patient group has when engaging with their physical health processes.

We were able to demonstrate improvement in the overall experience for the patients in relation to their holistic health review through the change to our approach.