

Whittington-Highgate Integrated Physical Liaison Service (WHIPLS) *A Pilot for Change*

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Whittington Health



Whittington Health

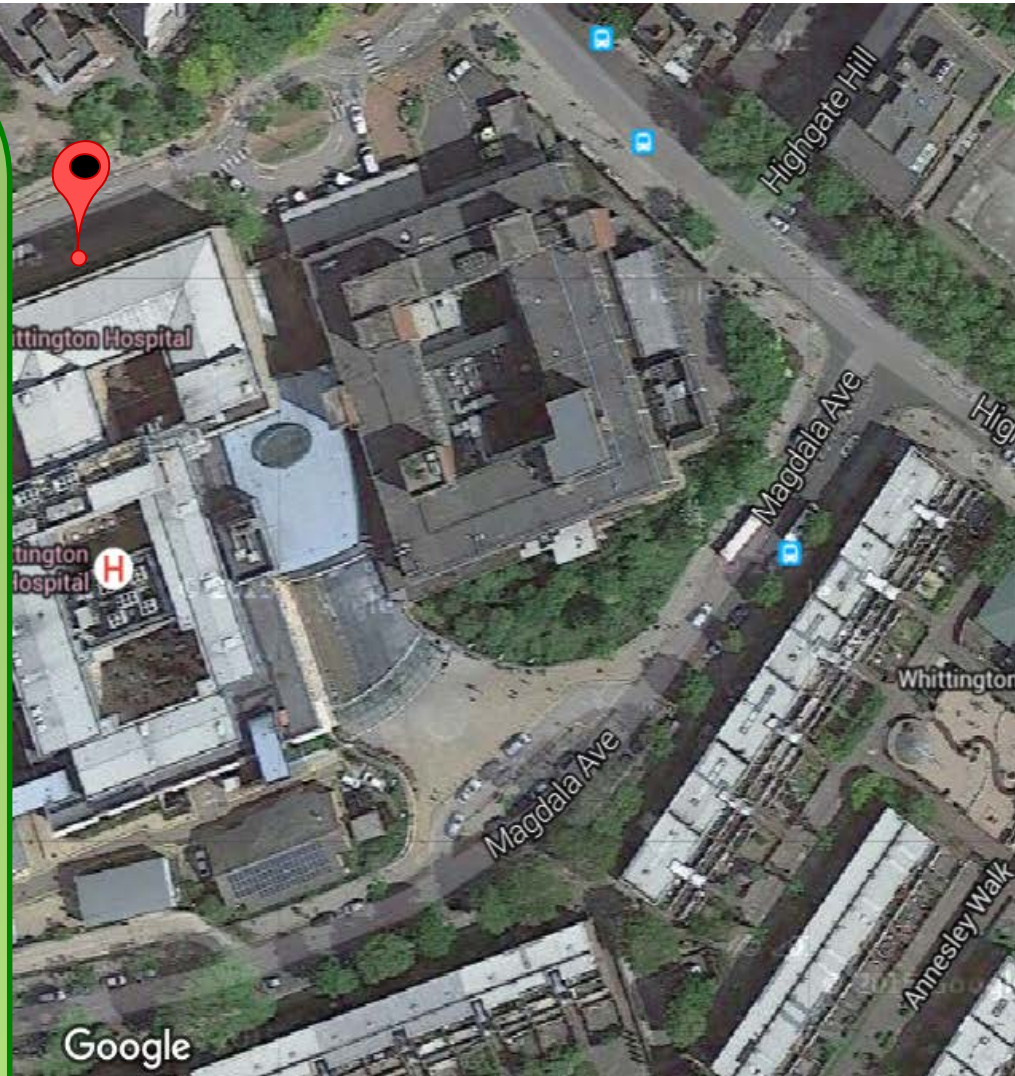
Long history of MEDICAL services

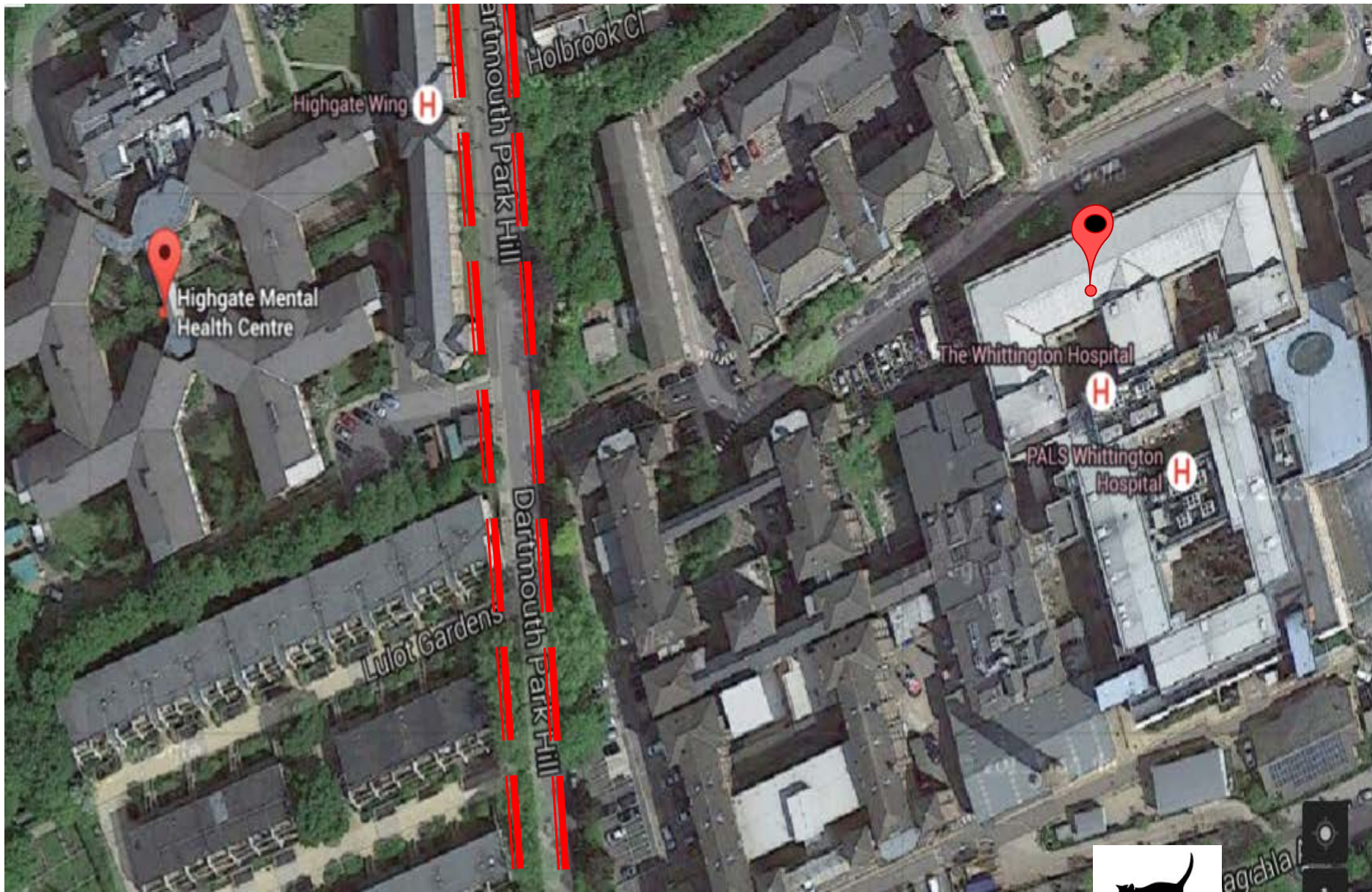
- 1473 Leper Hospital
- 1848 Small Pox Hospital
- 1900 Highgate Hill Infirmary *
- 1948 NHs - Whittington Hospital
- 2011 **INTEGRATED CARE**

ORGANISATION

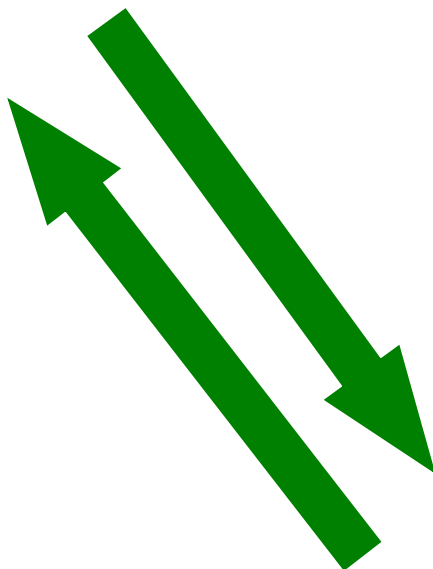
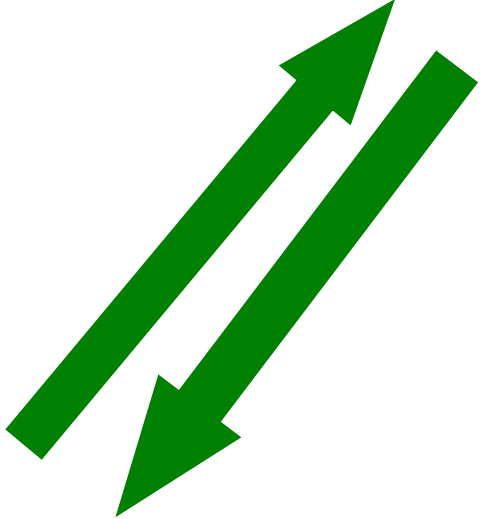
Acute General/Teaching Hospital +
Haringey + Islington PCTs' Community
Services

- Multiethnic population ~1/2 million
- High Levels of deprivation
 - High smoking prevalence
 - High rates mental illness
 - Multimorbidity
 - High premature death rates





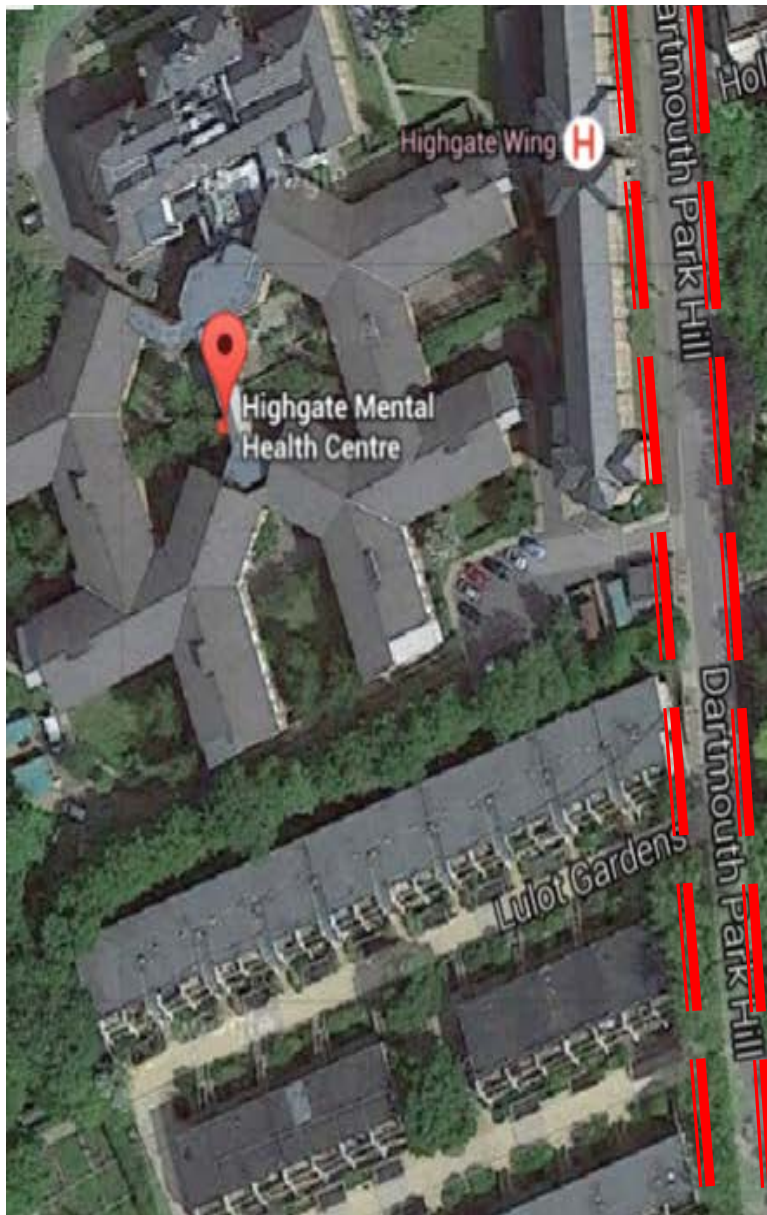
General Practitioner



Mental Health Trust

Acute Medical Trust





Highgate Mental Health Centre

1900: Highgate Hill Infirmary* built to address the “terrible conditions for sick inmates of the St Pancras Workhouse”
ALWAYS provided Mental Health Services

2008: HMHC C&I MHT

Acute inpatient care for adult and older people with mental health problems

- 2 Older People's Wards
- Psychiatric Intensive Care Unit
- 6 Adult In-patient Wards
(including rehabilitation)





Highgate Mental Health Centre

Inpatient population contributes to national figures showing:

Population of adults with SMI **smoke** 42% of all tobacco

(No Health without Mental Health, DoH 2011)

die ~16-25 years sooner than the general population mainly from respiratory, cardiovascular & infectious disease...

- Five year survival for respiratory disease lower in people with mental illness

Population	5 year COPD mortality
Schizophrenia	28%
Bipolar disease	19%
Age adjusted population	12%

Co-located but Totally Separate Buildings & Trusts

An EXEMPLAR of Non - integration

Disincentives to providing a generic assessment and drivers to see specialists

Physical, relational and IT barriers

COMPOUNDED BY

Change in Training Requirements - De-skilling of Medical Staff with loss of ability to provide generic assessments

Silo-mentality: Loss of collective responsibility

Variance in individual attitudes for health and health advocacy

Diagnostic Overshadowing



Whittington Health-Highgate Mental Health Centre Integrated Physical Liaison Service (WHIPLS)

Physical Health Clinic on-site MHU

- Led + provided by Consultant Physicians
- General Medicine/Elderly/Respiratory/Diabetes

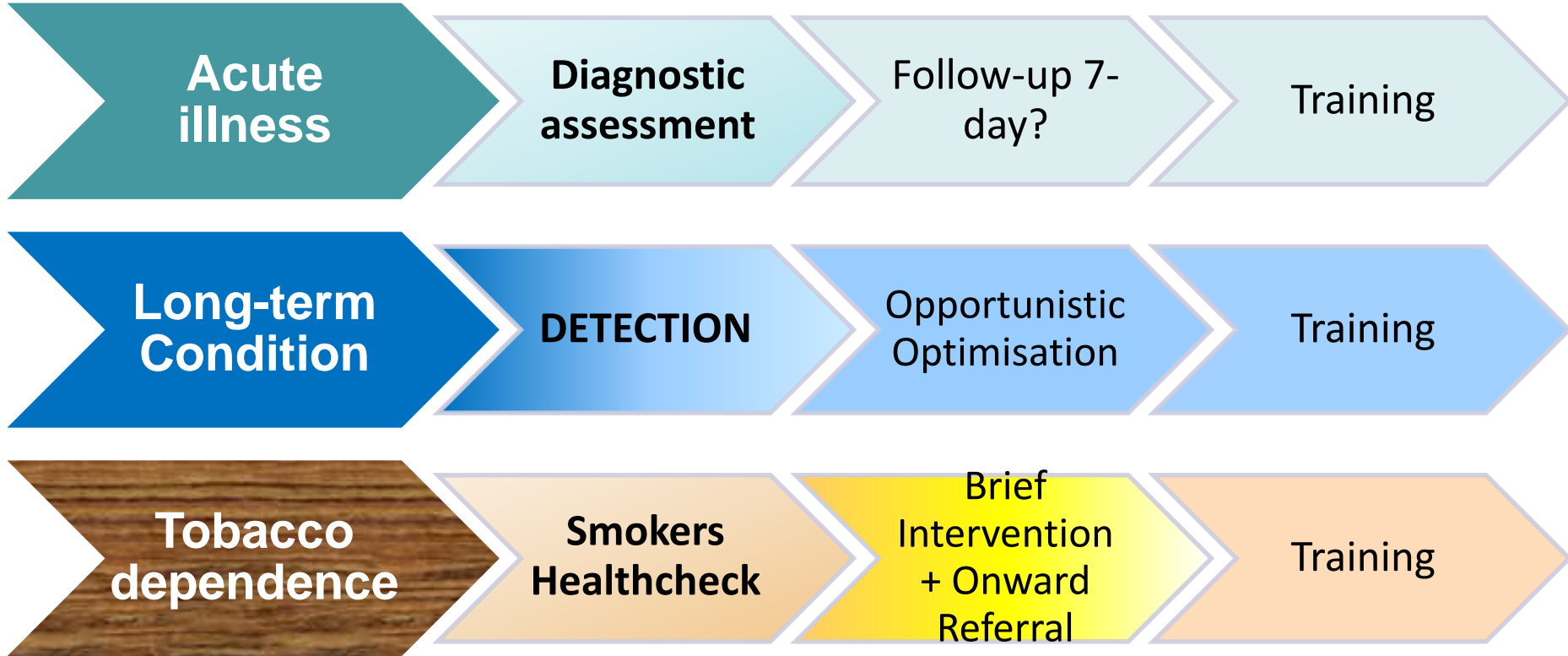
Advice Line & email Mon-Fri 9-5

Training of mental health staff

Link-in services (e.g. diabetic eye-screening, stop smoking support, sleep service)



Aiming to address



Clinic has been running for 15 months

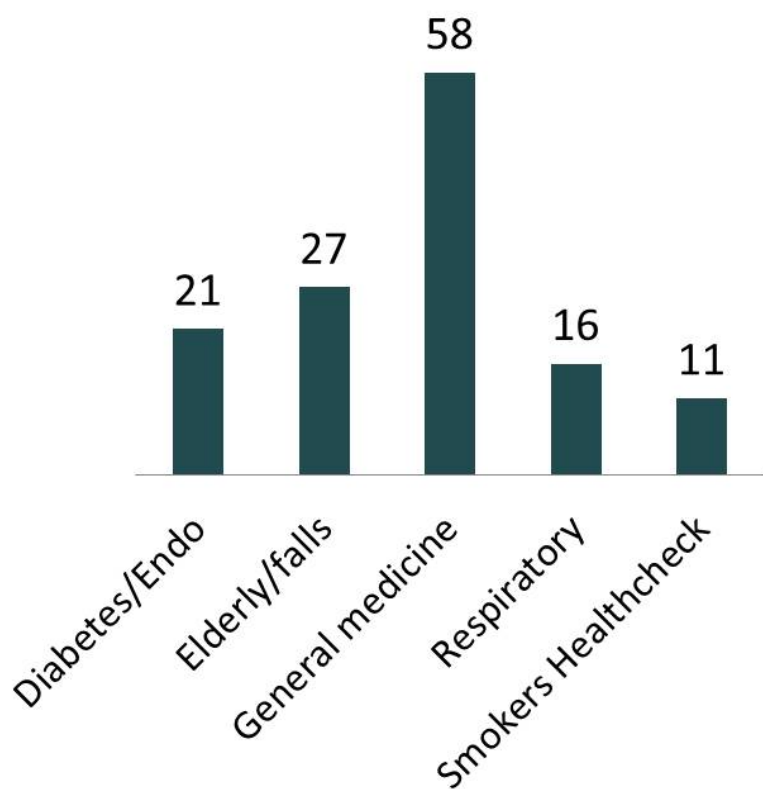
Advice Line used frequently (3-5/w)

- 60 clinics
- 172 referrals
- 123 patients seen in a total of 195 appointments
- 19 patients had 3 or more appointments

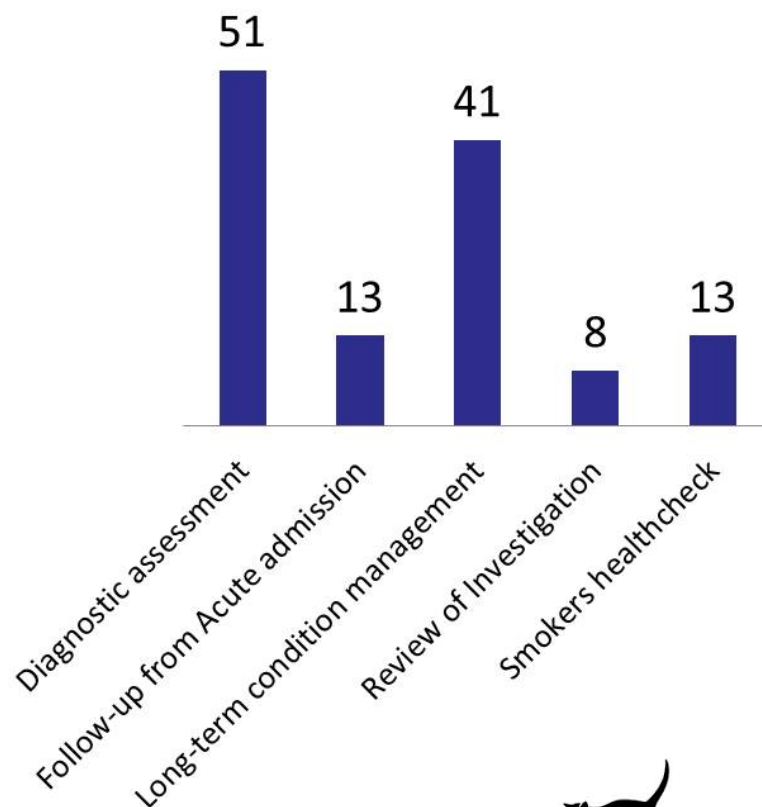


Referrals

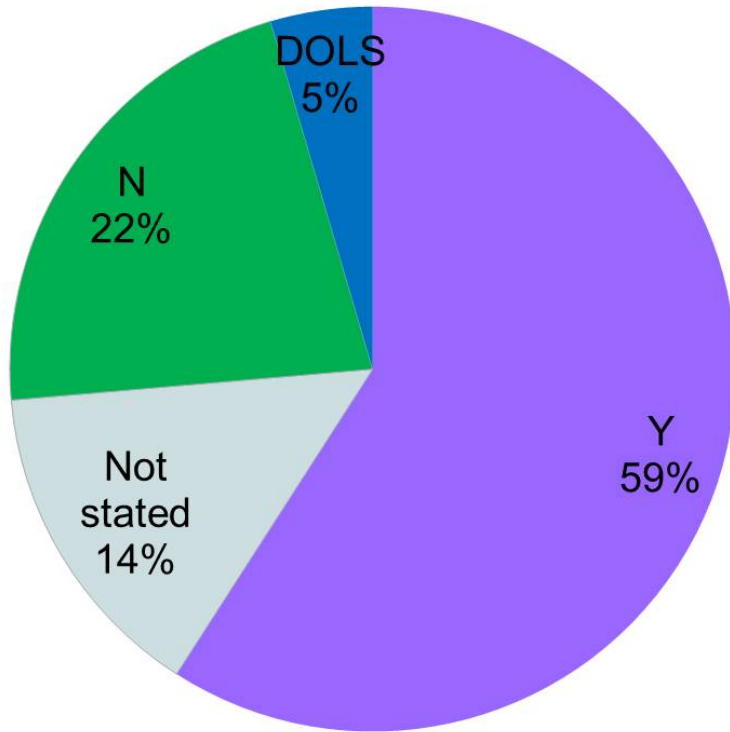
Type



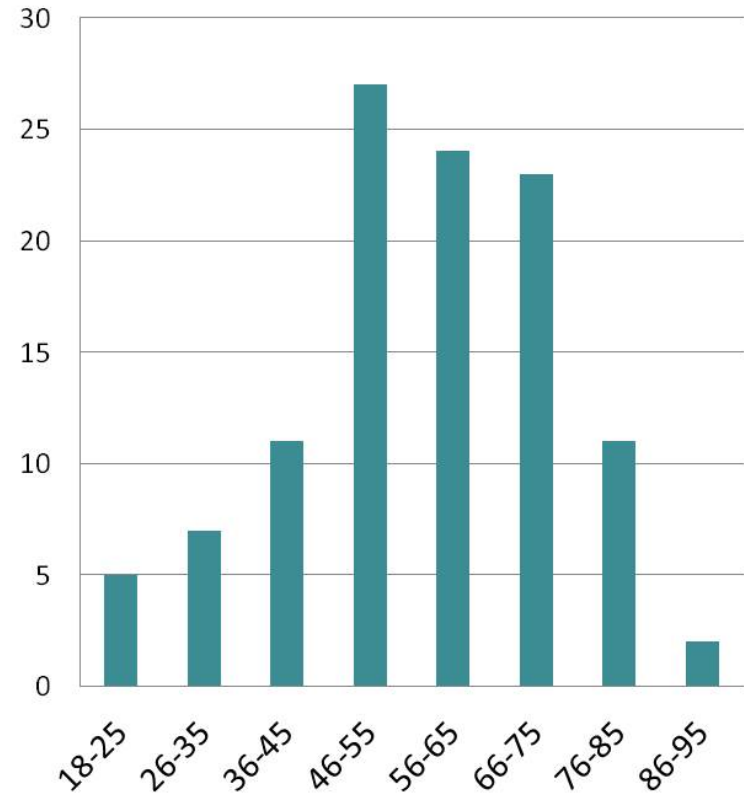
Category



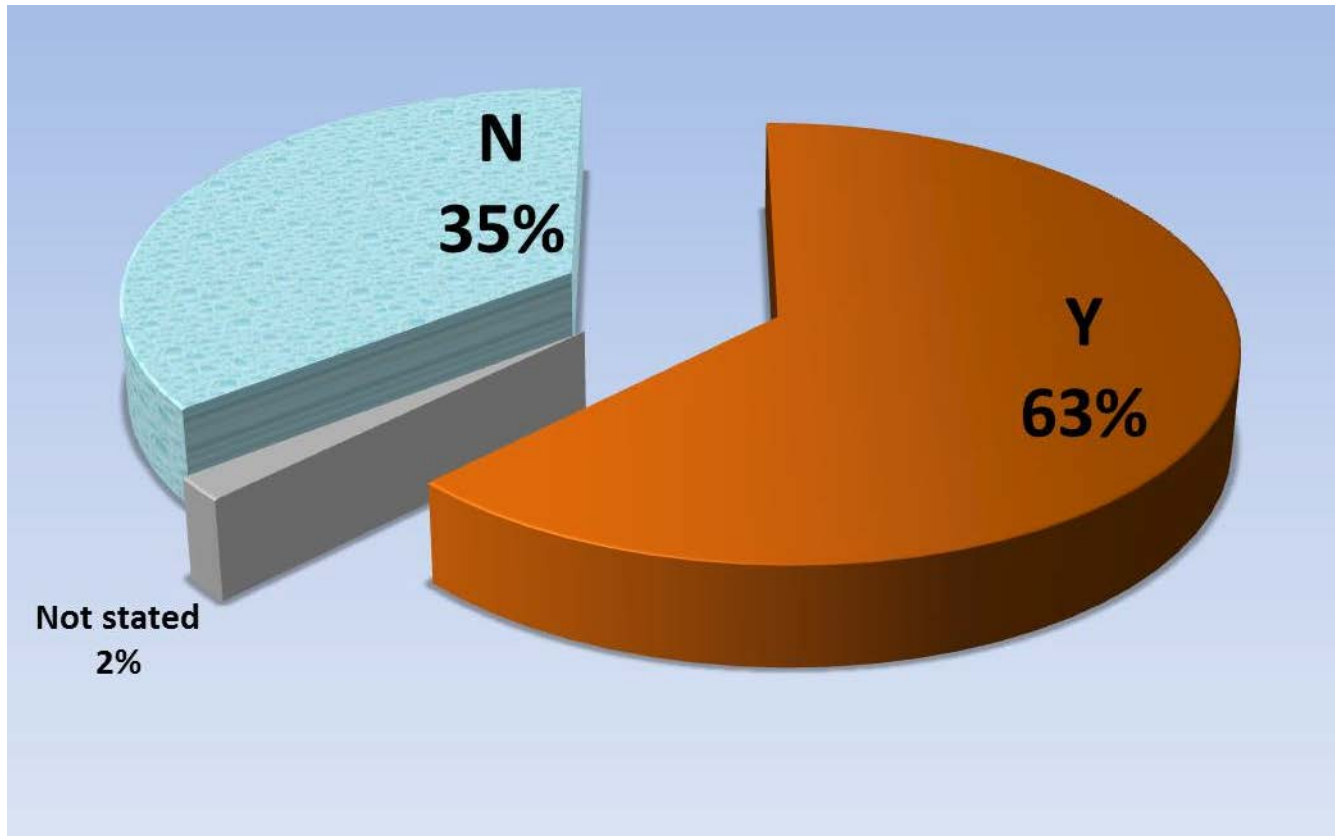
MHA Status



Age



Three times more smokers coming to clinic compared to general population



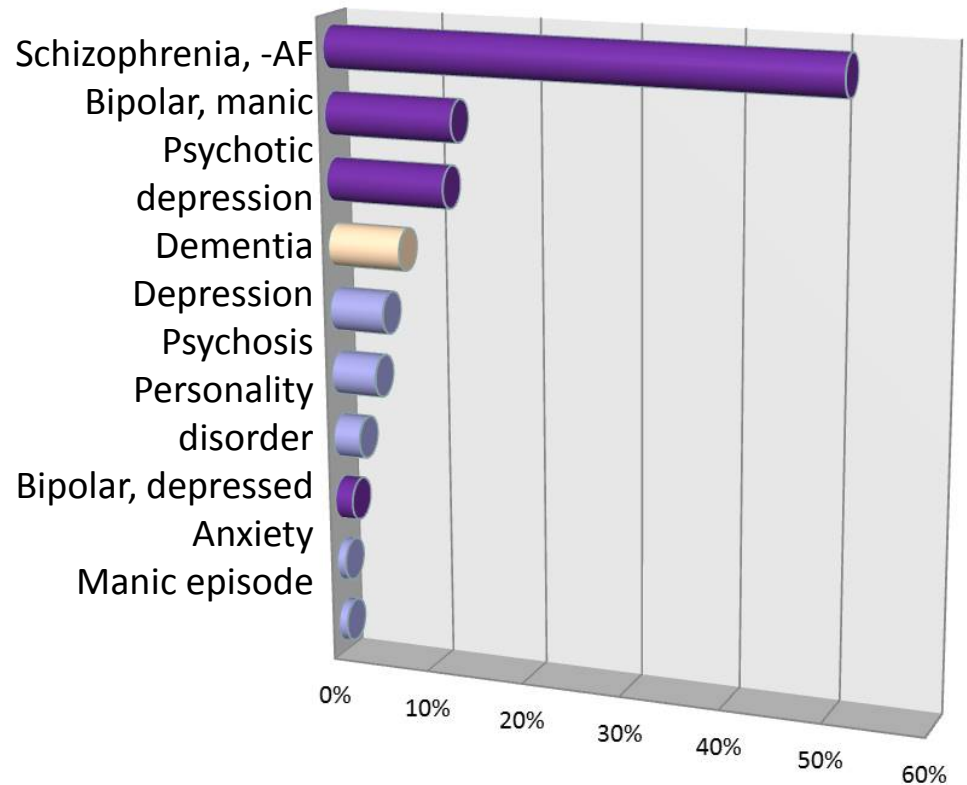
Primary mental health diagnosis

Longer stay admissions

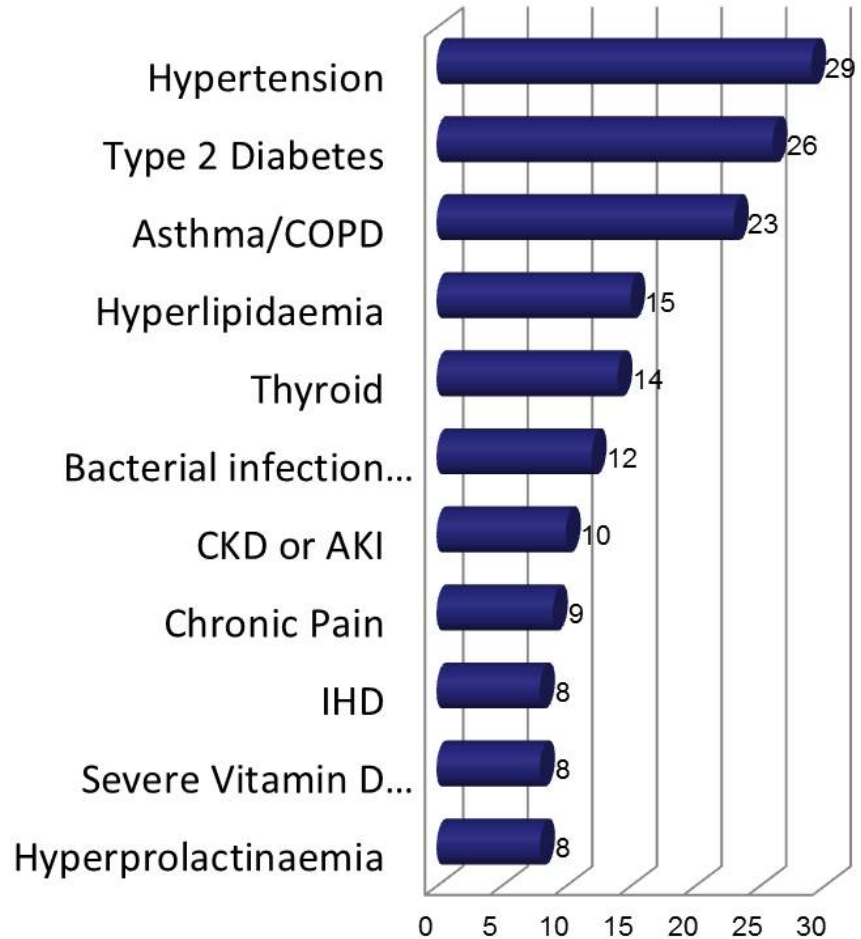
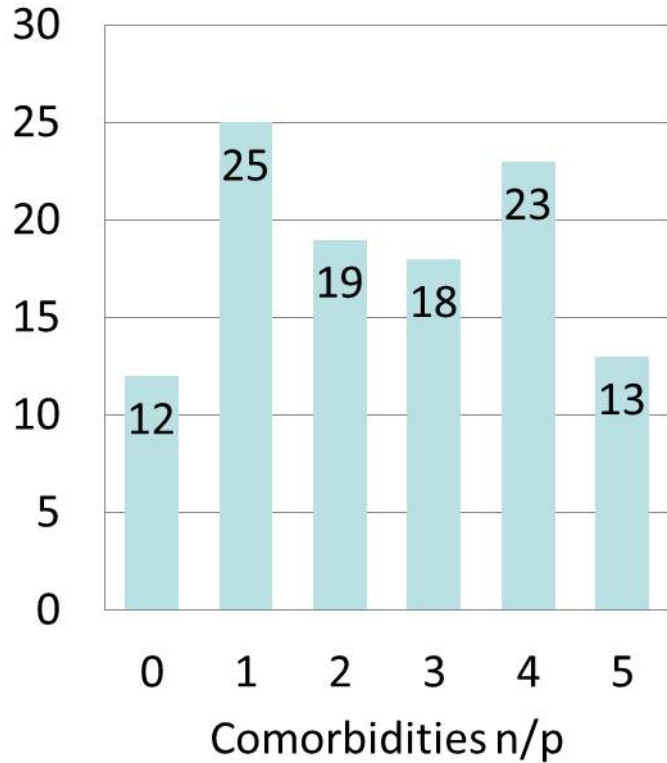
Higher burden of mental illness/severity

More likely to be on clozapine or lithium

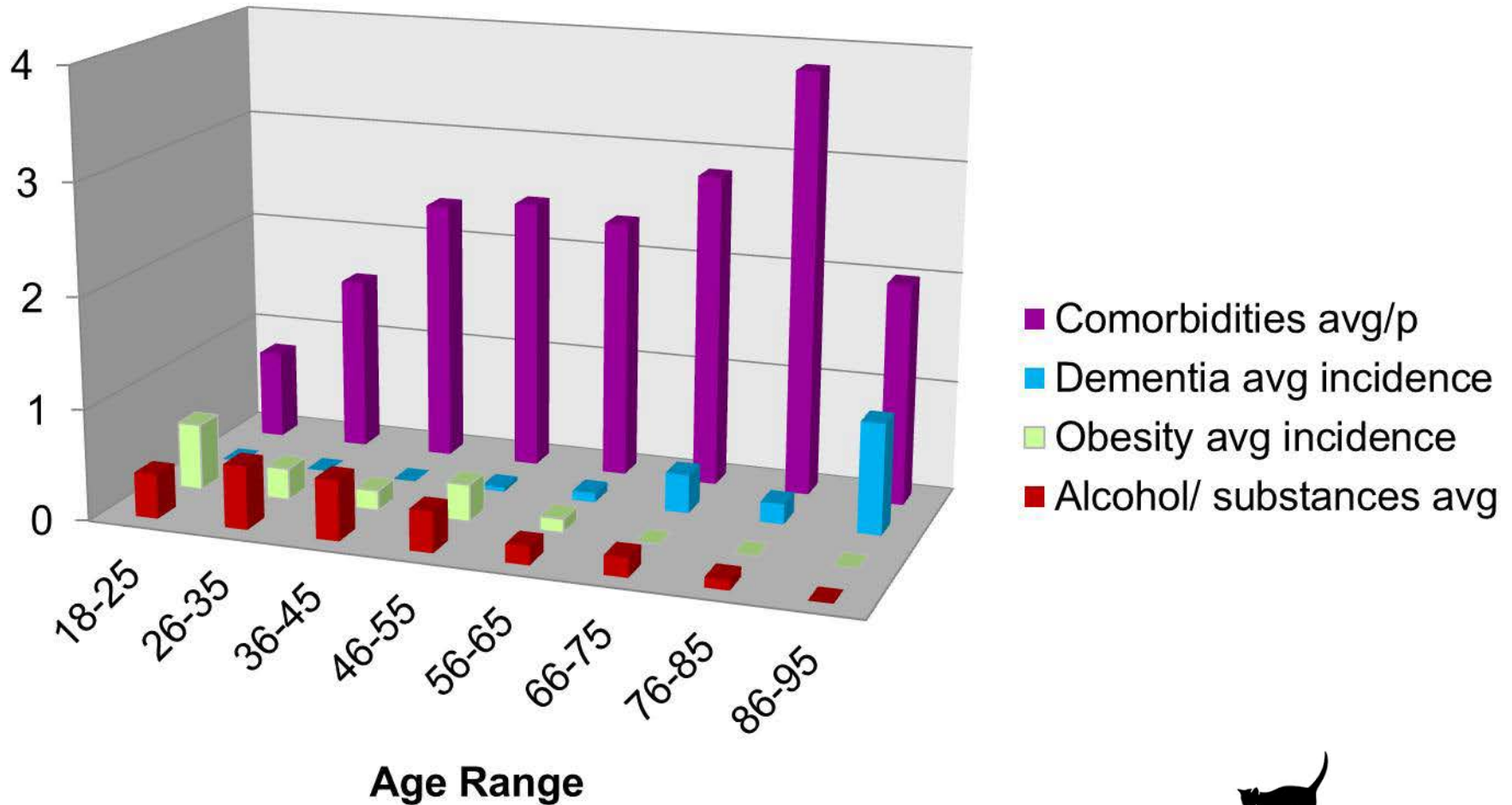
Non-engagement with services



Multiple comorbidities

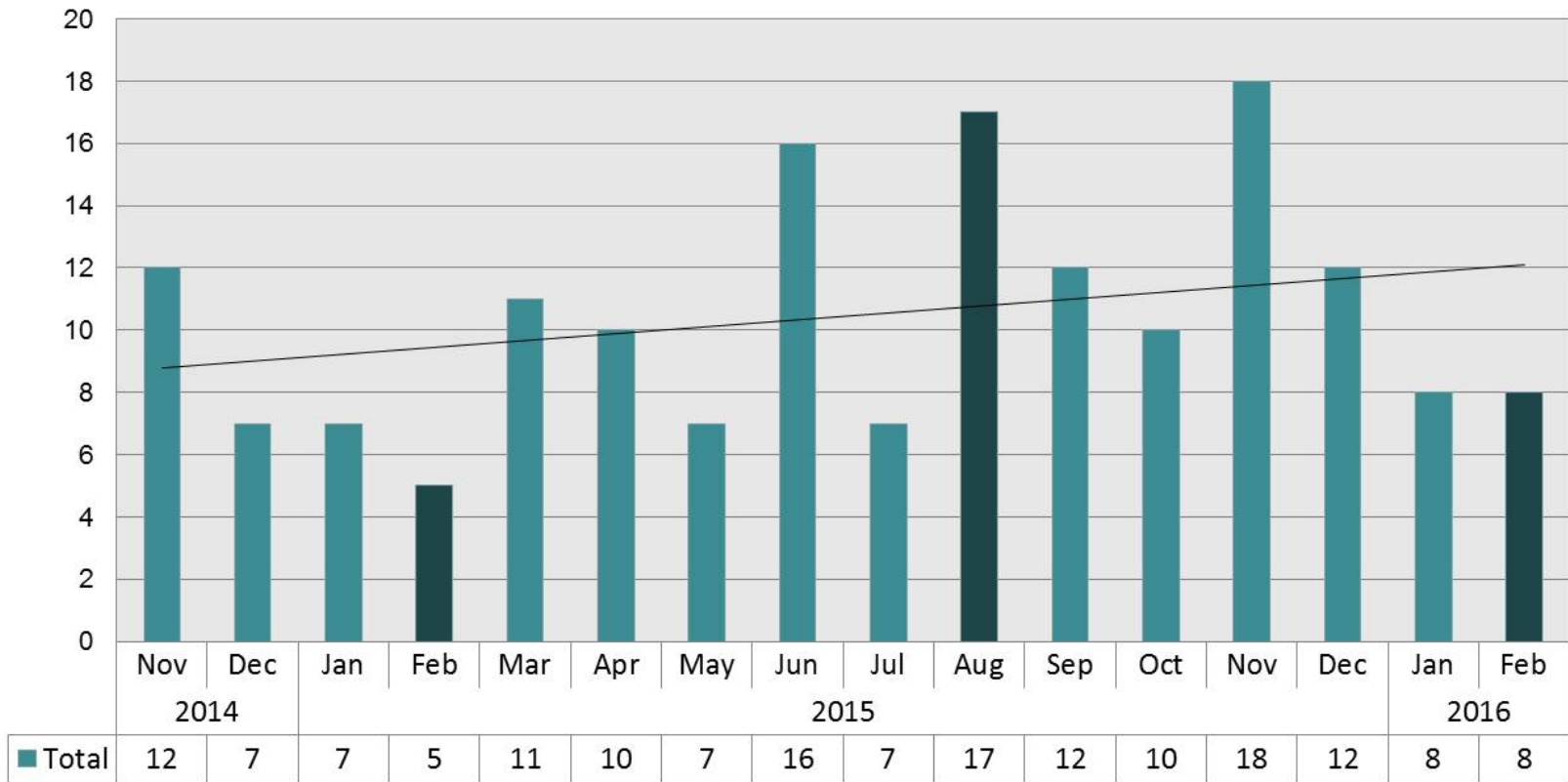


Lifestyle and physical comorbidity averages by age



Increasing use of service

Monthly Referrals



Clinic outcomes

72% patient attendance

Optimisation of LTCs

Medication alterations

Smoking cessation asked- accepted 31%

Investigation required 88%, Spirometry in 11%

39 new problems (e.g. COPD, Heart murmurs, Heart failure, Anaemia, T2DM)

3 sent across for emergency admission to acute hospital

Survey of HMHC pre- and post- implementation



Enablers

- MOTIVATED GROUP OF CLINICIANS *without whom it could not have happened*
 - Growing engagement from staff
 - Start of a structured training programme:
 - Diabetes Education Sessions on MH wards
- S Lightbody, J de Boisanger, M Barnard. Diabetes UK Annual Professional Conference March 2016*
- Integrated Respiratory Training Post to incorporate sessions at HMHC
 - Physical activity training for psychiatric trainees (PHE)
 - Culture of health promotion in MH



Challenges

- SEPARATE TRUSTS and FUNDING STREAMS
- DISCRIMINATION against SMI
- COMPLEXITY to sustained engagement, diagnosis, treatment, management
- Define and audit the right OUTCOMES to underpin value-based commissioning



Our Focus for next 5 years

- Sustainable funding to achieve workable infrastructure
- Develop mechanisms and processes for meaningful service-user involvement
- Engaging with WH/CIFT/GPs to develop bespoke, interoperable IT system
- Further develop the training program
- Roll-out into community services to sustain the benefits of clinic and careplans made, after discharge



Acknowledgements

- Dr Maria Barnard (Consultant Diabetes & Endocrinologist, WH)
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- Dr Julian Summerfield (Consultant Psychiatrist)
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- Dr Vincent Kirchner (Medical Director CIFT)
- Mr Ian Griffiths (Clinical Director, Acute Division CIFT)
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