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
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

<table>
<thead>
<tr>
<th>Population</th>
<th>5 year COPD mortality</th>
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<tbody>
<tr>
<td>Schizophrenia</td>
<td>28%</td>
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<tr>
<td>Bipolar disease</td>
<td>19%</td>
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<tr>
<td>Age adjusted population</td>
<td>12%</td>
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</table>

Equal Treatment Closing the Gap, Disability Right Commission 2015
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

- **Acute illness**
  - Diagnostic assessment
  - Follow-up 7-day?
  - Training

- **Long-term Condition**
  - DETECTION
  - Opportunistic Optimisation
  - Training

- **Tobacco dependence**
  - Smokers Healthcheck
  - Brief Intervention + Onward Referral
  - Training
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

<table>
<thead>
<tr>
<th>Type</th>
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<tbody>
<tr>
<td>Diabetes/Endo</td>
<td>21</td>
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<tr>
<td>Elderly/falls</td>
<td>27</td>
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<tr>
<td>General medicine</td>
<td>58</td>
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<tr>
<td>Respiratory</td>
<td>16</td>
</tr>
<tr>
<td>Smokers Healthcheck</td>
<td>11</td>
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<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>Diagnostic assessment</td>
<td>51</td>
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<tr>
<td>Follow-up from Acute admission</td>
<td>13</td>
</tr>
<tr>
<td>Long-term condition management</td>
<td>41</td>
</tr>
<tr>
<td>Review of Investigation</td>
<td>8</td>
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<tr>
<td>Smokers healthcheck</td>
<td>13</td>
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</tbody>
</table>
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

- Hypertension: 29
- Type 2 Diabetes: 26
- Asthma/COPD: 23
- Hyperlipidaemia: 15
- Thyroid: 14
- Bacterial infection: 12
- CKD or AKI: 10
- Chronic Pain: 9
- IHD: 8
- Severe Vitamin D: 8
- Hyperprolactinaemia: 8

Comorbidities n/p

0 1 2 3 4 5
Lifestyle and physical comorbidity averages by age
# Increasing use of service

## Monthly Referrals

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<tr>
<td>Total</td>
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<td>7</td>
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<td>7</td>
<td>17</td>
<td>12</td>
<td>10</td>
<td>18</td>
<td>12</td>
<td>8</td>
<td>8</td>
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<tr>
<td>Trainee rotation</td>
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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
  • 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

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• Mr Ian Griffiths (Clinical Director, Acute Division CIFT)
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