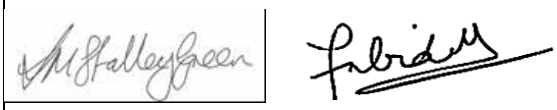
Birmingham and Solihull Mental Health NHS Foundation Trust

Physical Health Assessment

Policy number and category	**C 38**	**Clinical**
Version number and date	**4**	**March 2024**
Ratifying committee or executive director	**Trust Clinical Governance Committee**	
Date ratified	**April 2024**	
Next anticipated review	**April 2027**	
Executive Director	**Executive Medical Director** **Executive Director for Quality and Safety (Chief Nurse)**	
Policy lead	**Deputy Medical Director for Quality and Safety** **Lead Nurse for Physical Health**	
Policy author ***(if different from above)***	**As above**	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	**Yes**	

Policy context

This policy is designed to give clear guidance about how we deliver physical health care within BSMHFT, the processes that should be followed and also how to access further information, for example specific clinical guidelines.

It also provides clarity about roles and responsibilities of different staff groups. (Appendix 2 and 10) The policy links to a number of other BSMHFT policies and also to the BSMHFT physical health strategy. NICE guidelines, recommendations from internal reviews, and national learning,

Policy requirement (see Section 2)

Inpatients: During the period of inpatient admission, the clinical team is responsible for the assessment and management of the physical health care of the individual. This includes a physical health assessment on admission, conducting and reviewing relevant investigations, arranging referrals as required and overseeing the management whilst in hospital, as part of the wider treatment plan.

Community patients: the clinical team must be aware of relevant physical health issues of each service user and is responsible for liaison with primary care regarding relevant physical health care, arranging physical health investigations when required and checking, acting upon and communicating results of investigations in a timely manner.

Prison Healthcare Services: clinical staff are responsible for the oversight of relevant physical health issues of individuals and liaising with primary care colleagues within the prison.

Contents

1: Introduction consisting of:

1.1 Rationale

Physical health care of service users under the care of mental health services is a vital part of their care and treatment. There is an increasing body of research which indicates that individuals with severe mental illness have poorer physical health outcomes than people who do not suffer with such as illness. There is considerable evidence that there is up to a 15-20-year gap in life expectancy between people with and without mental disorder.

Learning from internal reviews, the Learning from Deaths Process, national reviews, and research all indicate that ensuring that there are robust processes in place for physical health assessment and management within mental health care settings can improve outcomes and patient experience.

The Academy of Royal Medical Colleges (AoRMC) compiled a report in 2016 (Working Group for Improving the Physical Health of People with SMI (2016), listing recommendations for mental health services in this area (Improving the physical health of adults with severe mental illness: essential actions (OP100). The BSMHFT physical health strategy is based upon these recommendations. Several NICE guidelines also highlight the importance of physical health care within mental health settings.

1.2 Scope

The policy is relevant for all service users under the care of BSMHFT, including those under the care of Prison healthcare services.

1.3 Principles

- BSMHFT positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will collaborate with colleagues from learning disabilities services and other organisations, to ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately to support this.'
- The principle of parity of esteem for individuals suffering from mental illness has been discussed for many years. This policy adheres to the principles in the AoRMC document outlined above and the principles are also supported by the BSMHFT Physical Health Strategy (2021-2024).

2: The policy

- All service users have the right to high quality physical health care, this should be in the right place at the right time. Our Service users are entitled to the same level of physical health care as anyone else that is residence within our geographical footprint, and where possible receive if from the experts specialising in their particular field.
  Appendix 10 provides a guide to which service is responsible for our service used physical health care.
- Inpatients: all inpatients must have a physical health assessment on admission, including a physical examination, relevant investigations, and lifestyle screening. Interventions required will be discussed and monitored by the clinical Multidisciplinary Team (MDT team) to ensure that any physical health needs are met.

- Community patients: all service users within BSMHFT and the Neighbourhood Mental Health teams will have access to services to provide physical health care. BSMHFT teams will liaise with the Mental health neighbourhood teams and primary care to ensure their physical health needs are considered, in relation to their medication, mental illness and cardio metabolic risk factors. Special consideration will be provided for those that have no access to primary care services.
- Individuals under the care of Prison Healthcare services

This policy should be read and considered in conjunction with the following Trust policies and clinical guidelines:

Policies:

C54	Dysphagia Policy
C40	ECG policy
C22	End of Life Policy
C18	Falls Prevention and Management Policy
C21	Food Refusal Policy
C06a	HMP Bham Medicines Code Policy
C07	HMP Medicine Possession Policy
C04	Management of the Deteriorating Patient Policy
C15	Managing Risk in Physical Activity and Exercise Policy
C06a	Medicines Reconciliation Policy
C23	Nutrition and Hydration Policy
C24	Oxygen Policy
C36	Prevention and Management of Pressure Ulcers
C03	Rapid Tranquilisation policy
C33	Transportation of Specimens
C34	Venepuncture Policy
C41	WHAT handover policy

Guidelines:

- Alcohol Use Disorder Prescribing Guidelines
- Clinical guidelines from prescribing, dispensing and administering insulin
- Enteral Feeding Guideline
- Guidelines for Glycaemic (blood glucose) Management in Diabetes
- IP Alcohol Guidelines
- IP OpiateBZ guidelines
- Management of an inpatient death incl. infection control measures V3
- Management of Medication During Tobacco Smoking
- Management of the Deteriorating Patient and Resuscitation COVID-19 Update V7a
- NEWS and SBAR clinical guidelines
- Prescribing, dispensing and administration of insulin
- The Pharmacolgical Management of Schizophrenia
- Use of Clozapine guidelines

3: The procedure

3.1 Physical Health Assessments:

3.1.1 Inpatients

All service users should be offered a prompt physical health assessment to review any physical health needs which may impact on their mental well-being and speed of mental health recovery. **Appendix 2** provides a checklist to guide which health professionals provides which intervention on admission and discharge of a service user within any inpatient area of BSMHFT

It is recognised this should involve the full multidisciplinary team. Historically each discipline has their own role; however this should not be seen as exclusive role as it should be seen as a collaborative assessment for the best outcome. Each area should provide clarity which member of the MDT is responsible for each assessment to prevent duplication or ommision.

3.1.2 Medical Review

When a service user is admitted to any inpatient ward within BSMHFT, a doctor, ACP, or Physician's Associate must review the person in terms of their physical health as well as mental health needs.

If the service user is not able to provide a full and accurate history (whether physically too unwell, unwilling to engage or lacking capacity) the doctor can review other clinical areas for information, these include:

Previous physical health assessments on Rio

Discussion with the Community Mental Health Team /Assertive Outreach Team/ Home Treatment Team

Your Shared Records (which is a link to the GP system and acute care providers in the BSOL area via Rio Electronic Record)

Acute hospital (A&E) discharge letters

EPMA (electronic prescribing system within BSMHFT)

Service users carers/significant other's in their life

As part of the admission process for every service user, the following must be completed :

- Systemic Enquiry form on Rio electronic records system (including a full physical examination)
- Physical Health Assessment form on Rio electronic records system (this can be the admitting nurse also, but this must be discussed and agreed locally)
- * Review latest pathology results (order or complete investigations if clincially indicated) (See Section 3.2 below)
- * Review of latest ECG trace (order/complete if needed, ideally within 24 hours of admission and where possible prior to needing to give any Rapid Tranquilisation)

**Investigations carried out within the last three months may be adequate for routine physical health checks, but additional tests should be arranged if clincially indicated (such as new/change to medication, change in physical health etc)*
Any review of results must be recorded in the physical health forms or the progress notes

Consider evidence of current or past substance misuse relating to detoxification processes. Ensure that a comprehensive alcohol and drug history is taken and if there is evidence of dependence syndrome, prescription of an appropriate withdrawal regimen including use of

the relevant withdrawal rating scales (CIWA, COWS) and that any required medication is prescribed, including methadone if necessary. (linked guidelines below)
Clinical Guidelines - Drug Use Disorder Prescribing Guidelines.pdf - All Documents (sharepoint.com)
Clinical Guidelines - IP Alcohol Guideline.pdf - All Documents (sharepoint.com)

- Consider recommended drug screening if clinically indicated particularly in patients with diagnostic uncertainty.
- Review the risk of/or evidence of a Venous Thrombo-Embolism (VTE) on the systemic enquiry form. Take any appropriate action.
- **Ensure a pregnancy test is completed in all females of child bearing age and that the results are documented on the Physical Health Assessment form and reviewed/acted upon**
- Ensure that appropriate tests are aranged for medication, for example Clozapine or Lithium levels, if clincially indicated, and that the results are reviewed as soon as possible, and a management plan recorded in the Rio system (progress note or MDT record) This is particularly relevant in patients presenting with symptoms of possible toxicity, or those presenting with infection, inflammation or dehydration, as serum levels may rise. It is also important to consider whether drug interactions may increase levels, if prescriptions have changed.
- Evidence of Clinical Vunerable to COVID 19 should be documented on the systemic enquiry form and the latest governance guidelines followed however, these do not replace clinical judgement for the individual management plan COVID-19: guidance and support - GOV.UK (www.gov.uk).

When the service user is admitted from the Emergency Department (or any acute care setting) a copy of the discharge letter should be available for review by the admitting doctor and uploaded to Rio by administration staff

If it is not possible to complete admission physical health assessment at the time of admission, the reason must be clearly documented on the physical health form (especially if the service user is asleep) and communicated to the ward staff. This must be esclated to the nurse in charge of the ward so that a doctor is contacted the following morning to complete. Any ongoing declining to complete this by the service user must be documented and followed up until it has been completed. If this is not completed during the admission, this should be communicated in the electronic discharge letter to the GP and to any mental health team involved in the service user's care post-discharge

The first multi-disciplinary meeting following admission must include reference to physical health checks on admission and again any gaps must be reviewed and addressed as soon as possible

Relevant investigations (see Section 3.2 below) should be arranged at the time of admission and clearly documented in the Rio notes. The plan for investigations should also be communciated to ward nursing staff to ensure that the investigations are carried out.

Following physical health assessment and examination, a management plan must be documented on Rio including any relevant observations, investigations and/or any referrals that need to be made (see below).

3.1.3 Nursing Review

Following admission of the service user, there is an expectation that the nursing team will ensure that all of the required phyiscal health care highlighted is delivered and documented in a timely manner. There is no expectation that the nurse completes all the checks (see the medical roles above), but they **must be** responsible to co-ordinate care so that the apporpriate practitioners (if this is not them) to complete a full and holistic assessment and a care plan produced.

On admission, the following assessements are required in the ward environment in a timely manner (Appendix 2)

- Basic physical observation, NEWS2 and a digital ward prescription entry
- MRSA swab (admission from acute hospitals) and COVID investigations (per latest government guidelines)
- Allergies reviewed
- Pressure ulcer tool - Purpose T (and body map) - digital ward prescription entry
- aSSKINg assessment and digitial ward record (if necessary)
- Falls prevention risk assessment
- Malnutrition tool – MUST
- Weight/BMI
- Digital ward entry for food and hydration (if necessary)
- Pregnancy status (see above in medical role)
- Dysphagia screening tool

During the admission, the whole MDT should also consider where the following are needed, but must be very clear who has responsibility for co-ordinating.

- Contience assessments
- Physical activity readiness
- Immunisation status
- Referrals to specialist practitioners (internal or external) at the appropriate time
- Results of investigations and documentation of relevant management plans based upon the results of these

The physical health of each service user must be discussed at least once each week (as a minimum) at the MDT/Touchpoint meetings, this includes reviewing information from the Digital Ward platform, the Rio care records and updating the digital ward prescription for requested observation.

There must be a daily handover by ward staff to include physical health information and relevant handover of actions, including recommendations from specialist and allied health professionals.

All staff must ensure good communication – to ensure that any assessment or intervention for a physical health problem is communicated in the care record but also verbally to ward staff and the clinical team. Out of normal working hours, significant physical health information (including for new problems) must be shared immediately with all relevant health professionals, including on call doctors, managers and other professionals as appropriate

Care plans should include relevant and up to date information relating to physical health care.

For service users in hospital for longer periods, the inpatient clinical team may need to consider national health screening and/or liaison with primary care to access these programmes

Acute Hospital Admission/appointment

If the service user requires care or treatment in an acute hospital during their admission, there must be clear communication between the service providers at points of transition and acted upon as soon as possible. Rio has an editable letter available in Clinical Documents, titled 'Referal to Acute Hospital, when provides a template to support good communication.

The acute hospital must provide a discharge summary or a written handover before the service user is accepted back into a mental health setting. Any situation of concern must be escalated to the consultant psychiatrist or manager.

Any service user returning from an acute hospital must be reviewed by the ward doctor or the on call doctor on their return.

For outpatient appointments in acute hospital settings for service users during an inpatient stay, there must be a written (or email) handover from the outpatient clinic returned back to the ward staff. In addition, the service user should usually be escorted by a member of staff , if this is not possible or appropriate, the rationale should be recorded in the case notes.

Discharge

When a service user is discharged from a BSMHFT ward, the doctor involved in their care must complete the electronic discharge summary on Rio within 24 hours of discharge and this must be sent electroncially to the GP. The discharging doctor must also communicate any relevant information regarding medication, phsical health and monitoring to the receiving community team, for example when blood tests are due, any ongoing physical illness, outstanding physical health appointments, Clozapine monitoring and so on. For signficant clinical information, efforts must be made to ensure that the receiving clinical team have confirmed that they are aware of this information. If the service user is not registered with a GP, the new mental health team must be made aware of any onging physical health risks or actions, until the service user is registered with a GP.

3.1.4 Community Care (including mental health neighbour teams)

Each service area will have good communication with primary care collegues, to ensure service users have access to the general physical health care they need and these assessments should be completed by primary care and the GP practice. However in the event of difficulties for the service user attending this should be completed by the mental health team overseeing the care of the service user. There may also be specific physical health checks required, associated with psychotropic medication and whilst these may be carried out by primary care if there is an 'Effective Shared Care Agreement' (ESCA) , the mental health team may need to arrange if no ESCA is in place.

For all service users in the community under BSMHFT (including CMHT, AOT, EI, FIRST, HTT, and specialist outpatient services), **there are four main streams of physical health assessment:**

- New referrals – physical health investigations required prior to starting medication or for diagnostic purposes should be available on the shared record system.
  When assessing a new referrral presenting with significant alcohol disorder, consider a congitive assessment to ensure any treatable cause of cogitivie impairment (eg Wernicke-Kosafof syndrome) is considered

- Monitoring investigations and management of mental health medication or cardiometabolic risk factors related to their mental health medication..
- Annual SMI health check should be completed by the primary care team; however on occasions they should work in collaboration with the Neighbourhood Mental health team to support them to connect with the GP (if the service in not currently engaginging with them.)
- Link with ESCA as above and care support plans

3.1.5 Resource requirement

Each BSMHFT Community Hub and Neigbourhood support teams should have:-

- Access to phlebotomy (locally trained staff or via an external provider)
- Access to the BSMHFT ECG service or locally trained staff to ensure appropirate management prior to starting medication if indicated (eg medication that impacts the QT interval)
- Appropriate communication within the team to ensure investigations are reviewed by the requesting clinician in a timely manner and/or the service user's GP – local guidance applies

3.1.6 Home visits for physical health needs

Due to the nature of some of the service users we care for, home visits may be necessary. This may be due to

- Being housebound due to frailty
- Physical health conditions (long term or acute)
- Mental health condition (long term or acute crisis)

It needs to be recognised this requires greater time and resource, so the team will intervent with each of these cases individually and work with the service user and carers to support appropriate interventions.

3.1.7 Physical health care requirements

- Appropriate investigations for new patients as above, as part of diagnosis or pre-medication
- Annual health check we may complete should be recorded on the Physical Health Assessment form on Rio - any idenfiited care needs should be recorded, with appropriate actions, in the care plan; however, this is the primary responsibility of the GP practice.
- Monitoring of cardio-metabolic indicators as required by clinical need, and medication (See Appendix 4)
- Whether the annual health check, and other physical health monitoring, is completed by the mental health team or primary care, there should be good communcation of actions and investigation results, which should be recorded in the clinical notes
- Personal Health Budgets (PHB) may be useful to assist patients with physical health needs in the community, for example assisting with healthy eating, access to a gym etc
- If a patient is admitted to another mental health inpatient service, but is still on the caseload for the community team (eg AOT, FIRST), there is not a requirement to complete physical health checks while the patient is admitted elsewhere and the caseload management should reflect this

3.1.8 Effective Shared Care Agreements (ESCA)

Shared care arrangements are standardised according to the 'Effective Shared Care Agreements' held within the Rio electronic records- this identifies which health professionals are responsible for completing and checking relevant investigations in relation to the medication. Clinical teams must ensure that they are aware of ESCA arrangements for service users under their care, and for service users prescribed medications such as oral antipyscholtic and lithium, where therapeutic monitoring is important to avoid toxicity**.**

However, the responsible of the investigations sits with the prescriber.

Any medication blood level tests arranged must be reviewed as soon as possible by the requesting professional, and the outcome of the review including any management plan and be recorded as a progress note in the Rio electronic records.

3.1.9 Prison healthcare services (HMP Birmingham)

Within HMP Birmingham, staff from BSMHFT provide mental health services and clinical substance misuse services, and work in partnership with other service providers who oversee physical health care. The protocols currently in place in relation to physical health monitoring by BSMHFT can be found in Appendix 7

All Prisoners coming into a period of custody will be screened using the national SEAT Reception screening tool. This is to ensure 'First Night Safety and NICE guidelines.

The national guidance on which practice is based is the NICE Guideline NG66 (Mental Health of Adults in Contact with the Criminal Justice System) and NICE NG57 (Physical health of People in Prison:
https://www.nice.org.uk/guidance/ng66
https://www.nice.org.uk/guidance/ng57/resources/physical-health-of-people-in-prison-pdf-1837518334405

3.2 Investigations and interventions (on admission to hospital or new to any trust services)

Once the processes set out in section 3.1.1 have been completed, relevant investigations should be arranged as appropriate*. These **may** include:

- Full Blood Count (FBC), Urea and Electrolytes (U&Es), Liver Function Tests (LFTs), Thyroid Function Tests (TFTs), HbA1c, Prolactin, Lipids (fasting), B12, Folate and Bone Profile
- Specific blood tests such as Blood Borne Virus testing (BBV), autoimmune screen for first episode psychosis
- INR if service user is prescribed warfarin
- Vitamin D levels if suspicion of severe deficiency
- Specific bloods relevant to diagnosis eg in eating disorders will need phosphate and magnesium
- Therapeutic drug levels
- Urine drug of abuse screening
- Pregnancy test
- ECG

- Investigation for service users which may have a drug or alcohol addition.

**investigations carried out within the last three months will be adequate for routine physical health checks, but additional tests should be arranged if clincially indicated (such as new medication, change in physical health, previous abnormal result etc) – any review of results must be recorded in the progress notes, or on the physical health forms*

3.3 Referral to Allied Health Professionals (AHP) within BSMHFT

For assessment and intervention planning, there are a range of specialist services available to inpatient areas within BSMHFT.

Some services can also offer a limited community service, (depending on the area and speciality). In all cases the specialist teams can offer advice and support for onward referral and support. Staff training is also provided by all teams either as advertised, or on request.
All referrals are made via Rio providing as much clinical information as possible is useful and can speed up the response time. (Appendix 6 provides guidance on the referral process on Rio)

Service	Common Indications for referral
Diabetes	New/potential diagnosis, poorly controlled diabetes, medication review, education, review of Libre View, and resources
Health Instructors	Physical activity, healthy lifestyle brief advice
Nutrition and Dietetics	Malnutrition, diabetes, restrictive eating and eating disorders, hyperlipidaemia, gut and bowel disorders, frailty
Physiotherapist	Falls prevention, mobility support, neurological conditions, fractures and injury, respiratory conditions, pain management, acute respiratory problems
Podiatry	High risk foot problem, diabetes foot assessment
Speech & Language Therapy	Swallowing disorders and choking. SLTs can also support with accessible information for discussing physical health issues or mental capacity assessment
Tissue Viability and Continence	Wound care management (including dressing and medication) prevention of pressure ulcers, continence advice.
Tobacco Dependency service	Support for temporary abstinence or permanent quit attempts

3.4 Physical health care providers

Advice and information can be sort from our local providers and can be found on the following links

Birmingham and Midlands Eye Centre	https://www.swbh.nhs.uk/contact-locations/find-us/birmingham-and-midland-eye-centre/
Birmingham City Council - Public Health	https://www.birmingham.gov.uk/info/50120/public_health/1332/local_area_health_profiles
Birmingham Community Healthcare	https://www.bhamcommunity.nhs.uk/patients-public/adults/ https://www.bhamcommunity.nhs.uk/patients-public/children-and-young-people/
Birmingham Dental Hospital	https://www.bhamcommunity.nhs.uk/patients-public/birmingham-dental-hospital/

Learning Disability Services - Adults	https://www.bhamcommunity.nhs.uk/patients-public/learning-disability-service/
Sandwell and West Birmingham NHS Trust (City)	https://www.swbh.nhs.uk/contact-locations/find-us/birmingham-city-hospital/
The Waiting Room – health and wellbeing services	https://the-waitingroom.org/
University Hospitals Birmingham (Queen Elizabeth, Heartlands, Solihull & Good Hope)	https://uhb.nhs.uk/services/

4 Training and resources

To ensure that we provide high quality physical health care to service users within BSMHFT, staff must ensure that they are up do date with the relevant policies and clinical guidelines outlined in Section 2 above.

The Trust has a team of Physical Health Clinical Educators to support individual wards and teams with their training needs. The have a suit of training packages which can support all staff but can also work with individual areas with bespoke training.

Current training is available on
Physical Health Clinical Educators (sharepoint.com)
Learning and Development Portal (sharepoint.com)

Appendix 4 provides links to relevant NICE clincial guidelines and easy to read brief practice guidelines for a wide range of physical health conditions.

To support our staff with training and development in physical health, there is also a suite of training which can be located on the learning and development pages.

Staff are able to review the latest prospectus BSMHFT Training Prospectus for development learning types, dates and clinical leads for the particular areas

BSMHFT Learning Zone: Log in to the site

5: Responsibilities

This should summarise defined responsibilities relevant to the policy.

Post(s)	Responsibilities	Ref
All Staff	Awareness of information in this policy and associated policies and clinical guidelines listed above	
Service, Clinical and Corporate Directors	Awareness of requirements of monitoring and assurance, and oversight of these processes in Clinical Governance meetings	
Policy Lead	Report to policy content and to ensure the information is available to all the clinical staff and teams	
Executive Director	Clinical oversight of the policy	

6: Development and Consultation process:

Prior to this policy being shared for the consultation process within BSMHFT, the following groups have contributed to its development:

- Working groups including trainees, inpatient nursing staff, community teams, consultant psychiatrists, pharmacy team, AHPs, service users.
- Physical health committee
- Community Transformation working group (Physical Health).

Consultation summary		
Date policy issued for consultation	January 2024	
Number of versions produced for consultation	5	
Committees / meetings where policy formally discussed	Date(s)	
Physical health committee	05/12/2023 and 09/01/24	
PDMG	13/03/2024	
Policy multi-disciplinary task and finish group		
Where received	Summary of feedback	Actions / Response
05/12/2023 – Nigel Barnes	Update to some pharmacy references	Agreed and updated
18/01/2024 – Dr Rowena Jones	Required clarity related to doctors inpatient section. Improve information related to Drug and Alcohol	Agreed and updated
09/01/2024 – tobacco dependency service	Addition of tobacco dependency service and information	Agreed and updated
06/02/2024 -L&D department	Add link to Training prospectus	Agreed and updated
13/03/2024 – PDMG	Increase narrative in Equality **Analysis Screening Form**	Agreed and updated

7: Reference documents

- Royal College of General Practitioners – Improving the physical health of people with severe mental illness- a practical toolkit (2016) https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/~/media/F251FBFB6BA8476385710AED4B519792.ashx
- The Academy of Royal Medical Colleges (AoRMC) compiled a report in 2016 (Working Group for Improving the Physical Health of People with SMI (2016)

8: Bibliography

- CQC brief guide for physical health care in mental health settings (2017) guidephysicalhealthcaremh.pdf (rcpsych.ac.uk)
- Five Year Forward View for Mental Health; Independent Mental Health Taskforce for the NHS, 2016 The Five Year Forward View for Mental Health (england.nhs.uk)
- NHS England (2024) Improving the physical health of people living with severe mental illness. Guidance for integrated care systems NHS England » Improving the physical health of people living with severe mental illness
- NHS England and NHS Improvement – an Approach to Reducing Health Inequalities: supporting information Core20PLUS5 (2021) NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities
- NICE guidelines for bipolar disorder; Assessment and Management Overview | Bipolar disorder: assessment and management | Guidance | NICE
- NICE Guidelines for Psychosis and Schizophrenia in Adults CG178 Overview | Psychosis and schizophrenia in adults: prevention and management | Guidance | NICE
- NICE Guidelines for Psychosis and Schizophrenia in Young People: Recognition and Management Overview | Psychosis and schizophrenia in children and young people: recognition and management | Guidance | NICE

9: Glossary

- There is no specific terminology to explain in this document.

10: Audit and assurance

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Quarterly report of completion and quality of two physical health Rio forms (Systemic Enquiry and Physical Health Assessment)	Physical health committee	Rio report	Quarterly	Physical health committee
Quarterly report of how quickly physical observations are entered after admission.	Physical health committee	Report from Digital Wards Inpatient Portal. Matrons reports	Quarterly	Physical health committee
Quarterly report of completion of e-discharge summaries for inpatients	Physical health committee	Rio report	Quarterly	Physical health committee

Deteriorating patient report	Physical health committee	Report from Information team	quarterly	Physical health committee

11. Appendices

Additional material that is necessary to the delivery of the policy or procedure, e.g., flowcharts

- **Appendix 1 Equality Analysis Screening Form**
- **Appendix 2 Admission Guidance (Physical health section only)**
- **Appendix 3 Pathology process**
- **Appendix 4 Recommended physical health monitoring**
- **Appendix 5 NICE guidance that is applicable to BSMHFT.**
- **Appendix 6 AHP referral – quick guide**
- **Appendix 7 protocols for physical health monitoring in HMP Birmingham**
- **Appendix 8 Transfer Pathway (Moseley Hall and Juniper)**
- **Appendix 9 VACUETTE®** selection chart
- **Appendix 10 Physical Health Care – the right care, in the right place at the right time**

Appendix 1 Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
http://connect/corporate/humanresources/managementsupport/Pages/default.aspx

Title of Proposal	Physical health assessment		
Person Completing this proposal	Lyndi Wiltshire	**Role or title**	Lead Nurse for Physical Health
Division	Corporate	**Service Area**	Corporate
Date Started	19th December 2023	**Date completed**	21st March 2024
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.			
To enable all staff to have a clear understanding of physical health assessment and management processes for service users within BSMHFT, in order to minimise patient harm in relation to physical ill-health. Physical health care for service users within BSMHFT are key quality goals of the BSMHFT Quality Strategy			
Who will benefit from the proposal?			
Service users – ensuring appropriate physical health assessments are completed, that appropriate results are reviewed at the point of need and that other physical health needs during their care episode with BSMHFT are met, or that they are signposted to appropriate services.			
Does the policy affect service users, employees, or the wider community? ***Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward***			
Service users – ensuring appropriate physical health assessments are completed, at the right time, in the right place but the right person, recognising individual characteristic			
Does the policy significantly affect service delivery, business processes or policy? ***How will these reduce inequality?***			
Enhanced service deliver for our service users.			
Does it involve a significant commitment of resources? ***How will these reduce inequality?***			
Clinical knowledge and expertise			

Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)				
SMI is an inequality in physical health. This policy supports removing this inequality				
Impacts on different Personal Protected Characteristics – *Helpful Questions:*				
Does this proposal promote equality of opportunity? *Eliminate discrimination?* *Eliminate harassment?* *Eliminate victimisation?*				*Promote good community relations?* *Promote positive attitudes towards disabled people?* *Consider more favourable treatment of disabled people?* *Promote involvement and consultation?* *Protect and promote human rights?*
Please click in the relevant impact box and include relevant data.				
Personal Protected Characteristic	**No/Minimum Impact**	**Negative Impact**	**Positive Impact**	**Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.**
Age			x	The policy applies to all service users without discrimination and processes have been introduced where possible to allow diversity and inclusion (for example, gender neutral questions within the physical health assessment form, and questions specific to children and young people)
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups?				
Disability			x	No service users are excluded from this policy. Individual needs will be assessed, and reasonability adjustments made.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers, and families?				
Gender			x	No service users are excluded from this policy. The policy applies to all service users without discrimination and processes have been introduced where possible to allow diversity and inclusion (for example, gender neutral questions within the physical health assessment form)
This can include male and female or someone who has completed the gender reassignment process from one sex to another. Do you have flexible working arrangements for either sex?				

Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	x			No service users are excluded from this policy
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters. Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity			x	No service users are excluded from this policy. Individual needs will be assessed, and reasonability adjustments made.
This includes women having a baby and women just after they have had a baby. Does your service accommodate the needs of expectant and post-natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation into pregnancy and maternity?				
Race or Ethnicity	x			No service users are excluded from this policy. The policy applies to all service users without discrimination and processes have been introduced where possible to allow diversity and inclusion.
Including Traveller or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	x			No service users are excluded from this policy. The policy applies to all service users without discrimination and processes have been introduced where possible to allow diversity and inclusion. Individual needs will be assessed, and reasonability adjustments made during different religion events
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	x			No service users are excluded from this policy
Including gay men, lesbians, and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				

Transgender or Gender Reassignment			x	The policy applies to all service users without discrimination and processes have been introduced where possible to allow diversity and inclusion (for example, gender neutral questions within the physical health assessment form)
This will include people who are in the process of or in a care pathway changing from one gender to another. Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	x			This policy is written to promote equality and remove any discrimination for service users. It is based upon the Mental Health Act 1983 as amended Code of Practice and also supports the Human Rights Act
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e., Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				

	Yes	**No X**		
What do you consider the level of negative impact to be?	**High Impact**	**Medium Impact**	**Low Impact**	**No Impact**
				x

If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.

If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding.

If the proposal does not have a negative impact or the impact is considered low, reasonable, or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead.**

Action Planning:

How could you minimise or remove any negative impact identified even if this is of low significance?

NA
How will any impact or planned actions be monitored and reviewed?
NA
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.
Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at bsmhft.hr@nhs.net . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

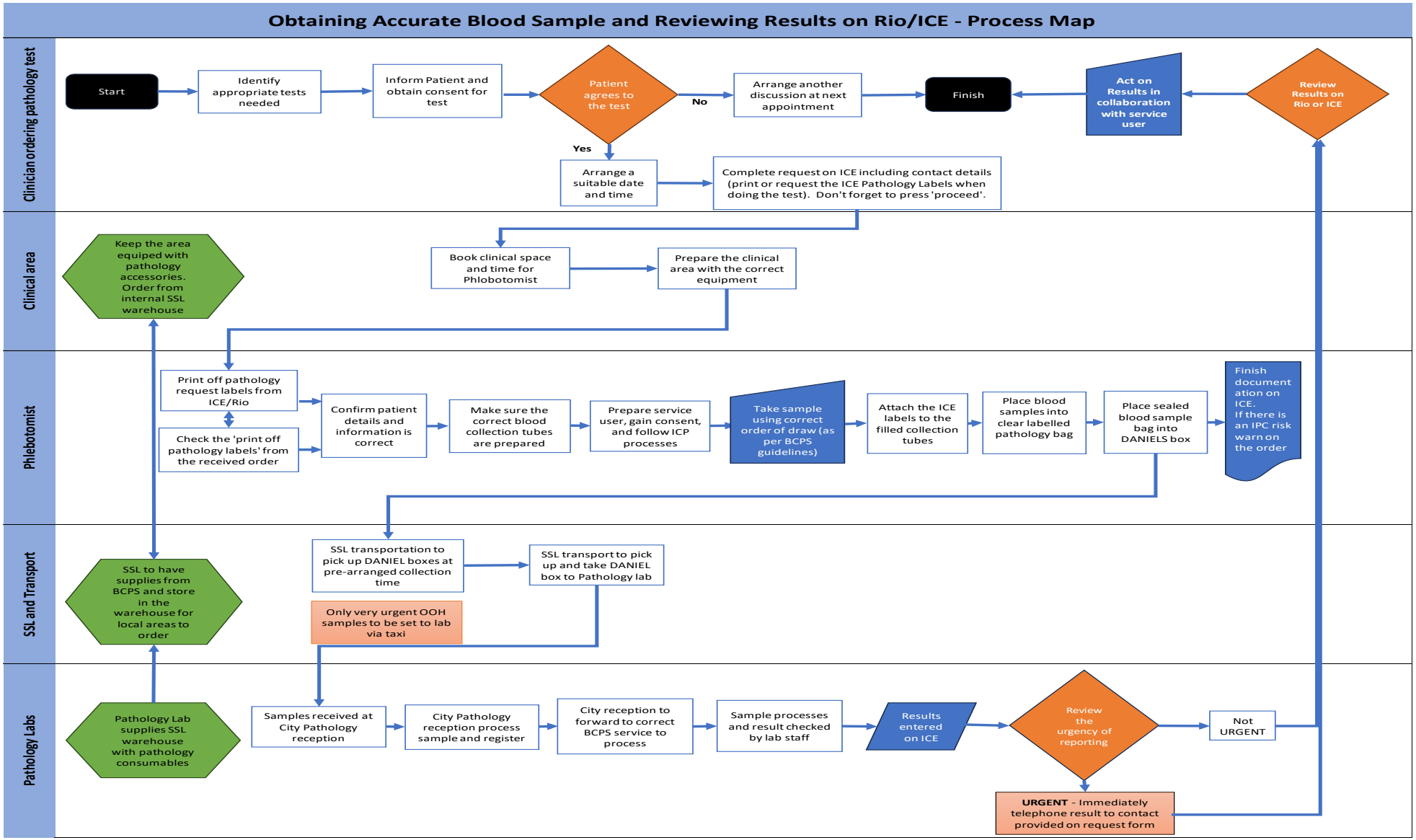
Appendix 2 - Admission Guidance (physical health section only)- *this is a guideline only.*

Prior to admission	Timescale	Who by	Where to document
Medic or duty doctor advised of admission and time frames	Pre-admission	Admitting nurse	NA
Ensure risk assessment and assessment summary are updated from admitting team	Pre-admission		NA
If being transferred from general acute hospital complete infection control screening/ put plans in place for any infection control issues	Pre-admission		NA
On arrival to ward			
Receive handover from admitting team	Immediately		NA
Ascertain if patient is a smoker, give Trust leaflet and verbally explain Tobacco Dependency Policy. Consider smoking cessation prescription and NRT supplies (or vapes)	Immediately	Admitting nurse/ doctor (to include NRT prescription)	Physical health form
Joint admission assessment with doctor within 4 hours of admission			
Clerk in by ward medic/duty doctor and collaborative reassessment of mental state, risk management plan and therapeutic and physical observation levels, involving service user to obtain their views	4 hours	Admitting nurse & admitting doctor	Systemic enquiry form and Progress notes
Baseline physical health observations (BP/Pulse/Temperature/ oxygen sats/ Respirations/alertness NEWS – Digital ward prescription	4 hours	Admitting nurse & admitting doctor	Physical health prescription (inpatients)
COVID swab – as per latest guidelines MRSA swabs (if admitted from another hospital or nursing home/ residential or prison settings)	4 hours	Admitting nurse	IPC screening
- Systemic enquiry and physical examination - Physical health examination - Review the ECG on record for last 3-6 months (refer/complete if none are available) - Review the Blood results for last 3-6 months (refer/complete bloods on ICE if none are available) - Med reconciliation from service user/shared records/ MERIC - Prescribe medication including prn meds on EPMA	4 hours	Admitting doctor	Systemic enquiry form Clinical documents Pathology system (ICE) Shared records EPMA Alerts

- Review allergies/ precautions i.e., BBV/risk to self/others, Withdrawal for alcohol or drugs -pregnancy status			
Rio Activity	**Timescale**	**Who by**	**Where to document**
72-hour care plan	4 hours	Admitting nurse	Care plan
Purpose T - Review risk of pressure ulcers (consider prescription on digital ward)	6 hours	Admitting nurse	Purpose T form (digital ward)
Skin inspection and Body Map – (see prescription on digital ward)	6 hours	Admitting nurse	Body map form & aSSKINg form (digital ward)
Complete physical assessment form – Weight/Height/Urine test/ Pregnancy test results	12 hours	Admitting nurse	Physical health form (Rio)
Falls Prevention Screen tool, For **ALL** over the age of 65 and under 65 considered at risk)	12 hours	Admitting nurse	Falls prevention tool (Rio)
Dysphagia screening tool	72 hours	Named nurse	Dysphagia form (Rio)
Nutritional assessment tool (MUST) - consider food and fluid prescription on digital portal	72 hours	Named nurse	MUST form. (food & drink digital ward)
Following assessments consider referral to specialist support. COMPASS, Diabetes, Dietician, ECG, Health instructors, SLT, TV nurse, Physiotherapist, Tobacco Dependency	72 hours	Admitting nurse	Referral management section (Rio)
Continence Assessment	7 days	Names nurse	Continence form (Rio)
Physical Activities readiness questionnaire (PARQ)	7 days	Named nurse	PARQ form (Rio)
Follow up assessments and action plan	Every MDT or ward round	MDT	Physical Health tab (Rio)
Review the observations schedule on the Digital ward	Every MDT or ward round	MDT	Digital ward platform
Discharge			
Medication /TTOs ordered and available	Pre discharge	Doctor & nurse in charge	EPMA

Community follow up Care Co/ HTT/ CERTS/ Care Home Liaison (include physical health needs)	Pre discharge	Nurse in Charge	
3 day follow up explained / allocated	Pre discharge	Nurse in Charge	
Discuss any other clinical appointments with service user	Pre discharge	Discharging nurse	NA
Discharge paperwork and eDischarge paperwork completed	Pre discharge	Doctor	
Care plans given and information given re who to contact in a crisis	Pre discharge	Nurse in Charge	Care plans
GP informed and district nurse/practice nurse appointments made	Pre discharge	Discharging Admin & Nurse	
Communicate ongoing physical health needs to mental health team taking over care (CMHT, AOT, HTT, FIRST etc.)	On discharge	Discharging doctor & nurse	
Discharge letter to be sent via hybrid mail	**Within 24 hours of discharge**	Discharging doctor & secretary	Discharge
Any specialist teams (dietitian, TV Nurse, Diabetes Nurse) informed	On discharge	Ward Admin	

Appendix 3 – Pathology sampling process



Appendix 4 - Recommended blood tests for a patient taking antipsychotic medication.

Investigations, test results and treatment								
Monitoring stage	**Baseline**		**During Initiation**		**At three months**		**At Annual Review**	
Monitoring setting	**Secondary care**		**Secondary care**		**GP/outpatients clinic**		**GP/outpatients clinic**	
Who undertakes the monitoring	Undertaken by specialist initiating medication		Undertaken by specialist initiating medication		Undertaken by specialist initiating medication or by GP with prior agreement		Undertaken by GP unless prescribing is retained by the specialist	
Parameters	Weight		Weight		Weight		Weight	
	BMI		BMI		BMI		BMI	
	Pulse		Pulse		Pulse			
	Blood Pressure		Blood Pressure		Blood Pressure			
	Blood Glucose/HbA1c				Blood Glucose/HbA1c		Blood Glucose/HbA1c	
	U&Es						U&Es	
	Renal Function				Renal Function		Renal Function	
	Full Blood Count						Full Blood Count	
	Liver Function tests				Liver Function tests		Liver Function tests	
	Blood lipids				Blood lipids		Blood lipids	
	Prolactin				Prolactin if indicated (e.g. gynaecomastia, menstrual disturbance, galactorrhoea, impaired libido)		Prolactin (if indicated e.g. gynaecomastia, menstrual disturbance, galactorrhoea, impaired libido)	
							Side effect assessment	
	ECG (if indicated in the SPC)						ECG (if indicated in SPC)	

Reference

NICE, (2014) Psychosis and schizophrenia in adults: treatment and management. NICE Clinical Guideline 178. NICE 2014 https://www.nice.org.uk/guidance/CG178

BSHFT (2021) Trust guidelines: Guidance for: The Pharmacological Management of Schizophrenia Clinical Guidelines - Pharmacological Management of Schizophrenia.pdf - All Documents (sharepoint.com)

Appendix 5 - NICE guidance that is applicable to BSMHFT.

Top NICE clinical guidelines
Find guidance | NICE
Conditions and Disease

- Blood and immune system conditions Blood and immune system conditions | Guidance and guideline topic | NICE
    - Allergies
    - Anaphylaxis
    - Blood and bone marrow cancer
    - Blood conditions
    - Coeliac Disease
    - Lymphoedema
- Cancer Cancer | Guidance and guideline topic | NICE
- Cardiovascular condition Cardiovascular conditions | Guidance and guideline topic | NICE
    - Acute coronary syndrome
    - Embolism and thrombosis
    - Hear Failure
    - Heart rhythm conditions
    - Hypertension
    - Lipid disorder
    - Peripheral circulatory Conditions
    - Stable angina
    - Stroke and Transient ischaemic attacks
- Chronic and neuropathic pain
- Constipation
- Diabetes and Other endocrinal, nutritional and metabolic conditions Diabetes and other endocrinal, nutritional and metabolic conditions | Guidance and guideline topic | NICE
    - Diabetes (type 2) prevention
    - Malnutrition
    - Obesity
    - Osteoporosis
- Ear, nose, and throat conditions
- Infections Infections | Guidance and guideline topic | NICE
    - HIV and AIDS
    - Meningitis and meningococcal septicaemia
    - Sepsis
    - Sexually Transmitted infection
    - Tuberculosis
- Kidney conditions Kidney conditions | Guidance and guideline topic | NICE
- Liver Conditions Liver conditions | Guidance and guideline topic | NICE
    - Alcohol-use disorders
    - Chronic Liver Disease
    - Hepatitis
- Musculoskeletal Condition Musculoskeletal conditions | Guidance and guideline topic | NICE
    - Arthritis
    - Factures
    - Knee conditions

    - Osteoporosis
- Neurological Conditions Neurological conditions | Guidance and guideline topic | NICE
    - Delirium
    - Epilepsy
    - Headaches
    - MND
    - Parkinson Disease
- Respiratory Conditions Respiratory conditions | Guidance and guideline topic | NICE
    - Asthma
    - COPD
    - COVID-19
    - Pneumonia
    - Tuberculosis
- Skin conditions Skin conditions | Guidance and guideline topic | NICE
    - Diabetic foot
    - Eczema
    - Pressure Ulcers
    - Skin infections
    - Wound management
- Urological Conditions Urological conditions | Guidance and guideline topic | NICE
    - Prostate cancer
    - Urinary incontinence
    - Urinary Tract infection

Health Protection Health protection | Guidance and guideline topic | NICE

- Communicable disease
- Drug misuse
- Environmental

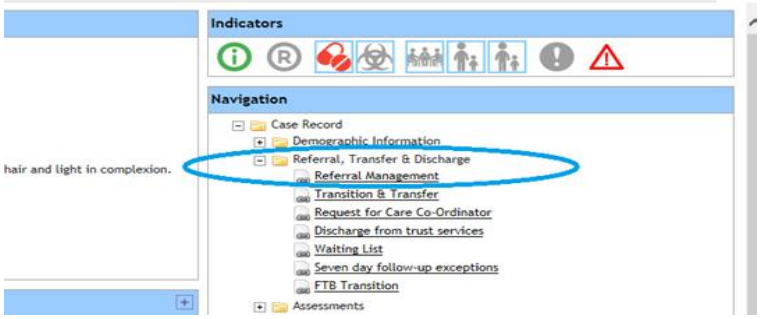
Lifestyle and wellbeing Lifestyle and wellbeing | Guidance and guideline topic | NICE

- Addictions
- Alcohol
- Diet, nutrition, and obesity
- Oral and dental health
- Physical Activity
- Sexual health
- Smoking and tobacco

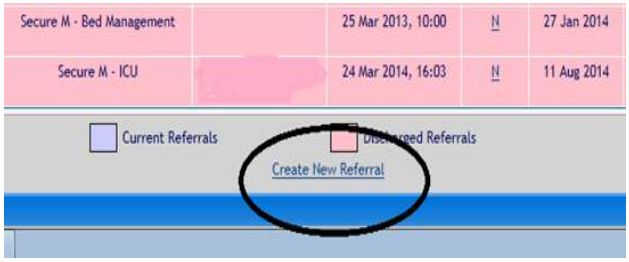
Others

- Preventing falls in older people
- Venous thromboembolism
- Vitamin D: supplement use in specific population groups.

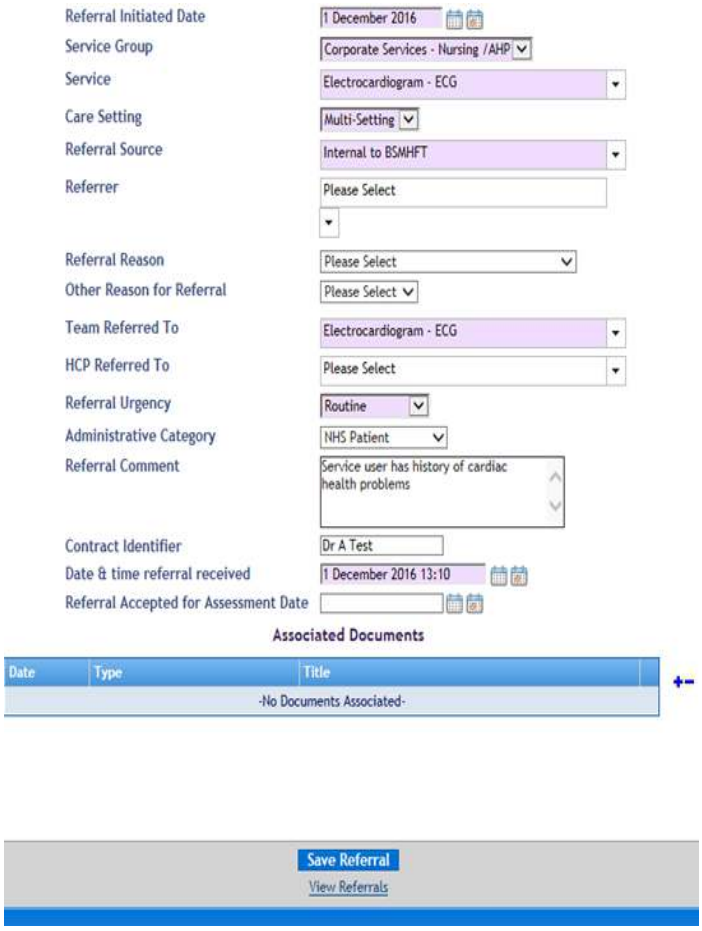
Appendix 6 - AHP and Specialist service referral – quick guide



Identify patient on caseload to be referred.
Click 'Referral management'



1 **Click 'Create New Referral'.**



Click - **Date**
Service Group - **Corporate nursing services /ANP**
Service - **Choose service.**
Care setting - **multi-setting**
Referral source - **Internal to BSMHFT**
Referrer - **your service**
Referral Reason - **complete**
Team Referred - **choose service.**
HCP referred to - ***Leave blank.***
Referral Urgency – **Routine or Urgent**
Administrative Category - **NHS**
Comment - *Brief instructions*
Date and time referral received - **Click date.**
Referral Accepted for assessment date - ***Leave blank.***
'Click save referral'.

The referral is now complete and is waiting for the service to view.

Appendix 7 - Protocols for physical health monitoring in HMP Birmingham

System one physical health monitoring template:

SEAT Reception Screening v1.0.pdf

Physical health screening protocol:

Cardiovascular.

- **Care plan on admission.**
- **Urine test:** protein, albumin, creatinine, and haematuria.
- **Phlebotomy:** plasma glucose, electrolytes, creatinine, eGFR, serum total cholesterol and HDL cholesterol LFTs U&Es FBC.
- **Optician:** examination of fundi for the presence of hypertensive retinopathy.
- **ECG:** twelve lead ECG.
- **Blood pressure**: further action dependant on results.
- **Diabetes**
- **Care plan on admission.**
- **Urine test:** microalbuminuria, proteinuria.
- **Phlebotomy:** Hba1c, cholesterol, U&Es, Triglycerides, FBC, LFTs eGFR
- **Optician:** examination annually.
- **Chiropody:** annual foot examination.
- **Respiratory**
- **Care plan on admission.**
- **Phlebotomy:** FBC, ESR, U&Es, Hba1c and cholesterol
- **Spirometry:** lung function monitoring
- **Inhaler technique**
- **Stop smoking:** referral, as necessary.

In addition:

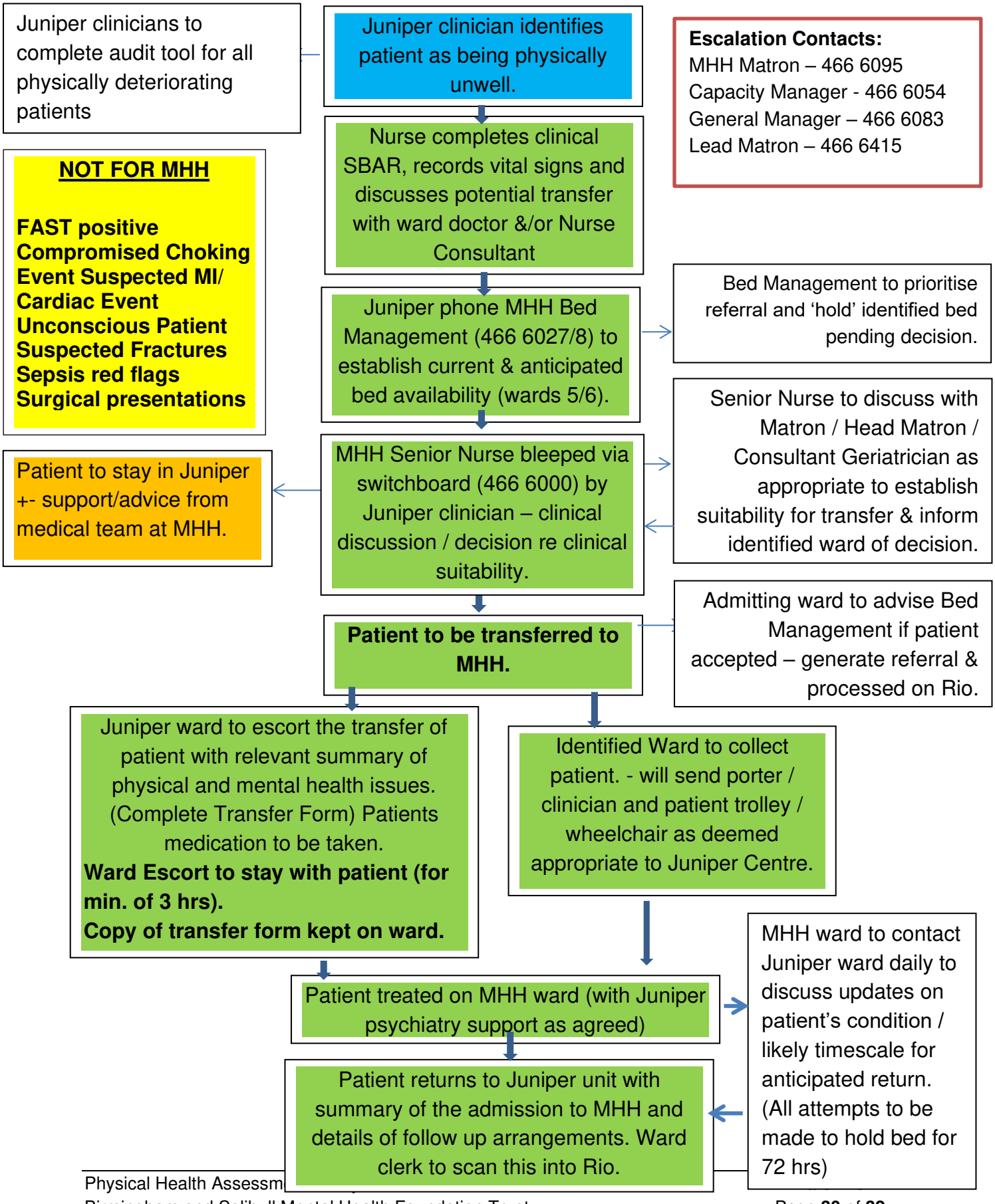
ECG: annually

Chest x-ray: within last 5 years.

- Mental health Annual health check is completed for all patient on CPA and care support.
- Complete QOF within prison healthcare processes
- there is a defined chronic disease pathway with clinical guidelines and templates built into System1 that covers:

Asthma	Diabetes	Palliative care
BBV screening	Hep C screening & treatment	TB
Chest pain		
COPD	Hypertension	

Appendix 8 - Moseley Hall Hospital (MHH) Transfer Pathway (Juniper)



Appendix 9 - VACUETTE® SELECTION Chart

VACUETTE® SELECTION CHART

NHS Black Country Pathology Services

SAMPLES TO BE COLLECTED IN THE FOLLOWING ORDER UNLESS SPECIFIED BELOW

	Volume / Item No.	Cap / Ring Colour	Tube Type	Tests	Special Instructions
1			Blood Culture	Aerobic followed by Anaerobic, if insufficient blood for both culture bottles, use Aerobic only	
2	3.5ml 454327 KFK225	 Blue / Black	Trisodium Citrate	Prothrombin Time, INR, APTT, Coagulation Screen, Fibrinogen, D-Dimers, Thrombophilia Screen, Protein C, Protein S, Antithrombin III, Factor V Leiden, Factor Assays, Factor Xa, VWF, Lupus, FII 20210A	Tube must be filled between the arrow. Please mix well.
3	5ml 456010 KFK061	 Gold / Gold	Clotting Accelerator and Separation Gel	U+E, LFT, Calcium, CK, CRP, PO4, Amylase, Urate, MG, Paracetamol, Salicylate, TSH, PSA, Reproductive Hormones, Troponin, B12, Ferritin, Serum Folate, Lipids, Iron Studies, Bicarbonate All Routine Immunology, Specific Proteins, RAF, Paraprotein Typing, Complement C3, C4 and Immunoglobulins, Rubella, All Serological and Bacteriology Tests except PCR and Viral Loads	1 tube required per section. Please mix well.
4	4ml 454092 KFK062	 Red / Black	Clotting Accelerator (no gel)	Cryoglobulins, HIT	Please mix well.
5	4ml 454084 KFK255	 Green / Black	Lithium Heparin (no gel)	Amino Acids, Chromosomes, Karyotype, Osmotic Fragility, Ammonia, T Spot	Ammonia (send within 15 minutes, on ice)
6	4ml 454023 KFK266	 Lavender / Black	EDTA	FBC, Retics, DAT, Sickle Test, GF Screen, Malaria, Viscocity, Hb Electrophoresis, G6PD, Lead, ACTH, ESR, Kleihauer, Lactate (on ice) Viral Loads, Bacterial PCR eg: Meningitis, Viral PCR eg: CMV, CD4	Please mix well.
7	6ml 456242 KFK576	 Pink / Black	EDTA Crossmatch	Crossmatch, Group and Save, Cold Agglutinins	Labels must be hand-written, with patient's FULL name, DOB and Hospital or NHS number
8	4ml 454091 KFK257	 Grey / Black	NAF / EDTA	Glucose, Alcohol, Lactate, HbA1c	Please mix well.
9	6ml 456080 KFK262	 Dk Blue / Black	Sodium Heparin	Trace Elements	Please mix well.

PLEASE NOTE: The list of tests provided above is not exhaustive. A full guide can be found on the Test database:

HOW DELAYS CAN BE BUILT INTO PATHOLOGY TESTING

Blood Sciences receive over 3000 individual blood tubes per day, if labelled right first time; it can save delays in analysis.

The 'Perfectly labelled' specimen: Label straight and will pass through analyser first time.

The 'slightly inebriated' specimen: Angled on the tube and will fail to go through the machine, but will have to wait for cycle to finish, adding 40 minutes delay.

The 'Two for One' specimen: Two labels on one bottle, when there should have been two bottles. Builds in delay as sample has to be presented **twice** to the analyser.

The 'I like it around the middle' specimen: The bar code scanner on the analyser cannot read around bends. Would fail to be analysed. Builds delay.

The 'will make sure its labelled' specimen: Two labels around the middle.

The 'No one is accusing me of not labelling' specimen: Three labels all the same, all incorrectly positioned. Takes time to remove all labels and reprint bar code.

Internal link: (RWT only)
http://intranet.xrwh.nhs.uk/departments/pathology_services/Test_Directory.aspx

External link:
https://www.royalwolverhampton.nhs.uk/services/service-directory-a-z/pathology-services/test-directory/

greiner bio-one

NHS Pathology Serving the Black Country

Provided by Sandwell and West Birmingham NHS Trust, The Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust.

V&WN02 VERSION 04. Last updated May 2021

Appendix 10 - Physical Health Care – the right care, in the right place at the right time

person is living in the community and has access to primary care OR service user is under BSMHFT but GP prescribes all medication including mental health medication	•Physical Health care is managed by GP. •Specialist referrals for physical health care are via GP. •Consider support from the mental health neighbourhood teams and physical health connectors to ahelp with engagement if required
service user is known to any BSMHFT mental health community team (including HTT, AOT etc) and the BSMHFT teams prescribes their mental health medications.	•Prescriber is responsible for checking or providing physical health assessment and inteventions related only to the mental health medication • Service user should attend the GP for all physical health interventions and their national screening programmes.
Service user admitted to one of our inpatient units. (Acute, D&F, S2R, Secure or Specialties)	•The BSMHFT inpatient team is responsible for managing the physical health of the service user whilst in our care. •Including reviewing shared records for current medication, medical history, and recent investigations and blood tests •If they are unavailable, the inpatient unit should carry out a full physical health assessment, including observations, blood tests and ECG to support differential diagnosis prior to prescribing medication (if possible), and should consider diagnostic overshadowing.
Service user is detained within in HMP Birmingham	•The BSMHFT team, work in collaboration with BCHC and together provide all the physical health care for the service user. •Reviewing shared records from partners for full physical assessment •Completes the SEAT Reception Screening assessment, to include full physical health assessment, including observations, blood tests and ECG to support differential diagnosis prior to prescribing medication.