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Behavioural and Implementation
Science Interventions
Yong Loo Lin School of Medicine



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#125 - Reducing inequality: Implementation & evaluation of two Physical Health interventions in a Mental Health setting

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Objectives/aims

People living with serious mental illness face extreme inequality in terms of their physical health, which is starkly evidenced by the current mortality gap of 15-20 years. One approach to reduce that inequality is to provide better, more timely physical healthcare, by joining up existing physical and mental healthcare services to provide integrated models of care.

This project shares learning from the implementation and evaluation of two novel interventions, aimed at improving physical healthcare in a mental health setting. The first is a communications platform called 'Consultant Connect' (incorporating a mobile-friendly app), that connects mental health clinicians directly with local physical health specialists, to enable quick access to advice on specific clinical issues whilst bypassing hospital switchboards. The second is a Physical Health Clinic that offers a referral and in-reach service to provide advice to clinicians working in psychiatric inpatient settings. It gives patients the opportunity to first be seen in-situ rather than be transferred to an acute setting. We evaluated the implementation of both models of care so that our learning can be shared to improve future implementation effectiveness and impact.

Our evaluation aims:

1. to understand the process of implementing both interventions
2. to establish the acceptability and feasibility of both interventions

Methods

This was a prospective formative evaluation, which took account of the changing operational requirements of the hospital setting during the implementation period. Both interventions were piloted in South London and Maudsley NHS Foundation Trust (SLaM), the largest provider of mental health services in the UK. Evaluation was conducted by a specialist team hosted by the Centre for Implementation Science, King's College London.



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- 1. To assess and optimise implementation strategies** the Expert Recommendations for Implementing Change (ERIC) framework was used to map activities undertaken by the project team to implement the new services and to identify how/when strategies were used. SPC graphs and unadjusted linear regression have been used to chart and assess the strategies used and evaluate their effectiveness on outcomes.
- 2. To assess acceptability and feasibility** we collected data on 1) usage and uptake, 2) referral outcomes, 3) feedback from users via semi-structured interviews. Interviewees also completed the Acceptability Intervention Measure, Intervention Appropriateness Measure, and Feasibility of Intervention Measure (AIM, IAM, FIM) questions.

Data was collected, and is being analysed for the study period, June 2020 to September 2022 (28 months).

Main findings

Evaluation identified 39 out of 73 ERIC strategies were employed in the implementation of one or both interventions. Strategies relating to implementation domains *Knowledge* and *Relationship Building* were used most, whilst strategies relating to *Incentivisation* were used least. Statistical analysis is being undertaken currently.

The 'Consultant Connect' app was downloaded and registered by >600 SLaM clinicians. >3000 calls have been placed via the app, and >70% connected calls resulted in an avoided referral or patient transfer, with mental health clinicians able to provide physical healthcare based on advice they received. The physical health clinic was used in 100% of settings where it was implemented, with >250 referrals being sent/received. >65 clinical specialities were contacted for advice; though predominantly, queries from both interventions related to cardiometabolic issues.

Analysis of the semi-structured interviews provided positive examples of the interventions in practice, and emerging themes have helped to shape ongoing implementation plans. The AIM, IAM, FIM scores show interviewees found the interventions acceptable, appropriate, and feasible.

Both interventions have now been fully adopted by the Trust (SLaM) as routine care. Additional analysis, which was planned but not achievable in the original evaluation timeframe, is now being undertaken to assess impact relating to 1) potential patient benefit and 2) the economic implications of running the interventions.