Improving Diabetes Care in NHS London Mental Health Trusts

March 2022

By the Health Innovation Network on behalf of the London Physical Health Leads Network

Health Innovation Network South London

NHS South London and Maudsley NHS Foundation Trust

NHS NELFT

NHS East London NHS Foundation Trust

NHS Barnet, Enfield and Haringey Mental Health NHS Trust

NHS Central and North West London NHS Foundation Trust

Oxleas NHS

NHS South West London and St George's Mental Health NHS Trust

West London Mental Health NHS Trust

NHS Camden and Islington NHS Foundation Trust

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Foreword

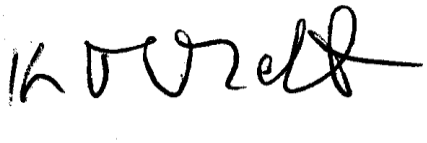
Among the many inequalities faced by people with a mental illness is poorer physical health, which leads to approximately 20 years reduction in life expectancy and severe reduction in quality of life.

One of the most common diseases that impairs quality and quantity of life is diabetes, which is two to three times more likely in people with serious mental illness. Good healthcare, early diagnosis and good diabetic control, can significantly improve outcomes for people with diabetes, yet those with serious mental illness are more likely to miss out on this care.

Despite great local initiatives there is no accepted standard for care of mental health inpatients who have diabetes. The London Physical Health Leads Network believes that this needs to change and we are delighted to present this audit as the first step. The audit identifies significant gaps in care and proposes how these can be addressed.

The Network additionally provides a learning space where Trusts can share good practice and policies to address these gaps and learn from service user and carer experience.

Our thanks go to the many staff and patients from London Mental Health Trusts who have submitted data to the audit, to the South London and Maudsley NHS Foundation Trust team who piloted the audit tool and to the Health Innovation Network who led this project on behalf of the Network.



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Section 1

Executive summary

Improving the diabetes care of people with serious mental illness (SMI) is a priority for the London Physical Health Leads Network, a network hosted by UCLPartners (UCLP), the Health Innovation Network (HIN), King's Health Partners (KHP) Mind and Body Programme and the Physical Health Leads from across the nine London NHS Mental Health Trusts.

Diabetes is two to three times more common for people with SMI than the general population. In comparison to acute inpatient settings that have had the benefit of the national diabetes inpatient audit (NaDIA) tool, enabling them to benchmark diabetes care and prioritise service provision that will make a difference to patient experience and outcomes, there is currently no standard national audit for diabetes care in mental health settings. Following a test pilot in Southern Healthcare NHS Foundation Trust (2017) and South London and Maudsley NHS Trust (SLaM) (2014),the HIN collaborated with South London and Maudsley NHS Foundation Trust (SLaM), King's College Hospital (KCH) and the London Diabetes Clinical Network to create an audit, based on the NaDIA, to assess diabetes care in inpatient mental health settings.

The newly created audit was piloted on seven inpatient wards at SLaM. The audit findings were then analysed and retested to inform adjustments to the template before it was rolled out the remaining eight London NHS Mental Health Trusts completing the audit.

A wide range of inpatient clinical wards were represented in the audit including:

- Acute Adult Ward (Mixed)
- Forensic
- Acute Adult (Male)
- Older Adult
- Mixed Psychiatric Intensive Care Unit (PICU)
- Acute Adult (Female)
- Rehabilitation
- Female PICU
- Children and Young Person
- Male PICU
- Forensic (Female)
- Triage

- Learning Disability
- Perinatal

The main findings identified:

- Eight out of nine Trusts do not have access to their own diabetes specialist resource.
- More diabetes education is needed for staff and patients.
- All Trusts need to ensure Trust diabetes policies are implemented in practice.
- Trusts could do more to reduce errors and harms; and identify additional health conditions that require medical attention.
- Patient satisfaction was an average of 3.63 out of five, however more can be done to improve patient centred diabetes care.

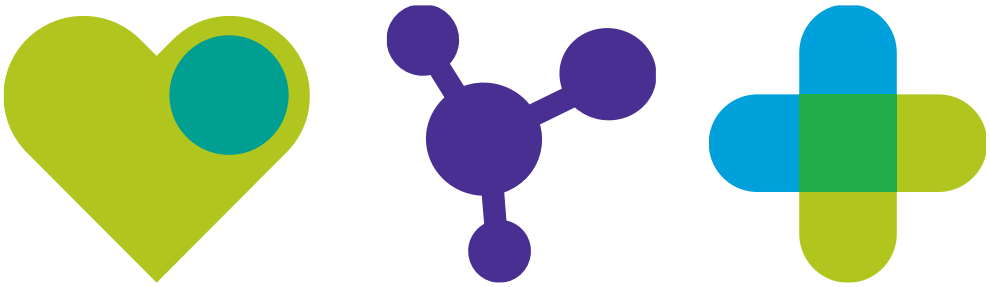
The report includes 23 recommendations:

- Integrated Care Systems (ICSs) / Trusts to consider:
  - The provision of diabetes specialist roles for mental health inpatient settings;
  - How to ensure diabetes specialist pharmacists form part of the Mental Health Trust pharmacy teams, educating ward staff to support safe insulin usage.
- Mental Health Trusts to communicate with their wards:
  - Who their Physical Health Champion is, their role and how to contact them;
  - How to access diabetes specialist clinicians;
  - What out of hours services are available and how to access them;
  - How to contact diabetic emergency services.
- Mental Health Trusts to consider:
  - Types of education they currently offer to staff, patients and carers;
  - Provision of training in various languages and inclusion of cultural variances to ensure every population is included;
  - Ensuring patient education is holistic;
  - Introducing the Diabetes Know Your Risk Tool to wards that do not currently screen for diabetes on admission or consider alternative systems to flag if a patient has a diabetes diagnosis on admission;
  - Offering patients the option to be involved in their diabetes care during their inpatient stay;
  - Ensuring appropriate information to support self-management is available for inpatients;
  - Having a diabetes self-management policy which is communicated with all wards;
  - Seeking dietician support for wards that are not currently working with a specialist or non-specialist dietician;
  - Providing patients with the opportunity to give weekly feedback on their meals;
  - Where Trusts do not have access to care plans for patients with diabetes, consider liaising with the

wider system to understand if this is available for them or creating a shared care platform;

- Ensuring multidisciplinary team members understand if a patient with diabetes has a care plan and how to access it;
- Having an effective electronic patient prescribing system for detecting, recording, and avoiding errors in insulin and oral hypoglycaemic agent (OHA) prescribing errors;
- Ensuring Web-linked blood glucose and ketone meters are actively used to alert diabetes specialists across the Mental Health Trusts and at ward level;
- Accelerating the roll out of digital systems and associated apps to support patients living with diabetes;
- Introducing a risk scoring system for all hospital admissions;
- How each ward accesses diabetes specialists, Multidisciplinary Diabetes Foot Teams (MDFTs) and Tissue Viability Nurses;
- Using the Malnutrition Universal Screening Tool (MUST) and reviewing MUST scores weekly as advised.

Since the audit findings have been shared with the nine London NHS Mental Health Trusts, many are already taking actions to improve diabetes care. Actions can be viewed in section 5.



Section 2

Background & Context

People with SMI die 15-20 years earlier than the general population due to a greater risk of poor physical health, including diabetes (Gov.UK, 2021). Type 2 diabetes is two to three times more common among people living with an SMI than the general population. This may be due to side-effects of antipsychotic medication, the challenge of self-managing diabetes and wider social determinants of health eg individuals living with SMI are more likely to smoke, be unemployed, have poor accommodation and seek financial support. The disabling nature of SMI also makes it more difficult to adhere to medication regimes, review and attend physical health appointments and participate in regular exercise (Cohen et al., 2018).

The NHS Mental Health Implementation Plan 2019/20- 2023/24 recognises individuals living with SMI as a priority area of improvement and more recently NHS England and NHS Improvement (NHSE/I) have published Core20PLUS5, an improvement approach to reduce health inequalities at both national and system level. One of the five focus clinical areas requiring accelerated improvement is individuals living with a SMI – requiring annual health checks to be completed for 60 per cent of those living with SMI.

National Diabetes Inpatient Audit (NaDIA):

Despite the prevalence of diabetes amongst individuals living with a long-term mental illness, diabetes care is not currently audited in mental health inpatient settings. In acute NHS Trusts, the NaDIA has been completed annually in England and Wales (from 2010 – 2019), providing a snapshot of diabetes inpatient care across physical health hospitals and medical surgical units. NaDIA enabled acute inpatient settings to benchmark hospital diabetes care and to highlight improvements in service provision that will positively benefit patient experience and outcomes.

The audit measures the quality of diabetes care by focusing upon the following:

- Diabetes management to minimise risk of complications
- Any harm caused during an inpatient stay
- Patient experience
- Comparing results from previous years

See appendix 2 to access NaDIA resources and results from past audits completed in acute inpatient settings.

London Physical Health Leads Network

The London Physical Health Leads Network meet quarterly and is chaired by Dr Ed Beveridge, Consultant Psychiatrist at Camden and Islington NHS Foundation Trust and Clinical Lead for Mental Health at UCLP; and Dr Kate Corlett, General Practitioner (GP) and Medical Director Community Health Services at East London NHS Foundation Trust. The co-hosts of the network are HIN (author of this report), UCLPartners UCLP and KHP Mind and Body. See appendix 1 for information about each organisation.

The Network brings together Physical Health Leads from across all nine London NHS Mental Health Trusts, with the aim of improving the physical health of people with SMI. It facilitates quality improvement (QI) through peer-support for problem solving and sharing of resources and best practice. The Network also undertakes QI projects, such as benchmarking exercises and the development of QI tools, and includes robust expert voices on SMI.

Due to the prevalence of diabetes among individuals living with SMI and the fact that diabetes care is not currently audited in mental health settings, the London Physical Health Leads Network created a diabetes workstream led by the HIN to produce a template, based on the original NaDIA, to audit diabetes care of inpatients in London NHS Mental Health Trusts.

The HIN collaborated with SLaM to pilot the audit in an inpatient setting with the view to implementing the audit across the other eight London NHS Mental Health Trusts.

The London NHS Mental Health Trusts that completed the diabetes inpatient audit are listed below.

- Barnet, Enfield, and Haringey Mental Health Trust (BEH)
- Camden and Islington NHS Foundation Trust (CANDI)
- Central and North West London Services (CNWL)
- East London NHS Foundation Trust (ELFT)
- North East London NHS Foundation Trust (NELFT)
- Oxleas NHS Foundation Trust (Oxleas)
- South London and Maudsley NHS Foundation Trust (SLaM)
- South West London and St George's NHS Mental Health Trust (SWLSTGs)
- West London NHS Foundation Trust (West London)

Section 3

Methodology:

Quality Improvement (QI): PDSA Cycles

The HIN used Plan, Do, Study, Act (PDSA) cycles as a model of improvement for this project. PDSA cycles are a scientific methodology that moderates the impulse to take immediate action, providing a framework for developing, testing, and implementing changes in a structured way before implementing the improvement on a larger scale.

This methodology enabled the HIN to collaborate with SLaM to pilot the diabetes inpatient audit template and make changes to the audit, based on the initial and subsequent pilot results and learnings, prior to applying across the other eight London NHS Mental Health Trusts. The methodology taken has been described below in more detail and PDSA cycles, tailored to this project, can be found in appendix 3.

Planning the pilot:

1. **Senior Sponsorship:**

   The Quality Centre Physical Health Workstream and the Trust Physical Health Specialist Nurse at SLaM achieved senior sponsorship agreement, via the Medical Director and Chief Nurse, to pilot the audit across the Trust prior to it being rolled out across the additional Mental Health Trusts in London.

2. **Recruiting staff and wards to complete the audit**

   The Trust Physical Health Specialist Nurse recruited Core Trainees (CTs) at SLaM to complete the initial pilot audit on their individual ward. One entry per ward was required. There was no limit to the number of wards that should carry out the audit. SLaM's Physical Health Specialist Nurse recruited seven CTs via an email invitation. Each CT was based on a different ward across the Trust. CTs were incentivised to complete the audit as part of their QI Training and were given a certificate of completion once the audit had been submitted (see appendix 7).

   **CTs are doctors who have completed their two-year UK Medical Foundation Programme, known as 'Junior Doctor years' (F1, F2, FY1, FY2, FY years) and who are at the start of a speciality training programme in a specific area of medicine or surgery. Speciality training years are often two to three years depending upon the speciality (CT1, CT2, CT3 etc.). Once the CT has completed this element of training, they go on to pursue higher training in their chosen speciality.*

3. **Creating the Audit Template:**

HIN collaborated with SLaM's Physical Health Specialist Nurse and Quality Centre Physical Health Workstream, Consultant Diabetologists at King's College Hospital (KCH) and colleagues from the NHSE Diabetes Clinical Network to create an audit template (appendix 4), based on NaDIA, to assess diabetes care in inpatient mental health settings. The audit template was created via Microsoft Forms. This platform was chosen to host the audit as other platforms were either not General Data Protection Regulation (GDPR) compliant or accessible through the organisation.

The audit template was split into two sections.

Section 1: Completing on behalf of the Trust: This section was completed by the Trust PHSN. One entry was required.

Section 2: Completing on behalf of the ward: This section was completed by the CTs. The CT answered questions 2-23 themselves, questions 24-35 with one inpatient on their ward with a diagnosis of diabetes and questions 36-35 with one member of the MDT (See appendix 4 for more detail). The CT were required to complete the MDT questions with a member of the MDT who was familiar with the ward on duty on the day of the audit.

Testing the pilot

Each CT completed the audit on behalf of the wards and gained insight from MDT members, eg Occupational Therapists and Health Care Assistants. All seven CTs completed the audit within the provided timeline. On average it took each CT around 21 minutes to complete. The majority of CTs inputted their results into the digital Microsoft Forms audit template via a link that the Physical Health Specialist Nurse sent them beforehand. Others printed the audit template form out, completed the audit by hand and inputted the results via the digital link later the same day.

Analysing results from the initial pilot

As a result of the pilot, the following changes were made to the audit template:

- Enabling participants to choose more than one option;
- Removing 'Do not know' options as answer choices when it was clear a yes or no answer was required;
- Creating a process and guidance map (see appendix 5 and appendix 6);
- Adding patient experience questions adapted from the original NaDIA.

The new audit template was then re-tested by the same CTs on the same seven wards. More time (10 days) was allowed for completion due to the pressures of the Covid-19 pandemic on Trusts.

Next Steps

1. Re-test at SLaM:

On completion of the re-test, findings were shared with the Cavendish Square Group (Senior Leadership and Medical Directors across London NHS Mental Health Trusts), London Physical Health Leads Network and London Diabetes Inpatient Network, hosted by NHSE/I.

Clinicians at these meetings were actively supportive of the audit being implemented in the remaining eight London NHS Mental Health Trusts. This support was communicated through the Physical Health Leads Network. The Physical Health Leads agreed to complete the audit on behalf of their Trust and to recruit CTs to complete it on behalf of their ward, with a member of the MDT and a patient on their ward with a diagnosis of diabetes.

2. Implementing diabetes audit in London Mental Health NHS Trusts:

London NHS Mental Health Trusts completed the audit between 1 October – 31 October 2021. A longer period was given to complete the audit, recognising there were competing priorities in the Trusts, for example the Covid-19 pandemic and workforce capacity. All nine NHS Mental Health Trusts had completed the audit by 30 November 2021.

Altogether 13 Physical Health Leads from the nine Trusts completed the audit. It should be noted that in some Trusts they have more than one Physical Health Lead.

Collectively, 78 CTs completed the audit on behalf of their ward. The type of wards audited varied across each Trust and offered a large variety of diagnosis and age range from children and young people (CYP) to older adult populations (see table 1). No ward was specifically required to do the audit and each Trust had their own approach to recruiting their wards and CTs. Each CT was provided a certificate of completion for their portfolio and for the ward they completed the audit on (see appendix 7).

Table 1: Types of wards involved in the audit across London NHS Mental Health Trusts

Ward Type	Number of wards that completed the audit:
Acute Adult Ward (Mixed)	23
Forensic	24
Acute Adult (Male)	6
Older Adult	5
Mixed Psychiatric Intensive Care Unit (PICU)	4

Acute Adult (Female)	4
Rehabilitation	4
Female PICU	2
Children and Young Person (CYP)	1
Male PICU	1
Forensic (Female)	1
Triage	1
Learning Disability	1
Perinatal	1

Patient Participation:

All of the 78 wards audited had a minimum of one patient with a diagnosis of diabetes and 36 inpatients participated in answering the patient experience questions in the audit. On the other 37 wards, the most common reasons for a patient preferring not to participate in the audit included being too tired or unwell at the time they were approached.

Multidisciplinary Teams:

85 per cent of CTs spoke to a Multidisciplinary Team (MDT) member on their ward to complete the audit. MDT members are various healthcare professionals from one or more clinical disciplines who together discuss an individual patient's care. MDT members can include specialist nurses, dieticians, consultants, pharmacists etc. Roles across the MDT varied.

Table 2: Job roles of those MDT members involved in the audit across London NHS Mental Health Trusts

MDT Job Title	Number of people with the same job title that completed the audit:
Nurse in Charge / Matron	7
Clinical Team Leader	8
Ward / Unit Manager	8
Ward Nurse	31
Social Therapist	1
Doctor	13
Life Skills Recovery Worker	1
Psychologist	1
Healthcare Facilitator	1

Occupational Therapist	2
Patient Management and Feedback	1
Health Care Assistant	2

Section 4

Findings:

This section provides the key findings from the audit.

Access to Specialist Diabetes Staff within Mental Health Trusts:

The findings below highlight the availability of staff with diabetes expertise that are employed by mental health services.

Only one mental health trust employed diabetes specialists. The remaining eight Trusts had variable access to diabetes specialists within their local acute hospital and community services team.

Detail of specific diabetes specialist access is below.

- **Consultant Diabetologist:** Across the nine Mental Health Trusts there was no access to Consultant Diabetologists, who are accredited in diabetes and / or endochrinology.

- **Doctor (Diabetes/Endocrinology SpRs; Diabetes dedicated staff grade and other NCDs):** For eight of the nine Trusts there was no doctor access. Only one trust employed a full-time doctor. This Trust provides community healthcare as well as mental health.

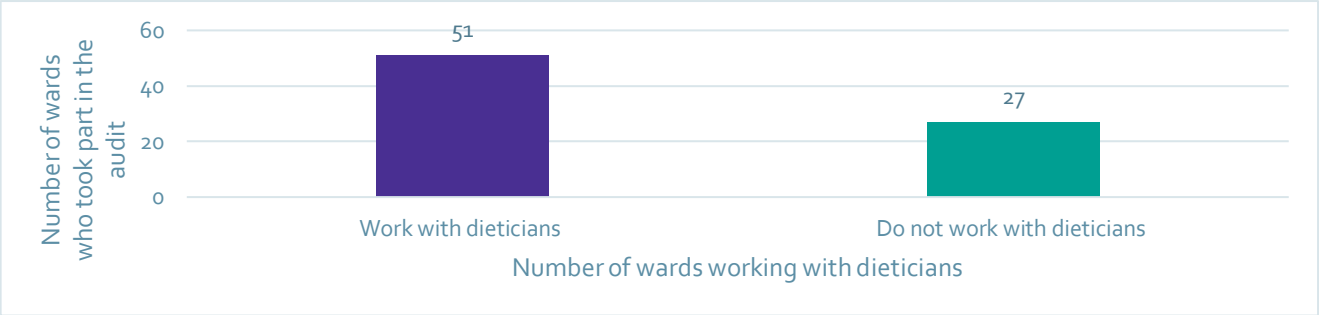
- **Diabetes Specialist Nurse (DISN):** Six out of nine London NHS Mental Health Trusts have zero DISN hours. Two Trusts have one full time DISN that has been employed specifically by the Mental Health Trust. The remaining four Trusts employ a DISN one day per week.

- **Specialist Diabetes Dietician:** Eight out of nine Trusts do not have a Specialist Diabetes Dietician. One Trust stated that they have one full-time Specialist Diabetes Dietician. This Specialist Diabetes Dietician worked specifically for the eating disorder (ED) services.

- **Non-specialist Diabetes Dietician:** Three out of nine Trusts stated they did not employ a Non-Specialist Diabetes Dietician. If a patient were to be seen by a Non-Specialist Diabetes Dietician, they would share resource from an/their acute Trust. The remaining six Trusts had some non-specialist diabetes dietician hours, ranging between 40 – 198.5 hours per week.

The graph below highlights the number of wards (N=78) who work with dieticians (specialist and non-specialist in diabetes) to provide patients with diabetes an individualised "range of healthy, well-balanced, nutritious meals", that can be tailored for special dietary requirements for people diagnosed with diabetes.

Graph 1: Number of wards (n=78) who work with dieticians (specialist and non-specialist) to tailor meals to suit patients' needs.



- **Podiatrist:** Five out of nine Trusts had zero podiatrist hours per week. Three Trusts stated they had 2-9 hours per week of podiatrist time allocated specifically for the Mental Health Trust and one Trust stated they had a full-time podiatrist employed directly to work at the Mental Health Trust. It should be noted that three Trusts that completed the audit have community health services as well as mental health.

- **Diabetes Specialist Pharmacist:** None of the nine London mental health trust had access to a Diabetes Specialist Pharmacist.

- **Physical Health Champion:** Out of the 78 CTs who participated in the audit, 58 knew their Physical Health Champion within their mental health Trust.

Recommendations:

1. Integrated Care Systems (ICSs) / Trusts to consider:

   - The provision of diabetes specialist roles listed above or consider expanding current diabetes specialist roles;
   - How to ensure diabetes specialist pharmacists form part of the Mental Health Trust pharmacy teams, educating ward staff to support safe insulin usage.

2. Mental Health Trusts to communicate with their wards:

   - Who their Physical Health Champion is, their role and how to contact them
   - How to access diabetes specialist clinicians
   - What out of hours services are available and how to access such services
   - How to contact diabetic emergency services eg 999 services (see section below).

Access to diabetes specialist staff externally to Mental Health Trusts

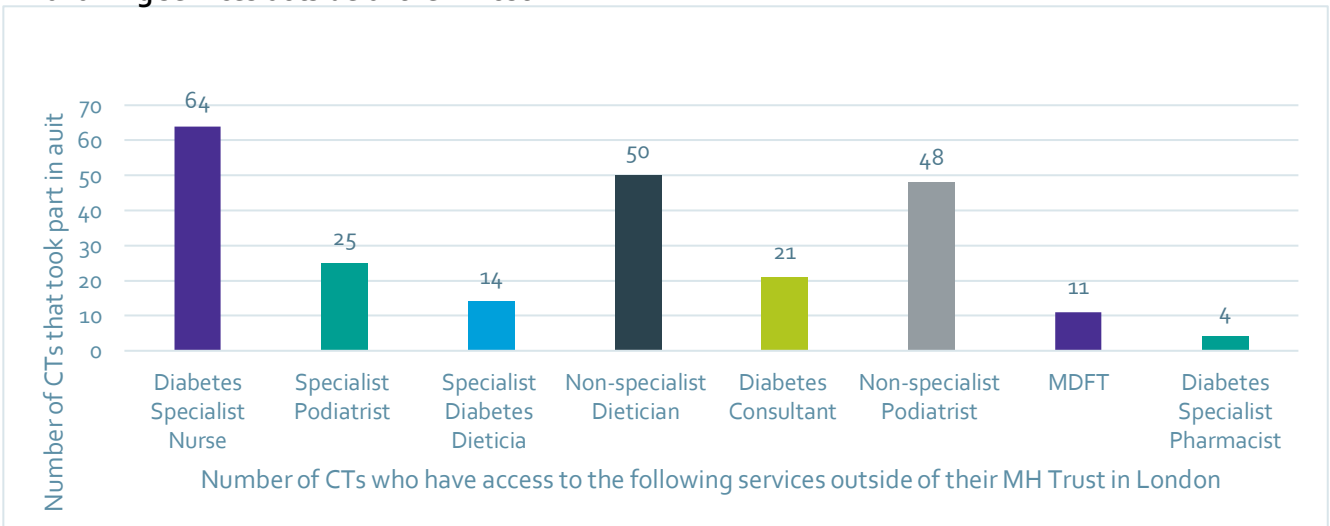
The findings below highlight the availability of staff and services with diabetes expertise that are available to Mental Health Trusts outside of their hospital. These are staff or services usually provided by local acute trusts and / or community services.

Mental Health Trusts have varying access to external diabetes specialist staff (see graph 9):

- 82 per cent of wards that took part in the audit have access to diabetes specialist nurses.
- 64 per cent have access to a non-specialist dietician.
- 62 per cent have access to a non-specialist podiatrist.

All other diabetes specialist resources are not accessed as regularly or at all. For example, Multidisciplinary Diabetes Foot Teams are only accessed by 14 per cent of wards. However, the audit also asked the Physical Health Leads of each Mental Health Trust if the Trust had access to MDFT. Five out of nine of the Trusts have access to MDFT (56 per cent). This highlights the need for enhanced communication between the Trust and the wards to draw attention to what services are available and how to access them.

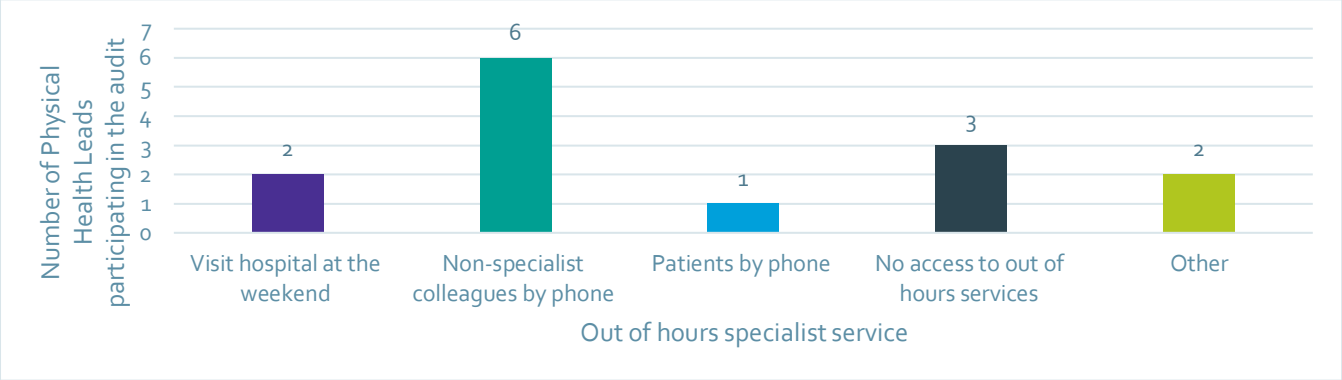
Graph 2: Number of wards (n=78) across London NHS Mental Health Trusts that have access to the following services outside of their Trust



The audit also sought to understand whether Trusts had access to out of hours specialist services for diabetes. Out of hours specialist services provide access to healthcare at times when usual services are not available. This can range from a clinician specialising in a particular area going out to the hospital on a visit, to Trusts having access to clinicians via phone to seek advice and care. In the audit conducted with the nine

London Mental Health Trusts, six Trusts have access to one or more out of hours diabetes specialist services. Graph 3 highlights which out of hour services were used by Trusts. For the two Physical Health Leads that stated 'other', they both said that their Trust doctors contact their local hospital by phone for advice and support around diabetes.

Graph 3: Accessing out of hours specialist services across London NHS Mental Health Trusts. Note that Physical Health Leads were able to choose more than one response.



Out of 78 CTs that completed the audit on behalf of their ward, 67 per cent did not know how to access diabetic emergency services. By emergency services, the audit was expecting CTs to know to call 999.

Recommendations:

1. Mental Health Trusts may want to consider tracking how many hours per week they access diabetes specialist staff externally to their Trust. This would highlight whether the Trust could internally recruit for such specialist roles and whether the existing external resource is meeting the needs of patients. Trusts should also feed back to their ICS the ways in which they can support diabetes services within their geography.

Education and Training:

The audit sought to understand whether the London Mental Health Trusts offer staff and patient education around diabetes and if so, the types of education and training they received.

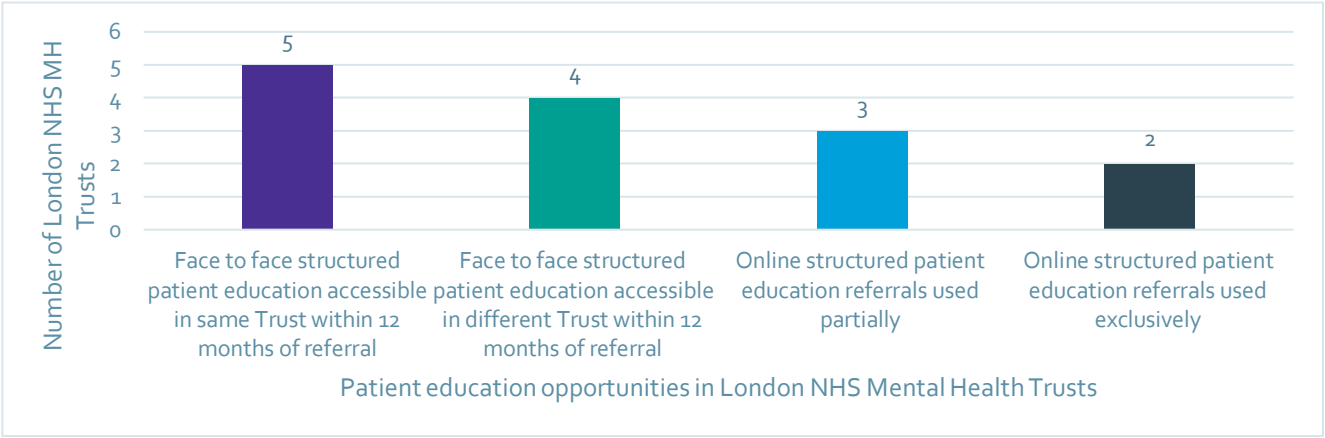
- **Staff Education:**

Eight out of nine Trusts provide staff with educational training on diabetes. Although of the Trusts that do provide training, many MDT members (62 per cent) feel that their training is infrequent. Others commented that training is non-mandatory, is provided only once a year, at away days and inductions or on an ad hoc basis with medical teams. Despite small numbers of MDT members not undergoing regular diabetes training, 54 per cent of those who completed the audit do have diabetes included in their Continuing Professional Development (CPDs).

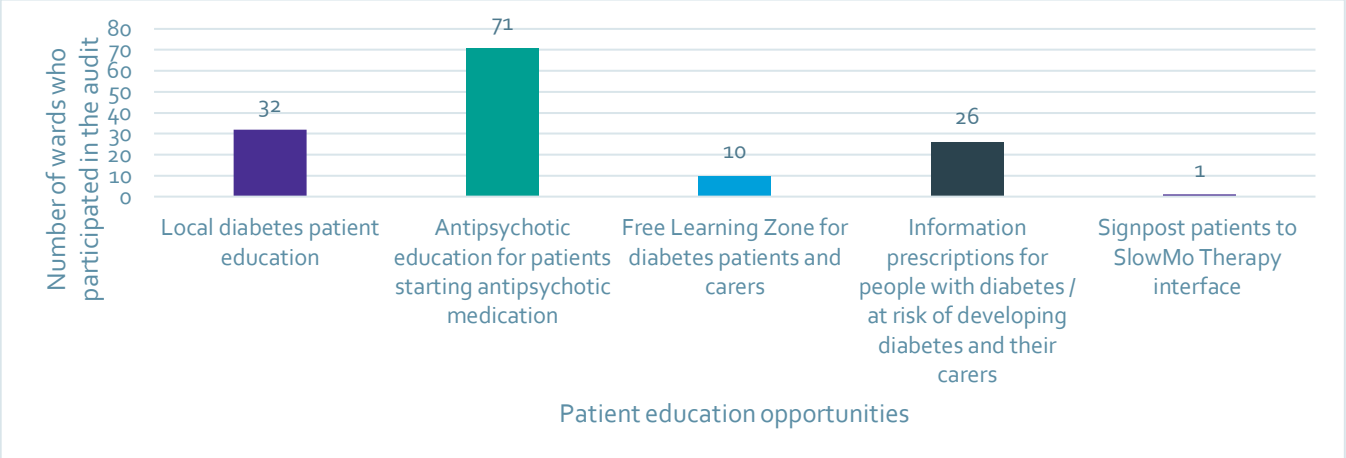
- **Patient Education**

The audit asked the Physical Health Leads and CTs from each Trust to state whether their Trust offers diabetes educational training to inpatients. All Physical Health Leads and CTs stated that their Trust offers patient education in some capacity. Graph 12 highlights the most popular delivery methods for patient education according to the Physical Health Leads and graph 13 highlights what patient education is likely to be provided to an inpatient on London NHS Mental Health Trust wards.

Graph 4: Patient education opportunities in London NHS Mental Health Trusts (Note that Physical Health Leads could choose more than one option)



Graph 5: What types of patient education wards provide across London NHS Mental Health Trusts (Note that Physical Health Leads could choose more than one option)



Recommendations:

1. Trusts to consider prioritising:
    - Staff diabetes education
    - Reviewing all diabetes training on offer and the regularity of when the training is required to be completed

- Maintaining staff records for CPD

2. Trusts to consider:
    - The types of education they currently offer and whether there are additional educational resources they could offer. For example, in south London, Mental Health Trusts could refer patients to Diabetes Book and Learn (NHS South London Diabetes Education Booking Service).
    - Where education is offered to carers and patients, ensuring they understand how patients can manage their diabetes.
    - Providing education in various languages and including cultural variances to ensure every population is included.
    - Ensuring patient education is holistic and includes body and mind.

On Admission to the Ward:

The audit sought to understand whether the London Mental Health Trusts screen for diabetes on admission to a ward. Diabetes screening is a preventative method for catching the development of diabetes at an early stage. If the diabetes screening test indicates that a person may have diabetes, the results can be used to seek further medical advice from a clinician.

A limited number of Trusts / wards (two out of nine Trusts / five out of 78 wards) that completed the audit have systems that allow patients being admitted to an inpatient psychiatric ward to be screened for diabetes. Such systems are known as automated admission identification / notification systems and some wards stated they also screen for diabetes using the Diabetes Know Your Risk Tool. The Diabetes Know Your Risk Tool is hosted by Diabetes UK and is a simple tool to calculate an individual's risk of developing Type 2 diabetes by asking basic questions including age, weight, and ethnicity.

Recommendations:

1. Trusts to consider introducing Diabetes Know Your Risk Tool to wards that do not currently screen for diabetes on admission as a simple way of assessing risk. Alternatively Trusts could consider adapting current systems or commissioning new systems to flag if a patient has a diabetes diagnosis on admission.

During Inpatient Stay:

Out of those patients who participated in the audit, the majority (66 per cent) stated they were involved in their diabetes care during their stay.

"I have been managed very well."

"I have had a discussion about my medication and doses of insulin."

"I am now aware of risk attached to uncontrolled sugar levels."

"I have been involved with any changes to my diabetes care."

"Yes [to being involved in diabetes care] – my metformin has been increased."

Others (34 per cent) felt that they had not been involved in their diabetes care during their stay.

"I have not spoken or seen a member of staff about my diabetes."

"I have not been involved in my [diabetes] care, but I would like to be."

"The nursing staff have not discussed my diabetes management at all with me."

"I wasn't aware that I was even being treated for diabetes".

Recommendations:

1. The NHS Long Term Plan aims to give people more control over their own health and more personalised care when they need it. To align with this, Trusts may want to consider offering patients the option to be involved in their diabetes care during their inpatient stay if they are not doing so already. Patients can be involved in their care in various ways, including:
    - Being encouraged to self-manage their diabetes if appropriate;
    - Understanding diet choices and being able to give feedback on food;
    - Being involved in their care plans.
2. Mental Health Trusts to ensure appropriate information to support self-management is available for inpatients.

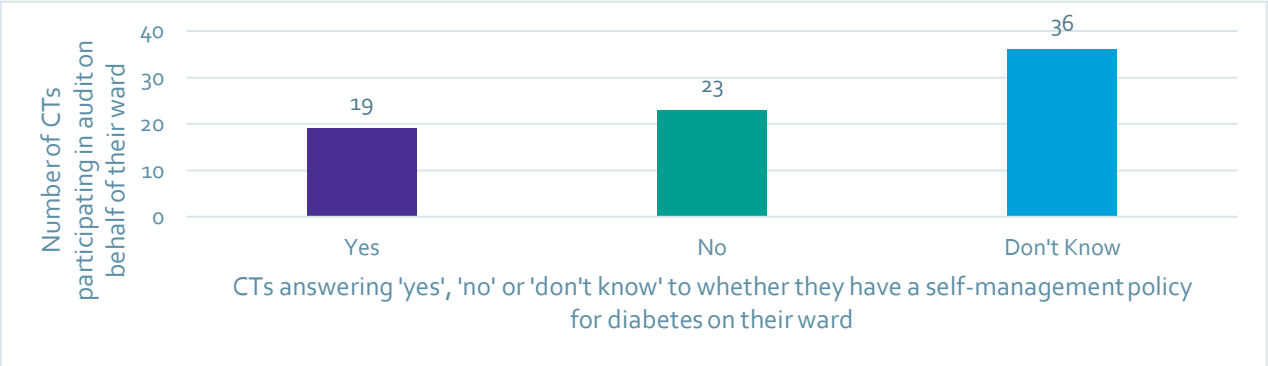
Management of Diabetes:

- **Self-managing diabetes:**

Diabetes UK states that allowing patients to self-manage their diabetes empowers them, improves their quality of life, and can reduce the risk of complications and readmissions to hospital. Four out of nine Trusts stated they do not have a self-management policy. This appears to highlight a gap between policy and practice. Some wards may not have a self-management policy as patients on their wards are too acutely unwell to be able to self-manage their diabetes. Wards that may not have a self-management policy include Psychiatric Intensive Care Unit, forensic, learning disability, children and young people and older adult

wards.

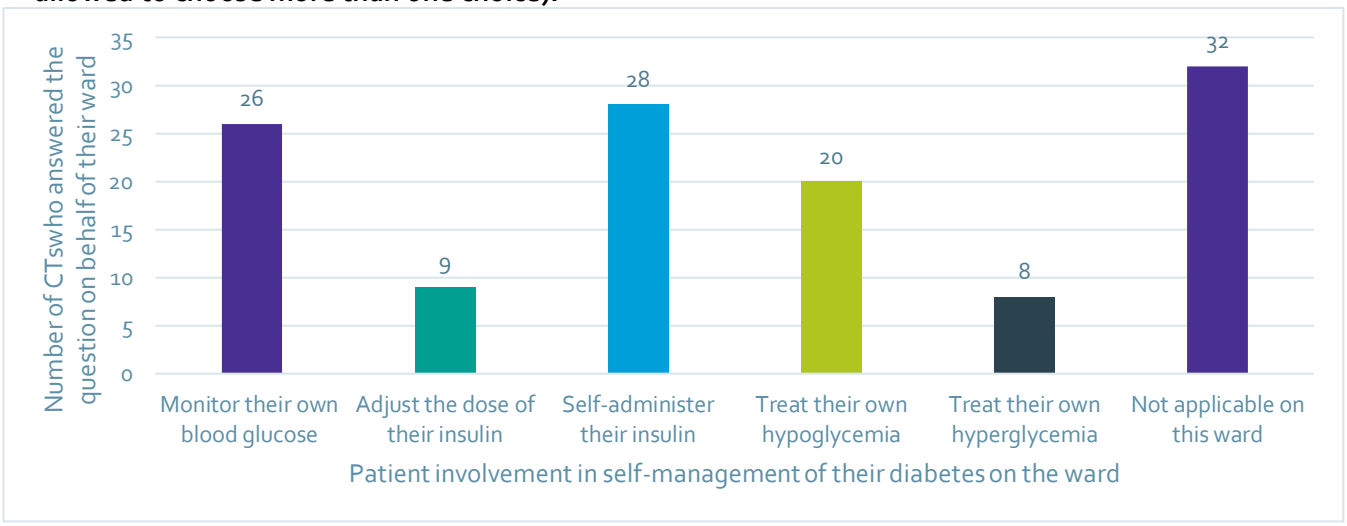
Graph 6: Number of wards that have a self-management policy for diabetes on their ward across London Mental Health NHS Trusts (n=78)



50 per cent of CTs who completed the audit on behalf of their ward stated that they do not have a checklist to determine whether the patient is capable of self-managing their diabetes.

For wards that do offer the opportunity for patients to self-manage their diabetes, they do this in various ways (see graph 7).

Graph 7: Number of wards across NHS London Mental Health Trusts (n=78) that allow their patients to self-manage their diabetes in particular ways. (Note CTs, when answering on behalf of their ward, were allowed to choose more than one choice).



Out of the 38 patients who took part in the audit, 34 per cent had always / very often been encouraged to self-manage their diabetes during admission. Those that do self-manage their diabetes stated.

"I know how to take my medication when I need it."

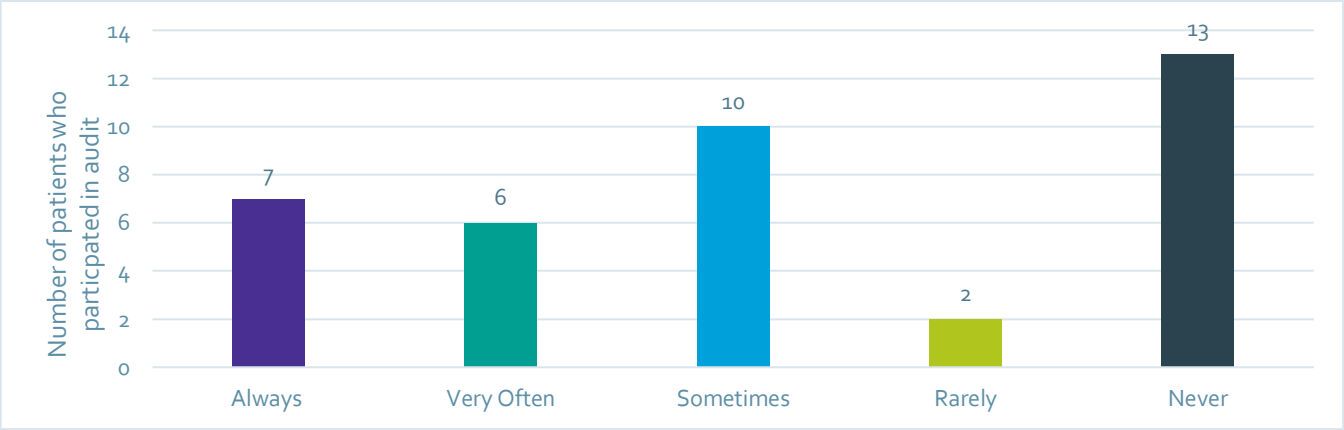
"I self-administer insulin and self-monitor blood sugar levels before meals."

"I self-manage my diabetes through my diet."

Conversely, 34 per cent of patients had never been encouraged to self-manage. This could be for various reasons, including how unwell a patient is during admission. See graph 8 for more information.

"My diabetes is managed for me because I am on a forensic medium secure ward". Others stated that "I haven't been encouraged to do anything."

Graph 8: How often patients who were involved in the audit (n=38) have been encouraged to self-manage their diabetes during their admission.



- **Dietary advice and choice**

65 per cent of wards work with dieticians to provide patients with diabetes with an individualised range of healthy, well-balanced, nutritious meals that are tailored to special dietary requirements. This correlates to graph 4a and 4b which highlight that four out of nine London Mental Health Trusts have some non-specialist dietician hours and one out of nine had some specialist diabetes dietician hours.

Out of those CTs that completed the audit on behalf of their wards, 49 per cent stated they offer patients with diabetes an opportunity to give weekly feedback on the nutritional value of their meals, mealtimes etc. When asking patients whether their meal times during the admission suited them, the majority stated they always or very often suited them. See graph 9 for more detail below.

"Currently the mealtime suits me. However, previously, there were some issues around timing."

"I am okay with mealtimes currently. On Mondays and Thursdays, the canteen serves cooked breakfast until 10:30am (as an alternative to breakfast on the ward). However, because of staff handover, this is often missed and so it would be good if it could be extended to 11am."

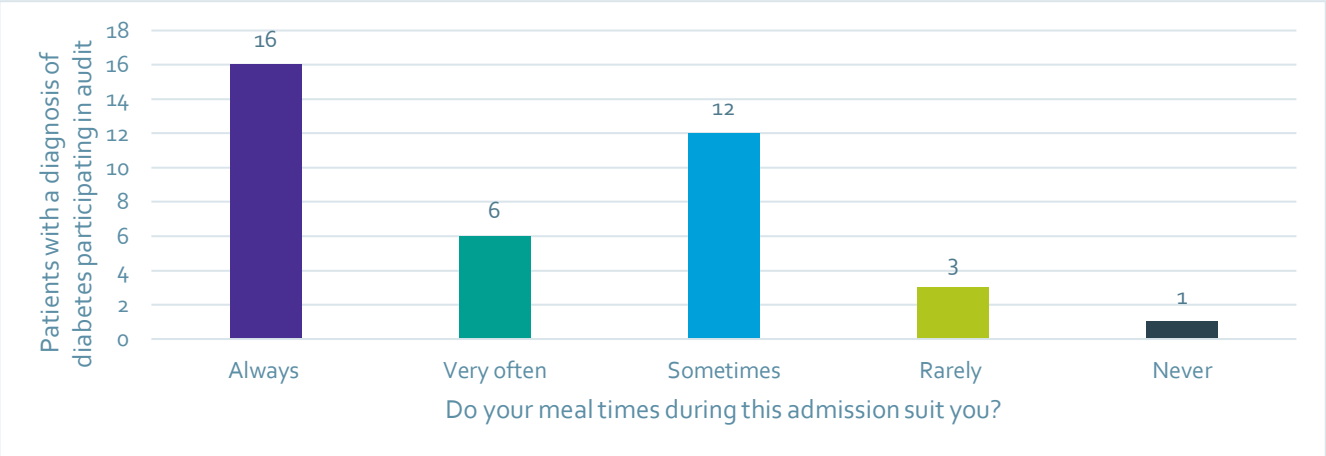
Some patients (10 per cent) stated that their mealtimes rarely or never suit them and often there is not a variety of food choices or healthy foods to support their diabetes diagnosis.

"Meals can be too early, such as breakfast and supper."

"I generally prefer not to eat supper and have dinner between 7-8pm. This is not possible on the ward as dinner is served at 5pm."

"Not enough healthy food or enough food."

Graph 9: Patients who were involved in the audit (n=38) state whether their meal times during their admission suited them



- **Care planning**

The NHS describes a diabetes care plan as an agreement between a patient and the healthcare professional(s) who oversees that patient's diabetes care to help them manage their condition. Diabetes UK (2022) state that people with long-term health conditions, such as diabetes, should be offered the chance to have a care plan put together to meet their individual needs. A care plan supports the patient to be involved in the care they are receiving and ensures they are working towards the same goals as the healthcare professionals that look after them. A diabetes care plan would usually include:

1. goals and / or targets to aim towards;
2. support services they may require;
3. medication they are taking;
4. a diet plan;
5. an exercise plan; and
6. emergency contact numbers eg, General Practitioner (GP), out of hours, next of kin etc.

A healthcare professional (GP / hospital clinician) is always responsible for a patient's diabetes care plan (NHS, 2022).

Five of the nine Trusts have access to and utilise multi-agency shared diabetes plans who are shared with primary care (GPs), community and specialist services.

Recommendations:

1. All Trusts to consider having a diabetes self-management policy which is communicated with all wards. See appendix 8 for an example of a self-management policy from SLaM.
2. All Trusts to consider having a checklist to determine whether a patient is able to self-manage their diabetes. See appendix 8 for an example of a checklist from SLaM.
3. Wards that are not currently working with a specialist or non-specialist dietician may consider seeking dietician support where appropriate going forward.
4. Wards, if not already doing so, may consider providing patients with the opportunity to give weekly feedback on their meals
5. Trusts that do not have access to care plans for patients diagnosed with diabetes may want to consider liaising with the wider system to understand if this is available for them or create a shared care platform.
6. MDT members to understand if a patient, with diabetes, has a care plan and how to access it.

Access to Inpatient Management Resources

Nationally, Trusts will have access to inpatient management resources. The audit conducted across London Mental Health Trusts wanted to understand if these were implemented in each Trust. The benefits of such systems have been included below.

- **Electronic Patient Records (EPR):** This is a method of storing medical records and notes electronically rather than on paper (Society of Radiographers, 2020). The Physical Health Leads across each London Mental Health Trust were asked whether they have access to EPR as it allows for effective access to and sharing of data and medical records among healthcare professionals and patients. This is particularly beneficial for patients with diabetes as the sharing of notes and records can assist self-management and care planning.

- **Inpatient Electronic Prescribing (EPP):** This is a paperless way to prescribe and manage medicines. Physical Health Leads were asked if their Trust had an EPP as these can reduce medicine errors and improve communication among patients, prescribers, pharmacists, and other stakeholders involved

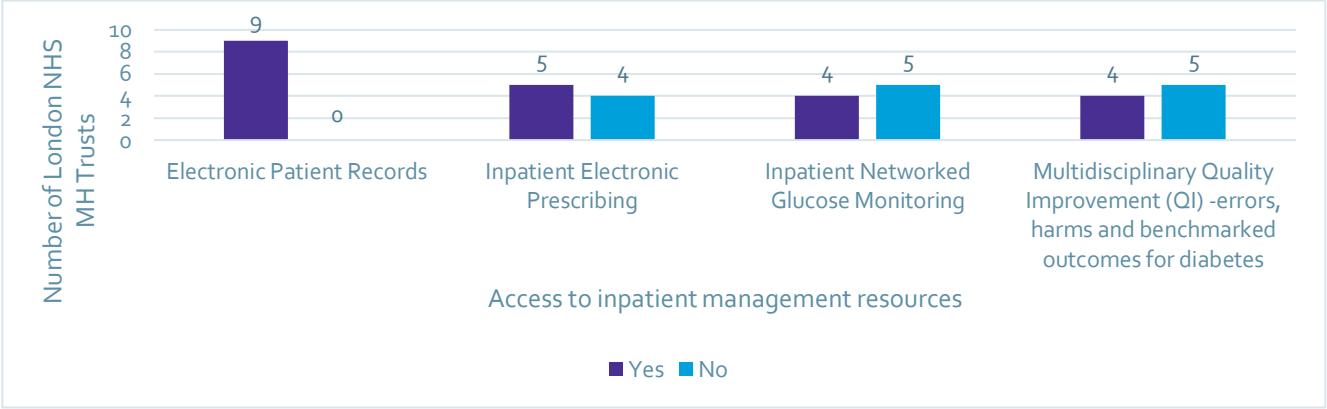
in diabetic medicines management (Ahmed et al., 2016).

- **Inpatient Network Glucose Monitoring:** Manages glucose levels. Physical Health Leads were asked whether they have this tool in their Mental Health Trust as managing glucose at ward level reduces incidents of hypoglycaemia to which patients with diabetes are exposed (Perez-Guzman et al., 2021).

- **Multidisciplinary Quality Improvement (QI) – errors, harms, and benchmarked outcomes for diabetes:** Benchmarked feedback drives quality improvement by alerting care providers to areas for improvement (Danek et al., 2018). This was included in the audit to understand whether any of the London Mental Health Trusts record and address issues that arise in diabetes care.

Results from the audit highlight that London NHS Mental Health Trusts had varying inpatient management resources (graph 10). The NHS Long Term Plan states that all providers will be expected to implement electronic prescribing systems to reduce prescription errors by up to 30 per cent in the next five years.

Graph 10: Inpatient management resources that London NHS Mental Health Trusts have access to. Note that Physical Health Leads were able to choose more than one choice.



Recommendations:

1. An effective electronic patient prescribing system for detecting, recording, and avoiding errors in insulin and oral hypoglycaemic agent (OHA) prescription could be implemented and used across Mental Health Trusts.

2. Web-linked blood glucose and ketone meters should be actively used to alert the diabetes specialists across the Mental Health Trusts and at ward level.

3. Trusts may want to accelerate the roll out of digital systems and apps to support patients living with

diabetes and to enable staff and monitoring to be as effective as possible.

Prevention of Additional Physical Health Conditions

- **Pressure Ulcers**

Diabetes can increase the incidence of bedsores / pressure ulcers. The likelihood of an individual developing a pressure sore is also increased by older age, malnutrition, poor circulation, and smoking, which are all risk factors associated with diabetes. Additionally, the longer inpatients stay, the more likely they are to develop a bed sore, especially after 15 days (Liang et al., 2016).

BMC Psychiatry states the mean length of stay in UK psychiatric wards is 36.1 days, which places a patient with diabetes at high risk of developing a sore.

Several tools have been developed for the formal assessment of risk for pressure ulcers. The three most widely used scales are the Braden Scale, the Norton Scale and Waterlow Scale (Agency for Healthcare, Research and Quality, 2012).

Only 44 per cent of CTs who participated in the audit on behalf of their ward stated they use a pressure ulcer risk scoring system. All those who do use the Waterlow score. No ward involved in the audit used the Braden or Norton scales.

- **Malnutrition**

There is a bi-directional association between mental health and diabetes. People with mental illness are more likely to be over nourished (a diet containing more nutrients than is needed), leading to obesity and the likelihood of Type 2 diabetes. There is also increased likelihood of becoming over nourished or under nourished (not getting enough nutrients in a diet) when trying to manage diabetes, which can impact on an individual's mental health. (Mind, 2021; NHS, 2021; Keskinler et al., 2021).

It is important to monitor malnutrition (over nutrition and under nutrition) to ensure an individual's mental health and physical health is supported. This can be done via the Malnutrition Universal Screening Tool (MUST), which is widely used in health and care settings. The MUST tool adds a patient's Body Mass Index (BMI), weight loss score and acute disease effect score together to calculate the overall risk of malnutrition. This allows for actions to be taken if a patient is malnourished, such as:

- Treating underlying conditions and providing help and advice on food choices, eating and drinking;
- Referring them to a dietician or nutritional support team at Trust;

- Recording their malnutrition risk category;
- Recording need for special diets;
- Recording presence of obesity;
- Reviewing and monitor their care plan.

Whether an individual's risk is medium (observe) or high (treat), MUST scores should be reviewed weekly in hospital settings (Bapen.org;2021).

Of the CTs who took part in the audit on their psychiatric ward,

- 50 per cent used MUST for all hospital admissions.
- Four per cent stated that they use an alternative to the MUST. For example, they weigh inpatients weekly and check the trend against past figures, and for CYP, the Nutritional Child and Adolescent Mental Health Services Nutrition Screen is used instead.
- For those wards that did use MUST, less than half (48 per cent) reviewed them weekly.
- The majority of wards only reviewed MUST scores during admission.

Recommendations:

1. Trusts may want to consider introducing a risk scoring system for all hospital admissions. If Trusts do have a risk scoring system, communication on this system to wards is highly recommended.
2. Each ward should ensure they have access to a diabetes specialist, MDFTs and Tissue Viability Nurse to mitigate the risk of pressure ulcers developing for a patient with diabetes.
3. Trusts should consider using MUST scoring and reviewing this weekly.

Section 5

Improving Diabetes Care

After the audits were completed by all London NHS Mental Health Trusts (October – November 2021), the HIN sent datasets to the Physical Health Leads at each Trust. The data set only showed the results of the audit for their own Trust. Each Trust is in the process of making informed decisions to improve diabetes care in their Trust from the audit results.

Since the audit the Trusts have actively been addressing the issues raised, these include:

- Sharing self-management policies between those Trusts that do have a policy in place with those

that do not.

- Initiating a weekly physical health forum focusing on improvements eg, management of hypoglycaemia.
- Presenting audit findings at Physical Health Trust-wide meetings.

Staff Education & Professional Development:

- Securing funding to introduce diabetes training for staff and / or patients via Trust training departments.
- Agreeing licenses in south London to roll out the Cambridge Diabetes Education Programme across various Trusts for staff.
- Agreeing funding for Health Care Assistants to have a bespoke training package around dietary needs for those service users with diabetes.
- Introducing diabetes into CPD portfolios.
- Using inhouse expertise to promote a whole staff approach to informing patients so they are better equipped to undertake self-management if able to do so.

Recruitment:

- Recruitment of staff eg, Physicians Associates who will undertake Quality Improvement (QI) projects based on various outcomes from the audit.

It should be noted that the HIN was notified of these steps between November 2021 – March 2022, so Trusts may be implementing additional actions.

Section 6

Conclusion and Call to Action:

As discussed in this report, diabetes care is not currently audited in Mental Health Trusts to assess their local practice, identify and share best practise and recognise improvements to be made to diabetes care for their patients. The London Physical Health Leads Network wanted to address this, due to the prevalence of diabetes amongst those living with a SMI.

By creating an audit template to assess diabetes care in mental health settings and successfully testing it across nine London NHS Mental Health Trusts, we have highlighted how other Mental Health Trusts nationally could also audit their diabetes care to benchmark how well they currently providing it and identify areas for improvement. The actions already taken by Mental Health Trusts following the audit provide evidence of how it has been successful in improving care for patients with diabetes and in ensuring staff are aware of diabetes policies and can enhance their knowledge through education and training. Although improvements and sharing of best practice may have occurred without the audit, it has helped speed up the process and improved understanding of performance across Trusts.

Call to action:

After positive feedback from the audit, the London Physical Health Leads Network encourages other Mental Health Trusts to use the audit template (see appendix 4) and assess their diabetes care. Changes can be made to tailor the template to individual Trusts.

You can keep up to date with next steps on the HIN's project webpage.

Section 7

Acknowledgements:

Cavendish Square Group

London Diabetes Clinical Network

South London and Maudsley NHS Foundation Trust

HIN Clinical Directors

King's College Hospital

Section 8

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Section 9

Appendix:

Appendix 1: The Physical Health Leads Network Structure

UCLP:

UCLPartners are an Academic Health Science Network (AHSN) that deliver projects across parts of North London, Hertfordshire, Bedfordshire, and Essex and drive the adoption and spread of innovative ideas and technologies across a diverse population of more than six million people. They do this by working with partners across the system to test and implement solutions. Find out more about UCLPartners.

HIN: One of 15 AHSNs across the United Kingdom and covers 12 south London boroughs. They are uniquely established to connect NHS and academic organisations, local authorities, the third sector and industry, to increase the spread and adoption of innovation across large populations at scale and pace. Find out more about the HIN.

KHP Mind and Body Programme: The Mind and Body Programme at KHP are committed to joining up mental and physical healthcare, training, and research to improve health outcomes for patients and service users. They do this by improving the understanding of population mind and body needs, the diagnosis of mind and body needs via universal assessment, robust evaluations, upskilling workforce through learning and development opportunities, enhancing existing service infrastructure and championing system

leadership and awareness. Find out more about the KHP Mind and Body Programme.

Appendix 2: NaDIA Commissioning & Resources

NaDIA was commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and was delivered by NHS Digital and Diabetes UK.

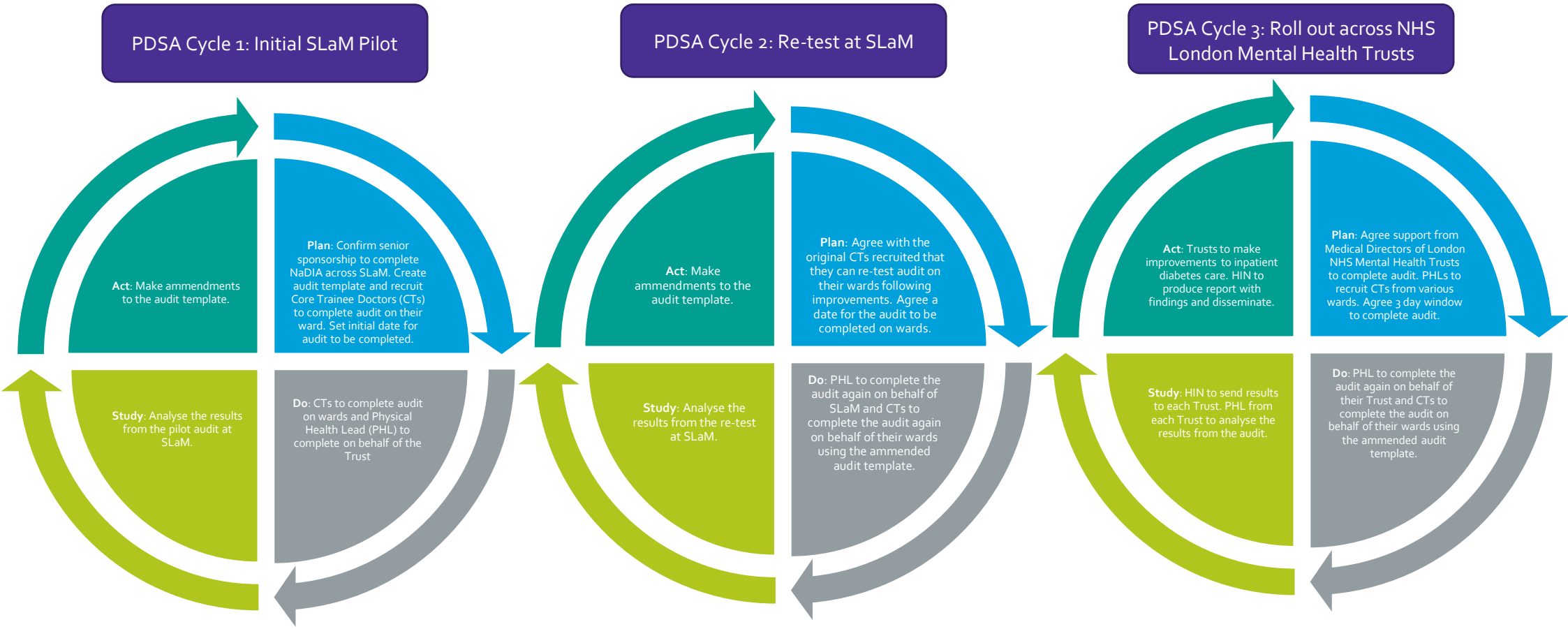
Find the results and resources from previous audits that were completed in national acute NHS Trusts.

Appendix 3: PDSA Cycles

PDSA cycles are split into four sections (Plan, Do, Study and Act) and are used in the following way.

1. Plan: Consider what is changing and why you are changing it. Lay out current process and how you will know there has been improvement. Establish outcome and process metrics.
2. Do: Initiate the change eg, implementing a pilot
3. Study: Review metrics and progress towards the end goal. Determine if changes need to be made further to produce your result.
4. Act: Implement change(s) or modifications to your implementation plan and identify next step of improvement. Continue the cycle.

For this project, the PDSA cycle were repeated three times. See below.


PDSA Cycle 1: Initial SLaM Pilot
Act: Make ammendments to the audit template.
Plan: Confirm senior sponsorship to complete NaDIA across SLaM. Create audit template and recruit Core Trainee Doctors (CTs) to complete audit on their ward. Set initial date for audit to be completed.
Study: Analyse the results from the pilot audit at SLaM.
Do: CTs to complete audit on wards and Physical Health Lead (PHL) to complete on behalf of the Trust
PDSA Cycle 2: Re-test at SLaM
Act: Make ammendments to the audit template.
Plan: Agree with the original CTs recruited that they can re-test audit on their wards following improvements. Agree a date for the audit to be completed on wards.
Study: Analyse the results from the re-test at SLaM.
Do: PHL to complete the audit again on behalf of SLaM and CTs to complete the audit again on behalf of their wards using the ammended audit template.
PDSA Cycle 3: Roll out across NHS London Mental Health Trusts
Act: Trusts to make improvements to inpatient diabetes care. HIN to produce report with findings and disseminate.
Plan: Agree support from Medical Directors of London NHS Mental Health Trusts to complete audit. PHLs to recruit CTs from various wards. Agree 3 day window to complete audit.
Study: HIN to send results to each Trust. PHL from each Trust to analyse the results from the audit.
Do: PHL to complete the audit again on behalf of their Trust and CTs to complete the audit on behalf of their wards using the ammended audit template.

Appendix 4: The Audit Template

View the final audit template that was used by all London NHS Mental Health Trusts. The audit was created via Microsoft Forms as Survey Monkey is not currently GDPR compliant. Qualtrics is a recommended survey tool if Trusts would like to duplicate the audit template. The audit is generalised to capture all findings across the nine London NHS Mental Health Trusts. Therefore, it is suggested that Trusts tailor the audit to their own Trust if necessary.

Appendix 5: Guidance for Physical Health Leads and CTs who want to implement the audit in their own NHS Mental Health Trust

Guidance for the Mental Health Trusts to complete their own audit.

Appendix 6: Process Maps for Physical Health Leads and CTs who want to implement the audit in their own NHS Mental Health Trust

Process map for Physical Health Lead

Process map for CT

Appendix 7: Certificate of Completion awarded to CTs

This is to certify that

has completed an audit on behalf of their ward at a London NHS Mental Health Trust during October – November 2021.

The audit was completed to assess the current diabetes care at Trust and ward level and to identify improvements.

London Physical Health Leads Network presents this certificate of completion.

Dr Ed Beveridge
Consultant Psychiatrist, C & I
Clinical Lead for Mental Health, UCLP

Dr Kate Corlett
Medical Director Community Services
ELFT

Co-chairs, Pan-London Physical Health Leads' Network

Appendix 8: Example of a Self-Management Policy and checklist to determine whether a patient can self-manage their diabetes from SLaM

View SLaM's self-management policy and checklist for diabetes. Please note this document is owned by SLaM.

Appendix 9: Diabetes UK Conference 2022 Submission: Poster Presentation

View the poster which was presented at the Diabetes UK Conference 2022.

Appendix 10: Dissemination of findings

Following analysis of results and feedback from the Trusts involved, the HIN has disseminated the findings of the audit to the following networks and will continue to reach additional networks in the future:

- Cavendish Square Group – consists of Medical Directors across the London Mental Health Trusts
- National Inpatient Diabetes Network – consists of diabetes specialists across the UK eg, clinicians, NHSE/I leads, commissioners
- London Inpatient Diabetes Network - consists of diabetes specialists across London
- London Physical Health Leads Network – Network overview on page 6

  Diabetes UK Conference 2022 – See academic poster in appendix 9. It should be noted that the initial SLaM pilot results were presented as London wide audit was yet to be completed during submission of abstract.

As well as presenting results via established networks, the HIN have also met with individual Trusts nationally who are interested in running a similar audit outside of the London region.

Section 10

Glossary of Terms:

Word:	Meaning:
Type 2 Diabetes	A common condition that causes the level of sugar (glucose) in the blood to become too high. It is usually brought on in later life from lifestyle choices eg, diet, exercise, smoking etc. (Young Minds, 2022)
MDT	Click here to find meaning in text.
CT	Click here to find meaning in text.
ICSs	Integrated Care Systems (ICSs) are new partnerships between organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduce inequalities between different groups (NHS,2022).

Section 11

Abbreviation Glossary:

Term:	Abbreviation:
Barnet Enfield and Haringey Mental Health Trust	BEH
Camden and Islington NHS Foundation Trust	CANDI
Central and North West London Services	CNWL
Children and Adolescent Mental Health Services	CAMHS
Children and Young People	CYP
Core Trainee Doctor	CT
Data Protection Impact Assessment	DPIA
East London NHS Foundation Trust	ELFT
Eating Disorders	ED
General Data Protection Regulation	GDPR
General Practitioner	GP
Health Innovation Network	HIN
Healthcare Assistant	HCA
Integrated Care System	ICS
King's College Hospital	KCH
King's Health Partners	KHP
Learning Disability	LD
Medical Director	MD
National Health Service	NHS
National Health Service England and National Health Service Improvement	NHSE/I
North East London NHS Foundation Trust	NELFT
Occupational Therapist	OT
Oxleas NHS Foundation Trust	Oxleas
Physical Health Lead(s)	PHL(s)
Plan, Do, Study, Act Cycle	PDSA Cycle
Psychiatric Intensive Care Unit	PICU
Quality Improvement	QI
Serious Mental Illness	SMI
South London and Maudsley NHS Foundation Trust	SLaM
South West London and St George's NHS Mental Health Trust	SWLSTGs
UCLPartners	UCLP
United Kingdom	UK
West London NHS Foundation Trust	West London