



Enhanced Primary Care

Service User Consultation

September 2015



September 2015

Lois Sidney

Contents:

Introduction	Page 1
Consultation	Page 2-11
Conclusion	Page 12

Introduction:

The Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) are looking to improve patient experience with regards to managing their mental health with their GP surgery.

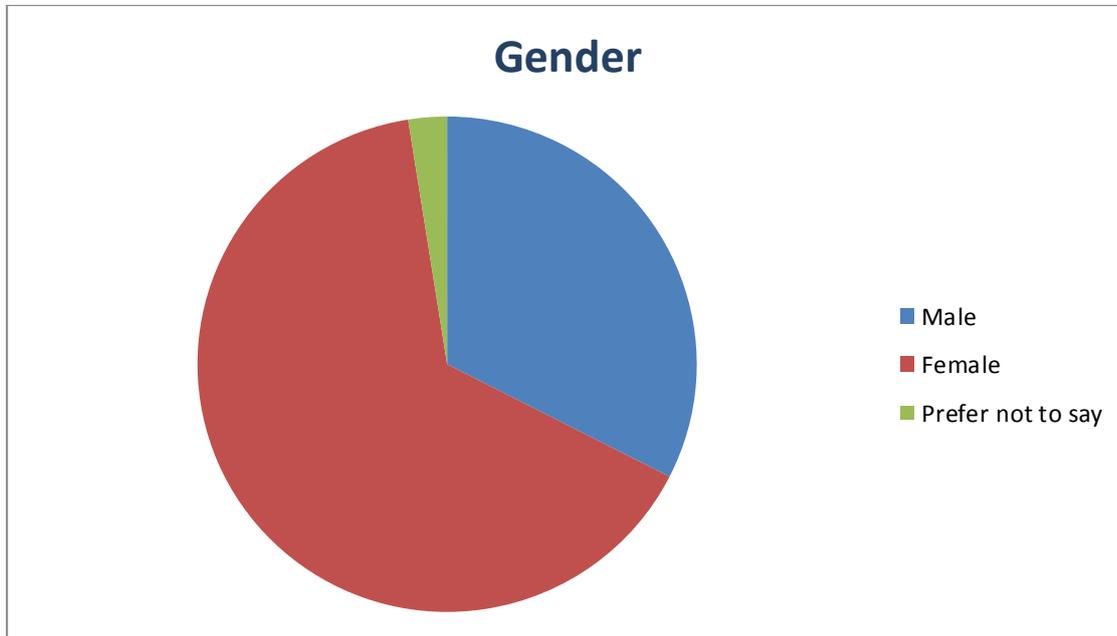
To assist them in obtaining current patient opinion, the CCG have commissioned the SUN Network to compile a report on patient experiences with their GP surgery in the field of mental health.

The SUN network has had a response from 40 people for this consultation.

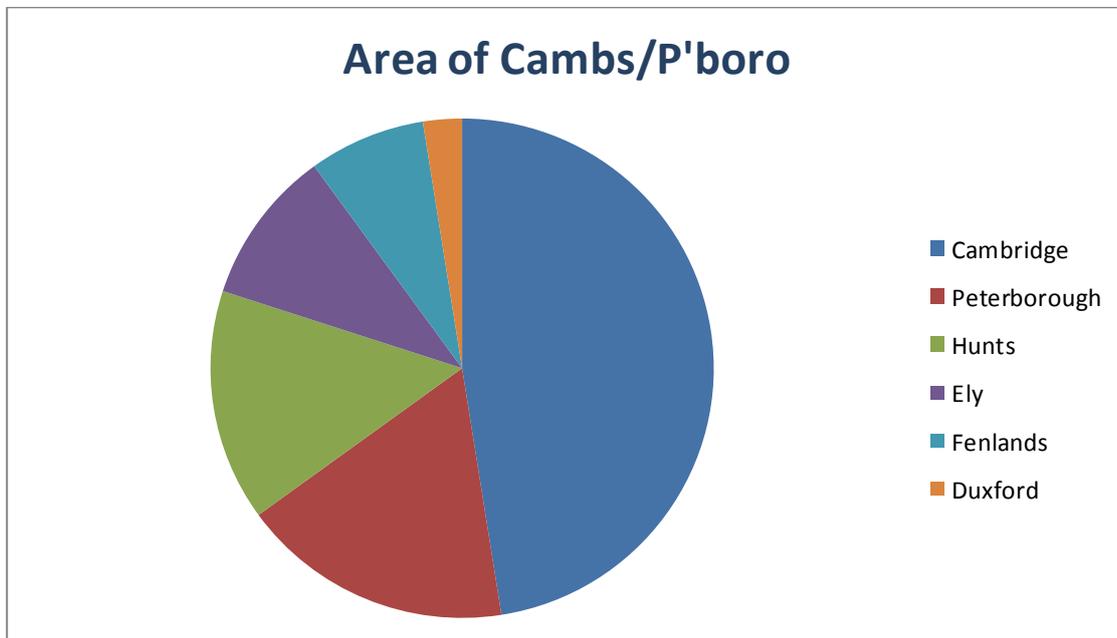
Consultation:

Demographics:

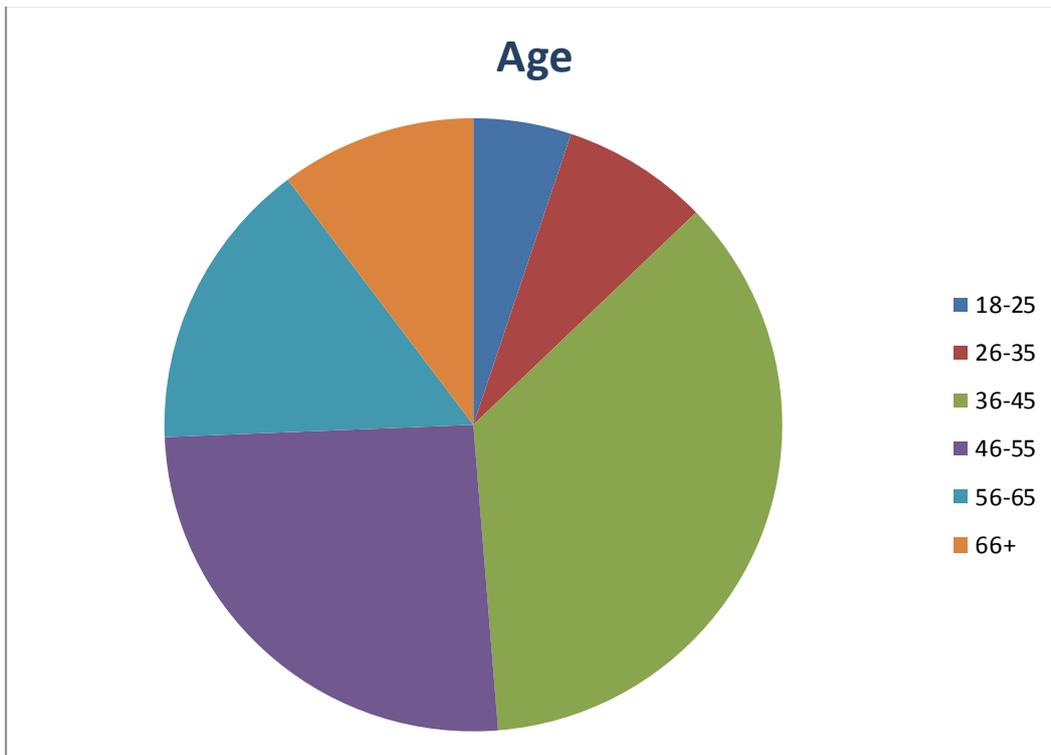
There were 40 respondents to the consultation:



13 male, 26 female, 1 preferred not to say.



Of those 40, 19 resided in the Cambridge area, 7 in Peterborough, 6 in Huntingdonshire, 4 in Ely, 3 in the Fenland area and 1 from Duxford.



3 of the respondents were aged between 18-25, 3 between 26-35, 14 between 36-45, 10 between 46-55, 6 between 56-65 and 4 were aged 66 or over.

37 of the 40 respondents had been to their GP surgery to discuss their mental health. These 37 respondents that had visited their GP for their mental health were asked how they would describe the experience and they offered the following descriptions:

- Positive
- Helpful
- Efficient but limited
- Unhelpful
- Clued up
- Sensitive
- Ignorant
- Upsetting
- Didn't feel heard
- Distressing
- No continuity
- Frustrating
- Disappointing
- GP has no concept of mental health
- Varied

- Kind but not very well informed or useful
- Worrying
- Meaningful

The most common responses were: Positive, unhelpful and frustrating. To elaborate on these more, the main themes in response to this question were:

- GPs too eager to prescribe medication.
- GP's lack of knowledge rendered them unhelpful.
- The caring attitude of the GP was helpful and positive.
- The time constraint of the appointment was problematic.
- The high GP turnover meant not being known well enough by the GP.

Of the 40 respondents, 17 felt that their GP or the staff at the surgery knew enough about mental health, 16 felt the GP or the surgery staff did not know enough about mental health and 5 respondents weren't sure. 2 respondents declined to answer.

The 16 respondents that felt the GP surgery staff did not know enough were invited to elaborate on what they felt the GP needed to know.

The responses were as follows

- There is more out there than just tablets.
- Don't feel they understand.
- Listen to me.
- Some GPs need educating in recovery language and not be dismissive.
- There is no holistic care – links between physical and mental health.
- Gain a better understanding of mental health.
- Better knowledge.
- Nothing, it requires specialist input.

✘ Of the 40 respondents, 19 had concerns about being discharged from secondary services back into GP care. 11 respondents had no concerns and 9 didn't know or were not sure.

The main areas of concern were:

- No signposting to other support services.
- Specific expertise required.
- Lack of trust in the GP surgery.
- No continuity of GP seen.
- Feeling 'dropped' from services and left to cope alone.
- Method of appointment making at the GP surgery puts people off.
- Feeling 'palmed off'.
- Seeing a GP is no substitute for accessing the appropriate care and expertise no matter how nice or helpful the GP tries to be.

✘ 18 people stated that they had a care plan and of that 18, 8 people stated that their GP was not involved in the care plan, 6 said their GP was involved and 4 were not sure. Of the 18 people, only 3 would not want their GP involved in their care plan.

The respondents identified the following ways in which their GP could be involved in a way that is meaningful to them:

- Listening to me, and empathising.
- Make appropriate referrals, not just rely on medication.
- Consider the appropriate medication and not just the cheapest.
- Have a CPN in the GP surgery.
- Regular check ups.
- Make the link between physical and mental health and look at me holistically.
- Provide a crisis plan.
- Having a better knowledge of the person and what their mental health history is.

 **24 respondents stated that their GP is involved in discussing/changing or monitoring their mental health medication, with the following preferences for involvement:**

- A back up for when I can't contact CPFT.
- Regular monitoring and reviewing.
- To not be the only person reviewing my medication.

 **15 respondents felt confident in the GP surgery with regards to their mental health, 12 had no confidence in the surgery and 13 were not sure or didn't know.**

Of those that had no confidence, the following suggestions to improve confidence were offered:

- An understanding of how difficult it is for a patient calling for urgent help and the importance of ringing back the same day, as tomorrow may be too late.
- Mental health training for **ALL** surgery staff to improve their understanding.
- Being made aware of the wide range of (often voluntary) services that are available, such as Lifecraft, art therapies (e.g. Arts on Subscription), Lifeline, etc.
- An interest in trying non-medication approaches, such as further counselling / therapy.
- Taking note of any time someone cancels an appointment and enquiring whether I'm OK (eg: suicidal thoughts).
- Continuity of GP.

✘ Respondents were invited to share their experiences of continuity of care once discharged from CPFT's NHS mental health services and offered the following responses. Over 75% felt that there was no care available after discharge:

- GP unable to assist so left with no care.
- Discharge into group recovery which was good and then left with no information as to who could help from there.
- What care?
- Discharged too early and was re-referred by GP – long waits, no care in the interim.

✘ Respondents were asked for their views on stepping up to secondary care and/or down to primary care. Was this a seamless service? Is it easy stepping both ways? Did it happen at your pace? With your involvement? This produced the following responses:

- Will be in transition to GP in August, am nervous and unsure how it will go.
- It is not a joined up service. You could die before help is given.
- To get an appointment when I was suicidal took 8 months, even though I regularly saw my GP. This is just not good enough. Some lack of experience with obviously 'new' counsellors and psychologists. Often no continuity when I saw various professionals - see someone for a few weeks, they move on and have to start again with a new person. They change your medication (as they think another would be better) and then a month later another new professional does the same.....
- No it is not a seamless service, communication is a problem and nothing gets done. My GP is exemplary but he is a GP he does not provide mental health services nor should he.
- My GP has made referrals for me. Getting referred to HPFT (my surgery is in Ashwell, which is Herts, which ended up with me being seen in Hitchin) was hours of appointments (supported by a friend, a former advocate). Getting referred to secondary mental health (Union House) in Cambridge in 2010 and into 2011 took

just a long time (years), but seeing the therapist made a large difference.

- Frightening and complicated.
- Often have a long wait to see a psychiatrist or be assessed even in a crisis, hard to get GP appointment anyway to access more care. Nothing happened at my pace; I felt I had no say in anything. It's completely up to docs, psyches teams etc when they see you and when they dump you at the end.
- Rubbish
- It was difficult for me as I work for CPFT. The first time the Huntingdon appointment with the psychiatrist was not very good at all, no support no recommendations just told to look into counselling myself! This was 8 years ago though. The second time was better for medication change support. Currently I am relying on my GP for a medication change as I feel I do not want to be a patient in any CPFT service. The GP is great and they are funding 6 sessions of talking therapy at the surgery.
- Stepping up is fine - kept in touch despite long wait - stepping back down - no acknowledgement from GP - could quite easily slip through net as far as system concerned.
- Stepping down was okay, though I felt I'd been 'cut-off' quite abruptly. A follow up meeting would have been nice as this was discussed in the last group I attended.
- Took a long time to go in to secondary care at the time, again things may have changed. Not much shared decision making when going back to GP care.
- Seemed a completely different entity. No connection whatever, no interest shown.
- Just happened as CPFT failed to engage and other services were cancelled...
- It was difficult when I needed the crisis team again and I couldn't be seen with them without seeing my GP and my GP surgery was shut so I was told to go to A & E instead, and if I could of just spoken to them I think I may have not needed to go to A & E.
- Referral from GP to IAPT therapy was via a straight forward form and seemed to go seamlessly but took around 7 months to get my first therapy session from date of referral. After an initial telephone consultation, a letter was written to my GP with IAPT's

view of my condition and need for/type of treatment. However, when I was discharged back to my GP, my GP said that the IAPT service had not written her a letter or any post-therapy report about how I got on there. There was no appointment set with the GP following my discharge - it was up to me to make that appointment.

- Was discharged from CPFT quite abruptly as I had had the maximum 12 sessions. The GP is no substitute for mental health care and shouldn't have to pick up the pieces for a lack of mental health provision. My GP checks on me every 6-8 weeks but that is all I could expect them to do. My mental health remains static, with very little improvement and every day living very difficult. I am stuck with no other options for treatment that could improve my quality of life. Because I work the GP and CPFT judge that I must be ok when I am barely functioning. Stepping down to GP care is no different from being discharged with no ongoing support which is essentially what is happening anyway.
- Appalling! Why patients are constantly referred back to the GP to be referred to a different service in CPFT. This adds to the GP workload and should be carried out within the CPFT
- Stopping seeing a Counsellor was a shock. There was no follow up and was disorientating.
- As long as the genuine support is there, I don't mind who does the care.
- Reassured if I needed further help I would get it.

✘ Finally, we invited any other comments:

- It is essential to have a good supportive GP.
- On the whole, it's been ok. It's just a few who make me wonder why they are in a 'caring' profession.
- Last 2 GPs were helpful and I was able to speak to them, appointment times were not long enough to obtain a holistic approach.
- Our GP in particular and the practice in general are as informed and competent as I would expect from Primary care. They are helpful and supportive but not a specialist service and nor should they be. We look forward to autism adapted services in our region via CCG.
- Think they do try, just not hard enough.
- GP's should allocate more than 10 minutes.
- My GP is totally au fait with my mental health. Empathises when needed but also tells the truth with some hard hitting facts - especially when I am feeling suicidal. I am grateful for that, or I might not have been here.
- My GP is incredibly good. Perceptive, on the ball. Just amazing. He is not a specialist in mental health. To expect him to 'take care of me' is just ridiculous. Wrong wrong wrong.
- Not really: Just that the senior partner at Ashwell Surgery told me that GPs are 'interested in' either physical or mental health - (with one or two other suggestions) he recommended the doctor whom I see, who was joining the practice, because he had done placements in mental health. I have said this countless times: People do not realize that their GP may not be a doctor who has an interest in mental health. This is crucial to know, but people are unaware of it.
- They are not equipped and too busy doing their own job!!!!
- MHT is Rubbish, GPs brilliant.
- They need more training and empathy with mental health in general. Need to know more about helpful organisations in the local area.

- More training needed to recognise signs of post natal depression - I could not believe that even my health visitor did not check my mental health as part of course.
- Needs to be a smoother transition and timely. Also needs to be more support when coming out of secondary care. Can be frightening experience.
- Badly let down.
- I believe I have added most of the comments earlier, however I would like to point out in relation to Mental and general health of men specifically, we appear to be generally ignored. My surgery that has a higher male to female ratio, doesn't display literature within the surgery specifically aimed at men's health, Prostate, testicular cancer etc, but there is always posters etc aimed specifically at women's health. When asked why, I was informed that the Health Authority dictates what is displayed. It feels that notion that men do not pay attention to their wellbeing is being played to on quite a large scale.
- This survey is probably more geared up to more serious incidents of Mental Health. I also work in this area and would be interested in hearing more about the survey outcomes.
- It would be good if my GP, OH and Private Psychologist could all communicate together more easily like it would be if everyone I saw was under the NHS.
- They were brilliant with me.

Conclusion:

This consultation received a good response, suggesting that it was a subject that people felt strongly about and wanted to have their opinions and experiences heard.

The common themes drawn from this consultation are as follows:

- ✘ GP's don't have enough time to allocate specifically to Mental Health and the getting to know patients history.
- ✘ A more holistic approach is desired.
- ✘ The transition from primary to secondary services and secondary to primary is not a seamless service and has been described as frightening with people feeling 'dropped' and unsure of where they can receive help, or fearing falling between the gaps in service and being forgotten.
- ✘ GP's are not well enough informed on Mental Health services available.
- ✘ Waiting times are problematic.
- ✘ Support in events of a crisis is not adequate.
- ✘ GPs prescribe medication for mental health far too readily.
- ✘ The majority of people would be happy to have their GP involved in their care with input from someone qualified within the mental health field.
- ✘ A CPN in the surgery would be advantageous.