



# Primary Care Mental Health Service (PCMH)

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Service User Experience Evaluation

Q1 – 2 April - Sept 2019



Cambridgeshire  
County Council



Cambridgeshire and Peterborough  
Clinical Commissioning Group

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## **Introduction**

The Primary Care Mental Health Service (PCMH, formally known as PRISM) has been commissioned to fill in the gaps between primary and secondary care within mental health. It also aims to provide a softer transition between secondary care back to the GP. It has been put into effect to relieve the pressure on GP surgeries and secondary mental health care by providing prompt advice and support as well as receiving help in a community setting within the surgery. The service aim is to refer people to services based on need rather than diagnosis. PCMH teams are available to make assessments or provide face to face support as well as over the phone. The PCMH currently receives up to 1400 referrals per month.

The SUN Network are providing an experience evaluation for the service. The content for the evaluation was established through Co-Design with the PCMH team. The aim is to give the PCMH team and Commissioners feedback on what is working well and identify themes and areas of improvement according to those that have accessed it and for the PCMH team to act on that feedback and inform The SUN Network of action taken, so that The SUN Network may in turn inform service users of the changes or conversations instigated by their feedback.

## **Methodology**

To gain feedback of the service from those who accessed it, a SUN Network representative contacted the participants either via telephone, email, or post. They explained who they were and that the PCMH service had passed on their details to gain some feedback. Participants were informed that the information they gave would be collated along with others into a report and that their individual feedback would remain anonymous.

## **Service User experience evaluation**

For the period of April – May 2019 evaluation, a total of 321 individuals agreed to have their details passed on to the SUN Network by the PCMH service to be contacted by post. Participants were sent a covering letter, a questionnaire and a self-addressed envelope to return the completed survey. We received 18 completed surveys from those contacted by post. Between June and September, we received 6 requests for individuals to be contacted by email after calling them, to which we had no responses and we gained 472 consents for individuals to be contacted by phone. We received full feedback from 61 of those individuals making a total of 79. Whilst the majority of the 79 participants were able to access a PCMH Nurse Practitioner for their mental health, drug and alcohol needs or both, some of the participants had either been declined access or were still on the waiting list for the service at the time we contacted them.

Thus, there were 79 people in total who gave feedback in quarters 1-2 compared to 46 in quarter 3 2018.

There will be comparison drawn between Quarters 1 and 2 2019 and the last PCMH report authored by The SUN Network for Quarter 3 2018.

# Demographics

Table 1

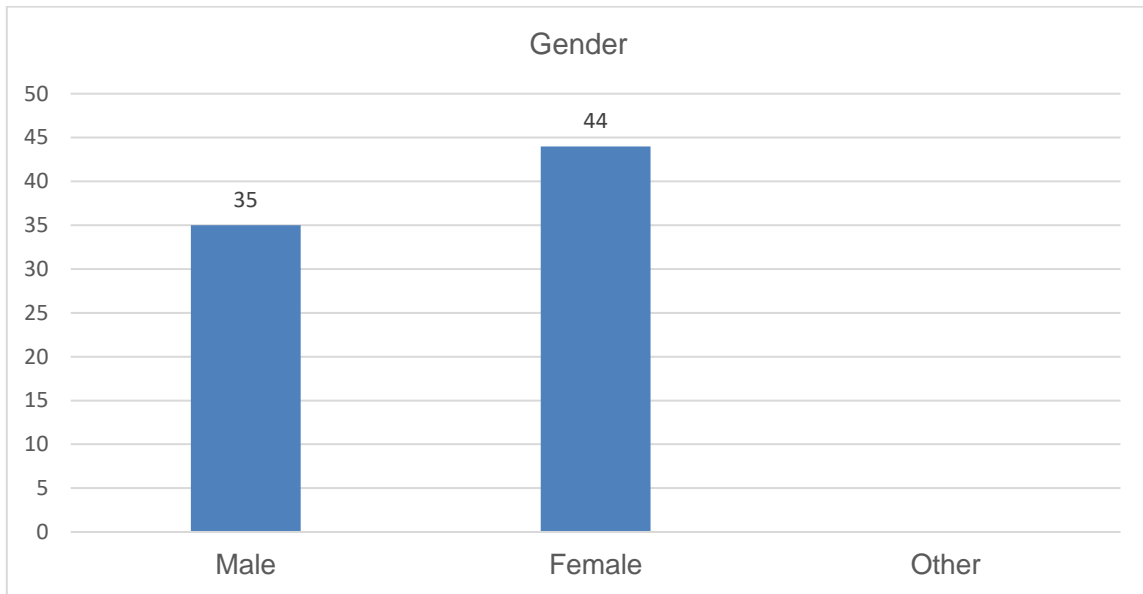
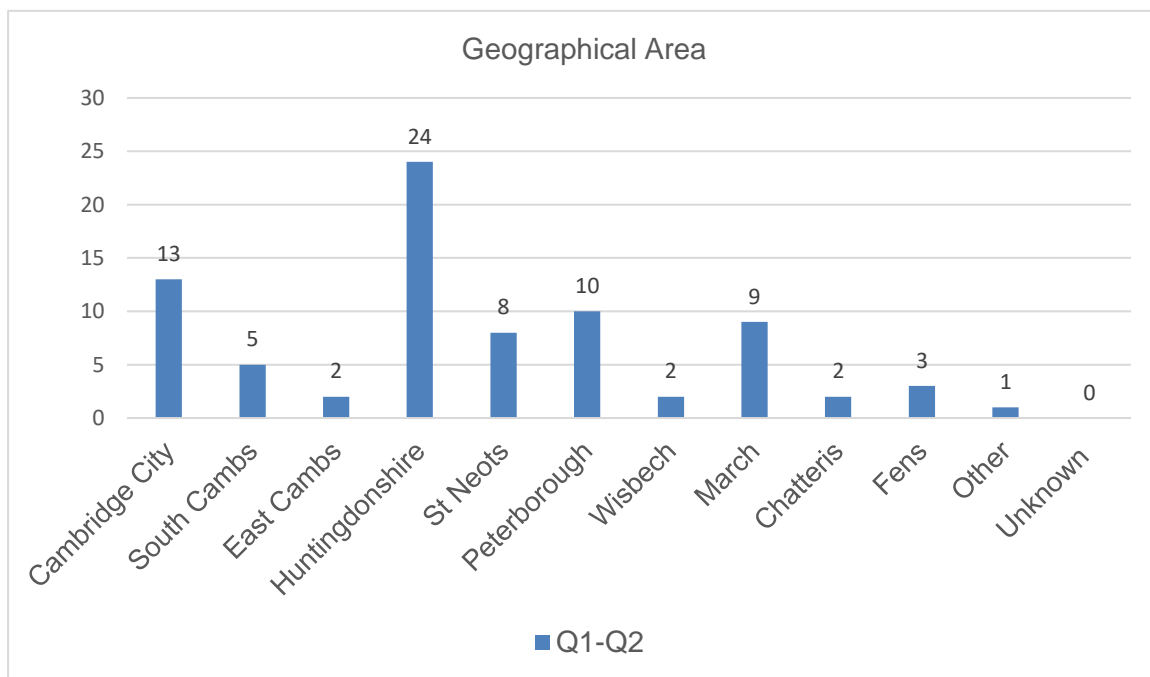
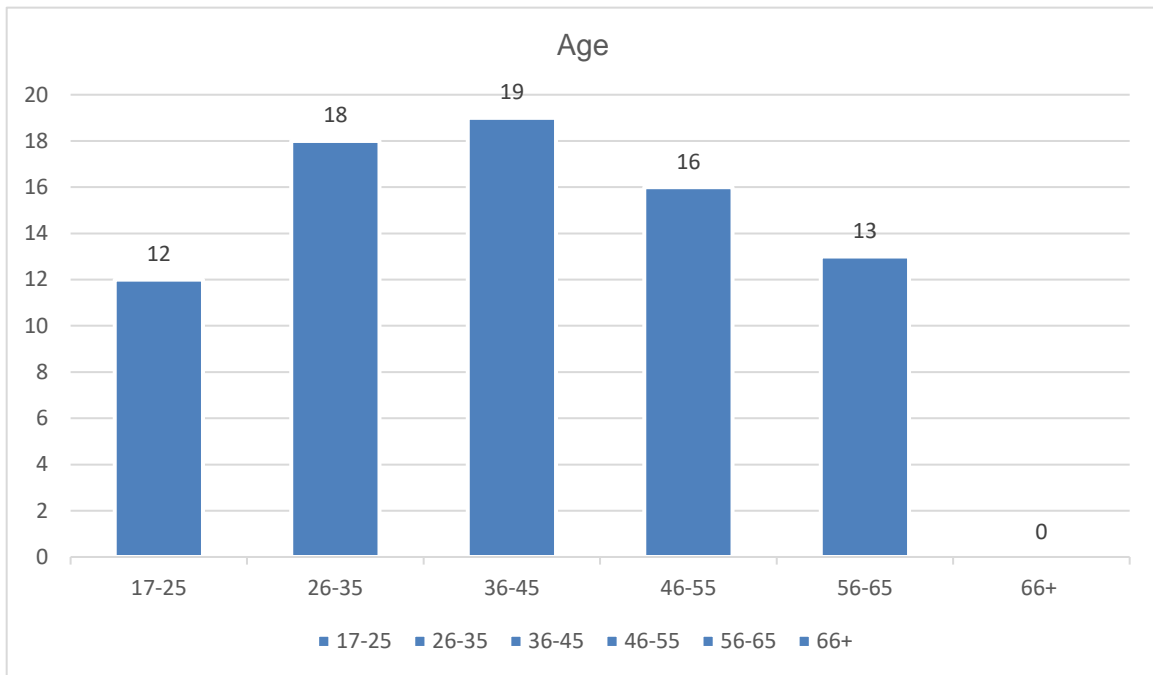


Table 2



**Table 3**



The age of one participant is unknown.

## Evaluation Results

### Standard of Service

- Understanding of service
- Did they feel listened to?
- Did they feel their needs were met?
- Did they consider that there was shared decision making?
- Did accessing the service have any benefits?

### Moving Forward

- Information about mental health and, or drug and alcohol services
- Information about community services, activities or groups not relating to mental health or drug and alcohol services
- The referral processes
- Locality of service
- What improvements could be made to the PCMH service
- Conclusion
- Themes
- Appendix – PCMH Service User evaluation questionnaire

## Expectations

Individuals were asked if they had any expectations of their appointment prior to attending. Individuals' expectations ranged from simply wanting help with their mental health to quite specific outcomes; to include expecting to have medication reviewed, or referrals onto other professionals and Psychiatrists.

85% of the participants had an expectation of what they would like or hope to achieve from their appointment with the PCMH practitioner they saw.

Key themes:

- Expecting or hoping for a mental health assessment
- Hoping that the practitioner can help with medication reviews
- Wanting more information on their mental health diagnosis and how to manage it
- New to the field of mental health and did not know what support was available
- Expecting to receive immediate support or help from PCMH, mostly counselling, CBT or coping mechanisms.

Qualitative data:

- 'I wanted answers to why I was experiencing issues at that time in my life'
- 'Thought they would get me on the straight and narrow by just getting me some help'
- 'I was hoping to receive some counselling'
- 'I was hoping to get put back on my previous medication'
- 'I was not sure what to expect due to being in and out of the mental health system, I was hoping for someone to talk to as a problem shared is a problem halved'
- 'GP told me I would be able to get specialist help and I was hoping for help dealing with my current situation'
- 'I wanted to get a mental health assessment to get answers and a diagnosis to help lead to getting a treatment plan'
- 'I wanted help with my medication as I felt the tablets I was on at the time weren't helping'
- 'I recently moved areas from Lincoln to Cambridgeshire so had a letter from my original psychiatrist referring me to a psychiatrist in Cambridgeshire and was expecting to see one to help with my medication which was under review.'
- 'I wanted more understanding of my own mental health and coping mechanisms'
- 'I didn't have any expectations, I was lost and just wanted help'
- 'I was hoping to get more options or support than I got'
- 'I need to get back in to see my psychiatrist or have a medication review as I have not had a review or seen anyone for over 4 years'
- 'I wanted to know why I was feeling numb, low and unhappy'
- 'I want help with anxiety'
- 'I wanted to talk to someone because I get really anxious and have panic attacks and I wanted CBT'
- 'I don't know, I think I wanted to know why I felt tired all the time, and can they give me something for it'

- 'I have been diagnosed with BPD and I was hoping to find out a bit more about it as I don't really know what it is, and I wanted to know what I can do to help myself'
- 'Expected to see consultant and who would put me on the list to speak to someone who works in mental health'
- 'To help with my memory as often I can't remember stuff'
- 'Hoping to get referred and receive counselling at some point'

The other 15% shared that they had no specific expectation.

People who had prior expectations of the service were also asked if they felt their expectations had been met during their appointment. 51% of those who had an expectation before their appointment felt the practitioner managed to meet it, 46% felt their expectations had not been met and the remaining 3% felt unsure if their expectations had been met. This figure reflects that PCMH are not providing the intervention participants felt they needed for almost half of the people accessing it.

Qualitative data:

- 'I was turned away and told the waiting list was too long so to try and go directly to another service rather than wait to see a PCMH nurse'
- 'They did meet my expectations'
- 'It was lovely at consultation and they put me on different medication which was higher than what I had been taking but I have not since heard back or had a follow up and it has been 6 months since my appointment and a change in my meds.'
- 'The practitioner I met was brilliant, it felt like she cared and that took me by surprise.'
- 'I felt understood and got help with finding a support worker for me'
- 'So far so good, I have only had one meeting with them, but we have planned some more so I am hopeful'
- 'I told the practitioner my situation and the practitioner said it was just my medication and sent me back to my GP to up my medication dosage'
- 'They told me they wouldn't take me on, I was meant to be an urgent priority, had a chat and they said they can't do anything for me, PCMH said they felt my PTSD was due to past and they couldn't help so told me to go to Choices'
- 'It was nice to speak with them, but I was hoping for something more from them. They were sympathetic and I left feeling better, but when the low moods returned a few days later, I realised that they had only been a temporary disruption to how I feel'
- 'I do not feel that they knew anything about mental health and I was told it was not uncommon to not have a review or see anyone for so long and made to feel I was in the wrong to ask for a review'
- 'I was referred to CPSL Mind and PWS'
- 'I know they tried to explain to me, but I didn't really know or understand what they were saying so I don't know. I know I don't feel any better'
- 'They knew a lot about anxiety and where I can go to get help'
- 'I had to wait 9 weeks to see them and then they phoned and asked if I still wanted to see them and I said yes, Then I saw them the next week. It did feel like I was waiting a long time and I thought I had been forgotten. There was nothing to say that I was on the waiting list to see them. I thought they were going to give me counselling but

they said that they don't do that. I was upset as I thought that I would get counselling. They didn't give me counselling but I did talk to them'

- 'I saw them quickly. The next week. They didn't know why I was tired all the time and said I might be depressed. I don't feel depressed and they were quite insistent and kept saying I was. I didn't expect that!'
- 'They were really sympathetic but didn't seem to know of many places that could help. Just Mind, so I felt like a little bit they helped but not as much as I would have liked them to'
- 'I got told I would be put on a list and someone will write to me with information on accessing counselling, but I have not heard back. I met with the consultant in July and is now October and heard nothing for CBT or counselling'
- 'Exceeded expectations'
- 'Definitely met my expectations'
- 'Touch and go, I got more support from work – work was there for me and I waited so long from the doctors'

## **Service, staff and support**

### **Understanding of service**

All participants were asked if their GP had explained to them prior to their appointment, what the service was and what it could offer them.

42% declared they did not receive an explanation from their GP about the PCMH service, compared with 56% from quarter 3 2018. For quarters 1 and 2, 58% said they received an explanation about the PCMH service prior to their appointment and were satisfied with the explanation they had been given.

Key Themes:

- Medication reviews
- Thought it was a counselling service
- Some confusion over what PCMH could offer
- GP giving a leaflet to explain
- A few participants got the impression from GP it would be an ongoing service and not a one-off appointment

Qualitative data:

- 'GP just said it was mental health'
- 'GP said they were going to use the diagnosis I attained to go to PCMH who will refer to DBT through PCMH who have the course'
- 'To get help'
- 'GP made appointment and referred me in, but overall GP didn't say much'
- 'I went in blind. They literally told me I was being referred and I thought it was going to be an ongoing service not just one appointment'
- 'GP said she would support me if I needed'
- 'I thought it was to get counselling'
- 'I was given a leaflet'



- 'GP knowledgeable and I understood'
- 'GP referred due to pain as said it was caused by my depression'
- 'My GP said he didn't know too much about mental health and my diagnosis and that these people did and could get me help'
- 'Not really, my GP said they would refer me to mental health but not what would happen'
- 'I already knew due to trying for 3 years to access a service to help with my mental health, I asked my GP to refer me'
- 'Just said they would do a referral to PCMH and that I would hear back'
- 'GP explained it to me'
- 'Briefly said but did not explain the service to me'
- 'GP did make sure I understood'
- 'Explained a little, no details really on what to expect'
- 'One did, they were very good. Couple of other GPs rushed through it, pushed medication for anxiety when I only want it for a physical injury'
- 'Only very basic details'
- 'Just went in a bit blind, felt ok though, wasn't intimidating'
- 'I got a good understanding from them of the service'
- 'explained it would be like counselling and that I would have the chance to talk to someone'

### **Were they listened to?**

78% of those who participated in the PCMH service evaluation felt they had been listened to by their PCMH practitioner. This is an increase from the 67% who felt they had been listened to in quarter 3 – 2018.

Key themes overall:

- Practitioners did listen well and were attentive and knowledgeable
- The PCMH practitioners were caring, and supportive
- Feeling of the care stopping at the practitioner and it is going no further than that

Qualitative data from the 78%:

- 'Gave me time to talk and once it was said I didn't need to mention it again as it had been taken in or written down'
- 'The practitioner was very good and nice'
- 'They were good, but it did feel a bit rushed, so I feel like I didn't tell them lots of stuff'
- 'I feel like they listened to me better than I listened to them as I don't really remember what was said'
- 'They were good, they asked lots of questions about me and how I was feeling and what I did'
- 'they were very good'
- 'Listened well, helpful. Understand there is only so much we can do in 2 sessions'
- 'the practitioner listened to me really well'
- 'I felt that the practitioner listened to me very well'

- 'very attentive, I have a complex story and the practitioner gave me plenty of time to explain events and speak'
- 'practitioner listened to me really well'
- 'Very well, seemed to listen to me more than I would listen to myself'
- '100%, was listened too very well'
- 'Very well and understanding. Very thorough. I didn't have to repeat anything as if we had gone over it once it was then recorded'
- 'Really felt listened too'
- 'listened to me brilliantly'
- 'Very well, would tailor advice specifically to me'
- 'Very well, they were friendly'
- 'listened well, they read my notes and understood what I asked. They did follow what I was saying and mentioned this might not have been suitable, as the medication I asked for wouldn't benefit me'
- '50/50. Was really pushing CBT even though I had received an expensive amount of CBT before so didn't feel like this would benefit me'
- 'Listened well. After left didn't feel like it was a waste of my time although turned out it wasn't the service I needed'
- 'Can't fault attentiveness'

Of the remaining 22%, 14% were very clear that they felt they had not been listened to, and 8% were unsure if they felt they had been listened to or not.

Qualitative data from the 22%:

- 'They did listen well to me, but I ran out of time to say what I wanted to say'
- 'They did listen but kept saying they thought I was depressed and then didn't listen when I said I didn't think I was, so they listened sometime.'
- 'All the practitioner said was she would go back and discuss with her team; I had a letter from someone, I'm not sure who, but I think it was PCMH saying I have complex issues and they don't deal with complex. Not heard anything since that letter'
- 'Don't know. Probably not very well or didn't take me seriously. Practitioner said they wouldn't take me on as a patient even though I had said I was suicidal'
- 'They were only concerned if I had felt suicidal and didn't listen to me when I said I wasn't, and it was just here for help with my memory'
- 'Was ok on the second occasion. On the first visit, I felt the practitioner was cold and clinical, a bit dismissive and I didn't take well to this person which meant I wasn't receptive of the information and help I received then but on the second visit it was a different practitioner who was lovely'

## Meeting Needs

Participants were asked whether they felt the PCMH Practitioner had met their mental health or drug and alcohol needs. 50% felt their needs had been met during their appointment, 36% felt their needs hadn't been met and the remaining 14% were unsure or had a mixed opinion. In the previous report 61% felt their needs had been met, 28% felt their needs had not been met and 11% were unsure or had a mixed opinion.

Several of those, despite feeling their needs had been met, also felt the service was limited in the help they were able to offer.

Key themes:

- Participants felt unsure of what was happening following their appointments with PCMH. Whether they had been referred or were ever going to hear from PCMH again
- Those referred on felt happy for this to have happened and hopeful that help was out there

Qualitative data:

- 'I do feel they met my needs. I think they were very good'
- 'Absolutely. I was referred onto counselling'
- 'Listened well, and very understanding'
- 'The practitioner was understanding and listened'
- 'My needs were met as I know that help is now coming'
- 'Did meet my needs and felt comfortable'
- 'Tough to answer. it was nice to have someone to talk too, but I wanted guidance – 50/50'
- 'Put me in touch with the right people'
- 'Gave good advice and different things to try not just one idea or option'
- 'Kind of, still waiting to hear back from them'
- 'I am in the process of getting help, but so far it is positive'
- 'Got a diagnosis which I'm happy about. Practitioner seemed certain. He was sure on answer and we both agreed with diagnosis. The same day, they got back to me about diagnosis, would still discuss with other consultants to be sure but only waited a week to get definitive answer'
- 'Came away from that feeling accomplished as I had been referred for help.'

Qualitative data from the 36% who felt their needs hadn't been met:

- 'I think they understood my needs, but they didn't meet them. They sent me away and I felt a bit confused about what happens next'
- 'Did not meet my personal needs'
- 'Mediation wise at first yes, felt disappointed after due to feeling dropped'
- 'I'm not sure after seeing them that I have mental health or drug and alcohol needs, it seems more maybe lifestyle, Sleeping, eating, exercise, etc'
- 'They weren't able to find anything to help me, but they did say Mind runs a group and I will go and check it out. They asked about my medication, but I am not on any for that, just anti-depressants and they seemed happy with those which made me feel better about taking them. They helped me understand that what I am experiencing doesn't make me weird or strange and that was nice. I would say they were good. Even though there wasn't much help apart from taking and checking my medication'
- 'Under the impression I was going to get some CBT or something then they just fizzled out and walked away and said no we can't offer you that service'

- 'The practitioner did not know what my physical condition was so admitted to me he had to Google it. Made me talk about my past again to another professional who didn't help. Asked me irrelevant questions like mortgage and job etc. Practitioner said that mental health services only deal with dependant and vulnerable people and that I don't fit the mould'

Those who were divided were either waiting to hear back from PCMH service or felt their needs were only somewhat met by pointing them in the direction of mental health services but not providing medication or diagnosis. Their comments are above.

### **Shared decision making**

Individuals who participated in feeding back about the PCMH service were asked if they felt the support they wanted was taken into consideration - essentially, whether they felt there was shared decision making. 53% of individuals felt that during their appointment they had worked together with their PCMH practitioner to decide the next steps, down 3% from quarter 3 2018 which 56% 41%% felt they had not been involved in shared decision making. The remaining 6% were undecided as to whether they felt the support they wanted was considered.

Key themes:

- Participants weren't aware of what support was available to them so did not specify what support they would like.
- PCMH practitioners were pushing CBT and offering vague information of other services.

Qualitative data:

- 'I didn't really know what support there is'
- 'I wanted counselling and they told me who does counselling that I can go to'
- 'Well they knew what I wanted and agreed counselling would help so I would say yes'
- 'I didn't really know what support I wanted, but I feel like they were trying to push me into admitting I have depression when I don't feel like I do'
- 'I didn't really get an answer to anything. I'm not sure why my GP sent me there. I will go back to my GP'
- 'I do and I don't. I do because they listened to me and were really nice and I liked them, and I don't because I wanted to learn more about BDP, and I didn't really learn any self-help ideas. She did say that other people in the Mind group may have some answers on what works best for them so I may try them and see'
- 'I think so. One thing that was said is that they would send me a mood diary and early warning signs – which didn't happen. Meant to have a mood diary to track my mood on the new medication due to my diagnosis.'
- '100%'
- 'It was helpful'
- 'Asked for a letter with my appointment details on due to my short-term memory but they did not do this, so I then did not go to an appointment. I didn't know where I was meant to go and didn't remember things They refused to send me a letter and said they would email/text me but never did'

- 'On the original phone call they said I would receive long term help which was promising, to then be let down and left feeling disappointed'
- 'I was given exactly the medication asked for. However, did not get signposted'
- 'They gave me help with what I wanted'
- 'Pretty much – memory of it is not great'
- 'I wanted a change in my medication and counselling, but they did not offer me these'
- 'Wanted counselling and got CBT which wasn't what I wanted as that was a lot of work that I had to do but struggled due to having ADHD'
- 'Took a long time, over a year from telling GP about mental health to getting into PCMH'
- 'Didn't ask for help or any specific help'
- 'Had to push for it. They tried to offer me other things which I knew I didn't want but they did eventually help with what I wanted'
- 'I was called and explained I do not need the help so did not access the service'
- 'Considered but not actioned, only pushed CBT and nothing else'

### **Benefits of accessing the PCMH service**

Individuals were asked how accessing the services had benefitted them. 49% confirmed they felt they had gained some benefit from the appointment, 44% felt they had not gained anything and 7% had mixed opinions, compared with 66% previously feeling they had benefitted, 22% feeling there had been no benefit and 18% having mixed opinions

Key themes:

- It was a good service, allowed participants to be heard.
- Nothing has come from the appointments and are still waiting to receive support.

The 49% who confirmed they felt they had gained something said:

- 'It has helped as I went to get some counselling and I have had some now, and I wouldn't have known about it if I didn't go there'
- 'I think it felt good to talk, I use the Sanctuary a lot and I like going there to talk and this was a similar feeling but without the cup of tea! Yeah, a cup of tea would have been good whilst we were talking. She was good though, I did feel like I could talk to them, And I did feel better when I left. I still don't know much about BPD though'
- 'I have been able to start medication following advice they gave. Gave a clear plan to create a mood diary to track moods on new medication as could affect my diagnosis but did not provide the mood diary for me yet'
- 'At this point it has identified what the issue was, which is important to me for my options to moving forward. Helped recognise my reactions and emotions to process better. Given me confidence. One 30-minute phone call with PCMH and they helped me so much and had such great insight and perception which helped me relax'
- 'I am now being referred onto mental health team in Cambs to get CBT'
- 'Knowing help is coming has been really nice'
- 'I now have a more positive outlook on situations'
- 'I suppose a little bit as now I am on the list for ADHD support'
- 'I have been referred for further therapy which has been a big benefit'

- 'Only seen them once, pointed me in direction of help – sign posting. Didn't want antidepressants but PCMH were pushing medication'
- 'Doing better than I was, accessing services, being pointed in right direction and has been positive since then'
- 'Helped with medication'
- 'It has not made everything perfect, but I didn't expect it too. Memory has improved since my visit and my stress has eased.'
- 'Yes, due to the services I am now accessing'
- 'Helped build my confidence'
- 'Helped day to day and with medication'
- 'Kept me alive. Twice'

The remaining 44% commented:

- 'Well nothing has changed for me'
- 'Although they changed my medication it was not the right medication for me so now not on any medication at all'
- 'Not really benefitted me or my mental health. No referral was made that I can remember nor was I given proper information – to my recollection'
- 'It didn't really do anything, just agreed that I needed counselling. In the end my family paid for me to have counselling as I didn't know where to find it and the lady, I saw said that the waiting lists are over a year long'
- 'I can't get my head around when someone is telling you they're suicidal and then you tell them you can't take them on and don't explain why'
- 'They didn't offer me any help with my memory, so I haven't benefitted'
- 'Probably hasn't, just didn't get enough time to go through anything. Not able to work on anything as within the 2 sessions didn't figure anything out'
- 'Hasn't given me any help with either challenges'
- 'Hasn't benefitted, I'm a second-class citizen and that is all I will ever be. They called from a number that was not known to me so I wasn't sure if I should have answered the first call I got anyway'

### **Description of service**

Participants were asked how they would describe the PCMH service and what they liked about it.

Key themes:

- The practitioners for the most part were friendly and approachable but seemed that the care and support stopped at them. The services being signposted to were not appropriate or nothing came from them.
- It is better than talking to your GP as PCMH understand the mental health system.
- It is a flawed system; participants recognised the lack of funding and how it affects waiting times and staff for the PCMH service.

Qualitative data:



- 'Stretched beyond reason. Mental health is just not getting the support it needs. It was accessible and was there for me'
- 'I don't know how to describe it; it doesn't really do anything'
- 'They were very friendly and liked the open relationship between me and the practitioner'
- 'It's really good and helpful. They know what they are talking about and helped me find what I wanted'
- 'It is free and accessible'
- 'Pretty good service however must bow to their masters, not enough funding, can't see a psychiatrist due to underfunding. The people in the service are brilliant who care and mean well, they just are hamstrung'
- 'Liked the fact they listened and followed up. Had a few phone calls after to make sure where I had been sign posted too was correct and appropriate for me and to see if I required any further support or help from them'
- 'It didn't really do much for me. I can see how it is nice to sit there and tell them how I feel, but they don't seem to have anything to offer you after that, and if you do go somewhere it has a long waiting list. If my GP knows about the counselling and he sent me to them, then I wouldn't have waited so long for this lady and then still have to pay to see a counsellor. I could have already been on a waiting list for 10 weeks, it felt like an unnecessary delay for me and don't GP's know about counsellors? I don't know why they didn't just tell me instead of making me wait'
- 'Bit pushy and seemed a bit smug telling me that I was depressed when I don't think I am, didn't really want to accept that I wasn't, like they knew best'
- 'Very empathetic, listen, try and give you options'
- 'It's nice to go there and talk to someone. I would tell other people to try it. I liked that she was nice and easy to talk to and I felt like she did really want to help me'
- 'The lady I saw was very understanding, didn't try to rush me, took her time and thought about questions she was asking me. It wasn't awkward'
- 'No good, no one there you can talk too. Get told to ring 111, option 2 and get advice and get told to go to local hospital to see a psychiatrist in waiting room'
- 'The PCMH service was a nice environment I was confused about having a trainee / chaperone in the room, wasn't made clear to me why they were there'
- 'Liked the fact she listened, asked comprehensive questions to get to the bottom of things, picked out key points to discuss and help reflect on myself, very comfortable'
- 'It needs to be more accessible and if you need to call in, then you should be able to call in and not have to leave an email. It would be even better if I didn't have to have my GP refer in'
- 'Practitioner was very supportive and able to listen to me'
- 'Practitioner listened well, took her time. Waiting times aren't great, I felt if I had suicidal thoughts then the wait would not be great'
- 'It's good to know that they are one of the options to go to in my area'
- 'PCMH do amazing work and I just don't think they get enough funding for it'
- 'Been in and out of services for years, I know mental health services are underfunded but can see that PCMH are doing all they can, I'm now on a waiting list which was explained to me'
- 'They listened well, and I liked this. Wasn't overly embarrassing or any stigma'

- 'When they get the chance, they are there, but its' getting to that point'
- 'Quick and somewhere that is easily accessible. Knows the area well'
- 'Nothing, I felt worse when came home, ended up in a worse place after meeting due to bringing things up again and nothing being resolved'
- 'Liked that it helped, I was given the right amount of good information. Felt listened too, specifically there to listen to me and no presumptions were made about me. If they would say or suggest something, they would ask me if I agree or not to check with me'
- 'Helpful easy to talk too, laid back'
- 'It's good what the practitioner does, and the service does, but it wasn't for me. It is Flawed'
- 'They listen and don't judge'
- 'Shocking. Will never reach out to them again. I had previously referred people to PCMH myself as part of my job but now feels like I cannot due to my experience and I do not want others to experience the same'

## **Moving forward**

### **Information about mental health or drug and alcohol services**

Participants were asked if they were informed of any other mental health or drug and alcohol services that may be available to them and whether these services were useful. 54% of participants had been given some form of information about other services for them to take away and 39% said they had not been given anything. The remaining 7% were unsure if they were given information about other services.

Of the 54% who had been given some form of information, there is not a clear answer of how many were happy or not with the information they were given as some did not follow up or recall the information given.

Key themes for any information the participants received:

- Told to go back to their GP's if they had any further problems
- The services participants were signposted too were not appropriate and didn't suit their individual needs
- PCMH gave out standard leaflets with services and crisis support so again not personalised and was just generic
- There are long waits following PCMH meetings to access services

Qualitative data:

- 'I was told about counsellors. But I was told the waiting list was long and so I didn't go and see them'
- 'I was told about counselling and CBT but don't know where they are'
- 'I was told to contact Mind and the NHS counsellors'
- 'They told me about Mind's groups for PD and they said NHS 111 option 2 but I already know about that'
- 'I think I was given some contacts, like crisis care etc'



- 'They said I would benefit from counselling and we talked about what would be helpful for me'
- 'I was given a list of charities and organisations for group therapy but that wasn't useful as the options weren't useful to me'
- 'I'm not sure but I probably was'
- 'I was told about some, so it is good to know they are there'
- 'I was given a bit of paper with organisations on, they were useful'
- 'ADHD clinic has sent me an email for support groups. PCMH possibly gave me some contacts for crisis support'
- 'Felt slightly bombarded with services and phone numbers which is part of why I went to PCMH, they helped me map through services to show me what could be best services for me to access'
- 'I was given a list of them'
- 'Got a list of organisations, I can't read so I haven't gone through them. I don't like people knowing my business so don't feel comfortable going to such organisations in case I meet someone I know'
- 'I was given a list'

### **Information on community or local non mental health/drug and alcohol services.**

62% of participants confirmed they had not received any information about community services, activities or groups that do not relate directly to mental health or drug and alcohol services. 24% confirmed that they had received some information about community services, activities or groups, although they hadn't yet contacted them or felt they were not relevant to their needs. The remaining 14% were unsure if they had received information about community services, activities or groups.

Qualitative data:

- 'I said I smoked weed but I wasn't told that I can get help for that. My counsellor told me I could get support'
- 'I was told to get out for a walk and try some vitamins for tiredness'
- 'I have a great family, so I don't really need this, I see my family if things get bad or go to the Sanctuary'
- 'I was given a prescription pad list type of paper with organisations on, some weren't in Cambridgeshire so were not useful'
- 'They gave me a list with different places I could go to'
- 'I got told to go back to my GP as they couldn't help me'
- 'I was told about something online and a group for mentoring. It was very useful to know they are there'
- 'Hunts minds. – Hasn't accessed due to receiving support at work'
- 'I had already said I didn't want to go to community services in the first place so didn't want to know about them'

### **The referral process**

Of the total amount of participants, we gained feedback from, 27% reported that they had not been informed of any services which could offer help so there was no referral process for them to go through. 11% of participants were unsure if they had received any information.

Of the remaining 62% of people who did receive some information on services, half of these were happy to self-refer although a couple of individuals felt anxious about doing so as they had never done it before. Just under half would have liked some form of help and support with their referral process and were not happy with self-referring and the remaining few were either referred by their GP, PCMH practitioner or someone other than themselves, or did not respond to the question.

Key themes:

- Most of the services that participants were sign posted to were self-referrals, overall this was ok, however, more than a few individuals said due to their mental health they struggle completing self-referrals so therefore did not access any services after meeting with the PCMH practitioner.

Qualitative data:

- 'I was told to contact them myself. I got my partner to do it. I would have preferred it if the lady at the GP did it, but I still managed to get it done. If I didn't have my partner I don't know if I would have been confident enough to contact them'
- 'I didn't go to any. My mum found me a counsellor'
- 'I will go back to my GP'
- 'The CBT was referred via the practitioner for me which I was very pleased about as it was a weight off my shoulders that they did it for me'
- 'They said to look on Minds website and find the groups'
- 'Self-refer to make an appointment, fine to do that'
- 'Self-referrals but I didn't think much of it, it didn't bother me to do a self-referral.'
- 'The information given was just for me to look at until I was referred into another service'
- 'I felt ok doing the self-referral'
- 'They were self-referrals, so it was nice to know they are there if I need'
- 'Didn't access due to my low MH'

## Locality

Participants were asked if they felt the GP surgery was the right location for the service to be delivered.

An overwhelming majority of 88% of participants confirmed they were happy with the service being delivered within their GP surgery. 8% of individuals were either seen at a different location to their GP, felt they would have preferred it being somewhere that people didn't know them, or they received a phone call appointment rather than a face to face appointment. and 4% of people did not give a response to this question.

Key themes:

- GP's surgery is a good location for participants to access the service. It is local and easy access that people are comfortable with, and recognise.
- A few participants mentioned that it was 'embarrassing' due to going to your doctors where people know you and seeing a doctor or nurse that is not usually there.

## Improvement of service

Participants were asked if they thought PCMH could be improved in any way or if they had any other comments.

Qualitative data:

- 'Reduce waiting times, from getting an appointment to accessing support'
- 'Not having to wait as long to hear back, people's mental health changes so waiting this long could be bad for a lot of people'
- 'Don't think they could, each to their own. I felt it was traumatic to bring up things in conversation to try and get help. To then not get help is difficult to process'
- 'Closing the loop of implementing the plan, email communication, sending mood diary and early warning signs as promised, linking up the advice they give'
- 'I don't really know but I know I need some help now still so maybe they could find out if people feel better by ringing them and checking, cause then they would know I don't feel better'
- 'Takes way too long to reply, they don't leave relevant phone numbers to call them back again if I'm trying to contact them. Also listen to patients more than they currently do, I got the feeling that they felt patients don't know what they're talking about, so therefore the practitioners don't listen, It seems they have questions to ask and if it deviates or doesn't meet their boxes, they don't want to hear it. I was looked down on as if I need to leave it to the professionals'
- 'To have a follow up appointment, I was happy at the time but it lead to getting the wrong medication so a follow up can give the service user time to reflect on needs and be able to see the practitioner at different times in their mental wellbeing'
- 'Offer coping mechanisms and help for now while waiting for referrals'
- 'Follow up after appointments to assess if the information given at the appointment has helped or if they need further help'
- 'Advertise the service more so it is better known'
- 'Practitioners to read my medical notes before or during the appointment so it reduces the amount of times I have to share my story'
- 'Include the patient in the outcomes of appointments rather than discharging them with no help'
- 'PCMH should have some authority in helping people as they are medical professionals so should have power to help make decisions coming from their profession about an individual – like PIP'
- 'Waiting times are long but I understand that's because of funding and the demand is high'
- 'Making it more well known, to let more people know about the service. Was not being advertised well/if at all and others could benefit from this service if they knew about it'
- 'Contact services for patients who don't feel able to self-refer. Contact the counselling for me and get me on the waiting list'
- 'Be more honest with the wait times to help expectations'

- 'I would like it if they knew a bit more about the BPD diagnosis that I have and could have given me more information about it and how I can help myself'
- 'Give more options for help that is specific to my needs'
- 'Get the GP to tell me what they told me 10 weeks earlier than they did, so I didn't have to wait to see someone. If I had known what they were going to tell me about the counselling having a long waiting list, I would have spoken to my mum sooner and she would have paid for a counsellor sooner. I feel like I wasted nearly three months'
- 'Not having the first experience I had, the cold clinical practitioner as I didn't take to being patronised and that could have stopped me going back'
- 'Maybe accept what I am saying when I say I am not depressed. And probably didn't need to see them at all as I will have to go back to my GP now'
- 'To give information they are paid to give and the help they are paid to give. Did not offer any service help even though they told me to go elsewhere for help. Consultant said I needed CBT. PCMH said they would go back and talk to her team and it was a long time until I heard back, and all I heard was they can't take me on. Don't tell someone they need a service and not help provide that'
- 'Would have preferred an appointment face to face than a phone call but cannot fault the service'
- 'Waiting times but I know that's not a fault from the services who are doing all they can'
- 'Could have offered help with memory or sign posted. Staff were nice, just wasn't for me'
- 'To try something different and not push one option. Give more options and act on them'
- 'Advertising themselves more, never heard of them until GP did something about it. Have posters in GP's or something'
- 'Shorter waiting times, I understand however that it is hard with cuts. I can't believe with ADHD there is no support, going to have to wait 1 year for an appointment, then will be a total of 2 years until I can start medications, scoring high in tests for ADHD but not being prioritised'
- 'To stick to their words, and get people help when they need it'
- 'To follow up if they do not attend appointment. To send confirmation of appointment so something is physically attainable and can be easily remembered this way. For a service that is supposed to be there for people who are unwell and mentally not stable and to the reject them from the lack of care, it could really tip someone over the edge after they have been to their GP and opened up about how they feel to then be left feeling like this. For some people could be the end'
- 'To admit when they have gaps in their knowledge. Coming to another meeting is hard enough but to then tell your story over again before you get help is hard so if the practitioners could read our medical history and understand it first it would help the person seeking help. Ask the GP's around them if they don't understand something medically rather than googling it. To ask questions and be open and honest about their knowledge not just pretend they know everything'
- 'The practitioner was 20 minutes late which caused more anxiety for me while I waited. Being on time is important'

- ‘Prioritising – I know it hard and the service is under stress but feel I haven’t been given help for when I’m in a state of crisis. Having more bad days than good, don’t feel like I being listened too due to not yet having a treatment plan or coping mechanisms’
- ‘Streamlining process should be improved, got letters to say PCMH were having meetings to discuss if anyone was taking me on, it was a long and hard process between signing up to the waiting list and something happening. Try to find a way of that not being such a long process’

## Conclusion

Disappointingly there was a glitch in the CPFT IT system that resulted in The SUN Network receiving consent for postal contact only for hundreds of PCMH service users. This resulted in a resource intensive attempt on our behalf to send stamped addressed questionnaires to as many participants as we could. The number of completed questionnaires returned was low and this part of the process was inefficient for both CPFT and us.

Fortunately, after conversations with CPFT, the glitch was identified and resolved, and we received consent for telephone contacts. This was not in a timely enough fashion for us to capture as many of the two quarters PCMH attendees as we would have liked but yielded the 79 participants within the report which covers 6 months as opposed to 3 months.

The PCMH service is receiving more referrals than it can effectively manage. Therefore, people feel they have been ‘forgotten about’ between seeing the GP and finally hearing from PCMH. People are waiting a long time to see the PCMH practitioner only to find themselves signposted to a service they already knew about prior to accessing the GP surgery.

There is still confusion around the name of the PCMH service, during our calls to participants we would have to describe the service to them or refer to the service as PRISM. This could be from a lack of advertising and knowledge of the renaming of the service, or because of participants understanding at the time of referral. It is prudent to highlight this point, as it could lead to better understanding of the service accessed amongst both patients and professionals.

There is still a perception shared by a majority that the PCMH service is going to be a counselling service. Or a service other than what it actually is. This affects expectation and impacts on satisfaction levels of those that access.

It is apparent that there is a belief amongst participants that their GP could have managed their wellbeing rather than refer to PCMH and that the GP intervention would have happened in a more timely fashion, enabling people to access support more expeditiously.

There was a significant increase in the number of people who felt they had been listened to during their appointment. In Quarter 3 2018, 31% of people felt they had been listened to. The percentage this report was 78%, This is a fantastic improvement as participants are feeling listened to, however there is still a gap between people being listened to and people feeling that they benefited from the service. Only 49% of people felt they had benefited from the service which is less than half the people accessing the service, regardless of how well they thought they were listened to.

When talking to participants, it is clear that they were more than happy to share their experience and valued the opportunity to do so. Most were aware they had consented to be contacted, however some had either not even accessed the service yet or did not recall having consented. The Sun Network often shared information and signposting about services that participants hadn't been informed about previously but felt may be of benefit for them. This included letting them know about the Keep Your Head website.

## Recommendations

The SUN Network's key recommendations for quarters 1-2, April-September 2019 are:

- Ensure practitioners are delivering a personalised service, listening to individuals' needs, and sharing decision making. Making sure, what comes next for that individual is appropriate, so individuals are not left with nowhere to go. This was highlighted as a recommendation in the quarter 2 and quarter 3 reports 2018
- Work still needs to happen around enabling GPs to have a better understanding of the PCMH and offering clearer explanations of the PCMH service to those they are referring. Educate GP's with information around inappropriate referrals that can be managed by the GP signposting to a more appropriate service such as Psychological Wellbeing Service (PWS) Third sector provision such as The Good Life Service or Personality Disorder (PD) groups, or a signposting website such as Keep Your Head. Also consider a leaflet for GP's to give to patients that offers interim alternatives as well as a clear explanation of the service provision
- Responsibility does not just lie with GPs but with a GP practice as a whole. Training around mental health for receptionists and practice nurses to signpost could mean less GP appointments and less PCMH referrals
- Individuals to be included in their choice to self-refer to services, and if they do not feel able to do so to be supported there and then in doing it with or for them, as is current practice in the majority of physical health services
- Equip practitioners with knowledge of what groups and activities are available within the community they work in beyond NHS services and the main 3<sup>rd</sup> sector organisations, as recommended in quarter 2 and quarter 3 2018. This includes smaller groups such as Men's sheds, crafting and dog walking groups
- Participants who felt dissatisfied with the service, were generally the ones who felt despite being given information, that information resulted in feeling no further forward with gaining help and support for their mental health. We again, as in Q2 and Q3 2018 recommend an easier or clearer process for individuals to re-access the service if the follow up agenda hasn't gone to plan. A second, long wait with an unnecessary GP appointment first makes for a cumbersome and prolonged experience that can involve sharing their story again which can be triggering, traumatic or avoided altogether leading to crisis
- Consider offering some form of follow up, be it a letter, telephone call or follow up appointment. To see if individuals need any further support and if PCMH can offer them anything more. This will help individuals who feel they have been dropped from the service and may increase the benefit they have from accessing PCMH
- Ask for individuals consent for their contact details to be passed on at the right time. A few people we speak to each quarter explained they were yet to even access the service so their details should not have been shared. If their consent was asked after



or at the end of their appointment it would ensure the individuals, we were speaking to have had an experience with PCMH. This could lead to a better understanding of individuals experiences as they will be able to fully express their whole experience of their journey through the service.

- Review the support for PCMH staff, it has been recognised by participants that staff are struggling with the demand, Appropriate support for these employees could improve the service and employees' wellbeing. It may reduce burnout and decrease staff turnover. We suggest asking staff what support they feel is needed to help them within the role and look at how this can happen, alongside working on the relationship between PCMH service and GP surgeries to ensure a positive working relationship is maintained and referrals are appropriate
  - Promote the use of Keep Your Head. The Keep Your Head website is a great tool that can be accessed by anyone. It can help PCMH staff make individual and appropriate referrals and signpost to more personalised services. It can also help individuals visualise what help they could access and could be viewed together within the appointment
  - Review the recruitment process and resources to ensure you are highlighting the benefits of working with PCMH and what applicants can gain from being a part of the award winning PCMH service
  - Continue to involve service users throughout the service. Service users' feedback invaluable to gaining their perspective. Working Co-Productively can ensure that service users are receiving equitable access to high quality services across Cambridgeshire and Peterborough at a time when they are needed
- 