

**GLOUCESTERSHIRE
PRIMARY CARE CLINICAL AUDIT GROUP**

**An audit on
the management in primary care
of people with schizophrenia
in Gloucestershire**

2000 - 2001

Results

Section C

**Results of a survey of GPs
on the management of schizophrenia**

GLOUCESTERSHIRE PRIMARY CARE CLINICAL AUDIT GROUP

COUNTY WIDE AUDIT ON THE MANAGEMENT IN PRIMARY CARE OF PEOPLE WITH SCHIZOPHRENIA

2000 - 2001

Survey of GPs

All GPs were asked to complete a questionnaire on their approach to the management in primary care of schizophrenia. Questions were included on the frequency of contact and the quality of relationships with community mental health teams, and on the degree of involvement with the Care Programme Approach. Information was also sought on crisis management, support derived from voluntary and self-help organisations and on knowledge of the Mental Health Act.

318 GPs responded (representing 84% of the county's principals). Of these 9 were GP assistants, 8 GP registrars and 2 were long-term locums. In 3 practices, no GP responded (location of non-responders: 2 Cotswold practices and 1 Stroud and Berkeley Vale practice).

The results are reported on the following pages, where text has been kept to a minimum. Where percentages have been quoted, readers can reconstruct the raw figures using the denominators (on which the percentages are based) in the table below

Number of respondents

	Cheltenham and Tewkesbury PCG	Cotswold PCG	Forest of Dean PCG	Gloucester and South Tewkesbury PCG	Stroud and Berkeley Vale PCG	Total
GP survey	86	48	42	79	63	318

Gloucestershire Primary Care Clinical Audit Group

County wide audit on the management in primary care of people with schizophrenia

Results from survey of GPs

Key findings:-

- * For most GPs the CPN is main point of contact with mental health services. Contact for some is infrequent, with one in three in touch only quarterly or less often. Contact is most often maintained by telephone.
- * Three out of four GPs rate their contact with the mental health service as 'very valuable' or 'valuable'. Practices in the Cotswolds, in the Forest of Dean and in Gloucester & South Tewkesbury are most positive about this contact.
- * One in four GPs had attended a CPA review. Half of them thought it to have been 'worthwhile' or 'very worthwhile'.
- * Two out of three GPs said they knew how to get specialist help in an emergency for all their patients; these procedures were unlikely to be documented.
- * One in eight GPs thought they did not understand the symptoms of schizophrenia at all well.
- * Nearly half of the GPs surveyed felt they knew too little about antipsychotic medication and its side effects.
- * Two out of three GPs would restart medication if a patient relapsed; six out of seven GPs would contact the community mental health team.
- * Most practices do not have written information on schizophrenia to hand to patients.
- * Amongst voluntary and self-help agencies, MIND and the National Schizophrenia Fellowship were the most well known. One in six GPs had sought the support of one of the listed local organisations for one or more of their patients.
- * Most GPs (71%) felt they understood the requirements of the Mental Health Act quite well. Answers to two scenarios indicate that some might benefit from an update.
- * GPs in some areas of the county felt the need for more community psychiatric nurses (CPNs). Many would like to see better liaison between surgeries and community mental health teams.

1. Contact with the mental health services

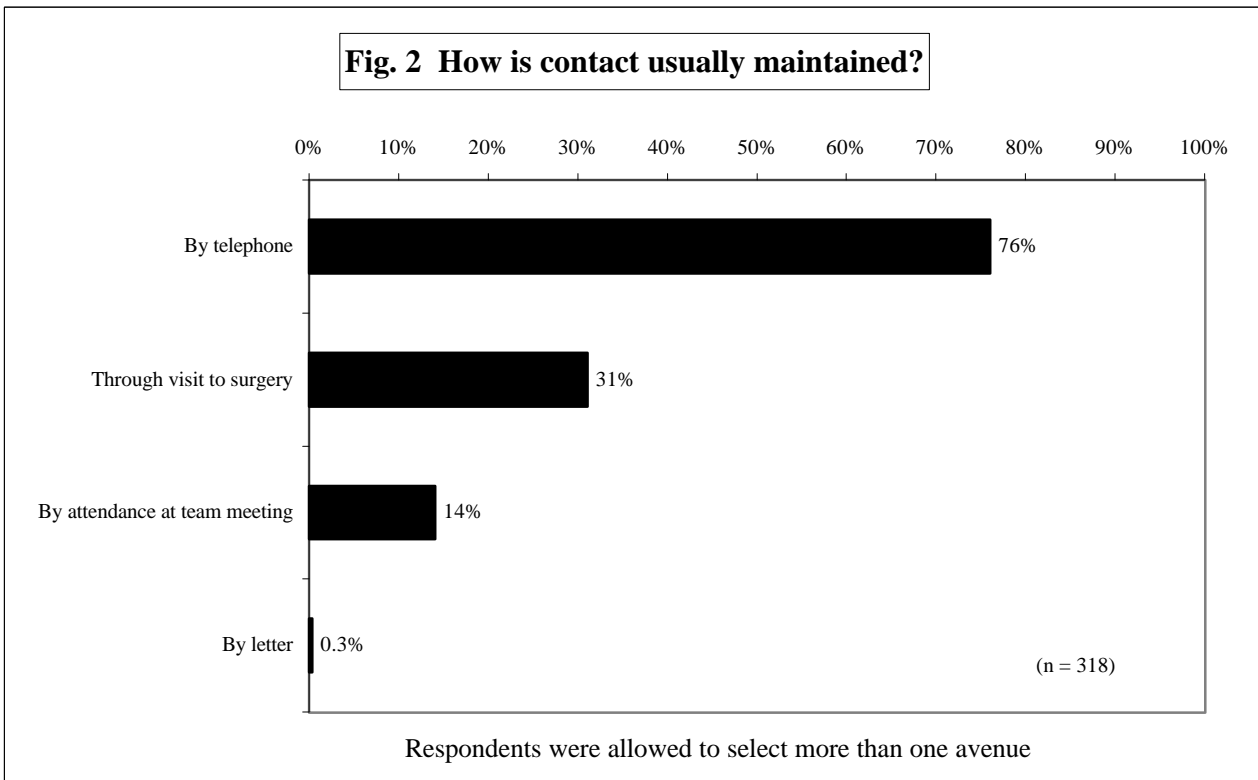
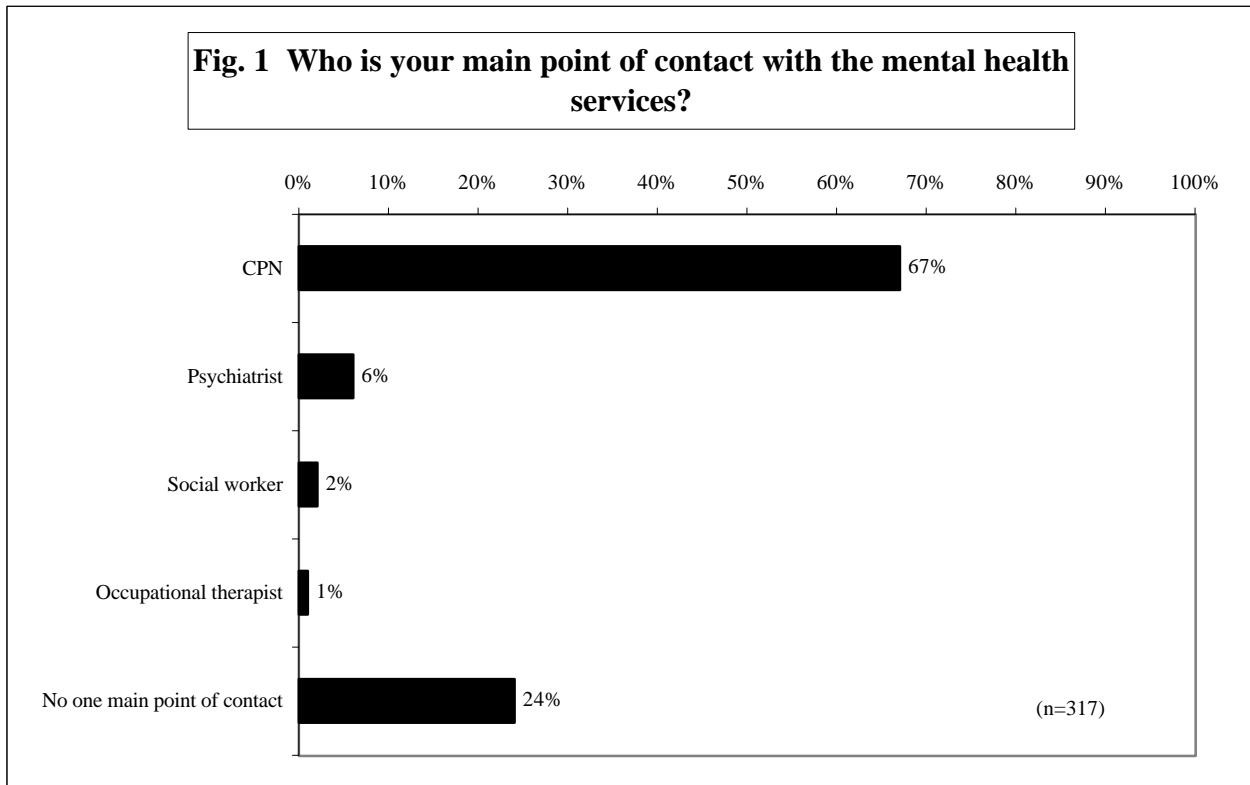


Fig. 3 How often are you in contact with your Community Mental Health Team?

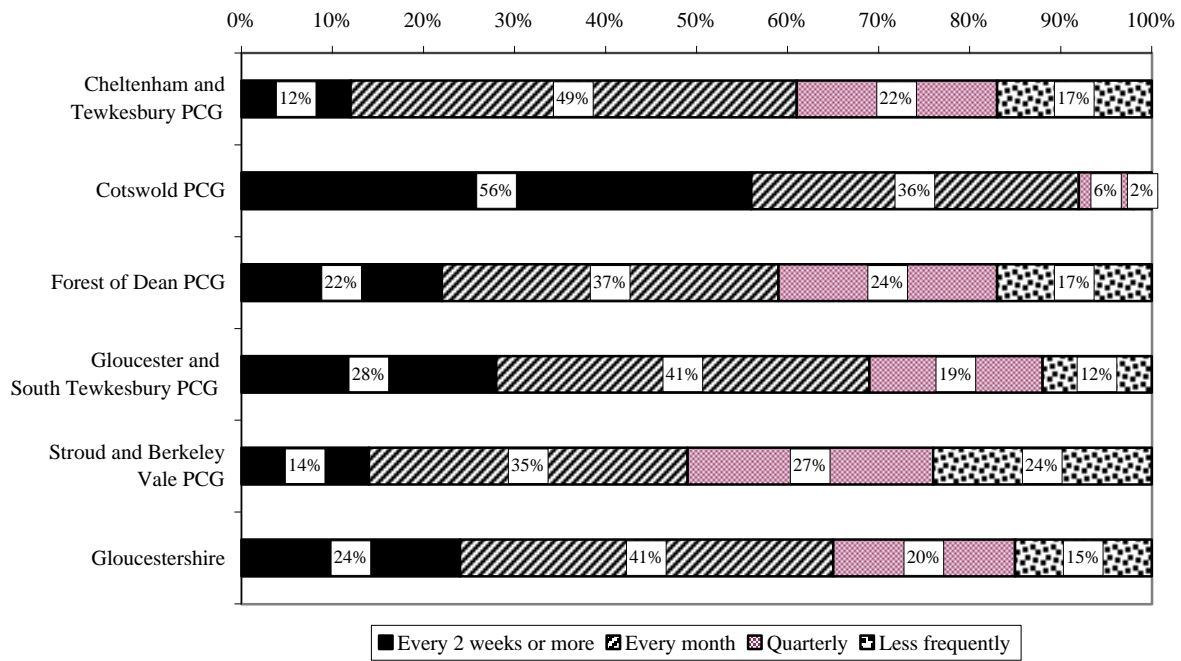
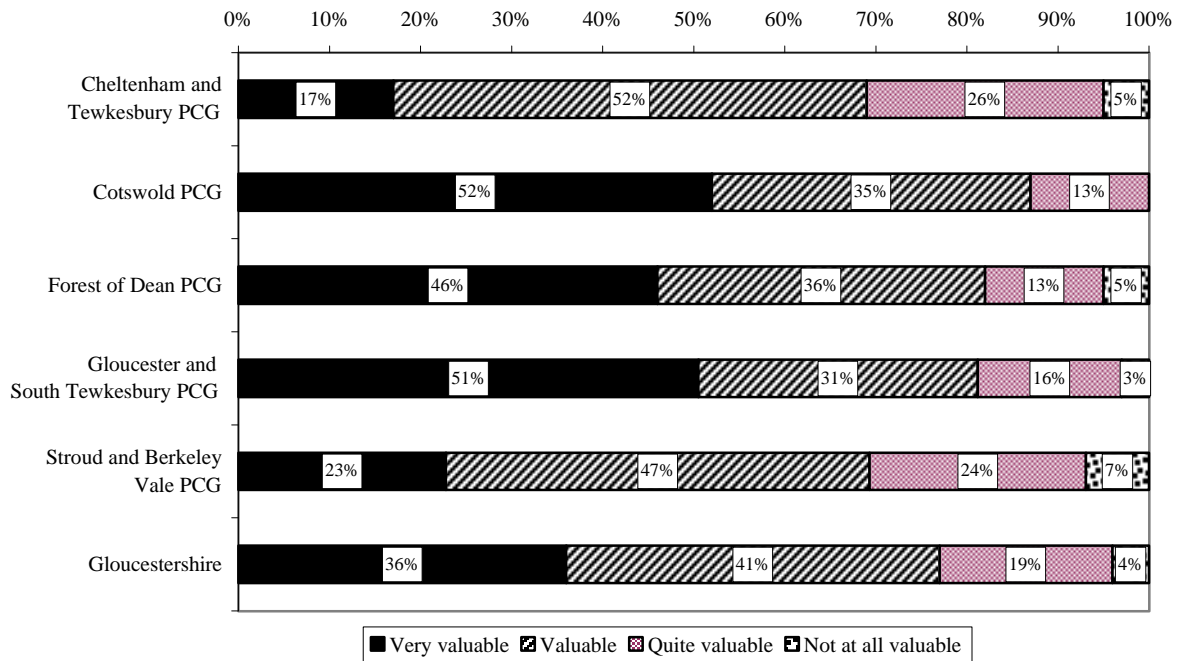
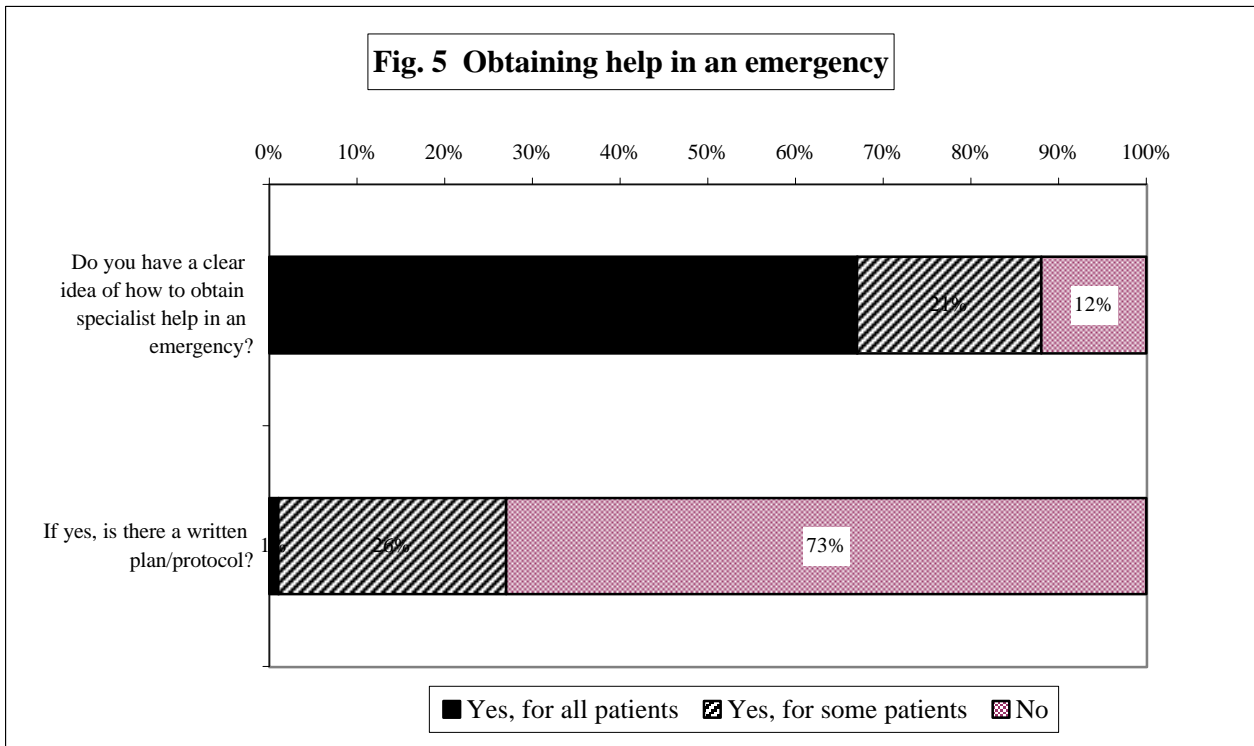


Fig. 4 How useful has this contact been over the last year?



2. Crisis management



3. Care Programme Approach (CPA) reviews

77 (25%) respondents stated that they had attended a CPA review.

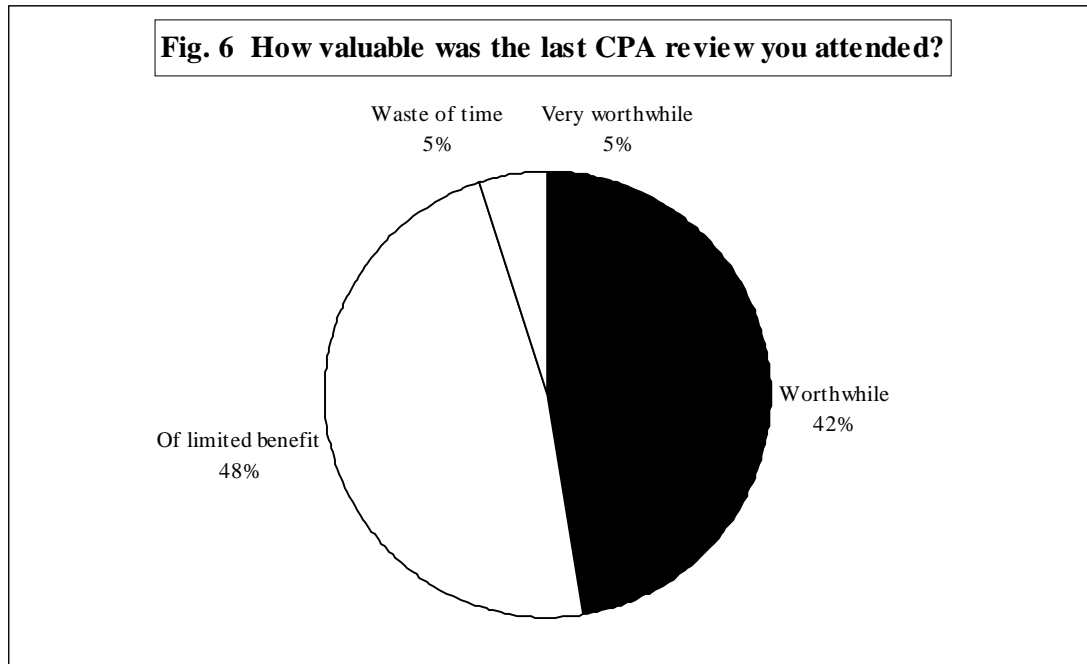
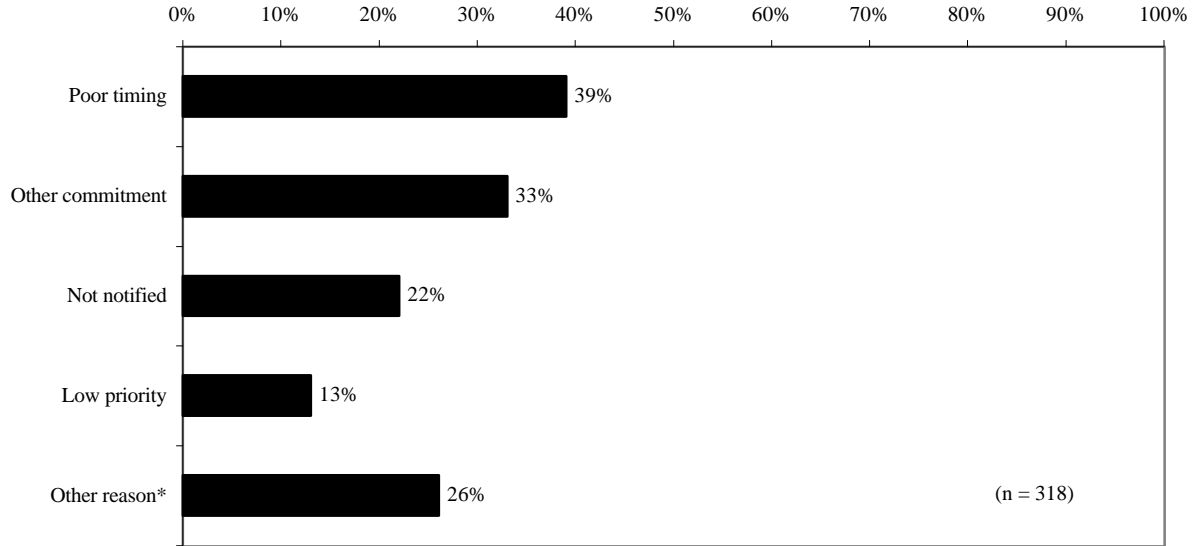


Fig 7. Why do you not go to some/all CPA reviews?



Respondents were allowed to cite more than one reason

* Other reasons included:- "No remuneration", "Insufficient notice", "Too busy"

4. Confidence around the management of schizophrenia

Fig. 8 How well do you feel you understand the symptoms of schizophrenia?

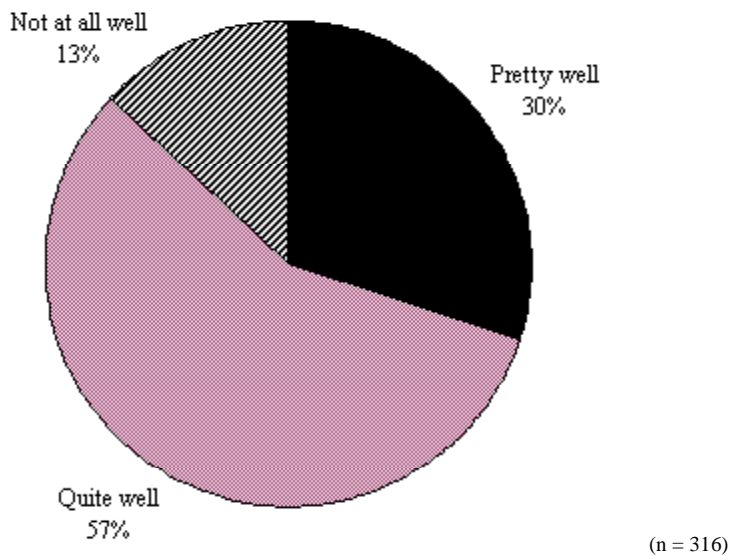
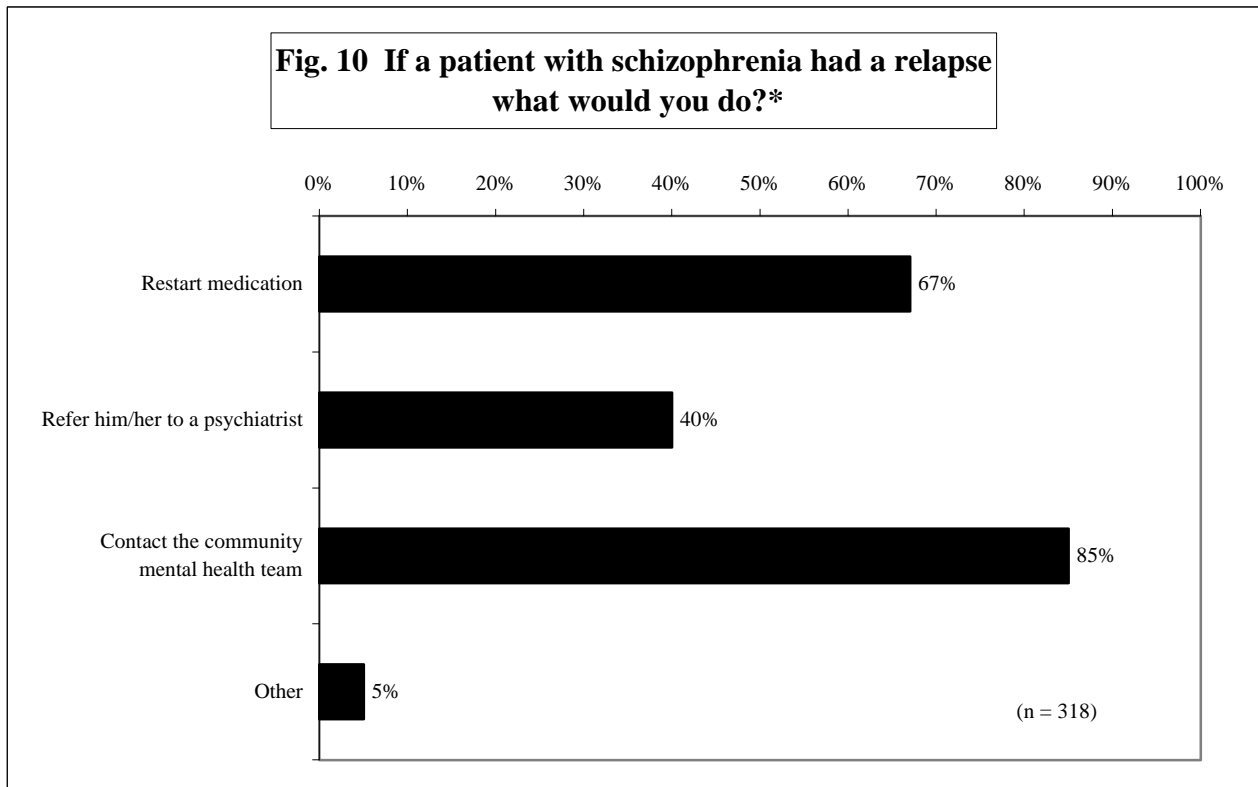


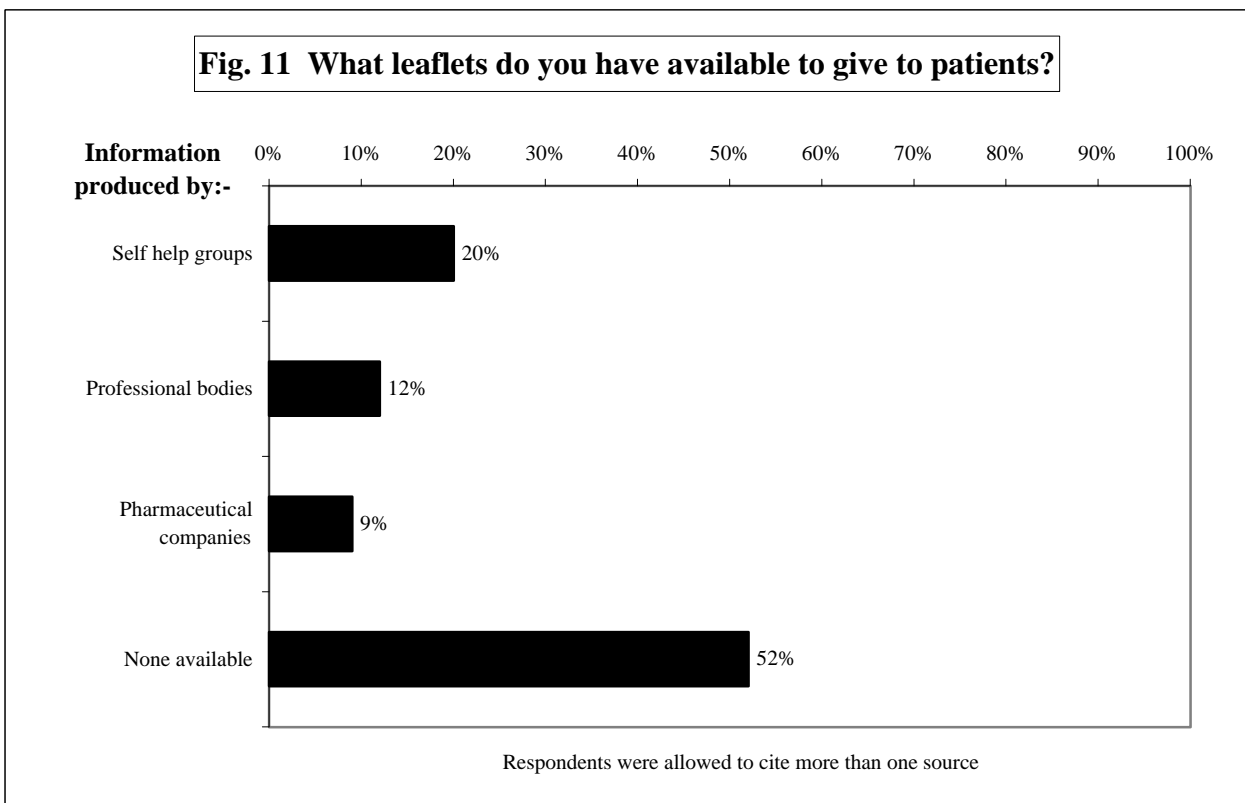
Fig. 9 How much do you feel you know about antipsychotic medication and its side effects?





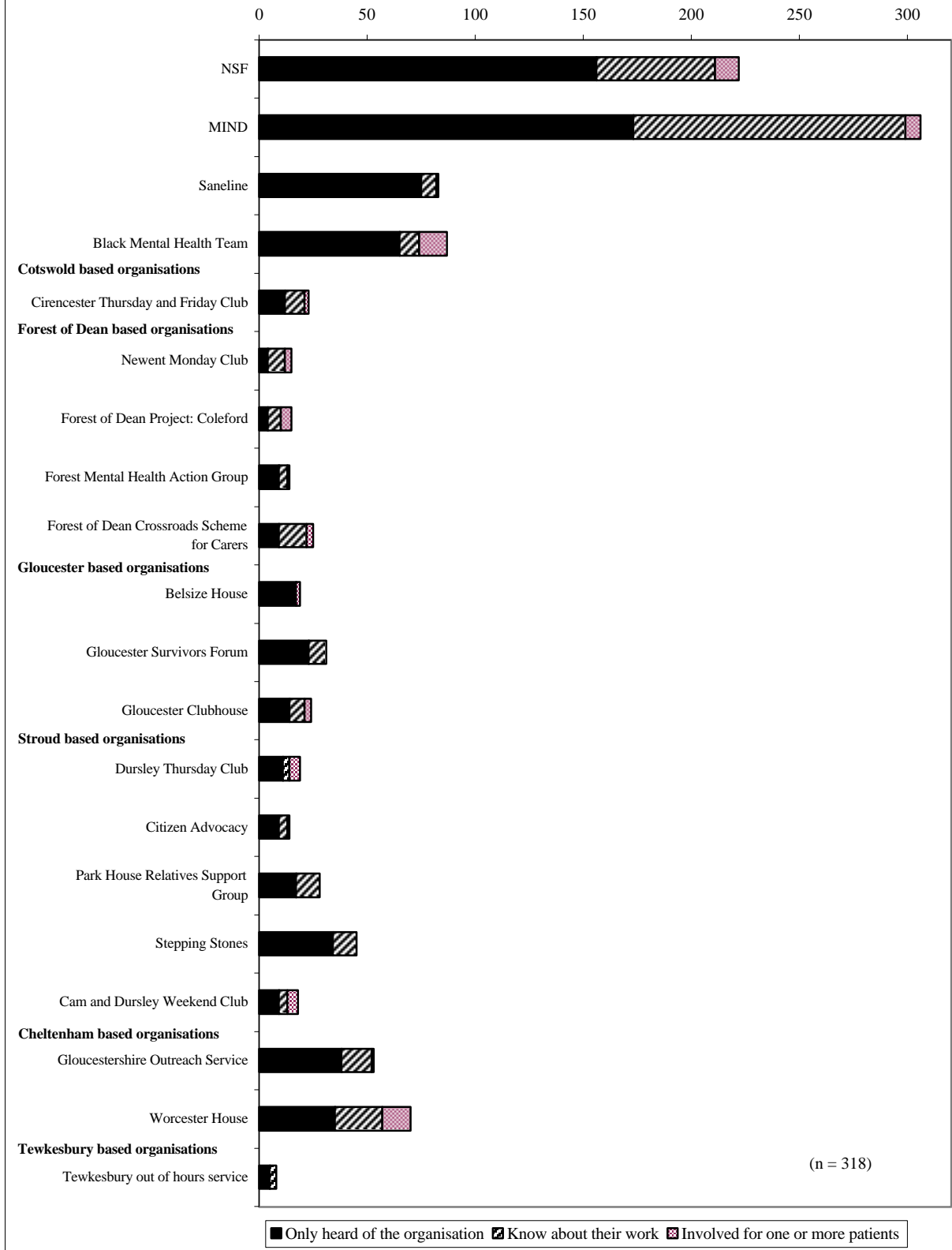
* More than one answer was permissible for this question

5. Patient information



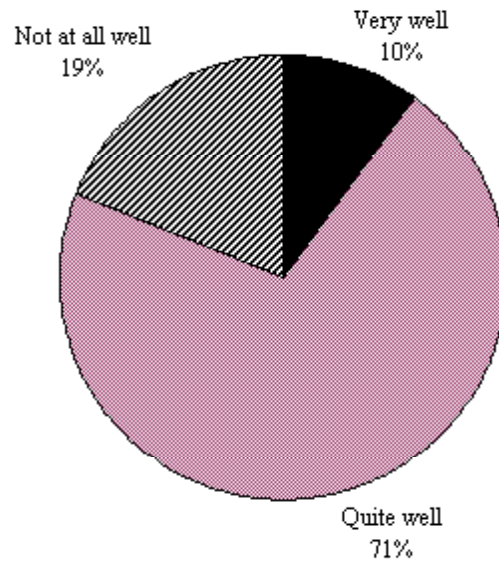
6. Support of voluntary and self-help agencies

Fig. 12 How much do you know about voluntary and self-help agencies?



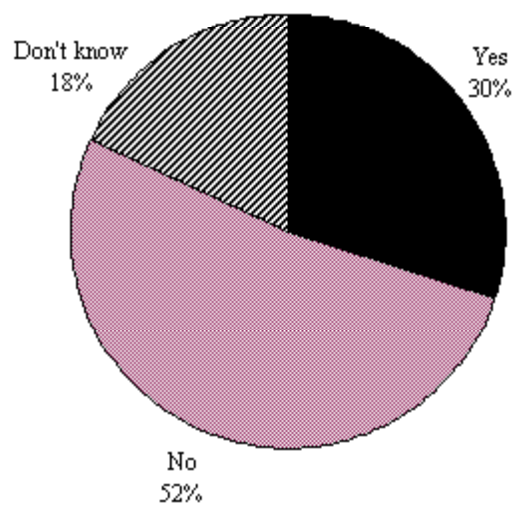
7. GPs and the Mental Health Act

Fig. 13 How well do you understand your responsibilities under the Mental Health Act?



(n = 316)

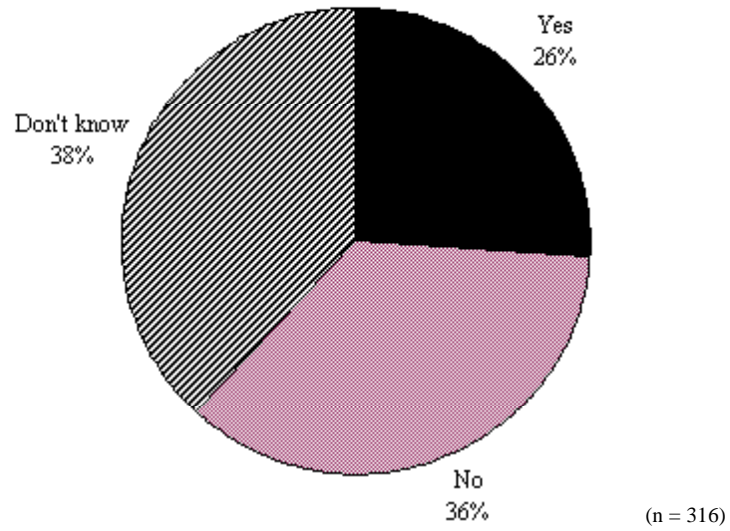
Fig. 14 Your patient was admitted to hospital last night voluntarily but is now being considered for Mental Health Act detention. Are you obliged to travel to hospital to provide a second medical assessment?



(n = 314)

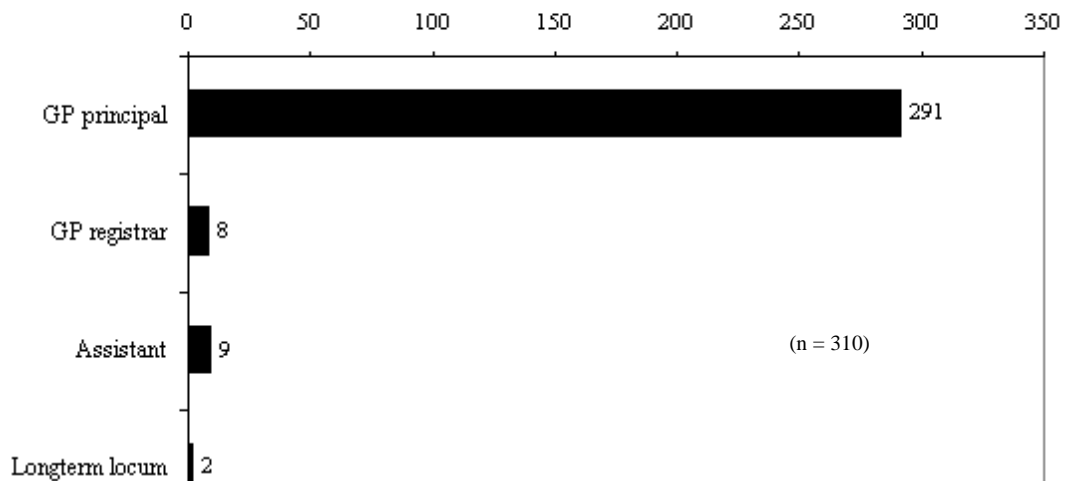
The correct answer is "No"

Fig. 15 A patient with florid schizophrenia develops breast cancer and does not want to have treatment. Can you invoke the Mental Health Act to enforce treatment for the cancer?



The correct answer is "No"

Fig. 16 Who completed the questionnaire?



8. Improving care; how can we do it?

8.1 In what ways could the current support for patients with schizophrenia be improved in your practice?

Responses from GPs to this survey question have been analysed and grouped under a number of broad headings.

Greatest concerns were expressed over the need for more support for patients from CPNs; the need for more CPN posts came across strongly. Better liaison with community mental health teams was also mentioned frequently. Other comments reflected the need for more education and training and the development of management protocols.

GPs would like to see:-

More CPNs (31 GPs)

“Increase CPN provision”

“Increase in number of CPN appointments in the area would be valuable.”

“More contact with CPN - their services are useful but there does not appear to be enough of them.”

“Removal of our CPN from being practice based rather than being based at Denmark Road has had deleterious effect on communication. Making practice based again would re-establish the good communications we had previously.”

“CPN shortages/changes have harmed continuity of care.”

Regular contact with CPNs through:-

- regular attendance at PHCT meetings (9 GPs)

“Mental health teams need to get into practices rather than sitting in isolation. It's not good for them. They get detached and fail to understand the changes taking place in general practice.”

“More contact with CPN. Contact with CPN has decreased remarkably over the past 2 years. Perhaps they could attend practice meetings.”

“I would like a CPN to become more involved in our PHCT. We have weekly meetings and I would like a CPN/social worker to attend. We often discuss psychiatric problems, although rarely schizophrenic!”

“Longer GP appointments - joint CPN/GP meetings.”

- by phone rather than / as well as at meetings (4 GPs)

“Closer contact with key worker - either at team meetings or by phone, especially when problems are occurring that the Mental Health Team know about first.”

“More regular liaison between community mental health team & GPs - Letters, phone & perhaps quarterly meetings.”

Better liaison with mental health teams (20 GPs):-

“Patients receive medication from Park House and it is often not clear when changes are made. Better communication of changes and programmes for patients.”

“Arrangements for continued support over the age of 65. Clear guidelines on who (Severn or GP) provide medication. Defined key worker. Limited number of points of liaison”

“Sensible discussions with teams over treatment regimes - particularly where they seem a bit odd.”

“Information on newer medication and informal links via CPN. Improved speed of access of relatives/patients direct to the service.”

“Patients could be seen in practice premises by CPNs - reducing need to travel. Written update (too complex). Verbal updates much more appropriate - maybe regular verbal review of caseload with CPNs, psychiatric team & GPs.”

“More CPN availability out of hours. CPN able to prescribe.”

“Our patients have to travel to Cirencester for day care. We sometimes don't have an up to date record of their depot medication if the dose is not communicated to the practice. Generally our community mental health team are extremely good and communicate well.”

“We often don't see patients very often as regularly reviewed by mental health team - CPA review e.g. 10am, impossible when booked surgeries 1 month in advance”

“Better understanding of local services statutory and voluntary. We are often not involved in care of mental health until a 'crisis' occurs.”

“Problem when dealing with 16-18 year olds - who do they 'belong' to. Often difficult getting advice with psychiatrist, acute situations – locally”

“Better treatment and support for patients at onset of the illness.”

Education and training around:-

- medication (5 GPs)

“More information re new drugs.”

“Review of patient medication – newer agents probably offer significant benefits at greater cost.”

- support services and emergency management (5 GPs)

“Improved knowledge of support services and emergency management.”

“Documentation of crisis management. Improved knowledge access to supporting services and mental health team.”

- literature (1 GP)

“Better understanding of voluntary services.”

- protocols (6 GPs)

“Education. Written protocol for care and emergency contact.”

“More help with protocols and guidelines.”

“Protocol on which drugs the local Psychiatrist / CMHT favour.”

“Protocol in discussion with CMT about treating relapse.”

- general comments

“Educational meetings with psychiatrist and mental health team.”

“Education and liaison (but please do not use this as another reason to transfer work from secondary to primary care!!)”

“Guest speaker, clinical governance afternoon - Practice to discuss management of all mental health problems.”

“In practice support group. One member of team to have further training/ knowledge.”

Better practice infrastructure

- staffing (2 GPs)

“Lead partner for mental health current issues.”

“Have identified member of the mental health team to work within the practice like the district nurse - so that we had more daily contact and more direct liaison.”

- information system (13 GPs)

“Practice database for all schizophrenia. Care pathway for primary and secondary care.”

“Computer template to be completed for schizophrenic patients. Database of the names of all patients with schizophrenia - regular reviews. Reviews by CPNs and GP together.”

“We need a register with disease status and key worker and mental health assessment / review.”

“Systems to ensure patients are not defaulting from medication and follow up.”

- time/resources (8 GPs)

“Money for antipsychotics. More nursing time for learning disability patients.”

“More resources. Specialist nurses/CPN. Practice based support clinics/depot clinic. Psychiatrist attending from time to time. And therefore more space, more telephones, more reception time.”

“Halve the list size. There is no alternative strategy that would be anything like as effective, and training other staff to take on some of the GPs would not be cost effective.”

“Better medical care of associated problems. Most of my schizophrenics who are needing support are seen by CPN, attend day centre. More help for practices with more schizophrenia/severe and enduring mental illness patients from CPN. (i.e. more time)”

“More time to see patients and support relatives.”

- Information (7 GPs)

“More literature to give out especially to carers. Integrated team work and sharing information.”

“Copies of sample leaflets for patients / carers.”

“More information leaflets.”

Other support services

“More support for learning disabilities.”

“Contact with self help groups and more written material available.”

“Packages with useful telephone numbers, emergency numbers, lists and addresses of schizophrenia groups. Support agencies that could be used by patients, families and carers.”

“Developing supporters. More networking with other support services.”

“A drop in centre, a weekly club might help, but is there enough patients to warrant this? Transport to local facilities would perhaps be better”

8.2 In what ways could the current support for patients with schizophrenia be improved in your PCG?

Issues raised by GPs varied across the county. The need for improved support from community psychiatric nurses seemed to be a particular concern in Gloucester & South Tewkesbury and in Stroud. The need for better communication with the mental health services was mentioned in all areas except the Cotswolds.

Cheltenham & Tewkesbury PCG

GPs would like to see:-

- An improvement in communication with specialist mental health services (10 GPs)

“Major problems accessing/contacting the mental health team if a schizophrenic falls ill. A major service problem - time consuming for the GP, potentially dangerous for the patients.”

“Easier access out of hours. Often have to speak to SMO then consultant. Numerous phone calls to admit a patient.”

“Easy access to secondary care services and community specialists such as CPNs.”

“Schizophrenia register - regularly inform GPs who on their list has schizophrenia.”

“Visiting member of CMHT to visit the practice regularly (? fortnightly).”

- More education on mental health for GPs (8 GPs)

“Further training on practical issues such as whom to contact, prescribing, mechanisms for admissions etc.”

“TARGET day”

- Better patient support (7 GPs)

“Improved day care facilities with more resources. Schizophrenia liaison nurse rather like diabetes facility.”

“Better non medical facilities e.g. housing, local projects, work & educational opportunity for patients.”

“More support at home.”

“More sheltered housing.”

- More resources for mental health (6 GPs)

“More primary care workers.”

“Another consultant with specialist interest with schizophrenia.”

“Beds / 24 hour care in Tewkesbury.”

“Better resourcing of mental health team.”

- The introduction of a management pathway (2 GPs)

“Care pathway with mutual understanding of roles, responsibility and communication between all involved would help greatly.”

“PCG plan / protocol.”

- A change in antipsychotic prescribing (2 GPs)

“Encourage greater use of new antipsychotic medications with less side-effects.”

Cotswold PCG

GPs would like to see:-

- More education on mental health for GPs (2 GPs)

“Increased awareness of support organisations. Educational meetings with psychiatrist and mental health team. Practice register of patients.”

“Use one of the protected learning time sessions to discuss treatment of schizophrenia and support available locally.”

- Better patient support (6 GPs)

“Perhaps improved day care.”

“Better access to various support agencies.”

“We could probably make greater use of the voluntary organisations and their support for relatives.”

“Local NSF / self help groups. Liaison between GP's and self help groups.”

- More mental health expertise

“Nominate some GPs with a special interest / skill in this field to get together to work out the needs for our area and how best to fulfil them.”

“Major problem is single psychiatrist. No choice for patient or doctor. No one person can be 'All things to all men'.”

Forest of Dean PCG

GPs would like to see:-

- More CPNs and psychiatrists (4 GPs)

“Lower case load for CPN and support workers especially in learning difficulties work placements, increase educational placements. Confirmation of arrangements between Health Authority, who is to pay care when patient in residential establishment. Increased psychology input. Out of hours access to CPN and CPA plans.”

“Specialist nurses.”

“More money for drugs.”

- More education on mental health for GPs (4 GPs)

“Regular refresher course on management.”

“Post graduate education. Protocols from the experts.”

- Better liaison with mental health services

“Mental health teams need to get into practices rather than sitting in isolation. It's not good for them. They get detached and fail to understand the changes taking place in general practice.”

Gloucester & South Tewkesbury PCG

GPs would like to see an improvement in:-

- More CPN support (11 GPs)

“Maintain support for in-house CPN in all practices, not just qualified graduate psychiatrists.”

“More community psychiatric nurse posts.”

“At the present the community mental health team support the schizophrenic patients very well. There is little time left for them to support patients with neuroses though.”

“Mental health crisis team.”

- Better out of hours cover (8 GPs)

“Out of hours CPN service with central telephone contact to 'human voice' not answer phone.”

“Priority 24 hr CPN cover. Increased funding for mental health.”

- More education on mental health for GPs (3 GPs)

“Regular mental health updates with lecture followed by workshop.”

“Educational day of half day on psychiatric illness, Mental Health Act etc.”

- Better facilities for patients (6 GPs)

“Increased day centre facilities in unsociable hours/weekends. Access to services direct for carers/relatives for advice without needing to go through GP.”

“Increased sheltered accommodation.”

“Occupational therapy / day centre.”

“Between practice support group.”

- Greater availability of psychiatrists

“Ensure duty consultants carry a bleep as we do.”

“More regular review by consultant psychiatrist.”

“Better availability of consultants, psychiatrists and CPNs.”

- Improved communication with mental health services

“Newsletter - Services available with any developments.”

“Better distribution of information, use of Community Mental Health Act if necessary. Out of hours CPN service with central telephone contact to 'human voice' not answer phone. Better understanding of code of practice and consent issues.”

“I sometimes feel that the psychiatrists are too ready to disagree with our assessments. A written protocol may help.”

“Quicker assessment of 'urgent' & 'soon' patients. Easier referral for assessment of urgent cases. Lack of written protocol for referral & assessment.”

“Key worker named.”

- More resources for mental health

“Acceptance of more expensive drugs and exclude these from practice budget. Time and money for their care should follow according to practice load of severe and enduring mental illness.”

“Increased funding for mental health.”

- Other improvements

“Alternative strategy to give up smoking (current measures seem ineffective on schizophrenia). Plan of key action points disseminated through PCG.”

“CPA for all schizophrenics. Carers given responsibility for making appointment for annual health checks when required.”

Stroud and Berkeley Vale PCG

GPs would like to see an improvement in:-

- Better CPN support (9 GPs)

“CPN are overburdened, become unwell and drop out. Continuity of care. What is management at Park House doing?”

“On-call CPN services. More co-ordinated emergency service.”

“More CPN availability – current nurses overstretched.”

- Better education on mental health for primary care (4 GPs)

“Improved education for primary care teams.”

“Locally run courses.”

“More education for PHCT's.”

- Better patient support (5 GPs)

“More sheltered accommodation. More help for teenagers.”

“Adequate social support.”

- A change in antipsychotic prescribing (2 GPs)

“Adequate funding for modern drugs.”

“Increased use of modern medication with fewer side-effects.”

- An improvement in communication with specialist mental health services (5 GPs)

“Better liaison with CPN. We used to have a good relationship but have changed areas and are not very pleased with the present service.”

“We have a care team meeting every 2 weeks. Perhaps CPN could attend every 3 months and we could concentrate on patients with chronic mental illness.”

“Easier access to psychiatrists and mental health teams, often hard to get help during crisis.”

Leaflets available				Stroud and Berkeley Vale PCG	23%	47%	24%	7%
				Gloucestershire	36%	41%	19%	4%
Self help groups	20%							
Professional bodies	12%							
Pharmaceutical companies	9%							
None available	52%							

	Yes, for all patients	Yes, for some patients	No
Do you have a clear idea of how to obtain specialist help in an emergency?	67%	21%	12%
If yes, is there a written plan/protocol?	1%	26%	73%
Understand symptoms			
Pretty well	30%		
Quite well	57%		
Not at all well	13%		
Know about medication			
A good deal	8%		
Enough	48%		
Too little	44%		
Response to relapse			
Restart medication	67%		
Refer him/her to a psychiatrist	40%		
Contact the community mental health team	85%		
Other	5%		
Understand MHA			
Very well	10%		
Quite well	71%		
Not at all well	19%		
Obligated to travel to hospital			
Yes	30%		
No	52%		
Don't know	18%		
Enforce treatment			
Yes	26%		
No	36%		
Don't know	38%		

How often contact					
	Every 2 weeks or more	Every month	Quarterly	Less frequently	
Cheltenham and Tewkesbury PCG	12%	49%	22%	17%	
Cotswold PCG	56%	36%	6%	2%	
Forest of Dean PCG	22%	37%	24%	17%	
Gloucester and South Tewkesbury PCG	28%	41%	19%	12%	
Stroud and Berkeley Vale PCG	14%	35%	27%	24%	
Gloucestershire	24%	41%	20%	15%	
	Only heard of the organisation	Know about their work	Involved for one or more patients		
NSF	156	55	11		
MIND	173	126	7		
Saneline	75	7	1		
Black Mental Health Team	65	9	13		
Cirencester Thursday and Friday Club	12	9	2		
Newent Monday Club	4	8	3		
Forest of Dean Project: Coleford	4	6	5		

Forest Mental Health Action Group	9	4	1	
Forest of Dean Crossroads Scheme for Carers	9	13	3	
Belsize House	17		2	
Gloucester Survivors Forum	23	8		
Gloucester Clubhouse	14	7	3	
Dursley Thursday Club	11	3	5	
Citizen Advocacy	9	4	1	
Park House Relatives Support Group	17	11		
Stepping Stones	34	11		
Cam and Dursley Weekend Club	9	4	5	
Gloucestershire Outreach Service	38	14	1	
Worcester House	35	22	13	
Tewkesbury out of hours service	5	3		
Comp by				
GP principal	291			
GP registrar	8			
Assistant	9			
Longterm locum	2			

