



# Healthwatch Bury Mental Health Project

## GP Experience Report

2017/18



## Healthwatch Bury Mental Health Project - GP Experience Report

### Table of Contents

<b>Section</b>	<b>Header</b>	<b>Page Number</b>
1	Context	4
2	Methodology	4
3	Findings	4
4	Recommendations	17
5	Conclusion	17
	Appendix I - Survey	18

# Healthwatch Bury Mental Health Project

## GP Experience Report

### 1. Context

- 1.1 As part of Healthwatch Bury (HWB) Mental Health project which examined people's experiences of accessing and talking to their GP about their mental health, we also asked GPs to complete a short survey regarding their experiences with supporting patients.

### 2. Methodology

- 2.1 Following agreement via each GP sector meeting an online survey was sent out to all the GP practices across Bury (attached at appendix i). Eight GPs responded to the survey.

### 3. Findings

The responses to the survey are set out below:

#### 3.1. What approximate percentage of patients that you see have mental health issues?

The response was mixed ranging from 10% up to potentially all.

- 2 = 10%
- 2 = 20%
- 2 = 25%
- 1 stating that potentially all do
- 1 stating that it varies – quite common

- 3.1.1 A report from the Charity 'Mind'<sup>1</sup> states that around one in three GP appointments involves a mental health component, which places a huge demand on GP practices. Based on the responses above the average percentage of patients with mental health conditions is circa 23% which would support the national statistics that 1 in 4 individuals suffer from a mental health condition.

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<sup>1</sup> Mental Health in primary care, A briefing for Clinical Commissioning Groups, Mind, 2016

### 3.2. What percentage of those patients need secondary care mental health services?

The responses were again quite varied ranging from as low as 1% up to 50%:

- 1 = 1%
- 1 = 3%
- 1 = 5%
- 2 = 10%
- 1 = 50%
- 1 = Not many
- 1 = Unable to comment as is a single point access for mental health services whether that is primary or secondary care delivered as patients can self-refer.

3.2.1 Based on the responses above the average percentage of the patients needing secondary care mental health services is approximately 13%. This figure supports the statistic presented by 'Mind'<sup>2</sup> that 90% of people receive treatment and care for mental health in a primary setting.

3.2.2 A report by a Joint Commissioning Panel for Mental Health<sup>3</sup> calculated that in a group of 2000 patients at any one time, an average general practice will be treating:

- 352 people with a common mental health problem
- 8 with psychosis
- 120 with alcohol dependency
- 60 with drug dependency
- 352 with a sub-threshold common mental health problem
- 120 with a sub-threshold psychosis
- 176 with a personality disorder
- 125 (out of the 500 on an average GP practice list) with a long-term condition with a co-morbid mental illness

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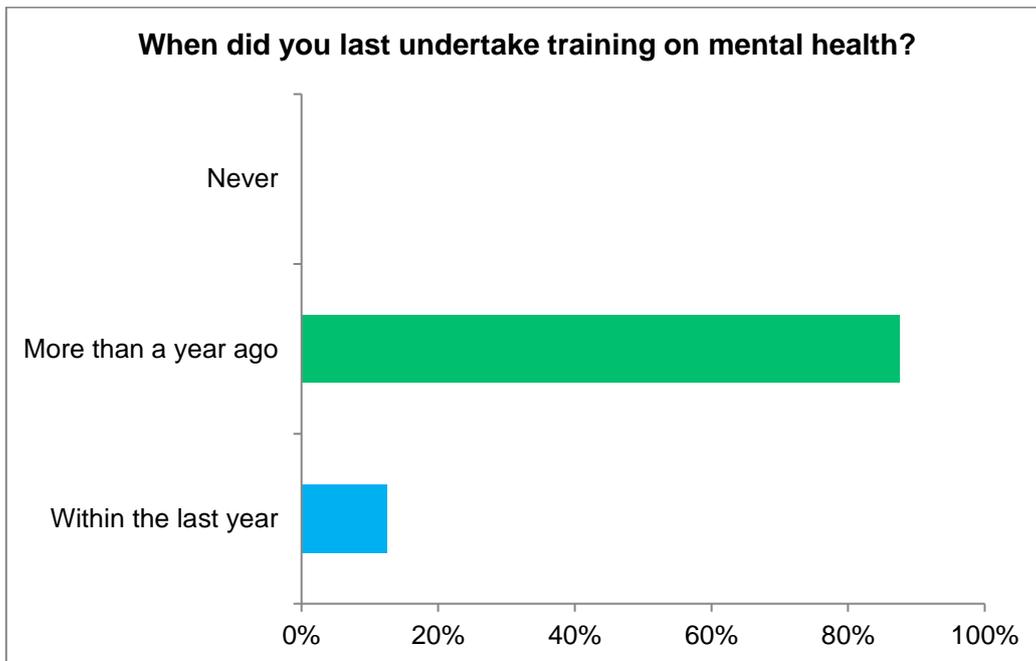
<sup>2</sup> Ibid

<sup>3</sup> Joint Commissioning Panel for Mental Health, Guidance for commissioners of primary mental health care services, 2012

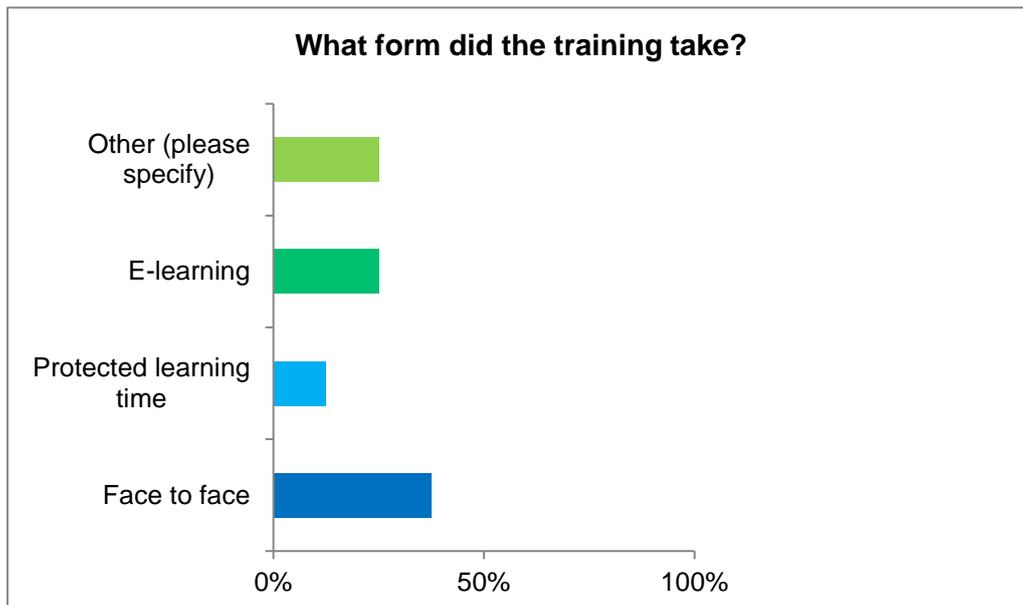
- 100 with medically unexplained symptoms (MUS) not attributable to any other psychiatric problem.

### 3.3 When did you last undertake training on mental health?

With so much of GP's work load being mental health related and the majority of mental health sufferers relying on primary care for their care, it is important that primary care staff are supported to be fully equipped to provide high quality mental health care through on-going professional development. The table below shows that of the eight responses seven of the GPs had undertaken the training on mental health more than a year ago and that only one had done MH training within the last year.



### 3.4 What form did the training take?

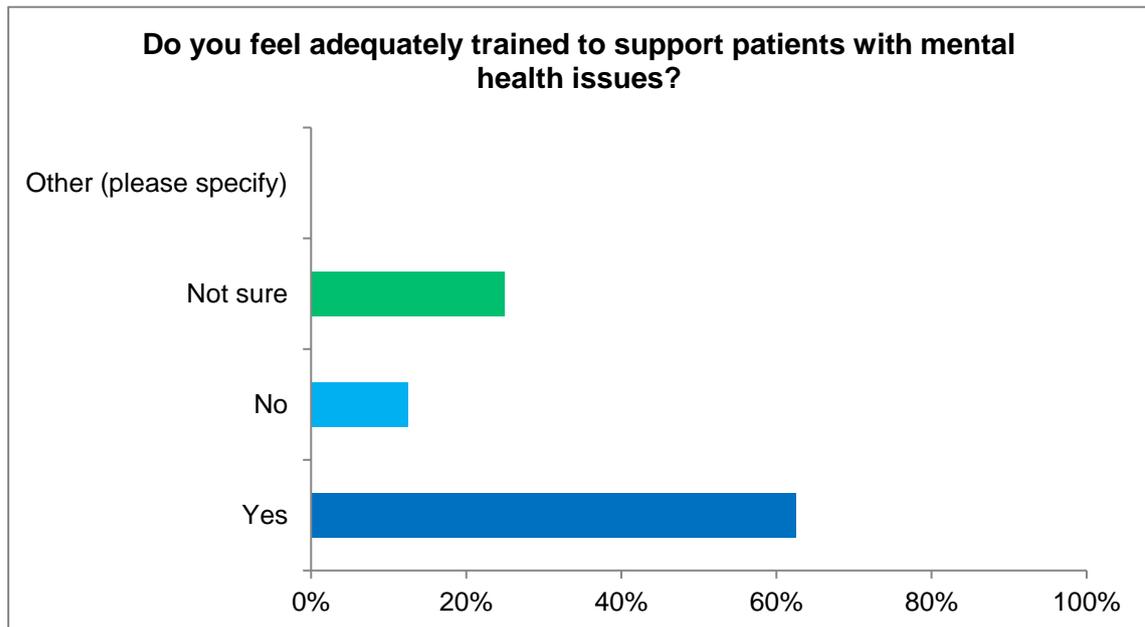


From the responses received 38% (3) of the GPs had received face to face training, 25% (2) e-learning and 13% (1) protected learning time. Of the 25% (2) who stated 'Other' one had undertaken a general study day and one completed psychiatric training and further e learning.

3.4.1 Research by the the mental health charity 'Mind' found that in England, on average, less than half (46 per cent) of trainee GPs undertook a training placement in a mental health setting<sup>4</sup>. The report also highlighted that the only mental health-related option offered to trainee GPs was in psychiatry, which is based in hospitals and secondary care-focused.

<sup>4</sup> 'Better equipped, better care', Improving mental health training for GPs and practice nurses, Mind, 2016

### 3.5 Do you feel adequately trained to support patients with mental health issues?



From the responses 62% (5) stated 'Yes', 13% (1) stated 'No' and 25% (2) of the GPs were not sure whether they feel adequately trained to support patients with mental health issues.

3.5.1 'Mind'<sup>5</sup> highlighted that 81% of people access mental health services through their GP. They recommended that all GP's and practice nurses should receive structured mental health training that is comprehensive, relevant and supports their on-going development.

3.5.2 Research by the Mental Health Foundation<sup>6</sup> also presents an economic case for greater GP training on mental health:

*"Internet-based training for GPs in psychosomatic conditions (where physical symptoms have no known physical cause), and cognitive behavioural therapy (CBT) for 50% of adults presenting with unexplained medical symptoms, can*

<sup>5</sup> Ibid

<sup>6</sup> Mental Health Foundation, Fundamental Facts About Mental Health, 2016 & Mental Health Promotion and Mental Illness Prevention: The Economic Case, Knapp, M., McDaid, D., & Parsonage, M. (2011)..

*potentially bring a saving of £639 million over three years, mainly due to reductions in sickness and absence from work.*

*Suicide awareness and prevention training, if delivered to all GPs in England, is estimated to cost £8 million. Such training, combined with CBT for individuals at risk of suicide, has an estimated cost of £19 million over 10 years, which is negligible compared to the net savings of £1.27 billion that can result over a 10-year period”.*

### **3.6 If not what training would help?**

Through this question HWB wanted to explore what type of training GP's would like. This was an open question with the responses being:

- Always useful to have updates- also access to resources/advice when needed
- Face to face with local consultants - presentations of common issues found by GP.
- Update on local services and how best to use them. Treatment pathways.
- Patients need faster access to Healthy Minds services etc.
- As a generalist, it is not my role to be the provider of care of a specific health issue whether that be physical or mental but to identify the issues for the patient and refer to the appropriate service that has the skills, time and support networks for the patient
- 2 x N/A

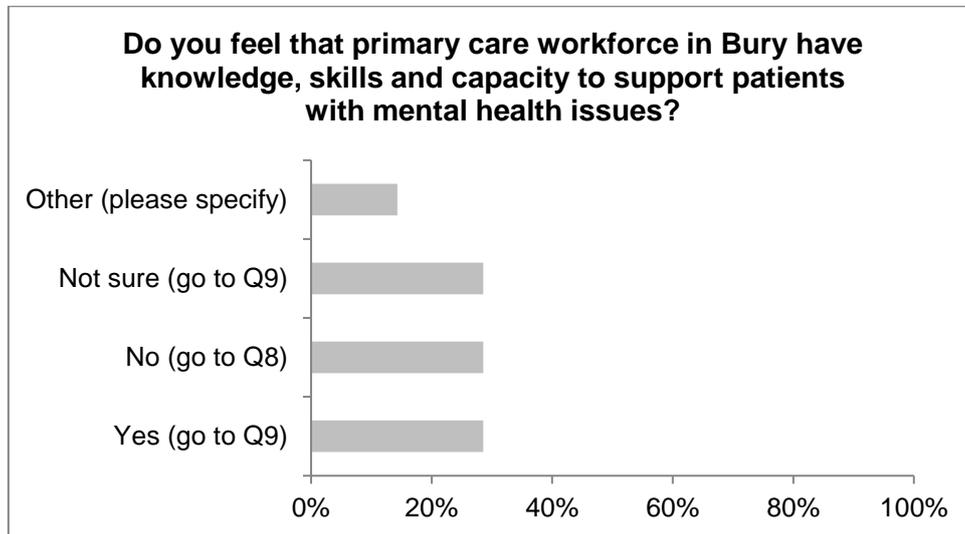
3.6.1 [London Clinical Networks](#)<sup>7</sup> have developed a primary care workforce training and education framework and checklist. The document provides a useful checklist for commissioners and staff to apply when assessing what is required to support the delivery of mental health in their areas. HWB is aware that Bury CCG is currently exploring the types of training needed to suit various individuals and organisations, for example local employers through to

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<sup>7</sup> Tooling up and gearing up mental health in primary care, London Clinical Networks, 2016

health practitioners, this checklist may help provide a tool to assist in that process.

**3.7 Do you feel that primary care workforce in Bury has knowledge, skills and capacity to support patients with mental health issues?**



As can be seen from the table the 7 GPs responses were quite varied. As well as the two (29%) GP's stating they felt the primary care workforce had the knowledge, skills and capacity, one felt they had but not always the support or facilities. Of the remaining four responses, two stated no and two not sure, which would indicate a need for further training and support.

3.7.1 A number of references were received from our review of people's experiences of accessing and talking to Bury GP's about their mental health. Both the group feedback and the surveys highlighted the need for improved MH awareness and training within GP practices for wider health care professionals, to help improve empathy and understanding of MH conditions.

**3.8. If not what are the issues and what would help to address these issues?**

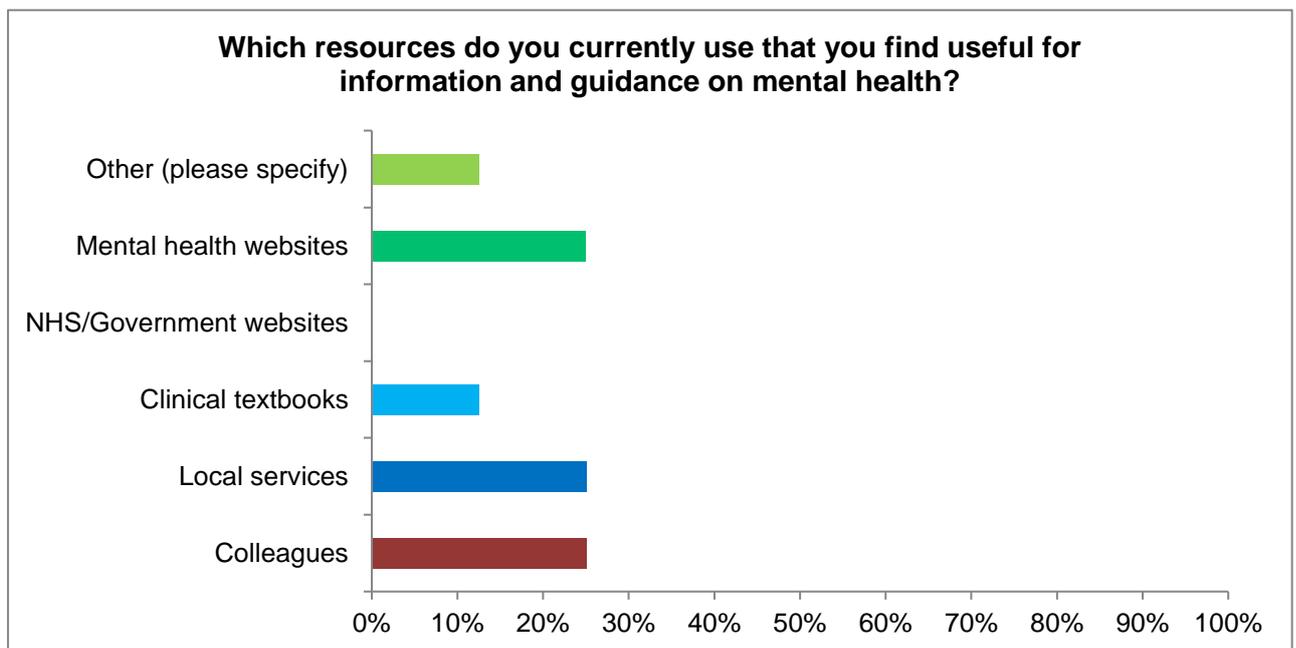
The responses received were:

- Main issue is capacity

- GP does not have time to adequately provide support and further interventions. The wait for services with Healthy Minds is ridiculously long. More services need to be provided.
- Waiting times for specialised services which include the primary care element (which is not GPs but community services) for example counselling and the default position is see GP!
- As above, sooner availability of secondary care, rather than referring & being put on a waiting list

From the responses received the most common recommendation from GPs is to address the issue of long waiting times for secondary care services.

### 3.9 Which resources do you currently use that you find useful for information and guidance on mental health?



GP's use a variety of resources to find information and guidance on mental health.

3.9.1 There are a number of useful MH web sites one specifically aimed at GP's is available through the Royal College of General Practitioners which has an on

line Mental Health Toolkit<sup>8</sup> providing resources for healthcare professionals to reference regarding the diagnosis and treatment of mental health problems. The toolkit provides trigger questions, diagnostic tools, and current guidance for healthcare professionals supporting those with mental illness. It also provides resources for those concerned about their own mental health issues.

3.9.1 With the increasing emphasis on social prescribing it follows that GPs will need to know more about the local offer available to their patients. HWB has developed a booklet 'Mental Health and Wellbeing in Bury', to help provide information on the local mental health offer.

**3.10. Is there anything that you would like to be introduced or made available for the patients with lower level mental health needs that you are currently unable to do?**

The following suggestions were put forward:

- Signposting to appropriate written/online or other resources
- Practice based service
- More timely access to counselling
- Time for face to face support
- Be seen in timely fashion
- The services are there but are not responsive enough to the needs of patients
- Sooner availability regarding Healthy Minds appointments.
- Stop them accessing me in the first place but provide signposting earlier

3.10.1 The responses from the GPs mirrors the responses received from the service users. In response to the request for greater signposting to other resources HWB have included in their booklet information about managing MH and details of the local, GM and national mental health support groups.

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<sup>8</sup>RCGP Mental health Toolkit, <http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/mental-health-toolkit.aspx>

### **3.11. What support are you able to provide for the patients with lower level mental health needs?**

7 GPs answered this question and the responses were:

- Brief support in appointments - signposting to resources that I am aware of
- Time to talk
- Regular GP follow up, prescribing if appropriate, referral to Healthy Minds
- Listening, directing to services, ongoing support, medication, crisis help
- Minimal as I am a general clinician not a specialist in psychiatry or mental health worker
- Big White Wall, Healthy Minds, Health Trainers, GP follow ups, referral for exercise BEATS etc.
- Improving Access to Psychological Therapies (IAPT), In House counselling, Big White Wall

### **3.12. What support are you currently able to provide for the patients with secondary care mental health needs?**

7 GPs answered this questions and the responses were as follows:

- Liaising with secondary care- interim reviews- monitor other health conditions/physical health
- Time to talk, health screening, medication
- Prescription monitoring, annual mental health checks monitoring for chronic diseases or side effects of medication. Liaison with secondary care where appropriate
- Ongoing support, medication
- The same support as any patient on the practice list for any issues
- Follow up requests for further tests such as bloods, ECG
- Nil

### **3.13. Are there any barriers to providing support to the patients with secondary care mental health needs?**

7 GPs answered this questions and the responses were following:

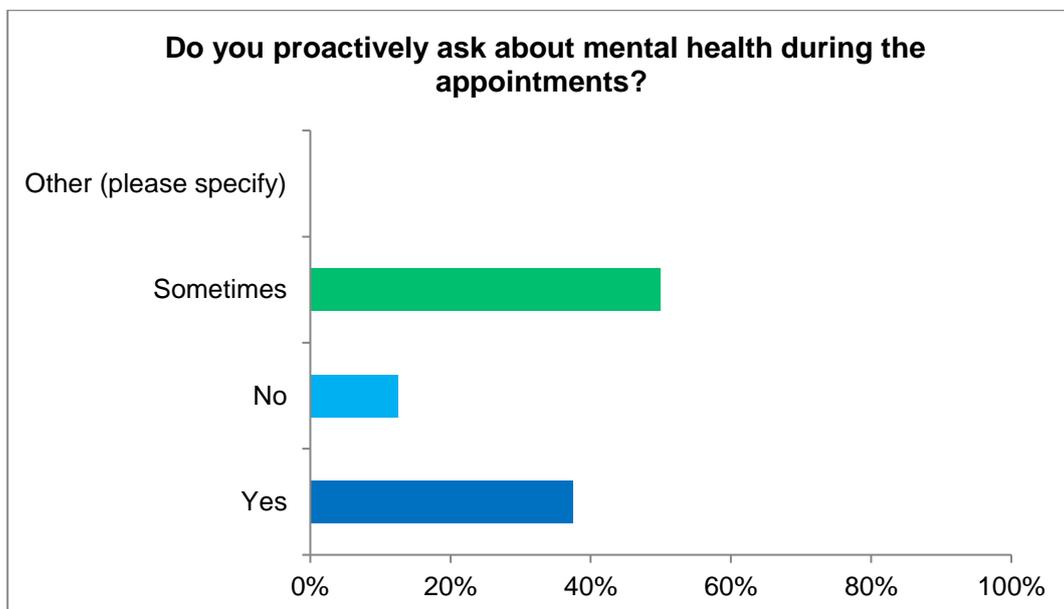
- Capacity issues - sometimes no up to date information from secondary care-or no clear plan of action for primary care

- Access
- Length of time to access, lack of choice of consultant.
- Mainly time limitations, lack of info from Community Mental Health Teams and named contact for patients
- Lack of integrated care and specialist services being too narrowly focused and not looking at a patient holistically and lack of social support
- No
- Resource

3.13.1 The GP responses again mirrored those received by HWB from mental health service users, in particular the issue of limited access to alternative care options and long waiting times to access services.

### 3.14 Do you proactively ask about mental health during the appointments?

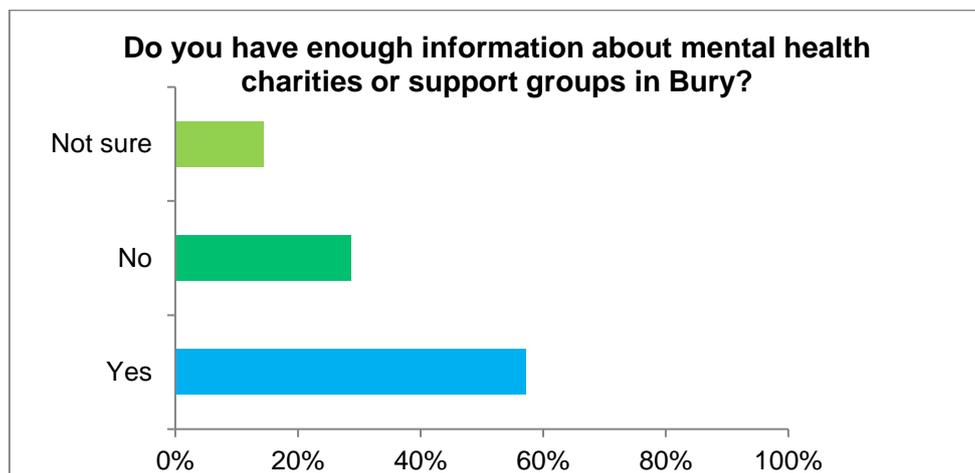
With research<sup>9</sup> showing that people with physical long-term conditions are two to three times more likely to experience mental health problems, HWB wanted to explore if GP's were taking a proactive approach to identify MH in their patients.



<sup>9</sup> Ibid

Overall the response did indicate a proactive approach is being taken by GP's with 37.5% (3) of the GPs having responded 'Yes' and 50% of the GPs having answered 'Sometimes'.

### 3.15 Do you have enough information about mental health charities or support groups in Bury?

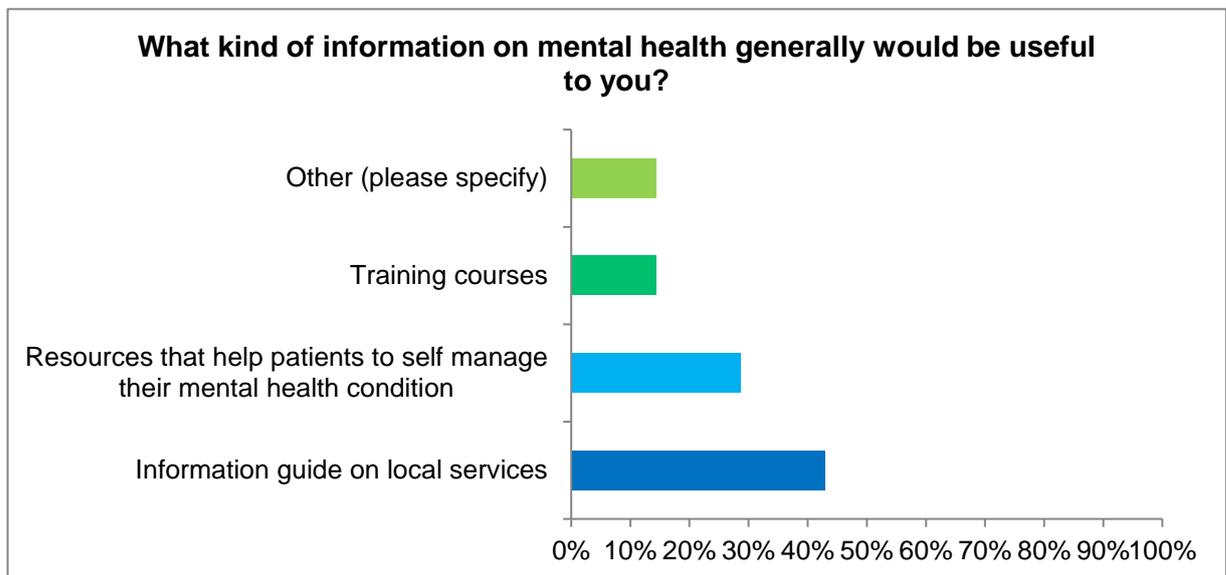


Just over 50% of the GPs stated 'Yes' with the remaining stating no or unsure which would indicate the need for more information about MH charities and support groups to be made available.

3.15.1 Most mental health websites and numerous research documents refer to the value of peer support provided by mental health groups in the recovery and self-management of people with poor mental health. Feedback from the service users highlighted the importance to them of local support groups in their ability to manage their conditions. Many, however, only found out about their local group(s) by chance. The more knowledge that GP's have of what is available locally can only improve patient's access to local services and earlier support.

### 3.16. Is there anything else you would like Healthwatch Bury to be aware of regarding mental health services?

- No
- Many patients unhappy with telephone counselling and group sessions that are offered and then if face to face appointment offered feel waiting too long
- It is not a GP issue but a wider social and health care problem that needs to be dealt with by the correct service
- The waiting times are unacceptable
- Provide barrier to limited resource by providing consistency of approach and earlier signposting to voluntary sector



The comment regarding telephone and group sessions reflected the views we have received from service users.

### 3.17 What kind of information on mental health generally would be useful to you?

HWB wanted to explore the kind of information that could be provided that would help support GP's. 43% (3) of the GPs stated 'Information guide on local services', 29% (2) stated 'Resources to help patients to self-manage their mental health condition. Another 14% (1) said 'Training Courses' and 1 GP under the other option stated 'all of above'. The HWB booklet will help to

provide some of this information and we shall also be looking to work with local groups to developing some simpler leaflets to help meet service users' information and support needs.

#### **4. Recommendations**

- i. Develop a structured package of MH training for GPs and healthcare staff that supports their on-going development.
- ii. Provide details and information about services available in local communities to all healthcare staff.
- iii. For commissioners and GP practices to strengthen ties with, help support and promote local mental health groups to service users.

#### **5. Conclusion**

Healthwatch Bury would like to thank those who contributed to this report. With ever increasing emphasis on mental health it is important to understand the needs of GPs and primary care services. The comments received from GPs mirror a lot of the service user views and needs. The feedback highlights the need to improve available mental health information and training. The lack of timely access to secondary care service is seen as a blockage and a frustration for both GP and service users. Increasing the alternative treatment options available would be welcomed.

### **Mental Health - GP Experience Survey**

Healthwatch Bury are keen to learn from the experiences of GP's in supporting people with mental health concerns and to explore via an anonymous survey based on the following:

**\*whether GPs working in Bury feel adequately trained to support patients with mental health concerns**

**\*how they typically approach such patients and what support they offer them**

**\*whether GPs proactively ask about mental health in appointments where it feels appropriate**

**\*whether GPs felt there were any specific barriers to their ability to support patients with mental health concerns.**

Results are anonymous and will go towards a wider Healthwatch Bury study and report around GP experience and mental health. If you wish to stop the survey at any point you can do and your results will not be included.

If you have any enquiries regarding this survey please contact: 0161 253 6300.

**1. What approximate percentage of patients that you see have mental health issues?**

**2. What percentage of those patients need secondary care mental health services?**

**3. When did you last undertake training on mental health?**

- Within the last year
- More than a year ago
- Never

**4. What form did the training take?**

- Face to face

- Protected learning time
- E-learning
- Other (please specify)

**5. Do you feel adequately trained to support patients with mental health issues?**

- Yes
- No
- Not sure
- Other (please specify)

**6. If not what training would help?**

**7. Do you feel that primary care workforce in Bury have knowledge, skills and capacity to support patients with mental health issues?**

- Yes (go to Q9)
- No (go to Q8)
- Not sure (go to Q9)
- Other (please specify)

**8. If not what are the issues and what would help to address those issues?**

**9. Which resources do you currently use that you find useful for information and guidance on mental health?**

- Colleagues
- Local services
- Clinical textbooks
- NHS/Government websites

- Mental health websites
- Other (please specify)

**10. Is there anything that you would like to be introduced or made available for the patients with lower level mental health needs that you are currently unable to do?**

**11. What support are you able to provide for the patients with lower level mental health needs?**

**12. What support are you currently able to provide for the patients with secondary care mental health needs?**

**13. Are there any barriers in providing support to the patients with secondary care mental health needs?**

**14. Do you proactively ask about mental health during the appointments?**

- Yes
- No
- Sometimes
- Other (please specify)

**15. Do you have enough information about mental health charities or support groups in Bury?**

- Yes
- No
- Not sure

**16. Is there anything else you would like Healthwatch Bury to be aware of regarding mental health services?**

**17. What kind of information on mental health generally would be useful to you? w 0**

- Information guide on local services
- Resources that help patients to self manage their mental health condition
- Training courses
- Other (please specify)

**18. Do you provide information about local mental health support groups or charities to the patients?**

- Yes
- No
- Sometimes
- Other (please specify)