

Improving Awareness and Liaison Between GPs and Mental Health Services in BEH

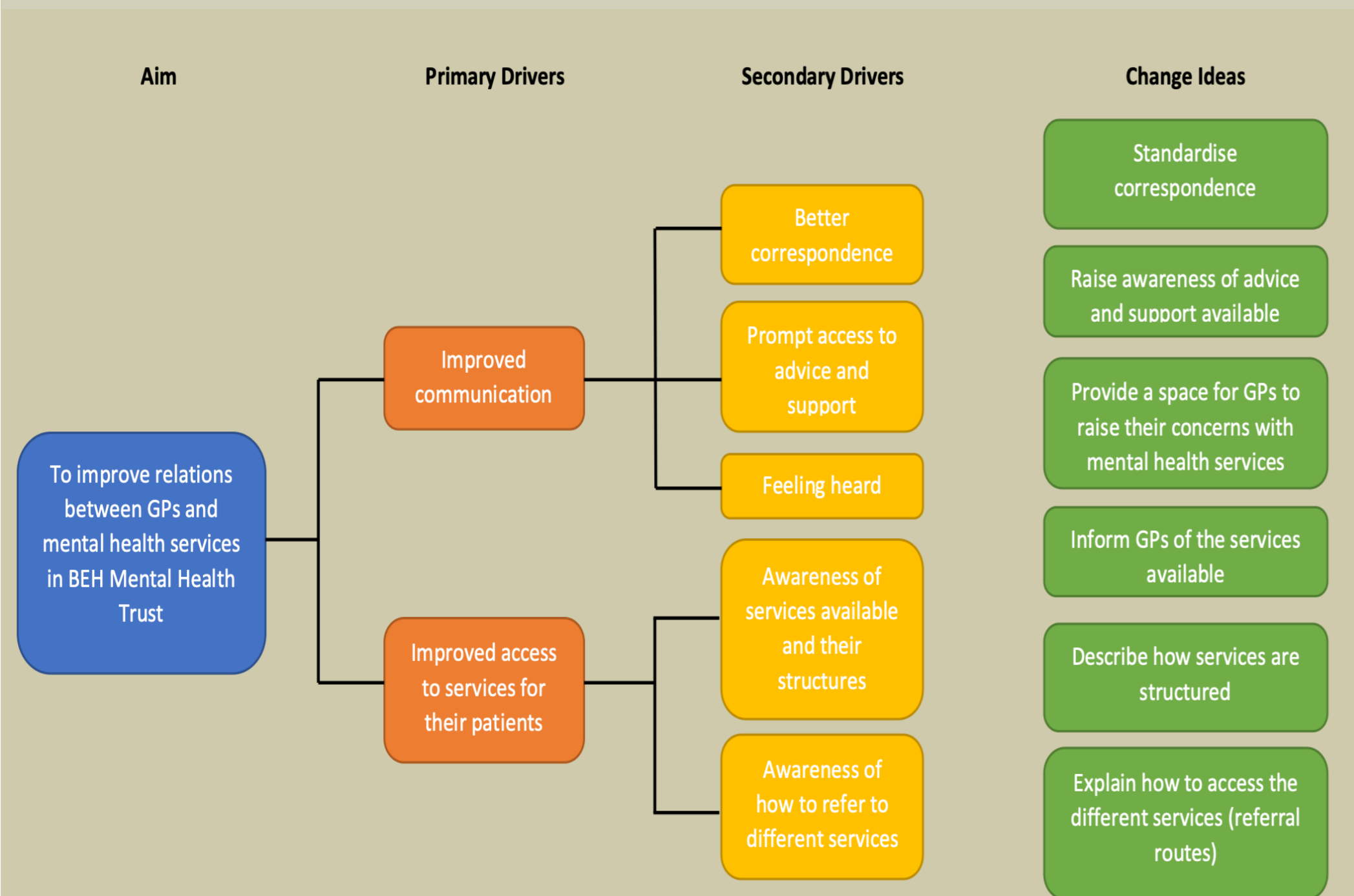
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Background

This project was devised to improve the working relationship between Barnet Enfield and Haringey Mental Health Trust (BEH) and GPs that utilise the Trust's services. This was driven by a hypothesis that local GPs had limited understanding of service provision and referral processes across the Trust. The RCGP estimates that a quarter of all people will experience a mental health problem in a given year and the majority of presentations are managed in the primary care setting ¹. It is therefore paramount that working relationships between GPs and mental health trusts are optimised in order to provide service users with the highest quality care ².

This project sought to assess and improve GPs' understanding of service structures and referral processes across BEH. It also clarified the sources of advice and support in managing mental health related clinical dilemmas for primary care colleagues in different circumstances. Qualitative data were gathered on the difficulties GPs encounter in liaison with their local mental health services.

DRIVER DIAGRAM:



BOX 1: PRE-/POST-SESSION QUESTIONNAIRE

- I have a good general understanding of the structure of MH services in BEH
- I have a good understanding of the referral pathways in BEH
- I know how to get my patients urgent mental health help when they are in crisis
- I know how to get advice for my patients about non-urgent mental health concerns
- I feel like I have a good relationship with BEH services
- I found today's session useful [post-session questionnaire only]

Methods

A pair of registrars from each borough prepared presentations outlining Trust services, referral pathways and ways to access advice and support and delivered these presentations to local GP practices. A pre- and post-session questionnaire with a 5-point Likert scale (Box 1) was devised to measure changes in understanding of and relations with the BEH services.

References

- RCGP website, accessed 24.09.20, <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/mental-health-toolkit.aspx>
- NHS Guidance, <https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf>

BOX 2: WRITTEN FEEDBACK

- "Excellent! Open and supportive discussion, you helpfully acknowledged the challenges, yet important that this is balanced with the strengths!"
- "Fantastic session, very brave to face all our issues! Thank you."
- "Improvements (leadership & responsibility) of the service, mapping of the services - very useful, crisis team - information useful, thanks."
- "Thank you for the talk! Can you please email the slides to us"

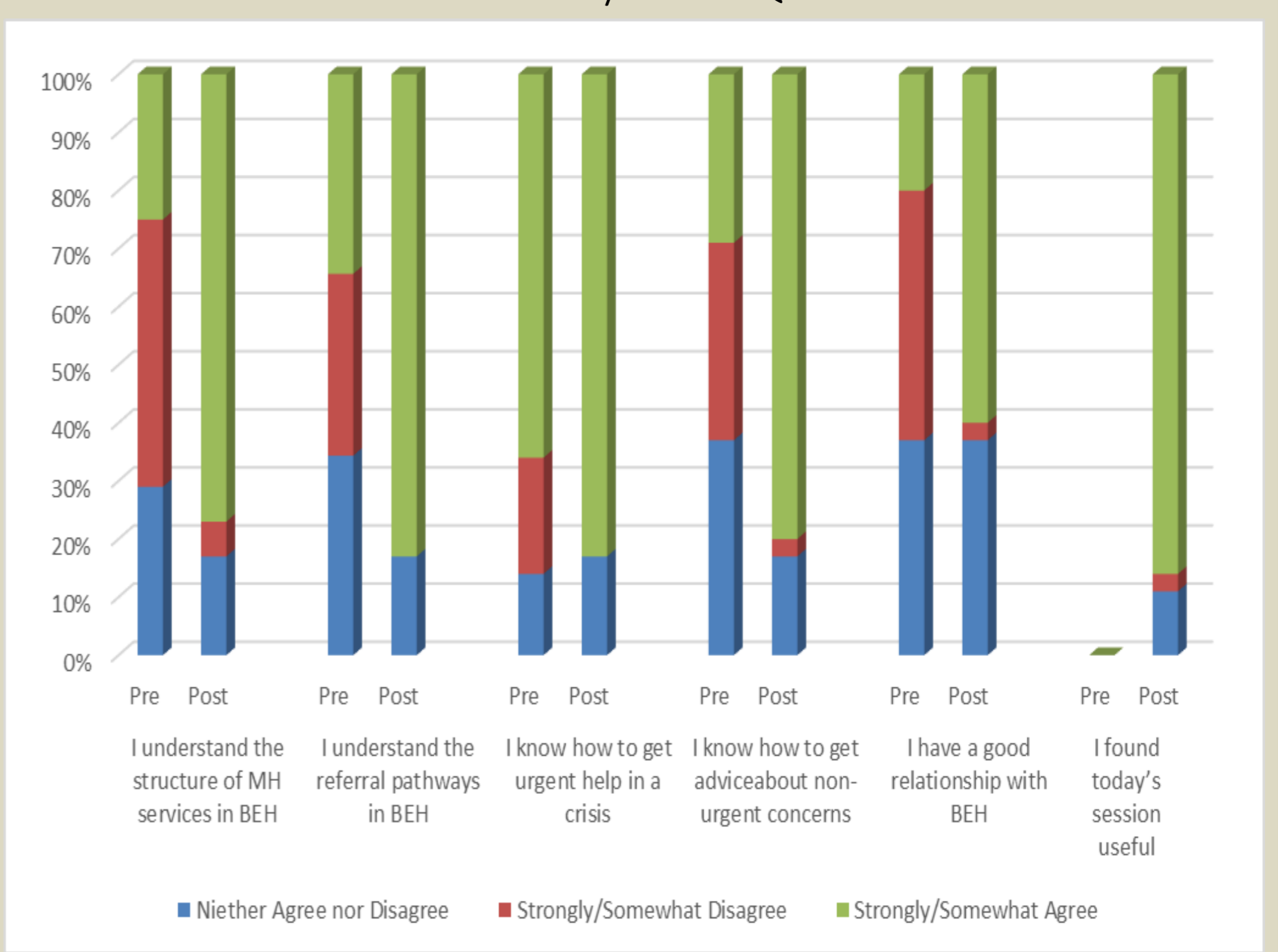
Results

In total, 35 GPs engaged in the sessions from a number of practices across the three boroughs. More practices were contacted but without response.

Overall there was a 20% increase in understanding of service structures, referral pathways and knowledge of how to access advice and support in both urgent and non-urgent settings following the sessions. There was also a 20% increase in their perception of the relationship with mental health services in BEH. 86% of GPs agreed or strongly agreed that the sessions were useful. Written feedback indicated the sessions were well received (Box 2).

Themes arising in discussion during sessions included frustration at a lack of/poor written communication, difficulties in referrals to the Crisis Team, finding Link Workers to be a barrier to accessing secondary care and practical difficulties/delays with the daily consultant advice line.

FIG 1: RETURNS FROM PRE-/POST QUESTIONNAIRES



Key Messages

- There was a 20% improvement in understanding of service structures, referral pathways and knowledge of how to access advice following the sessions
- Meeting with GPs, sharing information about services and listening to their concerns improved relations with BEH Mental Health Services
- Wider issues around written communication, access to crisis support/consultant advice and barriers to referrals can be fed back to service leads