

# EIP DISCHARGE TO GP A NEW APPROACH

Erin Turner,  
Consultant  
psychiatrist

Susan Rainey,  
CPN  
Solihull EIS

# WHAT DO WE KNOW?

- GPs are under confident in treating psychosis/schizophrenia
- Psychiatrists are under confident in treating physical health disorders
- Our patients need both addressed

**SERVICE USERS' VIEWS OF MOVING ON FROM EARLY INTERVENTION SERVICES FOR PSYCHOSIS: HELEN LESTER ET AL 2012**

Primary care could be better utilised, even when service users are actively engaged with early intervention services, to help ensure physical health needs are met from the start of treatment

# SUPER EDEN- 2 YEAR FOLLOW UP AFTER NATIONAL EDEN



- **1027 Early Intervention Service (EIS) Clients across the UK**
- **Case note review**
- **How many patients discharged to GP?**
- **How many referred back into secondary services?**

# HUGE VARIATION IN EIP PRACTICE DISCHARGING TO GPS

- **Cambridge 77%**
- **Norfolk 74%**
- **Cornwall 58%**
- **North West 47%**
- **Birmingham and Solihull 33%**

# WE NEEDED A NEW APPROACH IN BIRMINGHAM/SOLIHULL

Spoke to EIP clinicians to identify **barriers** to GP discharge

- EIP clinician concern- what will happen in event of relapse?
- Patient/family concerns- safety net
- GPs refusing to take patients on depots, especially SGA LAI, Penfluridol, some oral medications eg Aripiprazole

**So we needed a novel approach**

# DISCHARGE MEETING AT GP SURGERY



# BENEFITS OF EIP DISCHARGE AT GP SURGERY

- Quick
- Enhances collaborative care
- Potential to improve both physical and mental healthcare of our patients
- Potential to reduce referral rate back into secondary care by improving GP confidence in treating psychosis/schizophrenia
- Get to know local GPs and an opportunity to promote EIP



# DISCHARGE CPA MEETING- PREPARATION

- **Identify suitable time and request a double appointment.**
- **In advance write to GP with notice of discharge meeting, explaining purpose and benefits of the meeting.**
- **Consider who should be present - Patient, Care coordinator, Psychiatrist, family member?**
- **Prepare discharge summary, Early warning signs and staying well plan- Bring these to the meeting**

# DISCHARGE CPA- WHAT SHOULD BE COVERED

- **Brief history**
- **Discuss Diagnosis- GPs confused about our diagnoses!**
- **Treatment- previous, current and future**
- **What to do in the event of EWS**
- **What Physical health monitoring is required (reminder of our patients reduced life expectancy and poorer access to physical health care)**
- **What to do if patient on meds and wants to stop**
- **What to do if patient eg on Olanzapine develops early diabetes**
- **When to refer back to secondary care (and to whom)**

# **ELLIE- ONE EPISODE, DISCONTINUED AP SUCCESSFULLY. DISCHARGED AFTER 2 YEARS**

- **EWS include anxiety, and poor sleep**
- **Go advised to prescribe 1 week hypnotic if coping strategies no longer working and 2 weeks off work**
- **If no improvement and transient referential ideas present, restart Aripiprazole 5mg**
- **If still no improvement re refer to CMHT**

# **JEROME-2 EPISODES PSYCHOSIS, HOSPITAL ADMISSION, UNSUCCESSFUL ATTEMPT AP DISCONTINUATION, ON OLANZAPINE 10MG**

- **Discussion with GP regarding long-term maintenance of AP. What should GP do if he stops collecting prescription or request discontinuation?**
- **Discussion re need for regular metabolic syndrome monitoring and management obesity/ early onset diabetes including potential benefit of changing AP medication**
- **If changing AP medication, can GP undertake this under specialist advise or should patient be referred to CMHT?**

# IS IT SAFE PRACTICE?

- **Retrospective audit patients discharged from Solihull EIS to general practice over the last three years**
- **34% come back into services**
- **Average length of time before contact again with mental health services was 9 months (range 48 to 687 days)**
- **They get back into services QUICKLY**
- **38% within 1 day**
- **The rest within 10 days**

# WHAT DO PATIENTS, EIP STAFF AND GPs THINK ABOUT IT?

- **Most GPs like it! (a small minority possibly feel uncomfortable)**
- **GPs value discussion particularly about medication and monitoring and contingency management**
- **Patients and families very positive about the experience**
- **Sue and I like meeting local GPs and feel it is time well spent**

# TAKE HOME MESSAGES

- **Early intervention services should focus on actively establishing relationships between service users and GP from outset**
- **Huge variation in GP discharge rate**
- **Discharge CPA **IN GP SURGERY** offers many advantages for patient, GP and family**
- **Appears safe to discharge to GP- evidence suggests patients are getting back into secondary care quickly in relapse**

**THANK YOU**