The Worcester development project: general practitioner satisfaction with a new community psychiatric service

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SUMMARY. General practitioners in the Worcester development project area were interviewed about their experience of using the new community based psychiatric services. Of those who remembered the previous asylum based services most thought the new services were an improvement in many respects and were satisfied with the care provided for their patients. However, there were difficulties in obtaining emergency admissions, and criticisms of the social work service being slow to respond to requests for help. General dissatisfaction was expressed about feedback, particularly from the community psychiatric nursing service.

General practitioners are expected to have a key role in the coordination of community services. However, most general practitioners interviewed had no particular interest or training in psychiatry. This, coupled with the inadequate information they received and the possibility of their workload increasing as more patients move out of hospital, raises questions about how they may be helped to fulfil this coordinating role in community psychiatric services.

Introduction

THE Worcester development project was funded by the Department of Health and Social Security in the 1970s.[1] The aim was to provide a model of community-based services for psychiatric patients. Two new district general hospital units were built in Worcester and Kidderminster, replacing Powick (the old asylum, opened in 1852), which was five miles from Worcester and 20 miles from Kidderminster. Also funded were four day hospitals (two on the district general hospital sites, one in Malvern and one in Evesham); four new psychiatric day centres, run by social services; and two psychiatric hostels. New admissions to Powick stopped in 1978, when the community facilities became available but more than 200 patients still remained, to be gradually discharged into suitable community provision. The last patients will leave early in 1989.

In 1983, the DHSS funded an evaluation of the new services by a Medical Research Council team, and the survey of general practitioners' opinions described here is one of several projects undertaken to investigate the effects of the new services on patients, their families and the staff treating them.

It has been suggested by the Royal College of General Practitioners (*Towards quality in general practice.* Council consultation document, 1985) that general practitioners should have a key role in helping to coordinate and facilitate community based services. General practitioners occupy a unique position in relation to the specialist psychiatric services, referring cases to them, and seeing patients and their relatives on discharge, and if problems arise. Wilkinson and colleagues[2] pointed out that general practitioners have always borne 'much of the burden of medical care for patients with chronic mental disorders'. This involvement is likely to be increased in a community based service where few people require long-term hospitalization, and the general practitioners in the Worcester development project area were expected to be able to comment on the new specialist provision available.

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Method

Personal interview was appropriate for collecting the type of descriptive information required, and a semi-structured interview schedule lasting approximately half an hour was prepared.

Respondents

When the survey took place between October 1983 and July 1985, there were 41 practices in the Worcester and Kidderminster health districts, with 161 general practitioner principals. The area is mixed urban and rural, but the majority of practices were sited in Kidderminster and Worcester and the smaller towns of Stourport, Malvern, Pershore, Evesham and Droitwich.

Interviews were conducted at all but one (a single-handed practice) of the 41 practices, and 141 (88%) of the general practitioners participated. Doctors were interviewed individually and most (130, 92% of the respondents) agreed to be tape recorded.

Interview schedule

Practice list size, number of partners, length of service and experience of and interest in psychiatry were recorded. Doctors were asked to which services they had made referrals during the previous two years, whether they knew of at least one patient receiving a service within the previous two years, whether they were satisfied with the care given and about their contacts with the professionals who delivered the services. General practitioners who remembered the previous asylum services were also asked if they felt either patient care or their own workload had been affected by the changes.

Analysis

Open ended responses were subjected to content analysis and categorized. Frequencies were derived from the categories, and where dissatisfaction was expressed the reasons given were compared with other answers to the same question, and rated as either 'somewhat dissatisfied' or 'very dissatisfied'.

Results

Characteristics of respondents

The 20 non-responders showed no clear differences in age or sex from the 141 general practitioners participating in the survey.

Among respondents practice list sizes ranged from 2000 to 16 500. Most practices were group practices and the largest had eight partners. Only two respondents were single-handed. Just over a third of the respondents (50, 35%) were principals in practices with five partners (the mode). Only 20 (14%) participants were women, but there were no obvious differences between the sexes in the views expressed.

Forty seven general practitioners (33%) had received some

postgraduate training in psychiatry (varying from hospital appointments to courses or seminars) and 51 (36%) felt they had a particular interest in the subject (Table 1). Doctors who had been in general practice for five years or less were more likely to have had training in psychiatry than those who had been in practice for more than five years (61% versus 27%), probably because a psychiatric house job is included in many vocational training schemes. Despite this, the same proportions of younger and older doctors expressed a particular present interest in psychiatric illness (both 36%). Of all the general practitioners, only 29 (21%) reported both an interest in psychiatry and some training or experience.

Table 1. General practitioners' training and interest in psychiatry according to the number of years they had been in practice.

	Number (%) of doctors	
	Five years or less	More than five years
Training/experience only	8 *(29)*	10 *(9)*
Interest only	1 *(4)*	21 *(19)*
Training and interest	9 *(32)*	20 *(18)*
Neither training nor interest	10 *(36)*	62 *(55)*
Total	28 *(100)*	113 *(100)*

Comments on the change to community based care

Ninety eight respondents (70%) recalled the psychiatric services before the Worcester development project. Twenty four of these doctors thought there had been no change in the quality of care, saying the standard had always been high and had remained so, and 48 felt the changes were entirely for the better. Thus 73% of general practitioners remembering the previous service were generally pleased with the new community based services. The most frequent comments cited better care for acute psychiatric illness and improved access to consultants (43 responses), improved care for patients because of the new or expanded services (28 responses) and an improved local service (14 responses).

Of the remaining 26 general practitioners, 12 noted some improvements, but made some criticisms, and 14 said that they felt the service was generally less satisfactory for patients than it had been. Their main concern related to a few patients for whom long-term residential care was felt to offer a better quality of life than was available in the community. Five respondents who had not experienced the previous system also mentioned this concern over the need for asylum.

The 98 respondents were also asked if they felt that any changes in their psychiatric workload could be attributed to the new services. Sixty five said there had been no change and 13, nine of whom came from the Kidderminster area which now had a local service, felt their job was easier as a result. The remaining 20 respondents felt their workload had increased and all but one attributed this to the larger numbers of psychiatric patients living outside hospital.

Satisfaction with the care given to patients and the feedback received by the general practitioners

Not all general practitioners had made referrals to every service in the previous two years or were aware of at least one patient receiving every service (Table 2). For the services used, general practitioners were asked if the care given to their patients and the feedback to themselves was satisfactory. If not, a supplementary question asked their reasons for being dissatisfied.

All of the general practitioners made referrals to psychiatric consultants and in general most aspects of the service offered by the psychiatrists at the district general hospital units were appreciated. Outpatient referrals usually took between four and eight weeks, but patients could be seen earlier, usually if a domiciliary visit was requested. Most general practitioners felt this was satisfactory, but a minority were critical, 39 respondents (28%) saying they felt it should be possible to get an early outpatient appointment if necessary. In the past, urgent cases could be seen the same day at Powick hospital by the duty psychiatrist, whereas it might now be 48 hours or sometimes longer before a domiciliary visit could be arranged, and where time was important it was felt that the service had deteriorated.

Table 2. General practitioners' contacts with and referrals to the various psychiatric services (other than the psychiatric consultants) in the Worcester development project area.

	Number (%) of doctors	
	Reporting patients in contact[a]	Making direct referrals
Deliverers of services		
Psychologists	130 *(92)*	78 *(55)*
Community psychiatric nurses	138 *(98)*	76 *(54)*
Social workers	109 *(77)*	79 *(56)*
Facilities		
Acute wards	141 *(100)*	0 *(0)*
Day hospitals	129 *(91)*	19 *(13)*
Day centres	91 *(65)*	35 *(25)*
Hostels	41 *(29)*	4 *(3)*

[a] Contact was defined as knowledge of at least one patient receiving the services within the previous two years.

In addition, 88 general practitioners (62%) said they experienced great difficulty in obtaining emergency admissions to hospital when the consultants were not available, however urgent the situation. The need for acutely ill patients to be appraised in the community before admission, rather than direct admission by the general practitioner being possible, as in the old service, was the major source of complaint about the hospital-based services.

Table 3 summarizes general practitioners' satisfaction with the other psychiatric services. These were generally rated highly with regard to patient care, with the exception of social workers who were criticized for being slow to respond to requests for help (32 responses). However, in two areas where social workers had specific liaison arrangements with individual practices satisfaction was high (85% of the 26 practitioners answering the question), although elsewhere less than half of the 76 respondents said they were satisfied (42%).

All the psychiatric services, and in particular the community psychiatric nurses and social workers, received some criticism about a lack of regular feedback to general practitioners, particularly about patients with a chronic illness, receiving services over an extended period. Twelve respondents said that community psychiatric nurses sometimes failed to inform them of changes in treatment, or reduction in frequency of visits, and that in their view this constituted a risk to their patients.

Discussion

This survey showed that most general practitioners were satisfied with the community based psychiatric services created by the Worcester development project. Overall, general practitioners seemed to be better informed about the hospital side of the new services. All referred to the psychiatric consultants, and more

Table 3. Number of general practitioners satisfied with the care given by and the information they received from the various psychiatric services used by their patients in the Worcester development project area (percentages given in parentheses).

	Care given			Information received		
	Satisfied	Somewhat dissatisfied	Very dissatisfied	Satisfied	Somewhat dissatisfied	Very dissatisfied
Deliverers of services						
Psychologists	98 *(82)*	14 *(12)*	8 *(7)*	89 *(70)*	29 *(23)*	10 *(8)*
Community psychiatric nurses	109 *(83)*	14 *(11)*	9 *(7)*	70 *(51)*	42 *(31)*	25 *(18)*
Social workers	54 *(53)*	29 *(28)*	19 *(19)*	43 *(41)*	34 *(33)*	27 *(26)*
Facilities						
Acute wards	120 *(87)*	17 *(12)*	1 *(1)*	104 *(74)*	37 *(26)*	0 *(0)*
Day hospitals	95 *(78)*	21 *(17)*	6 *(5)*	89 *(72)*	24 *(19)*	11 *(9)*
Day centres	62 *(71)*	22 *(25)*	3 *(3)*	61 *(68)*	19 *(21)*	10 *(11)*
Hostels	37 *(90)*	4 *(10)*	0 *(0)*	37 *(88)*	3 *(7)*	2 *(5)*

Not all of the doctors reporting contact responded to the questions.

than 90% said they had knowledge of patients who were in contact with psychologists and community psychiatric nurses, or attending the day hospitals. Fewer said they were aware of patients in contact with social workers, day centres or psychiatric hostels, but these findings should be interpreted with some caution. For instance, only 65% of respondents said they were aware of patients attending day centres, though evidence from day centre records suggests that most general practitioners have patients among current attenders. This may indicate lack of communication, or may reflect inaccurate recall at interview.

Nor should the recorded satisfaction or dissatisfaction of doctors reporting contact with aspects of the services be taken at face value. It was not always clear if general practitioners who said they were satisfied with a service were basing their judgement on specific knowledge of how the service operated, or on a lack of complaints about the service from patients or relatives. Similarly, where dissatisfaction was reported, there was no way of knowing to what extent respondents' opinions might be based on one or two memorable, but possibly isolated, incidents, rather than on the consistent shortcomings of a service.

A further possible source of error is that the ratings of degree of dissatisfaction expressed by the general practitioners were made on the basis of a qualitative content analysis of the transcribed interviews. The ratings, therefore, represent the subjective judgement of the researcher, rather than of the doctors concerned.

Despite these methodological caveats, analysis revealed that some issues were consistently raised by large numbers of respondents. In particular, 62% of the general practitioners in the survey criticized the policy whereby patients whom they felt required emergency admission to hospital had to be seen by a psychiatric consultant, usually on a domiciliary visit, before admission. As these patients invariably were admitted the general practitioners found it difficult to justify the disruption and inconvenience experienced by patients, relatives and professionals while waiting for the decision to be taken.

Since few general practitioners had personal contact with the four specialist social workers employed as part of the project, the criticisms expressed about slow response and lack of feedback probably did not relate exclusively to the way social workers dealt with the problems of psychiatric patients. However, the finding that in areas where specific arrangements for liaison existed, satisfaction with the care provided was high supports other findings[3,4] that relationships between social workers and general practitioners improve with face to face contact. Such arrangements might be useful in all areas.

The most consistent criticism, made to a greater or lesser extent about all the psychiatric services, was lack of information about chronic patients. This was particularly noticeable for the community psychiatric nursing service, where, in contrast to reporting a high degree of satisfaction with the care the nurses gave to patients, nearly half the general practitioners in the survey felt the feedback they received was inadequate.

It was suggested in a recent article[5] that although in theory general practitioners are central figures in the multidisciplinary team, in practice they may be by-passed. The present findings support this view and indicate that changing to community-based psychiatric services does not automatically mean that general practitioners are able to share fully in the care and management of chronic psychiatric patients.

Anxieties have been expressed about possible increases in the workload of general practitioners, resulting from community care for many patients whose medical needs were formerly dealt with in hospital.[6,7] There is little evidence from this survey to support this belief. More than three quarters of those doctors who remembered the old system felt that any changes in their psychiatric workload were not attributable to the new community service. Since then, however, most of the remaining patients from Powick have been resettled and closure is imminent. What effect the addition of more than 100 people who have been long-term psychiatric patients may have on the workload of general practitioners in the area remains to be seen.

A recurring theme in the literature concerning community care is the importance of good coordination between services. The view expressed by the Royal College of General Practitioners (*Towards quality in general practice.* Council consultation document, 1985) is that this coordinating function is properly that of the general practitioner. However, the information collected in this survey indicates, perhaps surprisingly, that few general practitioners have either received training or feel they have a special interest in psychiatric illness. This, coupled with their current lack of information about some of the services their patients receive, suggests that ways of improving communication systems and providing further training need to be found if general practitioners are to be enabled to perform effectively as coordinators of a community based psychiatric service.

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