



# What matters most: support people want from general practices in Birmingham



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# What matters most: support people want from general practices in Birmingham

## Executive Summary

### What we heard:

Healthwatch Birmingham investigated what people with a range of conditions want when they visit their general practice. These included people living with mental health problems, autism, dementia and brain injury.

We heard from 122 patients and carers across the city. They told us they value:

- **being able to make appointments quickly and easily, particularly when in crisis:**

*Extreme difficulty in making appointments with surgery, waiting 45 to 50 minutes when you are depressed and have no motivation is not good enough.*

*The receptionists don't know that the patient is in crisis and that they need to be given an appointment straight away. They are then not given an appointment and asked to return in a few days. By then it may be too late.*

- **stability of the service and continuity of care:**

*My son had to move practices when his flat needed repairs, and his GP insisted that he register with another practice.*

*It's hard enough to talk about mental health issues to anyone, let alone a Dr I've never met before.*

- **high quality, integrated whole-person care:**

*I had a bad back. The GP treated my back pain, but not the stress and depression. I was told, 'let's just treat one at a time'.*

- **dignity and respect:**

*Un-empathetic GP regarding mental health issues. Don't have time for patients. I feel rushed, not listened to. Feel misunderstood regarding mental health issues.*

- **receiving swift and straightforward referrals to specialist and community services:**

*I feel that if the GP had asked us more questions and had more answers about autism we could have got help much sooner.*

*GPs don't know what's out there to refer to.*

*You can't call a number of places, and follow the system/processes when not well.*

*The GP's solution to anything is tablets! I had to ask and ask again to get referred to a psychologist.*

- **access to high-quality care, where the GP has knowledge and understanding of their condition:**

*They don't have a great understanding of mental health. GP seems out of depth. Medically wonderful, just mental health support is poor. Not enough understanding.*

*GPs don't understand the implication of having a brain injury and mental health issues. There is so much that GPs don't understand about brain injury.*

*For anything to do with dementia the GP is lacking in understanding.*

- **appropriate awareness and knowledge of their condition by the wider general practice staff:**

*Not sure if staff has had autism awareness training e.g. one of the nurses approached my child from behind and put her hands on her shoulders (a big no-no!).*

## **Healthwatch Birmingham recommendations to Birmingham clinical commissioning groups**

To help patients and carers overcome these issues, Healthwatch Birmingham recommends that Birmingham Clinical Commissioning Group (CCGs) produce high-quality patient information leaflets or cards.<sup>1</sup> Examples of such cards are the 'My Right to Access Healthcare' cards and Northumberland Dementia cards.<sup>2</sup> We suggest that the two Birmingham clinical commissioning groups work together to produce these leaflets; this will avoid duplication and share learning. Underpinned by national guidelines on best practice and current national and local policy, the leaflets should assure patients that it is their right to:

- make appointments quickly and easily, particularly when in crisis
- have stability of the service and continuity of care
- obtain high quality, integrated whole-person care
- be treated with dignity and respect
- receive swift and straightforward referrals to specialist and community services
- access high-quality care, where the GP has knowledge and understanding of their condition
- be treated by health professionals who have appropriate awareness and knowledge of their condition

The leaflet/cards should also explain to patients and carers what actions they could and should take if they feel that their general practice is not meeting one or more of these rights. For example, by contacting the practice manager, local Healthwatch or the CCG.

## Public and patient involvement:

We suggest that CCGs ask Healthwatch Birmingham for our input, and involve local people in the design and development of the leaflets.

## Accessible to all:

The CCGs are also encouraged to ensure the leaflets/cards meet their Accessible Information Standard policies. For example they are available online and in print, and in accessible formats including easy read, different languages etc. We suggest the CCG disseminate these leaflets/cards to all relevant third-sector organisations across Birmingham and in general practice waiting rooms.

## Birmingham clinical commissioning groups' responses to Healthwatch Birmingham recommendations

Both Birmingham clinical commissioning groups responded positively to the findings and recommendations of this report. The full responses can be found on page 29. Below is a summary of the CCGs' responses.

**NHS Birmingham and Solihull Clinical Commissioning Group** acknowledge and understand the concerns that have been raised during this research and fully accept the recommendations made in the report. Working in partnership with patients and their representatives, Healthwatch Birmingham, and NHS Sandwell and West Birmingham CCG, we will produce and share high-quality information, in appropriate formats, to help people to really understand what they should expect from their GP.

**NHS Sandwell & West Birmingham Clinical Commissioning Group** acknowledge and understand the concerns raised during this informing research and fully accept the recommendations made in the report. The CCG intends to work collaboratively with Birmingham and Solihull CCG and patients to produce information leaflets to inform patients of our primary care offer and what they can expect.

## What next?

Healthwatch Birmingham will track and report in our six-month follow-up report the:

- development of these leaflets
- ongoing improvements made by Birmingham's CCGs to improve the quality of general practice care provided to people living with these conditions.

Healthwatch Birmingham will seek to hear further feedback from patients and carers regarding the issues heard in the study. We will do this via our online Feedback Centre, our Information and Signposting Line and our Community Engagement work.

If you are a service user, patient or carer, please do share your experiences with us. We also encourage you to share your feedback directly with your general practice, or with your local commissioning group (see page 31 for further details of how to do this).

# Introduction

Last year, Healthwatch Birmingham asked members of the public, and professionals working in healthcare and social services across the City, to share their views about what NHS or social care topics we should investigate next. People voted on five key health and care issues: 86% of them asked us to evaluate:

***“The quality of services provided by general practices to patients with mental health conditions, developmental disorders, and brain injury or disease.”***

Each person had three votes, and 93 of the 108 people who responded voted for this issue.

GPs and other frontline healthcare professionals are usually the first point of contact and support for people experiencing a broad range of conditions, such as autism, dementia, brain injuries, and mental health problems. This study aimed to explore the experiences of people with these conditions when they access general practice services. Many of the experiences we heard about highlighted the obstacles they face when doing so. Consequently, in producing this report, we want to deepen understanding of the needs of the people in Birmingham and to ensure that their voices are heard, and both influence commissioning decisions and bring about improvements in services.

You can find further information about Healthwatch Birmingham in the Appendix.



# Background

Over the years, in response to changing demographics and a rise in the number of people living with multiple health conditions, there is an ongoing shift across the health and care system from a focus on treating individual illnesses to a holistic approach that addresses patients' combined physical, mental and social care needs. The NHS Five Year Forward View committed to:

***achieve parity of esteem between physical and mental health by 2020.***<sup>3</sup>

and to:

***take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care.***<sup>4</sup>

Known widely as integrated care, this means that in practice, different services are coordinated around a patient, so that organisational boundaries do not act as a barrier to accessing services. For example, a patient with cancer would have their mental health and social care needs coordinated around them, and a patient with a mental health disorder would have their physical needs addressed simultaneously.<sup>5</sup> We would add that integrated care needs to incorporate patients' views and feedback on the services they access.

The Institute of Public Policy Research (IPPR) notes that holistic, integrated care systems are better for everyone.<sup>6</sup> However, some groups would particularly benefit from it, such as older people, those with complex needs and multiple, long-term conditions, and those who experience particularly poor access and coordination between services.

The IPPR also observes that these groups are growing dramatically, which is necessitating changes across the health and care system. For example, a third of people have at least one chronic condition, and many older people have more than one, such as diabetes combined with dementia.<sup>7</sup> Poor physical health is linked to poor mental health and vice versa: 30% of people with a physical long-term condition also have mental health problems.<sup>8</sup> Some people with a brain injury also have mental health issues, either as a pre-existing condition or brought on by injury.<sup>9</sup> The scale of the challenge is illustrated by some recent statistics: the national mental health charity Mind has reported that one in five GP appointments involve mental health concerns.<sup>10</sup> The NHS estimates that about 1 in every 100 people in the UK is autistic.<sup>11</sup> Headway reports that there were 348,453 UK admissions to hospital with acquired brain injury in 2016-17, representing 531 admissions per 100,000 of the population.<sup>12</sup>

NHS England has produced a Long Term Plan to respond to the growing pressure it faces.<sup>13</sup> This sets out the aspects of services that it wants to do better. These include doing more to help people stay well, and providing better support for people with mental health conditions, and long-term conditions such as autism and dementia. The success of the Long Term Plan depends on NHS organisations and local authorities being able to plan and provide care around patients themselves, rather than based on the requirements of services or institutions. This reflects the emphasis on integrated, whole-person care, on which general practice is grounded. However, in order for whole-person care to be provided successfully to patients, the issues that Healthwatch Birmingham regularly hears about from the public, and that are reported here, need to be addressed.

# Methods

Healthwatch Birmingham collected the feedback included in this report from 122 people (or their carers) between January 2018 and February 2019. People who we heard from are living with the following conditions:

- **Mental health problems (N=94, 77%)**
- **Dementia (N=11, 9%)**
- **Autism (N=11, 9%)**
- **Brain injury (N=6, 5%).**

We used four different methods to hear people's experiences: focus groups, individual telephone interviews, feedback through our online feedback centre and Information and Signposting line, and a bespoke online survey for people with autism.



We are grateful to the third-sector and NHS organisations in Birmingham that helped us to gather feedback from the people they support. These included Anawim, Mind (Road to Recovery Group, Every Step of the Way Experts by Experience Group, and Recovery Service North Connect Meeting), Gateway Family Services, Sifa Fireside, and Birmingham and Solihull Mental Health Foundation Trust (BSMHFT). We used a local social media platform, FreeTimePays, to hear the experiences of people in Birmingham with autism.

# Findings: what do patients value?

The feedback we heard fell into the following broad categories:

- access to appointments (including same-day consultations), and waiting for appointments
- stability of the service and continuity of care (for example, seeing the same GP each time)
- access to high-quality, integrated care
- dignity and respect
- referrals and signposting to specialist and community services
- GPs' knowledge and training
- general practice staff awareness and knowledge.



Each of these areas of concern is discussed below, in terms of what people told us they find valuable and helpful, and what needs to be better. We found variation in all the areas that people mentioned, and found that the debilitating effects of their condition made peoples' experience of general practice harder than it should have been.

## Access to appointments

*My son had to move practices when his flat needed repairs and his GP insisted that he register with another practice. (Carer of patient with brain injury)*

*Extreme difficulty in making appointments with surgery, waiting 45 to 50 minutes when you are depressed and have no motivation is not good enough. (Patient with mental health problem)*

*The receptionists don't know that the patient is in crisis and that they need to be given an appointment straight away. They are then not given an appointment and asked to return in a few days. By then it may be too late. (Patient with mental health problem)*

As the experiences we heard from people above show, patients with these conditions can find registration and appointment systems inflexible, which makes it more stressful to make arrangements to see a GP. Patients told us they need simple, quick and stable booking systems, including a facility for a same-day appointment for people in crisis.

Healthwatch Birmingham has previously reported that there is unfairness in the system for getting an emergency GP appointment across Birmingham, with a wide variation in the management of requests for such appointments.<sup>14</sup> All general practice booking systems need to respond to all patients' needs and circumstances, rather than the operational needs of the organisation. The specific experiences people reported in relation to appointments are described in more detail below.

## Simple, quick appointment booking systems

Healthwatch Birmingham often hears about the difficulty of booking GP appointments. When someone is living with a mental health problem, dementia, autism and/or a brain injury, the difficulties of making a GP appointment are compounded. One study has found that only 24% of people in England with a common mental health problem actually receive treatment<sup>15</sup>, so the contribution of difficulties in accessing services cannot be overlooked.

Patients experiencing mental health problems such as depression told us they found that they often lack motivation. One told us that it takes ‘every bit of energy to make the call, and then you can’t get through’. When combined with long waiting times on the phone to book an appointment, it becomes a barrier to seeing their GP and obtaining the support they need:

***If you are feeling low then you’re not motivated to get an appointment.***

(Patient with mental health problem)

The complexity of making an appointment at a suitable time presented a barrier to some patients:

***I have experienced depression in the past and the complex appointment booking procedure at my general practice, for mental health patients, causes lots of stress. It should be simple and straightforward.*** (Patient with mental health problem)

However, some patients told us they are able to book appointments at a time to suit them, particularly with the introduction of weekend appointments. They said that awareness of the service needed to be more widely distributed:

***My GP recently offered a weekend appointment and it’s very good. Patients don’t know what kind of service can be provided.*** (Patient with dementia)

Delays in getting an appointment can lead to anger and frustration among patients, which causes additional stress and anxiety, often aggravating their symptoms. Some people with brain injury, and their carers, suggested that there should be a different booking system for people with special needs, including brain injury. They also felt that more general practices should use more modern booking systems (for example, telephone systems that tell the caller what number they are in the queue, or online bookings). These would help manage the frustration experienced when people with special needs are trying to book an appointment to see their GP.

Some patients relayed the specific difficulties they had experienced, which stemmed from their condition. At these times, the understanding and cooperation of healthcare professionals are crucial:

***When I make an appointment with the GP, it is essential that they remind me of the appointment by text. I would often miss my appointments and I get the dates and times mixed... About 2 years ago I raised this issue with GP and he got angry with me, he said ‘you patients waste my time and come here with other issues’.*** (Patient with dementia)

If general practices had processes in place to remind people with memory problems of appointment dates and times, this could decrease the number of missed appointments.

## Longer appointments

When booking appointments, some general practices allow patients to book longer, ‘double’ appointments. Others only offer ‘single’ 10-minute slots. This presents particular obstacles for people with multiple or complex conditions:

***The good thing about our GP is that he always gives us a double appointment, which gives him more time to know the problem. This is a big help.*** (Patient with brain injury)

***Ten minutes is too short to treat mental health in GP appointments. How can the GP discover what kind of mental health problems exist within that time? There is no time to look through whole problems. Therefore, NHS and GPs can't treat mental health problem properly.***  
(Patient with mental health problem)

***Appointments for people with brain injuries should be more available and longer.***  
(Patient with brain injury)

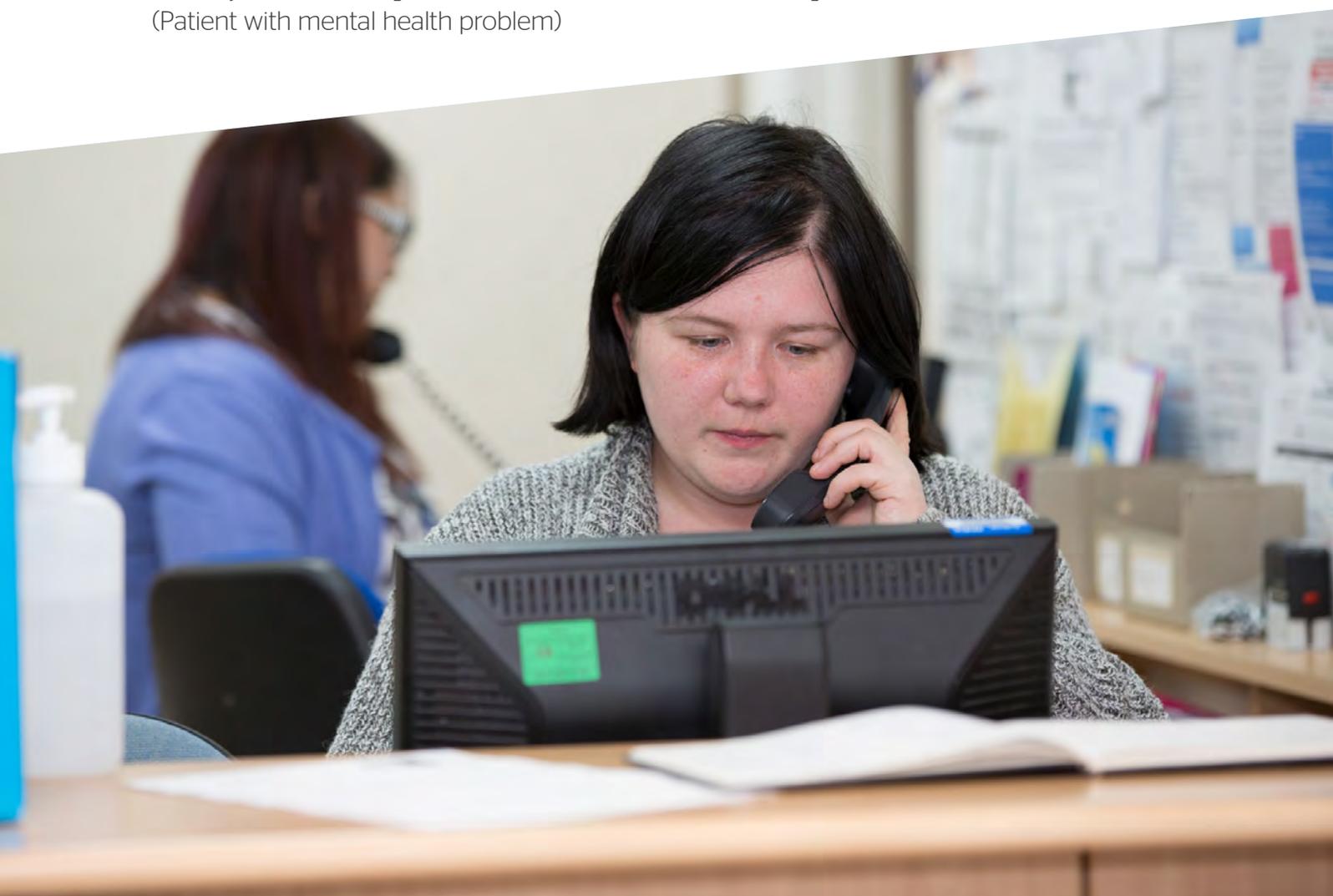
The experiences above demonstrate that GPs need to allocate enough time to be able to provide an adequate level of support to people with mental health problems, autism, dementia and/or brain injury.

## Same-day appointments

Sometimes patients experiencing a mental health crisis are unable to book an appointment when they call or attend the general practice:

***The receptionist should know when they look you up on the system when you try to make an appointment, whether or not you have a mental health problem. Then they should give you an appointment straight away if you are in crisis, otherwise this increases anxiety and frustration.*** (Patient with mental health problem)

***I was waiting to be seen by GP. I met a young woman in her 20s in the waiting room. She was distressed and talking to herself. She had clear signs of mental health issues as she was talking to the voices in her mind. She said she wants to be seen by a doctor at the surgery, but they were not accepting her or able to help. She just wanted to talk to somebody as she was in clear crisis. She started crying as I started talking to her. I had to ask my doctor to search for the suicide prevention hotline number and then passed this to her.***  
(Patient with mental health problem)



Patients want receptionists to be able to see on the patient's record that they have a mental health problem, and to provide an appointment the same day if the person is in crisis.

Finally, patients told us that general practice waiting rooms need to be fit for purpose for patients with these conditions:

***You need a safe place if you're in crisis; can't be in the main appointment room. You need a side room where you can sit with your carers, without everyone staring at you.***

(Patient with mental health problem)

***Receptionists at general practices should be trained in suicide prevention, and mental health patients shouldn't be just left on their own in a crisis.*** (Patient with mental health problem)

A former mental health commissioning lead has suggested that particular barriers are created by, for example, noisy waiting rooms. This former inner-city Birmingham GP said that practices could consider having a designated, quieter waiting area for patients living with mental health problems in order to reduce stress and anxiety.<sup>16</sup>

## Stability and continuity of care

***It's embarrassing to talk to different Drs about mental health problems.***

(Patient with mental health problem)

***Where do you start explaining what you're going through when you see a different GP each time? It takes the whole of the appointment just to explain the history!***

(Patient with mental health problem)



One key role of the GP is to provide continuity of care.<sup>17</sup> Stability is particularly beneficial for patients who are vulnerable and have complex needs, and part of this is seeing a known and trusted GP who will coordinate care on their behalf.<sup>18</sup> People engaged in this study generally agreed that continuity of care within general practice has a strong effect on patient outcomes.

It is clear that a lack of continuity of care can have serious consequences, particularly when patients 'fall through the gaps' due to use of multiple locums and lack of communication between different parts of the health service. The Royal College of General Practitioners (RCGP) gives an example of Lena, a 40-year old woman with schizophrenia. After a period of relative stability and regular attendance to a part-time GP, Dr Green, Lena arrived late for her appointment. Dr Green, who was the duty doctor, was also running late that day due to many interruptions:

***Dr Green felt confident that Lena was being well looked after. He also thought that he knew her well enough to simply give her a new prescription without spending much time talking with her that day.***

***A week later Lena killed herself by jumping in front of a train. In reviewing the records for the Suicide Review, Dr Green realised that it had in fact been a year since he had previously seen Lena. In that time she had seen nine different doctors, presumably because she had started leaving her request for appointments until she needed her new prescription urgently. There had been no communication between the Mental Health Team and the practice in that time, and no one had recorded a general review of Lena's state of health. When the practice met to discuss the tragedy, they realised that all the doctors who had seen Lena were either locums who had not returned or doctors who believed she normally saw Dr Green, or the Mental Health Team, and that all was well.***<sup>19</sup>

## GP-patient relationships

Some patients in Birmingham told us that they have a good relationship with their GP, and that it was helpful if this remained stable:

***It's important to have continuity with the GP, in order to develop a relationship and understanding.*** (Patient with mental health problem)

***Personal doctors for people with brain injury can help improve the GP-patient relationship, and can result in a lot of improvement. If every time you see the same GP, this makes things so much more easy for everyone.*** (Patient with brain injury)

## Continuity of care

Research evidence shows that patients value the trust, recognition and deep understanding of their situation that continuity of care enables.<sup>20</sup> Lack of continuity in relationships, including where caused by the use of locum services, makes it difficult for patients to feel sufficiently confident to communicate their needs. It can also result in patients having to reiterate their symptoms within the short timeframe of an appointment:

***I get tired of being pushed on to other GPs, I get lost in the system.***  
(Patient with mental health problem)

***Going to be moving to a new GP within the practice. It's unnerving, as I am not able to build up a relationship with one GP.*** (Patient with mental health problem)

***It's hard enough to talk about mental health issues to anyone, let alone a Dr I've never met before.*** (Patient with mental health problem)

***I don't get to see a regular Dr. If you don't build up a relationship, you can't say how you are feeling.*** (Patient with mental health problem)

A University of Birmingham study found that most patients viewed primary care as the cornerstone of their healthcare and preferred to consult their own GP, who listened and was willing to learn, rather than be referred to a different GP with specific mental health knowledge.<sup>21</sup> Many comments we received supported this view, and we found that some patients – particularly those who had a good relationship with their GP – were unwilling to visit a different general practice, or a different GP within the same practice, because the unfamiliarity caused concern, anxiety or stress:

***Although, there were two other GPs in the practice, I avoid them. I do not feel I could connect with them or that they understood me. I felt that I had to explain my story, time and time again, as the services are not integrated. The services are very fragmented, I felt I was passed along the health system, repeating my story, and reliving the trauma. It is unbearable. The worst stigma about mental health comes from the health professionals themselves. This is across the system.*** (Patient with mental health problem)



## Signposting

Related to the lack of continuity of care, we heard that there are occasions when GPs advise patients with mental health problems to attend an urgent care centre (UCC), rather than treating the patients themselves:

***My friend is depressed and I went with her to the GP to get help. He said he couldn't help her and that she should go to the urgent care centre walk-in. She was given 5mg Prozac and told to come back in two weeks.*** (Friend of a patient with mental health problem)

***I have just registered with this GP and asked for an urgent appointment as I am panicking as my medication is running out. I am really desperate. They just tell me that I need to go to the walk-in centre or to see my old GP. However, I can't get my prescription from the walk-in centre or A&E as I have such strong medication ... I feel like I am going to do something really bad if I don't get help. I just had to walk away feeling totally helpless as I know I couldn't get angry or lose my patience as they would just get an excuse not to see me and help me in the future.*** (Patient with mental health problem)

Some patients refer themselves to a UCC because of difficulties in booking an appointment with the GP. However, the Care Quality Commission (CQC) has reported that people with mental health conditions are accessing UCCs inappropriately, and are therefore not getting the timely, appropriate care they need.<sup>22</sup> The support for mental health problems at UCCs varies:

***I couldn't get an appointment, so went to the urgent care centre. If you go to the walk-in centre with a mental health issue, they wonder what you are doing there.***

(Patient with mental health problem)

The experiences above reinforce the argument made by Mind that part of the reason for poor care for people with mental health conditions is because some GPs view mental health disorders as requiring specialist support and so not as part of their remit, or might feel less equipped to provide support for mental health problems.<sup>23</sup> This is compounded by the rise in demand for mental health support in primary care, with nearly 40% of all GP appointments being for mental health concerns.<sup>24</sup> Mind suggests that there is a need to improve the knowledge, confidence and capacity of the primary care workforce to provide mental health support, and to look at ways of providing enhanced mental health services within primary care. Training of GPs could also be improved to ensure they are fully supported to lead on the delivery of multidisciplinary mental health support in primary care.<sup>25</sup> We say more about the need for training below (page 24).

It is clear that patients want their care to be personalised - focused on their individual needs and circumstances - and want to feel confident that their GP knows them and their case, so that they can trust their judgement and advice. Patients also want care that is 'joined up' and coordinated in such a way that the patient progresses smoothly between the different parts of the health service.

## **Stable registration with a general practice**

Some people we heard from said that they faced barriers in remaining registered with the same general practice:

***My old GP removed me from the patient list as soon as I was moved without even consulting me ... I know they judge me as a homeless person, they just see me as a tramp.***

(Patient with mental health problem)

***At his previous general practice, he was assessed every 6 months to see how fast his brain injury was deteriorating. That practice closed down, and he moved to this new practice.***

***The regular check-ups are not done.*** (Carer of patient with brain injury)

Registration is something that particularly affects people who do not have a permanent address. The mental health charity Mind has highlighted the need for CCGs to commission models of primary care that address poor access among homeless people and vulnerable migrants. Mind emphasises that it is vital that primary care mental health services meet the needs of homeless people before they reach crisis point.<sup>26</sup>

## High-quality, integrated care

*You can only go in with one thing my back pain, but not the stress and depression. I was told, 'let's just treat one at a time'. (Patient with mental health problem)*

*You can only go in with one thing; if you want two things then you need to make a different appointment. (Patient with brain injury)*

One of the core elements of integrated, or 'whole-person', care is to make the connection between physical and mental health. People we heard from were clear about these links. They want conditions in either sphere to be treated in a coordinated way, so that more than one problem can be discussed during an appointment.

### Joined-up care for physical and mental health needs

Some people we heard from told us that the GP had dismissed their physical health problems:

*I had an untreated urinary tract infection. Doctor stopped looking at me as a patient - seeing mental health on my record and offloaded me to community psychiatric nurse. See my mental health before anything else. Ended up going to the walk-in-centre.*

(Patient with mental health problem)

*The GP does not take my physical complaints seriously.*

(Patient with mental health problem)

A patient in her 20s with autism and a learning disability felt that her GP didn't listen to her concerns about her physical health. She feels discriminated against, and thinks this may be because of her youth:

*It's difficult to tell them everything that is going on. He dismisses my physical health problems. The GP doesn't take into consideration that I have a learning disability. I don't feel respected, and felt humiliated by the way the GP treats me. They ignored my knee problems and now, because I was not treated, I have knee damage.*

(Patient with autism and a learning difficulty)

Some patients appear to be seen in terms of one condition, for example as an overweight person rather than a person with multiple conditions:

*Many people with mental health problems are overweight, and GPs no longer support people to lose weight. They need to look at mental health and physical issues together.*

(Patient with mental health problem)

*I have multiple chronic illnesses and often feel that I am being dismissed and not listened to, because doctors are keen to blame everything on my weight.*

(Patient with autism)

Others said that GPs focused on their physical health to the exclusion of their mental health needs:

*I recently saw my GP for a physical health issue and asked for mental health support, but they never referred me and said to deal with the physical problem first. I feel like I am going to have a serious crisis if I don't receive mental health support asap.*

(Patient with mental health problem)

***A girl I know couldn't swallow and eat, so she went to the GP. However, GP just said swallow and go home. She had a traumatic childhood and has some depression. However, GP just asked to make lists of physical problems. Therefore, it just wasted her time to see the GP.***  
(Patient with mental health problem)

GPs do not need to be experts in everything, but they need to have basic competencies in both mental and physical health conditions, and the potential connections between them.

### **One appointment, one problem.**

The focus on either mental or physical health may also be due to many GPs only having time to focus on one condition within an appointment. This leads to a lack of whole-person treatment and care.<sup>27</sup> People we heard from described the difficulty succinctly:

***You can only say about one thing [condition] in each appointment. But my symptoms are all interconnected. How can I just mention one of them without explaining the whole picture?***  
(Patient with mental health problem)

***One GP said that I have too many ailments for one session, so then I book lots of appointments and can't remember what the appointment is for.***  
(Patient with mental health problem)

One patient we heard from with post-traumatic stress disorder (PTSD) and panic attacks could book a double appointment, but this proved difficult to arrange, and was still not long enough. She felt that she had to choose between her mental and physical problems when attending her appointments.

Another related issue is faced by patients with a dual diagnosis of drug addiction and mental health problems. There is variability among general practices: some treat patients with such a dual diagnosis, and others do not:

***My last GP was really good; when I was an addict, and was depressed and suicidal, they saw me every week.*** (Patient with mental health problem)

***One general practice said they wouldn't have me as a patient as I also had a drug addiction problem. I don't feel that drug addiction problems can be separated from mental health problems; they are part of the same thing. The idea of a 'dual diagnosis' doesn't make sense to me. The services should not be divided to treat these as separate conditions.***  
(Patient with mental health problem)

Health services have traditionally treated substance misuse and mental health problems separately. However, although in some cases they may be unrelated, substance misuse and mental health problems may exist together because a mental health problem may provoke substance misuse, or a mental health problem may be worsened by substance misuse. If whole-person care is to be embraced, then these two problems need to be considered in unison.



In the Health and Social Care Act 2012, the government committed the NHS to ‘parity of esteem’ between mental and physical health conditions. This means that patients should expect equality in terms of access to treatment and the standard of treatment for both mental and physical health conditions. However, the health charity The King’s Fund has indicated that parity of esteem in itself is less significant than the integration of services:

***In recent years there has been a welcome focus in national policy on achieving ‘parity of esteem’ for mental health. Colloquially, this phrase has often been interpreted to mean that mental health services should be ‘as good as’ services for physical health. We argue that there is a greater prize beyond this, in which mental health care is not only ‘as good as’ but is delivered ‘as part of’ an integrated approach to health.<sup>28</sup>***

The NHS Five Year Forward View also commits to providing whole-person care, in which the medical, social and psychological needs of patients are addressed together in a coordinated way.<sup>29</sup> The feedback we heard in this study indicates that there is still a long way to go. It is important that all sustainability and transformation partnerships (STP) set out credible proposals for integrating mental health into new models of care.

In East Birmingham, the Omnia Practice is piloting a new integrated service for people with mental health problems.<sup>30</sup> Multidisciplinary teams (MDTs) meet to consider the needs of patients holistically. These MDTs include Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT), Birmingham Community Healthcare NHS Foundation Trust, GPs, Birmingham City Council Adult Social Care, Birmingham Mind, Better Pathways and the Living Well Consortium.

The BSMHFT website lists the intended benefits of the service for the patient as:

- easier and speedier access and re-access to the right specialist support
- better management of physical health needs alongside mental health needs
- ongoing hand-holding from one or more professionals who work as a coordinated team on behalf of the patient
- putting patients and their carers more in control and improving their ability to self-manage their care
- receiving care in a less stigmatised environment
- supporting people back to work and/or engagement in meaningful, rewarding activities.

## Dignity and respect

*I’ve had a really awful experience with this doctor, ever since I have been his patient. First time I met him the first impression wasn’t good to be honest. He issued me one month’s worth of really strong medication without any medical checks! I questioned this then, but took the medication anyway. Next time I saw the doctor I told him that I think the medication was too much as I felt I had overdosed, and asked to have reduced dose. However, he just gave me same dose, so he hasn’t listened to me at all. (Patient with mental health problem)*

The NHS constitution states:

***Every individual who comes into contact with the NHS and organisations providing health services should always be treated with respect and dignity, regardless of whether they are a patient, carer or member of staff.<sup>31</sup>***

Unfortunately, some of the people we heard from felt general practice staff did not treat them with dignity and respect, or even, in some cases, simple kindness:

***Un-empathetic GP regarding mental health issues. Don't have time for patients. I feel rushed, not listened to. Feel misunderstood regarding mental health issues.***

(Patient with mental health problem)

***My husband, who suffers from depression was berated by a receptionist, who's so rude because he asked about a prescription. He handed a sample in - she took it, but looked disgusted. My husband came home so upset. This woman is rude to everyone.***

(Carer of a patient with mental health problem)

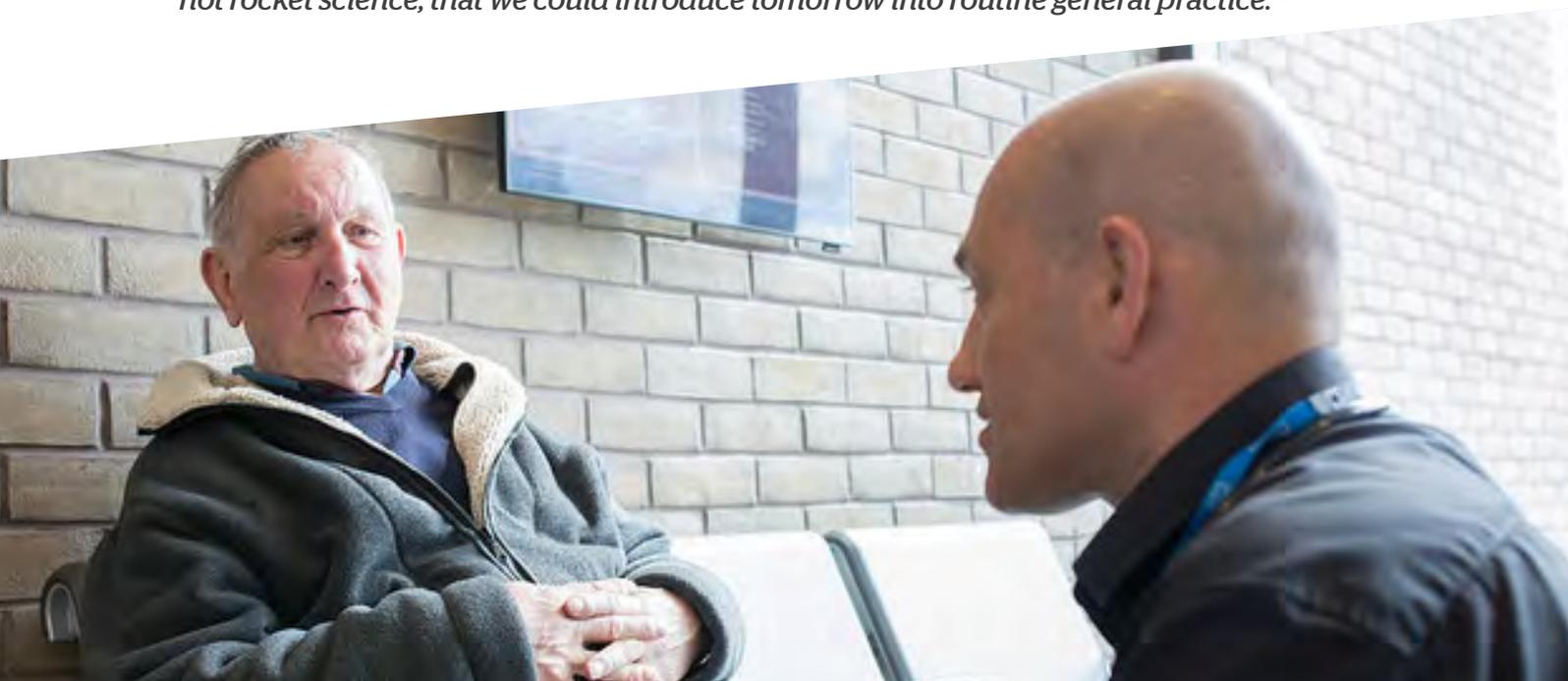
***I have been left for years unsupervised, unsupported, unchecked for years following traumatic child bereavement. I put in a complaint as things were getting worse for me. Sadly, I was then treated with utter lack of respect, dignity, and enhanced services for a while before I was written off the list. This was my doctor for over 10 years. Demoralised, very upset and distressed.*** (Patient with mental health problem)

One caller to our Information and Signposting line told us they felt their GP did not even make eye contact with them during a consultation. They told us how their GP had dismissed their depression because the patient 'wore make-up' and therefore looked well. The GP cancelled the patient's prescription for antidepressants. The patient added that the GP had said the patient would be referred to counselling, but did not do so. The same patient felt that the receptionists were rude in asking personal questions.

Another caller, diagnosed with schizophrenia, was unhappy with the behaviour of the reception manager and practice manager. Although she had been well for just over a year, previously she had been very unwell, and suffering with paranoia. At that time, she had an altercation with the reception manager, where she shouted aggressively and was threatening. Our caller admitted to us that this was bad, but was due to her illness. She received a warning letter from the GP for her behaviour. Although she has been well recently, she feels that the reception manager has treated her badly ever since the incident.

Professor Lester, formerly the RCGP mental health commissioning lead, is reported as saying:

***The health and healthcare of people with serious mental illness is our business. People with schizophrenia and bipolar disorder need better care than they currently receive. I hope you see that there are many things that cost little, that are based on simple observations, not rocket science, that we could introduce tomorrow into routine general practice.***<sup>32</sup>



## Referral to specialist services

*You're expected to do all the research to navigate the system. The GP gives you a telephone number and tells you to call or go to the place. But if you can't organise yourself well enough to do so then ... [voice trails off, implying that the services are not accessed].*

(Patient with mental health problem)

*[The brain injury charity] Headway rarely get referrals from GPs, not even for carers, to their service.* (Staff member, Headways)

*My son was diagnosed at a very early age by the doctor due to characteristics he displayed. Due to this he has received support throughout education, which in turn, has helped him become an adult capable of holding down a job with support.* (Carer of patient with autism)

Some people we heard from reported receiving successful referrals to specialist services. However, these experiences were in the minority. More often, patients had difficulty in accessing the right care or treatment.

### Referrals for diagnosis of autism spectrum disorder

A GP or health visitor is the main point of contact for most people who are worried about their child's development in relation to autism. For school-age children, this can also be the school's special education needs coordinator. Their role is to make a referral to specialists who will conduct an in-depth assessment or refer the family to support services such as speech and language therapy.<sup>33</sup> People who shared their experience with us indicated that referrals by GPs were often delayed, and assessments were sometimes inaccurate or failed to diagnose appropriately.

*I have a 12-year-old daughter who has attention deficit hyperactivity disorder (ADHD) and is autistic spectrum. I found 10 cans of aerosol under her bed in January and took her to GP to discuss this as it was obviously very concerning. The GP just checked my daughter physically and said that she is fine. I had to then take her to A&E on another occasion as I found another can. They did a safeguarding referral to drug counselling. Finally, 8 weeks ago a specialist took my worries more seriously and referred her to dermatology ... Only through this, we recently got an autism diagnosis. I feel that if the GP had asked us more questions and had more answers about autism we could have got help much sooner.*

(Carer of patient with autism)

*The son is living with autism. He was severely bullied at school and the doctor was useless. They didn't help at all. The welfare support worker and the school supported to get him into Child and Adolescent Mental Health Services (CAMHS). He has never had an assessment that [his mother] is aware of - the doctor didn't do it.* (Carer of patient with autism)

We asked the three parents who had discussed autism spectrum disorder (ASD) with their child's GP how they would describe these interactions. One parent said that the interaction had been 'fine', while another said that although the GP was 'good', the actual diagnosis was made through referral to Forward Thinking Birmingham. The third respondent had not had a good experience:

*My child was referred by his school two years ago and we have only seen two doctors within the two years. He was diagnosed with ADHD. Then we were left waiting for an ASD diagnosis,*

*even though there was enough evidence through the school's information and what I said. My son has been on managed moves to four different schools, struggling with each school he has been to. The schools saying because there is no written diagnosis there would be no support!... My GP hasn't seen my son about his condition. I took my daughter [to the GP] to ask about a referral to the child mental health team as I think she is showing same symptoms as her brother with ADHD. [The GP] said, 'ask the school to refer her as they see more of her'.*  
(Parent of a child with autism)

One general principle of care for children with autism is that they have full access to health and social care services, including mental health services, regardless of their intellectual ability or any coexisting diagnosis.<sup>34</sup>

## Knowledge of sources of support and help

Some people thought that GPs should be more knowledgeable about services that are available in Birmingham for people with mental health conditions. To help patients, Mind in North Birmingham is about to offer drop-in sessions in general practice surgeries so that patients can talk to them and Mind can make the referral:

***GPs should act like navigators and signpost people with mental health issues to different organisations where they can get support and help.*** (Patient with mental health problem)

***There is so much support available for people with brain injuries, but the problem is that GPs have limited knowledge of these services to signpost people to the right service.***  
(Patient with brain injury)

However, several people we heard from pointed out that sometimes patients who are referred to specialist services may need to be supported to make that initial contact:

***You can't call a number of places, and follow the system/processes when not well.***  
(Patient with mental health problem)

***If you haven't got friends and family to navigate the system, then where are you then?***  
(Patient with mental health problem)

***There should be ... for people in a mental health crisis ... one number that people know they can ring and get help from.*** (Patient with mental health problem)

***GPs should talk to people to understand their issues and problems and try to support them, and refer them to the right service.*** (Patient with mental health problem)

There is variability in the quality of the referrals to other services by GPs, as these contrasting experiences show:

***I had to go completely downhill before anyone helped me, and then it was the hospital that got me into Mind and other services, and got me a support worker.***  
(Patient with mental health problem)

***They have been very supportive of my mental health and signposted me to several organisations to help. They ask how you're doing and always try to help. They check up on referrals and make sure you understand what going to happen next.***  
(Patient with mental health problem)

## The quality of services that patients are referred to

Some people told us there is a shortage of services, including hospital beds, for people who find themselves in crisis. This also affected people needing referrals for PTSD, access to a memory clinic and individual therapy sessions.

The shortage of hospital beds for people with mental health crisis has previously been reported.<sup>35</sup> The effect of these shortages is that patients with severe mental health problems may have to deteriorate before they get the help they need:

***I asked to go into hospital as I thought I was about to have a crisis, but the GP told me that I would need to get sectioned. I didn't want to harm myself or someone else so that I could get a hospital bed. It's not fair to them.*** (Patient with mental health problem)

***I have also got a real phobia of the operation and fear of dying... They just referred me to Mind mental health support, but even that has a really long waiting time. It is not really what I want... Right now I am in limbo not knowing what to do, and I am in lot of pain.***  
(Patient with mental health problem)

One caller's father had been referred to a memory clinic by his GP. The GP told the caller that there isn't a memory clinic in Birmingham and that he may have to travel to Derby or elsewhere to access the service. Such 'referrals' cause anxiety and present obstacles to treatment.

The following person's experience demonstrates the value of high-quality referrals for patients:

***I have been receiving support for depression from this general practice for the last 15 years. [X] Medical Centre have been really fantastic. The GP referred me to Gateway Family Services (GFS). I have really benefited from the support of GFS.***  
(Patient with mental health problem)

Gateway Family Services had organised days out for this lady, as well as job fairs and enabled her to meet up with others and have some social contact since her husband passed away.

## Referral to psychotherapy and counselling

Prescriptions for antidepressants are increasing in number<sup>36</sup>, and this is reflected in the feedback we heard. Many of the people with mental health problems we heard from felt that GPs tended to prescribe medication rather than refer patients for psychotherapy or counselling:

***The GPs solution to anything is tablets! I had to ask and ask again to get referred to a psychologist.*** (Patient with mental health problem)

***He suffers from anxiety and suicidal depression. He is only prescribed medication. He was referred to a counsellor, but they used all six sessions to assess him and then did not have enough time to provide counselling. He has therefore never had counselling.***  
(Carer of patient with mental health problem)

***If the patient doesn't know the system, the GP gives medication. Then [the patient] talks to people, who say 'why hasn't the GP referred you to a counsellor?' and then you go back to the GP when you know the system more, and ask to see a counsellor or a community psychiatric nurse.*** (Patient with mental health problem)

***Over-use of medication where counselling could have been used, felt rushed and dismissed.***  
(Patient with mental health problem)

One caller to our Information and Signposting line said their GP had not referred him for any type of therapy to help with his condition. In other cases, the therapy prescribed was found to be unsuitable:

***My GP has referred me to group therapy, but I don't want to go to a group. They say it has to be group therapy.*** (Patient with mental health problem)

***GP referred my mother with dementia to Birmingham Healthy Minds. I was given the number for Birmingham Healthy Minds, [and it] consisted of one assessment and two visits. They wanted to get her to join group therapy, mixing with drug addicts.***  
(Carer of patient with dementia)

However, other patients reported that they had been able to access good-quality therapy sessions:

***I receive support for my problem with depression from this service. They scheduled counselling sessions for me for six months. These one-to-one sessions with a support worker have really been helpful.*** (Patient with mental health problem)

This suggests that the service is patchy and that inequalities exist.

There are many reasons why some GPs do not refer patients for specialist treatment or community support. A key reason that GPs may be reluctant to refer patients is a shortage of individual therapy sessions. This may be improved by the further expansion of the Improving Access to Psychological Therapies programme (IAPT). The Five Year Forward View for Mental Health commits the NHS to expand the IAPT service to at least 1.5 million adults by 2021.<sup>37</sup> CCGs are required to have services that treat 15% of people with anxiety or depression each year, and for 50% of them to reach recovery.<sup>38</sup>

Healthwatch Birmingham will continue to monitor the availability of individual therapy sessions via our rolling data-collection programme, and will report on this to commissioners and regulators in our quarterly reports.

### Quick, simple, referral pathways

Patients need quicker referral to specialist services, particularly during a mental health crisis:

***It takes weeks to get a referral and the processes are complicated. They should be simple. I get fed up telling my story over and over.*** (Patient with mental health problem)

***When patients are referred to specialist services by the GP, it can take weeks to see the service. If patients are in crisis then they need the help there and then, not in a couple of weeks.*** (Patient with mental health problem)

### Social prescribing

Unfortunately, none of the people that we heard from told us that their GP had mentioned social prescribing. Social prescribing is a key way that the Birmingham and Solihull sustainability and transformation partnership are promoting health and wellbeing and the management of chronic disease.<sup>39</sup> Social prescribing is a form of referral that enables primary care practitioners to refer patients to non-medical support within their community. It can improve patients' quality of life and their mental and emotional wellbeing, and is particularly relevant where people face multiple challenges in several different areas of their lives. Social prescribing can relieve patients of the burden of finding their sources of support on their own, and may even reduce their dependence on medical services.

## GPs' knowledge and training

*They don't have a great understanding of mental health. GP seems out of depth. Medically wonderful, just mental health support is poor. Not enough understanding.*  
(Carer of patient with autism)

*GPs don't understand the implication of having a brain injury and mental health issues. There is so much that GPs don't understand about brain injury.* (Patient with brain injury)

Some patients felt that their GP did not have sufficient knowledge of their condition for them to feel confident in the treatment they would receive:

*If it's to do with mental health then [the GPs] are not interested. They just tell you to go to Northcroft Community Mental Health Services.* (Patient with mental health problem)

*The [doctors] are lovely the few times I've been there. They're not great with mental health, but I'm yet to find a GP who is.* (Patient with mental health problem)

One woman was told by her GP, 'I don't fully understand this', in reference to her mental health condition. The patient felt it did not instil confidence.

This problem affected patients across the range of mental health conditions, including one patient with an eating disorder:

*When I went to talk to them about my eating disorder five months ago, the doctor just told me to drink more, and didn't do any further test or give me any information about eating disorders. Three months later I was really not well and ended up collapsing at work. I went back to my GP and saw a different doctor. This was my ninth day not eating, three days of not drinking. The doctor did blood test and saw that my body was starving. They referred me to mental health services and Barberry Clinic straight away to help me with the right information.* (Patient with mental health problem)

It is of concern that some patients feel that GPs are 'not great' at treating mental health issues. This is particularly because around one in three GP appointments have a mental health factor.<sup>40</sup> Also, demand for appointments for mental health problems has increased: in a survey of 1,000 GPs, two out of three GPs reported an increase in the number of patients needing help with their mental health over the previous year.<sup>41</sup>

We also received an example of inappropriate advice being given. A caller to our Information and Signposting line told us he had visited his GP several times with mental health issues, and on at least one occasion has complained of feeling suicidal. The GP apparently enquired as to the caller's religious beliefs and advised him to pray. The GP had not offered the patient any medication, and the patient had to contact counselling services himself. He has since revisited the GP, who took him through a guided prayer while in the surgery, despite the caller making it clear that he is non-religious and that this was not for him.

### Adult diagnoses of autism spectrum disorder

Several adult patients who have, or suspect that they might have, autism spectrum disorder (ASD) told us about the difficulties they experienced in being listened to and in obtaining a diagnosis from their GP:

*My current GP is very good and is aware of my autism and the challenges I personally have. Previously I have had a bad time with GPs, before and after diagnosis. I was able after some time to get a GP to allow me to see a clinical psychologist for my general mental health and significant difficulties, [but] no mention of autism was made by the GP, and only at the end of 10 weeks by the psychologist, just before ... diagnosis. The GP at the time was very negative towards me and the psychological difficulties I was having. After diagnosis, the GP stated that they did not believe in autism. I continued to have great difficulties with a series of GPs.*

(Patient with autism)

Another patient found her GP supportive, but decided to seek a private diagnosis of ASD because she felt that the NHS does not have sufficient understanding of women who are living with autism:

*My GP was very supportive when I raised the possibility of me being autistic. She immediately agreed that, in her opinion, I definitely was. What was disappointing was that I had to reach this conclusion on my own, despite being treated for various mental health problems and looking for the right diagnosis for approximately 20 years. I chose to go private for several reasons. Firstly, I did not want to wait for the months/years it would take on the NHS. Secondly, I have had extremely poor experiences with NHS professionals over the years (incorrect diagnoses, being fobbed off with medication etc.). I was very aware of the lack of knowledge and understanding of autism as it manifests in women and girls, even amongst professionals in this field. I simply did not trust the NHS to correctly diagnose me. It was very important to me that I could research and choose the right person to assess me. My GP would have referred me on the NHS if I had wanted, but she agreed with me that, with autism in adult females being massively misunderstood, that I would be better served by going private.* (Patient with autism)

The difficulties with getting a diagnosis of autism among adults is acknowledged by NHS England. It notes that these difficulties sometimes stem from a shortage of specialist autism assessment centres, and GPs' lack of familiarity with autism in adults, which makes GPs reluctant to refer individuals for assessment.<sup>42</sup> Under the Autism Act 2009, the NHS and local authorities are required to provide details of a pathway of assessment for adults, including the identification of adults with autism and provision of relevant services for adults with autism.<sup>43</sup>

## Knowledge and understanding of brain injury

Several people we heard from have conditions related to acquired brain injury. They stressed how important it is that GPs are knowledgeable about brain injury, and have the skills to support patients with diagnoses, medication and care, including where it is necessary to refer patients to the specialist services they need.<sup>44</sup> People with brain injury generally felt that their GP needed more knowledge and training about the various conditions related to brain injury:

*GPs don't understand the implication of having a brain injury and mental health issues. There is so much that GPs don't understand about brain injury.* (Patient with brain injury)

## Knowledge and understanding of dementia

The Alzheimer's Society has published specific guidance on how GPs can support patients with a diagnosis of dementia, including through annual reviews, and in establishing the important links between physical problems such as constipation or chest/urinary tract infections and changes in behaviour, such as increased confusion.<sup>45</sup> However, those people we heard from commenting on care for patients with dementia had similar things to say as those with brain injury: that knowledge and understanding of the condition were at times lacking, and that this affected the care that the person with dementia received:

*GP lacking in dementia training.* (Carer of patient with dementia)

*For anything to do with the dementia, the GP is lacking in understanding.*  
(Carer of patient with dementia)

## Staff awareness

*He arrived at the surgery for an appointment that had been cancelled. He waited for over an hour and no one told him.* (Carer of patient with dementia)

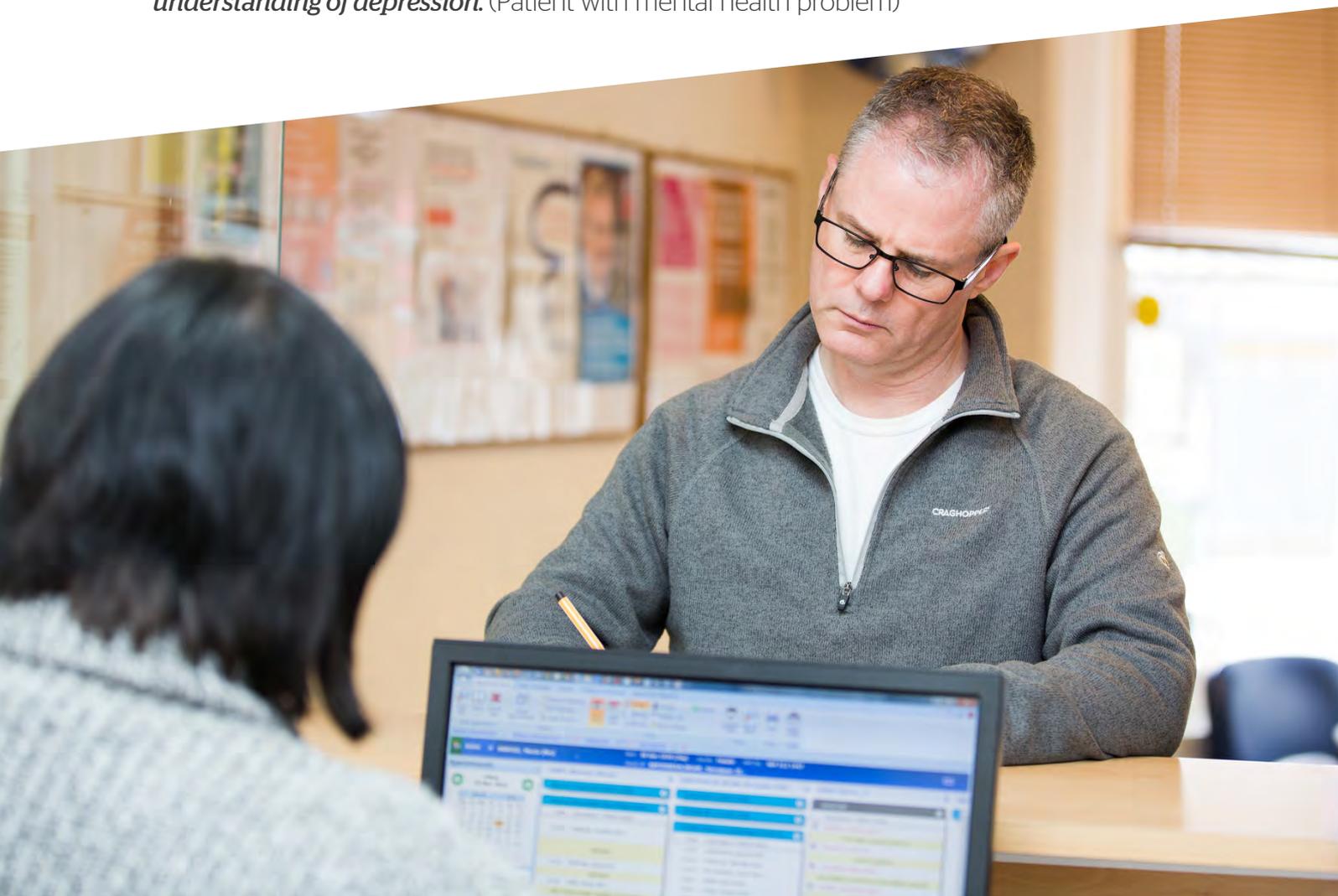
*The music in the waiting room was so loud and repetitive that it was very difficult for him to hear the call for appointments.* (Patient with brain injury)

Most treatment for mental health problems takes place within primary care.<sup>46</sup> The quality of awareness of staff about these conditions, and 'people skills' varies between practices.

*My GP is the best, she has been brilliant. She will even Google information for me right there in the appointment. She understands that my nice make-up is just a mask. She sees beyond that to my mental health issue underneath.* (Patient with mental health problem)

*Although getting an appointment is hard, once I got one I was helped, and most importantly listened to about how I felt around my mental health.* (Patient with mental health problem)

*Healthcare professionals, not surprisingly, but disappointingly, don't seem to have a good understanding of depression.* (Patient with mental health problem)



One person we heard from has bipolar disorder, and had been with his general practice for 15 years. The last time he went to see his GP was four weeks before, having not seen his GP for over three years. Although he felt that his GP was 'generally ok', he said he had felt under pressure when he went to see them, because the GP kept pressuring him to get back into work. He also felt that GPs are not qualified mental health specialists and therefore he did not feel confident that he had all the information he needed about side effects of his medication.

Even apparently simple transactions such as a repeat prescription can present obstacles to people with impaired memory:

***It's hard when my mental health is poor as I forget to get my repeat medication. It's particularly difficult if someone is dyslexic or they don't have a computer. Why can't repeat prescriptions for people with mental health problems be sent automatically to the chemist?***

(Patient with mental health problem)

Better understanding of these obstacles by general practices could improve the quality of patients' experience.

Some of the people we heard from were only too aware of the need for general practice staff to undertake training and professional development in mental health conditions to improve the quality of care, dignity and respect:

***Mental health awareness training should be given to all the GPs so that they should treat elderly and mental health patients with dignity and respect. I think GPs need to be retrained to improve quality of care.*** (Patient with mental health problem)

***They need mental health professionals at the GP surgery.***

(Patient with mental health problem)

Alternatively, in a focus group with Mind Experts by Experience, we heard that these people would prefer to see a mental health professional at their general practice, rather than the GP. Ideally, GPs and other healthcare professionals working in general practice would increase their knowledge of these conditions, and patients would also be able to access dedicated mental health professionals within their GP surgery.

NHS England has promised to invest in an extra 3,000 primary care mental health therapists by 2020, which would provide, on average, one full-time therapist for up to three typical-sized general practices.<sup>47</sup>

## Autism awareness

We found that the experience of people with autism spectrum disorder with the staff in general practices varied. Some said they had received a good standard of support:

***The surgery are brilliant and deal promptly with any request for support or queries I have. From reception, nurses, GPs I have received nothing but support and 100% commitment to helping me.*** (Patient with autism)

By contrast, some of the people we heard from felt that general practice staff were not sufficiently aware of the sort of difficulties people with autism might experience in everyday environments. This led to failures and misunderstanding in care and support:

Not sure if staff have had autism awareness training - e.g. one of the nurses approached my child from behind and put her hands on her shoulders (a big no-no). (Parent of a child with autism)

***No understanding of high-functioning autism/Asperger's.*** (Patient with autism)

***Caller is a care worker representing an autistic man who is having issues with his GP surgery. Caller's client was recently asked to leave the GP surgery after becoming aggressive and it is suggested that this has resulted in poor service in following visits.***

(Care worker of patient with autism)

Where understanding is poor, there is a decline in satisfaction among autistic people with their treatment overall.<sup>48</sup> NICE recommends that all staff are equipped with the skills, knowledge and qualities to support people with autism. They should understand the nature, development and course of autism, its impact on personal, social, educational and occupational functioning, and the effects of the social and physical environment on people with autism.<sup>49</sup>

## Understanding of brain injury and of dementia

GPs and other primary care staff play an important role in supporting people with dementia or brain injury and ensuring that they access specialist services.<sup>50,51</sup> It is essential that GPs are knowledgeable and have the skills to support patients, with diagnoses, medication, continuity of care and so on. Similar to the experiences of people experiencing mental health problems or autism described above, people with brain injury or dementia felt that their GP needed more knowledge and training:

***At his previous general practice, he was assessed every 6 months to see how fast his brain injury was deteriorating. That practice closed down, and he moved to this new practice. The regular check-ups are not done.*** (Carer of a patient with brain injury)

***GP lacking in dementia training.*** (Carer of patient with dementia)

***For anything to do with the dementia, the GP is lacking in understanding.***

(Carer of patient with dementia)

***The fact that he has arrived at the surgery for an appointment that has been cancelled. He waited for over an hour and no one told him.*** (Carer of patient with dementia)

Currently, only one of the 21 compulsory clinical modules for GPs is dedicated to mental health.<sup>52</sup> This suggests that mental health is hugely under-represented in GPs' training. Also, in a survey of general practice nurses, 82% had not had training in the aspects of mental health for which they had responsibility, and 42% had not had any training in mental health at all.<sup>53</sup> These figures clearly show a chasm of inequality between professional training for physical ailments and training for mental health conditions.

To improve the level of mental health training, health leaders have urged Health Education England to extend GP training from three to four years.<sup>54</sup> However, perhaps since there is also a need for more GPs to be trained, the length of training has remained at three years.

Mind, the mental health charity, has said that CCGs could improve support for patients with mental health conditions in primary care by funding protected learning time for GPs and other general practice staff so that they can undertake regular training in mental health that is relevant to their position.<sup>55</sup>

# Recommendations & CCG Responses

## Recommendations to Birmingham CCGs

To help patients and carers overcome these issues, Healthwatch Birmingham recommends that Birmingham CCGs produce high-quality patient information leaflets or cards. Examples of such cards are the 'My Right to Access Healthcare' cards<sup>56</sup> and Northumberland Dementia cards.<sup>57</sup> We suggest that the two Birmingham clinical commissioning groups work together to produce these leaflets; this will avoid duplication and share learning.

Underpinned by national guidelines on best practice and current national and local policy, the leaflets should assure patients that it is their right to:

- make appointments quickly and easily, particularly when in crisis
- have stability of the service and continuity of care
- obtain high quality, integrated whole-person care
- be treated with dignity and respect
- receive swift and straightforward referrals to specialist and community services
- access high-quality care, where the GP has knowledge and understanding of their condition
- be treated by health professionals who have appropriate awareness and knowledge of their condition.

The leaflet/cards should also explain to patients and carers what actions they could and should take if they feel that their General Practice is not meeting one or more of these rights. For example, by contacting the practice manager, local Healthwatch or the CCG.

### Public and patient involvement:

We suggest that CCGs ask Healthwatch Birmingham for our input, and involve local people in the design and development of the leaflets.

### Accessible to all:

The CCG is also encouraged to ensure the leaflets/cards meet the CCGs' Accessible Information Standard policy. For example they are available online and in print, and in accessible formats including easy read, different languages etc. We suggest the CCG disseminate these leaflets/cards to all relevant third-sector organisations across Birmingham and in general practice waiting rooms.

## Birmingham clinical commissioning groups' responses to Healthwatch Birmingham recommendations

Both Birmingham CCGs responded positively to the findings and recommendations of this report.

**NHS Birmingham and Solihull CCG response:** NHS Birmingham and Solihull Clinical Commissioning Group would like to acknowledge this report, and thank Healthwatch Birmingham for a very insightful piece of research, with particularly vulnerable groups of people.

Local people are at the heart of everything we do. The CCG's aim to improve the health and wellbeing of local people requires us to understand, and can act on, what really matters to them.

We are constantly working with GP practices to ensure that the services they offer are responsive to patient's needs; recently this has included the roll out of extended access appointments to all local GP practices, making additional appointments available during evenings, weekends and bank holidays. In addition, the CCG has just launched a new Universal Patient Offer, which clearly defines what services are offered to all local patients by their GP, in a consistent way.

In the very near future, local GPs will also be working together in primary care networks, within their local communities; this will improve the working relationships between health and care organisations, for the benefit of patients, their families and carers.

We acknowledge and understand the concerns that have been raised during this research and fully accept the recommendations made in the report. Working in partnership with patients and their representatives, Healthwatch Birmingham, and NHS Sandwell and West Birmingham CCG, we will produce high-quality information, in appropriate formats, to help people to really understand what they should expect from their GP.

We will also make strides in raising awareness and promoting this information to our 170 GP practices, as well as other local organisations, across Birmingham and Solihull.

**NHS Sandwell & West Birmingham CCG Response:** Sandwell & West Birmingham Clinical Commissioning Group would like to acknowledge this report, and thank Healthwatch Birmingham for this very informing research focusing on vulnerable groups within our community.

Local people are at the heart of everything the CCG does. We aim to improve the health and wellbeing of local people and this report will help the CCG understand the needs of this vulnerable cohort of the population.

We are constantly working with GP practices to ensure that the services they offer are responsive to patient's needs. By implementing the GP Five Year Forward View and our Primary Care Commissioning Framework, we have rolled out extended access appointments to all local GP practices, making additional appointments available during evenings, weekends and bank holidays.

Our local GPs are working together to develop primary care networks within their local communities; building working relationships between GPs, and health and care organisations, to improve and transform the primary care offer and increase and extend the access available.

We acknowledge and understand the concerns that have been raised during this research and fully accept the recommendations made in the report. Working in partnership with patients and their representatives, Healthwatch Birmingham, Birmingham and Solihull CCG, we will produce high-quality information, in appropriate formats to help people to really understand what they should expect from their GP practice.

We will also raise awareness and promote this information to our 83 member GP practices, as well as other local organisations, across Sandwell & West Birmingham.

## What next?

Healthwatch Birmingham will track and report in our six-month follow-up report the:

- development of these leaflets
- ongoing improvements made by Birmingham's CCGs to improve the quality of general practice care provided to people living with these conditions.

Healthwatch Birmingham will seek to hear further feedback from patients and carers regarding the issues heard in the study. We will do this via our online Feedback Centre, our Information and Signposting Line and our Community Engagement work.

If you are a service user, patient or carer, please do share your experiences with us. We also encourage you to share your feedback directly with your general practice, or with your local clinical commissioning group.

### How to share feedback with NHS Birmingham and Solihull Clinical Commissioning Group (BSOL CCG):

- To share feedback with BSOL CCG about your GP practice, please visit: <https://www.birminghamandsolihullccg.nhs.uk/about-us/compliments-concerns-and-complaints>
- You can also get more involved with your GP practice by joining your practice patient participation group (PPG); ask at your GP practice reception for more information.
- You can also find out about getting more involved in shaping and improving local NHS services here: <https://www.birminghamandsolihullccg.nhs.uk/get-involved>

### How to share feedback with NHS Sandwell & West Birmingham Clinical Commissioning Group (SWB CCG):

- To share feedback with SWB CCG about your GP practice, please visit: <https://sandwellandwestbhamccg.nhs.uk/customer-care/faq>
- You can also get more involved with your GP practice by joining your practice patient participation group (PPG); ask at your GP practice reception for more information.
- You can also find out about getting more involved in shaping and improving local NHS services here: <https://sandwellandwestbhamccg.nhs.uk/public-engagement>
- We also have our dedicated Customer Care Team (Time to Talk) who welcome and value feedback from patients or their relatives/carers with regards to Healthcare Services and care/treatment received.
- Sandwell & West Birmingham CCG have also recruited a number of volunteers, all from the local community, who undertake quarterly mystery shopping of our GP Practices to provide valuable real life feedback from patients on how our practices are performing, identifying issues and feeding this back to practices and the CCG.

# Appendix:

## What is Healthwatch?

Local Healthwatch were established in every local authority area across England following the Health and Social Care Act 2012. Our key role is to ensure those who commission, design and deliver health and social care services hear, and take into account, the public voice. Healthwatch Birmingham listens to and gathers public and patient experiences of using local health and social care services. Examples of such services are general practices, pharmacists, hospitals, dentists, opticians, care homes and community based care. We hear these experiences via our Information and Signposting Line, our online Feedback Centre, and through our community engagement activity, led by staff and volunteers. You can read more about the work of Healthwatch Birmingham here:

<https://healthwatchbirmingham.co.uk/about-us/>

### How do we select the issues we collect evidence about?

Some of the issues we hear about from patients and the public may require deeper exploration in order to present a comprehensive report to those who commission, design and deliver health and social care services in Birmingham. Members of the public select these issues as part of our Topic Identification and Prioritisation System. By involving members of the public in decisions about our future activities, we ensure we are operating in an open and transparent way. It also ensures that we understand the public's priorities.

### Who contributes to our evidence collection?

We explore selected issues with the help of our volunteers, Healthwatch Birmingham Board members, patients, members of the public, service users and carers. They provide us with further relevant experiences, and share other relevant knowledge, skills and support. Healthwatch Birmingham also talks to key professionals providing or commissioning the service we are looking at. This helps us to form a deeper understanding of the issue from the perspective of these professionals, and encourages them to take prompt action to effect positive changes for patients and the public.

### What differences do our reports make?

We follow up our reports to measure the impact they have had. That is, we ascertain if our findings have made services better for patients and service users. We hold service providers and/or commissioners to account for changes they stated they would make because of the report. If Healthwatch Birmingham finds no improvement, we may decide to escalate the issue to Healthwatch England and local regulators. We also monitor the changes to see if people experience sustained improvements.



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