

## **084: IMPROVING THE QUALITY OF MENTAL HEALTH SERVICES IN PRIMARY CARE: A LONGITUDINAL STUDY**

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### **Objective:**

A series of government initiatives in the United Kingdom have sought to improve the quality of services received by patients. These include fundholding, the development of national service frameworks (NSFs), clinical governance and Personal Medical Services (PMS). Personal Medical Services contracts allow family practitioners to develop their services without the restrictions of standard General Medical Services contract regulations. This study evaluated the effects of PMS on the quality of primary mental health care between 1998 and 2001. The aim was to assess practices' organizational effectiveness and to examine the perceptions, experiences and understandings of the process of change held by the various practice and community-based stakeholders needed to improve mental health care.

### **Methods:**

A longitudinal qualitative case-study survey involving two sets of semi-structured interviews with a purposive sample of key staff (family practitioners, nurses, managers) in six first wave PMS family practices, which had specifically planned to improve their mental health care. We visited each site twice, at the start (April 1998) and near the end of the contract period (April 2001), and conducted a set of in-depth interviews with the lead family practitioner, practice manager, Health Authority managers, and other members of the clinical or management team considered relevant. Telephone contact was maintained during the interim, both informally to negotiate other types of data collection for the evaluation and to check on the progress of various local developments. Interviews were supplemented by the interviewer's notes and materials gathered at the sites (e.g., assessment tools or annual reports).

### **Results:**

The six sites were categorized into one site that successfully met its mental health objectives, one that had a mixed but mostly positive experience, two that had a mixed but mostly negative experience and two that essentially failed to meet their objectives. The pilots that successfully met all or many of their aims were characterized by similar positive change mechanisms. These were clear aims, shared vision between practice staff, community trust partners and the health authority, good teamwork, effective collaboration with health authority, hospitals and community-based secondary care, and additional financial resources, which allowed for dedicated staff time. A practice that had been a fund-holding practice and began its PMS contract with high quality of care to begin with, was the most successful. The practice used its PMS status as a motivator, and worked skilfully to increase quality of care in a manner consistent with the new UK mental health National Service Framework. The sites that encountered difficulties in improving mental health care were characterized by a recurring, if only partly overlapping, set of problems. Some demonstrated unclear aims, weak commitment, or mental health aims that were part of a wider strategy rather than a specific priority. Others described poor teamwork, inadequate premises, ineffective or unsupportive collaboration with health authorities, secondary care and/or community trusts, and insufficient financial resources. Any one of these could undermine an otherwise promising experience. These case studies therefore identified five key mechanisms associated with successful quality improvement: clear goals, effective teamwork within the practice, routine use of protocols and audits, additional resources, and effective collaboration with community and secondary care. Sites where these factors were not present struggled to meet their objectives.

**Conclusions:**

These findings provide encouraging evidence of improvements in the quality of primary mental health care within PMS practices in England. They also identify those factors that acted as catalysts for successful or unsuccessful improvement in mental health care, which encourage initiatives seeking to improve quality of care in family practices for other clinical areas/services and in other countries.