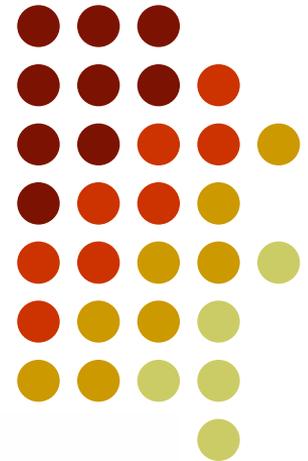# Health care system characteristics and delivery of primary care for depression in the UK and Australia

Early findings from UK

Institute of Psychiatry
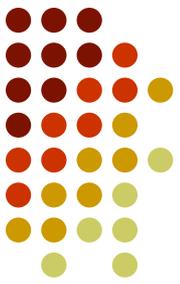
at The Maudsley

KING'S College LONDON *Founded* 1829

University of London

Starnet LONDON
SOUTH LONDON RESEARCH NETWORK

Steering group

- Andre Tylee, Professor of Primary Care Mental Health, Institute of Psychiatry (IOP), King's College London
- Joanna Murray, Senior Lecturer, Mental Health Services Research, IOP
- Graham Thornicroft, Professor of Community Psychiatry, IOP
- Anthony Mann, Professor of Epidemiological Psychiatry, IOP
- Mark Ashworth, GP, Southwark and Starnet London
- Jim Thompson, Director, Depression Alliance, UK
- Stephen Campbell, Research Fellow, National Primary Care Research & Development Centre, UK
- Grant Blashki, Senior Research Fellow, Department of General Practice, Monash University
- Eugenia Cronin, Public Health Specialist, NHS London & Senior Research Fellow, Department of General Practice & Primary Care, King's College London

Background
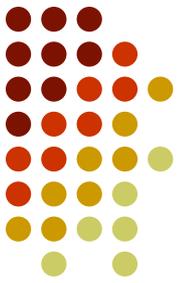
- Depression: significant burden of disease in both countries
- Depression "guidelines" similar in both - stepped care and central role for GP
- Organisational factors may hinder primary care for depression
- Starfield (1998): developed statements describing health system and primary care characteristics; rated primary care in 13 countries
- Study seeks to identify GP and service user perceptions of:

  1. Presence of a particular policy;

  2. Application of that policy (reality);

  3. Value of the policy for optimum GP management of patients with mild-moderate depression

System differences
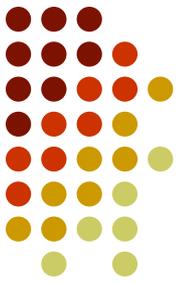
- UK: tax-based system; NHS funding held by PCTs; patient registration; capitation payments (GP paid to have patient on list); free at point of service for all; limited incentives for managing MI (nGMS); multidisciplinary PC teams

- Australia: tax/insurance-based; separate C'Wealth/State responsibilities for healthcare; no registration; GP paid per consultation; patient makes co-payment unless low income; incentives to manage depression and other MI (BOiMH); smaller PC teams
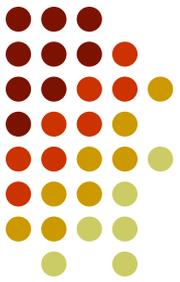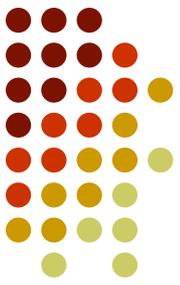
'the black box'

|	Temporal dimension		
Geographical dimension	(a) Input phase	(b) Process phase	(c) Outcome phase
(1) Country/regional level	1a	1b	1c
(2) Local level	2a	2b	2c
(3) Patient level	3a	3b	3c

Thornicroft G, Tansella M. The mental health matrix: a manual to improve services.

Cambridge: Cambridge University Press, 1999.

Methodology

- 2-round Delphi questionnaire using 'expert' panel of GPs and service users in *urban* areas
- Panels to include 10-20 members each
- Delphi:
- derives quant. estimates through qual. approaches
- measures uncertainty in health services research
- determine extent to which experts/lay people agree
- overcome disadvantages of decision-making in groups
- Questionnaire: 45 statements
- Non-probabilistic sampling for generalisability
- Recruitment: 17 GPs, 20 service users (UK)

Recruitment
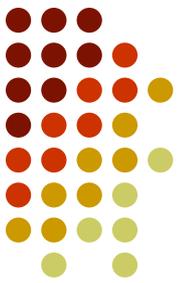
GPs

- UK: via PCTs
- Australia: via GPDV, RACGP 'Friday fax'

Service users/consumers - language!

- Challenges: (1) nature of condition (2) nature of system
- 'Vote with feet' v activists
- UK: via PCTs' patient and public involvement networks, Depression Alliance
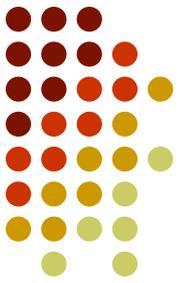- Australia: via charities/NGOs, e.g. Chronic Disease Alliance; now Grow and DepressionNet

Hypotheses
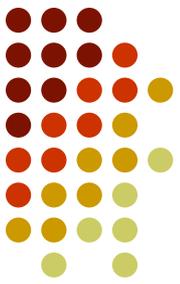
■ Views will reflect a gap between the presence of some characteristics in policy, their existence in reality, and the desirability of those characteristics for primary care management of depression

■ Current ratings in both countries will largely reflect those derived by Starfield and reported in 2002 for GPs but service users will differ in their views

■ The views of GPs with a formal role in mental health may differ from those of GPs without a formal role

■ GPs and service users believe that being able to choose a GP or practice as needed does not encourage best management of depression in primary care.

Questionnaire: example
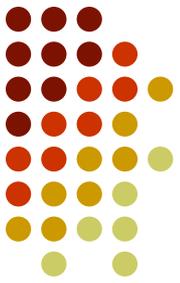
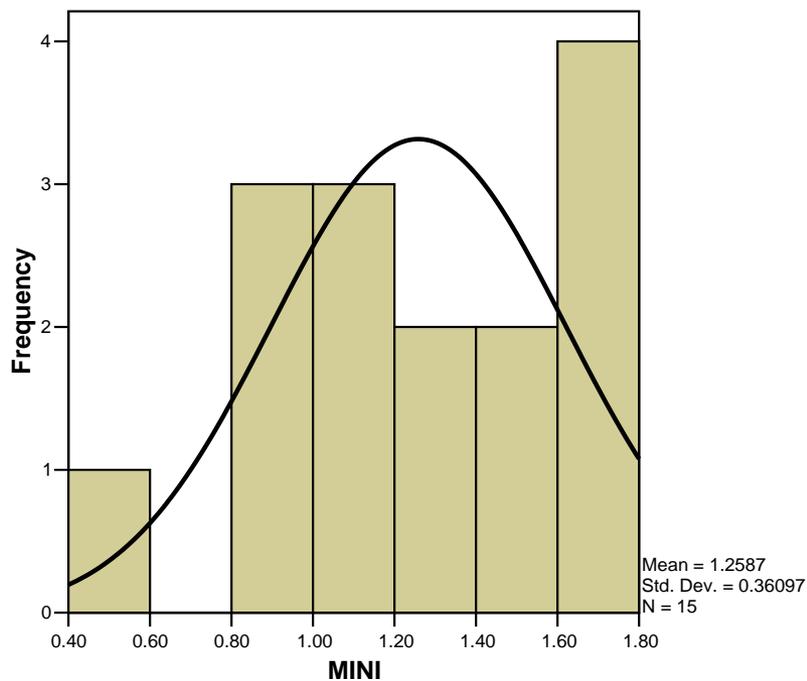|	Statement	1. Does this statement reflect primary care system policy in the UK? 1=Strongly disagree 9=Strongly agree Please circle number	2. Does this statement reflect the reality of the primary care system in the UK? 1=Strongly disagree 9 =Strongly agree Please circle number	3. Is this important for the best delivery of care for mild to moderate depression in primary care? 1=Strongly disagree 9=Strongly agree Please circle number
N14	GPs can obtain timely advice from specialists by telephone	1..2..3..4..5..6..7..8..9 or Don't know *	1..2..3..4..5..6..7..8..9 or Don't know *	1..2..3..4..5..6..7..8..9 or Don't know *
Please comment on statement above if you wish:				

UK GPs – age/gender

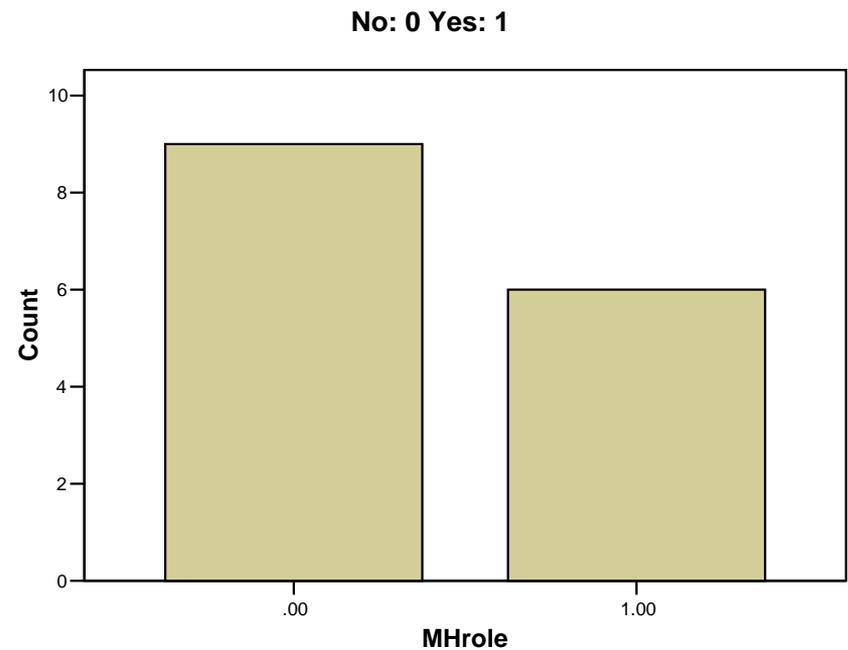**GP age distribution - UK**

GP gender distribution

Male: 1 Female: 2

Mean = 47.9333
Std. Dev. = 9.48282
N = 15
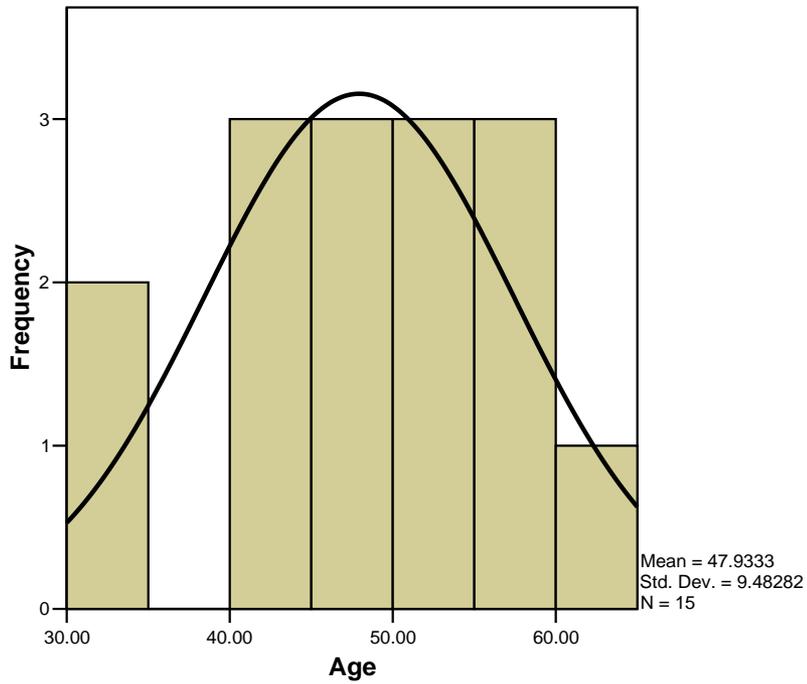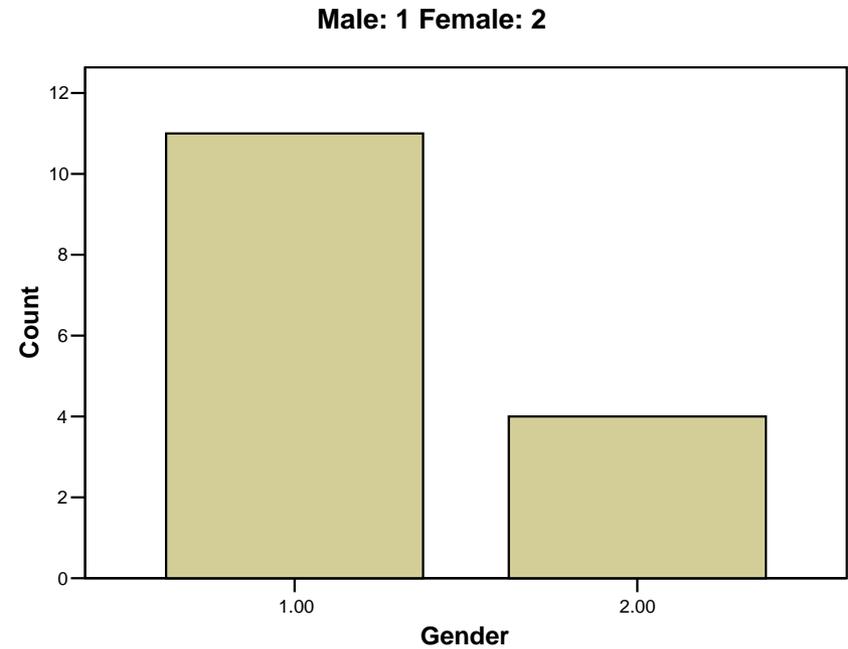
UK GPs – MINI score/MH role
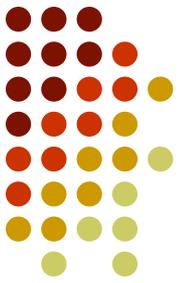
GP MINI score distribution - UK

Frequency

Mean = 1.2587
Std. Dev. = 0.36097
N = 15

MINI

GPs - MH role?
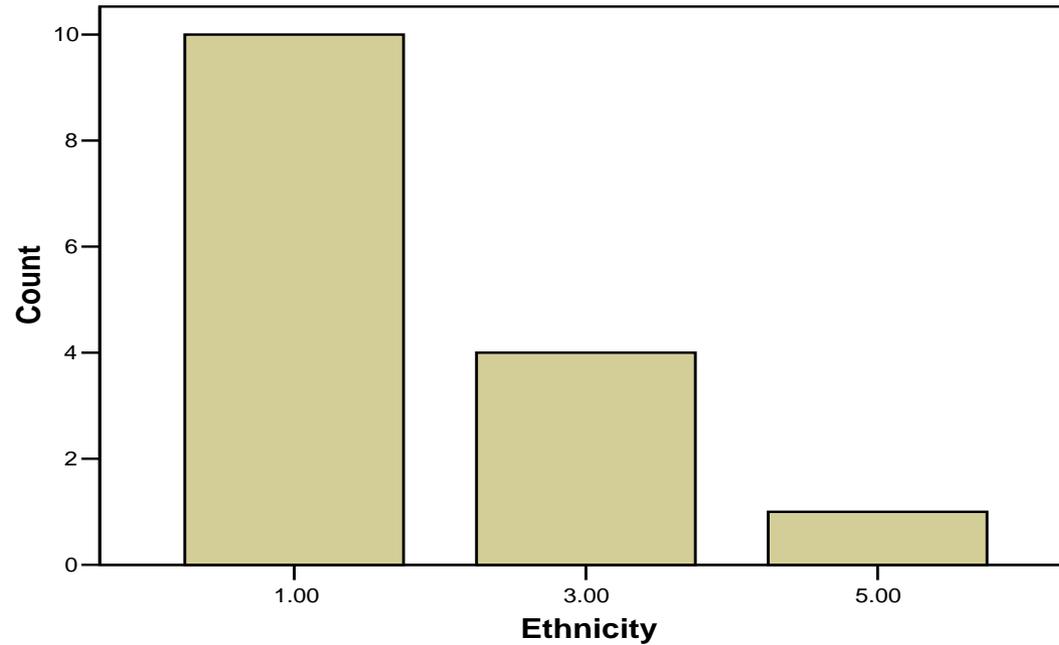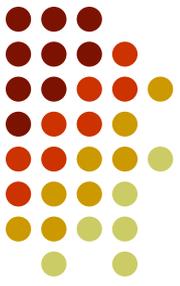
No: 0 Yes: 1

Count

MHrole
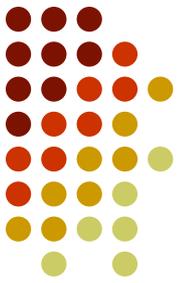
UK GPs - ethnicity

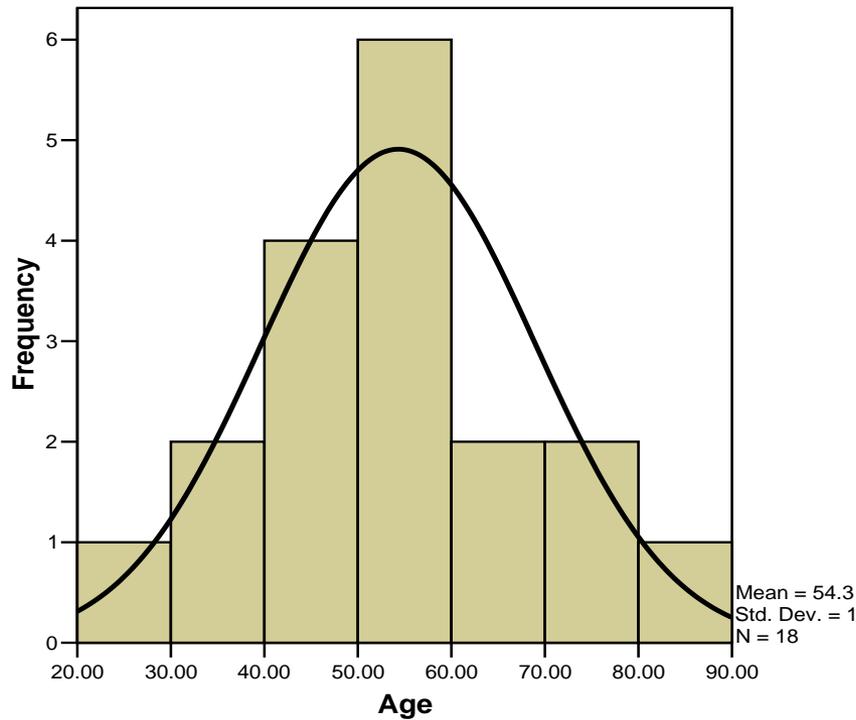**GPs - ethnicity**

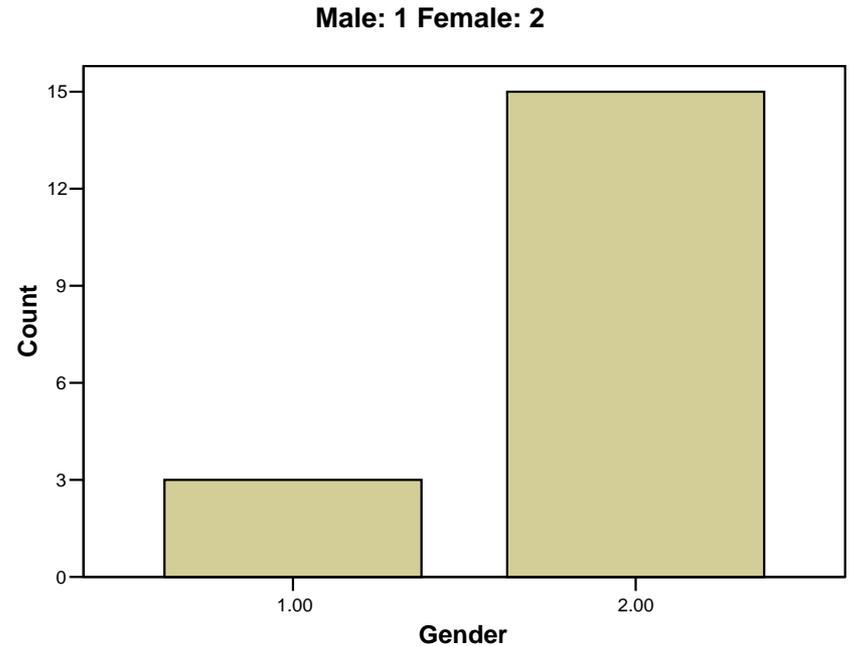**White British: 1; Mixed: 2; Asian: 3; Black or Black British: 4; Chinese or other: 5**

UK SUs – age/gender

SUs - age distribution

SUs - gender distribution

Male: 1 Female: 2
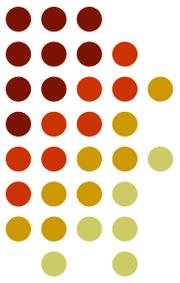
UK SUs – MH role

SUs - MH role?

No: 0 Yes: 1
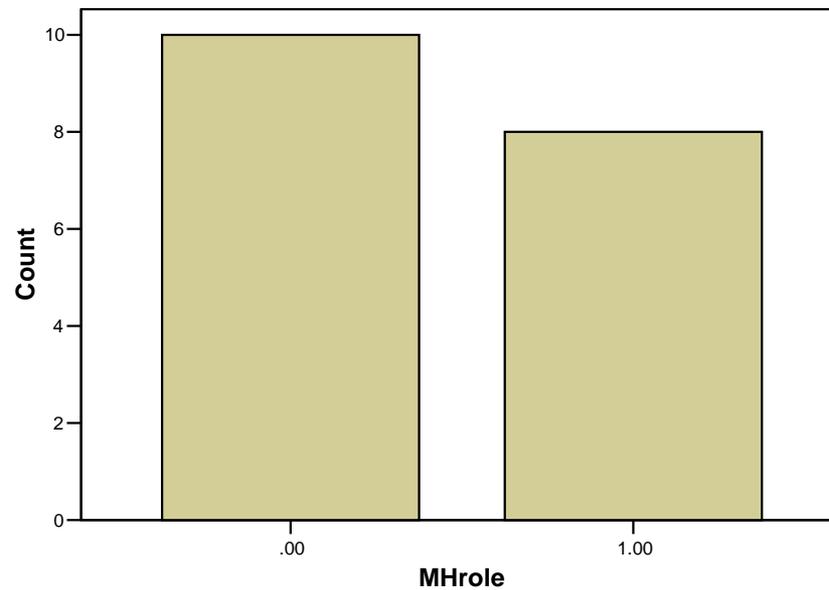
UK SUs – ethnicity
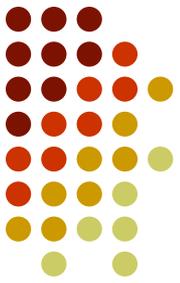
SUs - Ethnic group

White British: 1; Mixed: 2; Asian: 3; Black or Black British: 4; Chinese or other: 5
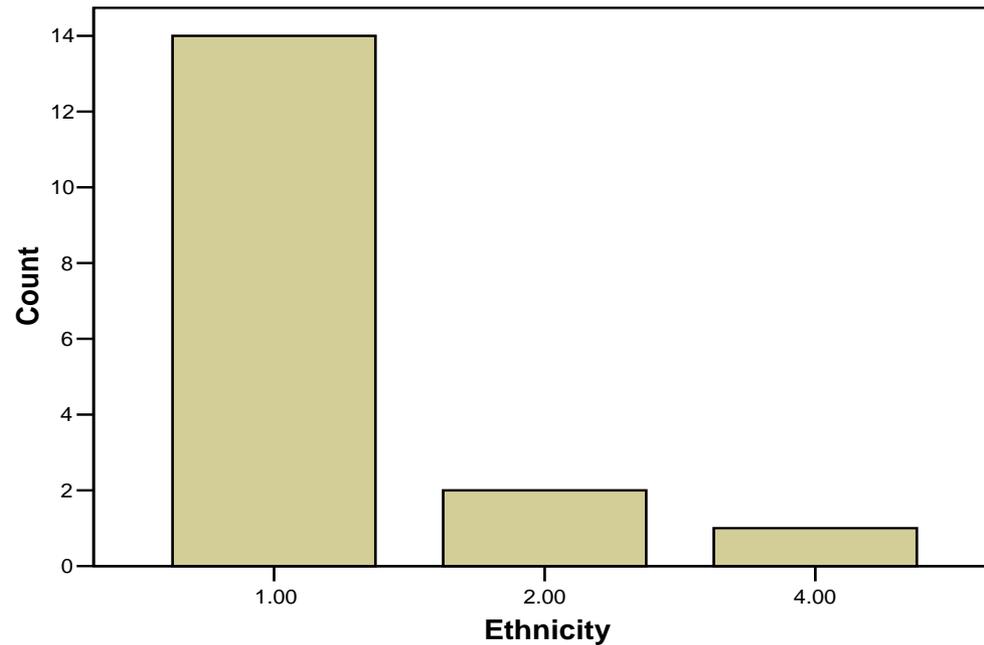
Delphi round 1 UK Scoring styles
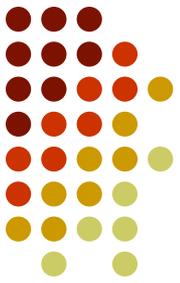
	GPs		SUs		Mann-Whitney U
7-9 ratings	890	44%	873	36%	p=0.1
4-6 ratings	441	22%	218	9%	**p=0.001**
1-3 ratings	543	27%	441	18%	**p=0.018**
Don't knows	143	7%	719	30%	**p=0.00**
Unanswered	8	0%	179	7%	**p=0.028**
Total	2025	100%	2430	100%	
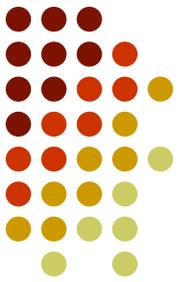
Continuity of care

S7

Each patient is registered exclusively on a list held by <u>one</u> GP	Policy	Reality	Value for depression
Service users: median	9	7.5	8
GPs: median	9	8	8

N9

Patients may make an appointment with <u>any</u> GP at <u>any</u> Practice	Policy	Reality	Value for depression
Service users: median	1	1	2
GPs: median	1	1	1

Consultation length

N22

There is sufficient time during a routine consultation for a GP to listen to a patient's concerns	Policy	Reality	Value for depression
Service users: median	6	3	9
GPs: median	6	2	9

N4

There are financial incentives to offer longer than a routine consultation where this is considered necessary	Policy	Reality	Value for depression
Service users: median	1	1	6
GPs: median	1	1	3.5

Population perspective
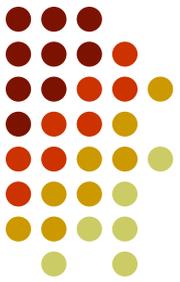
S1

National policies influence the equitable distribution of general practices	Policy	Reality	Value for depression
Service users: median	9	5.5	9
GPs: median	7	4.5	7

S15

GPs use community data in planning of services or for the identification of health problems	Policy	Reality	Value for depression
Service users: median	9	6	8
GPs: median	5	3.5	5

Financial incentives

There are financial incentives to offer longer than a routine consultation where this is considered necessary	Policy	Reality	Value for depression
Service users: median	1	1	6
GPs: median	1	1	3.5

There are financial incentives for GPs to provide cognitive behavioural therapy	Policy	Reality	Value for depression
GPs: median	1	1	3
Median	6	3	6

Access
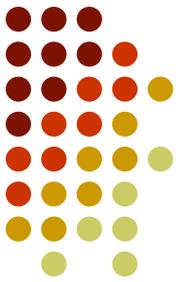
N20

Patients are seen by a GP within two working days of seeking an appointment	Policy	Reality	Value for depression
Service users: median	7	2	9
GPs: median	9	6	5

N24

Patients can choose to access walk-in primary care services	Policy	Reality	Value for depression
Service users: median	8.5	5	7.5
GPs: median	7.5	6	2

Patient and public involvement

N18

Patients are involved in planning of services in primary care	Policy	Reality	Value for depression
Service users: median	5.5	2	8.5
GPs: median	6	3	6

N19

Carers are involved in planning of services in primary care	Policy	Reality	Value for depression
Service users: median	3	1.5	9
GPs: median	5	3	6
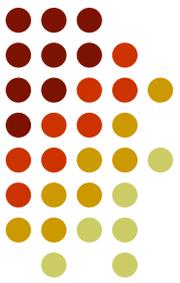
Other professions

N29

The multiprofessional team in general practice includes clinical psychologists	Policy	Reality	Value for depression
Service users: median	6	2	8
GPs: median	3	4	7

N31

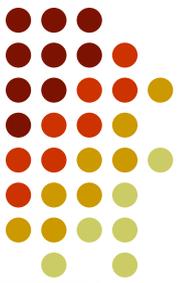| The multiprofessional team in general practice includes counsellors	Policy	Reality	Value for depression
Service users: median	6	6	9
GPs: median	6	6	9

Access to psychiatry

N41

Referral to a choice of psychiatrist is available in the public system	Policy	Reality	Value for depression
Service users: median	9	4	9
GPs: median	2.5	1	6

Starfield v UK scores round 1

Medians	GPs A	GPs B	SUs A	SUs B	Starfield
S1	7	4.5	9	5.5	2
S2	9	9	8	8	2
S3	8.5	8	9	7.5	2
S4	8	8.5	9	9	2
S5	5	5	2	1.5	2
S6*	1	1	1	1	2
S7	8	7	9	7.5	2
S8	2	5	9	9	2
S9	5	3	1	1	2
S10	7	6	7	5.5	2
S11	8.5	8	7	6	2
S12	6	7	7	5.5	2
S13	7	7	8	6	1
S14	6	6.5	9	5	2
S15	5	3.5	9	6	2
Original Starfield question framed in negative. We asked in positive.					
Starfield scores: 0 denotes absence or poor development of the characteristic					
2 denotes high level of development of the characteristic					
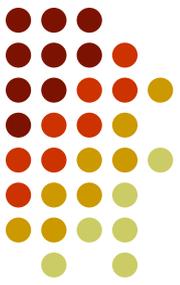
Where are we?
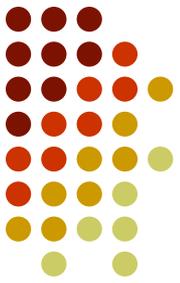
UK

- Round 1 completed for 15 GPs and 18 Sus
- Round 2 completed for most of these
- Further recruitment underway

Australia
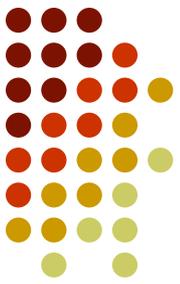
- Round 1 completed for 13 GPs (out of 24) and 4 consumers
- Further recruitment underway

Aim to finish data collection in 2005.

Limitations

- Delphi: small numbers
- Recruitment anomalies
- Service users: approach may not be appropriate?

Tentative conclusions

▌ Round 1 only, UK

▌ Apparent differences between perceptions of policy and application

▌ Starfield framework not best tool for assessing strength of primary care mental health

▌ Service users may not know about policy

▌ Both UK GPs and service users: 'being able to choose a GP or practice as needed does not encourage best management of depression in primary care'.