

General practitioners knowledge of and views on the care programme approach

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In response to concerns raised by GPs and mental health professionals, a postal questionnaire was used to ascertain level of knowledge about and attitudes towards the care programme approach (CPA) among general practitioners in one sector of Nottingham. Less than one-third of GPs who replied had heard of the CPA. GPs did not rate the benefit of CPA reviews highly and did not feel that they would be able to spare sufficient time to attend all the reviews to which they would be invited. Other issues of practical concern such as car parking at the local teaching hospital and provision of expenses were raised. Methods of acquiring valuable information from GPs must be reconsidered.

Department of Health policy (1990) required that by April 1991, the care programme approach (CPA) should be implemented meeting increased work load and costs from existing resources. The purpose of the CPA is to ensure support of the mentally ill whether they are in-patients or out-patients and whether informal or formal patients. The key points are systematic assessments, care plans, a keyworker approach and regular multi-disciplinary reviews.

Both assessment of health and social needs, and delivery of care in these areas involve specialist mental health teams and GPs. Government guidelines call for consultation between GPs and other health professionals. The format that these meetings take are six monthly reviews for all patients on the CPA at the medium or high risk level. In practice, this means six monthly reviews for patients with multiple, complex needs or more than one worker. Using unpublished audit data from our sector we calculate that there would be two patients on each GP's list requiring six monthly reviews – i.e. four reviews per GP per year.

This study was aimed at assessing the level of knowledge about CPA among the GPs in the Rushcliffe sector of Nottingham and assessing their views on these reviews. Rushcliffe is a mixed rural and urban catchment area with an adult population (aged 16–65) of 65 000 covered by 65 GPs.

The study

In October 1994 all the GPs in the sector were sent a postal questionnaire (see appendix) and a reply envelope.

Findings

Of the 65 GPs in the sector, replies were received from 49 (75%). Of these, only 15 (31%) had heard of the CPA. Of the 15 who had heard of the CPA, three had heard of it through the national press, two from the Department of Health and 10 from local psychiatric services. Four out of 49 (8%) knew that they were likely to be invited to attend reviews.

When asked how often they were likely to be able to attend reviews (see Table 1), under a quarter thought that they were likely to be able to attend more than half the reviews, although three-quarters said that they could provide a written report on all or most occasions.

The GPs questioned did not have a high opinion of the benefits of the CPA reviews (see Table 2).

In the comments section, a variety of concerns were expressed. Fourteen (29%) said that they could not find the time to attend more meetings and 21 (43%) said that their attendance would depend on practical issues such as locality and timing of the meetings. Twenty per cent said that

Table 1. GP's expected involvement in CPA reviews

	How often will you be able to attend six monthly reviews?	How often will you be able to provide a written report for a review?
Every occasion	0	14 (29%)
Most occasions	11 (22%)	23 (47%)
Half or less	32 (65%)	11 (22%)
Never	4 (8%)	0
No comment	2 (4%)	1 (2%)

Table 2. GP's views of benefits of CPA reviews

How many of the patients will benefit from CPA review?	
All	4 (8%)
Most	17 (35%)
A few	25 (51%)
None	3 (6%)

holding the meetings in the local teaching hospital with its parking problems would deter them from attending. Seven (14%) queried who would provide travelling expenses.

Comment

Rushcliffe GPs, at the time of this survey, were generally unaware of the regular CPA reviews to which they are to be invited. Of those who were, most had heard of it following an invitation to attend a CPA review. The information gathered in this paper suggests that the methods used to disseminate information about CPA to GPs are inadequate. As far as most of our GP colleagues were concerned there had been no formal explanation of CPA.

Although national and local guidelines suggest attendance by the primary care team, most GPs felt that their attendance at reviews would benefit only a few of their patients on CPA. With provisos they would generally attempt to attend these reviews. A sizeable minority cite pressure on working time as the main reason for being unable to attend. A typical comment was:

"The pressures of work have made us ruthless in prioritising the care we give to our patients. We cannot afford to cancel surgeries in order to attend CPA reviews".

A large number of respondents supported the idea of providing written information in lieu of attendance. In most cases we would agree with our GP colleagues that this represents a more cost effective use of their time. The initial rigid acceptance of the government's guidelines has been pragmatically interpreted to include what has been termed "virtual" conferences using written and telephoned information.

This survey has raised practical points that need addressing if GPs are not to be discouraged from attending the few important reviews. Car

parking, expenses and timing of reviews, so as not to coincide with surgeries and other commitments, are important considerations.

The information we acquired applies to a period of adjustment to CPA when both the concepts and practice were new. We plan to gather more information in the next year to monitor the change in GPs' attitudes as CPA reviews become part of regular practice.

Appendix. Questionnaire sent to all GPs in Rushcliffe

1. Until you received this questionnaire, had you heard of the care programme approach?
yes/no (delete as appropriate)
2. If yes, from where did you obtain most of this information?
DoH guidelines
Contact with local psychiatric services
National press
Other (please specify)
3. Were you aware that you were invited to the local reviews?
yes/no (delete as appropriate)
4. How many of the reviews of your patients do you think you will be able to attend?
all/most/less than half/none (delete as appropriate)
5. If you are unable to attend in person, how often would you be able to provide a written report?
all/most/less than half/none (delete as appropriate)
6. How often would you feel it was beneficial to patient care to attend a psychiatric multidisciplinary meeting for the purposes of the care programme approach?
all of my patients on CPA/most/few/none (delete as appropriate)
7. Any other comments

Reference

DEPARTMENT OF HEALTH (1990) *Caring for People. The Care Programme Approach for People with a Mental Illness Referred to the Specialist Psychiatric Services*. HC (90) 23/LASSL (90) 11. London: HMSO.

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