

# Appendix IX: Primary Care Questionnaire

## Table of Contents

1.	Introduction.....	1
2.	Methods.....	1
3.	Findings.....	2
3.1.	Section One: Awareness of the Alternatives to Crisis Services .....	2
3.2.	Section Two: Perception of the Alternatives to Crisis Services .....	4
3.3.	Raising Awareness of the Alternatives to Crisis Services .....	9
4.	Conclusions.....	10

## 1. Introduction

This appendix expands on the information provided in the accompanying Final Report slide set. Information was gathered from Primary Care representatives from across Hampshire and the Isle of Wight.

## 2. Methods

Exploration of the impact of the Alternatives to Crisis (A to C) services on primary care was complex. An initial scoping exercise in October 2022 was carried out in consultation with Sonya Mclean (Senior Programme Manager, Mental Health Crisis Care, Hampshire and Isle of Wight ICS), the Commissioning Support Unit, and Katrina Webster (Clinical Director for Mental Health and Learning Disabilities covering southwest Hampshire for the Hampshire and Isle of Wight ICS). It was determined that primary care data was not readily available or linkable for use within the evaluation. A GP notes audit was also discussed and ruled out. Consequently, it was agreed that a short survey was likely to be the most practical approach. Brevity was considered crucial to ensure engagement.

The survey was designed in two distinct halves, the first section gauged awareness of the A to C services, and the second sought to understand the perception of A to C services within primary care. The opening questions gathered demographic details such as job role and practices covered. The respondents were then asked if they were aware of any of the A to C services prior to receiving the questionnaire. If they were not, they were then asked how best to raise awareness, after which the survey ended. Those who were aware of the services were directed to the second section of the survey, which contained a short series of multiple choice and free text questions.

The primary care survey was circulated in May 2023 via the GP Bulletin (which reaches 700+ GPs across Hampshire and Isle of Wight) and via primary care mental health leads.

### 3. Findings

Section one of the survey was completed by 67 respondents, with 52 going on to complete section two.

#### 3.1. Section One: Awareness of the Alternatives to Crisis services

See Table 1 for details of survey respondent job roles within primary care; and table 2 for information on which localities the respondents represented (some respondents covered multiple practices in different localities).

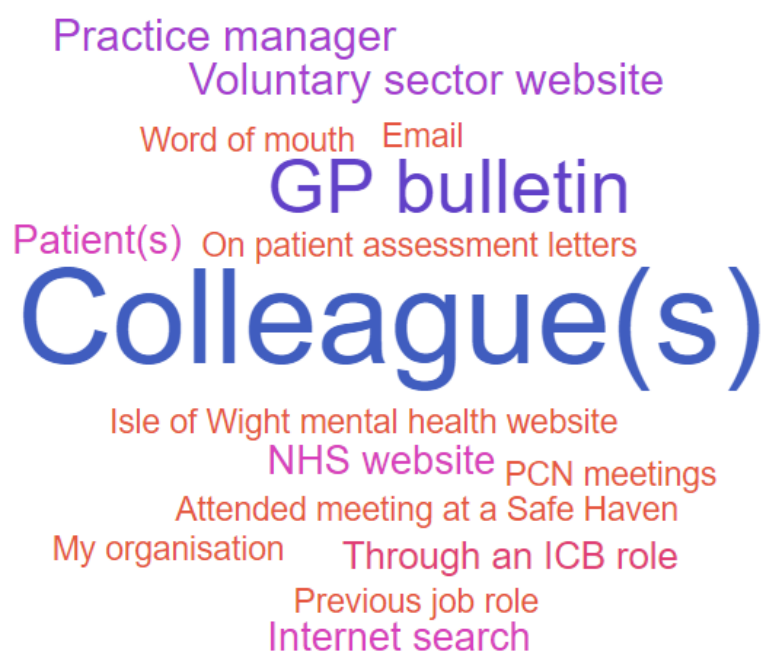
**Table 1** Number of respondents by job title

Job Role within Primary Care	Number of respondents
GP	41
Mental Health Nurse	6
Wellbeing Advisor	5
Occupational Therapist	3
Locum – GP	2
Social Prescriber	2
Advanced Nurse Practitioner	1
Paramedic	1
Peer Support Workers	1
Pharmacist	1
Practice Manager	1
Primary Care Network Team Leader (supervising, Peer Support Workers, Wellbeing Advisors, Community Connectors and Lived Experience Practitioners)	1
Psychological Therapist in primary care	1
Voluntary Community and Social Enterprise (VCSE) Manager	1
<b>Grand Total</b>	<b>67</b>

**Table 2** Area where each respondent's GP practice is based

Area of Hampshire	Number of Respondents
Isle of Wight	21
Portsmouth	18
New Forest	7
Basingstoke and Deane	6
Southampton	3
East Hampshire	2
Hart District	2
Test Valley	2
Hampshire wide	1
Havant	1
North and Mid Hampshire	1
Rushmoor	1
Salisbury	1
Winchester	1
<b>Grand Total</b>	<b>67</b>

78% (52/67) of the primary care respondents were already aware of the A to C services prior to receiving the survey. The following word cloud illustrates how the respondents first heard about the services:



### 3.2. Section Two: Perception of the Alternatives to Crisis services

The survey then directed focus onto questions around perception of the A to C services within primary care. Out of the 52 respondents who had heard of at least one of the A to C services, 71% (37/52) either agreed or strongly agreed that the Alternatives to Crisis Services play a valuable role in supporting people in mental health crisis (see table 3).

**Table 3** Responses from the question - To what extent do you agree with the following statement: *Alternatives to Crisis services play a valuable role in supporting people in mental health crisis*

Row Labels	Count of respondents	%
Strongly Agree	18	35%
Agree	19	37%
Neither agree nor disagree	5	10%
Disagree	1	2%
Strongly Disagree	1	2%
Do not know	8	15%
<b>Grand Total</b>	<b>52</b>	<b>100%</b>

The next question asked about impact on patients. 63% (33/52) of the primary care respondents either agreed or strongly agreed that having access to an A to C service had positively impacted their patient(s) (see table 4).

**Table 4** Response from the question - To what extent do you agree with the following statement: *Having access to an Alternatives to Crisis service has positively impacted my patient(s)*

Row Labels	Count of respondents	%
Strongly Agree	20	38%
Agree	13	25%
Neither agree nor disagree	7	13%
Disagree	2	4%
Strongly Disagree	1	2%
Do not know	9	17%
<b>Grand Total</b>	<b>52</b>	<b>100%</b>

The final short answer question asked how likely it would be for the respondents to recommend an A to C service to someone under their care experiencing a mental health crisis. 71% (37/52) of respondents said it would be likely or extremely likely (see table 5).

**Table 5** Would you recommend an A to C service to someone under your care?

Row Labels	Count of respondents	%
Extremely likely	20	38%
Likely	17	33%
Neither likely nor unlikely	7	13%
Unlikely	4	8%
Extremely unlikely	1	2%
I don't know	3	6%
<b>Grand Total</b>	<b>52</b>	<b>100%</b>

The final section of the survey asked three longer optional questions, with the opportunity to leave written comments. The first question asked about impact of the A to C services on Primary Care. 38 respondents provided comments. 61% (23/38) of the comments reported a positive impact. 16% (6/38) of respondents were unsure. 18% (7/38) felt there was little or no impact. One respondent (<1%) felt that the A to C services offered an inferior option to the service provided by the Crisis Teams. Table 6 summarises the comments into high level themes.

**Table 6** Responses to - **What impact (if any) do you feel the Alternatives to Crisis services have had on Primary Care?**

High level themes	Comments
<b>Positive: 23/38</b>  The A to C services... <ul style="list-style-type: none"> <li>offer somewhere to signpost people to for further support.</li> <li>reduces some of the pressure on primary care.</li> <li>offer a better and more appropriate response than ED.</li> <li>provide a safety net.</li> <li>give patients a more personable and compassionate experience that is</li> </ul>	<p>"Gives us somewhere to signpost people who aren't under secondary care who if they were to contact the crisis team are told they are not open to help from them. More easily accessible than 111. They receive a better response than in ED where they often feel fobbed off if seen by psych liaison or not met with a compassionate response from ED services."</p> <p><b>"Useful as a link in crisis planning to give to patients"</b></p> <p>"Better safety netting"</p> <p><b>"Positive impact. It has given practitioners in Primary Care the opportunity to signpost patients on for further support which can ease the workload within primary care and most importantly could promote safety and positive mental health."</b></p> <p><b>"More personable experience, not so clinical. This especially benefits those that have anxiety over hospital settings."</b></p> <p>"Reduced the medicalisation of mental health crisis."</p> <p>"When a person is in crisis, I feel knowing there is another alternative service that can help at this time, could ease the numbers going to PC."</p>



<p>less clinical / medicalised.</p> <ul style="list-style-type: none"><li>• provide an alternative to mainstream services that is easily accessible.</li><li>• offer a better patient experience.</li><li>• reduce pressure on secondary mental health services.</li><li>• provide timely support when it is needed.</li><li>• are helpful as patients can access the support themselves.</li></ul>	<p>"The feedback from the crisis service has been negative and therefore an alternative service has been gratefully received by patients and engagement has been measured as successful."</p> <p>"Adds an alternative to mainstream services."</p> <p>"An extremely positive impact."</p> <p>"If it supports, is clearly and easily accessible and they take on responsibility, then it would benefit GPs."</p> <p>"better experience"</p> <p>"Gives patients somewhere to go in a mental health crisis that isn't 111 and they can do this face to face."</p> <p>"They take some of the service load from direct mental health services."</p> <p>"Hopefully a positive one as generally v poor MH support perceived within community settings."</p> <p>"It likely reduces referrals to secondary care mental health services."</p> <p>"Offer patient support with any mental health support required."</p> <p>"Reduce the pressure - but need to accept self referrals, clinician referrals etc."</p> <p>"Getting the patient support which is greatly needed in a timely manner."</p> <p><b>"very helpful to have a service that patients can access themselves in their own time if needed."</b></p> <p><b>"Gets people the support they need when they need it."</b></p> <p><b>"Takes pressure off GPs and also gives patients and GPs more choices / options to refer to and better access for patients who has MH crisis."</b></p> <p>"Ease pressures in the NHS, prompt support for people struggling with a MH crisis (otherwise, they can be waiting for hours in A&amp;E, which doesn't usually happen in alternative crisis services), non-clinical environments, can increase accessibility."</p>
<p><b>Unsure / Do not know:</b> <b>6/38</b></p>	<p>"I have not worked in Primary Care long enough to know."</p> <p>"Not sure, I think it should be advertised even more with leaflets."</p> <p>"Unsure" , "not sure"</p> <p>"I don't know. I don't know what they do actually."</p> <p>"Never get any feedback, so impossible to know the impact."</p>

<p><b>Little / minimal impact:</b> 8/38</p> <ul style="list-style-type: none"> <li>Little or no impact observed.</li> <li>Impact limited due to the opening hours of the A to C services</li> <li>Impact limited as they do not off clinical support</li> </ul>	<p>"Little so far"</p> <p>"Little as yet in my surgery as uptake so low."</p> <p>"No obvious impact in Portsmouth."</p> <p>"zero in my experience" , "none"</p> <p><b>"Minimal. Patients still have it in their head that they need to see a psychiatrist. We remain the first port of call whenever they have a crisis, particularly a social crisis."</b></p> <p><b>"Limited due to the hours the service is accessible and the staff are not clinicians"</b></p>
<p><b>Negative perspective:</b> 1/38</p>	<p><b>"I value Mental Health Crisis Team input enormously – it should not be replaced by inferior service."</b></p>
<p><b>Other observations: 1/38</b></p> <ul style="list-style-type: none"> <li>Issues can arise when people use services in other counties</li> </ul>	<p>"Some miscommunication when service user has gone to safe haven over border of county and contradictory advice given to that of what services can offer"</p>

Respondents were then given the opportunity to share **any other comments** they might have regarding the A to C services. 23 respondents provided comments. Table 7 below groups these comments into high-level themes.

**Table 7 Responses to - Please use this space to share any feedback you have regarding the Alternatives to Crisis service(s) - Anything that you particularly like about the service(s) or any ways in which you feel the service(s) could be improved:**

High level themes	Comments
Positive feedback from patients	<p><b>"I have referred and signposted many patients to Alternatives to Crisis Service and I have received positive feedback from those patients. I will certainly continue to refer and signpost people to Alternatives to Crisis Service."</b></p> <p>"The alternative crisis service has delivered positive feedback and less reliance on RMN in practice."</p> <p>"Been told the service was supportive."</p> <p><b>"...Overall patients are positive about the response they receive from the safe haven in Basingstoke."</b></p>

<p>Importance of Alternatives to Crisis</p>	<p>"Essential for GPs and GP call coordinators to be able to signpost people to this service."</p> <p><b>"It's there when service user needs it. They can access it when they feel unsafe."</b></p>
<p>Issues around accessibility:</p> <ul style="list-style-type: none"> <li>Some patients have struggled to get in touch with one of the services or found that the door is locked.</li> <li>Location – distance to travel – might be risks or concerns around the person driving/travelling to a service.</li> </ul>	<p><b>"I have had some patients feedback that they have struggled to get through on the phone at times and haven't wanted to leave a message or have attended but found the door locked and didn't get a response to ringing the bell. I have fed this back directly to the service. Overall patients are positive about the response they receive from the safe haven in Basingstoke."</b></p> <p><b>"Issue re location e.g safe haven, some patients don't want to attend virtually and it is quite far to get to [Basingstoke] from Andover and often might have risk concerns about them driving there. Lookout – less clear if they can access if not under CMHT/ been under in past"</b></p> <p><b>"Would welcome another alternative service like this in Portsmouth."</b></p>
<p>A feeling of 'we already have it covered' for some GPs</p>	<p>"At this time, with our primary care team, secondary care, social prescribers and wellbeing practitioners, we have most cases covered."</p>
<p>Areas for improvement:</p> <ul style="list-style-type: none"> <li>Would value a service with clinical staff and ability to do follow-up work.</li> <li>Single point of support with up-to-date information.</li> <li>There is a need for established, versatile and well-funded services. Services seen to come and go.</li> <li>Services need to be more integrated into the NHS.</li> <li>Longer opening hours would be desirable.</li> </ul>	<p><b>"I would value an alternative with 24-hour access, clinical staff and the ability to do follow-up work."</b></p> <p><b>"As stated on last page. I don't want a long list of alternative resources that come and go and change name. A single point of help that is up to date is a useful tool."</b></p> <p><b>"I tend to give my patients this link: <a href="https://www.iwmentalhealth.co.uk/iw-mental-health-crisis-support">https://www.iwmentalhealth.co.uk/iw-mental-health-crisis-support</a> which has safe haven and the crisis number on it plus all other possible support lines."</b></p> <p>"I value good quality Mental Health assessment and support in Crisis - I do not think alternatives are appropriate. It would be better for Crisis Team to be fully funded, and fully staffed, to assess patients, and then signpost to alternative services themselves if they feel appropriate."</p> <p><b>"The difficulty with alternatives to the crisis team are that there is no integration into the NHS services at any level that I have seen. It seems the patients just come back a few days later; more frustrated with a system they feel does not work for them. As an adjunct there is benefit but definitely not as a replacement, that is the road to disaster as there is no capacity for GPs to fill in the gap."</b></p> <p><b>"We need Alternatives to Crisis service(s) which are going to be well-established, versatile and well-funded. Most of the MH services come about, but then gets closed for various reasons."</b></p>

	<p>"Longer opening hours would be desirable."</p> <p><b>"I would value an alternative with 24-hour access."</b></p> <p>"Need one available all the time."</p>
<p>More information needed:</p> <ul style="list-style-type: none"> <li>• More needs to be done to raise awareness about the services so people can feel confident referring people to them.</li> <li>• Need to raise awareness of the services before people reach their GP.</li> <li>• Lack of clarity around who the services can support / how people access them.</li> </ul>	<p>"I would like more information about the services so I could feel confident directing patients to them."</p> <p>"I think there needs to be more support available in primary care for mental health and mental health crises as we are managing a lot of things that I think should be secondary care presentations. Crisis teams often send people back to their GP and there isn't much more we can offer. <b>Other avenues would be good and being sent information about this would be useful.</b>"</p> <p>"More awareness of these services is needed."</p> <p><b>"They need to be advertised as an alternative to seeing the GP, rather than a GP telling them about it in the first place."</b></p> <p>"No information but suspect if housebound then you can't access." – Isle of Wight</p> <p>"Be great if they could expand to cover housebound patients." – Isle of Wight</p> <p><b>"Lookout – less clear if they can access if not under the care of a community mental health team (CMHT) or been under it in past."</b></p>

### 3.3. Raising Awareness of the Alternatives to Crisis Services

Before respondents left the survey (from either section one or section two) they were asked, one final question: "What more needs to be done to raise awareness of the Alternatives to Crisis services within your organisation?" 35 respondents provided comments in response to this question. These are summarised below:

- Include up-to-date information on the services in the GP bulletin / newsletter.
- Ensure the services are better publicised to patients, carers and staff.
  - Create a resource with information on all of the relevant available services in the area that can be shared with the person in crisis.
  - Provide leaflets and posters to GP surgeries.
  - Add the A to C services to the Mental Health leaflet on the Ardens templates.
  - Provide primary care with cards and leaflets that could be handed to the patient.

- Share clear information on the services to all relevant organisations and members of staff, so the wider system has greater awareness.
- Provide a weblink that GPs can text to patients.
- Ensure local Mental Health resource websites are kept up-to-date, particularly if services are not available due to staffing shortages.
- Share positive testimonies and outcomes from people who have used the services.
- Embed the services in the system and ensure partnership working with local services.
- Include information on the services in the ringfenced face-to-face training sessions.
- Contact clinicians directly by e-mail or contact practice managers who can cascade the information down across the practice. Avoid losing the information within the generic trust e-mails.
- Present information on the services at team meetings.
- Provide regular updates highlighting any changes.
- Include presentation in monthly TARGET sessions.
- Present at Clinical Director meetings and encourage the directors to cascade the information down.
- Better communication with PCNs – e.g. via the No Wrong Door Meetings
- Increase service provision to cover more areas (e.g. the New Forest) so more practices have somewhere to signpost.

## 4. Conclusions

The A to C services are positively perceived across primary care. Most respondents to the primary care survey said they valued the role that the services play and that they would recommend them to someone under their care experiencing a mental health crisis.

However, there is work to be done with raising awareness across primary care and across the system to ensure that clinicians, patients, and carers are made aware of the services available in their local area.