

Do higher primary care practice performance scores predict lower rates of emergency admissions for persons with serious mental illness? An analysis of secondary panel data

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Declared competing interests of authors: Simon Gilbody is a member of the HTA Clinical Evaluation and Trials Board. Tony Kendrick's MD thesis provided evidence of the potential benefit of regular assessments of people with SMI which informed the Quality and Outcomes Framework performance indicator. He has been a member of the NICE national Quality and Outcomes Framework Advisory Committee since 2009.

Published April 2015

DOI: 10.3310/hsdr03160

Plain English summary

Do practice performance scores predict emergency admissions?

Health Services and Delivery Research 2015; Vol. 3: No. 16

DOI: 10.3310/hsdr03160

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Plain English summary

Serious mental illness (SMI) such as schizophrenia and bipolar disorder can have a devastating impact. General practitioners (GPs) provide both mental and physical care for people with SMIs. If GPs provide high-quality care it is possible that their patients with a SMI, in addition to experiencing improvements in the health and well-being, will have fewer unplanned hospital admissions (for mental and physical health problems) and, if they are admitted, they may have shorter lengths of stay (LOSs) as they can be discharged sooner.

The UK Quality and Outcomes Framework (QOF) pays GP practices for providing good-quality care to patients with a SMI through having a regular review and a care plan. Records are kept of how well practices carry out these tasks. Using these records, we investigated whether or not better quality of primary care, as measured in the QOF, is linked to (a) lower levels of unplanned (emergency) admissions for people with a SMI; (b) higher levels of planned admissions for physical care; (c) a shorter length of hospital stay; and (d) lower public sector costs. We found that, contrary to our expectations, better care is associated with higher rates of unplanned and planned admissions for people with a SMI, for both mental and physical health problems, and has no impact on LOS or costs.

It is possible that higher admissions reflect GPs finding previously unmet need. To investigate this further, research needs to look at the care received by individual patients and the way QOF reflects this care.

Health Services and Delivery Research

ISSN 2050-4349 (Print)

ISSN 2050-4357 (Online)

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The research reported in this issue of the journal was funded by the HS&DR programme or one of its preceding programmes as project number 10/1011/22. The contractual start date was in April 2012. The final report began editorial review in October 2013 and was accepted for publication in April 2014. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HS&DR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

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