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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Plain English summary

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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.
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This report

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