

# Location of care for people with serious mental illness (LOCAPE): implications for service use and costs using a mixed-methods approach

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## Plain English summary

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## Plain English summary

People with serious mental illness frequently require support from both primary [general practitioner (GP)] and secondary (hospital/specialist) care. This study compares the two care settings in terms of patient characteristics, service use and costs. Just over 3600 people were included. Those cared for mainly by GPs were less likely than those in secondary care to have a schizophrenia diagnosis, less likely to have a history of violence and less likely to have a forensic history. They had much lower service costs. We found few people in secondary care who were clearly similar to those in primary care, which may suggest that there was little 'unnecessary' secondary care, but this would need to be investigated further. We looked at those characteristics of discharged patients that were associated with the time it would take to go back to specialist care. These were similar to the characteristics mentioned above.

We asked people using new services that were alternatives to secondary care about their experiences. These were generally positive, although it was apparent that uncertainty about objectives caused some difficulties. Finally, we looked at whether or not these new services might potentially save money for the health-care system. To do this we used models to look at the care provided over time and found that the new services were likely to save around £1578 over 1 year compared with traditional primary care (i.e. without the new services), which has a greater likelihood of admission to secondary care.

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