

The association between primary care quality and health-care use, costs and outcomes for people with serious mental illness: a retrospective observational study

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Plain English summary

Primary care quality for people with serious mental illness

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Plain English summary

Serious mental illness (SMI), such as schizophrenia and bipolar disorder, can have a devastating impact on individuals and their families. If people with serious mental illness receive high-quality care from their general practitioners, they may live longer and be in better health. They may also need less costly hospital care.

The Quality and Outcomes Framework pays general practices more money if they review the health needs of their patients with serious mental illness at least once per year. General practices also receive money if they put in place a care plan for patients with serious mental illness. However, the Quality and Outcomes Framework covers only some aspects of care. Our study identified other measures not included in the Quality and Outcomes Framework that may benefit patients: (1) ensuring that patients are not prescribed two or more antipsychotic drugs unless appropriate (polypharmacy) and (2) patients seeing the same general practitioner every time they attend the practice (continuity of care).

Using electronic patient records from general practices, we test whether or not better-quality primary care is linked to better outcomes for patients with serious mental illness, including fewer unplanned hospital admissions, fewer accident and emergency attendances, less use of specialist mental health-care services and fewer premature deaths. We also test whether or not better-quality primary care saves money for the NHS.

We found that patients with a care plan and those who are reviewed annually have fewer unplanned hospital admissions, fewer accident and emergency attendances and lower overall health-care costs. Seeing the same general practitioner also helps to reduce unplanned hospital admissions and accident and emergency attendances for patients with some types of health complaints. We did not find that receiving two or more antipsychotic drugs leads to worse outcomes.

We conclude that care plans, annual reviews and continuity of care are good measures of quality of primary care. They can help keep patients out of hospital and reduce overall health-care costs.

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