

General practitioners' satisfaction with a primary care clinical psychology service

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SUMMARY. A specialist Clinical Psychology Service in Primary Care was set up in one health district in 1979 on a three-year experimental basis. A survey conducted among the general practitioners who had used the service during this period found a high level of satisfaction. The views of the general practitioners are reported and also their ratings of the outcome of psychological treatment in each of 305 cases. The relationship between certain patient characteristics and treatment outcome is also presented. These results are discussed in relation to further research required in this area and the future of liaison between clinical psychologists and general practitioners.

Introduction

OVER the past decade clinical psychologists in various parts of the United Kingdom have been invited by general practitioners to set up clinics in health centres and surgeries. The Trethowan Report (1977) on the future of clinical psychologists in the health services recognized a need for "increased participation by psychologists with general practitioners in the primary care setting" and called for "pilot studies with built-in full evaluations" (Trethowan, para. 5.3.13.) of this new clinical role. Several groups of psychologists have now reported upon their work in primary care (McAllister and Philip, 1975; Johnston, 1978; Bhagat *et al.*, 1979; Clark, 1979), and Koch (1979) and Ives (1979) have both reported statistically significant reductions in patient consultation rates at the surgery and lower levels of drug intake following a course of behaviour therapy.

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The above-mentioned reports were all concerned with the effects of treatment upon patients, and did not investigate the attitudes of general practitioners to this new interprofessional relationship. Before setting up primary care psychology services in their respective areas, Davidson (1977) and Dhillon (1980) studied general practitioners' attitudes towards working with psychologists but no author has as yet reported upon the satisfaction of general practitioners with an existing psychology service.

Methods

The Project

In January 1979 the Forth Valley Health Board, in collaboration with the University of Stirling, established a three-year research project involving the development and assessment of a community-based clinical psychology service for the Stirling District of the Forth Valley. A senior clinical psychologist (D.W.A.J.) was appointed to set up the new service. The aim of the clinic was to provide psychological assessment and treatment of physical, psychosomatic and behavioural disorders in patients who either might not normally receive psychological treatment, or who might be referred for psychiatric treatment when psychological treatment would be more appropriate. The Clinical Psychology Service was open to referrals from general practitioners in the health district, the sector psychiatrists and doctors working at the local infirmary.

During the first two and a half years of operation of the service 567 patients were referred to the psychologist, 74 per cent of these referrals being by general practitioners, 22 per cent by the sector psychiatrists, and 4 per cent by consultants at the local general hospital. Over the same period, 55 of the 78 general practitioners working in the health district referred cases, and a further nine general practitioners had patients of theirs referred by psychiatrists or doctors from the general hospital. Thus 71 per cent of general practitioners

Table 1. Results of satisfaction survey ($n = 50$ or 51 general practitioners).

	Number	(per cent)
1. <i>In your opinion, is the Community Clinical Psychology Service a useful addition to primary care services?</i>		
a. Very useful	26	(51)
b. Useful	24	(47)
c. Useless	1	(2)
2. <i>Have you had sufficient contact with the psychologist?</i>		
a. Would like more contact	10	(20)
b. Present amount adequate	39	(78)
c. No need for contact	1	(2)
3. <i>Have you been kept sufficiently well informed about your patients who are seeing the psychologist?</i>		
a. Inadequately informed	9	(18)
b. Adequately informed	30	(60)
c. Very well informed	11	(22)
4. <i>Should the Community Psychology Service be retained as a service to general practitioners?</i>		
a. Service should be continued	41	(82)
b. Service should be continued and expanded	10	(18)
c. Service should be discontinued	0	

referred directly to the service, and 82 per cent of general practitioners had some contact with the service.

The survey

During the last year of the experimental period the steering committee of the project conducted a satisfaction survey among those general practitioners who had used the service. A simple questionnaire was devised. The first question asked how 'useful' the doctor had found the service, the second and third questions concerned contact with the psychologist and quality of communication, the fourth asked directly whether the service should be continued, while the fifth question concerned training. This questionnaire was sent to 52 general practitioners who had referred patients and also to the nine further general practitioners from whose lists patients had been referred by other doctors. Each general practitioner was also sent a list of his patients involved, in chronological order of referral, and was asked to give a rating of the effect of psychological treatment in each case. This list was also intended to remind the general practitioner about his usage of the service before he completed the 'satisfaction' questionnaire.

Table 2. Result of general practitioners' ratings of treatment outcome.

	Number (per cent)	
	General practitioner referrals ($n = 261$)	Psychiatrist referrals ($n = 44$)
<i>What effect has treatment had upon this patient's problems?</i>		
Definite benefit	146 (56)	24 (54)
No change	60 (23)	14 (32)
Deterioration	6 (2)	0
Unable to judge	49 (19)	6 (14)

Results

Fifty-one (84 per cent) general practitioners returned the questionnaire; the results are shown in Table 1. Overall 50 (98 per cent) of the general practitioners were satisfied with the new clinical psychology service, and all of the respondents thought that the service should be continued. To the fifth question, which concerned training, 60 per cent of responses indicated interest in psychological treatment techniques. These general practitioners were then asked what method of training they would prefer, and their replies were divided equally between the two alternatives of the psychologist visiting the practice to discuss cases and an occasional postgraduate seminar.

Using a three-point rating scale, the respondents rated the effects of psychological treatment in each case. Each general practitioner was sent a list of those of his patients who had had at least two sessions of psychological treatment; active cases were included. The survey respondents had between them referred 261 patients, and a further 44 of their patients had been referred by psychiatrists—a total of 305 referrals. The effects of treatment were rated as shown in Table 2. Definite benefit from treatment was reported for over half the patients referred both directly by general practitioners and via psychiatrists. Several of the general practitioners spontaneously used a ++ rating in the benefit column, indicating that they would have liked more choice of points for rating improvement.

The characteristics of the patients whom the general practitioners considered to have benefited from treatment were investigated in detail by selecting from the total survey population those patients who had completed a six-month follow-up period by the time the outcome of treatment was judged. Full details were available for 85 patients, of whom 59 had been given the 'definite benefit' rating and 26 had been rated as 'no change'. These two groups were compared on 10 variables. Table 3 shows that the two groups differed significantly on several variables: the 'no change' group were older and also more likely to be taking medication at the

Table 3. Comparison of patient variables and general practitioner rating at follow-up.

Variable	'Definite benefit' (n = 59 patients)	'No change' (n = 26 patients)	Significance
1. Age	33 years	41 years	$t = 2.5, P > 0.02$
2. Duration of problem	6.4 years	8.9 years	$t = 1.0, NS$
3. Already on medication	34%	58%	$\chi^2 = 3.29, P > 0.05$
4. Time on medication	3.4 years	7.8 years	$t = 1.4, NS$
5. Previous psychiatric treatment	32%	42%	$\chi^2 = 0.42, NS$
6. Length of previous treatment	1.9 years	4.2 years	$t = 1.0, NS$
7. Number of sessions of psychological treatment	7.5	8.5	$t = 0.5, NS$
Mean monthly consultation rate			
8. Six months pre-treatment	0.59	0.97	$t = 2.43, P > 0.2$
9. During psychological treatment	0.47	0.69	$t = 1.5, NS$
10. Six months post-treatment	0.47	0.74	$t = 1.24, NS$

t , Student's t test; P , probability; NS, not significant.

start of psychological treatment. These patients also consulted their general practitioner at a significantly higher rate in the six months before treatment commenced, and they continued to consult at a higher rate than the 'definite benefit' group both during and after treatment, although these differences did not reach statistical significance.

Discussion

Davidson (1977) and Dhillon (1980) demonstrated that the majority of general practitioners are interested in direct referral to clinical psychologists for specific treatment purposes. The present survey has confirmed that where there is such a service it is both widely used and valued by general practitioners as being of real practical assistance in patient care. Such liaison may not necessarily involve the setting up of specialist primary care clinical psychology posts, but can be achieved simply by psychologists based in psychiatric hospitals visiting health centres and surgeries on a sessional basis, a practice that is undoubtedly increasing throughout the United Kingdom.

There are a number of issues in this area which require further research (Jerrom *et al.*, 1982). The three most important are: firstly, that this psychological treatment should be properly evaluated in controlled studies; secondly, the durability of the effects of treatment should be investigated, with particular regard to the prevention of relapse; and lastly, prognostic factors should be identified so that general practitioners can be given clearer guidelines on the types of patients to refer, and also so that the psychologist's time can be most effectively deployed. We are conducting further re-

search in each of these areas, and will be reporting in due course.

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