



# Evaluation of the Primary Care Service for Mental Health (PRISM): Stage One

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**Authors:**

Sophie Elliott: York Consulting

Tim Allan: York Consulting

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## EXECUTIVE SUMMARY

### Introduction

1. This report conveys the key findings from Stage One of an independent evaluation into the Primary Care Service for Mental Health (PRISM). Stage One (March to July 2018) has assessed the implementation, delivery and emerging outcomes of PRISM. Stage Two (September and October 2018) will involve follow-up consultations with patients to explore outcomes and impacts in more detail.

### Evaluation method

2. Stage One of the evaluation has involved five main strands of activity:
  - An online survey of PRISM practitioners, generating 48 responses from a population of 60 practitioners (a response rate of 72%). Follow-up consultations were then undertaken with 13 of the practitioners to explore the survey results in more depth.
  - One-to-one qualitative consultations with 16 patients at nine different GP surgeries.
  - An online survey of professionals working in secondary mental health care to explore the effects of PRISM on secondary mental health services. The survey generated 26 responses from a population of 106 professionals (a response rate of 25%).
  - Three one-to-one qualitative consultations with CPFT staff with managerial/strategic responsibility for PRISM.
  - Analysis of performance data relating to both ARC and PRISM.

### Set-up and implementation

3. Almost universally across those consulted for Stage One of the evaluation, there is strong support for the introduction of PRISM. The vast majority of practitioners agree that there is a genuine need for the service and that it will improve the quality and responsiveness of mental health provision across the Cambridgeshire and Peterborough area.
4. There is a general sense of enthusiasm for how the implementation of PRISM has progressed, particularly in recent months. The phased approach has been welcomed and is reported to have allowed for the sharing of learning across the delivery team.
5. Feedback from practitioners on buy-in to PRISM amongst GPs was mixed, although on balance the positive feedback outweighs the negative. Just over half the practitioners agreed that GP surgeries have been supportive of PRISM and that information about PRISM had been communicated effectively to those working in primary care. Those practitioners who were less positive reported feeling detached from GP surgery teams and said that the high locum rate amongst GPs was having an impact on buy-in.

## Delivery

6. The majority of practitioners gave positive feedback about their experience of working within PRISM. The current mechanisms and processes for undertaking patient consultations appear to be fit-for-purpose and there is clear support for the multi-disciplinary model. However, more than half of those consulted felt that the size of their team was not appropriate for the scale of demand for PRISM, compared with one third who said there were no capacity issues. There is also an appetite for more, and more structured, clinical supervision within PRISM.
7. Although the processes for receiving requests for service and sharing information were felt to be working well by over two-thirds of mental health practitioners/specialists, there was less consensus around the appropriateness of requests for service from GPs and the quality of information contained within the requests for service. Concerns were also raised around the range of treatment options onto which PRISM practitioners can refer, including gaps in provision for patients with personality disorders and long waiting times for psychological treatments.

## Patient feedback

8. Whilst the patient sample for the evaluation is relatively small (16 patients), all the patients were very positive about their experience of PRISM. Thirteen patients rated the quality of the service as 'excellent' and three as 'good'.
9. Patients were particularly positive about PRISM appointments being located in GP surgeries, as these are environments with which they are typically familiar and which are close to where they live. The patients have consistently found the PRISM practitioners to be approachable and empathetic, often saying that they felt able to be more open and forthcoming about their mental health issues than at previous appointments in other settings.
10. All 16 patients were also satisfied with the outcome(s) of their PRISM appointment(s), reporting that they had been involved in the decision-making process and understood the next steps. However, there was disappointment amongst some patients that the waiting times for some specialist treatments could be lengthy.
11. In terms of suggestions for improvement, most patients said that they would have appreciated having more information about PRISM at the point of the request for service from their GP. In fact, some patients reported attending their first PRISM appointment without really understanding the service or what it offers.

## Outcomes

12. Although Stage Two of this evaluation will explore outcomes in greater depth, there are early indications (from both practitioners and patients) that PRISM is making a positive contribution to patient wellbeing and to the management of mental health conditions. In addition, waiting times for PRISM are, on average, considerably shorter than under ARC and there are positive reports from within secondary care about reductions in

ineligible requests for service. However, the average non-attendance rate for PRISM appointments is running about the target of 12%.

13. The evaluation estimates an annual saving in excess of £650,000 associated with fewer secondary care referrals and fewer re-referrals to PRISM alone. Whilst this figure is lower than the annual funding that has been provided to the service, it is unquestionably an underestimate. There will be an array of other savings to the state associated with secondary care services seeing fewer ineligible patients and providing more prompt treatments plans to those that are eligible. In the absence of a study that attempts to track secondary care outcomes in detail, it is not possible to quantify these savings, but it is possible that they could be very significant.
14. It must also be kept in mind that consultant psychiatrists and secondary care multi-disciplinary teams are aligned with PRISM. The consultant psychiatrists and other senior clinicians within the multi-disciplinary teams are involved in the core delivery of PRISM to provide advice and support to GPs and mental health practitioners. This has required a significant amount of consultant time which has been included in consultant job planning. Whilst the overall numbers of referrals to, and assessments in, secondary care have reduced, complex and severely unwell patients who require secondary care also require care and treatment from senior clinicians.
15. The evaluation has unearthed positive feedback on the support provided by consultants and, going forward, recommends considering the introduction of more formal structures for clinical supervision. In the evaluation's analysis of cost savings, the resource required from secondary care to provide this clinical support has not been formally assessed.

## Recommendations

1. Continue, and where possible increase, efforts to: a) educate GPs on request for service criteria; and b) ensure that all patients referred to PRISM are provided with consistent and appropriately detailed information about the service.
2. Consider revising the non-attendance target to a more realistic level.
3. Consider whether there is scope/resource to introduce more formal structures for clinical supervision on PRISM and whether/how this would benefit the service.
4. (Re-)communicate resourcing plans to the current practitioner base as the service moves into Phase 2.



## 1 ABOUT THIS REPORT

### Introduction

1.1 This is the draft final report from Stage One of an independent evaluation into the Primary Care Service for Mental Health (PRISM). The evaluation was commissioned by the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and is being carried out by a team of researchers from York Consulting LLP. It has two stages:

- Stage One (March to July 2018) has assessed the implementation, delivery and outcomes of PRISM.
- Stage Two (September and October 2018) will involve follow-up consultations with patients to explore outcomes and impacts in more detail.

### Evaluation overview

1.2 The objectives of the evaluation are to assess:

- The extent to which the model is being implemented as planned;
- The practitioner and patient experience;
- The outputs, outcomes and cost effectiveness of the service;
- The wider whole-system implications of PRISM.

1.3 Summarised in Table 1.1, each of these objectives contains a number of key lines of enquiry that have been explored through Stage One of the evaluation. Those in italics will be revisited in Stage Two, following which an updated version of this report will be issued.

## Evaluation of PRISM: Stage One Report

Table 1.1: Key lines of enquiry	
Objectives	Key lines of enquiry
The extent to which the model is being implemented as planned	<ul style="list-style-type: none"> <li>• Support for the model</li> <li>• Management and supervision</li> <li>• Partner buy-in and support</li> </ul>
The practitioner and patient experience	<ul style="list-style-type: none"> <li>• Practitioner experience:               <ul style="list-style-type: none"> <li>- Requests for service</li> <li>- Capacity and resourcing</li> <li>- Multi-disciplinary working</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Patient experience:               <ul style="list-style-type: none"> <li>- Requests for service</li> <li>- Setting/location</li> <li>- Relationship with PRISM practitioners</li> <li>- Outcomes and next steps</li> </ul> </li> </ul>
<i>The outputs, outcomes and cost effectiveness of the service</i>	<ul style="list-style-type: none"> <li>• <i>Waiting time improvements</i></li> <li>• <i>Cost savings generated by PRISM</i></li> <li>• <i>Outcomes for patients</i></li> </ul>
The wider whole-system implications of PRISM	<ul style="list-style-type: none"> <li>• Outcomes for secondary mental health care</li> </ul>

## Evaluation method

1.4 Stage One of the evaluation has involved five strands of activity (Table 1.2).

Table 1.2: Stage One evaluation method	
Strand	Summary
Strategic consultations	<ul style="list-style-type: none"> <li>• Three one-to-one qualitative consultations with CPFT staff with managerial/strategic responsibility for PRISM.</li> </ul>
PRISM practitioner survey and follow-up consultations	<ul style="list-style-type: none"> <li>• Online survey of PRISM practitioners, generating 48 responses from a population of 60 practitioners (a response rate of 72%). Appendix A provides a profile of the survey respondents.</li> <li>• Follow-up one-to-one consultations with 13 PRISM practitioners, exploring the survey results in more depth.</li> </ul>
Patient consultations	<ul style="list-style-type: none"> <li>• One-to-one qualitative consultations with a total of 16 patients at nine different GP surgeries.</li> </ul>
Secondary care professionals survey	<ul style="list-style-type: none"> <li>• Online survey of professionals working in secondary mental health care to explore the effects of PRISM on secondary mental health services. The survey generated 26 responses from a population of 106 professionals (a response rate of 25%). Appendix A provides a profile of the survey respondents.</li> </ul>
Performance data	<ul style="list-style-type: none"> <li>• Analysis of performance data (provided by CPFT) relating to both ARC and PRISM.</li> </ul>



1.5 When considering the findings in this report, the reader is advised to keep in mind that:

- The views of those surveyed/consulted may not be representative of PRISM practitioners, secondary care professionals or PRISM patients as a whole.
- The results of the PRISM practitioner survey have been analysed by geography, i.e. north/south PRISM, with all discernible differences explained in the report. If, as is the case with majority of the survey results, no differences are reported, the reader is to assume that none exist.

### **Acknowledgements**

1.6 The evaluators would like to thank everyone that has made time available to be consulted for Stage One of the evaluation.

### **Terminology**

1.7 'PRISM practitioners' is used in the report as a collective term for staff working within the core delivery team of PRISM (see 'What is PRISM?' in Chapter 2). 'Secondary care professional' is used as a collective term for those working within secondary mental health services.

## 2 Primary Care Service for Mental Health (PRISM)

- 2.1 PRISM provides specialist mental health support for GP surgeries, enabling patients with moderate to high mental ill health to access prompt advice and support, receive help in a community setting and experience a more joined-up approach to care. PRISM is available to anyone aged 17 to 65 who is registered at a GP surgery in the Cambridgeshire and Peterborough area.
- 2.2 PRISM provides early assessment and onward referral in the community, supporting people to focus on their goals and access local community resources. The service promotes a person-centred approach to treating mental health conditions and supports people to step down from specialist mental health services. It is also designed to support GPs in providing the best mental health support for their patients.
- 2.3 PRISM operates in two distinct geographic regions (north<sup>1</sup> and south<sup>2</sup>), each of which has area-based teams that cover the GP surgeries in their area. The following practitioners are involved in the 'core delivery' of PRISM:
- **Mental health specialists (Band 7):** co-ordinate requests for service across their area, provide supervision and see more complex patients;
  - **Mental health practitioners (Band 6):** undertake the majority of patient assessments;
  - **Peer support workers:** people with prior experience of mental illness who support PRISM patients to access community resources;
  - **Consultant psychiatrists and secondary care professionals:** aligned with PRISM and providing advice and support to mental health specialists/ practitioners and GPs;
  - Those working in **management and administration.**
- 2.4 At the time of writing, there is also a pilot project trialling a pharmacist role within PRISM. In addition, the PRISM teams work in partnership with the Recovery Coach team<sup>3</sup>, who provide mental health coaching.
- 2.5 Prior to PRISM, GPs' interface with secondary mental health services was through a single point of contact called the Advice and Referral Centre (ARC). While ARC provided an entry point into secondary care services, it was considered less effective at facilitating integration and collaboration between primary and secondary care professionals<sup>4</sup>. PRISM was therefore introduced to:

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<sup>1</sup> North: Peterborough and the Fens

<sup>2</sup> South: Huntingdon, Cambridge, Ely, St Neots, St Ives.

<sup>3</sup> A community service for people who are moving from secondary community mental health services back to their GP and who may find this transition challenging.

<sup>4</sup> CPFT (2016): 'PRISM: full business case'.

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- Improve the patient experience for those with mental health problems;
- Improve the integration between primary and secondary care;
- Provide mental health support for the primary care workforce;
- Reduce the pressure on secondary care;
- Optimise financial and human resources;
- Help CPFT to better manage and meet demand for mental health services.

### **Phased implementation**

- 2.6 The current PRISM delivery model evolved from a proof of concept project in Huntingdon and Fenland that was launched in August 2016. Wider roll-out began in January 2017. By January 2018, PRISM had been rolled out across all GP surgeries in Cambridgeshire and Peterborough and Phase 1 was complete.
- 2.7 The implementation of Phase 2 of PRISM is currently underway, the aim being to assess and treat the vast majority of patients within primary care. It includes:
- Restructuring the community mental health teams to align with the PRISM geographies;
  - Delivering short-term interventions within PRISM;
  - Creating more complete pathways of care by working collaboratively with services and professionals across the region.

Table 2.1: Phases of implementation	
Proof of Concept	<ul style="list-style-type: none"> <li>• Launched in August 2016 to test the model. It involved six GP surgeries in Huntingdon and Fenland.</li> </ul>
Phase 1: Managing demand through relationships	<ul style="list-style-type: none"> <li>• Mental health staff aligned to, and based within, GP surgeries.</li> <li>• Setting up new systems for screening, triaging and assessing in primary care</li> <li>• Senior mental health support/advice provided within GP surgeries.</li> </ul>
Phase 2: Creating capacity through intelligent care delivery	<ul style="list-style-type: none"> <li>• Aligning community mental health and PRISM teams.</li> <li>• Releasing resources from assessments towards delivery/interventions.</li> <li>• Consultant psychiatrists aligned and working as part of the multi-disciplinary team.</li> <li>• Patients being stepped down from secondary care into PRISM and managed collaboratively in GP practices.</li> <li>• Closer integration with the voluntary sector and social care.</li> <li>• Review of secondary care pathways and interventions.</li> </ul>

Source: adapted from CPFT information.

## The patient experience

- 2.8 The PRISM patient experience (Figure 2.1) begins with an initial GP appointment from which, if appropriate, a request for service to the service is made using the electronic referral system. The GP remains the responsible clinician throughout their treatment and can seek ongoing advice and support from PRISM practitioners.
- 2.9 Each PRISM request for service is triaged by a Band 7 mental health specialist. They are responsible for gathering notes/information on the patient and deciding on the best mode of assessment – either telephone or face-to-face at the patient’s GP surgery.
- 2.10 In most cases, a Band 6 mental health practitioner will undertake the assessment. Following this, the patient may be referred to one or more support services, including:
- Secondary care;
  - An external agency: e.g. a voluntary sector organisation such as Mind or an organisation providing CBT or counselling;
  - Recovery coaches;
  - Peer support workers;
  - Improving Access to Psychological Therapies (IAPT) which includes the Psychological Wellbeing Service (PWS);
  - First Response Service (FRS) for those in crisis who would otherwise present at A&E;

- A physical health check.

2.11 Patients are discharged from PRISM under the following circumstances:

- If, at their initial appointment (or follow-up appointment), the mental health practitioner/specialist is satisfied that the appropriate signposting or referral has taken place;
- If after multiple attempts, the practitioner is unable to make contact with the patient (either face-to-face or by telephone). In this situation they are discharged by letter but where possible are supplied with information about relevant local services that they may wish to access.

2.12 In order to be re-referred to PRISM, patients need to first visit their GP for another appointment. The GP then takes the decision whether to re-refer.

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Figure 2.1: The PRISM patient journey

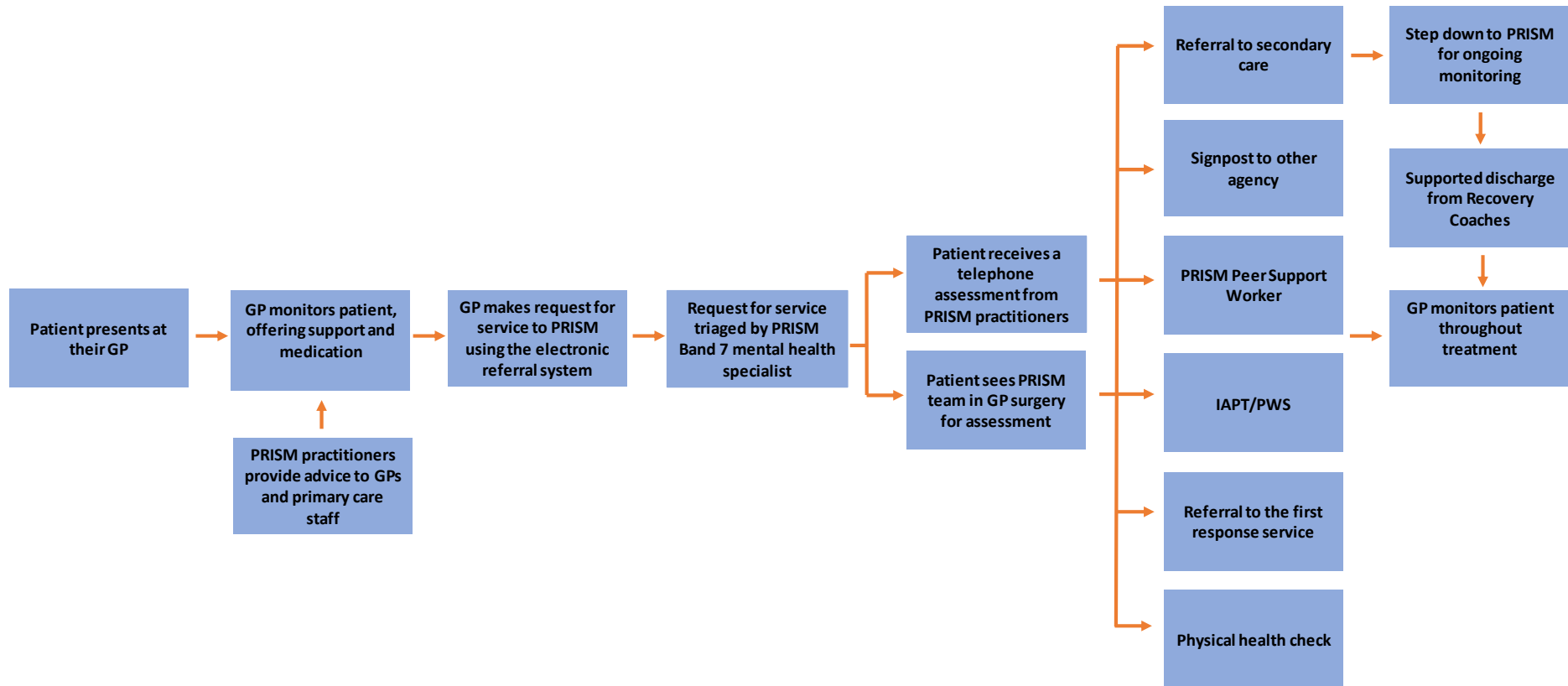


Diagram based on the CPFT Interfaces Diagram (June 2017)

### 3 SET-UP AND IMPLEMENTATION

#### Introduction

3.1 Drawing primarily on the practitioner survey and follow-up consultations, this chapter presents the evaluation findings on the set-up and implementation of PRISM. It considers the support that exists for the new service, management arrangements and how partners in primary and secondary care have engaged with and supported the service.

#### Support for the introduction of a new service

3.2 There is clear and strong support for PRISM amongst the operational and strategic stakeholders that have contributed to Stage One of the evaluation:

- The vast majority of respondents to the practitioner survey (38 of 43) agreed that a genuine need existed for the service in Cambridgeshire and Peterborough (three of the other five practitioners were unsure, while two questioned whether there was in fact a need for it).
- Practitioners appear to have a common and shared understanding of the rationale for the introduction of PRISM, its aims and the roles and responsibilities of those operating within it.
- The survey revealed widespread agreement that PRISM will improve, or already is improving, the quality and responsiveness of mental health provision across the area.

3.3 Overarching the above is a general sense of enthusiasm for how the implementation of PRISM has progressed, particularly in recent months. The phased approach has been welcomed and is reported to have allowed the initial components of the model to have become embedded and learning to have been shared across the delivery team. Certainly at this stage – and recognising the inevitability of certain operational issues and challenges for any new service – there is a strong sense of support for PRISM from those tasked with its implementation and delivery.

#### Management of PRISM

3.4 A large majority of PRISM practitioners reported being satisfied with the management arrangements currently in place within PRISM, including line management. In particular, they were positive about:

- Supportive and collaborative working environments;
- Opportunities to share good practice and knowledge.

*“The managers are very supportive and approachable.”*

*“I can go to my managers with any problems and concerns and know they will be dealt with professionally.”*

PRISM practitioners

3.5 Some less positive feedback was also received. For example:

- As discussed in Chapter 4, over half of practitioners raised some concerns about clinical supervision within PRISM.
- Occasionally practitioners remarked that developments within PRISM could have been better communicated to ensure consistency and common understanding across the practitioner base. This includes the implementation of virtual clinics<sup>5</sup>.
- Some practitioners would welcome a more consultative process when changes to operational aspects of PRISM are being considered. Recent amendments to the assessment forms were highlighted as an example.

### **Partner buy-in: GP surgeries**

3.6 While positive in the main, feedback on the reception that PRISM has received from the GP surgery community is rather mixed:

- Just over half the PRISM practitioners (22/43) stated that GP surgeries have been generally supportive of PRISM. They gave examples of staff in the surgeries being welcoming and how they had helped to organise rooms/facilities for the PRISM appointments.

*“Every surgery I go to, the staff and GPs know what we do as a service. I have spoken to many staff.”*

*“GPs seem to acknowledge that they will benefit from PRISM and therefore engage well with us.”*

PRISM practitioners

- Ten practitioners ‘neither agreed nor disagreed’ that those working in GP surgeries had been supportive of PRISM. These practitioners tended not to feel that they had been integrated within the surgery staff team; they spoke of not being invited to practice meetings and of the barriers this introduces in terms of forming effective working relationships with other staff.

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<sup>5</sup> Virtual clinics are joint meetings between PRISM mental health practitioners, GPs and consultant psychiatrists to discuss specific patients, for example around medication advice. It is hoped that virtual clinics will help avoid delays in communication and give GPs more direct contact with consultant psychiatrists.

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- Four practitioners stated that GP surgeries had not been supportive of PRISM.
- 3.7 Views are similarly mixed on how clearly and effectively information about PRISM has been communicated to GP surgeries:
- Just under half the practitioners (21/43) were positive about the communication of PRISM information to surgeries. They cited a number of approaches that had worked well, including face-to-face meetings with practice managers, giving presentations/ overviews of PRISM at staff meetings and sitting alongside other (non-PRISM) members of the staff team when they are not seeing patients.
  - However, 10 of the 43 practitioners disagreed that PRISM had been clearly communicated to GP surgeries. This view was more prevalent amongst those working in PRISM north.
  - Of the remaining twelve practitioners, five answered 'neither agree nor disagree' and seven answered 'don't know'.
- 3.8 Linked to the above, there are questions over the extent to which, at the time of writing, GPs across Cambridgeshire and Peterborough fully understand PRISM. For example:
- 13 practitioners disagreed with the statement in the survey that PRISM is fully understood by GPs;
  - 15 answered 'neither agree nor disagree'.
- 3.9 These views appear to be influenced by:
- The high locum rate that exists amongst GPs in Cambridgeshire and Peterborough;
  - The (lack of) time available to GPs to invest in understanding and familiarising themselves with PRISM.
- 3.10 Looking ahead, practitioners recognise the need for ongoing and concerted effort to ensure that GPs are fully aware and supportive of PRISM.

*“Enough information has been given to GPs but it is a constant process of going back and following up with them.”*

PRISM practitioner

### **Partner buy-in: secondary care**

- 3.11 The view of PRISM practitioners is that perceptions towards, and understanding of, the service within secondary care are variable but improving. Practitioners reported observing some initial reservations about PRISM amongst secondary care professionals,

in particular about whether the service would increase secondary care workloads and whether the IT systems would be compatible.

- 3.12 However, they also report that these reservations appear to be diminishing, especially as PRISM is resulting in fewer inappropriate requests for service to secondary care (see Chapter 6).

*“It is definitely a work in progress – secondary care professionals need to see PRISM as their new best friend.”*

*“PRISM is working well as the main conduit between primary and secondary care but it has taken time for the concept to embed.”*

PRISM practitioners

## 4 DELIVERY

### Introduction

- 4.1 This chapter explores the operational delivery of PRISM, including requests for service, assessment and capacity/resourcing. It is based mainly on the results of the PRISM practitioner survey and the follow-up consultations.

### Requests for service

- 4.2 PRISM practitioners provided mixed feedback on both the request for service process and the suitability of the service for the patients that are referred. For example:

- Two thirds of the mental health specialists/practitioners, and especially those working in PRISM south, agreed that the process of receiving requests for service from GPs works well.
- However, less than half the practitioners agreed that most of the patients referred by GPs are appropriate for the service. This view appears to be influenced by:
  - GPs referring patients to PRISM when (in the view of the practitioners) the GPs could/should have referred them directly to the PWS themselves;
  - GPs referring to PRISM, rather than encouraging patients to self-refer to support services;
  - Time constraints (on the part of both practitioners and GPs) preventing a more detailed and consistent dialogue on the request for service criteria for PRISM.

*“Some GPs seem to be referring everybody – I think if we had more time to engage GPs we could address this.”*

*“If an inappropriate request for service comes through, I try to speak to the GP who referred them but there isn’t always the time to find people.”*

PRISM practitioners

- The information provided on requests for service from GPs is reportedly sometimes quite limited. This is not helpful for those triaging and can make it time consuming for PRISM practitioners who have to consult other systems to obtain more comprehensive information. On a related point, where EMIS is used by surgeries, and where the PRISM practitioners do not have access to EMIS, the sharing of information is reportedly more time consuming.

## Assessments

- 4.3 Mental health specialists/practitioners were positive about having two options for assessing patients (face-to-face and telephone), each of which they say can be effective depending on patient need and circumstance.

### Face-to-face

- 4.4 There was a general consensus that undertaking appointments in GP surgeries works well and is an improvement to the ARC model. Feedback on the time allocated to each appointment was more mixed:
- Ten (of 29) mental health practitioners/specialists agreed that the 30-minute appointments (plus 15-minute write-up time) were appropriate, certainly compared with standard GP appointments. Practitioners regularly remarked that the 30-minute appointments allow for more detailed and comprehensive assessments than GPs can provide. This view was echoed by the majority of the patients consulted for the evaluation.
  - However, ten practitioners expressed some dissatisfaction with the length of the appointments, while nine 'neither agreed nor disagreed' that 30 minutes was appropriate.

*"The amount of time I spend with patients varies, but if I spend more with one, then I often have another patient who needs less time or doesn't attend – so it works itself out in the end."*

*"I worry that we don't give patients enough time but then again we have a lot compared to other professionals."*

PRISM practitioners

### Telephone

- 4.5 More than three-quarters of the mental health practitioners/specialists agreed that telephone appointments are an effective means of providing advice and signposting patients to other services. The telephone approach was said to work well with more straightforward cases as it can enable these to be treated quickly and flexibly.

*"Sometimes I get a request for service, give them a call straightaway and refer them on – I can have helped someone in the space of 30 minutes".*

*"Not everyone needs a face-to-face appointment, some people are happy to have a chat on the phone and get some advice."*

PRISM practitioners

- 4.6 Nonetheless, some (relatively minor) issues were raised with this approach, the most notable being that it can sometimes be quite time consuming to reach patients on the telephone. Isolated cases also emerged where practitioners felt that too many telephone appointments were scheduled into one working day.

*“It is really time-consuming chasing people up....my list never gets smaller.”*

PRISM practitioner

### Onward referral and signposting

- 4.7 More PRISM practitioners disagree than agree that there is an appropriate volume and range of treatment options for patients to be referred or signposted onto after their PRISM assessment. The issues are reported to include:

- **Gaps in provision:** this was consistently raised in relation to a perceived under-supply of services for patients with personality disorders.
- **Long waiting times:** most services were said to have long waiting times, with particular issues reported around clinics for autism, psychological treatments and attention deficit hyperactivity disorder (ADHD).
- **Geographic variations:** practitioners working in PRISM north were less positive than those in the south about their onward referral options. Over half of those working in PRISM south either agreed that it is easy to refer patients to other services, compared with one third of practitioners in PRISM north.

*“I sometimes feel like PRISM can be a dead-end for some patients, as there are no services to refer them to. If we can’t refer them on, where do they go?”*

PRISM practitioner

- 4.8 It is of note that, at the time of writing, the Cambridgeshire and Peterborough Clinical Commissioning Group was in the process of re-tendering its voluntary sector provision. The tender document includes specific reference to that provision being able to ‘react to the needs of PRISM’.

### PRISM practitioner experience

- 4.9 The majority of practitioners were positive about their overall experience of working on PRISM and evidently experience job satisfaction. They particularly value:

- The positive differences they can make to patients’ lives;
- The promptness of requests for service and initial patient contact;

- The benefits of being located in GP surgeries.

4.10 Aspects of the role about which they were less positive include:

- **Support to deal with the emotional demands of the work:** less than one third of practitioners said they were satisfied with the support they receive within PRISM. A recurring theme in their feedback was a desire to undertake more, and more structured, clinical supervision.
- **Value and recognition:** one third of the practitioners said they were satisfied with the value and recognition they received in their role. Levels of satisfaction appear to be higher amongst practitioners in PRISM south, compared with PRISM north.

### The 'PRISM team'

4.11 Although the majority of mental health practitioners/specialists were positive about the benefits of agile and flexible working within PRISM, they also reported how this can sometimes be quite isolating and compromises the sense of 'team spirit'. There appears to be a reasonably strong support amongst practitioners for PRISM office bases, the view being that these would:

- Help create more team cohesion;
- Enable easier sharing of practice, ideas and knowledge;
- Particularly benefit staff that are newer to the team.

*"It would be great to have somewhere to go and sit with other practitioners to share good practice and boost morale"*

PRISM practitioner

### Capacity and resourcing

4.12 More than half the practitioners (24/43) felt that the size of their current team was not appropriate for the demand that exists for PRISM. The main issues were said to include:

- A large proportion of patients needing follow-up appointments;
- A higher rate of requests for service occurring than during the proof of concept project (although it is also of note that the volume of requests for service across PRISM as a whole is currently in line with expectation);
- Challenges for consultant psychiatrists in satisfying their clinical duties whilst also supporting GPs and PRISM practitioners;

- Concerns amongst recovery coaches and peer support workers that they have not been given any additional capacity to help manage the workload generated by PRISM;
- A high administrative workload;
- Practitioners being responsible for a large number of small surgeries, sometimes over a wide geographic area.

### Multi-disciplinary working

- 4.13 There is strong support for multi-disciplinary working within PRISM. The consultant psychiatrist role, for example, was cited by all practitioners as an effective link between PRISM, primary and secondary mental health care. Although still in their early stages, the virtual clinics were also said to be effective at strengthening buy-in to the service amongst GPs and providing them with useful support and guidance.
- 4.14 The recovery coach and peer support worker roles were also widely praised, with agreement across the practitioner base that they provide effective help for patients.

*“I think we are really starting to function well as a team now.”*

PRISM practitioner

- 4.15 Occasional suggestions were made for improvements to the multi-disciplinary arrangements. These included:
- Working towards a situation where all stakeholders involved in PRISM – including consultant psychiatrists and recovery coaches – are using SystemOne<sup>6</sup>;
  - Ring-fencing more consultant psychiatry time to work within PRISM (some practitioners said that it can be difficult to access the consultant psychiatrists).

*“The psychiatrists should use SystemOne, so I don’t have to spend hours uploading requests for service and emailing medication summaries and assessment forms to them.”*

PRISM practitioner

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<sup>6</sup> Consultant psychiatrists and recovery coaches (formally) form part of Phase 2 of the implementation of PRISM. The integration of IT systems would therefore not be expected at the time of writing this report.

## 5 PATIENT FEEDBACK

### Introduction

- 5.1 This chapter presents the main findings from the qualitative consultations undertaken with 16 PRISM patients. Names have been changed to preserve anonymity. Individual patient pen portraits can be found at Appendix B.

### Requests for service

- 5.2 All 16 patients were positive about the process of being referred to PRISM by their GP, often using words such as ‘straightforward’, ‘clear’ and ‘easy’. However, patients frequently said that they would have appreciated being given more information about PRISM at the point of the request for service. In fact, some said they attended their first PRISM appointment without really understanding the service or the processes involved. This appears to be corroborated by the practitioners, two thirds of whom disagreed with the suggestion that PRISM is well understood by those who use it.

Kayleigh said that her GP provided relatively little information about the service, simply telling her *“he was going to make a request for service”*. She went into the PRISM appointment thinking that the focus would be on her medication dosage.

Patient feedback

Andrew said it would have been helpful if his GP had provided him with more information about PRISM and what to expect from the initial appointment. He said this would have helped to reduce his anxiety about attending.

Patient feedback

*“Patient expectations can be too high – they think we provide everything.”*

*“We – us and the GPs – need to make sure that we are managing patients’ expectations.”*

PRISM practitioner

- 5.3 All the patients reported being satisfied with the waiting time between the GP’s request for service and their first appointment with a PRISM practitioner. They often said that this had helped to prevent their condition from escalating.



Sarah was very pleased with the one-week waiting time between being referred to PRISM and seeing a PRISM practitioner. She described there being *“hardly any wait at all”*.

Patient feedback

For Julia, the process of request for service was easy and quick. She was *“very impressed with how quickly I got a [PRISM] appointment”* and felt this might help her avoid the need for secondary mental health care.

Patient feedback

## Setting

- 5.4 As shown below in Table 5.1, there is widespread agreement amongst patients and practitioners on the benefits of PRISM appointments taking place in GP surgeries (in fact, for the patients the agreement is unanimous). These benefits include the familiar environment of a GP surgery and the ease with which patients can attend.

<b>Benefits</b>	<b>No. of patients (n=16)</b>	<b>No. of PRISM practitioners (n=43)</b>
Familiar environment	16	38
Short travel time/distance	16	35
Easy to access	16	33

Source: YCL, 2018

Greg said that the location of his PRISM appointment had helped him maintain his independence, as his phobias mean he is unable to use public transport. If the appointment had been outside the village, he would have had to rely on family members to drive him there. He said it was *“really nice today to be able to be independent and get myself here”*.

Patient feedback

Sarah described being able to see the PRISM practitioner in her GP surgery as *“such a relief”*. She would have struggled to attend if the appointment had been elsewhere; it would have meant too much disruption and inconvenience in terms of transport for both her and her mum. Her mum would also have had to take time off work which would have been difficult.

Patient feedback

Andrew ‘strongly agreed’ that being able to see the practitioner in his GP surgery made him feel at ease about attending, as he *“needed somewhere familiar to go or it would have felt too hard”*. As he comes to the surgery regularly to see his GP, he *“knows how things work”*. This familiarity helped to reduce his anxiety about engaging with the service.

Patient feedback

Kayleigh ‘strongly agreed’ that the setting of the PRISM appointment was a *“really great thing”*. She had not enjoyed her previous mental health appointments at the hospital and felt that it was *“much less scary and more relaxed to see someone here [at the GP surgery]”*. She felt comfortable about attending and hadn’t experienced the same level of anxiety as when going to the hospital.

Patient feedback

## Relationship with PRISM practitioners

- 5.5 There was unanimous agreement amongst the patients that they felt listened to, were treated with dignity and respect and had trust and confidence in their PRISM practitioner. In particular, they praised the way in which the practitioners had:
- Made them feel comfortable and at ease. In some cases this had prompted the patients to be more honest and open about their issues than they had been with other professionals;
  - Invited them to express their opinions throughout the appointment;
  - Explained relevant information clearly and thoroughly;
  - Taken their concerns seriously and not trivialised them.

Will often finds it difficult to communicate effectively with adults, but the practitioner was able to *“relate to him on his level”*. He said that *“the conversation flowed and wasn’t awkward”*.

Patient feedback

Sarah said that the practitioner was understanding of her hearing problem and was patient when she *“asked silly questions”*. She also said the practitioner was very helpful and that she *“felt really comfortable talking to her”*.

Patient feedback

Greg said he can find it hard to understand new things, but found the PRISM practitioner to be *“really helpful.....he went through things slowly with me”*. As a result, Greg said he understood everything they had discussed.

Patient feedback

### **Length of appointment**

- 5.6 No issues were reported by patients in terms of the length of their initial PRISM appointments, the shared view being that it allowed them to discuss their issues with the practitioner in some depth and that it did not feel rushed. Half the patients did, however, say that making follow-up appointments more readily available would help them, especially while they are waiting to be seen by another service.

### **Outcomes and next steps**

- 5.7 All 16 patients were clear on the next steps in their treatment plan (Table 5.2) and were happy with what had been agreed. They also said that they’d had sufficient opportunity to influence the decisions. That said, and in keeping with earlier findings from the practitioner survey, the patients that been referred to an outside service raised concerns about how long they may have to wait before being seen.

<b>Outcome</b>	<b>Number of patients</b>
Follow-up with PRISM practitioner	4
Referral to secondary care	4
Referral to Mind	3
Referral for counselling or CBT	2
Referral to psychological wellbeing service	2
Patient discharged	1

Source: YCL, 2018

Jane expressed concerns about the waiting time for the Cambridge Lifespan Asperger Syndrome Service, as she had been advised that she could be waiting up to 12 months. This has not been the outcome she expected and she was fearful about coping during the wait.

Patient feedback

## 6 OUTCOMES

### Introduction

- 6.1 This chapter considers the outcomes of PRISM that had occurred, or were expected to occur, at the time of writing the Stage One evaluation report. It draws on all elements of the primary research undertaken for Stage One, plus the analysis of performance data supplied to the evaluators by CPFT.

### Waiting times

- 6.2 Between May 2017 and March 2018, the average (mean) waiting time between a GP request for service and the first PRISM appointment was 14 days. This is a significant reduction on the 37-day average under ARC over the same period. In all surgeries, waiting times were lower than under ARC. The data also shows that:

- Between May 2017 and March 2018, the average minimum waiting time for a PRISM appointment (at surgery level) was five days while the maximum was 24 days;
- 41 surgeries had an average waiting time of more than 14 days, whilst 56 had an average waiting time less than 14 days;
- There is no apparent correlation between average waiting times and the number of PRISM appointments at any given surgery;
- The average waiting time for surgeries in PRISM north was 14.7 days, compared with 13.8 days in PRISM south.

### Non-attendance

- 6.3 Between October 2017 and June 2018, the average rate of non-attendance on PRISM, i.e. patients who did not attend a scheduled appointment, was 21%. It was at its lowest in February 2018 (11.5%) and its highest in November 2017 (25.9%). This compares with a target for the service of 12%.
- 6.4 PRISM practitioners said that non-attendance rates were symptomatic of the complex lives and conditions of the patients, rather than being linked to the processes that are in place for arranging and confirming appointments.

*“Patients don’t turn up because they have such chaotic lives and struggle to plan. We make it as easy for them as possible by being in the GP surgery – I don’t think there is anything else we could be doing.”*

PRISM practitioner

## Estimated benefits

- 6.5 In interpreting the estimated cost savings outlined in the following sub-sections, it is important to keep in mind that consultant psychiatrists and secondary care multi-disciplinary teams are aligned with PRISM. The consultant psychiatrists and other senior clinicians within the multi-disciplinary teams are involved in the core delivery of PRISM to provide advice and support to GPs and mental health practitioners. This has required a significant amount of consultant time which has been included in consultant job planning. Whilst the overall numbers of referrals to, and assessments in, secondary care have reduced, complex and severely unwell patients who require secondary care also require care and treatment from senior clinicians.
- 6.6 The evaluation has unearthed positive feedback on the support provided by consultants and, going forward, recommends considering the introduction of more formal structures for clinical supervision. In the analysis of cost savings that follows, the resource required from secondary care to provide this clinical support has not been formally assessed.

### Referrals to secondary care

- 6.7 Between May 2017 and March 2018, 28% of all ARC patients were referred to secondary care, compared with 15% of all PRISM patients. This equates to 1,065 fewer secondary care assessments under PRISM. Applying an average cost of £319 per assessment<sup>7</sup>, this gives an estimated saving between May 2017 and March 2018 of £339,735 (Table 6.1).

	<b>No. of appointments</b>	<b>Referrals to secondary care</b>	<b>% referred to secondary care</b>	<b>Estimated cost of secondary care appointments</b>
ARC	7,511	2,117	28%	£675,323
PRISM	7,015	1,052	15%	£335,588
Decrease	496	1,065	-	£339,735

Source: CPFT and YCL, 2018

- 6.8 However, the above will be a significant underestimate of the true *annual* savings generated by PRISM, as the surgeries across Cambridgeshire and Peterborough implemented PRISM at different points over the period covered by the data<sup>8</sup>. Table 6.2 shows that if the savings for each surgery are annualised, the total estimated annual saving through PRISM due to fewer secondary care assessments becomes £670,857. This figure is based on some considerable assumptions, not least that the part-year data supplied by CPFT can be treated as representative of a full year's activity for each

<sup>7</sup> We have used the national average cost of an assessment for mental health cluster 12: ongoing or recurring psychosis (high disability). This is taken from Reference Costs 2015-2016, Department of Health.

<sup>8</sup> For example, 36 of the 102 surgeries included in the data went live with PRISM in either November or December 2017, so their 'contribution' to the saving of £296,070 covers a maximum of four months of activity.

surgery. Nonetheless, it gives some indication of the savings that PRISM could be generating for the secondary care system.

	No. of appointments	Referrals to secondary care	Estimated cost of secondary care appointments
ARC	14,169	4,052	£1,292,588
PRISM	13,189	1,949	£621,731
Decrease	980	2,103	£670,857

Source: CPFT and YCL, 2018

6.9 The CPFT data on reduced referrals to secondary care is corroborated by the secondary care professionals that have contributed to the evaluation. More than three quarters (21 of 26) agreed that PRISM is resulting in them undertaking fewer assessments, while more than half (15 of 26) said they were observing fewer unsuitable referrals to secondary care as a direct result of PRISM. They regularly spoke of the PRISM having a positive effect on the efficiency and effectiveness of secondary care services.

#### Re-referrals

6.10 Between May 2017 and March 2018, 11% of patients were re-referred to ARC within six months of having previously been discharged. This compares with 10% of PRISM patients over the same period, which equates to 157 fewer re-referrals through PRISM. Based on an average cost of £39 per re-referral<sup>9</sup>, this represents an estimated saving between May 2017 and March 2018 of £6,123 (Table 6.3).

	No. of appointments	No. of re-referrals	% re-referred	Estimate cost of re-referrals
ARC	7,511	832	11%	£32,448
PRISM	7,015	675	10%	£26,325
Decrease	496	157	-	£6,123

Source: CPFT and YCL, 2018

6.11 Annualising the above in the same way as for secondary care referrals increases the saving to £22,648 (Table 6.4). There will be additional savings on top of that because, for some patients, the re-referrals will also result in additional treatments, but it is very difficult to attach a financial value to that with any certainty.

<sup>9</sup> We have used the national cost of a face-to-face GP appointment (average 11.7 minutes). This is taken from: <http://www.neweconomymanchester.com/our-work/research-evaluation-cost-benefit-analysis/cost-benefit-analysis/unit-cost-database>.

Table 6.4: Re-referral: annualised estimated cost saving			
	No. of appointments	No. of re-referrals	Estimated cost of secondary care appointments
ARC	14,169	1,653	£64,466
PRISM	13,189	1,072	£41,818
Decrease	980	581	£22,648

Source: CPFT and YCL, 2018

6.12 Adding the £22,648 in re-referral savings to the £670,857 savings in secondary care referrals gives a total annual estimated saving, albeit one that is quite assumption-heavy, of £693,505.

### Other savings

6.13 It is very likely that PRISM will, over time, generate additional savings to the state because patients with genuine secondary care needs will be seen more promptly. Some of these patients will experience positive outcomes sooner than they would have done in the absence of PRISM.

6.14 This evaluation cannot quantify these outcomes and can therefore not attach financial values to them; doing so would require a study that tracked secondary care activities and outcomes in some detail. However, from the information gathered through this evaluation to date, it seems reasonable to assume that such outcomes will occur. For example, more than half of the secondary care professionals completing the evaluation survey stated that PRISM was releasing resource in secondary care to focus on delivering treatment and interventions.

*“The referrals we get now are more appropriate for secondary care.”*

*“We are getting fewer referrals that do not meet the threshold for secondary services...when we get these, they take time away from people who are in greater need.”*

Secondary care professionals

### Improved wellbeing

6.15 Over half the PRISM practitioners (25/43) agreed that PRISM was improving patient wellbeing (note that only one practitioner disagreed; the remainder answered ‘neither agree nor disagree’ or ‘don’t know’). Practitioners in PRISM south were more positive about improved patient wellbeing than their colleagues in PRISM north.



*“A young woman came to see me for an assessment; she was so anxious she was not functioning well. I talked it through with her, referred her to Mind and for CBT. When I followed her up, she said she ‘felt like a new woman’. Seeing that journey was really inspiring.”*

PRISM practitioner

- 6.16 Stage Two of the evaluation will take more input from patients on the wellbeing outcomes they attribute to PRISM, although Stage One has uncovered some early examples – see below.

Andrew\* said he felt *“positive about the future because of PRISM and [PRISM practitioner name]”*. His view was that the service was *“so much better”* than previous mental health support services he had accessed.

Patient feedback

\*Andrew had seen the PRISM practitioner three times at the point when he was consulted for the evaluation.

Julia\* felt that the support provided by PRISM had helped her to *“climb the next step on the ladder to recovery”* and said she felt much better about her future following the appointments. She also felt that PRISM was *“an essential part of my recovery”* and felt that it was preventing her condition from escalating.

Patient feedback

\*Julie had seen the PRISM practitioner five times at the point when she was consulted for the evaluation.

At his follow-up appointment in July 2018\*, Kieran reported a significant improvement in his sense of self and wellbeing. The follow-up appointment lasted less than five minutes, because he felt his condition was much improved and he did not have anything he needed to discuss. He reported that his *“mood has improved so much – it was very low before but now I feel much better”*. He also reported that he had been able to return to work.

Patient feedback

\*Kieran’s follow-up appointment was 6 weeks after his initial PRISM appointment.

## More effective management of conditions

- 6.17 Related to the previous section, just under three-quarters of the PRISM practitioners (32 of 43) are of the view that their work is helping patients to better manage their conditions, whilst almost all (39 of 43) agree that PRISM focuses on patient need and helps patients to work towards achievable goals.
- 6.18 This view is tempered somewhat by the aforementioned concerns over the availability and waiting times for specialist mental health services. The survey feedback suggests that these concerns are more prevalent amongst practitioners working in PRISM north.

Following Tom's appointment, it was agreed that the practitioner would call him in 4 to 6 weeks to find out how things were progressing and see if he had achieved the goals they had set. He 'strongly agreed' that this was an appropriate next step (*"we were on the same page"*) and that it would prompt him to *"take some action"*.

Patient feedback

Following her PRISM appointment, Sarah was going to self-refer to Mind, who she felt would *"be really helpful"*. Her mum agreed and was hopeful that this would help *"improve her mood and stop things continuing on a downward spiral"*. Both Sarah and her mum 'strongly agreed' that Sarah's next steps were explained clearly and that they had enough say in the decisions that were taken.

Patient feedback

## 7 CONCLUSIONS AND RECOMMENDATIONS

7.1 The conclusions and recommendations from Stage One are structured under the evaluation aims. These are to assess:

- The extent to which the model is being implemented as planned;
- The practitioner and patient experience;
- The outputs, outcomes and cost effectiveness of the service;
- The wider whole-system implications of PRISM.

### **The extent to which the model has been implemented as planned**

7.2 Phase 1 of PRISM has had some evident successes and provides a solid platform on which to proceed with Phase 2. As was the intention, the service was rolled out to GP surgeries by the end of 2017 and is resulting in a more collaborative and multi-disciplinary offer than under ARC. Average waiting times have reduced and, looking across the service as a whole, are meeting the 14-day target. The evaluation has found evidence of high levels of patient satisfaction coupled with positive feedback from secondary care professionals about the impact of PRISM on the volume of inappropriate referrals they receive. All of these findings are testament to the hard work that has gone into the design and day-to-day delivery of PRISM thus far, leading the evaluation to conclude that it is a value-adding addition to the mental health support landscape in Cambridgeshire and Peterborough.

7.3 Phase One has, however, not been without its challenges. Average non-attendance rates are above the target of 12% and there is work to do to ensure that a higher proportion of the patients referred by GPs are suitable for the service. Whilst noting that the patient input to this evaluation has been relatively small scale, it also seems that the information about PRISM that is provided to patients at the point of the request for service could be more comprehensive.

### **Recommendations**

1. Continue, and where possible increase, efforts to: a) educate GPs on request for service criteria; and b) ensure that all patients referred to PRISM are provided with consistent and appropriately detailed information about the service.
2. Consider revising the non-attendance target to a more realistic level.

### **The practitioner and patient experience**

- 7.4 Overall, the practitioner experience of PRISM has been a positive one to date. Morale and job satisfaction appear reasonably high, in both cases influenced the benefits that practitioners believe the service offers to patients. Practitioners are also enthused by the multi-disciplinary approach that sits at the heart of the PRISM ethos.
- 7.5 Looking ahead, the practitioner experience could be enhanced if the aforementioned issues over appropriate requests for service can be addressed. The current practitioner base would also welcome some assurance that the resources available to PRISM will enable demand for the service to be met going forwards. There is also some appetite for clinical supervision to become more formalised and to act as a vehicle for instilling a more supportive culture and a stronger team ethos.
- 7.6 The patient experience thus far appears very positive (the earlier point about sample size notwithstanding). The location and duration of the PRISM appointments have generated very positive patient feedback, as have the short waiting times and the skills, knowledge and empathy of the practitioners. Patients value the inputs they are able to make into decisions about their next steps and consistently report feeling listened to and taken seriously.
- 7.7 One of the challenges for PRISM, and for its reputation locally, is the availability of services to which the practitioners can refer their patients. The evaluation has found examples of patients being disappointed and concerned by the waiting times for specialist services, especially given how buoyed they felt about the short waiting time for their PRISM appointment.

#### **Recommendations**

3. Consider whether there is scope/resource to introduce more formal structures for clinical supervision on PRISM and whether/how this would benefit the service.
4. (Re-)communicate resourcing plans to the current practitioner base as the service moves into Phase 2.

### **The outputs, outcomes and cost effectiveness of the service**

- 7.8 The evaluation has found widespread consensus that PRISM is having, and will continue to have, a range of positive outcomes. For patients, the early signs are that it can lead to improved wellbeing and better management of mental health conditions. For secondary care, the outcomes include a flow of more suitable referrals, less time being spent on assessing patients that do not meet the threshold and, consequently, a more responsive service for those that do.
- 7.9 The evaluation estimates an annual saving of in excess of £650,000 associated with fewer secondary care referrals and fewer re-referrals to PRISM alone. Whilst this figure is lower than the annual funding that has been provided to the service, it is

unquestionably an underestimate. There will be an array of other savings to the state associated with secondary care services seeing fewer ineligible patients and providing more prompt treatments plans to those that are eligible. In the absence of a study that attempts to track secondary care outcomes in detail, it is not possible to quantify these savings, but it is possible that they could be very significant.

- 7.10 It should also be kept in mind that whilst overall referrals and assessments undertaken in secondary care have reduced, complex cases continue to require care and treatment from senior clinicians. The integration of consultant psychiatrist and senior clinicians within the multi-disciplinary teams has also required a significant amount of consultant time.

### **The whole-system implications of PRISM**

- 7.11 In line with the Five Year Forward View<sup>10</sup>, PRISM is helping to break down barriers between primary and secondary care, and between physical and mental health provision. It is also contributing to the Cambridgeshire and Peterborough Sustainability and Transformation Plan, especially 'Change Priority 1: at home is best'<sup>11</sup>. This priority emphasises the importance of "*proactive local care closer to home*" and "*helping people to help themselves*". It also espouses the benefits of enhanced primary mental health care that leads to earlier and more effective treatment of mental health conditions, i.e. the very essence of what PRISM has been designed to achieve.
- 7.12 Looking ahead (i.e. into Phase 2), PRISM should increase its whole-system contribution through the provision of short-term mental health interventions. However, it may also increase demand for non-secondary mental health services, including those where long waiting times and bottlenecks are already known to exist. It would be very unfortunate for the service, given the enthusiasm of patients uncovered by this evaluation, if one of its key strengths – i.e. that patients are seen quickly and treatment plans are put in place promptly – is in some way negated by factors that are essentially beyond its control.

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<sup>10</sup> NHS England (2016): 'The Five Year Forward View for Mental Health'.

<sup>11</sup> Cambridgeshire and Peterborough Health and Care System Sustainability and Transformation Plan (2016).

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## APPENDIX A: SURVEY RESPONDENT PROFILES

### PRISM practitioner survey

The table below shows the location of practitioners who completed the practitioner survey.

<b>Table A.1: Breakdown of respondents by location</b>	
<b>Location</b>	<b>Number of practitioners (n=43)</b>
PRISM North	13
PRISM South	18
Other <sup>12</sup>	12

Source: YCL, 2018

The role of those who completed the practitioner survey is shown below.

<b>Table A.2: Breakdown of respondents by role</b>	
<b>Role</b>	<b>Number of practitioners (n=43)</b>
Mental health practitioners	29
Consultant psychiatrists	6
Peer support workers/recovery coaches	6
Administrators	2

Source: YCL, 2018

<sup>12</sup> These were respondents who did not answer this question or answers that could be categorised.

## Secondary care survey

The table below shows the role of those who completed the secondary care survey.

<b>Table A.3: Breakdown of respondents by role</b>	
<b>Role</b>	<b>Number of practitioners (n=26)</b>
Team manager	5
Community psychiatric nurse	4
Psychologist	4
Advanced nurse practitioner	2
Occupational therapist	2
Social worker	2
Specialist mental health practitioner	2
Psychiatrist	2
Community mental health nurse	1
Service manager	1
Support worker	1

Source: YCL, 2018

## APPENDIX B: PATIENT PROFILES

<b>Patient name (changed to protect confidentiality)</b>
Andrew
<b>Background</b>
Andrew is 55 years old has a long history of mental ill-health, including depression and bipolar disorder. His problems began after he was the victim of a sexual assault. In the past Andrew has made numerous suicide attempts.
<b>Request for service</b>
Andrew described the request for service process through his GP as <i>“easy and straightforward”</i> and was very pleased that he was able to see the PRISM practitioner within one week of the GP appointment. His only suggestion for improving the request for service process was that his GP could have provided more information about what to expect from PRISM. He feels that this could have helped to reduce his anxiety about the appointment.
<b>Setting</b>
Andrew said that being able to see the PRISM practitioner at his GP surgery put him at ease, adding that he <i>“needed somewhere familiar to go or it would have felt too hard”</i> . As he comes to the surgery regularly to see his GP, he <i>“knows how things work”</i> and feels relatively comfortable there. Andrew lives relatively close to the surgery so there were no travel/transport issues involved in him attending the appointment.
<b>Relationship with PRISM practitioner</b>
Once at the appointment, Andrew’s anxiety reduced, helped significantly by the <i>“nice and supportive”</i> PRISM practitioner. Andrew quickly trusted the practitioner and became confident that he wanted to help him. The practitioner listened carefully to what he said and explained all information clearly and thoroughly. He was particularly pleased by the length of the appointment as this allowed them to discuss issues in some depth. Andrew remarked that, <i>“this service is excellent because GPs do not have enough time but the practitioner really listens and it was good to get everything off my chest. I felt I was able to unburden all of my problems today”</i> .
<b>Outcome and next steps</b>
The next steps in Andrew’s treatment are for the practitioner to help him <i>“set goals to move forward and recover from past events”</i> . Andrew said that he understood his treatment options, had enough say in decisions over his treatment and was happy with the plan.  Andrew had also previously received help from a peer support worker who had <i>“supported him a great deal to deal with his demons and fears”</i> . They saw each other every week for around three months and he really benefitted from the <i>“flexibility of the support, particularly around time and location”</i> .
<b>Overall view of the service</b>
At the time of the evaluation consultation, Andrew had completed several appointments with the PRISM practitioner. His overall rating of the service was ‘excellent’ and he said he was <i>“positive about the future because of PRISM and [the PRISM practitioner]”</i> . He felt that the service was <i>“so much better”</i> than previous mental health treatment he had received.



**Patient name (changed to protect confidentiality)**

Julia

**Background**

Julia had suffered with severe mental health problems throughout her life, previously receiving counselling, CBT, medication and being under the care of a consultant psychiatrist. After a period of good health, the death of her sister prompted a deterioration in her mental health and she consulted her GP for support.

**Request for service**

For Julia, the request for service process was easy and very quick: *“I was impressed by the speed of getting an appointment”*.

**Setting**

She felt more comfortable about attending the PRISM appointment as it was located in her GP surgery. For her, the location was easy and convenient: *“I probably wouldn’t have come to the appointment if I had had to go somewhere different – it would just have been too stressful”*.

Julia’s phobias mean that she is often unable to leave the house and would have been unable to attend the appointment if it had been in an unfamiliar location. She also felt that receiving mental health support in the GP surgery reduced the stigma associated with such problems and *“made me worry less about being seen coming [to the appointment]”*.

**Relationship with PRISM practitioner**

Julia ‘strongly agreed’ that the practitioner listened to her and treated her with dignity and respect. She remarked that the practitioner *“was brilliant and really listened – it was great to get everything off my chest”*.

She also felt that the length of the appointment enabled her to open up and said *“it was not rushed”*. The information provided by the practitioner was also clearly and thoroughly explained and she felt confident in the assessment the practitioner undertook. The practitioner discussed multiple treatment options and then *“we decided together on what to do next”*. She ‘strongly agreed’ that she was happy and clear about the next steps.

**Outcome and next steps**

Julia felt that the PRISM appointment had helped her to *“climb the next step on the ladder to recover”* and she reported feeling much better about her future following the appointment. She also felt that the planned follow-up session would help her to continue the recovery process and prevent her condition from escalating.

**Overall view of the service**

Overall, Julia felt that the support provided was *“fantastic”* and she did not have any suggestions for improvement.

Julia had in recent years been treated in secondary care but felt that her experience of mental health support provided by PRISM had been much more positive, particularly in terms of it being *“more personal to me and quicker – it hasn’t allowed things to escalate like has happened before”*.

**Patient name (changed to protect confidentiality)**

Greg

**Background**

Greg is in his mid-30s. He initially visited his GP after becoming concerned about his ability to cope with everyday life following his release from prison. He also recounted previous issues with drug taking and sexual abuse and felt that these were causing him to develop phobias. Greg was concerned about the effects of his mental health issues on those closest to him.

**Request for service**

When his GP suggested a request for service to PRISM, Greg was concerned as he was unsure what to expect: *“at first I thought he [his GP] said prison!”*. Greg claims that he was provided with very little information about the service before the appointment and would have appreciated more. The waiting time, however, was *“really quick – I only had to wait a week”* and he was kept updated on the progress of the request for service (i.e. he received a letter from his GP confirming the request for service and a letter from PRISM confirming his appointment). Overall, he felt that the request for service process *“did not cause me too much concern”*.

**Setting**

Greg was very positive about seeing the PRISM practitioner in his GP surgery. He echoed a point made by all 12 of the patients consulted for this evaluation that the location had made him feel more comfortable about attending than if he’d been going to somewhere unfamiliar. Greg’s phobias make it very difficult for him to use public transport, meaning that he would have needed to rely on friends or family to drive him to an appointment further away. He remarked that *“it was really nice today to be able to be independent and get myself here”*.

**Relationship with PRISM practitioner**

Greg felt *“immediately comfortable with her [the PRISM practitioner] as she broke the ice”*. This meant that he could *“tell her really personal things that I wouldn’t normally feel comfortable telling anyone, even though she is a woman and that is often harder for me”*. He also said that he can find it difficult to understanding new things, but the PRISM practitioner was *“really helpful and went through things slowly”*, meaning that he fully understood everything they discussed.

**Outcome and next steps**

Greg stated that his treatment options had been clearly explained and that he understood the next steps in his treatment. The appointment had *“got the ball rolling”* and he was positive about his referral to an ADHD clinic. He *“agrees that this is the best next step”* and he could not have *“imagined a better outcome”*.

He did have some concerns about the waiting times for the clinic, which the practitioner could be lengthy. He also said that while the PRISM appointment had been long enough, he would have liked the option of a follow-up appointment as *“he had more to say”* and felt that it could help whilst waiting for the appointment at the ADHD clinic.

**Overall view of the service**

Greg described PRISM as ‘excellent’. He particularly valued how he felt listened to and how there was a tangible outcome at the end.

**Patient name (changed to protect confidentiality)**

Tom

**Background on patient**

Tom went to see his GP as he was struggling to *“find motivation to leave the house”*. He attributed this to his experiences of abuse in his childhood and was worried about the impact it could have on his own future and that of his girlfriend (who accompanied him to the appointment).

**Request for service**

Tom was ‘very satisfied’ with the process of being referred by his GP and the waiting time between the request for service and the PRISM appointment.

**Setting**

Tom agreed that the benefits of seeing a mental health practitioner in his GP surgery were: less travel time, less inconvenience/disruption, a more familiar environment and enabling him to feel at ease about attending the appointment.

He felt that had the appointment not been located in the GP surgery, he would have struggled to attend. He recounted previous experiences of trying to find other health services and *“giving up because they were too hard to find”*.

**Relationship with PRISM practitioner**

Tom was very positive about his PRISM practitioner, ‘strongly agreeing’ that he was treated with dignity and respect, had trust and confidence and felt listened to: *“it was really good to have someone to talk to”*. He also felt that the practitioner was *“really knowledgeable and knew her stuff”*.

He said that the practitioner was *“really understanding and wouldn’t take any rubbish from me – she was direct in a nice way”*. He felt this was an effective way of *“challenging me to push myself and move forward”*. He also felt that they were *“working on the same level, as she slowed things down so I could understand”*. During the appointment, they jointly set goals centred around helping him to leave the house more frequently, which he felt were *“manageable and achievable”*.

**Outcome and next steps**

Following the appointment, it was agreed that the practitioner would call him in 4 to 6 weeks to find out how things were progressing and see if he had achieved the goals. He ‘strongly agreed’ that this was an appropriate next step (*“we were on the same page”*) and would prompt him to *“take some action”*.

**Overall view of the service**

Overall, Tom rated the quality of the PRISM service as ‘excellent’. He did not have any suggestions for improvements, remarking that it had been *“perfect”* and that the practitioner really seemed to understand him.

**Patient name (changed to protect confidentiality)**

Will

**Background**

Will is in his early 20s and had been referred to PRISM due to his anxiety and concerns for his future. He felt that he needed some help in setting goals and providing a structure for his life.

**Request for service**

Will said that the request for service process had been very straightforward and that he did not experience any problems. He was 'very satisfied' and commented on how impressed he had been with the short waiting time.

**Setting**

He said that although not of central importance to him, it was "*very handy*" that the appointment had been at the GP surgery as he "*only lives over the road, so it hasn't taken up too much time*".

**Relationship with PRISM practitioner**

He 'strongly agreed' that the PRISM practitioner had listened and explained information clearly and thoroughly: "*she was really good...easy to talk to and understanding – I felt really comfortable talking to her*".

He said that he often has problems talking to adults, but the practitioner was able to "*relate to me on my level*". He was also 'very satisfied' with the length of his appointment and how the "*conversation flowed and wasn't awkward*".

**Outcome and next steps**

In terms of treatment, Will and the practitioner discussed three options and decided together upon a referral to the Psychological Wellbeing Service (PWS). He felt this was a positive step in terms of helping him to set goals and plan for the future. He also liked the fact that he was given options and had choices about his treatment. He 'strongly agreed' that he understood the treatment options and next steps, his only reservation being the potentially long waiting time for an appointment with the PWS.

**Overall view of the service**

Overall, Will rated the quality of the service as 'excellent' and said he was confident that it would help him to move forward and "*see a future for himself*".

**Patient name (changed to protect confidentiality)**

Sarah

**Background**

Sarah has poor hearing and learning difficulties. She often feels isolated from society and *“low about life”*. She receives regular support from her GP, who felt that she might benefit from the specialist mental health support provided by PRISM. She attended the appointment with her mother, who acts as her carer.

**Request for service**

Sarah did not report any problems with the request for service from her GP and was ‘very satisfied’ with the waiting time between GP’s request for service and the PRISM appointment, remarking that *“there was no wait at all”*.

**Setting**

Sarah felt that being able to see the practitioner in her GP surgery was a *“life saver”*, as she would not have been able to attend if the appointment was in a different location. It would have been too much disruption and inconvenience in terms of transport for both her and her mum. Sarah also felt more comfortable about attending the appointment in her GP surgery, as she knows the reception staff and they *“know how to deal with my hearing problem”*.

**Relationship with PRISM practitioner**

Sarah felt that the practitioner was *“really helpful and listened carefully - it helped that she was really approachable because I felt comfortable talking to her”*. She also ‘strongly agreed’ that she was treated with dignity and respect by the practitioner and had trust and confidence in them. She felt that the practitioner was considerate of her hearing problem, explaining things slowly and being patient *“when we asked silly questions”*.

**Outcome and next steps**

Following the appointment, Sarah was going to self-refer to Mind and was confident that it could be *“really helpful”*. Her mum was similarly hopeful, saying that she hoped Mind would be able to *“improve her mood and stop things continuing on a downward spiral”*. Both Sarah and her mum ‘strongly agreed’ that Sarah’s next steps were explained clearly and that they had enough say in the decisions about the next steps.

**Overall view of the service**

Overall, Sarah felt that the quality of the service had been ‘excellent’, as she had been listened to and supported in her own GP surgery. She did not feel that anything about the service could have been improved and she was very positive about the benefits of the referral to Mind.

**Patient name (changed to protect confidentiality)**

David

**Background**

David was referred to PRISM by his GP for anxiety and emotional problems.

**Request for service**

He felt that the request for service process was *“not very clear”*, saying that following his GP appointment he was unsure as to whether *“anything had actually happened”*. He felt it would be beneficial for the appointment to have been confirmed either by his GP or by PRISM, *“so that I would have known something was happening”*. David also experienced some issues with his appointment date/time, as these were changed twice at short notice.

**Setting**

David was positive about being able to see a PRISM practitioner in his GP surgery, as it meant he was able to attend without his mum. He also felt it was easier to *“mentally prepare [for the appointment]”* as he could *“visualise the layout of the doctors [surgery] and picture who would be on the front desk”*.

**Relationship with PRISM practitioner**

He ‘strongly agreed’ that he had trust and confidence in the practitioner and that they listened to him carefully. He also felt that the practitioner was *“friendly and approachable”*. He did think that the appointment was *“somewhat rushed”* and that being able to have more time to discuss his problems would have been beneficial.

**Outcome and next steps**

At the PRISM appointment, it was agreed that David would be referred to the CHUMS Mental Health and Emotional Wellbeing Service for Children and Young People. He felt that although he understood the basics of what CHUMS could offer, the practitioner could have explained the reasons for his referral and what they could offer him in more detail. He also would have liked more treatment options, as he is *“not 100% sure this is the best one”*. He is though going to *“give CHUMS a go and see what happens”*.

**Overall view of the service**

Overall, David felt that the appointment was what he expected, and he was not *“disappointed by the outcome”*. He felt that *“given resources and time constraints”* the practitioner provided ‘excellent’ care and it would *“now be down to whether the CHUMS service could help [him].”*

<b>Patient name (changed to protect confidentiality)</b>
Tracy
<b>Background</b>
Tracy had been referred to PRISM by her GP whilst awaiting a referral for CBT. The GP thought that PRISM may be able to offer her additional support and guidance.
<b>Request for service</b>
She was 'very satisfied' with the process of being referred from her GP and felt that the waiting time was <i>"really quick, especially when compared to the long wait for CBT"</i> .
<b>Setting</b>
Tracy 'strongly agreed' that being able to see the practitioner in her GP surgery was convenient in terms of travel time and enabling her to feel comfortable in the surroundings. She remarked that <i>"seeing the practitioner here [in the GP surgery] definitely put me at ease; it was really easy to get here and there were no surprises"</i> .
<b>Relationship with PRISM practitioner</b>
She felt that she had been listened to and that it had <i>"been easy to open up"</i> , as the practitioner had made her <i>"feel extremely comfortable"</i> . She also 'strongly agreed' that she had been treated with dignity and respect and had trust and confidence in the practitioner.
<b>Outcome and next steps</b>
As well as continuing to wait for CBT, Tracy was going to self-refer to Mind who may be able to offer short-term support. She was very happy with this plan and felt that she'd had enough say in the decision. She also understood how to make contact with Mind.  Tracy said that the PRISM appointment had <i>"provided a way forward"</i> , as before she was <i>"in limbo, just waiting and waiting"</i> . She also felt reassured by the fact that the practitioner will follow her with her, so <i>"it doesn't feel like I could be lost in the system"</i> .
<b>Overall view of the service</b>
Overall, Tracy rated the quality of the service as 'excellent', as she felt listened to and was positive about the achieved outcome: <i>"it was definitely worth getting out of bed and coming in for"</i> . She did not make any recommendations for improving the service.

**Patient name (changed to protect confidentiality)**

Jane

**Background**

Jane has a history of mental ill health. She has had long periods of being reclusive and reluctant to travel. More recently, she has become very concerned about an unresolved court case relating to anti-social behaviour by her neighbour and the status of her accommodation in social housing. This had been preceded by multiple contacts and confrontations with the police and the local council. In addition, the recent death of her mother had left her feeling anxious and isolated.

**Request for service**

After visiting her GP, Jane had *“very promptly”* (within 2 weeks) been given an appointment with PRISM. She was accompanied by a carer and, whilst anxious, was optimistic about how the service might be able to help her.

**Setting**

The location of the appointment – in her local GP surgery – meant that Jane did not need to travel very far and felt less anxious than she would have done if the appointment was in a less familiar environment.

**Relationship with PRISM practitioner**

Jane felt that the service provided by the PRISM practitioner was ‘excellent’. She said that she’d been given the opportunity to express herself and that the practitioner had offered an empathic and balanced level of care: *“she [the Mental Health Practitioner] was thorough and warm but not over-friendly.”*

She ‘strongly agreed’ that she had been listened to, was treated with dignity and respect, and that she had trust and confidence in the service provided. Information provided during her appointment had been clear and thoroughly explained to her. Overall, she reported that she was satisfied with the length of the appointment and had felt at ease throughout.

**Outcome and next steps**

The main outcome of the appointment was a referral to the Cambridge Lifespan Asperger Syndrome Service (CLASS). However, Jane was concerned about the waiting time for this service; she had been advised that it could be up to 12 months. This was not the outcome she had expected and she was fearful about coping with such a long wait. While she recognised that the waiting time was outside the control of the PRISM mental health practitioner, she would have liked more ‘tools’ to help her deal with the long wait.

Jane ‘agreed’ that she understood all the treatment options that were discussed, was happy with her involvement in the decision-making and with the decision that was taken. However, she left feeling uncertain because of the aforementioned waiting times.

**Overall view of the service**

The main benefit of the service from Jane’s perspective was how promptly she was seen by PRISM following the GP’s request for service.



**Patient name (changed to protect confidentiality)**

Amy

**Background**

Amy was referred to PRISM because she was experiencing high levels of anxiety.

**Request for service**

Amy's GP referred her to PRISM and confirmed the appointment by post. She was seen by PRISM within 14 days of the GP appointment and felt that this was 'excellent'.

**Setting**

Amy valued being able to see a PRISM practitioner in her local GP surgery. She cited the short journey and being at ease in a familiar environment as the main benefits.

**Relationship with PRISM practitioner**

Amy 'agreed' that she had been listened to by the mental health practitioner and said that she had been treated with dignity and respect: "*we were on the same page*". With regards to the advice and support she was offered, Amy 'agreed' that she had both confidence and trust in her practitioner and that the information provided was thoroughly and clearly explained to her. She said that she had felt listened to and supported throughout the appointment. Importantly for Amy, the practitioner had not trivialised her mental health issues.

**Outcome and next steps**

After her appointment, Amy stated that she understood her treatment options and 'strongly agreed' that she had been fully consulted about the decision. She was going to try CBT and was pleased to hear that the waiting list was usually around three weeks.

**Overall view of the service**

Overall, Amy was very positive about her experience of PRISM, rating the quality of the service as excellent. She felt that her anxiety required an urgent response and support, so she was particularly pleased with how quickly she had been seen.

**Patient name (changed to protect confidentiality)**

Tylor

**Background**

Tylor had recently moved to the UK and was struggling to adapt to life living with his aunt (who accompanied him to the appointment). He felt that he wanted to resolve his issues while he was young so they did not impact on the rest of his life. He also reported issues with anxiety and low mood.

**Request for service**

Tylor was referred to PRISM following an initial appointment with his GP and felt that the process was *“easy and straightforward”*. There was also *“very little wait”* between his GP referring him and seeing the PRISM practitioner. He also said that he fully understood that PRISM was an assessment service and was not expecting to receive any treatment at the appointment.

**Setting**

Tylor ‘strongly agreed’ that being able to see the practitioner within his GP surgery was beneficial in terms of travel time and minimising inconvenience/disruption. He said that having the appointment in a familiar setting was not especially important to him.

**Relationship with PRISM practitioner**

Overall, Tylor was very positive about his appointment with the PRISM practitioner. He ‘strongly agreed’ that he felt listened to, had trust and confidence in the practitioner, and that information had been clearly and thoroughly explained.

He remarked that it had been *“really easy to talk to her [the practitioner]”*. He also said that the length of the appointment was *“just right”* to complete the assessment and to thoroughly discuss the next steps.

**Outcome and next steps**

Following the appointment, Tylor was going to be referred for counselling. He felt positive that *“this is what I need”*. His only reservation was the waiting time to be seen; the practitioner informed him that it was likely to be around two to three months. However, he was pleased that the practitioner had also given him information on another service (Insight healthcare - who provide free talking therapy) which he can contact himself whilst waiting for the counselling. He felt that this was a positive interim measure which will hopefully help him manage the wait.

**Overall view of the service**

Overall, Tylor rated the appointment with PRISM as ‘excellent’. He did not have any suggestions for improving the service.

### Patient name (changed to protect confidentiality)

Gary

### Background

Gary has had considerable involvement with mental health services over the past four years, including CBT and working with Mind. He has suffered from anxiety, depression and suicidal thoughts following the death of his daughter in a road traffic accident four years ago.

### Request for service

Gary felt that the request for service process had been easy and straightforward, although he also said that the GP had provided very little detail on what PRISM involved and could offer. However, this had not been a major issue for him. Gary was 'satisfied' with the waiting time between the GP's request for service and the PRISM appointment, saying that he had *"only had to wait two weeks."*

### Setting

Gary 'strongly agreed' that being able to see the PRISM practitioner at his GP surgery was positive in terms of reducing travel time, reducing inconvenience/disruption, being in a familiar environment and making him feel more comfortable about attending the appointment. He remarked: *"it was easy to come to the appointment because I knew where it was didn't have to worry about parking. That made it easier for me to get my head around"*.

### Relationship with PRISM practitioner

He felt that his PRISM practitioner was *"easy to talk to"* and he felt comfortable *"opening up about things I wouldn't normally tell people"*. He 'strongly agreed' that the practitioner had listened to him and clearly and thoroughly explained all the information to him. He also 'strongly agreed' that he had confidence in the practitioner and her ability to carry out the assessment. He remarked that she had not *"talked down to me or made my problems seem small, which I have had in the past"*.

He was 'very satisfied' with the length of length of the appointment, saying that it *"wasn't rushed"* and that they had *"managed to get through everything"*.

### Outcome and next steps

Following his appointment with PRISM, Gary was going to self-refer to the PWS. Although Gary acknowledged that this was not the fault of PRISM, he felt that no service would be able to help him overcome his grief. He remarked that *"it isn't the mental health services fault, they really try, it is just not something I am ever going to get over."* He was therefore not particularly confident or hopeful that the PWS would be able to help him.

### Overall view of the service

Overall, he rated the quality of the PRISM service as 'good', adding that the location and the fact that he had felt comfortable with the practitioner were the main benefits.

**Patient name (changed to protect confidentiality)**

Kieran

**Background**

Nineteen-year old Kieran first attended a PRISM appointment in June 2018 suffering with low mood and difficulties coping with everyday life (including being unable to go to work). He was on medication for his low mood but felt *“it was not helping”*. The York Consulting researcher met Kieran after his follow-up appointment, approximately 6 weeks after his initial appointment.

**Request for service**

Kieran felt that the process of being referred from his GP to PRISM had been straightforward and that he had not experienced any problems. He was ‘very satisfied’ with the waiting time to see a PRISM practitioner. When asked though if he understood PRISM before attending the appointment, he said he *“did not have a clue what it was about”*.

**Setting**

Kieran ‘strongly agreed’ that the benefits of seeing a PRISM practitioner in his GP surgery were less travel time, less inconvenience/disruption and it being a familiar environment that made him feel more comfortable about attending.

**Relationship with PRISM practitioner**

Kieran ‘strongly agreed’ that he felt listened to by the practitioner, had trust and confidence in them and was treated with dignity and respect. He reported that both practitioners he had seen were *“very nice and friendly – very easy to talk to”*. He felt that he could open up and talk about his problems easily. He also felt that neither appointment had been rushed and he *“been able to get everything I needed to from them [the appointments] and cover off everything”*.

**Outcome and next steps**

At Kieran’s first appointment in June, the practitioner had instigated a review of his medication and had given him goals to *“keep me busy and make me do things”* and asked him to complete a mood diary. He was also offered talking therapy, which he declined as *“it is not really my thing”*. It was agreed that the practitioner would follow him up in 6 weeks to find out how he was progressing. He ‘strongly agreed’ that he was happy with the agreed plan, had enough say in the decisions and understood what was going to happen next.

At the follow-up appointment in July 2018, Kieran reported a significant improvement in his sense of self and wellbeing. The follow-up appointment lasted less than five minutes, because he felt his condition was much improved and he did not have anything he needed to discuss. He reported that his *“mood has improved so much – it was very low before but now I feel fine”*. He also reported that he had been able to return to work, which he was really pleased about.

**Overall view of the service**

Overall, Kieran felt that the quality of care he had received was *“somewhere between good and excellent”*. He reported that he would have struggled without the service and felt it had played an important part in his recovery. He felt that he was now able *“to get his life back on track and be able to get on with things”*.

**Patient name (changed to protect confidentiality)**

Kayleigh

**Background**

Kayleigh has a long history of mental health problems including self-harm, depression and binge eating. She felt that this was both linked to past events (including bullying at school) and current challenges (such as her boyfriend's substance misuse).

**Request for service**

Kayleigh felt 'satisfied' with the process of being referred from her GP, though at the point of the request for service she did feel confused about PRISM and what it would offer her. She thought that PRISM might *"give her some treatment and would definitely be able to alter my medication [dosage]"*, but after attending the appointment she would have to return to her GP to review her medication.

**Setting**

Kayleigh 'strongly agreed' that the setting of the PRISM appointment was a *"really great thing"*. She recounted some negative previous experiences with hospital mental health services and felt that it was *"much less scary and more relaxed to see someone in the GP surgery"*. As she does not drive, it was also easier from a practical perspective.

**Relationship with PRISM practitioner**

Kayleigh reported being *"very anxious, nervous and scared"* before attending the appointment, but was immediately put at ease by the practitioner. She said that the practitioner was *"super lovely and friendly"* and created a *"relaxed atmosphere"* in which she had felt comfortable to discuss her problems. She also 'strongly agreed' that she had confidence and trust in the practitioner, noting that she had asked *"insightful questions and seemed to really care"*.

She was 'very satisfied' with the length of the appointment, reporting that she felt listened to and not rushed: *"I did not feel like I was just one person on a long conveyer belt and they [the practitioner] were just wanting to see the next person"*.

**Outcome and next steps**

Following the appointment, it was agreed that Kayleigh would be referred to the community mental health team to see a psychologist. She 'strongly agreed' that she was happy with this and had been fully involved in making the decision. She had been informed by the practitioner that the waiting time would be *"quite short"*, which she felt was helpful as she was keen to *"get the ball moving and start getting better"*.

**Overall view of the service**

Overall Kayleigh rated the quality of the service as 'excellent', as it had been a *"very relaxing and welcoming chat that had not stressed me out"*. She was also pleased that the practitioner had *"really seemed to care"*.

**Patient name (changed to protect confidentiality)**

Steve

**Background**

Steve had previously been admitted to hospital following a drugs overdose. He also reported self-harming and suicidal thoughts, which he felt were linked to (amongst other things) trauma experienced in childhood.

**Request for service**

Steve said that the request for service process from his GP had been *“really good and easy”* and he was ‘very satisfied’ with the waiting time. He also felt that his GP had provided him with sufficient information about PRISM and what it could offer, and that he was fully aware it was an assessment-focussed service.

**Setting**

The location of the PRISM appointment was beneficial to Steve in terms of a short travel time, but it was not a major factor. He said that he would *“prefer to see the right people in the right place, so if I had to go somewhere else, that wouldn’t be a big problem”*. Nonetheless, he did acknowledge that the familiar setting had helped to reduce his anxiety about attending.

**Relationship with PRISM practitioner**

Steve ‘strongly agreed’ that the practitioner listened to him and clearly explained all information. He felt that the practitioner was *“really approachable and easy to build up a rapport with – I felt comfortable telling her things that I wouldn’t tell many other people”*. He also said that the practitioner had *“talked with me, rather than at me”* and that his issues had been taken seriously and not trivialised.

He ‘strongly agreed’ that he had trust and confidence in the practitioner to carry out the assessment and reported that *“she really knew what she was doing.”* He felt that the practitioner was very understanding and *“gave me some really sound advice”*. The length of the consultation was *“just right...there was enough time to cover everything”*.

**Outcome and next steps**

Following the appointment, Steve was going to self-refer to Mind in order to access group talking therapy. He ‘strongly agreed’ that he understood the plan and was happy that it was the best outcome, describing it as *“the best way forward”*.

**Overall view of the service**

Overall, he rated the PRISM service as ‘excellent’, as he felt that the appointment had enabled him to explore the *“different possible avenues of treatment and select the best one”*. He said that following the appointment, he feels in *“a strong position to move forward”*, including feeling more positive about his imminent return to work.

**Patient name (changed to protect confidentiality)**

Paul

**Background**

Paul has a long history of depression and visited his GP after increasing episodes of self-harm. He had just begun taking antidepressants (prescribed by his GP) and was seeing a counsellor to talk through his problems.

**Request for service**

Paul was 'very satisfied' with the process of being referred from his GP, reporting it to be *"easy and straightforward"*. He also felt that the waiting time between being referred from his GP and seeing the PRISM practitioner had *"not been very long"*.

Paul said that he had not been provided with much information about PRISM by his GP, adding that this made him *"a bit fearful of coming"*. Having more information at the point of the request for service was Paul's only suggestion for improving the service.

**Setting**

Paul 'strongly agreed' that the setting of the PRISM appointment had *"definitely made things much easier"* for him to attend. He raised this in relation to a short travel time, as he *"only lives around the corner"*. He also agreed that the location made him feel more at ease about attending the appointment, as although he does not regularly visit the GP surgery, it is a familiar environment.

**Relationship with PRISM practitioner**

Paul 'strongly agreed' that he felt listened to by the practitioner and had been *"able to get his points across"*. He said that the practitioner had treated him with dignity and respect and had been *"really easy to talk to and not at all intimidating"*. He reported he often *"struggles to talk to certain types of women, but she had made it easy"*. He also 'strongly agreed' that he had trust and confidence in the practitioner to carry out the assessment and was 'satisfied' with the length of the appointment, reporting that it enabled him to *"cover everything that we needed to"*.

**Outcome and next steps**

Following the appointment, the practitioner was going to liaise with a PRISM consultant psychiatrist and follow up with Paul in around 6 weeks. It had been agreed that this would allow enough time for the antidepressants and counselling to hopefully take effect. Paul 'strongly agreed' that this was the *"right option and the best way forward"* and that he understood the treatment options, had been given enough say in the decision making and was happy with the next steps.

**Overall view of the service**

Overall, Paul rated the quality of the service as 'excellent'.