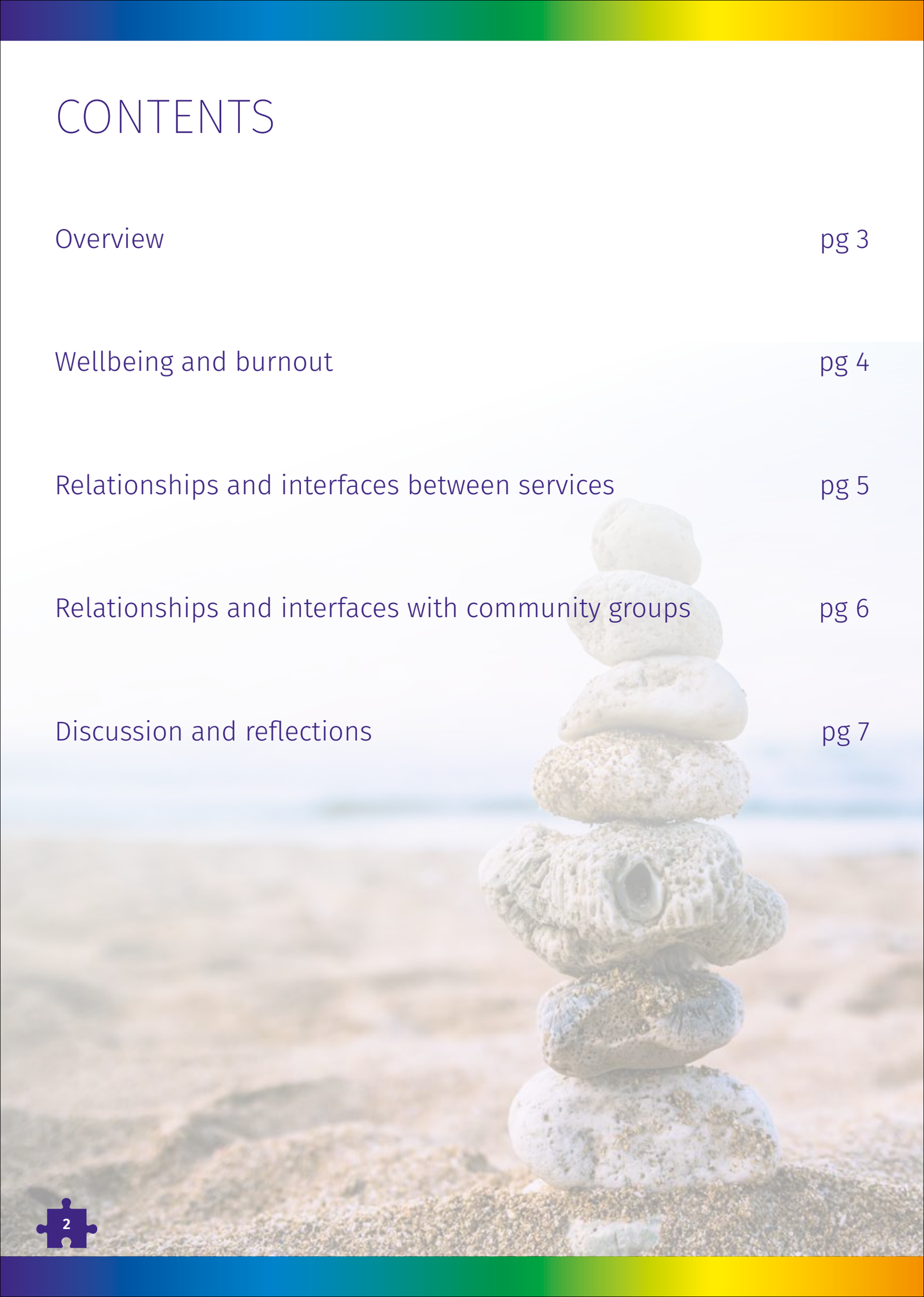
DRUMCHAPEL & YOKER GP CLUSTER VIEW OF THE JIGSAW PROJECT 2017-2019

CONTENTS



OVERVIEW

The Jigsaw project arose from a proposal submitted jointly by Hilda Campbell, the Chief Executive of COPE Scotland, a long established third sector organisation, and Peter Cawston, GP and Cluster Quality Lead of the newly formed Drumchapel & Yoker GP cluster, made up of seven GP practices. The proposal was for a whole system, two-year learning programme, led by the third sector and GP cluster. The aim was to better understand and help to find solutions for people who experience long term or recurring mental health difficulties but who do not appear to be well served by existing arrangements.

The perception which gave rise to the proposal was that the existing systems are fragmented, difficult to negotiate, use barriers to manage demand, invest energy in assessments rather than support or therapy, exclude the community itself from providing solutions and rely heavily on GP practices to provide a safety net for those people with mental health needs whose needs are not being met. This was perceived to result in over-reliance on antidepressants as sometimes the only option available, GPs acting as untrained counsellors, resulting in stress and anxiety amongst GPs who feel unsupported, and above all a failure by the whole system in its duty of care towards vulnerable, distressed and traumatised individuals in the community.

The name Jigsaw was chosen for two reasons: to reflect this fragmentation, and to provide a positive image of the learning process. A jigsaw cannot be put together mechanistically but only by paying close attention to the pieces and finding ways in which these fit together to create a complete picture. Clarity and progress emerge from a process of engagement, or 'difficult conversations', rather than following a linear, pre-determined course. We believe that this is the only way to find whole system solutions for intractable system-wide 'wicked' issues.

The proposal was adopted by NHSGGC as part of a Primary Care Mental Health Transformation Fund bid, which was funded by the Scottish Government. Eighteen months elapsed between the proposal being submitted and recruitment of a lead for the project. Management of this post was directly by NHSGGC, and a further six months or so elapsed while a governance structure fitting this management system was assembled. This left approximately one year for the project itself.

From a GP Cluster perspective there have been six strands that have emerged from this process which have the potential to create a more caring environment for people who are suffering through poverty, addictions, crisis, trauma and mental health problems:

(1) the GP cluster has prioritised wellbeing and prevention of burnout as a quality improvement topic (2) steps have been taken to improve communication between GP practices and NHS mental health services (3) the availability of community based resources has been strengthened through seed funding (4) awareness by GPs of community based resources and alternative sources of support for patients has been improved (5) the problems and possible solutions have been more clearly defined from a variety of perspectives, reflecting a 'whole system' ethos and (6) the Jigsaw steering group has become a useful forum for bringing together the GP cluster leadership with NHS managers, third sector leaders and community planning processes.

The project took place at the interface between small organisations who are used to problem solving organically, quickly and flexibly and the managed NHS sector which requires the formation of structures, linear systems, clearly defined objectives and a more mechanistic approach to achieving outcomes. As such the project is a useful test case for drawing attention to the barriers and disruptions created by this difficult interface, which cuts across the relationship between statutory services, third sector, communities and GP practices.

WELLBEING AND BURNOUT

The GP cluster Practice Quality Leads (PQL) were invited by the Jigsaw Project to look at wellbeing and burnout amongst the cluster practices. All of the GPs in the cluster completed surveys suggested by COPE Scotland; the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) and the Professional Quality of Life scale (PROQOL). This found that the GPs compared well with the average population in wellbeing measures, although 3 individuals scored more than one standard deviation below the population average. The majority of responses also indicated a positive professional quality of life, except in two areas: "I feel worn out because of my work as a helper" and "I feel bogged down by the system".

The findings suggested to the PQLs that on the whole GPs do have effective strategies to allow them to function within constant crisis and mounting pressures. The most common strategy appears to be ensuring a variable number of non-clinical sessions are kept free during the week. It was highlighted that GPs feel a strong duty of care for patients who would have no-one to advocate for them if they collapse or are forced to give up. However, all of the GPs felt they are working at the limit of their resilience, and a number are considering retiring in the next few years. There was concern also for those individual GPs with lower scores who might be struggling. Everyone felt that it could easily be any one of us at any time.

The findings of the survey were shared with all the GPs in the cluster, who were sent details of services available to provide support for anyone who might feel that they are struggling. The cluster meetings themselves have also created a growing sense of mutual support, sharing of pressures and even offers of help at times. One example of this spirit was when two GP practices worked together to successfully shock and resuscitate a man who had a cardiac arrest in their joint waiting room. The success was celebrated as a remarkable achievement by all the GP practices at a cluster meeting.

Mindfulness Based Stress Reduction (MBSR) courses are promoted by NHS Education Scotland (NES), and so we decided to try and arrange MBSR training for the GP Cluster. A NES trainer, Dr Bridie O'Dowd, generously gave her time to provide two eight-week MBSR courses in Drumchapel Health Centre, adapted to fit into lunchtimes when GPs and primary care staff could attend. A total of 27 people took part, including GPs, practice managers, nurses or receptionists from every GP practice in the cluster, as well as community nurses, health visitors, social care and mental health staff. The room has continued subsequently to be booked once a week to allow for a shared ongoing weekly practice using an audio resource provided by the trainer.

Yoga practice is also increasingly recognised as beneficial to wellbeing. There are already two longstanding self- funded weekly yoga classes in the health centre: one in a GP practice and one with community nurses. In addition, the Jigsaw project provided funding for a further sixteen-week multi-professional yoga class. This has been running for several weeks at the time of writing and is well subscribed, with 15 people taking part. It seems likely that the participants will also continue on a self-funding basisThese experiences suggest that it is possible for GP practices to recognise the importance of stress, wellbeing and burnout as factors affecting the quality of care we provide. This can lead to a more mutually supportive ethos and to practical initiatives which incur zero or minimal cost to the NHS. In addition to individual benefits, the mindfulness and yoga classes have provided a rare opportunity to bring together GP practices with community, mental health and social care staff in a practical shared experience.

RELATIONSHIPS AND INTERFACES BETWEEN SERVICES

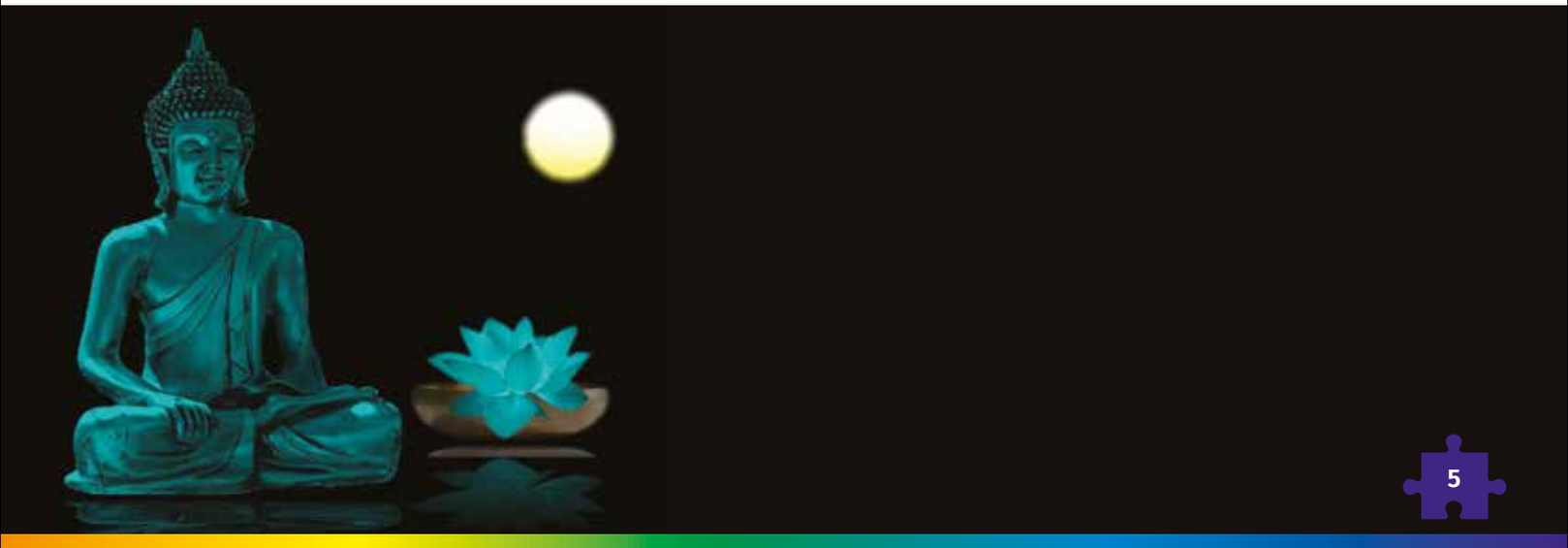
The GP cluster identified a number of areas which they felt were of concern in helping patients with mental health issues to access the right kind of help: (i) Accessing services (ii) Patients who don't 'fit', (iii) Communication (iv) Emergencies & crises (v) Ownership of problems & duty of care (vi) Negative perceptions & cultural issues. In order to try and understand these, and if possible, make some practical improvements, a half day meeting was organised with the three teams responsible for NHS mental health services in the cluster area: The Community Mental Health Team, the Community Addiction Team and the Primary Care Mental Health Team. Several ideas and practical small steps were agreed. A further meeting with mental health services is proposed later in the year.

The meeting proved to be an example of a difficult conversation following which, from the GPs perspective, some negative perceptions were reinforced and frustrations enhanced. These coalesced around a subsequent specific incident in which a GP felt that commitments made under the psychiatric emergency plan were not fulfilled and the doctor was left feeling isolated, exposed and vulnerable in a potentially dangerous emergency. This was written up as a significant event review. The doctor presented this at a locality planning meeting attended by the police & mental health service managers, and is now involved constructively with these other services to help identify and improve gaps in emergency mental health service provision. Hopefully this difficult experience will lead to service improvements.

The meeting with NHS mental health services did not include third sector partners, or people with lived experience of accessing mental health services. This was a significant gap as it was not possible to take a truly whole system view. The delays in the setting up of the Jigsaw project meant that a formal meeting of this nature could not be undertaken, however opportunities were arranged for the GP practices to meet some third sector mental health services informally, as described later in the report.

Perhaps of equal significance for integrated working between services were the experiences of jointly attending mindfulness and yoga classes. At a very practical level, professional labels were set aside to focus on human factors that are shared in common, with new skills being learned that are not service specific. The role of such activities as a practical way to build mutual respect and cooperation between different sectors should not be underestimated.

These experiences suggest that improving interfaces between GP clusters and mental health services is a vital task that has to be supported by a long term mental health strategy. This is a difficult process, however, and involves challenges in the short term that require leadership and patience. The NHSGGC mental health strategy needs to engage with GP clusters to develop and support this kind of long term, real life relationship building to reduce risks and improve the safety of clinicians and patients.



RELATIONSHIPS AND INTERFACES WITH COMMUNITY GROUPS

From a GP perspective, the Jigsaw Project had two objectives:

(1) to raise awareness in GP practices of wider, non-clinical and personal dimensions of mental health disorders, such as loneliness, lack of daily structure, disempowerment, discrimination, etc.

(2) to make it easier for GP practices to direct patients towards resources in the community that can help them to address the issues outlined above. Only two of the GP practices in the cluster have a community links worker.

A Jigsaw Tool kit was developed by our third sector partner TLC2COPE to engage with the community and at a systems level to identify problems and solutions. This is described in the main Jigsaw report. It led to the production of practical educational and information resources. From a GP point of view, the two most useful were:

- a number of 'Jigsaw Lids', capturing a variety of difference perspectives on mental health issues to give a system-wide perspective on the problems and possible solutions;

- a very comprehensive local guide to services and supports, as well as other community assets. One was designed for Drumchapel and one for Yoker and the Dumbarton Rd Corridor. These provide a resource to give to patients.

The Jigsaw Project brought with it a 'seed fund' to help groups within the community to develop solutions and ideas to address some of the causes of poor mental health. These included groups offering crafts and skills based activities, and those offering opportunities for target groups, such as men, single mothers, young women, etc. These are described in more detail in the main Jigsaw report.

As part of this programme, educational events were organised for GPs and their practice teams to learn about signposting and meet with local groups.

- Three educational events around signposting and raising awareness of information resources were organised and well attended.

- A series of eight weekly informal meetings were organised. A different community group was invited to speak with all the GP practices over a lunchtime once a week, rotating between different practice waiting rooms. These included the groups who had received seed funding, as well as other mental health relevant groups. The community groups were keen to take part and gave their time generously, and most of the meetings were well attended by GPs and practice team members.

- Thirdly, 'taster sessions' were offered by one or two community groups, funded by the seed fund. Although only a small number of health and social care staff took part, this gave an in-depth experience of what patients would experience, as well as giving an enjoyable and therapeutic experience for the staff themselves.

- Two GP practices took up the offer of funding to organise inhouse protected learning times, to learn more about signposting and to meet with local community groups

These experiences suggest that GPs do recognise the wider factors which precipitate and maintain mental health problems, and are willing to engage with building better understanding of local resources and meeting with the community. This does however need to be planned and organised with the needs of patients and practices at heart. The GP cluster offers a useful structure for developing this ethos in a formative way, so that this type of programme is planned with practices rather than being delivered to them.

DISCUSSION AND REFLECTIONS

In the long term, we do not need a Jigsaw Project, but a Jigsaw Mindset, built into a long term mental health strategy.

All the different partners – GP clusters, Third Sector partners, Community Groups, Community Planning, NHS Mental Health Services and NHS Health Improvement- need to be empowered to take responsibility for the pieces of the jigsaw explored in this project and to commit to working together long term within commonly agreed aims and with a shared determination to create practical and workable long term solutions.

From the point of view of myself as a GP, the Jigsaw Project seemed to take an eternity to set up and then to move at such a slow pace that it undermined the overall impact of the project. There appeared to be a number of reasons for this.

- The deliberately broad aims and objectives of the original proposal seemed to be perceived at the beginning of the project to be impossibly diffuse, requiring clarification and definition.
- A governance structure was required to be set up, meaning that the full-time project lead did not seem to be free to act without the mandate of a steering group.
- Procurement processes seemed to be slow and to be poorly suited to the kinds of ideas proposed within the project, consuming management talent in resolving mechanistic and organisational barriers.

Overall the project seemed to sit awkwardly between the mechanistic demands of an NHS hierarchical structure and the flexible, trial-and error, problem solving approach that was needed for a community development / learning programme of this nature. It is tempting to dismiss this with the easy label of 'bureaucracy'. Nevertheless, it is important to note the serious nature of this problem, if public sector services are ever to find solutions to the problems arising from:

- complex systems,
- poor communication,
- fragmented services,
- and the exclusion of individuals and communities.

Community groups, third sector organisations and independent contractors; such as GPs practices, have the capacity to deliver creative, experiential, flexible problem-solving responses to such complex problems. The public sector, and more specifically the NHS and HSCPs, need to understand that this is a vital asset rather than an anomaly to be corrected.

The challenging role for the Jigsaw Project lead and their senior NHS manager was to try and bring these two together, working with the leads from the GP cluster and the third sector. It was greatly facilitated by a supportive and experienced steering group, which provided a forum for exchange of ideas.

For all the delays, barriers and difficulties presented by the project, the Jigsaw Project has helped to shine a bright light on an approach to working together that will be vital if patients with mental health problems, whether in crisis or with long term issues, are ever to be able to access truly effective care and support.

Peter Cawston,
on behalf of Drumchapel and Yoker GP Cluster,
March 2019

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ALLIANCE

JIGSAW PROJECT

Glasgow City HSCP

Ganscadden Burn Medical Practice

NHS Greater Glasgow and Clyde

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