Sir

We present data that indicates that urban-based general practitioners in Dublin strongly prefer a consultation-liaison model to a shifted outpatient one in psychiatry-primary care liaison. Internationally, the need for greater integration between community psychiatry teams and local general practitioners has gained increasing acceptance in recent years and has become a goal of mental health policy. In Ireland a move towards community psychiatry is a cornerstone of official strategy. Furthermore, overall health policy in Ireland emphasises the role of primary care in mental health. Two major approaches to configuring consultation services have been described a shifted outpatient model in which secondary care is provided in the primary care setting, and the liaison-consultation model, whereby the psychiatrist provides support and advice to the psychiatrist.

In our setting, there had been no pre-existing liaison service. We work in an urban catchment area with a large cohort of general practitioners. We aimed to assess GP preferences regarding a number of possible options for Senior Registrar (SR) –provided liaison between the community mental health service and general practice. A questionnaire was devised using Likert scales for GPs to express their opinion of a range of possible configurations of a senior registrar-led liaison interface. An option was given for them to give their overall preference. The configurations given were weekly SR session dedicated to phone calls from GPs; SR attendance at GP surgeries on a rota system for a weekly session; SR attendance at GP surgeries to discuss cases with GPs on a rota system; fast track referral service to directly link patients of concern to a SR, and SR visits to an individual practice at certain times during the week. We derived a list of GPs from the Golden Pages, the Irish Medical Directory, local knowledge, and from referrals to the service. Altogether 49 individual practitioners were identified working in the catchment area. Although many worked in group practices, it was decided to survey to each individual general practitioner. As time progressed, forms were hand delivered (with a self-addressed envelope) to secretarial staff with stamped addressed envelopes.

A final total of 17 replies were received, giving a response rate of 34.7%. One replied that their practice was sports medicine based, giving a total completed number of surveys of 16. As the responses were anonymous, it was impossible to identify how many were from group or single practices. Of the options regarding preferences for configuration of services, a fast-track referral service to a Senior Registrar was the overall preference of 91.4% (n=16) of the GPs who stated an explicit preference. The only other option to feature was the availability of a Senior Registrar. 100% of respondents (n=16) strongly agreed or agreed that the fast track service would improve patient care. Senior Registrar phone availability was the only other option to receive a majority Strongly Agree/Agree (71.25%, n=13). Overall, the survey showed a strong general practitioner preference for any liaison service from psychiatry to primary care to be hospital-based and comprise of a fast-track of patients of concern to a Senior Registrar. This survey illustrates some of the opportunities and challenges inherent in setting up a community psychiatry/primary care liaison service.

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References