

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [dyfodol ymarfer cyffredinol yng Nghymru](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [the future of general practice in Wales](#)

GP40 : Ymateb gan: Cymdeithas Seicolegol Prydain | Response from: British Psychological Society (BPS)





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British Psychological Society

BPS response to the inquiry into the future of general practice in Wales

This submission sets out the British Psychological Society's (BPS) key recommendations to the Senedd's Health and Social Care Committee for the inquiry into the future of general practice in Wales.

The BPS is the representative body for psychology and psychologists in the UK and is responsible for the promotion of excellence and ethical practice in the science, education, and application of the discipline.

As a society we support and enhance the development and application of psychology for the greater public good, setting high standards for research, education, training and knowledge, and disseminating our knowledge to increase public awareness.

For enquiries regarding this submission, please contact:

BPS Policy & Public Affairs team

policy@bps.org.uk

British Psychological Society

48 Princess Road East

Leicester, LE1 7DR



Introduction

General practice plays a crucial role in treating the health of our population through prevention, early intervention, management of conditions, and rehabilitation. But it faces significant challenges, including difficulties in recruiting and retaining GPs,^{1 2} an increasing workload, and the evolving nature of illnesses, particularly among an aging population with multiple health conditions.

Psychologists can play a vital role in primary care, supporting GPs and the wider team and providing swift and quality care to patients,³ but they are currently not properly embedded in GP services. Psychologists can help doctors understand and address the psychological factors that influence a patient's physical health, including managing stress, coping mechanisms, and behavioural changes. They also provide support in delivering psychological therapies and therapeutic care for patients experiencing mental health problems.

Psychologists also have an important role in the public health and prevention agenda, by explaining the theoretical basis of interventions designed to change unhealthy behaviour, using rigorous evaluations to answer key questions about what approach works for which sections of society, and presenting evidence-based recommendations for changes in the skills mix of NHS staff, as well as in the developing of national health policies aimed at reducing illness.

Falling through the gap

Although 40% of all GP appointments in England and Wales involve mental health⁴ GPs feel ill-equipped to deal with this effectively, often due to lack of training and lack of time during consultations, particularly for those with more complex needs.⁵ Approximately 13% of adults in Wales reported receiving treatment for a mental health issue, with higher rates in deprived areas.⁶

There has been a steady increase in the number of people seeking mental health support, and with the growing number waiting to access support services in Wales, demand is outstripping supply. This places further pressures on GPs and results in many patients falling through the gaps with nowhere to turn. With one in four of us likely to experience poor mental health, it is paramount that poor mental health is treated on time and closer to home to avoid hospital admissions.

Part one of the Mental Health (Wales) Measure was designed to address the high demand for mental health assessment and treatment in primary care through Local Primary Mental Health Support Services (LPMHSS) working alongside GP surgeries. While LPMHSS's offer support in providing health assessments, short-term interventions, and referrals to secondary care they don't cover all aspects of mental health support including:

- mental health support for people waiting for a mental health assessment and short-term interventions and if needed after receiving these services

¹ [General practice workforce: as at 31 March 2024 \[HTML\] | GOV.WALES](#)

² [RCGP warns of 'mass exodus' if retention of GPs isn't prioritised](#)

³ [BPS, The role of clinical psychology in primary care.pdf](#)

⁴ [find-the-words-report-better-equipped-better-care.pdf](#)

⁵ [Kings Fund, Mental health and primary care networks, 2020. \(p. 6\)](#)

⁶ [A National Review of Primary Care Mental Health Demand & Activity \(October 2022\)](#)



- physical health support for people with mental health problems
- low level mental health support for those with physical long-term conditions
- ongoing mental health support for those with stable mental health problems who have been discharged from secondary care
- mental health support for those who fall outside the remit for LPMHSS or secondary care management of medications.⁷

Even for those who do fall within the parameters of care, there is concern that the current makeup of the psychological workforces in health boards, and the specific psychotherapy competencies held within them, means that there is a lack of psychological service provision advocated in the *Matrix Cymru*. Many professionals may not be trained in specific therapeutic approaches, and overall staffing levels and diversity are insufficient. This results in a gap between recommended and actual care, leading to delays or inadequate treatment, and further highlights the need for better training, workforce development, and recruitment. For example, while there has been some development of Cognitive Behavioural Therapy (CBT) based services, it hasn't been on the scale or level of systematic organisation that we've seen in England or Scotland.⁸ This has resulted in patchy provision and longer waiting times, especially at a primary care level.⁹

What we are also seeing is that the overall mental health workforce challenges, coupled with demand-capacity issues in mental health services, have resulted in those professions (listed under Parts 1 and 2 of the Measure) being asked to prioritise initial assessment, care coordination and crisis care activities over interventions, "further exacerbating the challenges in the delivery of core psychological services".¹⁰

The country-wide variation regarding accessibility, appropriateness, and outcomes from psychological therapy, was further identified in a national and individual health board review conducted by the Welsh NHS Executive in 2022/23.

Embedding psychology in primary care

The BPS's Division of Clinical Psychology worked with the NHS Confederation and the Centre for Mental Health to gather perspectives from patients, GPs and psychologists and concluded that there are many potential benefits to embedding psychology in primary care.¹¹ These include easier access for those who fall through the gap (see above), reduced demands on primary care and emergency services, and GP practices better able to manage the psychological components of presentations thereby relieving pressures on GPs and the wider team, improving patient outcomes, and improving clinician wellbeing and retention.

As a result, in some parts of the UK there is a small but growing number of practitioner psychologists embedded in the primary care team helping to meet these challenges, particularly around long covid, complex depression and trauma, eating disorders, neurological problems, chronic pain, longer-term physical conditions, and school refusal. The impact of this is pictured below.

⁷ [Mental health in primary care](#)

⁸ Equality & Human Rights Commission, Is Wales Fairer? 2018

⁹ [Next steps for the psychological workforce in Wales | BPS - British Psychological Society](#)

¹⁰ [Next steps for the psychological workforce in Wales | BPS - British Psychological Society](#)

¹¹ [BPS, Clinical Psychology in Primary Care, 2022](#) (p.8)



How embedding psychology in general practice leads to positive outcomes¹²



The BPS is worried that Wales is falling behind the rest of the UK in this respect and we would therefore like to see psychology embedded in general practice and primary care across the country. This can be achieved by employing more psychological practitioners (such as Psychological Health Practitioners – band 5) in primary care to work under the supervision of a part-time Practitioner Psychologist (band 7). The availability of Practitioner Psychologist input to GP surgeries specifically for complex assessments and consultations for complex and challenging presentations would be advantageous to general practice and to patient outcomes. The following case study at Aneurin Bevan University Health Board illustrates the impact of a psychologically led programme working alongside general practice across the region.

Case study: Aneurin Bevan's Psychological Health Practitioner Service

The Psychological Health Practitioner (PHP) service was introduced to GP surgeries across ABUHB in early 2021 to help meet the mental health needs of patients in a primary care setting.

The PHPs have competency in low intensity CBT and experience in application of this approach to people with mental health difficulties. They are line managed by band 7 supervisors who are experienced high intensity therapists and CBT qualified mental health clinicians. This includes weekly case management supervision for each PWP to ensure that clinical decision making regarding psychological formulation and options for onward care, if appropriate, is in line with NICE guidelines and concordant with the principles within the strategic goals of both ABUHB and WG.

The service to date has been widely regarded as extremely impactful in providing good quality, evidenced-based interventions, freeing up GP time and improving patient outcomes. In the first year alone, it provided over 7800 appointments, signposting to community-based services, LPMHSS, social support services, self-help materials, with only 5% referred to the GP for onward referral or medication.

¹² [BPS, Clinical Psychology in Primary Care, 2022](#) (p.7)



Improving population health

Psychology can further support general practice through the delivery of the public health (prevention) agenda in Wales, which promotes wellbeing and healthy behaviours through understanding and addressing psychological factors influencing health and illness, and by developing interventions to improve health outcomes at a population level. There is an opportunity here to reduce the growing numbers of patients we see presenting at GP surgeries through better understanding, delivery and management of health prevention.

Psychology and public health services in Wales should work more closely together in tackling inequalities of access to services (as those who have greatest need for services may be least motivated to engage, or least able to ask for help), and to address misperceptions about mental health and stigma at population level. There are a wide range of factors that impact on mental health that public health approaches could address, including loneliness, unemployment, inequalities. Such interventions include peer support groups, wider public health education, gym access and family programmes.

What we also need is greater application of evidence-based psychological interventions to change lifestyle behaviours related to serious conditions such as obesity, disability, chronic disease risk, and to manage the psychological consequences of these illnesses.

We need a clear role for psychologists to become more involved in designing, delivering, monitoring and evaluating population-level, sustainable, cost-effective interventions as well as training and providing support for the wider health and social care workforce.

More generally, there's an opportunity to change the mindset of the wider population to remove some of the overreliance we have on seeing a doctor and reframing thinking about where help could be better received, for example with other Allied Health Professionals, pharmacies, or even self-management.

Conclusion

The future of general practice is uncertain, but it can be better supported through embedding psychology and evidence-based psychological interventions. Practitioner psychologists provide direct care to patients with complex physical and mental health issues, offer practical advice and support to GPs and primary care staff, many of whom have limited training in mental health, which leads to better patient outcomes, cost savings, and improved staff morale. They can also help develop and deliver the public health and prevention agenda through their understanding of population behaviours and the tailored support needed to improve population health.