RCGP SCOTLAND
70 YEARS OF BEST PRACTICE

RCGP Scotland consultation response
Delivery of psychological therapies and interventions: national specification
17 March 2023

Part 1: Questions on the overall Specification document.

1. How far do you agree that the specification will improve the experiences of people accessing psychological therapies and interventions?

- Strongly Agree
- **Agree**
- Neither Agree or Disagree
- Disagree
- Strongly Disagree

2. How far do you agree that the specification will improve and outcomes of people accessing psychological therapies and interventions

- Strongly Agree
- **Agree**
- Neither Agree or Disagree
- Disagree
- Strongly Disagree

3. How far do you agree that the specification successfully sets out to individuals, their families and carers what they can expect when they access psychological therapies and interventions?

- Strongly Agree
- **Agree**
- Neither Agree or Disagree
- Disagree
- Strongly Disagree

4. We know that currently not everyone has the same experiences or outcomes when they access psychological therapies and interventions. We want the specification to help make sure that your needs are met, whoever you are and whatever your background. How far do you agree that the specification will help do this?

- Strongly Agree
- Agree
- **Neither Agree or Disagree**
- Disagree
- Strongly Disagree

5. Do you have any suggestions for how the specification could help to ensure that there is more timely access to how people receive psychological therapies and interventions?

6. Do you have any other comments on the specification overall?

Yes – please see below under the psychological therapies and interventions consultation heading.

7. We want this specification to be as accessible and easy to understand as possible to those who access psychological therapies and interventions. Do you have any suggestions on how this could be improved?
Suggest that the consultation group arranges to meet 'Chance to Change' the patient group which is part of Scottish Government's Primary Care Health Inequalities Development Group (https://www.gov.scot/publications/chance-change-scotland-report-chance-2-change-expert-reference-group-lived-experience-primary-care-health-inequalities-short-life-working-group/).

Psychological Therapies and Interventions Consultation.

RCGP Scotland very much welcomes the approaches in this consultation and believe that there is much here that will improve services, including desperately needed capacity. We particularly welcome the aims of the consultation.
However, we suggest that there are some areas of the document that need considerable strengthening.

Health inequalities

The document does not sufficiently highlight mental health inequalities. These are mentioned, but not that they are a key driver of Scotland's very poor record on health inequalities overall, and a major contributor to our having the poorest life expectancies in western Europe. In young and middle aged men in Scotland, healthy life expectancy is falling – for the most deprived decile to just 45 years – and that is attributable to the 'deaths of despair', alcohol, drugs and presumed suicide.[1] It is insufficient to say that the aim will be equality of provision: it is sometimes difficult to see the presence of psychological services, especially specialist ones in the setting where these patients are usually seen, in particular primary care.

[1] Health Inequalities in Scotland Trends in deaths, health and wellbeing, health behaviours, and health services since 2000. University of Glasgow. November 2022. doi: 10.36399/gla.pubs.282637. https://www.gla.ac.uk/media/Media_892338_smxx.pdf

The consultation (rightly) outlines that those living in poverty have both poorer outcomes and are less able to access services. We not only need to see equal access, but also psychological services weighted to deliver to these populations, and other high-risk groups, who have both higher levels of need and a poorer prognosis. All outcomes need to be considered in terms of socioeconomic deprivation (we have good indices for this), including level of access. We have seen the rollout of digital approaches, and particularly computerised Cognitive Behavioural Therapies (cCBT), which is helpful but will disadvantage further digitally excluded people who can be most at risk of poor mental health. We also see programmes more generally which seem aimed at those with higher literacy levels. The promise, always, was that this would free up clinicians more to see those who cannot access these, but our general impression is that we have not seen that change in workstream focus, and some aspects of cCBT, for instance, have transferred work to general practice.

Psychological care in general practice

90% of people with mental health problems are cared for entirely within primary care, which includes people with serious and enduring mental illness (SMI), and prior to the pandemic, around 30% of people who see their GP had a mental health component to their illness.[2] Consideration of the patient journey needs to start there. Psychology services tend to sit in the specialist domain and we need to see a move to primary care with a stated outcome round that.
GPs are currently consulting with around 10% of the population every week, representing an overwhelming level of mental health need, much of which they cannot meet.[3] We need to see new models of psychological care, with psychologists in general practice settings, or hubs or services closely aligned to them. They would be able to bring a formulation and plan in a single appointment, where appropriate, and reach far more of the population: such approaches have already been shown to work, and be cost-effective[4], and we need to consider them more in Scotland, where they are rarely discussed.

RCGP Scotland has called for mental health clinicians in every practice, and those could, and should, include the psychology workforce. The current model is a specialist one: a referral, a long wait, and then a very small number of people seen intensively. Of course, that is still needed for those with severe complex problems, but what we also need is primary care provision too. The primary care model is for patients being seen quickly in GP practices, with rapid access to relatively brief interventions, earlier in the patient journey, and far greater numbers having access as a result. This is a major gap in provision and would help support all arms of the objectives – promote, prevent and provide. We note that the Scottish workforce strategy[5] outlines that: “additional roles will be created through the implementation of Mental Health and Wellbeing in Primary Care Services. This could include Occupational Therapists, Mental Health Nurses,

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Psychologists and Link Workers. The intention is for these teams to be designed according to the local need, based on a set of national principles underpinning service delivery". We would like to see that referenced in the final document and have also requested it be considered in the new Scottish Mental Health and Wellbeing Strategy.

Despite carrying huge mental health workloads, and providing 'skilled practice', GPs and their teams have no protected time for learning or reflection. A 2021 GMC report[6], with findings replicated in some of their other studies[7], found that "GPs are almost twice as likely to report burnout as a reason for leaving (42.8%) compared with specialists (22.2%)." The RCGP's 2022 tracking survey shows that 67% of GPs responding, felt so stressed they cannot cope at least once a month. It would make a tremendous difference to GP teams, who provide the vast majority of mental health consultations in the community, if they had an in-house, or aligned, psychology clinician presence, to both help them and their patients.

Whole Time Equivalent GP numbers are falling in Scotland[8], and as that trend continues, more practices are liable to fail. A RCGP survey of members in December 2022 revealed that of those responding, 31.7% of general practice staff said their practice was at risk of closing over the next few months. Unmanageable workload and rising demand were the biggest factors identified (87.0%), followed by GP partners leaving (69.6%) and a shortage of salaried GPs (41.3%). 81.5% of general practice staff were concerned or very concerned about their practice's ability to deliver the level of care that patients will need in winter 2022/23. In this context, the mental health provision for the population is likely to be further compromised as GPs struggle to cope, and more leave the profession. We see support for primary care mental health services – including psychological ones – as being an intervention to help support retention.

Workforce

There is a profound workforce shortage in mental health services, in all settings. The Scottish Government's workforce strategy, referenced above, outlined that the aim was to "Create a network of 1,000 additional dedicated staff who can help grow community mental health resilience and help direct social prescribing"; "recruit 320 additional Child and Adolescent Mental Health Services" and increase the primary care mental health workforce as outlined above. Other than link workers (and it is not yet clear from the evidence if they help GP workload though many GPs feel they enhance care), general practice has failed to see any expansion, and GPs report taking on more mental health workload because of shortfalls in secondary care provision.

There were plans to support GP-aligned services with new Mental Health and Wellbeing monies, but we have been told that these have been partially withdrawn and it is not clear how much provision there will be, adding to existing pressures.

In short, there is a big workforce deficit, much of it in the primary care sector, and there will need to be rapid and enhanced training of these new workers. Psychology services will presumably have a central role to play in that, and we are keen to see a chapter on training and supporting the workforce. That would also enhance mental health services in the wider setting, so desperately needed just now.

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[4] Filling the Chasm. Reimagining Primary Mental Health Care. University of Birmingham, Centre for Mental Health
[5] National Workforce Strategy for Health and Social Care in Scotland. Scottish Government. March 2022
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[8]General practice workforce survey 2022- General practice workforce survey- Publications- Public Health Scotland

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