

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 80

Ymateb gan: | Response from: Diabetes UK



Question 1: Initial priorities identified by the Committee

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

Q1. Which of the issues listed above do you think should be a priority, and why?

You can comment on as many or few of the issues as you want.

In your answers, you might want to think about:

- What impact or outcomes could be achieved through any work by the Committee?
- How the Committee might address the issue?
- When any Committee work should take place?
- Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

Diabetes is a complex condition which impacts on several aspects of people's lives and therefore straddles many themes in the health and social care arena.

Therefore, Diabetes UK Cymru would strongly welcome work in the following areas: Public health and prevention, the health and social care workforce, evidence-based innovation in health and social care, access to mental health services and access to services for long-term chronic conditions.

However, access to mental health services is a prominent issue in communities of people living with diabetes. People with diabetes are a group who, according to our research, experience extremely high rates of poor mental health. Often as a result of diabetes-specific conditions, for which it is extremely difficult to access specialist psychological support.

This is an issue that affects people with many different long-term conditions, not just diabetes.

I would therefore strongly urge the committee to look at an inquiry into access to psychological therapies and emotional support for people living with long-term conditions. Diabetes UK Cymru and Mind Cymru jointly submitted a proposal in 2019 which we were promised would be kept on file for consideration.

We have attached the proposal from 2019 for your reference.

We would urge this work to take place as soon as possible. Without dealing with issues including service delivery as well as training and workforce, more people will experience costly and traumatising physical and mental complications.

In looking into this work, I would ask the Committee to contact Dr Rose Stewart as Co-Chair of the Psychology and Long-term Conditions in Wales working group and Chair of the Diabetes Psychology Network. AS well as other expert psychologists in Wales working in other conditions.

Mind Cymru, British Heart Foundation and British Lung Foundation/Asthma UK and the Royal College of Psychiatrists have also contributed to work in this arena.

What will be extremely important is gathering insights into patient experience. We would therefore recommend contacting patient representative groups such as the All-Wales Diabetes Patient Reference Group.

Diabetes UK Cymru would be happy to support contact being made with any of the above representatives or organisations by providing contact details.

Question 2: Key priorities for the Sixth Senedd

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

- a) health services;**
- b) social care and carers;**
- c) COVID recovery?**

You can comment on as many or few of the issues as you want.

In your answers, you might want to think about:

- What impact or outcomes could be achieved through any work by the Committee?
- How the Committee might address the issue?
- When any Committee work should take place?
- Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

a) Health services

b) Social care and carers

c) COVID recovery

Screening services that sit with Public Health Wales missed out on covid-recovery funding in the first round of spending announcements. This was disappointing because Diabetic Eye Screening Wales are reportedly experiencing a 4 year backlog. Diabetic eye screening services are reportedly the hardest hit screening service at PHW.

This is on top of pre-covid waiting lists for those registered as DR1 (the highest priority of diabetic retinopathy) to be seen by specialist ophthalmology exceeding in some cases exceeding 12 months.

As a result of the backlog and extensive waiting lists, in addition to covid-related cancellations, many people with diabetes have experienced severe sight loss, including being registered blind.

Diabetes UK Cymru would strongly support covid-recovery inquiries to include screening services, many of which were hugely affected by covid, and are struggling to recover. We would also be happy to provide further evidence.

Question 3: Any other issues

Q3. Are there any other issues you wish to draw to the Committee's attention?

I have provided below additional information relating to the proposal for an inquiry into access to psychological therapies for people living with chronic/long-term conditions.

Conditions including diabetes, heart and circulatory diseases, respiratory diseases like COPD often lead to emotional and psychological distress. There are almost 275,000 people living with diabetes¹, over 375,000 people living with cardiovascular disease², and over 260,000 people living with respiratory illness or disease in Wales³.

7 in 10 people living with diabetes feel overwhelmed by the day-to-day management of their condition⁴, 41% of people living with diabetes experience poor psychological wellbeing⁵. These psychological issues are usually directly related to, or a result of their diabetes. Most are often concurrent with diabetes-specific conditions including diabetes burn-out. Eating disorders and suicidal intent are also 3x more prevalent in young adults with type 1 diabetes.

Access to psychological therapies

England has provided some access to psychological therapies for these people through their Increasing Access to Psychological Therapies (IAPT) programme in 2008. However, no equivalent was delivered in Wales.

Health boards should be ensuring sufficient psychological input into the management of patients in line with national standards. Welsh Government recently stated; *"We do, obviously, expect health*

¹ Diabetes UK Cymru, *Diabetes in Wales*, https://www.diabetes.org.uk/in_your_area/wales/diabetes-in-wales

² British Heart Foundation, *The CVD challenge in Wales*, <https://www.bhf.org.uk/for-professionals/healthcare-professionals/data-and-statistics/the-cvd-challenge/the-cvd-challenge-in-wales>

³ Respiratory Futures, *Respiratory Health Delivery Plan 2018-2020*, <https://www.respiratoryfutures.org.uk/programmes/uk-respiratory-plans/wales/#:~:text=1%20in%2012%20people%20in,set%20by%20the%20Welsh%20Government>.

⁴ Diabetes UK Cymru, *Too Often Missing – what needs to happen in Wales* (2019), <https://www.diabetes.org.uk/resources-s3/2019-05/Diabetes%20UK%20emotional%20wellbeing%20policy%20document%20%28Wales%29.pdf>

⁵ Welsh Government, *Diabetes Delivery Plan for Wales 2016-2020* (December 2016), <https://gov.wales/sites/default/files/publications/2018-12/diabetes-delivery-plan-2016-to-2020.pdf>

boards to put in place appropriate support for people with a long-term condition. That includes... where necessary, access to more specialised clinical psychology”⁶.

However, 73% of people with diabetes who felt they needed specialist support were unable to access it⁷. Provision of specialist psychological support is inconsistent across Wales and in many areas non-existent.

Without provision to support people’s mental health, physical health, particularly for those with long-term conditions, also suffers⁸. In diabetes this leads to a further 50% increase in costs⁹.

Workforce

There is currently 1 (WTE) wholetime equivalent specialist adult psychology for diabetes in both Betsi Cadwaladr and Hywel Dda UHBs, and 0.4 WTE in Aneurin Bevan UHB, across most of Wales there is no access to specialist adult psychology¹⁰.

- There is currently a 30% vacancy rate for specialist psychology posts across Wales.
- Wales trains 30 clinical psychologists per year – the lowest of any devolved nation
- This year the NWCPP received 312 applications for just 10 spaces
- England is increasing DClinPsy training places by 60% over the next 3 years.
- We have no centralised commissioning process and no national psychology leads meaning a no strategic response to issues in psychology.
- Benefits of specialist health psychology.

Health economics of specialist psychology

“Diabetes psychology is as prudent as it gets”, Dr Rose Stewart, Consultant Diabetes Psychologist, Wrexham Maelor Hospital.

Betsi Cadwaladr’s adult diabetes psychology business plan estimates net savings of £714,696 to £1,151,660 by the end of year 5 from three WTE clinical psychologists.

⁶ Plenary Debate, Senedd (13th July 2021), Statement by the Trefnydd on behalf of Welsh Government in response to Jayne Bryant MS. <https://record.senedd.wales/Plenary/12323#C372449>

⁷ Diabetes UK, *Too Often Missing* (2019), https://www.diabetes.org.uk/resources-s3/2019-05/Full%20Report_Too%20Often%20Missing_Diabetes%20UK_May%202019.pdf

⁸ The Kings Fund, *Long-term conditions and mental health* (February 2012), https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf

⁹ APHO Diabetes Prevalence Model for England 2012.

¹⁰ Updated data from 2017 – 2018 National Diabetes Audit. <https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit>

**Diabetes UK Cymru,
Global Reach,
Dunleavy Drive,
Cardiff,
CF11 0SN**

Dear Dr Dai Lloyd and members of the Committee for Health, Social Care and Sport,

We are writing to you to ask the Committee to look into the access of psychological and emotional support for people living with long-term conditions in Wales, and request that the Committee include an inquiry into this issue in its Forward Work Programme for 2020.

Background

For the purpose of this document we have defined a long-term condition as “a condition that cannot at present be cured; but can be controlled by medication and therapies.”¹

As you are aware, it is well documented that poor physical health significantly increase the risk of developing mental health problems, and vice versa.^{2 3} Long-term illness is at the centre of a lot of this research; with those not accessing the right support for their mental health and long-term conditions generally experiencing significantly poorer health outcomes and reduced quality of life.⁴ According to NICE Guidelines “depression is approximately two to three times more common in patients with a chronic physical health problem than in people who have good physical health and occurs in about 20% of people with a chronic physical health problem.”⁵

- In regard to diabetes, one study showed people with diabetes are twice as likely as the general population to develop depression or anxiety.⁶
- In 2018 the MS Society reported that 60% of people with multiple sclerosis have felt lonely, and nearly half have experienced depression⁷. One study concluded that people living with MS are also seven times more likely to attempt suicide than the general population.⁸
- With rates of people developing dementia increasing, it could be that there is a large number of people living with dementia and a mental health condition in Wales. Alzheimers Society Cymru also suggest that existing mental health wards do not currently do not meet the needs of people with dementia.

In Wales, we have the highest rates of long-term, life-limiting illness in the UK, with nearly one third of adults affected by conditions such as diabetes, arthritis, heart disease, or asthma.⁹

Our analysis

Over the last six months we have undertaken a piece of work looking at the current state of psychological and emotional support for people with long-term conditions in Wales. We started this work looking at access to psychological and emotional support for people living with diabetes, but found evidence relevant to many long-term conditions.

Across Wales there is huge variance in access to psychological therapies for adults living with all long-term conditions:

- We identified that most health boards do not offer any access to condition-specific psychological therapies for those over 18 years old
- One health board offers some people access to psychology but access is not available across the whole health board's geography due to funding

- Another health board does have a psychology service which people with long-term conditions can be referred to, however this service is not promoted across the health board due to concerns about capacity:

“...we would have to start saying no to people and look at how we could narrow the criteria. We don't promote ourselves within the hospital as we honestly think we would just be inundated.”¹⁰

(Clinical Psychologist NHS Wales)

We found that in relation to diabetes for example, there is huge variance in access to psychological therapies that are specific for that condition, with no diabetes-specific access to psychological therapies for people outside of paediatric and transition-age care

The first-hand experience of the clinicians we worked with suggested that, generally across Wales, access to psychological therapies and specialised mental health support for people living with long-term conditions like diabetes is poor. Our work also suggested that appropriate interventions recommended under NICE guidelines¹¹ are not being made, and that too often those in need of support are redirected back to primary care in order to access generic mental health support through Local Primary Mental Health Support Services or similar services.

There is currently no pathway, model or strategy in Wales which supports access to psychological therapies for adults with physical health conditions. In the most recent Diabetes Delivery Plan 2016-2020 it was suggested that up to 41% of people living with diabetes in Wales experience poor mental health,¹² but the plan made no recommendations, neither did it include any key service actions to health boards around mental health.

For many physical health conditions like diabetes lack of appropriate support can lead to costly complications:

“If lower level psychological distress is picked up quickly and effectively it stops bigger issues developing down the line, both mentally and physically... This can save services money in five years’ time and prevent suffering.”¹³
(Principal Clinical Psychologist NHS Wales)

The financial motivations for improving access to mental health support for people living with long-term conditions are significant. The Kings Fund have suggested that high rates of mental health conditions among people with long-term physical health problems and poor management of medically unexplained symptoms which lack an identifiable organic cause alone cost NHS England £11 billion a year.¹⁴

There are however, pockets of excellent practice within our NHS. Our analysis suggested that where there is a service, it is often much more flexible than services in England offered under the IAPT system, or Local Primary Mental Health Support Services in Wales. For example, patients often receive a real choice in the types of therapy they are offered, and the number of sessions they receive can be tailored around the individual’s needs. However, where they do exist, these services are poorly funded, understaffed and without any long-term security. Where people with a long-term condition do have access to psychology it is usually down to the efforts of an individual clinician or clinicians who have developed a service which they see as essential.

Examples include:

- Bridgend Cardiac Rehabilitation Service
- Hywel Dda Clinical Health Psychology Service
- Swansea Bay Health Psychology Service
- Wrexham Maelor Diabetes Transition Service

Other considerations

The workforce strategy currently out for consultation published by HEIW and Social Care Wales also focuses heavily on the need to structure the workforce to better deliver seamless, person centred care, through co-location of teams and developing multi-disciplinary ways of working. To achieve holistic services which recognise the links between mental and physical health and empower individuals to seek help at an early stage, new and innovative models of care will need to be developed.

Our call for an inquiry

With work by the National Psychological Therapies Management Committee and Public Health Wales on further developing guidance for delivering evidence-based psychological therapy in Wales¹⁵ or Matrics Cymru on-going, we feel that it is the right time to review the access to psychological therapies for those with long-term physical health conditions.

We propose that an inquiry should look into a number of areas:

- Identify the current patient journey for those trying to access mental health support as part of their care for a long-term physical health condition
- What actions need to be taken to bring NHS Wales in line with existing NICE guidelines
- Whether patients and services would benefit from a new pathway
- How we can reduce service variation across health boards
- How we can maintain and support effective and flexible services that already exist whilst also developing a national standard for Wales
- Whether Matrics Cymru should be developed further to include specific guidelines for the delivery of psychological therapies for people living with long-term physical conditions or whether this guidance should be developed separately

- How access to appropriate psychological support fits within a “prudent” and “value-based” health care model
- How we can develop our workforce within NHS Wales to support clinical psychology that is fit for the future
- Whether individual “Delivery Plans” are a prime opportunity to engrain access to psychological therapies as a routine part of patient care for individuals with long-term physical conditions.

Yours Faithfully,

Joshua James

Diabetes UK Cymru

Rhiannon Hedge

Mind Cymru

And supported by the following members of the NHS Wales Confederation policy forum subgroup on Long-term Conditions & Mental Health:

Alzheimers Society Cymru

Macmillan Cancer Support Wales

British Heart Foundation Cymru

MS Society Cymru

¹ Definition as used in *Report 1 Long Term Conditions*. Newid er Gwell, Changing for the Better, Abertawe bro Morgannwg University Health Board.

<http://www.wales.nhs.uk/sitesplus/documents/863/long%20term%20conditions%20workstream.pdf>

² Barnett K, Mercer SW, Norbury M, Watt G, Wyke S, Guthrie B (2012). Research paper. [Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study](#) *The Lancet online*

³ The Kings Fund, *Mental Health: The Connection between Mental and Physical Health*. Accessed online: <https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-mental-physical-health>

⁴ Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A, (2012) *Long-term conditions and mental health: The cost of co-morbidities*, The Kings Fund, https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf

⁵ *Depression in Adults with a Chronic Physical Health Condition; recognition and management*, NICE Guidelines (2009), <https://www.nice.org.uk/guidance/cg91/resources/depression-in-adults-with-a-chronic-physical-health-problem-recognition-and-management-pdf-975744316357>

⁶ Taylor-Smith K, Jarvis S (2019), *The link between diabetes and mental health conditions*. <https://patient.info/news-and-features/how-diabetes-can-affect-mental-health>

⁷ *Loneliness Report; Evaluation of MS Society local groups' role in reducing loneliness for people affected by MS* (August 2018), https://mss-cdn.azureedge.net/-/media/5e2c8a209ea94a048ad652b39691be3a.pdf?sc_revision=c1a2eb83b5374013a58aa00b14cd9ff6

⁸ Siegert RJ, Abernathy DA. Depression in multiple sclerosis: a review. *J Neurol Neurosurg Psychiatry* 2005;76:469-75.

⁹ Public Health Wales Observatory, (2011). *Measuring inequalities 2011: trends in mortality and life expectancy in Wales*.

¹⁰ Diabetes UK Cymru (2019), Too Often Missing: Making emotional and psychological support routine in diabetes care. *What needs to happen in Wales*, p.4.

¹¹ *Depression in Adults with a Chronic Physical Health Condition; recognition and management*, NICE Guidelines (2009), <https://www.nice.org.uk/guidance/cg91/resources/depression-in-adults-with-a-chronic-physical-health-problem-recognition-and-management-pdf-975744316357>

¹² A Diabetes Delivery Plan for Wales 2016-2020 (December 2016), p. 10, <https://gweddill.gov.wales/docs/dhss/publications/161212diabetes-delivery-planen.pdf>

¹³ Diabetes UK Cymru (2019), Too Often Missing: Making emotional and psychological support routine in diabetes care. *What needs to happen in Wales*, p.5.

¹⁴ The Kings Fund (2016), *Bringing together physical and mental health; A new frontier for integrated care*. https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Bringing-together-Kings-Fund-March-2016_1.pdf

¹⁵ Matrics Cymru (2017), *Guidance for Delivering Evidence-Based Psychological Therapy in Wales*, <http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Matrics%20Cymru%20%28CM%20design%20-%20DRAFT%2015%29.pdf>