



Royal College of Psychiatrists Consultation Response

DATE: 3 February 2017

RESPONSE OF: THE ROYAL COLLEGE OF PSYCHIATRISTS in WALES

RESPONSE TO: HSCS Committee, Primary Care Inquiry

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom.

The College aims to improve the outcomes of people with mental illness, and the mental health of individuals, their families and communities. In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

RCPsych in Wales is an arm of the Central College, representing over 550 Consultant and Trainee Psychiatrists working in Wales.

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The Health, Social Care and Sports Committee inquiry into Primary Care

1. The Royal College of Psychiatrists in Wales is pleased to respond to the Health, Social Care and Sports Committee's Primary Care Inquiry.
2. Primary care provides prevention, diagnosis, and condition management in a large population, covering the spectrum of health needs. It has a crucial role in treating people with mental health conditions, the majority of whom will be treated almost exclusively in primary care. For them, their recovery or resilience is dependent on a primary care mental health service with a functioning network of interventions provided by health, social care, and the third sector.
3. Primary care is seeing an increase in the number of patients with mental health conditions and illnesses relating to cognitive decline. Depression is the second biggest cause of disability in the world, posing a major public health challenge. GPs have expressed concern that they cannot deal with the increase in the mental health workload and that they are feeling less confident in managing complex cases, particularly where external social factors such as debt or unemployment are causing mental health issues.¹
4. Evidence shows that if not treated appropriately and at the right time, mental health conditions such as depression can worsen often manifesting in poor physical health. Like physical conditions, the longer they persist the more difficult they are to treat. As a way to combat the high demand, many GPs are over prescribing antidepressants, particularly in areas of deprivation where there are higher rates of morbidity. They argue that this is often the only, or quickest form of intervention due to a lack of adequate investment in appropriate psychological interventions.² Mental Health charities and medical royal colleges have been calling for better access to psychological therapies in Wales.³
5. Dementia is another condition which has seen a vast rise in cases. With a growing elderly population, it is estimated that by 2021, the projected increase of people with dementia in Wales will be 31% and 44% in some rural areas.⁴ Dementia is an important issue for everyone in primary care, however there are concerns that primary care is too overstretched to deal with the increase in demand. Elderly patients are more likely to suffer from comorbidities; those with cognitive decline are more difficult to manage. It is vital that all professionals working in primary care have the necessary training such as the WaMH in PC training⁵.

¹ Royal College of General Practitioners (2015) *Experiences of Delivering Primary Mental Health Care: A Report by the Wales Mental Health in Primary Care Network*. RCGP, p. 4.

² Walesonline, 3 Feb 2014, *Alarm as Welsh Anti-depressant prescriptions double in a decade*.

<http://www.walesonline.co.uk/news/wales-news/alarm-welsh-anti-depressant-prescriptions-double-6659415>

³ We Need to Talk Wales Coalition <http://www.mind.org.uk/media/4982337/wntt-wales-report-eng.pdf>

⁴ Welsh Government and the Alzheimers Society (2011) *National Dementia Vision for Wales*,

⁵ <http://www.wamhinpc.org.uk/managing-dementia-primary-care-training-package>

6. The increase in patients seeking help for mental health conditions will naturally impact on secondary care services, particularly for those requiring specialist care for serious or enduring mental health conditions. We are experiencing an increasing number of patients referred to secondary care mental health services and an increase in people of all ages presenting at emergency departments. Primary care is crucial for the majority, but patient pathways must be considered beyond primary care into secondary care and acute services. Poor integration can result in patients getting lost in the system, getting stuck or revolving around the system, or presenting in crisis.
7. There is a need for improved partnership working and integration between primary and secondary care. Whilst assessment and management of peoples' health problems is rightly a function for primary care, for people with complex needs input from professionals with specialist knowledge is of proven value. Unfortunately, referrals from primary to secondary care can be delayed. Resources and support in Wales for both primary and secondary care are limited so there must be an agreed set of outcome measures, which is regularly monitored and assessed. The College is collaborating with the RCGP to understand the barriers to good mental health care provision. We hope that this will lead to improved communication between the two medical professions and a better understanding of how we can support one another better.
8. There is also a need to improve integration between social care and health, particularly to enable good mental health service provision. Primary mental health care must be holistic - mental health has physical, psychological, spiritual and social elements. We are pleased that the Welsh Government is undertaking a review into the integration of health and social care and that this inquiry should better inform Welsh Government to take the necessary steps to make this happen.

1 How GP cluster networks in Wales can assist in reducing demand on GPs and the extent to which clusters can provide a more accessible route to care (including mental health support in primary care).

9. The Mental Health (Wales) Measure Part1 focuses on better supporting primary care mental health services through the introduction of Local Primary Care Mental Health Support Services (LPCMHS). There has been concern that the quality of this support service is patchy across the country. We know that Welsh Government has accepted the recommendations from the Duty to Review Report to extend the list of professionals able to provide a mental health assessment. This will go some way to alleviating existing pressures and strengthening LPCMHS's.

2 The emerging multi-disciplinary team (how health and care professionals fit into the new cluster model and how their contribution can be measured).

10. Having access to multi-disciplinary teams has long been known to assist with diagnosis, treatment and lead to improved outcomes. Mental health service provision largely follows an integrated, multidisciplinary approach. Mental Health professionals have a great deal of experience and expertise in this area. Multi-disciplinary teams do not always work well. The key to a successful MDT is to set clearly defined roles and responsibilities. Good patient outcomes must be agreed as well as how to achieve these outcomes. The different professionals bring with them their specific skills set to fulfil the role and therefore have their own vital contribution.

3 and 5. The current and future workforce challenges. Workload challenges and the shift to primary prevention in general practice to improve population health outcomes and target health inequalities.

11. There are workforce challenges across the whole of the NHS. There is added uncertainty around future proposals to curb immigration under Brexit and how this will impact the health service in Wales. The message from Central Government is concerning regarding the move towards a predominantly British workforce.

12. There has been an increase in resources in primary care in Wales and Welsh Government is campaigning on improving GP recruitment and retention. If primary care services cannot meet the health needs of the population, secondary care services will be affected. There must be a robust primary care service, particularly for people with mild to moderate mental illness, but not at the expense of secondary care services that are trying to meet the needs of those with serious and acute conditions.

4 The funding allocated directly to clusters to enable GP practices to try out new ways of working; how monies are being used to reduce the pressure on GP practices, improve services and access available to patients.

13. Opportunities exist to explore new ways of funding the delivery of psychological therapies in primary care.

6 The maturity of clusters and the progress of cluster working in different Local Health Boards, identifying examples of best practice.

7 Local and national leadership supporting the development of the cluster infrastructure; how the actions being taken complement those in the Welsh Government's primary care plan and 2010 vision, [Setting the Direction \[Opens in a new browser window\]](#).

8 Greater detail on the aspects being evaluated, the support being supplied centrally and the criteria in place to determine the success or otherwise of clusters, including how input from local communities is being incorporated into the development and testing being undertaken.