the british psychological society
promoting excellence in psychology

Clinical Psychology in Primary Care – how can we afford to be without it?

Guidance for Clinical Commissioners and Integrated Care Systems

Division of Clinical Psychology

March 2022

CONTRIBUTORS

This publication has been prepared by **Lucy Marks** MBE**,** Consultant Clinical Psychologist, with 30 years' experience of developing and running primary care psychological therapy services in the NHS in East London (LucyMarksPsychology.com), with input from:

Dr Suzanne Heywood-Everett, Consultant Clinical Psychologist and Clinical Lead, Primary care Wellbeing Service (Bradford District Care NHS Foundation Trust)

Dr Vanessa Tobin, Consultant Clinical Psychologist, Strategic Lead for Staff Wellbeing, Betsi Cadwaladr University Health Board

Cathy Byard, Consultant Clinical Psychologist, Clinical Director Community CAMHS Teeside, Tees, Esk and Wear Valleys NHS Foundation Trust

Dr Jane Gibbons, Perinatal Clinical Psychologist, North London Partners Specialist Perinatal Mental Health Service

Brian Rock, Consultant Clinical Psychologist, Dean of Postgraduate Studies, Tavistock and Portman NHS Foundation Trust

Dr David Kirkpatrick, Consultant Clinical Psychologist, Clinical / Managerial Lead, Integrating Primary & MH Care, Surrey and Borders Partnership NHS Foundation Trust

Sara, service user, The Bradford Primary Care Wellbeing Service

Dr Lisa Fallon, GP Kilmeny Group Medical Practice, Keighley, West Yorkshire

With thanks to the following for their specialist advice and support for this work:

Dr Annette Schlosser, Clinical Psychologist, Academic Coordinator, Clinical Psychology Doctorate Programme, University of Hull

Lawrence Moulin, Consultant Clinical Psychologist, Chair of West Midlands BPS Branch

Dr Claire Rockliffe Fiddler, Clinical Psychologist, Service Lead, (Aneurin Bevan UHB - Primary Care Mental Health Support Services)

Dr Richard Cosway, Consultant Clincial Psychologist, Musselburgh Primary Care Centre NHS Lothian, Scotland, UK.

Dr Tamara Gelman, Clinical Psychologist, Islington Practice Based Mental Health Team, Camden and Islington Mental Health NHS Foundation Trust

Dr George Robson, Lead Psychologist, Islington Practice Based Mental Health Team, Camden and Islington Mental Health NHS Foundation Trust

Paula Lavis Policy Manager, NHS Confederation

Dr Phil Moore, GP, Chair of Mental Health Commissioners Network, NHS Confederation

Dr Sian Howell, GP, Clinical Lead, Clinical Effectiveness Southwark

Dr Judith Ibison, GP, Reader in Primary Care, St.George's University of London

Dr Marta Buszewicz, GP and Honorary Associate Professor, Primary care and Population Health, UCL

ISBN 978-1-85433-810-5

Contents

Overview

It is widely appreciated that the NHS needs to make a step change to address the growing unmet need for mental health and psychological therapy services. There is also widespread recognition that even before the pandemic, services have not been able to meet the range of needs of those presenting to primary care and that significant gaps exist, particularly between IAPT/primary care mental health services and secondary care (Naylor et al., 2020). This profoundly affects many patients leaving them with a poorer quality of life and health outcomes.

Some of these patients have needs that fall between existing mental health services; some have uncontrolled long-term conditions or persistent physical complaints that could be helped more effectively with a psychological approach. In many instances there is an overlap between these groups. GPs and other primary care staff, particularly those who are new to their role, may not feel confident in managing the psychological content of many general practice consultations.

There is now a small but growing number of clinical psychologists embedded in the primary care team helping to meet these challenges. This briefing is about how they can make a profound difference to both the patients and the practice. It is based on the findings of a research and consultation project commissioned by the British Psychological Society's Division of Clinical Psychology, looking at current best practice for clinical psychology in primary care and its value.

This paper makes the case for how an embedded primary care clinical psychologist can:

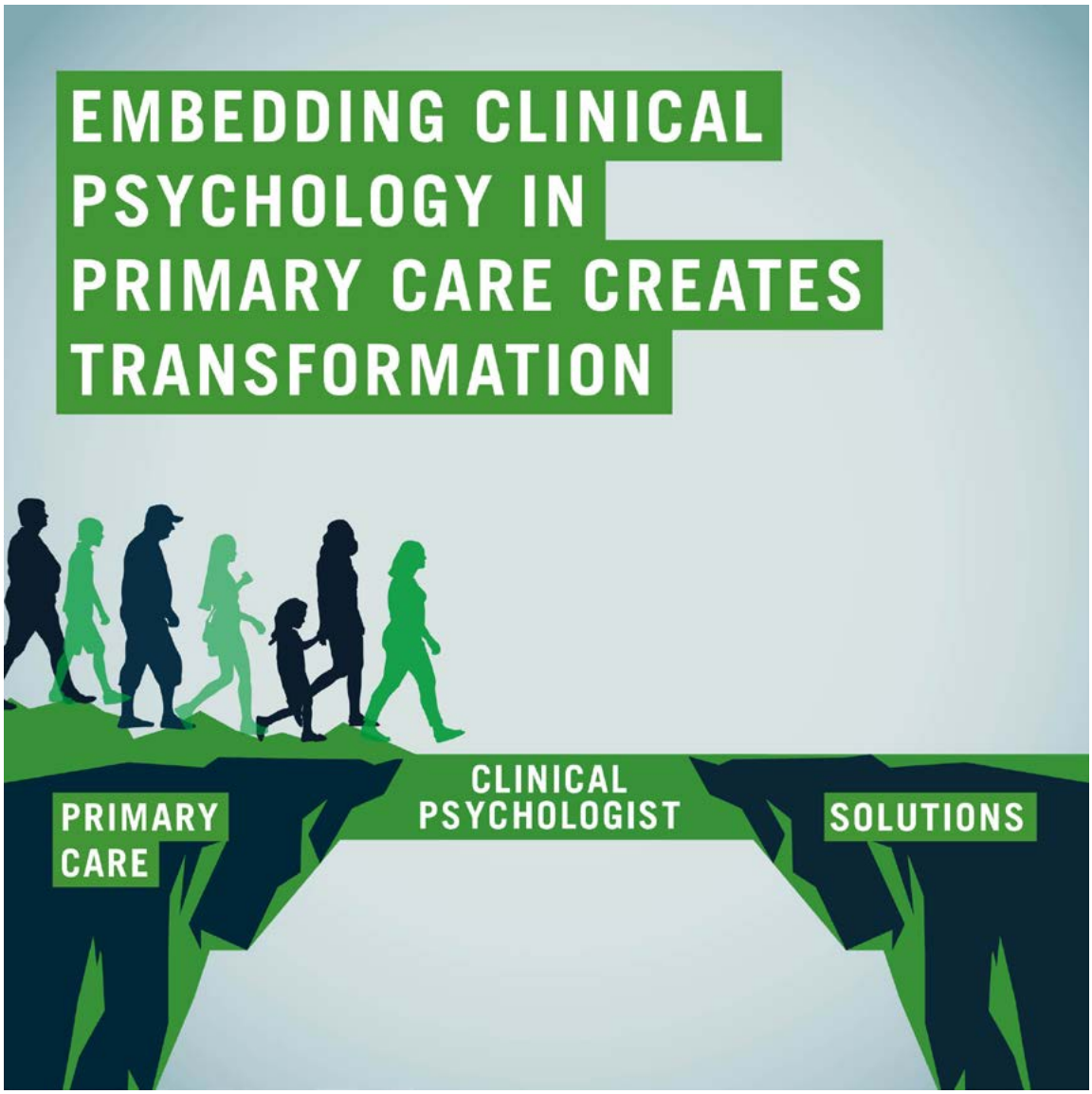
- Improve patient outcomes;
- Reduce demands on primary care, A&E and other services;
- Empower general practice clinicians to optimally manage the psychological component of presentations that are so prevalent in general practice, improving outcomes for patients, clinician wellbeing and retention.

These outcomes are achieved by providing:

- Direct care to patients with complex physical and mental health presentations in partnership with General Practice;
- Practical advice and support for management plans for GPs and extended primary care team members, many of whom have limited training in mental health presentations, to deliver optimal psychological support to patients on their caseloads.

The paper covers the evidence of the value of having clinical psychology embedded in primary care including the economic case. This is followed by the current picture nationally and a series of case studies to illustrate what has been achieved, leading to the below recommendations:

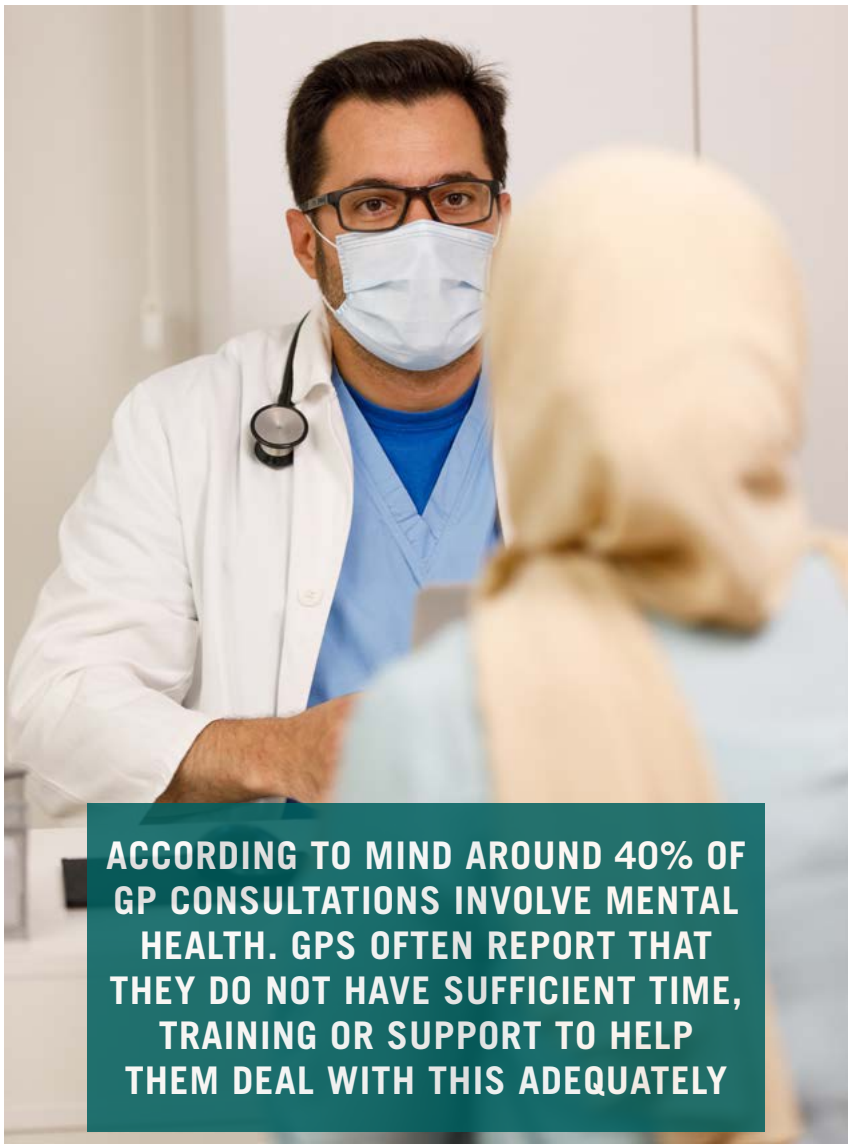
1. Clinical Psychology should be routinely embedded into primary care.
2. There should be at least one WTE clinical psychologist per practice populations of 50,000 patients (or per PCN) providing a service directly or leading a team of psychologist/therapists.
3. Integrated Care Systems should be making use of the additional funding available from 2021 to employ mental health professionals in primary care, to bring more clinical psychology expertise into GP surgeries as part of the implementation of the NHS Community Mental Health Framework, using the ARRS funding stream for this purpose.
4. **Clinical commissioning groups** and **integrated care systems** should develop plans and local recruitment strategies for extending clinical psychology provision in primary care as part of the implementation of the NHS Plan and the Scottish Government Mental Health Strategy.



Context: Landscape of current problems

Primary care is in the front-line in meeting patients' physical health and mental health needs with opportunities to act preventively and proactively. We know that these two aspects of health are inextricably linked and that addressing them together in a holistic way improves health outcomes (The King's Fund, 2016). The NHS England Long Term Plan and its equivalents in Wales, Scotland and Northern Ireland all highlight the need for a collaborative approach with increased focus on prevention, mental health and promoting physical wellbeing but there are a number of factors that make this practically impossible for many of the clinicians working in primary care. These factors include:

- The mounting workload pressure that GPs are under, leaving them working 11-hour days and the 'worst burnout crisis in over a decade' (Pulse, 2021). Even before the pandemic, pressures on primary care had been at an all-time high (Baird et al., 2016) and it is deeply concerning that in a BMA survey over a third of GPs are considering early retirement in the next year.
- The high volume of consultations that involve mental health. According to Mind, this is about 40% and GPs often report that they do not have sufficient time, training or support to help them deal with this adequately. In fact managing increasing numbers of patients with mental health problems is one of the factors contributing to high levels of stress in GPs according to RCGP Scotland.

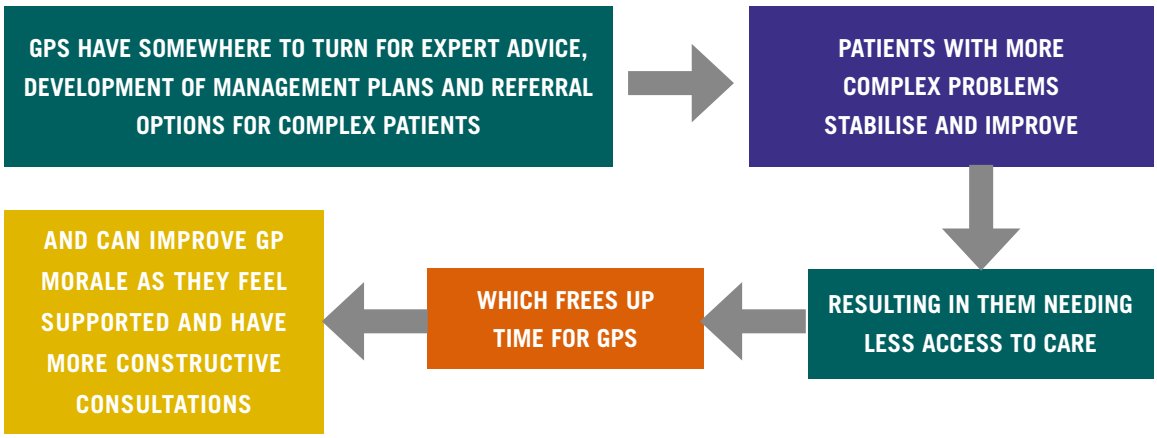


Many patients require more specialist mental health input in primary care, and this can present challenges for GPs where access to specialist input, advice and consultation is either unavailable or difficult to obtain. GPs can find themselves spending significant amounts of time identifying where to access appropriate help for these patients, chasing referrals and fielding complaints, as patients have nowhere else to express their frustrations.

It has been widely documented (e.g.Naylor et al., 2020 and Newbigging et al., 2018) that several patient groups fall through the gap in this way. These include:

- Patients whose mental health problems are complex and fall between IAPT/Primary Care and Secondary Care.
- Patients with persistent physical complaints who frequently attend primary care and also access emergency and out of hours services, but obtain little benefit.
- Patients with uncontrolled long-term physical health conditions where their care may be split between different consultants and different providers.
- Patients who are dependent on prescribed pain medication; despite the guidance that this causes more long-term harm (NICE CG 193).
- Children and young people with mental health problems. Specifically during the Pandemic, GPs have experienced a rise in young people presenting with eating/self-harm problems.
- Patients with dual diagnosis of mental health and addiction problems.
- Those people with problems connected to autism spectrum disorder.

It is more important than ever to provide support to primary care in order to help manage their workload crisis and at the same time support those patients whose psychological and mental health needs are not being met. If we want to fulfil the 'triple aim' described in the new White Paper of better health and wellbeing, better quality of health services and sustainable use of resources, we need to find new ways of providing services that are more effective, timely and integrated. Having an embedded clinical psychologist working collaboratively with GPs, primary care staff and patients, can transform the lives of patients and positively affect the workload and morale of GPs resulting in the following way:



This can be offered directly to a practice or a primary care network, to help the whole team develop its capacity to work in a more psychologically informed way.

This paper describes how this can be done with case studies to illustrate which are followed by recommendations.

Evidence of the value of having clinical psychology embedded in primary care

There is now a growing body of evidence about the value of clinical psychology embedded in primary care, using evidence-based therapies in new ways to respond to the needs of GPs and their patients. The Centre for Mental Health's report 'Clinical Psychology in Primary Care' highlights this evidence and potential benefits. It describes two different approaches to bringing psychology into GP surgeries used in Bradford, Catterick and Shropshire. The results of these are very promising, demonstrating good patient outcomes, high GP satisfaction and cost-effectiveness (see case study section below for more details).

The British Psychological Society's Division of Clinical Psychology have been working with the NHS Confederation and the Centre for Mental Health to document what clinical psychologists can offer. The three organisations developed a webinar on 'Clinical psychologists working in primary care' which draws on perspectives from a patient, a GP and psychologists.

THE POTENTIAL BENEFITS INCLUDE:

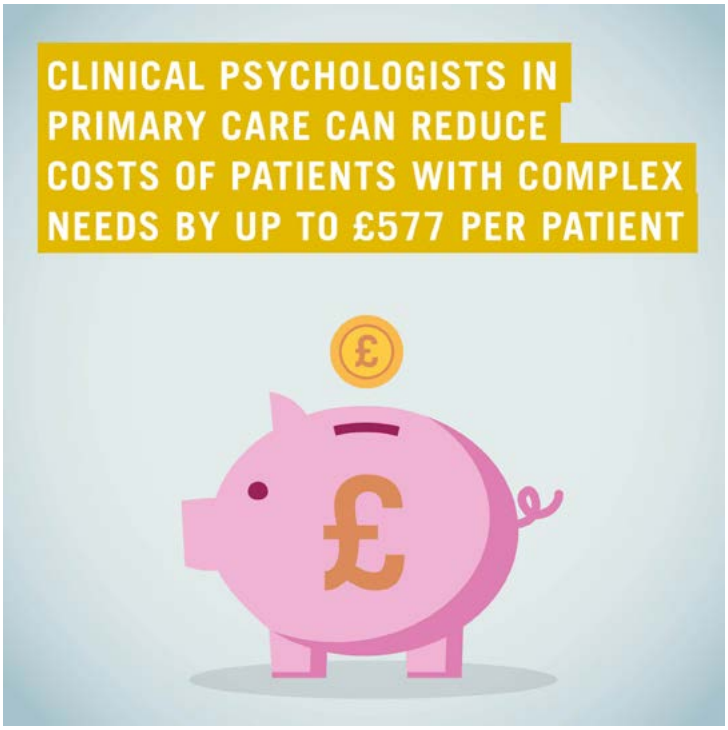
- Improved outcomes for patients through attending to physical health and mental health in an integrated way, linking past experience, life events, relationships and health;
- Easier access to a service for complex patients who fall between the gap between IAPT/primary care and secondary care;
- Access to specialist advice for GPs and primary care staff on the management of patients with more complex mental health and physical health problems;
- Better outcomes and effective management of resources for patients with persistent physical complaints;
- Provision of earlier intervention to prevent deterioration and promote emotional wellbeing;
- Supporting the whole system to improve access to appropriate specialist mental health provision leading to better engagement, with patients being less likely to 'bounce' around between services;
- Providing specialist advice and support for other staff in the practice e.g. reception staff, social prescribers, pharmacists and practice nurses, enabling them to develop their psychological skills and engage with patients who they otherwise struggle with;
- Developing a more psychologically minded approach for patients using a 'psychological formulation' to promote the understanding of their difficulties in the context of their experience and environment, and their likely response to treatment options;
- Training GPs in specific areas such as mental health, autism spectrum conditions and behaviour change, through providing specialist advice/joint consultations;
- Promotion of staff wellbeing and healthy team functioning, through supporting staff to process the emotional impact of the work, and organisational interventions or development to resolve interpersonal and system issues;
- Promoting compassionate leadership and communications, leading to a more 'psychologically safe' environment;
- Improved staff morale for GPs and the primary care team.

The economic case

There is also a growing body of evidence of an economic case for clinical psychology in primary care. The Bradford Primary Care Wellbeing Service (PCWBS) works with the costliest patients and is showing good results. Two economic evaluations have been carried out of this service. A small scale evaluation of the Bradford PCWBS (Bestall et al., 2017), in the first year of its operation, found that it reduced use of both secondary and primary care and within nine months had reduced the cost of intervention for those patients by £63,950 (i.e. a potential £85,267 over 12 months). Some costs such as out of hours contacts and prescriptions were not fully included, so it is therefore possible that the total savings may have been significantly greater. Pemberton (2018[1]) also evaluated the service and, reviewing costs for care of 65 patients, found a mean saving of £577 per patient (a saving in total of £37,496), made up of reductions in elective and non-elective admissions and use of Accident & Emergency departments.

According to the evaluation carried out by the Centre for Mental Health, (Parsonage et al., 2014) the City and Hackney Primary Care Psychotherapy Consultation Service (PCPCS) estimated that treatment by the PCPCS reduced the costs of NHS service use by £463 per patient in the 22 months following the start of treatment. Savings in primary care accounted for 34% of this total (mainly fewer GP consultations), and savings in secondary care for 66% (fewer A&E and outpatient attendances and inpatient stays). Just over a third of the overall fall in service use occurred while treatment was in progress and the remaining two-thirds in the following year. A typical course of treatment by the PCPCS lasts for 12 or 13 sessions, at an estimated average cost of £1348 per patient. The resulting financial savings are equivalent to about a third of PCPCS treatment costs.

According to the Centre for Mental Health, evidence from the GP style psychology service in Catterick indicates that such a service reduces referrals to other services significantly, while those who are referred are more likely to be accepted by receiving services. It is likely that such models will have cost as well as clinical and human benefits.



[1] Pemberton, S. (2018). *Medically Unexplained Symptoms Project: Part 1 evaluation of the effectiveness of the pilot.* London. Dr Foster –Tesla Health.

The current picture and historical provision

Clinical psychologists have in fact been providing high quality services embedded in primary care for many years. The Primary Care Clinical Psychology Service in Tower Hamlets was set up in 1981 and was one of the pioneers in the field (Donnison & Burd, 1994). Marie Johnson (1978) has also written about setting up a successful primary care clinical psychology service in Wallingford. Over the years primary care clinical psychology services have been set up in a small number of locations around the country (see *Clinical Psychology Forum,* 1994) and this publication adds more recent examples of good practice.

Given their broad doctorate level training, spanning the age range, ability and complexity spectrum, clinical psychologists are 'expert generalists' and are well suited to applying psychological expertise to the range of primary care presentations. They are trained to work directly with patients and also to provide consultation and advice for other staff, to enable them to develop their capacity to work with the psychological issues of their patients. They are also able to provide interventions to address organisational issues to promote better team functioning. (For more information about the training and skills base of clinical psychologists see footnote[2]).

For some time, clinical psychology has been a scarce resource, but things have been changing and since 2020 there has been a considerable investment to increase training places, with another 25% being trained in 2021/2022. Clinical psychologists are in a good position to reach more people by using their expertise to carry out leadership roles in teams which include other therapists and psychologists. They have a strong history of working collaboratively with other disciplines and services, such as IAPT, bespoke services such as bereavement, and secondary care service providers.

THE NATIONAL PICTURE

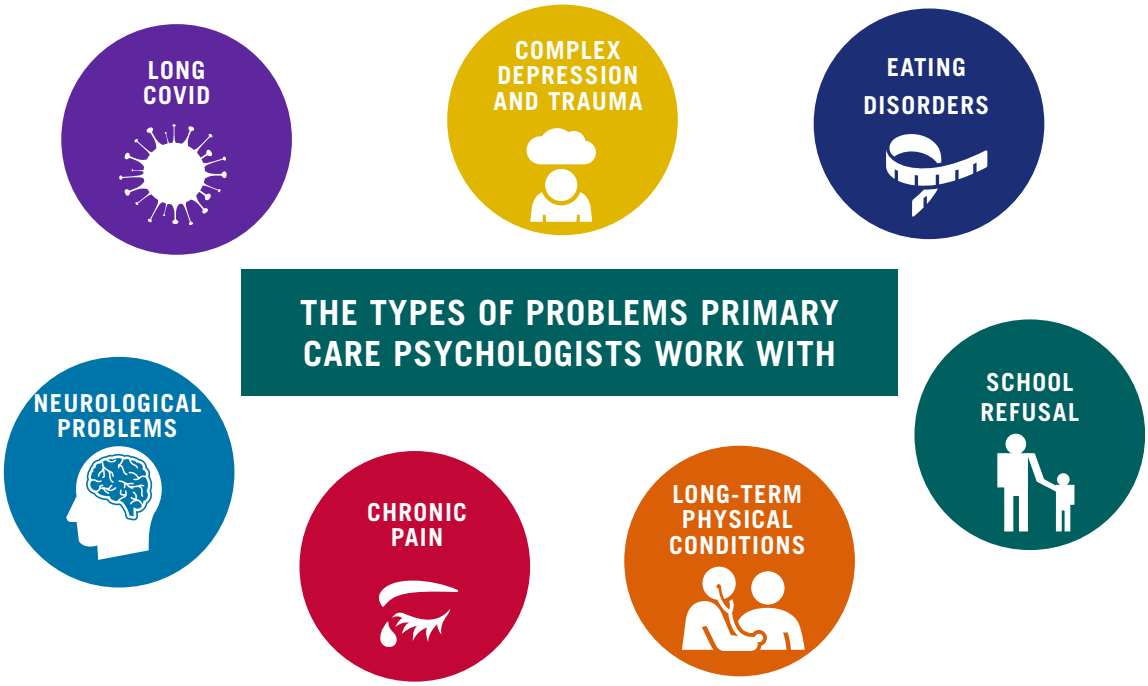
A recent national survey carried out as part of the project on Primary Care Psychology by the Division of Clinical Psychology, shows very limited provision of embedded psychology in primary care. The survey did not find evidence of provision in Northern Ireland and very limited provision in Wales. Primary care psychology services are more developed in England, but the vast majority of English general practices do not have access to this type of service. Provision is also limited in Scotland but NHS Scotland have started planning for expansion.

The survey documents the activities of embedded primary care clinical psychologists across 33 services. Some of these services have been staffed only by clinical psychologists and in others clinical psychologists have led and supervised multidisciplinary teams involving counselling psychologists, psychotherapists, counsellors and occupational therapists. Other newer team members are clinical associate psychologists in England and Scotland and psychological wellbeing practitioners in Wales, both focusing on mild to moderate mental health problems.

The vast majority of services provide direct clinical work with a variety of patient groups, predominantly adults but also with children and young people. Most provide services that fill the gap between IAPT/primary care and secondary care psychology for patients with more complex presentations.

---

[2] **The Skills Base and Training of Clinical Psychologists**
Clinical psychologists complete a three-year doctorate, following a first degree in psychology. It covers different specialist areas such as complex mental health, leadership and consultation, neuropsychology, health psychology and research and evaluation.



They also provide the following:

- Mental health promotion and prevention;
- Specialist advice, support and training for GPs, receptionists and other primary care staff such as social prescribers, as well as joint consultations with clinicians.

The vast majority are employed by Mental Health trusts or Health Boards, but some are employed by community trusts and some directly by GP practices. Most services are recurrently funded but a small proportion are on temporary contracts. A number of effective services that were funded on a temporary basis were lost.

The survey demonstrates that commissioning of clinical psychology-led primary care services is historically haphazard, arising opportunistically. Most areas have no or limited access to clinical psychology-led provision. A number of good services with evidence of high levels of impact have come to an end because they were only funded over the short term. This highlights the importance of sustainable funding for the workforce that is needed.

CURRENT OPPORTUNITIES TO DEVELOP PRIMARY CARE CLINICAL PSYCHOLOGY SERVICES

We welcome NHS E's publication of The Community Mental Health Framework (2019b) which recognises that current provision does not meet the range of need that exists and that there are significant gaps particularly for people with more complex problems. It sets out a vision for a 'whole-person' place-based approach, realigning community mental health services with primary care, with a focus on prevention of long-term conditions and more complex presentations. This framework and the new early implementer sites that are being rolled out, provide an excellent opportunity to start closing the gap for people whose problems fall between IAPT and secondary care mental health services in England. We are delighted to see that in a number of areas, clinical psychologists are providing services and leading these new primary care pilot sites. (See Surrey and Borders case study below). We think there are real opportunities to use available funding earmarked for mental health professionals in primary care, to employ clinical psychologists, so that more such services can be developed.

It is also encouraging to see that The Scottish Government Mental Health Strategy (2017–2027) has emphasised the importance of a workforce strategy for primary care that ensures the broader NHS workforce is confident in dealing with mental health problems, and that there is sufficient availability and capacity of specialist mental health staff.

Case studies

1. THE BRADFORD PRIMARY CARE WELLBEING SERVICE (PCWBS). BRADFORD, AIREDALE, WHARFEDALE AND CRAVEN

THE BRADFORD PRIMARY CARE WELLBEING SERVICE WAS SET UP AS A RESPONSE TO A GP AUDIT INDICATING THAT 20–25% OF THE GP'S ROUTINE CASELOAD WAS TAKEN UP WITH THE SAME PATIENTS, ALL OF WHOM HAD PERSISTENT PHYSICAL SYMPTOMS AND/OR UNDERLYING MENTAL HEALTH ISSUES AND/OR DOCUMENTED HISTORIES OF CHILDHOOD TRAUMA.

THE THREE KEY AREAS FOUND MOST HELPFUL WERE:

PROVIDING CLINICALLY APPROPRIATE CARE FOR THE PATIENTS WHO FREQUENTLY PRESENT WITH THE SAME SYMPTOMS

HELPING GPS HAVE MORE PRODUCTIVE CONSULTATIONS

SAVING UNNECESSARY EXPENSE TO THE PRACTICE AND WIDER NHS

After further analysing case notes, to rule out any red flags, a pilot (within four practices) was established to see if an alternative psychological formulation informed approach would lead to more appropriate care for these patients; improve their quality of life and bring about savings. This service was initially funded as a Cost Improvement Plan (CIP) by the local Clinical Commissioning Group (CCG). The function of PCWBS has been to work with patients with unexplained medical symptoms and long-term conditions and to support GPs by providing a formulation to a group of patients who individually and collectively use a considerable amount of NHS resources, usually to no benefit and indeed sometimes to their detriment. It is common for PCWBS patients to have received numerous assessments, treatments, and some to have undergone invasive and traumatic surgical procedures. The service received recurrent funding after two years and has been expanded to become district wide. A consultant clinical psychologist now leads a multidisciplinary clinical team.

The service offers:

- Team focus on holistic approach to mental and physical healthcare. Encouraging links and understanding between life events and health with a focus on improving quality of life outcomes and reducing attendance at both primary and secondary care.
- Multidisciplinary assessments including goal focused care plans (for both the patient and GP) which are informed by biopsychosocial formulation.
- Joint working and assessments with GPs and other health professionals in the patient's care journey.

- Monthly meetings with GPs, sharing formulation and management strategies for patients who are frequent attenders and for those patients seeking a medical/investigative outcome from their GP. GPs have the opportunity to discuss their concerns that, overtime, more medical consultations and interventions are worsening prognosis and reinforcing health beliefs that there 'must be something seriously wrong with me'.
- Working more widely around the patient's needs; providing support for the carers; families; addressing benefits and housing support and working with the patient in their direct community.
- Consultations for complex cases and advice for Practice staff.

The service has been externally evaluated twice (Bestall et al., 2017; Pemberton, 2018) and shown both positive clinical outcomes and significant savings (see section above on the economic case).

What service users said about their experience working with the Primary Care Wellbeing Service:

'Working with the PCWBS has made such an enormous difference to my quality of life. I have a chronic health condition (severe Crohn's Disease & Intestinal Failure) which prior to my involvement with the service meant I was in hospital more than I was at home. My inpatient admissions have significantly reduced which in turn lets me feel like a "person" again and not just a very poorly patient.'

'When I first started working with the Consultant Clinical Psychologist, I was experiencing PTSD, anxiety and depression following numerous extremely traumatic experiences following major surgeries (8 to date). An example of this would be having to abandon my trolley at the checkout of the supermarket as the bleeping noises "triggered me" back to HDU. Other sounds and certain smells did the same thing. I was an empty shell of myself and living in a constant state of deep fear. The PCWBS has been my first and only experience of being treated holistically, the first time I felt "seen" as a whole person and not just the disease I have. The difference the service has made to my life is immeasurable and it is not an exaggeration to say that without it I most likely wouldn't still be here. Long may it continue doing the ground breaking and outstanding work that it does.'

The Views of a Lead GP Working with the Service:

'As a GP in Keighley, West Yorkshire my experience of working with a clinical psychologist has been extremely positive. The practice I work in has a high level of social deprivation and recent analysis of our data identified 6% of our overall PCN resources had been given to 234 patients (we cover 96,000 patients in total). This phenomenon is not unique to our area, and helping us meet the needs of this complex group of patients has been where the clinical psychology role has been of most value.

'The three key areas I think we found most helpful were:

1. PROVIDING CLINICALLY APPROPRIATE CARE FOR THE PATIENTS WHO FREQUENTLY PRESENT WITH THE SAME SYMPTOMS

Many of these patients present in crisis. They can present to the GP, out of hours and A&E with the same symptoms, seeking instant relief from their distress. Repeated presentations (often requiring a lot of reception and admin time as well) in a time-pressured environment, frequently with a family member or friend attending with the patient desperately feeling that "something must be done" can lead to an emotionally charged consultation and pressure to prescribe or investigate. A clinical psychologist is able to delve deeper into what is driving the patient's needs

and demands and develop a formulation. This helps both the patient understand their physical symptoms better, attend to their feelings and emotions associated with those physical symptoms and also gives a clear guide to the medical team on how to respond and assist the patient through the process – without offering unnecessary tests, investigations or referrals.

2. HELPING GPS HAVE MORE PRODUCTIVE CONSULTATIONS

Understanding their physical symptoms better and learning to manage them differently, was far more helpful to patients and resulted in reduced presentations to General Practice (and out of hours & A&E) saving time for GPs and the wider practice team. I would also add here that fewer unproductive consultations not only saves time for the medical team it also helps to preserve the emotional reserves and sense of wellbeing for both staff and patients. At the present time preserving the emotional reserves of NHS staff takes on a whole new level of importance.

3. SAVING UNNECESSARY EXPENSE TO THE PRACTICE AND WIDER NHS

Lastly by remaining focused on what is clinically appropriate, money is saved on unnecessary and often expensive investigations, procedures, treatment and attendances at A&E. I would add here that not only is money saved but the avoidance of potential harm (radiation, drugs, surgical procedures) contributes to increased patient safety and assists us as medical professionals in our goal of providing the best care possible.'

2. THE CATTERICK AND SHROPSHIRE GENERAL PRACTICE PSYCHOLOGY SERVICE PILOT

Psychologists in Catterick and Shropshire pioneered a General Practice Psychology Service with a clinical psychologist seeing patients in rapid succession in surgery, with no waiting lists. Both services were evaluated by the Centre for Mental Health and demonstrated high patient and GP satisfaction with reduction in referrals overall, while those who were referred were more likely to be accepted.

Practice staff from the Shropshire pilot described feeling a decrease in 'emotional burden' as they often felt unsure how to help patients who were experiencing stress, distress, and mental health difficulties. Having a clinical psychologist on site was also cited as being of value as staff could consult with the clinical psychologist about patients who they were struggling to help.

In the Catterick pilot a consultant clinical psychologist offered brief (15 minute) appointments that could be booked by anyone registered in the practice as either single or double appointments. The service had no exclusion criteria, was available to all ages and the psychologist saw people with relationship, substance misuse, mood, anxiety, psychological trauma, and parenting problems, as well as people on the autistic spectrum and with marked mental health problems.

Assessment, formulation and brief psychological interventions were offered. 35% were seen once only and of the 65% who had more than one appointment, the average number attended was 3.6 and 90% had five appointments or less. Individuals were referred to secondary care or appropriate other services as necessary, with 33% requiring this. All referrals on to other services were accepted first time with the exception of one; the remaining 67% of individuals had their mental health needs contained within primary care.

GPs and primary care staff highly valued the pilot and benefitted not only from having a readily accessible psychological and mental health service but also from rapid access to consultation with the clinical psychologist for their own cases. Comparison of pre- and post- pilot data saw that referrals to the secondary care Trust decreased by 21% in year one and 27% at the end of the two

year pilot. Direct cost per contact was 36% cheaper than comparative costs for psychology within secondary care, with the psychologist 230% more productive when looking at contacts per annum.

Service users and their families were positive about the service, reporting that their needs were met in primary care or were signposted/referred to the correct service, they knew what to expect when they accessed this service and felt 'psychologically ready'.

3. THE CITY AND HACKNEY PRIMARY CARE PSYCHOTHERAPY CONSULTATION SERVICE (PCPCS)

This service provided by the Tavistock and Portman NHS Trust, was set up and led by a clinical psychologist. It consists of a multidisciplinary team including clinical and counselling psychology, psychiatry, nursing and social work. The team was designed to support GPs to meet the needs of patients who fall through gaps in existing service provision and may be difficult to manage in primary care because of the complexity of their conditions. Also, these patients often had persistent physical complaints and were frequent users of health services, not only in the primary care setting but also in secondary care, including regular attendances at emergency and outpatient departments.

The service offers:

- Individual and group therapy with very few limits on referral criteria;
- Case discussion groups to support GPs in their management and treatment of patients with complex needs, as well as providing advice for individual members of the primary care team when needed;
- Joint consultations with GP and patient.

An evaluation by the Centre for Mental Health 2014 showed that this service improves health outcomes and leads to a reduction in health service use in both primary and secondary care settings, with cost savings from reduced use of NHS services. The service also achieves very high satisfaction ratings among local GPs. GPs reported improved capacity to manage patients with complex needs and reduced workload. 75% of all patients showed improvements in their mental health, wellbeing and functioning as a result of treatment.

4. THE TOWER HAMLETS UNDER 5'S PRIMARY CARE PSYCHOLOGY SERVICE, RUN BY COMPASS WELLBEING CIC

This service was led by clinical psychologists and provided:

- Direct individual clinical interventions for mothers and fathers and their infants in primary care;
- Couples services for new parents struggling with their relationship;
- Psycho-educational group programme for new parents and their babies;
- Advice and support for IAPT staff;
- Training and specialist advice for GPs, health visitors, midwives and Children's Centre staff about the management of parents of under 5's struggling with mental health issues.

The service had impressive clinical outcomes and very positive feedback from GPs and Health Visitors who reported that it made a significant difference to their ability to manage perinatal mental health. It won the Analeaf national perinatal mental health award (2017) for an exceptional infant mental health service provider.

What the GP, Clinical Lead Child Health, said about this service:

'Tower Hamlets has a young, diverse, deprived and sometimes challenging population. As a GP and a commissioner, I realise how important it is to give our child population the best start in life and a very significant contribution to this comes through supporting the mental health of children and families. In my experience Compass achieves this by providing a sensitive and bespoke service that is accessible in the community, often working with and supporting families who have multiple social, psychological and physical problems. To do this well the service also has to engage with other professionals who provide care for families. Compass has a history of this and in particular has supported and supervised Health Visitors caring for women with post-natal depression as well as providing close liaison with GPs.'

5. SURREY AND BORDERS NHS FOUNDATION TRUST, 'EARLY IMPLEMENTER SITE' FOR THE COMMUNITY MENTAL HEALTH TRANSFORMATION PROGRAMME

This initiative focuses on adults with significant mental health issues who fall in the gap between IAPT and adult secondary care. It builds on the GP integrated mental health service (GPimhs) in Surrey Heartlands ICS, and the Mental Health Integrated Community Service (MHICS) in Frimley ICS. The make-up of the teams was co-produced with stakeholders across the system, and the whole service is led by a consultant clinical psychologist. GPs recognise the value of having psychologists within primary care providing for consultation and advice, as well as working directly with patients with complex case presentations, which often involve trauma and co-morbid mental and physical health issues.

The Clinical Leads are psychologists, covering 15 Primary Care Network (PCN) teams in total. Each team is multidisciplinary including: Psychiatric Nurses, OTs, Link Workers, Psychiatry and Pharmacy, working closely with GP Clinical Directors. In a leadership role, psychologists are well placed to support teams in new ways of working that move away from traditional models of care towards increasing patients' understanding of the difficulties they are experiencing, with an emphasis on strengths-based approaches, positive risk management and addressing the underlying social determinants of mental health difficulties. The team offers between 1–4 sessions for each patient for brief interventions (e.g. motivational interviewing and psychoeducation among others), with additional sessions when needed. Patients are able to re-refer themselves, so that the service can function as a safety-net in the community.

Since October 2019 the service has received over 7000 requests for service (RFS) for patients, with excellent engagement from across the various system partners (each individual team receiving between 30–60 new RFS per month) . Patient satisfaction is routinely recorded through an independent online survey, with questions relating to 'Treat Me Kindly', 'Listen and Explain', 'See me promptly', 'Well Organised', with key themes of valuing being heard, experiences being validated, being provided with a better understanding of their experiences, and provision of a bridge towards services and community resources that can help their needs to be met. Surveys from 68 GPs who have used the service rated it as excellent for their user satisfaction and experience, valuing the communication and 'no wrong door' approach that being based in Primary Care Networks can provide. Initial reports are demonstrating the positive impacts on reducing referrals to adult secondary care. This will be explored by an independent evaluation of the programme which will also look to identifying impacts on other aspects of the system (i.e. GP appointments, IAPT engagement, A&E attendance).

The GPimhs and MHICS services have benefited from strong system leadership that is committed to the transformation programme, which has meant that by 2024 every PCN in Surrey Heartlands will have access to an integrated primary care mental health team.

Conclusions and recommendations

The significant gaps in mental health and psychological service provision that were present before the pandemic and the increased needs in the population since it started, has had a negative impact on the lives of many people who seek help in primary care. This has worsened the existing pressures on GP practices leading to lower staff morale and higher 'burnout' rates as it gets harder to help their patients effectively.

This paper has provided innovative examples of high quality services where clinical psychologists embedded in primary care have worked in partnership with GPs and primary care making a difference to outcomes for patients and to the working lives and morale of GP practices. Case studies have been provided that demonstrate their effectiveness and value for money, measurably changing practices and the lives of patients for the better.

Given the mounting pressures in primary care, and given the evidence that clinical psychology can make a positive difference with new solutions that are urgently needed, the question now is **how can GP practices afford to be without embedded primary care clinical psychology led services**?

The detailed research and consultation process that informed this paper point to five clear conclusions for Clinical Commissioners and Integrated Care Systems:

1. Clinical psychology should be routinely embedded into primary care.
2. There should be at least one WTE clinical psychologist per practice populations of 50,000 patients (or per PCN) providing a service directly or leading a team of psychologist/ therapists.
3. Integrated Care Systems should be making use of the additional funding available from 2021 to employ mental health professionals in primary care, to bring more clinical psychology expertise into GP surgeries as part of the implementation of the NHS Community Mental Health Framework, using the ARRS funding stream for this purpose.
4. **Clinical commissioning groups** and **integrated care systems** should develop plans and local recruitment strategies for extending clinical psychology provision in primary care as part of the implementation of the NHS Plan and the Scottish Government Mental Health Strategy

Acknowledgements

With thanks to:

The Centre for Mental Health who carried out the original work on the evaluation of Clinical Psychology in Primary Care, which this report has been able to draw on.

The Bradford Primary Care Wellbeing Service (PCWBS). Bradford, Airedale, Wharfedale and Craven.

The Catterick and Shropshire General Practice Psychology Service Pilot.

The City and Hackney Primary Care Psychotherapy Consultation Service (PCPCS).

The Tower Hamlets Under 5's Primary Care Psychology Service, run by Compass Wellbeing CIC.

Surrey and Borders NHS Foundation Trust, 'Early Implementer Site' for the Community Mental Health Transformation Programme.

The NHS Confederation for their support with this publication.

the british
psychological society
promoting excellence in psychology

St Andrews House
48 Princess Road East
Leicester LE1 7DR, UK

☎ 0116 254 9568 www.bps.org.uk info@bps.org.uk

Incorporated by Royal Charter Registered Charity No 229642 | REP165/02.2022