



**Briefing Paper on
#123GP Proposals
to Improve Access to
In-House Counselling in GP practices**

***'It's Good to Talk –I just wish it was much easier
to access counselling'***

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“First step of asking for help is often hardest – I am more comfortable with my GP surgery rather than having to go to a new place which can increase anxiety”

#123GP survey respondent

“This is a very valuable service that helps GPs to provide better services locally. It not only reduces referrals to secondary care but also improves patient outcomes”

Dr. David Johnston FRCGP

“The Local Enhanced Service for counselling is a fantastic service because it is located within GP surgeries but still provides anonymity for our clients. Lots of clients would never have thought about counselling as an option if it wasn’t offered by their GP but also based within the GP practice. This is a vital service which should be expanded as a model of best practice”

Mr. Bobby Carlin, Counsellor and Counselling Services Manager

“Just knowing that your GP practice provides a qualified, experienced and appropriately paid counsellor has a cathartic effect in itself, that someone is there if and when needed, instead of having to join the never-ending waiting list for ‘experts”

Oliva, mid-Ulster, #123GP Activist

“The awful reality is that some people will be dead before they get the counselling help they need”

Christine Rocks, Magherafelt, #123GP Activist

Introduction

This briefing paper has been prepared by the **#123GP campaign** for the Assembly's **All-Party Group on Mental Health**.

The **#123GP campaign** is made up of people with direct experience of seeking mental health support, their families and carers, and those who have lost loved ones to suicide.

They are campaigning for changes within and beyond mental health services, to ensure that anyone who is experiencing emotional distress, pain or trauma can access timely and appropriate support and help.

They are also calling for a new script for mental health to be written, one that focuses on fixing the policies and systems that cause distress and trauma, not on the people who are subjected to them.

This paper draws on a three-year campaign led by #123GP campaigners, for timely access to talking therapies for everyone who needs it.

It provides information and analysis in relation to accessing talking therapy, focusing specifically on access to counselling in GP practices, one of the two main referral routes available at primary care level.

It outlines the substantial and sustained campaigning undertaken in recent years to have these issues addressed and the response from governmental bodies and agencies.

Finally, it proposes realistic solutions in the context of the development of a 10-year mental health strategy, including some that have emerged in response to the Covid-19 pandemic.

Summary of Key Points

1. GP practices are the first port of call for people experiencing emotional distress or trauma, with an estimated 40% of all routine appointments related to mental health.
2. GP leaders estimate a significant increase in this demand as a result of the Covid-19 pandemic.
3. It is vital that GPs are equipped with the necessary expertise to provide timely support to people who seek help with their mental health.
4. For many people, counselling can offer an effective, low cost form of treatment that can help address pain and distress before these become acute.
5. Counselling helps reduce referrals to secondary mental health care and improves patient outcomes.
6. Counselling also prevents the medicalisation of emotional distress, a key consideration in a post-conflict society with record rates of prescribing for antidepressants.
7. In 2019 alone, there was a 5.2% increase in the rate of prescribing of antidepressants, with a total of 3.4 million prescriptions issued. Worryingly, this issue is not addressed in the draft mental health strategy.
8. GPs and patients alike have indicated that they wish to have the option of counselling as an alternative to, or in addition to medication.
9. GP practices have two referral options for patients requiring counselling – Primary Care Talking Therapy Hubs or the NI Local Enhanced Service in-house counselling.
10. The #123GP campaign has created an interactive map that shows clearly that a post-code lottery is in operation in respect of the NILES GP practice-based counselling.
11. Overall, 69% of GP practices offer this service. However, the rate of provision varies significantly between Trusts, from 89% of all practices in the Northern Trust to only 51% of practices in the Southern Trust.
12. Disparities between Assembly constituencies are even more marked. In East Antrim 100% of GP practices have an in-house counsellor; in sharp contrast to only 40% of practices in West Tyrone.
13. Other barriers to access include waiting times, lack of a waiting time target, a cap of six sessions and inadequate funding.

14. Primary Care Talking Therapy Hubs, established in 2015 in all five Trusts by the Health and Social Care Board, were intended as an alternative to NILES GP practice-counselling.
15. Despite this the Department of Health acknowledges that services are unavailable in significant parts of the population.
16. Barriers to access identified by the #123GP campaign include lack of geographical coverage, no target waiting time, a cap of six sessions, poor budgetary planning and limited evaluation.
17. The #123GP campaign welcomes the commitment in the draft Mental Health strategy to additional investment for talking therapies in order to increase availability and accessibility at local level.
18. However, it fails to include any reference to the NILES GP practice-based counselling, with no explanation provided for this omission. This should be addressed with all urgency.
19. The draft strategy proposes to transfer ownership of the Primary Care Talking Therapy Hubs into primary care, integrated more closely with the Multi-Disciplinary Teams in GP practices.
20. However, without enforceable targets around key indicators, including ease of access, waiting times, number of sessions, quality of service, resourcing plan and workforce planning – the efficacy of any new proposals cannot be either assured or measured.
21. The #123GP campaign for improved access to talking therapies has secured widespread support, including from all of the main political parties.
22. Regrettably the modest proposals put forward by campaigners, based on their own experience and research, seem to have fallen on deaf ears, particularly within the HSCB and the Department of Health.

Extensive efforts made by campaigners have included the publication of two research reports, a public petition and an open letter calling for action as well as meetings and written correspondence with the HSCB.

On each occasion, the response received has failed to deal with the specific issues and proposals raised. Instead, health officials have focused on broader policy developments which do not address the barriers to accessing counselling.

23. The #123GP campaign is calling for the following commitments to be included in the Mental Health Strategy

- (i) Ensure that **all** GP practices are adequately resourced to provide timely access to counselling for everyone who needs it.
- (ii) Ensure that **nobody waits longer than 28 days for a routine appointment** and no longer than 2 days for an urgent one.
- (ii) **Provide people with options for accessing counselling** – in their local GP practice or through the Talking Therapy Hubs run by the Trusts.

24. The expansion of communication channels for the provision to talking therapies in response to the pandemic, to include remote or digital platforms, should not replace face-to-face provision but should be used to augment existing provision.

1. GPs as the first port of call for mental health problems

A person's GP is usually the first port of call for someone when they are experiencing emotional distress or the impact of trauma. Pre-Covid-19, an estimated 40% of patient appointments with their GP were routinely related to mental health. GP leaders have reported a significant increase in the numbers of people contacting their GP practice to seek mental health support. Many people are struggling to deal with a wide range of issues arising from Covid-19, including illness, bereavement, job losses, financial pressure, isolation and disruption to normal routines and social contact.

This is at a time when GPs have been on the front line in the fight against Covid-19 and its effects and have been stretched to the limit as they continue to provide care for their patients while now being key to the Covid vaccination programme.

It is vitally important therefore for patients and GP alike that GPs are equipped with the necessary expertise to provide support to everyone who seeks help with their mental health.

2. Benefits of Counselling

For patients with depression or anxiety, the UK's National Institute for Health and Care Excellence (NICE) recommends a stepped-care model of psychological therapies as first choice interventions, with primary care being a key point of access and a setting for face-to-face therapies¹.

2.1 Preventative Intervention

Counselling is one type of face-to-face psychological therapy. For many people it can offer an effective, low cost form of treatment that can help address pain and distress before these become acute, thereby ensuring that fewer people end up needing crisis care services.

¹ <https://www.bacp.co.uk/about-therapy/what-therapy-can-help-with/>

2.2 Better patient outcomes

It is an essential part of mental health treatment and management for GPs. GP care is often perceived by people in need as more accessible and less stigmatising. GP care is also seen as more comprehensive and holistic than secondary care, as it manages both physical and mental health symptoms. As noted by Ballymena based GP, Dr. David Johnston *'It not only reduces referrals to secondary care but also improves patient outcomes'*.²

People report that they want to be offered counselling as a first option, or in conjunction with medication, rather than the GP always having to reach for the prescription pad³. GPs also want to have this option available for their patients.⁴

2.3 Prevents the medicalisation of distress and trauma

Importantly the option of counselling also prevents the medicalisation of emotional distress, something that is critically important in a post-conflict society that has one of the world's highest prescription rates for anti-depressants.⁵

Analysis of Prescription Cost Analysis data underscores the ever-increasing issue in relation to the over prescription of anti-depressants. 2019 saw a 5.2% increase in antidepressant prescribing rates from the previous year, with a staggering total of 3.4 million prescriptions issued, at a total cost of £11.4million.⁶ It is a matter of some concern that the draft mental health strategy fails entirely to address this issue.

²Interview recorded with Dr. David Johnston by #123 and Ulster University students in Aughohill GP Practice on 4 December 2018

³ https://issuu.com/ppr-org/docs/beyond_the_spin_of_the_wheel_may_20/4

⁴ <https://www.theguardian.com/healthcare-network/views-from-the-nhs-frontline/2016/may/16/gps-cant-help-mental-health-depression-patients-10-minutes-cruel>

⁵ <https://www.thedetail.tv/articles/new-data-shows-northern-ireland-is-a-world-leader-in-prescription-drug-use>

⁶ https://www.nlb.ie/investigations/FOI/2021-02-prescriptions_for_antidepressants_soar_while_people_are_unable_to_access_counselling

3. GP referral options for counselling provision

GP practices across Northern Ireland currently have two referral options for patients requiring counselling, either to Primary Care Talking Therapy Well-being Hubs⁷ run by the 5 Health Trusts, or to an in-house counselling service commissioned by the Health and Social Care Board (HSCB) as an element of the Local Enhanced Service (NILES) element of the GP contract⁸.

Prior to the Covid-19 pandemic, timely access to quality counselling was known to be a huge issue. People regularly waited months for an initial appointment and were routinely only offered 6 sessions. Waiting times varied greatly between Health and Social Care Trusts, with a post-code lottery in operation.

The following section of this paper provides information and analysis in respect of geographical coverage, waiting times and funding for both NILES counselling and Primary Care Talking Therapy Hubs.

⁷ An analysis of how the Mental Health Hubs are operating is presented in the #123GP report 'Counselling – A Vital Tool. Equipping GPs with Mental Health Expertise' published by PPR. January 2019.

⁸ While the focus of this briefing paper is on access to counselling through GP practices, there are in fact many organisations in NI that provide access to counselling for a range of mental health issues, including crisis counselling and that many of these organisations provide their service free of charge.

4. NILES GP Practice Based Counselling

Using a combination of official data obtained from the BSO⁹ and data provided by the HSCB to PPR under Freedom of Information legislation¹⁰ #123GP campaign and PPR have mapped out the provision of GP practice-based counselling by both Health Trusts and Assembly constituencies.

4.1 Postcode lottery in operation

An interactive map has been created that allows users to locate their own GP practice and check whether in-house counselling is provided. This map shows very clearly that a postcode lottery is in operation in relation to access to GP practice-based counselling.

As of September 2020, 69% of all GP practices had an in-house counsellor. However, across individual Trusts this percentage ranges from a low of 51% of GP practices in the Southern Trust to 89% of all GP practices in the Northern Trust, with the performance of the three other Trusts sitting somewhere in between.

Even more stark are the differential rates of provision across Assembly constituencies. Along the north coast the majority, if not all GP practices, provide in-house counselling. In East Antrim 100% of GP practices provide it, in both North and South Antrim 92% of practices offer it. In sharp contrast, only 40% of practices in West Tyrone, 45% in South Down and 50% in West Belfast provide in-house counselling.

4.2 Other barriers to access

For those GP practices that do offer in-house counselling, a range of issues have been identified that impact on people's ability to avail of it. These include variable waiting times, no waiting time target or monitoring, an effective cap on the number of sessions offered and inadequate funding¹¹.

⁹ HSC Business Services Organisation NI GP Practice list, accessed online on 4 September 2020

¹⁰ Freedom of Information response Ref FOI 1136 20 received by PPR from HSCB dated 13 October 2020. Information requested as follows "A list of individual GP practices that have been allocated funding for the provision of LES practice-based counselling at the end of August 2020".

¹¹ Op cited at note 3

4.3 Lack of funding

HSCB spending on GP practice-based counselling provision has been increasing year on year over the past few years, from £1,665,235 in 2017/18 to £2,014,977.50 in 2019/20, representing a total increase of £349,742. This is obviously positive and welcome.

However, year on year there has been an overspend on this service. The HSCB allocates significant additional in-year funding to this service, with additional allocation in 2019/20 amounting to 12% of the total allocation.¹² This raises the question as to how the original budget allocation process was conducted. GPs and Counsellors have reported to us that GP practices can wait months to be told of their budget allocation, leaving it difficult for them to plan their service provision. Practices are paid £85 per session,¹³ a rate of remuneration that hasn't been increased in ten years.

We also know that GP practices can be contacted mid-year, often with very little prior notice and in an ad-hoc manner to be offered additional funding, which they must then spend within tight time frames. None of this suggests a robust, well managed budgetary planning process or commitment to ongoing, uninterrupted provision of this vital service to patients.

4.4. Lack of oversight

There is no waiting time target in place for GP practice-based counselling. The HSCB does not gather data on waiting times. The inequality of access issue has continued for many years. Following sustained campaigning by #123GP campaigners the HSCB commenced an internal review of this service. #123GP submitted a paper to the HSCB and offered to meet with those conducting the review. However, in December 2020 the HSCB informed PPR that this review had been paused due to resource pressures arising from Covid-19. The HSCB indicated that they planned to resume their review once those pressures subsided, anticipated to be in the new financial year.

¹² See Appendix A for detailed data on budgets and expenditure

¹³ A session as defined by the HSCB constitutes 3 hours works which normally equates to 3 clients.

5. Primary Care Talking Therapy Hubs

Primary Care Talking Therapies were established in 2015 by the HSCB through its Local Commissioning Groups in the five Health Trusts. Their stated aim is to co-ordinate emotional well-being and mental health care by providing an all-inclusive approach from a variety of partners offering a wide range of services, including counselling, CBT and group therapy.

The HSCB has stated that they commissioned the Primary Care Talking Therapies Hub as an alternative to NILES GP practice-based counselling '*in areas where there is a lower uptake (by GP practices) of the service*'.¹⁴

While this may certainly have been the intention, there is little evidence to show that this has happened in practice. The draft Mental Health strategy notes that '*services (are) unavailable in significant parts of the population*'.¹⁵

Additionally, in response to a major investigation in 2014 by The Detail into prescribing rates for antidepressants, the HSCB indicated that the establishment of the Primary Care Talking Therapy Hubs would reduce the reliance on pharmacological interventions. As detailed already, this has not been the case, with year on year increases in rates of prescribing of antidepressants.

5.1 Barriers to timely access

An analysis of Freedom of Information data obtained by PPR from all five Health Trusts¹⁶ has identifies the following issues in respect of their operation:

No target waiting time exists and waiting times vary greatly across Trusts and providers, ranging from 2 weeks to three months.

People are **only offered a standard 6 sessions**, with only one Trust, the Western, indicating that additional sessions can be offered if required. The number of sessions required should

¹⁴ Information provided by HSCB in written correspondence to PPR in September 2018.

¹⁵ Department of Health (2021) Mental Health Strategy 2021-2031 Consultation Draft. Paragraph 48

¹⁶ See Appendix B for details of information contained in the FOI Responses from the five Health Trusts. Electronic copies of original FOI responses can be provided on request.

be determined by the counsellor and the individual as part of the contract they negotiate, rather than being imposed externally.

As acknowledged in the draft mental health strategy, significant parts of the population are unable to access this service due to **lack of geographical coverage**. #123GP research has identified specific problems in parts of both the Northern and the South Eastern Trusts for example.

Despite waiting lists, in 2019-20 in four of the five Health Trusts there was an **underspend of the allocated budget**.¹⁷ Amounts ranged from £6,608 in the South Eastern Trust to £132,281 in the Western Trust. Only one Trust, the Northern Trust, had an overspend, of £20,665.

Financial allocations for 2020-21 for all Trusts were either the **same as the previous year or were less**, despite the expected increase in need for mental health support due to the pandemic.

There appears to be **limited evaluation** of this service. Only one Trust, the South Eastern, was able to provide a yearly evaluation report on request, while the Western Trust indicated that one was being compiled in October 2020 but has not yet been received.

¹⁷ https://www.nlb.ie/investigations/FOI/2020-12-health_trusts_hand_back_money_for_counselling_while_people_languish_on_waiting_lists

6. Draft Mental Health Strategy Proposals on Talking Therapies

The commitment in the draft strategy to significant improvements in primary care mental health services is welcome, as is the commitment to additional investment to increase availability and accessibility of talking therapies at local level.

The shift in approach articulated by the Minister for Health, to ensure that *'the system focuses on people and their needs, rather than expecting individuals to conform to a rigid system'*¹⁸ is also welcome.

The specific proposals in relation to these broader commitments are examined below.

6.1 NILES GP Practice Based Counselling

The draft mental health strategy fails to include any reference to NILES counselling provision, with no explanation provided for this omission. As referenced above, the internal review of this service has been paused until the new financial year.

6.2 Primary Care Talking Therapy Hubs

In relation to Talking Therapy Hubs, and as referenced earlier, the draft strategy acknowledges that the availability of talking therapy hubs varies across Northern Ireland and notes that *'services (are) unavailable in significant parts of the population'*.¹⁹

Proposals are set out to transfer the ownership of Talking Therapy Hubs into primary care, with further integration with the Multi-Disciplinary Teams and the community and voluntary sector, with the aim of ensuring greater and easier access to talking therapies. The draft strategy also identifies the need for sustainable resourcing to ensure full geographical coverage.

While the aim behind these proposals is to be welcomed in principle, without enforceable targets around key indicators, including ease of access, waiting times, number of sessions,

¹⁸ Op cited at Note 15. Ministerial Foreword page 2

¹⁹ Ibid, paragraph 48

quality of service, resourcing plan and workforce planning – the efficacy of any new proposals cannot be either assured or measured.

7. Support for #123GP proposals and response from governmental and statutory agencies

Over the past few years, campaigners in the #123GP campaign have led a well-evidenced and sustained campaign for improvement in access to talking therapies.

They have built widespread support for their campaign and proposals, within local communities, with mental health charities, counselling organisations and accreditation bodies and with the body politic. All the main political parties have endorsed the #123GP campaign and its proposals.²⁰

In that time campaigners have undertaken and published participatory research, conducted data and policy analysis, built the campaign profile through direct actions and engaged with those in authority, including Trusts, the HSCB and the Department of Health.

The response they have received from those with the power to implement change can be characterised as indifference at best and institutional arrogance at worst. Informed by their own difficult and traumatic experiences, campaigners have, at considerable personal cost, brought their evidence and proposals to the various health bodies and agencies. Regrettably they were left feeling that their voices were largely ignored and that the issue of access to counselling was most definitely not a priority for the HSCB.

²⁰ The DUP, Sinn Féin, Alliance, SDLP, Ulster Unionist Party, People Before Profit, Green Party and the Workers Party all attended the launch of a #123GP research report in the Long Gallery Parliament Buildings in January 2019 and committed their support to the campaign.

8. Proposals for inclusion in the 10-year Mental Health Strategy

It is vital that this strategy includes firm commitments which, when implemented, will ensure timely access to talking therapies for all who require it.

The failure to address NILES GP practice-based counselling in the strategy must be rectified. More detail needs to be provided in relation to proposals around Primary Care Talking Therapy Hubs.

The #123GP campaign is calling for the following specific commitments to be included in the Mental Health strategy:

1. Ensure that **all** GP practices are adequately resourced to provide timely access to counselling for everyone who needs it.
2. Ensure that **nobody waits longer than 28 days for a routine appointment** and no longer than 2 days for an urgent one.
3. **Provide people with options for accessing counselling** – in their local GP practice or through the Talking Therapy Hubs run by the Trusts.

A set of regional performance indicators should be developed, to include awareness of the service and access points, waiting times, number of sessions offered and self-reported outcomes.

Expanding access via digital channels

At the onset of the pandemic, practically all face to face talking therapy provision was suspended and appointments were offered via remote or digital forms of communication. While recognising that these communication channels are not suitable or even available for everyone²¹, one positive outcome is the widening of options available. Digital channels

²¹ <https://www.nlb.ie/campaigns/digital-rights>

should in no way replace face-to-face provision, but instead should be used to augment existing provision.

In the past, the HSCB has cited the lack of physical space as a reason why some GP practices did not provide in-house counselling. The option of providing this service via digital platforms could also be considered as a more immediate solution for practices where these barriers currently exist.

Appendix A

Breakdown of Annual Expenditure on NILES GP Practice Based Counselling from 2017-2020 (Source: Freedom of Information responses from HSCB)

HSCB Activity Expenditure for year 2017/18

LCG Area	Belfast	South Eastern	Southern	Western	Northern	Total
Practices	83	54	75	50	75	337
Number of sessions	3,696	3,223	2,359	2,359	7,696	19,591
Totals	£314,117.50	£273,955	£222,487.50	£200,515	£654,160	£1,665,235

HSCB Activity Expenditure for 2018/19

Area	MMD spend	MMD sessions	Additional Spend	Total spend	Total sessions
Belfast	£303,717.00	3573	£6660	£310,377.50	3652
South East	£274,890.00	3234	£11,985	£286,875.00	3375
North	£657,050.00	7730	£50,320	£707,370.00	8322
South	£53,272.00	2980	£0	£253,272.00	2980
West	£230,520.00	2712	£30,685	£261,205.00	3073
Totals	£1,719,450.00	20,229	£99,650.00	£1,819,100.00	21,401

HSCB Activity Expenditure for 2019/20

Area	Original Budget allocation	Original Session allocation	Additional budget allocation	Additional session allocation	Total budget allocation	Total session allocation
Belfast	£308,975.00	3,635	£22,695.00	267	£331,670.00	3902
South East	£263,935.00	3,105	£27,145.00	319		3424
North	£668,452.50	7,864	£82,365.00	969	£291,070.00	8833
South	£253,944.00	2988	£52,916.00	623	£306,860.00	3610
West	£263,967.50	3,106	£70,592.00	831	£334,560.00	3936
Total	£1,759,264.00		£255,713.00	3008	£2,014,977.50	23,706

Appendix B

Information on Primary Care Talking Therapy Hubs 1 April 2019-31 March 2020

(Source: Freedom of Information responses received by PPR from the five Health Trusts)

	Belfast	South Eastern	Southern	Western	Northern
List of Hubs	One Hub and 4 localities, N, S, E, W	Lisburn Mental Well-Being Hub	One Hub in Armagh	One hub serves Limavady, Strabane and Derry	Looks like 3 Hubs
List of providers	15	3	2	6	18 up to Oct 2019, then 2 since Oct 2019
No of Referrals	9679	1,805 of which 1,617 accepted and 841 engaged	2,277	1613	2122
No offered counselling	4330	758	162 'to contracted services'	1133	1349
Longest Wait	Not available	Of total 108 11 waited over 12 weeks.	4 weeks	9 months	Not given
Shortest Wait	Not available	Of total 108 only 34 seen within 3 weeks,	2 weeks	Same day	Not given
Average Wait	11 weeks (8 weeks from referral to triage and 21 days + from hub referral to therapy)	Of total 108 only 34 seen within 3 weeks, 11 waited over 12 weeks.	2 weeks	5.5 weeks but diff for each provider	15 days to first contact, then 20 working days to first online therapy appt 35 days in total = 7 weeks
Average no of sessions	6	6	6	6 but can be increased if required	6
Budget	£1474,656	£251,355	£239,00	£338,199	£614,658
Expenditure	£1426,651 Underspend of £48,005	£244,747 Underspend of £6,608	£207,00 Underspend of £32,000	£205,918. An underspend of £132,281	£635,323 Overspend of £20,665
Allocation for 2020/21	£1,329,273 Reduction in allocation of £145,383	£251,355 (same as 2019/20)	£239,00	£249,867. A reduction of £98,332	£327,000 Reduced by half of spend in 2019/20.

	Belfast	South Eastern	Southern	Western	Northern
Evaluation report	No evaluation report. Project Board info available (not provided)	Wellbeing Hub Report Cards for 18/19 and 19/20	No evaluation report. Contributed to Patient and Client Council Talking Therapies report	Being compiled, will send on completion.	No evaluation report