Project Outline
Clinical Psychologists working in Primary Care

Background and Purpose

Clinical psychology has played a key role in primary care mental health for decades and we need to build on this rich and successful work, championing and learning from innovative and effective practice. The lifespan and cross speciality model of training of clinical psychologists means that they are particularly suited to a range of work within primary care settings. There are many examples of such work over the last forty years but these have waxed and waned, often due to structural and funding changes in the NHS.

The development of IAPT services over recent years was largely led by clinical psychologists and many are still involved in their delivery. However, there are many other ways in which clinical psychologists can support the work of general practice and this project is focused on exploration and promotion of these.

GP practices and primary care have been under huge strain for several years and now are having to adapt to the enormity of the challenge of responding to the Covid virus, which has created a number of fundamental changes in the way they practice. This project will therefore need to be sensitive and responsive to these new challenges. It is likely that how we come out of Covid-19 will redefine services provision and now is the time to be developing new thinking about how this can best be done.

Currently, we do not have evidence at more than an anecdotal level of
- what practice examples/models of clinical psychologists in general practice exist (or have existed)
- what evaluation and research has been undertaken into the models of working
- what the workforce implications of these models would be
- what the training implications of these models would be

Two DCP projects have relevance in this area and details can be supplied to the successful applicant. This project will build on the work of these.

In England, as Primary Care Networks (PCNs) develop, they are going to be vital for the delivery of effective primary care mental health. Clinical psychologists have a key role to play in this, raising the standard of management of mental health care through working alongside GPs and other primary care clinicians, developing a psychologically minded culture where there is an understanding that mental health and physical health go together and are seen as everyone’s business.

It is recognised that developments across the four Nations are different as are the challenges. This needs to be explored as key part of the project.
This project will support the work of the DCP Executive, and particular the Workforce and Training Subcommittee, in taking forward the Primary Care agenda.

Project

The two major aims of the project are:

1. Facilitating a DCP primary care network that brings together existing provision and expertise.
   - Engage with the Faculties from the beginning as many are already involved in primary care work and their expertise will be essential throughout the project
   - Engage with the Nation Chairs and the England Branches to determine both the scope of the project across the UK and to establish mechanism for working with regional and national knowledge and expertise
   - Assemble a small core advisory group who have been involved in recent initiatives to promote primary care psychology and build on this throughout the project.
   - Map and develop a database/network of primary care psychology services, including the 12 new pilot sites, finding out what they currently offer and what support they may feel they need.
   - Carry out a literature review of evidence-based primary care psychology models, and related work on effective primary care mental health across the lifespan. This will include a historical analysis
   - Contact key services with a strong track record of providing high quality provision in primary care mental health, in order to engage them in this work and promote learning from their experiences.
   - Work closely with the DCP Faculties and Branches as the roles in the 12 new pilot sites for primary and community mental health care develop, promoting learning.

2. Making the case for the future provision of psychology in primary care networks
   - Leading and facilitating the articulation of a clear and persuasive vision and strategy for the future of clinical psychology in primary care that has maximum impact on the psychological wellbeing and physical health of patients across the lifespan.

Some of the activities which could be carried out are:
   - Linking with the BPS relationships that have been established with the Psychological Professions Workforce Group and regional PPNs in England. This also needs to be done as appropriate with the devolved nations
• Creating momentum and support as early as possible through identifying key GP stakeholders, as well as scoping and developing relationships with other partners, such as RCGP, BMA, NHS-E, RCN, IAPT leads, Centre for Mental Health, ensuring good engagement and opportunities for advice and support for the work as it develops.
• Linking with the BPS Knowledge and Insight Team to carry out a small scale GP survey to provide evidence for what GPs think is needed.
• Developing a position paper for commissioners on the role of clinical psychology in primary care networks.
• Promoting this work and gather support, through presentation at conferences as well as supporting publications and providing summary updates for the DCP newsletter.

3. Links within BPS
• With the DCP Workforce and Training Subcommittee
• With the DCP Prevention and Public Health Subcommittee
• With the Nation Chairs
• With the DCP Faculty Leads
• With DCP Heads of Services
• With GTiCP
• With the BPS Policy Team
• With the BPS Workforce Committee
• With CTCP

4. External Links
1. With PPNs
2. With Psychological professions Workforce Group
3. With RCGP
4. With IAPT
5. With the Pilot sites

Reporting and accounting for the work
• DCP Executive Committee

Indicative budget for the project is £11,900

Timescale: Project to start as soon as practicable and completion date to be agreed with the successful party but ideally within 6-9 months