



## #123GP Briefing Paper on HSCB funded NILES Counselling, prepared for APPG on Suicide Prevention meeting of 10 March 2020

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### Background to the issue

On 23 October 2019 members of the #123GP made a presentation to the APPG on issues in relation to timely access to quality counselling within primary care. Following on from that presentation and discussion, the APPG group wrote to the Health and Social Care Board to seek further information and clarification of a number of issues raised by the #123GP campaign.

The APPG received a written response from the HSCB on 22 January 2020 and pursuant to that, invited the Health and Social Care to attend the APPG on 10 March to discuss GP funding for counselling services.

### Purpose of this briefing paper

The #123GP has prepared this briefing paper for APPG members in advance of the meeting on 10 March 2020 and hope that it will be helpful to members to inform their discussion with HSCB officials.

The paper provides a **brief explanation as to what is meant by #123GP when it uses the term 'counselling'**, what the benefits of counselling are and the current access routes within primary care.

It also **analyses the most recent data obtained by the campaign in relation to waiting times for counselling within primary care as well as data on the number of sessions offered**. This data is for across the 5 Trusts.

### Key Issues

- Access to NILES counselling is a **post-code lottery**.
- There are **geographical areas where people cannot access counselling** via either NILES or Primary Care Talking Therapy Hub (See Appendix B)
- There is **no monitoring** of waiting times or number of sessions provided per patient.
- The **budget** for NILES counselling is **totally inadequate**.
- Concerns exist about the **lack of appropriate on-site supervision for trainee counsellors**.

## Suggested Questions

These are suggested questions which members of the APPG might wish to ask the HSCB. Please refer to **Appendix A** for a detailed analysis of the HSCB's response to the APPG's letter, additional information from #123GP and suggested follow-up questions.

1. Where is the HSCB's evidence for stating that workforce and workload capacity are issues?
2. Can HSCB clarify if Hubs are intended as an alternative to NILES service? They operate in all 5 Trusts and the locality hubs are not targeted at areas where is low uptake of NILES service.
3. Has the HSCB mapped out where the geographical gaps in services exist which are not being adequately met by either the NILES
4. How does the HSCB plan to pro-actively encourage GP practices not offering NILES to do so?
5. Will the HSCB undertake a targeted promotional initiative to encourage the third of GP who don't offer in-house counselling to do so?
6. Will the HSCB encourage GP practices to promote among patients the availability of counselling in their practice?
7. Why are waiting times not components of the current specification for Annual Data Returns?
8. How can the HSCB ensure the NILES services is properly planned, resourced and managed if waiting times are not monitored?
9. Will HSCB introduce a waiting time target of 28 days?
10. Can the HSCB provide specific details of waiting list pressures experienced by GP practices in 2018/19
11. How much additional funding was a) requested and b) provided to GP practices in 2018/19?
12. Will the HSCB commit to doubling the funding for NILES counselling?
13. What work has HSCB undertaken to identify 'demography' pressures in relation to access to counselling?
14. How will MDT Mental Health Workers interface with NILES counselling and Hub counselling?

15. How has the HSCB addressed the issues raised by Dr Richard Orr in 2014 relation to the use of trainee counsellors?
  
16. Will the HSCB issue a circular to all GP practices to ensure that:
  - i) All monies allocated to GP practices for LES counselling must be paid through to the counsellors/counselling managers
  - ii) All practices using trainee counsellors must have appropriately qualified mentors in place within the GP practice

## **Counselling**

#123GP uses the term 'counselling' as an umbrella term to refer to a range of talking therapies and psychotherapies as it is the term people are most familiar with. Talking therapies can help with many difficult life problems - from coping with traumatic experiences and events, such as bereavement and abuse, to dealing with depression and anxiety or managing harmful emotions and behaviours.

Counselling is also effective in the context of suicide prevention. The Protect Life 2 Strategy includes counselling in the list of follow-up interventions for people who are suicidal. It also recognises the role for bereavement counselling for individuals who have been bereaved by suicide. The Lifeline crisis response helpline is staffed by counsellors and offers follow up face-to-face counselling following initial phone contact.

## **Referral options for counselling available to GP practices**

The 330 GP practices across Northern Ireland have two main referral options for patients requiring counselling<sup>i</sup>, either to Primary Care Talking Therapy Well-being Hubs run by the 5 Health Trusts<sup>ii</sup>, or to an in-house counselling service funded by the Health and Social Care Board, through the Local Enhanced Service (NILES) element of the GP contract. Patients also have the option to contact Lifeline 24/7 helpline or other 'walk-in' community-based counselling and suicide prevention charities.

## GP REFERRAL OPTION: NILES Counselling Provision

This is funded by the GP's contractor, the Health and Social Care Board (HSCB)<sup>iii</sup>. Only two thirds of GP practices overall provide this service.

No data is available from the HSCB on waiting times or number of sessions provided per patient.

No statutory waiting time target exists.

The level of provision varies greatly across the 5 Trusts, from 48% of GP practices in the Southern Trust providing access, to 86% in the Northern Trust<sup>iv</sup>.

In 2017/18 HSCB expenditure on LES practice-based counselling was £1,665,235. In 2018/19 it was £1,753,550.<sup>v</sup> Year on year the allocated budget is overspent; in 2016/17 the overspend amounted to just under £116,000.

However, the current allocation does not in any way reflect the level of demand.

#123GP has calculated that the funding provided for counselling would average out at roughly **£2.29 per patient** if all those patients who could potentially benefit from practice-based provision were provided with this service.

### HSCB Activity Expenditure for year 2017/18

LCG Area	Belfast	South Eastern	Southern	Western	Northern	Total
Practices	83	54	75	50	75	337
Number contracted	58	39	36	35	65	233
Percentage of Practices providing NILES counselling	69%	72%	48%	70%	86%	69%
Number of sessions	3,696	3,223	2,359	2,359	7,696	19,591
Expenditure	£314,117.50	£273,955	£222,487.50	£200,515	£654,160	<b>£1,665,235</b>

(Source: Freedom of Information request submitted by PPR to the Health and Social Care Board)

## GP REFERRAL OPTION: Primary Care Talking Therapy Hubs

Another pathway to access counselling at primary care level is through the Primary Care Talking Therapy Hubs ('the hubs') which have been developed in all five Trusts by Local Commissioning Groups. The stated purpose of the Hubs is to ensure that emotional well-being and mental health care is co-ordinated by providing an all-inclusive approach from a variety of partners offering services to patients, including counselling, cognitive behavioural therapy and group therapy.

In response to concerns raised by #123GP that only two-thirds of GP practices provide NILES counselling, the HSCB stated that counselling is available through the Hubs. However as can be seen from the data below, waiting times to be seen are as long as 3 months. Only one Trust, the South Eastern Trust saw people within 28 days, the waiting time target recommended by the #123GP campaign. Two Trusts indicated that they don't record waiting times. The maximum number of sessions offered ranged from 4.5 to 6 sessions.

Trust / Waiting Times for Hub Counselling	Apr 2018 - Mar 2019	Aug – Dec 2019	Average number of sessions
Western Trust	6 months	90 days	6 (2018/19)
Southern Trust	9 weeks	2 weeks but unclear if this refers waiting time from GP referral to first counselling appointment (FOI: The waiting time from referral from Hub to the Trust contracted counselling service is 2 weeks)	6 (Aug-Dec 19)
Belfast Trust	Don't record but 'expectation' is 9 weeks	Awaiting FOI response	5.5 (2018/19)
South Eastern Trust	28 days	28 days	4.5 (Aug-Dec 19)
Northern Trust	Don't record	Awaiting FOI response	Don't record (2018/19)

APPENDIX A: DETAILED ANALYSIS OF HSCB WRITTEN RESPONSE (22/1/20) TO APPG LETTER (20/12/19)

No	APPG Question to HSCB	HSCB response	Additional information and suggested follow up questions
1	<p>What steps has HSCB taken to <b>understand the reasons</b> for the decision by one-third of GP practices not to take up funding available through NILES to provide in-house counselling?</p>	<p><b>Workforce</b> and <b>workload</b> capacity are issues</p> <p>HSCB has commissioned 'the Hubs' as <b>an alternative</b> in areas where there is lower uptake'</p>	<p><b>Q</b> Where is the HSCB's <b>evidence</b> for stating that workforce and workload capacity are issues?</p> <p><b>Workforce</b> Statement from the British Association for Counselling and Psychotherapy (BACP), the largest accreditation body "We believe the counselling workforce in NI has the flexibility, capacity and willingness to respond to growing need and undertake these roles, if funding was in place to facilitate this. Anecdotal evidence from our members indicates that many counsellors are underemployed and have capacity to take on additional practice hours to meet existing demand"</p> <p><b>Workspace</b> £3.9 invested in Sept 2019 in expanding and improving GP premises for MDTs, so there is space. Also, option of using nearby community facilities.</p> <p><b>Hubs as an alternative to NILES</b> This is not our understanding that they act as an alternative.</p> <p><b>Q:</b> Can HSCB clarify if Hubs are intended as an alternative to NILES service? They operate in all 5 Trusts and the locality hubs are not targeted at areas where is low uptake of NILES service.</p> <p><b>Q</b> Has the HSCB mapped out where the geographical gaps in services exist which are not being adequately met by either the NILES or the Hubs?</p>

2	<p><b>What steps has the Board taken to date or does it intend to take to promote the uptake of NILES funding for the provision of in-house counselling?</b></p>	<p>In GMS contract rollover letter 'practices are <b>reminded that they make express an interest</b> in providing a service they have not previously contracted to provide</p> <p>HSCB officers visit each GMS practice on a <b>3-yearly basis</b>. Discuss reasons for not contracting NILES and encouraged do so.</p>	<p>This is not pro-active. Rather, this appears to be a tick-box exercise. Not good enough to say that it's at the discretion of the individual practices.</p> <p>Q How does the HSCB plan to pro-actively encourage GP practices not offering NILES to do so?</p> <p>Q Will the HSCB undertake a targeted promotional initiative to encourage the third of GP who don't offer in-house counselling to do so?</p> <p>Q will the HSCB encourage GP practices to promote among patients the availability of counselling in their practice?</p>
3	<p><b>How does the Board monitor waiting times for NILES funded, in-house counselling across all participating GP practices?</b></p>	<p>Waiting times are not components of the current specification for Annual Data Return.</p>	<p>Q: Why are waiting times not components of the current specification for Annual Data Returns?</p> <p>Q: How can the HSCB ensure the NILES services is properly planned, resourced and managed if waiting times are not monitored?</p> <p>Q: Will HSCB introduce a waiting time target of 28 days?</p>
4	<p><b>What specific steps were undertaken by the Board in 2018/19 to address counselling waiting list pressures?</b></p>	<p>Where a GP practice identifies a need for additional funding for the provision NILES <b>they can apply to the HSCB</b></p>	<p>If this was happening people would not be waiting months for counselling.</p> <p>#123GP research (2018) found that over two thirds of all patients referred for NILES counselling waited over 4 weeks for an appointment while a quarter waited over 4 months.</p>

			<p>HSCB funding formula says that a practice of up to 4000 patients is allocated 'a half session' a week. A session = 3 clients. This is entirely inadequate.</p> <p>Q: Can the HSCB provide specific details of waiting list pressures experienced by GP practices in 2018/19</p> <p>Q: How much additional funding was a) requested and b) provided to GP practices in 2018/19?</p>
5	<b>Why do significant disparities exist across Trusts in the uptake of NILES funding and how does the Board intend to address this?</b>	HSCB refers back to their answer to Q1.	<p>No evidence provided by HSCB and evidence exists, from BACP around availability of counsellors and the injection of funding for premises to suggest these are not barriers.</p> <p>Hubs do not act as 'an alternative' to the NILES service.</p>
6	<b>Will the Board commit to at least doubling funding for NILES counselling as a first step in addressing gaps in provision?</b>	<p>Additional investment in GP practices, including for premises and demography pressures.</p> <p>Multi-Disciplinary Teams (MDTs) are being rolled out. Inclusion of Mental Health Workers will <i>'further enhance access to and complement both statutory and voluntary mental health services'</i></p>	<p>None of this funding is ring-fenced for NILES counselling.</p> <p>Q: What work has HSCB undertaken to identify 'demography' pressures in relation to access to counselling?</p> <p>MDT Mental Health Workers will not operate a case load model. They will provide short-term interventions. They are not counsellors. They can refer to counselling but if people will then end up on a lengthy waiting list again.</p> <p>Q How will MDT Mental Health Workers interface with NILES counselling and Hub counselling?</p>
7	<b>How does the Board audit the spending of NILES funding by GP practices to</b>	By signing up to the terms of the service specification.	No information provided on how GP practices evidence the fact that the monies are going to counsellors/counselling managers and no information on what evidence GP practices

<p><b>ensure the provision of quality counselling?</b></p>		<p>need to provide in relation to on-site supervisory arrangements.</p> <p>In Nov 2014 the GP lead for the Health and Social Care Board Richard Orr (now retired) flagged up his concerns to the HSCB and PHA about the way in which some practices use trainee counsellors</p> <p>#123GP has anecdotal evidence that a) some GP practices are using trainee counsellors without the proper on-site support and supervision b) some GP practices are drawing down HSCB funding for NILES counselling but only using (unpaid) trainee counsellors.</p> <p>Q: How has the HSCB addressed the issues raised by Dr Richard Orr in 2014 relation to the use of trainee counsellors?</p> <p>Q: Will the HSCB issue a circular to all GP practices to ensure that</p> <ol style="list-style-type: none"> <li>1) All monies allocated to GP practices for LES counselling must be paid through to the counsellors/counselling managers</li> <li>2) All practices using trainee counsellors must have appropriately qualified mentors in place within the GP practice</li> </ol>
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<sup>i</sup> Unlike NHS England, the NHS in Northern Ireland does not have an Improving Access to Psychological Therapies (IAPT) programme.

<sup>ii</sup> Primary Care Talking Therapy Well-Being Hubs are funded and managed by the 5 Health and Social Care Trusts. Geographical coverage by Hubs is only partial, with many patients living in rural parts of their Health Trust not being able to access this service. Waiting times vary between 40 days and 7 months across Trusts, with an average of 5-6 sessions only offered. No statutory waiting time target exists.

<sup>iii</sup> Statutory responsibility for the provision of GP services lies with the Health and Social Care Board (HSCB) a statutory organisation that commissions health and social care services for the population of NI, answerable to the Minister for Health. The HSCB, supported by 5 Local Commissioning Groups (LCGs) has responsibility for commissioning of GP services since 2007. These services are commissioned via the General Medical Services contract. A contract exists between the HSCB and each individual practice (contractor). The GMS contract covers a range of services that GP contractors provide – Essential, Additional and Enhanced Services. Enhanced Services are not required by the Regulations but can be agreed between the Health and Social Care Board and the Contractor. These services include the Provision of Practice Based Counsellors for Patients with Mild to Moderate Depression.

<sup>iv</sup> For more detail on the LES practice based counselling service see '[Counselling –A Vital Tool in Equipping GPs with Mental Health Expertise](#)' pages 21-24

<sup>v</sup> For more details on the funding of LES practice based counselling see '[Counselling –A Vital Tool in Equipping GPs with Mental Health Expertise](#)' page 24