

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Effaith yr ôl-groniad o ran amseroedd aros ar bobl yng Nghymru sy'n aros am ddiagnosis neu driniaeth](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on the [impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment](#)

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Ymateb gan: | Response from: Coleg Brenhinol y Seiciatryddion | Royal College of Psychiatrists



RCPsych Wales response to the HSCC inquiry into the impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment

About RCPsych Wales

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

The College aims to improve the outcomes of people with mental illness and intellectual disabilities, and the mental health of individuals, their families and communities.

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

RCPsych in Wales represents more than 600 Consultant and Trainee Psychiatrists working in Wales.

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Introduction

We continue to call for equal quality of care, and access to it, between mental health and physical illness. Mental health services were severely stretched even before Covid. The waiting times and barriers to access would have been considered unacceptable in any other area of medicine, and these challenges have been further exacerbated by the pandemic. There are major underlying issues limiting the ability of services to treat more patients and reduce waiting times, including ongoing workforce shortages, the current state of the mental health estate and the need for improved technology and digital infrastructure.

To safeguard patient safety and the wellbeing of healthcare staff, a realistic approach to tackling the backlog of non-Covid care is needed. An overstretched and exhausted workforce must now be given time to rest and recuperate as they meet the challenges ahead. If staff are being pushed too hard to restore routine care in an unrealistic time frame and without suitable resources, the likelihood is

that we will see a workforce squeeze due to a combination of increasingly high staff absence rates and staff reducing their hours or leaving the workforce altogether. This would make it harder for health services to get back on track and provide timely and safe care to patients who need it.

RCPsych Wales is in a good position to inform the priorities and design of approaches to tackling waiting and backlogs for mental health services. We need to consider the support that is given to the workforce in order to tackle this agenda - it can't be simply asking an under-resourced workforce to do more.

This response will explore the challenges that exist around waiting lists and backlogs across mental health services. It will also highlight the importance of tackling waiting lists and backlogs in an appropriate and at times creative way, as well as the importance of better resourcing community and specialist mental health services across the board.

The impact of Covid-19 on waiting lists and backlogs

Like many other parts of the NHS, mental health services have seen a backlog caused by patients unwilling or unable to access care during the pandemic, however the challenges faced by mental health services are more complex and more serious.

The pandemic has had a serious impact on the nation's mental health, both indirectly in terms of isolation, social distancing, lockdown and economic impact, and directly in terms of hospital admissions, deaths, long COVID and other neurological and psychiatric complications. The impact on services will be felt for years to come.

Services are still facing immense pressures. The levels of unmet need have increased considerably. Longer waits for treatment are leading to more acute and complex need. Members have also told us about significant waiting lists for psychological therapies and services for people diagnosed with ADHD and ASD etc.

The scale of increased demand for mental health services

The pandemic has already had a significant impact (directly and indirectly) on the prevalence and severity of mental illness within the population and on demand for mental health services. This has increased pressure on an already stretched and historically underfunded area of the Welsh NHS.

Post-pandemic demand can broadly be divided into three categories. Firstly, delayed or deferred first-time access, people with untreated mental illness who were it not for the pandemic would have accessed services earlier. Secondly, the deterioration of patients with existing mental illness due to the pandemic. Thirdly, previously healthy people who have developed mental illness due to the pandemic.

Demand pressures within mental health are much harder to identify and quantify than within physical health, as there is much less routinely published data to

analyse. We cannot achieve parity of esteem between mental and physical health without improving the quality and breadth of data on mental illness and the performance of mental health services.

The capacity of the psychiatric workforce to deal with increased demand

In the mental health sector, recruiting enough skilled staff to meet the needs of patients was already an urgent and substantial challenge before the pandemic, but now the gap between demand and capacity is growing.

Demand will continue to increase due to increased prevalence of mental illness, an ageing population, increasing health inequalities, reforms to the Mental Health Act and delivering the integration agenda.

The current gap between workforce demand and workforce supply is exacerbated by the fact it is experienced psychiatrists who are leaving. The impact of the gap between demand and supply will be felt more acutely in those subspecialties where there is low recruitment, including Child and Adolescent, Eating Disorders, Intellectual Disability and Addiction Psychiatry. This is at a time when demand is heightened creating a need for more supply to not only cover retirement rates but also future proof the specialties.

We desperately need to increase the specialist mental health provision in Wales to meet current and rising demand. We also need to increase the workforce capacity required to provide specialist care and we need to retain and safeguard the mental health workforce both in the short and long term to meet demand.

Increasing medical school places is also necessary to ensure an increase in the number of home-grown doctors and increase supply over the long-term, as well as supporting international medical graduates into our health and social care system.

Investment in prevention and public health

Investment in prevention and public mental health is critical as a means of reducing pressure on stretched services and a stretched workforce. This should include investment in drug and alcohol services, social care and public mental health. Public mental health is about drawing on community resources in the widest sense. The COVID-19 pandemic has demonstrated the importance of this and the need to promote healthy lifestyles and prevent poor mental health at the earliest opportunity. This needs to be underpinned by world-leading mental health research to identify preventative interventions.

Investment in technology

The single biggest change to service delivery during the pandemic was the rapid adoption of remote working using digital technology. The COVID-19 pandemic has dramatically increased the need to embed technology into healthcare provision, with remote working and consultations becoming increasingly widespread across mental health services.

The implementation of digital throughout the health service is a long-term objective of 'A Healthier Wales' and is an enabler to aspirations for us all to work more sustainably. Digital innovation can support in offering services in different ways that ensure increased service capacity and access, and can improve care, increase productivity and release staff time. This can all lead to better outcomes for patients in light of increased demand. Teams should feel increasingly encouraged to have time to develop these projects and initiatives and should be encouraged that they will be considered for local and national adoption after evaluation. The College has already played a role in scaling up projects across CAMHS and older adult services, which have helped shape the design of services and how they're delivered.

However, it is important that any new technology is thoroughly evaluated before it is implemented and must be designed to ensure that as few patients as possible are 'digitally excluded'. Whilst it's important not to generalise, it is important that people with dementia, people who lack digital literacy or find technology challenging, people who have cognitive impairment, people with an intellectual disability and people who do not have access to digital platforms are not disadvantaged.

Lastly, we can't forget that often the solutions to these challenges lie with people working directly in services. We have seen several examples where psychiatrists have been enabled to scale projects to national programmes that have helped alleviate waiting lists, tackle service backlogs and work to improve patient care. Some examples include:

- The rollout of video consultation through TEC Cymru was clinically overseen by a psychiatrist, whilst the programme was informed by the CWTCH project that was developed in CAMHS services in Gwent.
- The national approach for the rapid implementation of a clinically proven method of maintenance treatment, an injectable buprenorphine (Buvidal) for at risk ex-heroin users has seen Wales record the lowest drug related death since 2014.
- The national approach to utilising FDG-PET scans to aid earlier diagnosis of dementia has been a joint collaboration between colleagues in radiology, and older adult mental health services in ABUHB, with support from the Wales Research and Diagnostic Positron Emission Tomography Imaging Centre (PETIC) and the Royal College of Psychiatrists Wales.

Recommendations

- The next iteration of the long-term strategy for mental health needs to include commitments to significantly expand mental health services – with a ring-fenced increase in investment
- We also need to increase the workforce capacity required to provide specialist care and retain and safeguard the mental health workforce both in the short and long term to meet demand

- Increasing medical school places is also necessary to ensure an increase in the number of home-grown doctors and increase supply over the long-term, as well as supporting international medical graduates into our health and social care system.
- We urgently need long-term strategic plans for investing in the mental health estate
- We need to take lessons from the response over the last 18 months and continue to enhance and harness digital innovation where it has been robustly evaluated.
- We need to ensure that psychiatrists are enabled and supported to take on quality improvement and research projects, whether they hold a local or national development.