

NEWS FROM DCoP No (35) 21.9.10 ([DCoPComms@bps.org.uk](mailto:DCoPComms@bps.org.uk)) amended2

FREE COPY OF BIPOLAR DISORDER HANDBOOK UNTIL OCTOBER 30<sup>TH</sup> ONLY at  
[http://www.bps.org.uk/dcp/the\\_dcp/news/understanding-bipolar-disorder.cfm](http://www.bps.org.uk/dcp/the_dcp/news/understanding-bipolar-disorder.cfm)

### EXTENSIVE NOTE ON OUR DCoP ACTIVITY OF BPS ON LATEST MEMBER UPDATE

#### Division of Counselling Psychology Annual Conference

As well as the usual conference activities the DCoP held a public lecture to promote counselling psychology. Dr Ewan Gillon presented 'The making of Scottish men' to a packed house of nearly 190 members of the public. The lecture generated lots of coverage in the [press](#) and [online](#).

**Dr Peter Martin DCoP Communications Lead and Chair Elect said: "This was a great way to reach out to the public and promote a better understanding of counselling psychology. We received lots of coverage and the lecture was attended by a wide variety of interested public and related professionals."**

#### 1. WELCOME TO THE NEW CENTRAL ENGLAND BRANCH:

On Wednesday 15<sup>th</sup> September the Central England Branch came into being within sound of the bells of St Phillips Cathedral in Birmingham. Jonathan Cole chair of the former Central England Forum and his committee gave a warm welcome to Peter Martin in what was both the final committee meeting of the old forum and the inaugural meeting of the branch. Peter passed on the heartfelt welcome of DCoP, and appreciation of all the many achievements of the old forum at a splendid feast to mark the occasion! Jonathan Cole will write an official report which will appear in this publication very soon . Please look on the website for a photograph of this great event.

#### 2. A WARM WELCOME TO NEW MEDIA PERSON RUTH SCHUMACHER!

Media will now still operate as part of Communications within DCoP but now has an expert doing the stuff. We are very pleased that Ruth Schumacher, a Counselling Psychologist in training, and former journalist and then worker in the Mayor of London Office is heading up this aspect of our communications work. If you have ideas to help or to develop the media presence of Counselling Psychology, contact her in the first instance at this address: [DCoPComms@bps.org.uk](mailto:DCoPComms@bps.org.uk)

#### 3. THE COUNSELLING PSYCHOLOGIST FORUM (CPF);

Watch out for the replacement of the paper DCoP Newsletter on the new seventh tab on the DCoP Website ( <http://www.bps.org.uk/dcop/> ). Caroline Knott, the editor of the CPF is working furiously to get this material up. More from CPF soon!

#### 4. WHAT DOES YOUR COMMITTEE GET UP TO?

Here is a sample of just one of the many responses made to BPS when they request input to the BPS position on a given matter of concern. This one is about the HPC review of Standards of Proficiency. If you have views on this or other matters let Barbara our Chair know [DCoPChair@bps.org.uk](mailto:DCoPChair@bps.org.uk)

HPC REVIEW OF GENERIC SoP – RESPONSE FORM

---

Question 1: Do you agree that generic standards of proficiency should be retained? Please provide reasons for your response.

We have no objections to the retention of these 15 proposed generic competences because we think they represent broad areas of commonality that can best be considered in this way.

Question 2: Do you agree with the proposed new structure of the standards of proficiency? Please provide reasons for your response.

We endorse this. The range of professions registered has increased in number and diversity and recognition of necessary change to what can be considered generic is responsive to this development

Question 3: Do you agree with the proposed new wording of the generic standards of proficiency? Please provide reasons for your response.

We agree because the proposed new wording appears to be consistent with a wide range of health professions and to protect the public. We are aware that the HPC registers at the level of the individual and that the aspiration of individual 'assurance' is important but invite HPC to recognize that systems within which the individual operates need to be considered too. To this effect we suggest that a caveat is added to all 15 generic competences along the following lines: 'consistent with the position the health professional holds within the organization.'

Specifically in relation to standard 15 this should acknowledge that the work environment is not always under the total control of the registrant and suggest the addition of something along the following lines: "where a registrant is aware of unsafe working practices / environments they have a duty to bring this to the attention of those in a position to address this"

Question 4: Do you agree with the proposed order of the generic standards? Please provide reasons for your response.

We thought that probably the order was purposefully unstructured and think that's fine. If however the order is to reflect processes of training it would make more sense for standard 14 to be placed first.

Question 5: Do you have any additional comments?

We would like to see acknowledgement of systemic factors although do acknowledge that the competences apply to high level managers as well.

We would like to have it clearly outlined how HPC plans to manage the new entrant profession of practitioner psychology in making the amendments. Programme visits are ongoing over a period of three years and their processes may well cross the period of transition to these new generic competences. How for example will HPC deal with a course where paper work is presented to HPC prior to change to the competences but the visit takes place after the change?

We are aware of, and have read, the NHS Institute for Innovation and Improvement document titled 'Proposed Competency framework for Clinical Professions'. This suggests that registration bodies should adopt take the framework as a further generic competence. We welcome the intention of this framework but strongly suggest that, if the HPC is considering this document, leadership is added as a post registration annotation for registrants and considered to be an integral function of CPD rather than a demonstrated competence on completion of training. We put forward the following reasons:

1. For **all** professions it is largely impractical as it would require all trainees on every programme to have placements enabling them to meet these leadership requirements. This is unlikely to be practically possible for all.
2. Particularly with regard to the 'managing services' section of the framework this could be seen to create an unnecessary added level of risk to clients because trainees would need to manage services before

they have necessarily demonstrated all the required competences of their profession. This seems anomalous.

3. As a result of 1 and 2 above most trainees across all regulated professions could only exit their programmes with a theoretical not skills based understanding. This would need to be recognized in the framing of the competence if included at registration. A skills based understanding would still require being developed post qualification.

## **5) RESEARCH**

### **a) NEW RESEARCH ON TRAUMA.**

I am a trainee on the Doctorate in Counselling Psychology at Roehampton University. I am researching *the experiences of therapists working with clients who describe traumatic experiences, and how therapists consider their responses to the disclosure of traumatic material to have impacted, if at all, upon the therapeutic process.* Participants are required to be qualified chartered counselling psychologists. The research involves taking part in an audio-recorded, semi-structured interview of approximately one hour. This will be arranged at a time and place of your convenience. It is very much hoped that taking part in this research would be an enriching experience in terms of providing an opportunity to reflect on, and discuss, your therapeutic work as well as making a valuable contribution to knowledge in the field of counselling psychology. If you are interested please contact the researcher, Olivia Merriman: [oliviamerriman@yahoo.com](mailto:oliviamerriman@yahoo.com) or 07980 310 906. The project is supervised by Dr Richard House ([r.house@roehampton.ac.uk](mailto:r.house@roehampton.ac.uk)) at Roehampton University and has been approved by the Ethics Board of Roehampton University

### **b) BURNOUT!**

I am conducting a research study as part of my doctoral training in Counselling Psychology at Regents College London. The aim of the investigation is to explore the experience of “burnout” in counselling psychologists. I am looking for counselling psychologists who have experienced “burnout” more than two years ago which has led them to take a break from their profession but who subsequently returned to the field of counselling psychology.

The interview will last for approximately one hour, and take place at a time and location of your convenience. Interviews will be audio-recorded and will be dealt with in the strictest confidence. This research project has been approved by the Ethics Board of Regents College London and is being supervised by Dr Dominik Ritter. Your help is greatly appreciated!

If you are interested in participating or finding out more, please contact me (Lisa Alfrey) at [lisa.counselling@gmail.com](mailto:lisa.counselling@gmail.com)  
<http://uk.mc273.mail.yahoo.com/mc/compose?to=lisa.counselling@gmail.com>.

## **6. MENTAL HEALTH LESS AXED ( NOTIFICATION VIA SUSAN VAN SCOYOC) 15 Sep 10**

Exclusive: PCTs are cutting LES funding for counselling and other mental health services, a Pulse investigation reveals.

Our analysis of data obtained from 129 English PCTs under the Freedom of Information Act show nearly a third of trusts providing a mental health LES last year have decided to stop funding them.

Of the 17 trusts who had mental health LESs in place in 2009/10, five said they would not continue funding beyond the last financial year and GPs in these areas have not received any funding since April.

NHS South Gloucestershire scrapped its depression LES, while NHS City and Hackney axed its mental health LES. PCTs in Bristol, Bournemouth and Somerset all cut their LESs that had provided counselling services for people with depression, mental illnesses and [drug abuse](#).

A spokesperson for NHS South Gloucestershire said: 'We did have a LES with GPs with a value of approximately £100,000. This was discontinued when we significantly increased the amount we spend on primary mental health services to approximately £1.2 million. Services are now delivered through an IAPT programme and counselling services delivered by other providers.'

A spokesperson for NHS City and Hackney said: 'A review by the commissioning of primary care board, which includes GPs in its membership, came to the conclusion that there was an overlap with QOF. Depression in 2010-11 is covered under QOF.'

Since April trusts have received funding from the [Department of Health](#) to set up IAPT services as part of their baseline budgets, rather than as direct DH grants to pilot areas as previously. Mental health campaign groups have warned that the lack of ringfenced funds meant existing talking treatments and counselling services are being edged out in some areas.

Dr Sue Roberts, vice chair of Somerset LMC and a GP in Bridgwater, Somerset, said: 'We recognise that cuts have to be made in some areas but we have concerns about the impact that will have on patient care.'

By **Lilian Anekwe**

### **7. 'EQUITY AND EXCELLENCE: LIBERATING THE NHS'. FROM NIGEL ATTER, SCIENCE, PRACTICE AND EDUCATION POLICY ADVICE TEAM**

Meeting last week hosted by Bruce Keogh, NHS Medical Director. The meeting addressed in part the white paper. Attendees consisted of representatives of professional bodies and the royal colleges.

There were a number of key messages about the white paper.

- ☐ Greater focus on public health
- ☐ There needs to be an economic solution to the provision of social care
- ☐ All NHS providers will be independent e.g. private organisations  
This will be the biggest change since 1948
- ☐ 48% of NHS management will be removed
- ☐ For England only
- ☐ Health Bill will be published before Christmas

All providers will become independent

The Government's stated intention is to free providers so that they can focus on improving outcomes, be more responsive to patients, and innovate, to build on the overall success of the foundation trust model,

That all providers of NHS care should be able to compete on a level playing field, so that they succeed or fail according to the quality of care they give patients and the value they offer to the taxpayer.

Government intends turn the NHS into the "largest and most vibrant social enterprise sector in the world".

It is envisaged that some foundation trusts will be led only by employees; others will have wider memberships.

**Economic Regulator: Monitor**

Monitor will be developed into the economic regulator for all of health and adult social care in England. Monitor's principal duty will be to protect the interests of patients and the public in relation to health and adult social care services, **by promoting competition** where appropriate, and through regulation where necessary. Monitor will be required to exercise its functions in a manner consistent with the Secretary of State's duty to promote a comprehensive health service in England and have regard to the following objectives:

- maintaining the safety of patients and individuals accessing services
- securing ongoing improvements in quality of care
- providing equitable access to essential health and adult social care services
- supporting commissioners in maintaining continuity of essential services
- securing ongoing improvements in the efficiency of services
- promoting appropriate investment and innovation
- making best use of limited NHS and adult social care resources.

Monitor will license providers of NHS services in England and exercise functions in three areas: regulating prices, **promoting competition** and supporting service continuity. Its statutory remit will be limited to the provision of health and adult social care services.

Delivering outcomes is the key change of focus – [all public service agreements (PSAs) now abandoned].

NHS Outcomes Framework will have five domains:

1. Putting Patients and public first
2. Improving healthcare outcomes
3. Commissioning for patients and local democratic legitimacy
4. Regulating health care providers
5. Public Health

This builds on Darzi's definition of quality. There will be local strategy for commissioning. SHAs and PTCs are to be abolished.

There will be a split between commissioning and provision. Move towards any willing provider. **To** "Create a presumption that all patients will have choice and control over their care and treatment, and **choice of any willing provider** wherever relevant"

GP consortia will commission local services. **But will not commission secondary care.**

GP commissioning and the NHS Commissioning Board mark a fundamental break with this past. **Most commissioning decisions will now be made by consortia of GP practices**, free from top-down managerial

control and supported and held to account for the outcomes they achieve by the NHS Commissioning Board. This will push decision-making much closer to patients and local communities and ensure that commissioners are

accountable to them. It will ensure that commissioning decisions are underpinned by clinical insight and knowledge of local healthcare needs. It will enable consortia to work closely with secondary care, other health and

care professionals and with community partners to design joined-up services that make sense to patients and the public.

White paper states consortia will be able to employ staff or buy in support from external organisations, including local authorities, voluntary organisations and independent sector providers.

GP consortia will also be supported by the role of the NHS Commissioning Board in developing commissioning guidelines, model contracts and tariffs.

Transferring commissioning functions to consortia and, in some cases, the NHS Commissioning Board, alongside the potential role for local health and wellbeing boards, means that PCTs will no longer have a role. PCTs will cease to exist from April 2013

Public Health will be transferred to local government. LA's will have strategic oversight of health and well-being.

A National Commissioning Board will be established. This will hold GPs to account. **It will** receive £80bn from PCTs. National Commissioning Board to commissions primary care services, medical services, dentistry and community pharmacy.

All NHS trusts to become Foundation Trusts, no exceptions.

NICE Quality Standards will be expanded (currently there are four) NICE Quality Standards will become really important and it will be essential we influence these.

Care Quality Commission is charged with ensuring continuity of provision. Education and Training will not be included in GP Consortia.

### **External View Points**

#### **New GP Survey reveals only 1 in 3 ready for new mental health role**

The Government's health white paper expected Monday is set to propose a massive shake up of NHS mental health services, stripping PCTs of the power to commission secondary services and handing it instead to GPs.

But mental health charity Rethink discovered that only 31% of GPs feel equipped to take on the role for mental health. While three quarters of GPs say they can take responsibility for diabetes and asthma services, less than a third felt the same for mental health services.

Rethink is concerned that unless there's a national plan to up-skill GPs in mental health many of the 1.5 million people with severe mental illnesses may fail to get the treatment they need.

Paul Jenkins, Chief Executive of Rethink, said: "GPs with a real interest in mental health can play an invaluable role in supporting more than a million and a half people with severe mental illness. But we often hear from people with mental illness, that GPs don't understand mental health and want to quickly refer them on to specialists. Now GPs themselves are telling us that they have concerns too.

"The proposals expected in the white paper can work, but only if GPs are given proper training and support to understand the needs of people with severe mental illnesses such as schizophrenia and bipolar disorder. If they are to be given responsibility for deciding what happens to people with severe mental illness, then they also have the right to get properly trained up first".

**And**

Paul Farmer, chief executive of Mind, said: "The litmus test of the new look NHS will be whether it meets the needs of people with mental health problems.

"Historically mental health services have been a soft target or sidelined in structural shake-ups so it's vital that in making these changes mental health does not lose out.

"As the Government develops its proposals for mental health, we hope it will put patient involvement and choice at the heart of these plans.

"We have already made significant progress in mental health and the time is right for it to be put on an equal footing with physical health and in the mainstream of the new NHS.

"Transferring powers for commissioning to GPs presents an opportunity for them to develop mental health services that meet local needs and give patients the choice they want.

"However, GPs currently lack the specialist mental health knowledge and training to understand the complexities of mental health commissioning.

"They should look to the experts and tap in to the personal knowledge of patients and mental health charities about what works.

"The Government must also be careful that these proposals do not create a micro-postcode lottery.

"There are already huge variations in the standard and types of mental health care patients receive depending on where they live. For example, access to talking therapies remains patchy, with people waiting months and sometimes years for certain treatments while antidepressant prescribing has soared. Any structural changes must not widen inequalities.

"GPs already have a heavy workload and asking them to add commissioning mental health treatments on to their to do lists will be an extra burden.

"It's crucial that these new responsibilities don't cut the amount of time they spend talking to patients."

Briefing paper from UNISON <http://www.unison.org.uk/acrobat/B5184.pdf>

**8. PARLIAMENTARY QUESTIONS FROM ANA PADILLA**

**Health Services: Children**

Wed, 15 September 2010 | House of Commons - Written Answer

**Summary**

The following question was answered on 15 September 2010.

## **Contents**

Angela Smith: To ask the Secretary of State for Health what assessment he has made of the likely effects of the proposed changes to the healthcare commissioning process on those with the most complex health needs, with particular reference to children with (a) autism and (b) mental health problems. [14821]

Mr Simon Burns: The Department published "Liberating the NHS: Commissioning for patients" on 22 July 2010 which set out the intended arrangements for general practitioner Commissioning and the NHS Commissioning Board. A copy has already been placed in the Library. We are engaging on these proposals and consulting on specific questions highlighted in the document, including child and adolescent mental health services.

Primary care professionals coordinate all the services that patients receive, helping them to navigate the system and ensure that they get the best care. For this reason they are best placed to coordinate the commissioning of care for their patients while involving all other clinical professionals who are also part of any pathway to achieve more integrated delivery of care, higher quality, better patient experience and more efficient use of national health service resources.