



Senedd Cymru Health and Social Care Committee consultation on the future of general practice in Wales

Introduction

The Allied Health Professions Federation Cymru (AHPF Cymru) represents a collective of 13 distinct professions dedicated to supporting individuals across their lifespan. Our members operate in diverse settings, including the NHS, social care, local authorities, private practice, education, and the judicial system. The federation includes the following bodies:

- The British and Irish Orthoptics Society,
- The British Association of Drama Therapists,
- The British Association for Music Therapy,
- The British Association of Prosthetists and Orthotists,
- The British Dietetic Association,
- The British Psychological Society,
- The Chartered Society of Physiotherapy,
- The College of Paramedics,
- The Royal College of Occupational Therapists,
- The Royal College of Podiatry,
- The Royal College of Speech and Language Therapists,
- The Society of Radiographers,
- The British Association of Art Therapists.

AHPF Cymru welcomes the opportunity to provide written evidence as part of the committee's inquiry on the future of general practice in Wales.

AHPs are the third largest clinical workforce in NHS Wales. However, AHPF Cymru is deeply concerned that, as one of the smaller professional groups, the vital contributions of AHPs to general practice are too often overlooked. AHPs account for 25% of the NHS workforce in Wales and as demand for healthcare services continues to grow, the need for AHPs in key areas—such as within general practice—has never been more urgent.

We would like to draw the committee's attention to the Strategic Programme for Primary Care model which advocates for a whole system approach to sustainable and accessible local health and wellbeing care. It focusses on place-based care, care closer to home and multi-professional working. Recognising that allied health professions' expertise is vital to achieving the required shift from over-reliance on hospital-centred care, and to addressing unmet needs, the Strategic Programme for Primary Care has developed the [Primary and Community Care Allied Health Professions Guidance: organizing principles to optimize utilization](#).

How can AHPs support general practice in Wales?

AHPs play a vital role in supporting general practice in Wales by enhancing patient care, reducing GP workload, and improving access to specialist services. As part of multidisciplinary teams, AHPs provide expert assessment, treatment, and management for a range of conditions. This allows patients to receive the care they need without always requiring a GP appointment, freeing up GPs to focus on more complex cases.

For example, First Contact Practitioners - Physiotherapists (FCP – Physiotherapist) can assess and treat musculoskeletal (MSK) issues directly in primary care. FCP – Physiotherapist are increasingly part of the team alongside a GP. In line with “*Healthier Wales*” FCP – Physiotherapist are already part of the changing primary and community care settings. However, FCP – Physiotherapist development has been at a slow pace in recent years, with several issues around sustainability of funding and training opportunities. On a yearly basis we hear of transformation and cluster funding ending, which results in GP clusters and Health Boards entering negotiations to continue FCP – Physiotherapist services. While all agree FCP – Physiotherapist services are worthwhile and make savings for the healthcare system overall, the primary and secondary care budgets negotiate to offload these services to each other. This is unsustainable and will cause issues in attracting and retaining a skilled workforce who offer a convenient and prudent pathway for patients.

Additionally, an increasing number of people are presenting to primary care with foot and lower limb complications resulting from long term health conditions such as diabetes, peripheral arterial disease and MSK conditions. It has been estimated that having FCP – Podiatrists in primary care could save 80 GP or other primary care staff appointments per week. However, we are unaware of any FCP-Podiatrists currently working in general practice in Wales.

Another significant example is the integration of paramedics into primary care teams. Paramedics in general practice support urgent care by conducting home visits, assessing acutely unwell patients, and managing minor injuries and illnesses. This reduces pressure on GPs, particularly in rural areas where home visits can take up a large portion of a doctor’s time. By having paramedics take on these roles, general practices can provide more responsive care, allowing GPs to focus on patients with complex medical needs.

Psychologists also have an important role in the public health and prevention agenda, by explaining the theoretical basis of interventions designed to change unhealthy behaviour, using rigorous evaluations to answer key questions about what approach works for which sections of society, and presenting evidence-based recommendations for changes in the skills mix of NHS staff, as well as in the developing of national health policies aimed at reducing illness.

Dietitians assess, diagnose and treat dietary and nutritional problems at an individual and public health level. They are a key workforce for prevention as they can effectively prevent through individual or public health interventions, or diagnose and treat early, diet related disease – a leading cause of ill health in Wales. Currently, dietitians are not able to become independent prescribers, leading to delays in prescriptions and additional burden on GPs as well as pharmacies.

AHPs contribute to prevention, rehabilitation, and long-term condition management. They support patients with self-care strategies, lifestyle changes, and rehabilitation after illness or surgery, helping to prevent unnecessary hospital admissions. Occupational therapists and mental health practitioners play a crucial role in supporting patients with mental health challenges, and practitioner psychologists provide direct care to patients with complex physical and mental health issues, and by offering practical advice and support to GPs and

primary care staff. By working collaboratively within general practice in increasingly open referral models, AHPs can ensure that patients receive timely, holistic, and person-centred care, aligning with the Welsh Government's vision for integrated primary care services.

Barriers for AHPs

AHPF Cymru are concerned at the lack of data on AHPs and where they are based, the lack of a long-term workforce plan and believe that limited routes into the professions are affecting the full contribution of AHPs to the primary care model. Another limiting factor remains the under-investment in local health and social care facilities. These centres would enable a broader range of services—such as diagnostics, treatment, and rehabilitation—to be delivered closer to patients. Such facilities would not only reduce travel times and enhance patient satisfaction but also foster collaboration among providers, improving the integration of primary, community, and social care services.

As a result of the [Primary and Community Care Allied Health Professions Guidance: organizing principles to optimize utilization](#), there has also been some progress in relation to increased leadership and ensuring AHP representation on cluster groups, however, this remains complicated by the large number and complexity of cluster groups.

Conclusion

AHPF Cymru emphasizes the importance of increasing awareness of AHPs' contributions to general practice in Wales. By enhancing collaborative practices within multi-disciplinary teams and addressing existing barriers, we can improve the delivery of patient-centred care in varied healthcare settings.

Further information

AHPF Cymru would be happy to provide further information to support the work of the Committee and would welcome the opportunity to give oral evidence. For further information please contact Dr Caroline Walters, Chair AHPF Cymru on caroline.walters@rcslt.org