Psychological Practice in Physical Health: Discussion Paper

The Psychological Professions Network

A collaboration of regional networks sponsored by NHS England to give voice to all psychological professions in workforce planning and to promote excellence in practice

The Psychological Professions Network

The Psychological Professions Network exists to maximise the benefits to the public of the psychological professions across NHS commissioned healthcare in England. It consists of regional workforce networks that join up the three professional groupings of psychological professions: psychological practitioners, psychological therapists, and psychologists (including associate and assistant roles).

The Psychological Professions Network provides a joined-up voice for the psychological professions in policymaking and builds bridges between psychological professionals, the public and policymakers.

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Versions 1.1 | Publication date: Novermber 2023 | Copyright: ©Psychological Professions Network

Acknowledgements

We would like to thank the psychological practice in physical health expert advisory group, external reference group and wider psychological professions stakeholders involved in helping to develop this discussion paper on behalf of the Psychological Professions Network across PPN England. Special thanks are extended to the Experts by Experience involved in the expert advisory group and external reference group.

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Executive Summary

There is potential for psychological practice to have an important impact in improving experiences of physical healthcare. To understand the potential for maximising the impact, the National Psychological Professions Workforce Group at NHS England commissioned a special expert advisory group (EAG) on Psychological Practice in Physical Health.

The EAG was asked to make recommendations on Psychological Practice in Physical Health based on the priorities within the NHS Long Term Plan and emerging priorities as a result of the Covid-19 pandemic. The advice of the EAG will inform consideration within NHS England and the wider system to support the development of psychological approaches and relevant educational content. This will be aligned to the strategic plans in response to major health conditions and long-term conditions.

The overarching message of the EAG was clear. Patients/service users of all ages, their families and carers should be supported across all heath and care settings by an integrated, multidisciplinary workforce and the provision of services that connects across primary and specialist care, physical and mental health services, and health with social care.

This PPN discussion paper has been produced to share the richness of thinking and recommendations that were captured through the EAG. They have been co-produced by expert advisors who are psychological professionals with recognised expertise in physical health and Experts by Experience (EBE) with lived experience of mental and physical health conditions, including carers.

The recommendations represent a "call to action" for PPNs, Chief Psychological Professions Officers, workforce planners, and others (specialist service areas, other health and care professionals) across the health and care system working across the lifespan, with children and young people, adults, older adults, families, and carers, and with communities across all diverse backgrounds.

The purpose of this PPN discussion paper is to enable the PPN, Chief Psychological Professions Officers and workforce planners to facilitate discussions in collaboration with other professional groups, specialist service areas, provider organisations, systems, higher education institutes, regional and national NHS England teams. It provides information on how all the psychological professions can support and contribute to the delivery of an integrated, multidisciplinary, biopsychosocial model of care in all settings alongside other health and care professionals, whilst ensuring the needs of patients/service users, their families and carers are at the heart of decisions. It will be for systems, regions, and national teams to explore how these recommendations should be taken forward. No one organisation holds all the levers for change, but by working together change can and should be progressed.

Overview

A Case for Change

With an ageing population and the impact of health inequalities in England, presentations of long term and major health conditions are increasing significantly. Psychological practice within health and care pathways for these conditions can improve both quality of care and service efficiency, for example by reducing unnecessary consultations.

The needs of patients/service users across the lifespan, their families, carers, and health and care professionals should be at the core of all physical and mental health approaches and identified and supported across all health and care settings.

Overwhelming evidence suggests that patient/service user outcomes and user experiences are better if both physical and psychological interventions are provided together, and that they are psychologically informed.

There is recognition that current service design/provision does not consistently offer psychological input to physical health pathways.

Psychological interventions are recognised as key inputs for certain areas of physical health e.g., cancer care, but are not commissioned consistently, nor commissioned across the full range of physical health pathways.

There is a need across health and care to re-emphasise a holistic biopsychosocial trauma-informed, person-centred approach that encompasses psychological/physical connections at all levels.

There is an ongoing and increasing need to address the differences in status of health between people across the lifespan, and the differences in care and opportunities that they have to lead healthy lives.

There is a need for early training (i.e., core training) and ongoing learning for health professionals to support their role in tackling the psychological aspects of physical healthcare.

Leadership guidance highlights the need for clinical and care professional leadership, from a diversity of backgrounds, to make organisations effective.

Psychological Practice and the Psychological Professions

Psychological practice is a feature of many elements of health and care across the multi-disciplinary team. Some of this psychological practice is delivered by specialist psychological professionals. All psychological professionals are trained to provide individual psychological interventions and/or therapies, but the modality and level of complexity will vary depending on their training. Some psychological professionals also have skills in service transformation, leadership, teaching and research. This paper includes all psychological practice within its scope and highlights the specific potential of specialist psychological professionals as part of this.

Recommendations

Multi-professional and multi-disciplinary education and supervision

- Organisations responsible for core professional training for all health and care professions should consider how generic therapeutic knowledge and skills to support mental wellbeing is included in the training.
- All health and care professionals should be able to access upskilling training and reflective practice to enhance their knowledge and skills of psychological practice/approaches, including how to support their own wellbeing and self-management.
- A toolkit should be developed to support learning and application of psychologically informed practice/trauma informed approaches across all health and care professions, and all physical health, mental health, and community care settings.
- The multidisciplinary workforce should have clear lines of support, constructive clinical supervision, and professional and managerial pathways of accountability and governance.

Leadership and transformation

- A package of communications materials should be developed for systems and organisations to support policy, workforce transformation, workforce planning, service planning and pathway decisions. For example, this could set out a simple and clear model for implementation of different levels of psychological practice in physical healthcare teams.
- Psychological professionals alongside and in collaboration with other health and care professions, should be included in decision-making at senior level in organisations to enable culture change, system change and quality improvement so that physical healthcare becomes more psychological.

Assessing Impact

- Patient reported outcome and experience measures relevant to psychological outcomes for patients/service users and carers in the physical health setting should be routinely utilised.
- Data should routinely be reported on psychological outcomes of health and care, alongside routine reporting of hospital admissions and occupancy data.
- The impact of multidisciplinary workforce upskilling interventions on service delivery should be evaluated and reported.
- The demonstration of the health economic case for psychological practice in physical health settings should be a major area of development and where evidence is available it should be at the fore in making decisions about investment.

Next Steps

This paper represents a 'call to action' for the PPN, Chief Psychological Professions Officers and workforce planners to facilitate discussions in collaboration with other professional groups, specialist services areas, provider organisations, systems, higher education institutes, regional and national NHS England teams. All are asked to work together and take account of the recommendations in taking forward plans for service transformation, workforce planning and development.

1. Introduction

The NHS Long Term Plan has extensive and clear implications for expanding the psychological professions in response to mental health policy. The NHS England Psychological Professions Workforce Plan for England sets out the scale of the requirement for expansion of the psychological professions to 2023/24 to support delivery of the NHS Long Term Plan and the Mental Health Support Teams for schools. It shines a spotlight on the psychological professions specifically because of the massive growth required in these occupations and because the unique contribution of these diverse roles is not widely understood.

The Psychological Professions Workforce Plan for England is primarily focused on the mental health ambitions of the NHS Long Term Plan and on meeting people's mental health needs. However, it also recognises that increasing numbers of psychological professionals' work across physical and integrated healthcare, where they have potential to make a very significant and growing impact contributing to the delivery of multidisciplinary approaches.

The potential impact of the psychological professions for addressing issues related to physical health problems across the lifespan has been recognised in recent developments. For example, NHS Talking Therapies for Anxiety and Depression (formally Improving Access to Psychological Therapies; IAPT) pathways for Long Term Conditions have been expanded and mental health practitioner roles have been embedded in many primary care settings. However, many areas of policy, commissioning, and practice with a focus on physical health or supporting those with co-morbid physical health needs (e.g., cancer, respiratory disease, cardiovascular disease, learning disabilities, dementia, and neuro-diverse presentations), have yet to maximise the impact of psychological practice on population health and wellbeing, psychologically informed treatment and intervention, and health economic benefits in physical health and care. Furthermore, the Covid-19 pandemic has also highlighted the need to maximise the impact of psychological practice and interventions in physical health[1].

To address this, the National Psychological Professions Workforce Core Group established a time-limited Expert Advisory Group to make recommendations on Psychological Practice in Physical Health based on the priorities within the NHS Long Term Plan and emerging priorities as a result of the Covid-19 pandemic. This PPN discussion paper outlines the recommendations that align with the PPNs core purpose and presents these as a 'call for action' for consideration across all parts of the health and care system.

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2. McBride, E., Hart, J., O'Connor, D., Shorter, G., Arden, M.A., Armitage, C. J., Epton, T., Byrne-Davis, L., Chadwick, P., Drury, J., Kamal, A., Lewis, L., Swanson, V., Whittaker, E. & Chater, A. (2021). Behavioural science investment needed to mitigate long-term health impacts of COVID-19. Leicester: British Psychological Society.

1.1 The Psychological Professions

The psychological professions are a diverse group of professions whose work is informed by the disciplines of psychology and psychological therapy. There are 3 main professional groupings, Psychologists, Psychological therapists and Psychological practitioners.

Fig. 1 The Psychological Professions professional group in the NHS in England.

Psychologists

- Clinical Psychologists
- Counselling Psychologists
- Forensic Psychologists
- Health Psychologists

Associate and Assistant Roles

- Clinical Associate in Psychology
- Assistant Psychologists

Psychological Therapists

- Cognitive Behavioural Therapists
- Counsellors
- Child and Adolescent Psychotherapists
- Adult Psychotherapists
- Family and Systemic Psychotherapists
- Psychological Therapists (other)
- Art, Drama and Music Therapists (with AHP Professional Leadership)
- Medical Psychotherapists (with Medical Professional Leadership)

Psychological Practitioners

- Psychological Wellbeing Practitioner
- Education Mental Health Practitioner
- Children's Wellbeing Practitioner
- Mental Health and Wellbeing Practitioner
- Youth Intensive Psychological Wellbeing Practitioner

Notes: (1) Art, drama and music therapists often identify as both allied health professions (AHPs) and psychological professionals. Art, drama, and music therapists will continue to be represented by AHP leadership nationally and regionally, (2) Medical psychotherapists also provide psychological therapy and continue to be represented by medical and psychiatry professional leadership nationally and regionally.

The psychological professions work at individual, organisational and systems levels across a wide range of settings. This includes mental health services, hospitals, primary care services, rehabilitation centres, prisons, local authorities, voluntary community social enterprise (VCSE), and educational settings. They work to improve wellbeing across the lifespan with children and young people, adults, older adults, families, carers, and with communities across all diverse backgrounds. They also support the NHS workforce, which is particularly important as we restore services, manage current service pressures, and help support the wellbeing of the health and care workforce beyond the pandemic. The work is varied and includes delivering psychological therapies, carrying out diagnostic assessments, supporting and empowering people living with long-term physical health conditions, mental health problems, autism, learning disabilities, neurodiverse presentations, dementia, in forensic healthcare settings, and providing professional leadership and governance, supervision, training, and research.

2. A Case for Change

The case for the integration of psychological practice in physical health has been well documented with strong arguments outlined in numerous reviews and advisory reports[2]. Reports include The Kings Fund report 'Bringing together physical and mental health: A new frontier for integrated care' (2016), the NHS recognised framework for long term condition care[3, 4, 5], and the National Institute for Health and Care Excellence (NICE) guidance for depression in adults with a chronic physical health problems[6].There is recognition that "all physical health problems have a psychological dimension" (p.8, The Kings Fund, Naylor 2016) and that integrated care needs to integrate a biopsychosocial model[7] of care.

Box 1. The Kings Fund Report (Naylor, 2016, p.4)

The case for seeking to support physical and mental health in a more integrated way is compelling, and is based on four related challenges:

1. High rates of mental health conditions among people with long-term physical health problems,
2. Poor management of 'medically unexplained symptoms,' which lack an identifiable organic cause,
3. Reduced life expectancy among people with the most severe forms of mental illness, largely attributable to poor physical health,
4. Limited support for the wider psychological aspects of physical health and illness.

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2. Advisory Group Statement on the Integration of Healthcare for Children and Young People (April 2021), Mental Health in Children and Young People's Physical Health Services Advisory Group. (unpublished)
3. NHS England 'Living well, ageing well and tackling premature mortality': Long Term Conditions
4. Coulter, A., Kramer, G., Warren, T., and Salisbury, C. Building the House of Care for people with long-term conditions: the foundation of the House of Care framework. British Journal of General Practice 2016; 66 (645): e288-e290. DOI: https://doi.org/10.3399/bjgp16X684745
5. The Kings Fund - Delivering better services for people with long-term conditions: Building the house of care. (02 October 2013)
6. Depression in adults with a chronic physical health problem: recognition and management. Clinical guideline [CG91], Published: 28 October 2009
7. Engel GL. The need for a new medical model: a challenge for biomedicine. Science. 1977 Apr 8;196(4286):129-36. doi: 10.1126/science.847460. PMID: 847460.

The practical application of integrating psychological practice in physical health settings is inconsistent across individual services, specialisms, and Trusts. The challenges lie across several factors, including those described in the Psychological Professions Network Discussion paper, Maximising the Impact of Psychological Practice in Physical Healthcare (August 2020). The discussion paper outlines the need to reduce dualistic approaches to long-term health conditions, the need to enhance understanding of the competencies of the psychological professions, and the unmet training needs of the wider non-psychological health and care workforce to support the integration of mental and physical health. It highlights the need for better integration and multidisciplinary approaches within and across teams, organisations and through commissioning. It also outlines to need to integrate psychological professions involvement in prevention and health promotion work, the essentials of involving patients/service users, family and carers in care planning, self-management, service development and improvement processes.

2.1 Why Change is Needed

2.1.1 Changes in demographics and population health: With an ageing population and the impact of health inequalities in England, presentations of long term and major health conditions are increasing significantly[8]. Psychological practice within health and care pathways for these conditions can improve both quality of care and service efficiency at a time of rising demand, for example by reducing unnecessary consultations.

2.1.2 Patients/service users, their families, and carers: The needs of patients/service users across the lifespan, their families, carers and health and care professionals should be at the core of all physical and mental health approaches and identified and supported across all health and care settings. There needs to be a move towards understanding the holistic context of patient/service user needs, with a wider focus than symptom management or cure, by taking a rehabilitative or recovery focus to care. In line with other NHS services, any consideration of psychological practice in physical health settings should also take into account the needs of carers[9] and ensure they are provided with assessments and support.

2.1.3 Outcomes: Overwhelming evidence suggests that patients/service users’ outcomes and user experiences are better if both physical and psychological interventions are provided together, and that they are psychologically informed[10]. Evidence[11] highlights improvements can occur in mental health and physical health symptoms, medication use, and improved self-management. The potential for economic cost savings is also evidenced through reductions in GP and A&E attendances, hospital admissions and hospital bed occupancy.

8. The changing health needs of the UK population (2021) - The Lancet
9. Care Act 2014
10. Maximising the Impact of Psychological Practice in Physical Healthcare (August 2020)
11. The impact of mental health support for the chronically ill on hospital utilisation: Evidence from the UK - ScienceDirect

2.1.4 Parity of Esteem: There is recognition that current service design/provision does not consistently offer psychological input to physical health pathways. Physical and mental health are interlinked and there is a need to create health environments that support this integration to enable patients/service users to get the best outcome for their physical health[12].

2.1.5 Commissioning: Psychological interventions are recognised as key inputs for certain areas of physical health e.g., cancer care, but are not commissioned consistently, nor commissioned across the full range of physical health pathways. This is despite sufficient evidence[13] that demonstrates effectiveness across a wide range of pathways. This evidence supports the need to integrate commissioning and service provision within and across services and organisations. Separate commissioning of physical and mental health, and community care services may also serve as a potential barrier to achieving a truly joined up biopsychosocial delivery pathway.

2.1.6 Biopsychosocial framework: There is a need across health and care to re-emphasise a holistic biopsychosocial[14] trauma-informed[15], person-centred approach that encompasses psychological and physical connections at all levels. These needs can be met through a tiered approach based on issues such as complexity and acuity and should consider whole-system approaches.

2.1.7 Health inequalities: There is an ongoing and increasing need to address the differences in status of health between people across the lifespan, and the differences in care and opportunities that they have to lead healthy lives. The Kings Fund 'What are health inequalities?'[16] publication states that the impact of health inequalities is collectively influenced by differences in "health status, access to care, quality and experience of care, behavioural risks to health, and wider determinants of health". Frontline health and care professionals, including psychological professionals, are specifically identified as being key to achieving health inequality reduction across both physical and mental health, and community care services.

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12. No Health Without Mental Health: a cross-Government mental health outcomes strategy for people of all ages - a call to action - GOV.UK (www.gov.uk)
13. Commissioning guidance for Cancer Psychosocial support. Transforming Cancer Services Team, Healthy London Partnership (February 2020)
14. Biopsychosocial definition: the biopsychosocial model proposed by Engel (1977), suggests that 'biological, psychological and social processes [are] integrally and interactively involved in physical health and illness' (Suls & Rothman, 2004)
15. Trauma informed practice definition, Guidance: Vulnerabilities applying All Our Heath (29 March 2022)
16. What are health inequalities? | The King's Fund

2.1.8 Training of all professionals in health and care: There is a call for early training (i.e., core training) and ongoing learning for health professionals in their career-long role of tackling health inequalities, and optimising health and wellbeing[17].There is a need to modernise training for all professionals in health and care to deliver a holistic biopsychosocial trauma-informed, person-centred approach. A key aspect of this is to develop the confidence of physical health professionals to have conversations about relevant psychological factors across health and care practice.

2.1.9 Leadership: The King's Fund report 'Bringing together physical health and mental health' emphasises that the needs of an individual "are met in a co-ordinated way with medical, social and psychological needs being addressed together". NHS England published guidance in September 2021 on effective leadership in Integrated Care Systems, Building strong integrated care systems everywhere: ICS implementation guidance on effective clinical and care professional leadership. The guidance highlights the need for clinical and care professional leadership, from a diversity of backgrounds, to make organisations effective. It is key that psychological professionals are supported to be included in leadership roles within and across the systems in order to support service transformation, making physical healthcare more psychological.

17. Equity and endurance: how can we tackle health inequalities this time? | The King's Fund

3. Psychological Practice and the Psychological Professions

Psychological practice is a feature of many elements of health and care, across multi-disciplinary teams[18,19]. Some of this psychological practice is delivered by specialist psychological professionals, who can also support the development of a more focused psychological approach across teams.

The Appendix sets out key areas of competence and impact for the three groupings of psychological professions based on their 'core' training[20]. All psychological professions are trained to provide psychological interventions and/or therapies, but the modality and level of complexity will vary depending on their training. All psychological professionals would be expected to access appropriate management and supervisory support[21] for their practice. This includes having the ability to access (when required) a psychological and/or non-psychological professional who has specific expertise in working with the physical health condition.

18. Psychological approaches and interventions in multidisciplinary paediatric settings, UCL Centre for Outcomes Research and Effectiveness
19. Psychological Interventions with People with Persistent Physical Health Problems, UCL Centre for Outcomes Research and Effectiveness
20. Core training does not include upskilling or post-qualification practice development.
21. The nature of supervision and experience of the supervisor should be applicable the level of psychologically informed practice delivered and the specialism. Supervision may be delivered by psychological professionals or other informed medical/physical health professionals.

4. Recommendations

This section sets out a proposal to connect professional education in order to integrate mental and physical health specialisms. The following recommendations are for consideration and action across providers, systems, higher education institutes, regional and national NHS England teams:

4.1 Multi-professional and Multi-disciplinary Education and Supervision

4.1.1 Core training curricula: Organisations responsible for core professional training for all health and care professions should consider how generic therapeutic knowledge and skills to support mental wellbeing is included in the training, such as:

- a basic understanding of mental health (particularly anxiety and depression) and how this can present in people of all ages;
- understanding psychological distress and the fear of recurrence of physical health problems;
- the ability to develop a good therapeutic alliance;
- development of effective therapeutic engagement skills;
- understanding of their role in tackling health inequalities;
- the delivery of holistic biopsychosocial, trauma-informed, person-centred approaches.

4.1.2 Post-qualification training/upskilling: All health and care professionals should be able to access post-qualification training/upskilling and reflective practice to enhance their knowledge and skills of psychological practice/approaches. Health and care professionals should also develop knowledge and skills to support their own wellbeing and self-management. Upskilling could occur in a phased manner that builds in a systemic and cultural change approach to skill acquisition and practice development. For example, there could be consideration for prioritisation of resource allocation by provider organisations, systems, regional and national NHS England teams for upskilling training support.

Post-qualification training may build on the above suggested core professional training in generic therapeutic knowledge and skills, and include:

- recognising and understanding common psychological difficulties;
- understanding the impact of physical and psychological health on patients/service users, families, and carers;
- recognising a persons' potential mental health and wellbeing needs within a physical health setting;
- communication skills training to support their ability and confidence to initiate a conversation about mental wellbeing. These conversations may concern psychological distress, fear of reoccurrence of physical health conditions/problems and risk of self-harm or suicide with patients/service users, their families, and carers;
- understanding the determinants of health behaviour (e.g., help seeking, screening, medication use, preparation for treatment, physical activity, eating, smoking) which can influence physical health conditions.

4.1.3 Learning toolkit for health and care professionals: A toolkit should be developed to support learning and application of psychologically informed practice / trauma informed approaches across all health and care professions and all physical and mental health, and community care settings. This should include professionally validated learning resources for health and care staff. It should also include information and guidance on signposting patients/service users, their families, and carers to psychological support. Development of this toolkit should involve consultation with frontline health and care professionals on what information and format is needed.

4.1.4 Workforce support and supervision: The multidisciplinary workforce should have clear lines of support, constructive clinical supervision[22] that is relevant to the specialism (normative, formative, and restorative elements), and professional and managerial pathways of accountability and governance. This should include access to all forms of organisational workforce support services and consideration for mentoring or buddying between physical and mental health professionals.

4.2 Leadership and Transformation

4.2.1 Communications package for commissioners, systems, and organisations: An infographic and stakeholder communication package 'What can Psychological Professions offer in physical health settings?' should be developed. This could also include best practice case studies resources to support workforce transformation, workforce planning, service planning, and pathway decisions, which would:

- Show how patients/service users, their families and carers can benefit from the psychological support for their health and care needs;
- Demonstrate to employers and workforce planners how psychological practice and psychological professions can make a unique contribution to physical health services;
- Demonstrate the economic benefits for the system.

4.2.2 Culture change though leadership: Culture change, system change, and quality improvement approaches should be driven by the inclusion of senior psychological professionals alongside and in collaboration with other health and care professionals at higher organisational levels. This should include within provider organisations, systems and regional and national NHS England structures. The development of clinical and care professional leadership, from a diversity of backgrounds, can make these organisations more effective[23] and can help deliver:

- The formulation of clinical strategy for the organisation,
- Multi-disciplinary accountability for the care they provide, the wellbeing of their workforce, and the effective running of their organisation,
- A healthy culture for the organisation and the senior leadership groups.[24]

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22. The nature of supervision and experience of the supervisor should be applicable the level of psychologically informed practice delivered and the specialism. Supervision may be delivered by psychological professionals or other informed medical/physical health professionals.
23. Building strong integrated care systems everywhere: ICS implementation guidance on effective clinical and care professional leadership. NHS England. Version 1, 02 September 2021
24. The Healthy NHS Board 2013: Review of Guidance and Research Evidence. NHS Leadership Academy.

4.3 Assessing Impact

Further assessment and analysis of the impact of psychological approaches in physical health and care is required to support the systemic and consistent implementation of psychological approaches. This needs to be undertaken at a range of levels of service design and provision and should inform continuous service improvement. In assessing impact, the following factors should be included:

4.3.1 Outcome measurement: Patient/service user and carer reported outcome and experience measures relevant to psychological outcomes in the physical health setting should be routinely utilised. These should include measures of mental health and physical health symptoms, and of social and employment impacts.

4.3.2 Reporting of outcomes: Data should be routinely captured, reported, and published for transparency on psychological outcomes of health and care, alongside routine reporting of hospital admissions and occupancy data. Standardisation of data nationally will support 'like-for-like' analysis and drive improvements via the collation of larger samples of data.

4.3.3 Measurement of impact of workforce upskilling: The impact of multidisciplinary workforce upskilling interventions on service delivery should be evaluated and reported. This should include feedback from a range of stakeholders such as patients/service users, their families and carers, and workforce feedback on areas such as confidence, competence, and impact on job satisfaction.

4.3.4 Tracking expansion of the Psychological Professions workforce: Future planning for the expansion of established and new roles into physical health settings is required to ensure that this progresses alongside the growth in mental health required by the NHS Long Term Plan and NHS Mental Health Implementation Plan. Consideration should be given to upskilling of the current psychological professions workforce and ensuring that trainees achieve the competencies to work across both mental and physical health settings.

4.3.5 Demonstrating the health economic case: The demonstration of the health economic case for psychological practice in physical health settings should be a major area of development. It is for systems, regional and national teams to support this demonstration and where evidence is available it should be brought to the fore in making decisions about investment.

5. Next Steps

The needs of patients/service users, their families, carers and health and care professionals should be at the core of all physical and mental health approaches. We can go much further in maximising the impact of psychological practice in physical healthcare. Provider organisations, systems (Integrated Care Boards and Integrated Care Partnerships), higher education institutes, regional and national NHS England teams are asked to take account of the recommendations in taking forward plans for service transformation, workforce planning and development.

There is a need to grow the psychological professions workforce in physical health settings to support a more psychologically informed and integrated approach to health and care alongside other members of multi-disciplinary teams. It is proposed that specialist areas could consider what is required to further embed psychological practice in physical health and take next step actions to review and implement using a collaborative multi-professional approach. By working together across the system to deliver these recommendations, we can achieve better outcomes and more psychologically oriented health and care for patients.

6. Appendix

6.1 What psychological professionals are trained to provide (based on core training competencies)

The competencies outlined in table 1 originated from the Psychological Professions Network discussion paper, 'Maximising the Impact of Psychological Practice in Physical Healthcare' (August 2020). These have been further expanded to demonstrate how and where psychological professions within the 3 groupings can support the delivery of psychological practice in physical health and care.

Table 1.

Competency Area[25]	Specific skills	Psychologists	Psychological Therapists	Psychological Practitioners
Clinical activities across all clinical populations	Examples of clinical activities: i. Individual work: Face to face; telephone; digital healthcare. ii. Couples work iii. Family work iv. Group work v. Joint working with other health care providers (HCPs) Areas of delivery: • Prevention • Early intervention • Self-management • Referral management • Primary Care • Diagnostics • Outpatients • Surgery/Inpatient • Community services and Rehabilitation • Discharge	• Utilising psychological therapy and theory to provide therapeutic interventions, which may be across the lifespan and multiple settings and clinical populations. • Additional training may be required to meet multi-professional accredited standards for specific therapies, settings, and populations	• (i-iii, v) Providing psychological therapies to multi-professionally accredited standard dependent on training modality, for example: - Cognitive Behavioural Therapy - Counselling - Family & Systemic Psychotherapy - Psychodynamic approaches • (iv) with additional training	• (i) Brief psychological interventions including: - Guided self-help - Psychoeducation - Signposting to support - Liaison with other agencies - Risk assessments

25. Competencies outlined are based on those identified the Psychological Professions Network discussion paper, 'Maximising the Impact of Psychological Practice in Physical Healthcare' (August 2020)

Competency Area	Specific skills	Psychologists	Psychological Therapists	Psychological Practitioners
Leadership, Management and Professional Governance	i. Clinical supervision ii. Clinical Leadership iii. Professional management of workforce iv. Professional governance of design and delivery of all psychological interventions Examples: • Leading a clinical/health psychology service providing evidence-based psychological interventions, managing, and further developing this service in hospital and community healthcare settings. • Clinically leading an NHS Talking Therapies for Anxiety and Depression Long Term Conditions (LTC) service. • Advising public health practitioners on the psychology of behaviour change.	• Usually more senior roles (i-iv)	• Usually more senior roles for (i- iii) • Rarely (iv) without additional training or experience	• Usually more senior roles for (i- iii) • Rarely (iv) without additional training or experience
Delivering education and training for all workforce groups	To train and support the wider health and care workforce to: i. Understand the integration of physical and psychological factors and trauma-informed care in the context of a health condition ii. Develop skills in working with and responding to people in the context of them having a physical health condition iii. Improving knowledge of mental health conditions, presentations, and responses to them iv. Assessment of and responses to suicide risk and safeguarding issues v. Communication skills to enable i-iv (above) vi. To improve the skills and confidence of physical health and care professionals to have conversations about mental health (particularly around risk) with those with physical health conditions	• Within newly qualified scope (i-vi)	• Usually requires additional training or experience (i-vi)	• Usually requires additional training or experience (i-vi)

Competency Area	Specific skills	Psychologists	Psychological Therapists	Psychological Practitioners
Clinical and service-related research and audit	i. Identifying a service improvement need ii. Implementing quality, service improvement and redesign tools to drive and measure the improvement iii. Designing and validating questionnaires/ choosing the most applicable validated measure. iv. Measuring and evaluating clinical outcomes and implementing improvements v. Publishing and disseminating results	• (i-v) Within newly qualified scope	• (i and iv) Within newly qualified scope • (ii, iii and v) Usually more senior roles	• (i and iv) Within newly qualified scope • (ii, iii and v) Usually more senior roles
Workforce support (wellbeing, occupational health)	**The psychological professions can provide support to the multi-professional workforce in many ways including:** i. Restorative supervision (group or individual) ii. Facilitation of Schwartz Rounds (see Point of Care Foundation) iii. Reflections following a critical incident iv. Coaching and mentoring	• Delivery of (iii) usually from early career	• Additional training required for formal delivery of (ii-iv)	• Additional training required for formal delivery of (ii-iv)
Service Transformation (across all levels)	i. Identifying a service improvement need ii. Implementing quality, service improvement and redesign tools to drive and measure the improvement iii. Design and delivery of service transformation such as prevention services iv. Improving integration across health and social care boundaries to be able to provide coordinated physical, psychological, and social care, and the sharing and learning from best practice	• (i-ii) Within newly qualified scope • Usually at more senior levels (iii-iv)	• (i-ii) Within newly qualified scope • (iii-iv) Rare unless additional training/ role development	• (i-ii) Within newly qualified scope • (iii-iv) Outside scope of practice

Competency Area	Specific skills	Psychologists	Psychological Therapists	Psychological Practitioners
Consultation with multi-professional health and care workforce	Consultation with multi-professional health and care workforce aids cross-learning and helps: i. Understand and apply a holistic biopsychosocial, trauma-informed, person-centred approach ii. Formulate and normalise a person's presentation, including their distress, fears, and behaviours. iii. Improve the care of and rapport with the person iv. Tailor their intervention to the needs of the person	• Within newly qualified scope • Up to high presenting complexity and acuity (i-iv)	• Within newly qualified scope • Range is across low to high presenting complexity and acuity (i-iv) • Additional training and experience required for greater complexity or wider range of settings	• Within newly qualified scope • Low to moderate presenting complexity and acuity (i-iv) • Additional training and experience required for greater complexity or wider range of settings.
Facilitate and support Experts by Experience involvement	In the areas of: i. Supporting partnership working model of engagement and involvement ii. Enabling involvement in service development and improvement iii. Implementation of involvement strategies	• (i-ii) Within newly qualified scope • (iii) Senior roles	• (i) Within newly qualified scope • (ii) For specific involvement activities • (iii) Senior roles	• (i) Within newly qualified scope • (ii) For specific involvement activities • (iii) Senior roles

6.2 Members of the core Expert Advisory Group

Name	Job title	Organisation
Gita Bhutani	EAG Co-Chair; PPN England Development Lead, NHS England	NHS England / PPN England
Sunny Kalsy -Lillico	EAG Co-Chair; PPN Midlands Chair	PPN Midlands
Nadine	Expert by Experience	
Amy Harris	Expert by Experience	
Terry Bryant	Expert by Experience	
Marie Acton	Clinical Lead, High Intensity Talking Therapies for Anxiety and Depression (previously IAPT)	Humber Teaching NHS Foundation Trust
Amy Blakemore	Mental Health Lecturer	University of Manchester
Angela Busuttil	Consultant Clinical Psychologist	Sussex Partnership NHS Foundation Trust
Lucie Byrne-Davis	Health Psychologist	University of Manchester
Angel Chater	Health Psychologist	University of Bedfordshire
Deborah Christie	Consultant Clinical Psychologist	University College London Hospitals
Anne-Marie Doyle	Consultant Clinical Psychologist	Royal Brompton and Harefield Hospital, Guys and St Thomas' Foundation Trust
Paul Farrand	Consultant Clinical Psychologist	University of Exeter
Dorothy Frizelle	Consultant Clinical Health Psychologist	Mid Yorkshire Hospitals NHS Trust
Helen Griffiths	Consultant Clinical Psychologist	John Radcliffe Hospital, Oxford
Mark Griffiths	Consultant Lead Clinical Psychologist	Liverpool Heart & Chest Hospital NHS Foundation Trust
Jo Hall	Consultant Clinical Psychologist	Derbyshire Community Health Services NHS Trust
Claire Hallas	Lead Health Psychologist, Staff Psychology Service	Northampton General Hospital NHS Trust
Jane Hutton	Consultant Clinical Psychologist	Liverpool University Hospitals Foundation Trust
Gary Latchford	Consultant Clinical Psychologist	Leeds University
Joanne Levene	Lead for Physical Health Psychology	Nottinghamshire Healthcare NHS Foundation Trust
Peter Pearce	Psychotherapist	Metanoia Institute
Heather Salt	Consultant Clinical and Health Psychologist	Oxford Health NHS Foundation Trust
Kate Smith	Counselling and Psychotherapy	Abertay University, Dundee
Sue Wright	Clinical Psychologist	Birmingham Community Healthcare NHS Foundation Trust
Eliane Young	Consultant Clinical Psychologist	Addenbrooke's Hospital Cambridge

Expert by Experience External Reference Group

Name	Job title	Organisation
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Alison Bryant	Expert by Experience	
Rona Topaz	Expert by Experience	
Sarah Markham	Expert by Experience	

External Reference Group

Name	Job title	Organisation
Louise Allnutt	Child and Adolescent Psychotherapist	University College London Hospital
Alan Bowman	Clinical Psychologist	Teesside University
Eleanor Bull	Health Psychologist	Manchester Metropolitan University
Sally Cox	Clinical Psychologist	Liverpool University Hospitals NHS Foundation Trust
James Parker	Clinical Psychologist	South Warwickshire University NHS Foundation Trust
Susan Savory	Retired, formerly Consultant Clinical Psychologist	Gloucestershire Hospitals NHS Foundation Trust
Sahil Suleman	Clinical Psychologist	Birmingham & Solihull Mental Health NHS Foundation Trust
Carla Webb	High Intensity Therapist	North Yorkshire Talking Therapies for anxiety and depression
Anna Lagerdahl	Clinical Psychologist	Great Western Hospitals NHS Foundation Trust
Andrew Morgan	Clinical Psychologist	Liverpool University Hospitals NHS Foundation Trust
Sarah Rutter	Clinical Psychologist	North Manchester General Hospital

Project Team

Name	Job title	Organisation
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Rebecca Jacobs	Assistant Psychologist (Project Support)	PPN Midlands

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