ACP UK
ASSOCIATION OF CLINICAL PSYCHOLOGISTS

To the National Psychological Professions Network (NHS England)

Re: Maximising the Impact of Psychological Practice in Physical Healthcare: Discussion Paper, Psychological Professions Network, August 2020

We write on behalf the UK Association of Clinical Psychologists (ACP-UK). Our Clinical Health Psychologist members work clinically across a breadth of physical healthcare areas such as pain management, diabetes, cancer, cardiorespiratory disease, nephrology, stroke neurorehabilitation/ neuropsychological rehabilitation and persistent/ medically unexplained symptoms, to name a few. We very much welcome this discussion paper and the invitation to begin a dialogue. We also look forward to contributing to future work streams to continue the work and ambition to improve and standardise the psychological care offer in physical health contexts and in working with colleagues from the PPN and the BPS, to seek to achieve this.

We agree with the overall aims of the paper and with many of the points outlined in the Executive Summary. In particular, we agree with the assertions that:

1. there is an urgent need for formal local and national strategic representation of the psychological professions working within physical healthcare
2. we need to develop a clear framework of what the different psychological professional groups can provide; of how this skill mix can be best organised within optimised pathways of care; and in terms of what an optimal skill mix might look like, to support real, practicable and accessible integrated care, with quality assurances, within relevant care pathways (reflecting on available evidence and examples of best practice that exist across the healthcare system).

However, we would like to see the paper more fully recognising the complexity and breadth of clinical psychology roles within physical healthcare and service pathways, and the cost-effective value and quality improvement that such inputs and ways of working bring. We suggest that the paper could be strengthened by including examples of clinical innovation at service and system levels which demonstrate added value and cost-effective care improvement, whereon the paper could then reflect on what can be learned from these examples. Discussion and recommendations around workforce planning guidance (and of how psychological professional skill mixes can best be brought together for optimised care) is also an area missed in the paper which would be valuable to include.

The narrative within the paper around the 12 psychological professions would, we feel, benefit from clarity in discussion and narrative. Statements such as *"psychological professions are trained in a broad range of competencies"* (p.16), for example, are not wholly helpful, we would suggest, as it leads to an impression that all psychological professions have a core training, which is incorrect and misleading (as there are obviously vast differences in levels and type of training depending on the specific psychological professional role). These role and skill differences between professional groups are important to recognise and convey if we are to inform and educate commissioners in a facilitative manner: as the role of all of the 12 psychological professional groups is practically determined by the skills they can each bring to direct and indirect clinical care,

according to their training and expertise – this practical reality cannot and shouldn't be ignored or muddied.

A substantial part of the discussion within the paper is also focused on IAPT and IAPT-related working and this does not adequately reflect the rich picture of psychological contributions to MDT healthcare in physical health contexts; so we would suggest that the paper would benefit from a wider narrative, more fully encompassing descriptions and examples of the work it aims to represent.

The NHS England Long Term Plan (NHS LTP) move towards system redesign according to an ambition and plan (now in motion) to develop Integrated Care Systems would also very much benefit from being reflected and commented on within the paper; particularly in terms of the huge influence and potential this raises for system level planning for psychological care planning in physical health.

We are aware of various examples of best practice that would be illuminating to share when discussing NHS LTP ambitions in the paper and how psychology contributions in physical healthcare (in terms of pathway redesign, direct care, indirect care/ training of other professionals in psychologically informed care etc.) can improve care outcomes, patient experience and cost effective care. It would be helpful to have a particular focus on the 'big ticket' goals of the Plan i.e. reduction of avoidable hospital admissions, reduced A&E activity, increased rates of community and practice-based integrated care and improvements in psychological care within key NHS clinical areas, e.g. cardiorespiratory care, stroke, diabetes etc. A broader discussion in the paper, which noted and reflected on best practice examples, exemplifying how these needs can be met, would very much enhance the paper and its strategic value.

In conclusion, as a network of Clinical Health Psychologists, sharing a vast level of expertise and experience, in working across areas of physical healthcare, we look forward to working with PPN colleagues on future work under this work stream, and to contributing to onward guidance development, to provide a helpful lead to HE, NHSE and NHS commissioners.

Yours sincerely,

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Prof Mike Wang, Consultant Clinical Psychologist, Chair of the Board of Directors ACP-UK

On behalf of the Clinical Health Psychology Network, ACP UK, membership & on behalf of the ACP-UK