This document is part of a broader marketing strategy for Clinical Psychology. Following a survey of customer needs, one of the key recommendations of the marketing strategy was the need to develop local marketing strategies. To assist clinicians in this task, a variety of resources and useful links have been collated in this document.
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Appendix 22: NWW Good Practice Guide on the Contribution of Applied Psychologists to Improving Access for Psychological Therapies (Summary and recommendations)
Appendix 23: NWW Organising, Managing, and Leading Psychological Services (Summary and recommendations)
Appendix 24: NWW new roles project group (Summary and recommendations)
Appendix 25: NWW Training models in applied psychology (Summary and recommendations)
Appendix 26: NWW Working psychologically in teams (Summary and recommendations)
Introduction and aims of this document

This document has been produced to help clinicians develop local strategies in order to promote the profession. After outlining the main findings and recommendations from the customer needs research a number of resources and examples have been collated. As set out in the marketing strategy recommendations the aim is to use this information to develop local marketing strategies for Clinical Psychology services. The purpose of such strategies would be to highlight what can be offered in an increasingly competitive and market orientated NHS. Strategies should emphasize:

- The products that can be offered by Clinical Psychology
- Link products with organisational objectives (offering solutions not just products)
- Be clearly costed in terms of cost of providing services and an estimation of cost savings / benefits
- Include outcome indicators
- Highlight the evidence base and guidance to support proposed strategy
- Possibly using a programme budgeting and marginal analysis approach (see appendices 1,2 and 3)
- Highlight the skills of Clinical Psychologists and arguments supporting the need for their input

A number of documents have already been produced by the profession. This document is intended to be used as a reference document collating various sources of information. Many people may be familiar with some of these resources however it was thought that it may be useful to pull some of these together into one document. It would be useful when the web site is updated to include these resources in the member’s area, over time new information and other examples could then be added.

It should also be noted that given the diversity of Clinical Psychology services it is not possible to cover every specialty. This guidance aims to set out general marketing principles for the profession which should be applicable to all services.
Section 1. Customer Needs document

The customer needs assessment, conducted as part of this project, provided a great deal of information, however to quote Winston Churchill;

"This report, by its very length, defends itself against the risk of being read."

Therefore some of the key issues raised and the findings are summarised below along with a brief outline of the recommendations from the project.

1.1 Executive summary

In response to the changing climate of the NHS this project was commissioned to gain an understanding of ‘customers’ needs and devise a marketing strategy for the profession of Clinical Psychology. For the purposes of this document the term customer refers to those financing services i.e. commissioners and managers of services, not patients who in this context would be perceived as consumers.

A two phase approach was taken in order to gather information. Firstly a 47 item questionnaire containing five sections was produced and distributed to Clinical Psychologists and non-clinicians such as managers, commissioners and Chief Executives (see section 4.2). The aim of this was to gain an indication of what differing groups perceived as priorities and what percentage of Clinical Psychologists were perceived to be delivering on these different areas. The key findings from this survey were:

- General agreement between Clinicians and non-clinicians regarding priorities in all sections with the exception of section B (Treatment offering).
- Some indications of differences in perspectives were noted with clinicians rating clinical skills higher and non-clinicians rating access more importantly.
- Supporting other professionals and working with complex cases were agreed priorities.
- Responses suggested that there may be a lack of understanding from non-clinicians regarding certain areas i.e. reflective practice.
- Non-clinicians generally rated the percentage of Clinical Psychologists delivering on these items as lower than clinicians rated. On 19 out of 47 items the difference between the two groups was statistically significantly different (p>0.05).

Following the questionnaire 14 in-depth interviews were conducted again with a mix of clinicians and non-clinicians such as Chief Executives, commissioners, managers and clinicians with specialist roles (see section 4.1). The main findings from these interviews are presented below:

- Breadth and depth of Clinical Psychologists roles was highlighted.
- Valued roles in terms of supporting other professionals and working with complexity.
- The need to engage with all stakeholders.
- Consideration of how best to engage with and influence commissioners.
Variability in terms of perception of what value the profession adds.
Lack of clarity regarding the role of Clinical Psychologists, expectations of different grades and the need to clarify what exactly Clinical Psychologists can and can not do.
Issues were raised regarding integration and isolation of the profession from other team members.
Variability in terms of quality and individual capabilities.
Issues regarding training and how prepared newly qualified staff are to meet expectations.
The diversity of settings in which Clinical Psychologists work and issues relating to specific specialties were also highlighted.

Both the questionnaire survey and the interviews have identified a variety of issues for the profession. The findings; provide an insight into customers needs, have helped to identify some Unique Selling Points (USP) and have contributed to a SWOT analysis for the profession.

**Identification of ‘customer needs’**
Customers as surveyed and interviewed have identified the following needs as important to them:

- Treatments with an evidence base
- A range of therapeutic approaches and the opportunity to draw from multiple models
- Supervision/guidance and support of other team members
- Support team members to manage and work with complex cases and presentations
- Integration of theory and practice
- Ability to manage case loads effectively and manage and reduce waiting lists
- Increase access to services
- Responsive to local needs
- Ability to contribute to organisational performance and delivery, strategic planning and team performance and delivery.
- Skilled staff at lower grades (‘value for money’)
- Demonstration of the value/impact and benefit of interventions at both a micro level (how individuals respond) and a macro level (benefits to the health economy)
- Clarity of role and expectations
### 1.2 Pest analysis

Some of the main issues are presented in the table below. There will be many local issues and issues specific to certain services which will need to be added to this analysis.

<table>
<thead>
<tr>
<th>Political future</th>
<th>Economic future</th>
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<tbody>
<tr>
<td>• DoH policy</td>
<td>• Future expenditure on NHS services</td>
</tr>
<tr>
<td>• Legislation</td>
<td>• Development of differing grades of applied psychologists i.e. Bands 4, 5 and 6</td>
</tr>
<tr>
<td>• Guidance i.e. NICE</td>
<td>• Increase in providers of services leading to competition</td>
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<tr>
<td>• Registration &amp; Health Professions Council</td>
<td></td>
</tr>
<tr>
<td>• Foundation Trusts</td>
<td></td>
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<tr>
<td>• Changes to commissioning arrangement and an Increasing market place / competition</td>
<td></td>
</tr>
<tr>
<td>• Changes to MH Act</td>
<td></td>
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<tr>
<td>• Mental Capacity Act</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Socio-cultural future</th>
<th>Technological future</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increased acceptance / demand for psychological input</td>
<td>• Developments in therapeutic approaches and increased evidence base</td>
</tr>
<tr>
<td>• Aging population</td>
<td>• Developments in CCBT</td>
</tr>
<tr>
<td>• Increasing on demand 24 hour society</td>
<td>• Use of telephone services</td>
</tr>
<tr>
<td>• Higher expectations of services</td>
<td>• Self help / online support</td>
</tr>
</tbody>
</table>
### SWOT analysis

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Access to evidence base</td>
<td>- Non-clinician (‘customers’) perception that Clinical Psychologists are not demonstrating the skills, competencies and behaviours that they think are most important (e.g. providing evidence based treatments, outcome measures, managing/ reducing waiting lists) but are doing more of what they don’t rate as important.</td>
</tr>
<tr>
<td>- Broad range of therapeutic interventions</td>
<td>- Limited credibility amongst other professional colleagues</td>
</tr>
<tr>
<td>- Guidance and support role</td>
<td>- Not seen as ‘team players’ at local or organisational levels</td>
</tr>
<tr>
<td>- Direct patient work</td>
<td>- Not evidencing the value/ benefit of input</td>
</tr>
<tr>
<td>- Ability to work with complex cases and presentations</td>
<td>- Lower grades seen as expensive</td>
</tr>
<tr>
<td>- Skills in research and audit</td>
<td>- Not demonstrating sufficient leadership</td>
</tr>
<tr>
<td>- Skills in organisation/service development</td>
<td>- Not seen to be aware of organisational issues or commissioner needs</td>
</tr>
<tr>
<td>- Clinical Quality</td>
<td>- Lack of standardisation, or professional quality assurance, of roles and competences</td>
</tr>
<tr>
<td>- Intensive Post Graduate Education</td>
<td>- Perceived as resistant to change and self interested/ isolated</td>
</tr>
<tr>
<td>- Intelligent and energetic members of the Profession</td>
<td>- Perceived as indecisive, and spending too much time ‘navel gazing’</td>
</tr>
<tr>
<td></td>
<td>- Entry gates to the profession overly focussed on academic skills compared to other important human skills</td>
</tr>
<tr>
<td></td>
<td>- Too much depends on individual capabilities, not professional consistency</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Opportunities</strong></td>
<td><strong>Threats</strong></td>
</tr>
<tr>
<td>- Supervision</td>
<td>- Perception that things the profession sees as important weren’t seen as such by ‘customers’</td>
</tr>
<tr>
<td>- Mental Capacity Act 2005</td>
<td>- Mental Health Act 2007</td>
</tr>
<tr>
<td>- Mental Health Act 2007</td>
<td>- Medical model</td>
</tr>
<tr>
<td>- Training other to deliver psychological interventions</td>
<td>- Lower grade/entry level staff seen as expensive and unskilled compared to other professions for the money</td>
</tr>
<tr>
<td>- To be involved in service and organisational development</td>
<td>- Agenda for Change has brought transparency to bandings – lack of equality within the profession across areas, and also lack of equality in terms of role and responsibility compared to other professions</td>
</tr>
<tr>
<td>- To ensure all Clinical Psychologists are seen as competent in evidence based interventions (e.g. CBT)</td>
<td>- Lack of professional Quality Assurance and variable delivery in terms of core competencies, skills and roles</td>
</tr>
<tr>
<td>- To develop outcome measures to demonstrate the value/benefit and impact of Clinical Psychologists interventions</td>
<td>- Not being prepared to take on a leadership role or support organisational development</td>
</tr>
<tr>
<td>- To be leaders in managing care of people with complex presentations</td>
<td>- Failure to adapt to change</td>
</tr>
<tr>
<td>- Engagement with commissioners and commissioning at local levels</td>
<td>- Uncertainty/lack of clarity over role</td>
</tr>
<tr>
<td>- Develop professional skills in leadership</td>
<td>- Failure to identify what a Clinical Psychologist can and can’t do</td>
</tr>
<tr>
<td>- Engage with key stakeholders at an organisational level</td>
<td>- Failure to link training to ‘New Ways of Working’ and ‘10 Essential Shared Capabilities’</td>
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<tr>
<td>- Support the development of functional approaches to services, rather than professional silo’s</td>
<td>- Failure to ensure newly qualified staff competent in evidence based interventions (CBT)</td>
</tr>
<tr>
<td>- Foundation Trusts – to clarify role and Expectations</td>
<td>- Being professionally rather than functionally and skills based and competency focussed</td>
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<tr>
<td></td>
<td>- Other professions delivering talking therapies</td>
</tr>
</tbody>
</table>
1.4  **Unique Selling Points of Clinical Psychologists**

From the customer needs survey a number of USP’s were identified

- Broad Knowledge Base
- Ability to conduct and review research
- Range of approaches/modalities
- Skills in Supervision
- Ability to deal with complex presentations
- Ability to work with teams, supporting service and organisational developments
- Ability to offer oversight and ‘umbrella’/consultancy
1.5  **Summary of Marketing strategy recommendations**

The analysis of customer needs highlighted the many ways in which the profession can add value to services and a number of opportunities for the future. However, it has also highlighted the lack of understanding or awareness of Clinical Psychology and a number of potential threats. To avoid the potential threats and ensure opportunities are not missed it is important that the profession acts promptly.

"When you are thirsty, it's too late to dig a well." (Japanese Proverb)

**Stakeholder analysis**

Before considering the recommendations it is important to highlight that marketing needs to be carried out at various levels to different stakeholders. Consideration needs to be given as to:

- **Who** needs to be marketed / marketed to?
- **How** they are marketed
- **What** is used to market
- **Where** and **When**

The table on the following page highlights the complex issues in terms of the multiple markets, or stakeholders of Clinical Psychology services. Some items in the second column are speculative and are followed by a question mark, others are based upon information from the customer needs document. The final column summarises the suggested marketing methods to reach these groups.
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<thead>
<tr>
<th>Markets</th>
<th>Stakeholders</th>
<th>Marketing strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary</strong></td>
<td>• Patients / service users</td>
<td>• Brief leaflet information to sign post</td>
</tr>
<tr>
<td></td>
<td>• Families / relatives / carers</td>
<td>• Website – specific pages for patients with access to educational information about psychological problems; a page of myths regarding Clinical psychology; types of therapies approaches; information about potential benefits / outcomes for individuals; testimonies from users of different types of services</td>
</tr>
<tr>
<td></td>
<td>• What kind of benefits are desired by this market?</td>
<td>• Information in local and national print and television media</td>
</tr>
<tr>
<td><strong>Secondary</strong></td>
<td>• Service / trust managers</td>
<td>• Brief leaflet information to sign post</td>
</tr>
<tr>
<td></td>
<td>• Value for money</td>
<td>• Newsletter</td>
</tr>
<tr>
<td></td>
<td>• Reduction in waiting times and increased access to services</td>
<td>• Website - specific pages relating to possible roles and different types of service models; clinical and cost effectiveness; costed examples of effectiveness; implications for Clinical Psychology in government and NICE guidance</td>
</tr>
<tr>
<td></td>
<td>• More integration within MDT</td>
<td>• Direct liaison with managers at various levels; development of clear local strategy and expectations; possibly using job planning; explaining what can’t be done and why</td>
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<td></td>
<td>• Support for other professionals, particularly with complex cases</td>
<td></td>
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<td></td>
<td>• Ensure activity reflects trust objectives</td>
<td></td>
</tr>
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<td></td>
<td>• Throughput timely access and flow through services</td>
<td></td>
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<td></td>
<td>• Outcomes in terms of activity and patient outcomes</td>
<td></td>
</tr>
<tr>
<td><strong>Legitimiser</strong></td>
<td>• Government legislation / targets</td>
<td>• Continued involvement at national level advising and influencing guidance and legislation</td>
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<td></td>
<td>• Government guidance i.e. NICE</td>
<td>• Production of activity and outcome data locally to inform services</td>
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<td></td>
<td>• Audit and Clinical governance procedures</td>
<td>• Collation and dissemination of activity and outcome data nationally</td>
</tr>
<tr>
<td></td>
<td>• Professional body i.e. DCP or BPS</td>
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<td></td>
<td>• Health Professions Council</td>
<td></td>
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<td></td>
<td>• Maintain quality / standards</td>
<td></td>
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<td></td>
<td>• Research and Development into new or modified intervention to provide evidence base</td>
<td></td>
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<tr>
<td><strong>Resourcer</strong></td>
<td>• Commissioners</td>
<td>• Brief leaflet information to sign post</td>
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<td></td>
<td>• GP (practice based commissioners)</td>
<td>• Newsletter</td>
</tr>
<tr>
<td></td>
<td>• Value for money (services or professionals that meet targets / needs, fiesta’s not Ferrari’s)</td>
<td>• Website - specific pages highlighting roles and specific skills; modalities that the profession can offer; different types of service models; clinical and cost effectiveness; costed examples of effectiveness; implications for Clinical Psychology in government and NICE guidance</td>
</tr>
<tr>
<td></td>
<td>• Effective use of resources</td>
<td>• Greater contact to offer guidance and inform commissioners</td>
</tr>
<tr>
<td></td>
<td>• Reduction in waiting times and Increased access to services</td>
<td>• Take on commissioning roles</td>
</tr>
<tr>
<td></td>
<td>• Demonstrated improvements in outcomes</td>
<td>• Production of activity and outcome data locally to inform services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Collation and dissemination of activity and outcome data nationally</td>
</tr>
</tbody>
</table>

Recommendations
The following list of recommendations suggests possible ways to address the issues raised in the customer needs analysis and promote the continuing development of the profession. It should be noted that these are general recommendations for the profession as a whole. A number of the recommendations require a national response, some recommendations require local action. Due to the diversity of Clinical Psychology and the way in which the profession has evolved in different service areas and localities some of these recommendations may be more or less pertinent to individual services.

The following recommendations have been set out in three categories:

Do  – clarifying to customers what the profession can offer
Show – demonstrating what has been done
Tell  – customers what you have done / are doing

Do - clarifying to customers what the profession can offer

Clarification of what the profession can and can not offer
There is a need for clinicians to be clear with colleagues, managers and commissioners what their role is. In particular what the profession can not offer i.e. circumstances were Clinical Psychologists are undertaking roles which are more suited to the skills of others in the service, or where the use of a Clinical Psychologists time is using up valuable time of a limited resource and could be done by other staff.

• Clearly communicate what direct clinical interventions can be offered, the range of approaches used and the evidence base for such interventions. There is also a need to consider NICE guidelines and emphasize how compatible Clinical Psychologists competencies are with such guidelines. In particular there is a need to emphasise the level of competence in CBT.

• Clearly communicate roles and why certain roles are not appropriate

• Production of specific information regarding expectations of Clinical Psychologists at different grades

• Work plans
One suggestion to address this is the use of work plans to explicitly set out expectations and clearly inform or negotiate with customers how Clinical Psychology time is to be used.

Implications for training
Clinical training is clearly of a very high standard, however there were some needs identified by customers regarding specific skills they required from newly qualified Clinical Psychologists. The main skills identified being competency in specific therapies, with CBT explicitly named, and the skills to provide effective clinical leadership. There appears to be a degree of uncertainty on the part of customers regarding the exact nature of skills
acquired during training. This reflects customer’s perspective that they are less interested in generic skills and are more focussed upon specific modalities to meet specific needs.

- Courses need to consider how best to communicate exactly what is being delivered by explicitly emphasising skills and linking this with customers needs. A more extreme measure would be considering accreditation of specific elements i.e. therapeutic skills, supervision, leadership skills to enable customers to clearly judge the level of proficiency.

**Show - demonstrating what has been done**

**Development of local marketing strategies for Clinical Psychology services**
The purpose of such strategies would be to highlight what can be offered in an increasingly competitive and market orientated NHS. Strategies should emphasize:

- The products that can be offered by Clinical Psychology
- Highlighting the range of therapeutic approaches that can be offered, and how these link with NICE guidelines
- Link products with organisational objectives (offering solutions not just products)
- Be clearly costed in terms of the cost of providing services and an estimation of cost savings / benefits
- Include outcome indicators
- Highlight the evidence base and guidance to support proposed strategy
- Possibly using a programme budgeting and marginal analysis approach (see separate document: marketing resources for Clinical psychologists)
- Highlight the skills of Clinical Psychologists and arguments supporting the need for their input using information from customer needs document i.e. SWOT analysis and USP, as well as information in section 2 of this document.

Further information, examples and resources to develop local strategies can be found in section 2.

**Increasing engagement with services and MDT’s**
In some areas there remains a view that Clinical Psychologists are not fully integrated within services.

**Managers / Services**
The customer needs research highlights the importance customers place on working with others and particularly complex cases. This area links to NWW psychologically in teams (see appendix 17 for summary and recommendations).

Clinical Psychologists are also well placed to help managers develop business cases to defend and develop services in terms of assisting in reviewing the evidence base, developing care pathways, auditing services as
well as providing a systemic understanding of services (this links with NWW Organising, managing and leading psychological services document, see appendix 14 for summary and recommendations).

- The profession needs to ensure closer integration within services
- Continue to develop and emphasise the role of Clinical Psychology in terms of service development and clinical leadership

**Commissioners**

There is a need to further develop links with commissioners this may be achieved by:

- *Offering advice and liaising with commissioners.*
  The profession can help commissioners particularly in areas where resources are scarce with considerations regarding reallocation of resources in terms of opportunity costs (the benefits associated with the best alternative use of the resources) and marginal analysis (comparing the additional costs and benefits). Information on programme budgeting and marginal analysis is included in section 2.

- *Presenting portfolios to commissioners*
  Production of portfolios capturing the work of Clinical Psychologists within specific trusts or regions. This could include the range of roles / services provided and innovative practices. This would highlight the value, benefits, positive impact, evidence base and cost effectiveness of Clinical Psychology interventions. Such portfolios would also assist in future proposals in developing business cases and providing solutions to the problems commissioners face.

- *Taking on commissioning roles*
  More Clinical Psychologists need to take on commissioning roles. This will provide an opportunity to significantly increase the profile of the profession.

**Aligning activity with service / organisational objectives and needs**

Responses to the research on customer’s views suggested Clinical Psychologist’s have been patient focused and have developed services which have proved to be beneficial to service users, however in some cases this has not met with the organisational aims. Some suggestions to address this include:

- Use of language
  The NHS is becoming more business orientated and the language used in communications with customers needs to reflect this. For example, setting out services in terms of specific products, how they relate to customers objectives and including economic evaluations. Highlighting modalities of interventions, linking these with NICE guidelines and emphasising the evidence base

- The profession needs to emphasis how interventions link to service / organisational objectives, clearly identify costs and potential savings / outcomes as well as the impact upon patients
Communicating Activity
Lack of information regarding activity is clearly demonstrated by the significantly lowering ratings of non clinicians compared to clinician’s ratings of the percentage of Clinical Psychologists delivering on a number of items on the survey.

- Clinical Psychologists need to clearly record and communicate clinical activity including categorizing non clinical contacts. In order to do this there may be a need to negotiate with customers and information management services to ensure the most useful data is collated. Meaningful and accurate data needs to be produced.

Communicating outcomes
There is undoubtedly a great deal of good work carried out by Clinical Psychologists and this is reflected in the positive comments from the ‘customer needs’ research. The issue is that although Clinical Psychology input is valued by customers the perceived added value of the profession remains questionable. To some Clinical Psychology is possibly perceived as a luxury. In addition some customer’s impression of Clinical Psychology remains mixed as it is based upon anecdotal or individual experiences with a few clinicians.

- In order to address this there is a need to collate and communicate more effectively outcomes in terms of direct and indirect roles
- Need to emphasise the value added of input and savings to the customer(s) by combining Clinical effectiveness and cost effectiveness data.

Tell - customers what you have done / are doing
Increase awareness / understanding of the profession
Many of the recommendations relate to the central issue of communication. There is a clear need to increase awareness and educate customers as to what Clinical Psychology can offer. This is likely to require a variety of possible approaches and links to multiple market analysis at the beginning of this section.

- Information leaflet
  Production of a brief generic information leaflet with the aim of outlining what a Clinical Psychologist is, what they can offer and signposting to further sources of information

- Updating of the DCP website
  The web site requires overhauling to make it more amenable to and focused upon customers. Recruitment of a web designer is recommended. Suggestions for contents / pages would include:
Separate pages directed at different stakeholders i.e. service users, managers, commissioners and Clinical Psychologists

Myths regarding Clinical Psychology

More detailed information on roles

Vignettes or examples of services

Members area

Develop reciprocal links with other web sites

• **Working with the media**
  Including print media, television and radio

• **Newsletter**
  Production of a regular newsletter to promote the profession

• **Employing a marketing / public relations / advertising manager**
  To collate and disseminate information to customers and the public as well as feeding back to the profession. To develop links with the media, assist in the production of information for the website, the newsletter and raise the profile of the profession with key decision makers.
Section 2. Marketing Strategy Resources

Within this section a number of possibly useful resources are introduced.

2.1 Programme Budgeting and Marginal Analysis (PBMA)
‘Programme budgeting is a technique that enables personnel in a health service, and those who use the health service, to identify how much money has been invested in major health programmes, with a view to influencing future investment. Marginal analysis is an economic appraisal technique that evaluates incremental changes in costs and benefits when resources in programmes are increased, decreased or deployed in different ways’ (Brambleby, P., Jackson, A. and Muir Gray, J.A. 2007, p. 9).

PBMA References
http://www.dh.gov.uk/programmebudgeting


2.2 Workforce planning

2.2.1 Information on unit costs for Clinical Psychology 2003 to 2006
As highlighted in the customer needs survey the introduction of agenda for change has affected how other view Clinical Psychology. The table overleaf highlights trends in salary of the past 3 years pay reviews (Personal Social Services Research Unit). Information regarding hourly costs is also included to possibly assist in the preparation of bids. More detailed information can be found at: http://www.pssru.ac.uk/index.php
<table>
<thead>
<tr>
<th>Year</th>
<th>Wage / salary (average)</th>
<th>Ratios of: professional outputs to support activities</th>
<th>Ratio of: face to face contact to all activity</th>
<th>Unit cost per hour</th>
<th>Unit cost: Per hour of client contact</th>
<th>Unit cost: Per professional chargeable hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005 / 2006</td>
<td>£31,665 (AfC band 7 mid point April 2005)</td>
<td>1:0.3</td>
<td>1:04</td>
<td>£29</td>
<td>£66</td>
<td>£38</td>
</tr>
<tr>
<td>2004 / 2005</td>
<td>£35,368 (mid-point of the April 2004 pay scale)</td>
<td>1:0.3</td>
<td></td>
<td>£34</td>
<td>£77</td>
<td>£44</td>
</tr>
<tr>
<td>2003 / 2004</td>
<td>34,623 (mid-point of the April 2003 pay scale)</td>
<td>1:0.3</td>
<td></td>
<td>£30</td>
<td>£69</td>
<td>£40</td>
</tr>
</tbody>
</table>

### 2.2.2 Clinical Psychology vacancy survey

This document will be familiar to most and is produced annually, the most recent version can be found in appendix 4.

### 2.2.3 Mental Health Observatory Psychological Therapy staff

This document provides information regarding staffing levels in different regions and across a range of services (see appendix 5).

### 2.3 Guidance on the structure and content of bids for service developments

Within this section some guidance is provided as to the key components that should be included in any proposals to develop services. It may be that within certain areas pro forma’s are used however in terms of content these headings may still be relevant.

- Demand
- Patient perspective
- Evidence of clinical effectiveness
- Financial Argument


As the Kings Fund report on designing the ‘new’ NHS (2006, p. 3) reminds us the new NHS will also strive continuously to improve quality across all six of its dimensions. These are:

- access to service
- relevance to need
- effectiveness
- equity
- social acceptability
- efficiency

These areas would make good headings to consider in preparing proposals. The full document can be found at: [http://www.kingsfund.org.uk/publications/kings_fund_publications/designing_the.html](http://www.kingsfund.org.uk/publications/kings_fund_publications/designing_the.html)
Within trusts there may well be business case templates to use which can guide proposals. Appendix 6 presents a service change proforma which is the first stage in developing proposals. The headings from this may be useful, however it is likely that each Trust will have its own version.

2.3.1 New Ways of Working for Applied Psychologists
The NWW documents are key to the future development of the profession and need to be considered in any future marketing of the profession both locally and nationally. The summary and recommendations section from the five New Ways of Working for Applied Psychologists work streams are located in the appendices

- Improving access to psychological therapies (appendix 22)
  Also see Choices in mental health (CSIP, NIMHE) IAPT pages [http://www.mhchoice.csip.org.uk/psychological-therapies.html](http://www.mhchoice.csip.org.uk/psychological-therapies.html)
  Also within this site is the workforce planning tool for primary care services [http://www.mhchoice.csip.org.uk/silo/files/workforce-capacity-tool-v453.xls](http://www.mhchoice.csip.org.uk/silo/files/workforce-capacity-tool-v453.xls)

- Organising, Managing, and Leading Psychological Services (appendix 23)

- New roles project group (appendix 24)

- Training models in applied psychology in health & social care (appendix 25)

- Working psychologically in teams (appendix 26)

2.3.2 Example Outline of applied psychology strategy
Within Tees Esk and Wear Valley a trust wide strategy document has been produced by Malcolm Bass. This provides a useful framework in terms of;

- setting out the purpose of the document
- Including a section on terminology
  (including a definition of applied psychologists within the trust and discussion around the use of marketing terminology)
- Clearly setting out the Trust’s primary objectives
- Clearly setting out Psychology services objectives and mapping Trust primary and secondary objectives to these
- The strategy also sets out psychology products that can be offered and includes examples of services offered and the impact psychology has had
- Objectives cover a range a issues including
  - Psychology
  - Psychological Therapies
  - A Range and Choice of Specialist Services: Applied Psychology
  - Products
  - The Development of The Applied Psychology Workforce
  - The Management and Leadership of Applied Psychologists
  - Culture, Corporacy and Challenge

2.3.3 Bid Example
As part of this project clinicians were invited to provide examples of submitted proposals for service developments demonstrating the value added of applied psychology. A good example highlighting the key elements was provided by Dr Simon Dupont (Hillingdon) this outlines the argument used to employ a Clinical Psychologist to assess and treat patients with Functional Somatic Symptoms FSS (see appendix 7)

2.3.4 Calculating cost effectiveness
It is important to attempt to calculate the financial impact of proposed services and the potential savings, the article by Briggs and Gray (1999) in appendix 8 provides some guidance and recommendations on making such estimations.

2.4 Examples of Innovative practice and added value of Clinical Psychology
A number of services have presented examples of innovative practice highlighting the role of applied psychology some of which are listed below:

2.4.1 West Midlands conference
A number of examples of innovative ways of working in the West Midlands are outlined in the documentation for ‘meeting the psychological needs across the Population: Developing Commissioner Provider Partnerships’ conference (see www.bps.org.uk/downloadfile.cfm?file_uuid=8A3B4744-1143-DFD0-7E97-B76F5437722F&ext=pdf). This document provides brief outlines and contact details for numerous projects. Examples in this document are collated into four categories which are presented below:

1. Challenging Traditional Service Models
2. Leadership
3. Modernising Workforce
4. Working Through Others

2.4.2 Argyll and Clyde ‘examples of excellence, achievement and innovation’
This document outlines the work carried out in a number of clinical settings such as (see appendix 9);

- Services to adults with mental health problems
- Services to people with learning disabilities
- Services to children and adolescents
- Neuropsychological services
- Physical health psychology

In some areas this does make the distinction between direct and indirect roles

2.4.3 Worcestershire early intervention in Psychosis
This example of an early intervention in psychosis service is a good example of service evaluation that focuses upon the economic impact and provides a one page summary with key messages highlighted, a separate document then provides further details (see appendix 10)
2.5  Defining Clinical Psychology
A number of documents have been produced that can assist in defining to customers what Clinical Psychologists can offer.

2.5.1  Distinctiveness of Clinical Psychology
Documentation from Gary Sidley on the distinctiveness of Clinical Psychology. This document links together corporate objectives with Clinical Psychology skills, examples of potential applications, examples of innovation within the locality and risks of insufficient Clinical Psychology input. Information is presented around 7 themes which are listed below (see appendix 11):

- Complexity
- Humanising
- Innovation
- Skilling others
- Versatility
- Psychologically informed services
- Motivation

2.5.2  Psychological Services in the NHS
This documentation produced by Ivan Burchess outlines the need for psychological services, contributions to organising and delivering services, context and training (see appendix 12)

2.5.3  Five universal psychological principles
This document produced by the National Advisory Group on Mental Health, Safety & Well-Being Towards Proactive Policy outlines the following five principles;

1. Human well-being depends on universal psychological needs as well as physical and social needs
2. A psychologically-informed generic policy framework is badly needed to promote psychologically safe mental health services (over and above the growing guidance on specific psychological treatments)
3. Attachment theory provides a universal evidence-base that has not yet been harnessed.
4. In mental health it is primarily relationships that can kill and cure, so all our staff must be trained and supported psychologically to promote therapeutic responses to service users
5. Choosing between medical and psychological approaches is a false choice.

For more detailed information see appendix 13.

2.5.4  BPS / DCP briefing paper
A briefing from the BPS and DCP also provides useful reference in terms of defining the profession (see appendix 14).

2.5.5  Potential contribution of applied psychologists
Graham Turpin has also produced a useful summary table highlighting potential roles for the profession (see appendix 15)

2.5.6 Need for scientist practitioners
In terms of highlighting skills the profession can offer it may be useful to emphasis research skills and the scientist practitioner model. This would be inline with recent research highlighting the need for;

- Clinicians to critically appraise, understand and be able to use the results of evidence-based implementation. In general, evidence-based medicine skills (question recognition and formulation, searching, critical appraisal, interpretation and application of research evidence) are still absent or poorly developed in much of clinicians’ education, both undergraduate and postgraduate. These skills are an essential underpinning for a culture of clinical effectiveness, and national standards and training are needed.

- Diagnosis and treatment of clinical effectiveness problems, including understanding of how to use the science of behaviour change at an individual, team and organisational level; understanding theoretical perspectives on human behaviour change; conducting diagnostic analyses; identifying and using explicit change models and frameworks. Knowledge and skills in this area will draw heavily on the social sciences.

- An understanding of the relationships between health policy, management and evidence. This will deal with issues such as the differing use of evidence by different groups.


These appear to be skills ideally suited to the profession.

2.6 Outcomes and activity
As highlighted in the customer survey there remains a need to improve activity recording. A framework that incorporates Agenda for Change roles developed by Paul Chamberlain provides instructions, a template and a excel spread sheet (appendix 17). An alternative may be to use the job planning framework (set out in appendix 18). There is also an issue regarding expectations at different grades, Don Brechin and staff in Leeds have produced a useful table mapping activity at different grades against job planning activity codes (see appendix 19).

It may be necessary to use the system adopted within local trusts and possibly negotiate with information services how best to capture the full range of activity.

2.7 Commissioning
As highlighted in the recommendations the need to develop relationships with commissioners is important. A very useful document was produced by Claire Maguire (who is both a Clinical psychologist and a commissioner) on how to influence commissioners (see appendix 20).

In addition a presentation available on the internet by Bob Ricketts DoH highlights the commissioning process and some key issues (see appendix 21).