Evaluation of the TAPP Programme

Academic, Clinical Service and Economic Evaluation of the Postgraduate Diploma (Trainee) Associate Psychological Practitioner (PgDip APP) Programme - Cohort 3

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Executive Summary

Introduction to the Evaluation

Early in 2019 the NHS Long Term Plan (LTP), followed by the NHS People Plan in 2020, both recognised the need to increase workforce supply of appropriately skilled and motivated psychological practitioners to meet need and improve outcomes. Challenges exist at all career levels: entry, transition, and development towards senior clinical and/or leadership roles. Strategic workforce programmes across the North-West Coast system (Lancashire & South Cumbria, L&SC; Cheshire & Merseyside, C&M), anticipating this, commissioned this project to support sustainable expansion of a new psychological professions workforce to support NHS policy aims of improving access to psychological interventions. Sponsored by Health Education England (HEE) and led by The Innovation Agency (IA), The Academic Health Sciences Network for the North-West Coast, in partnership with Lancashire and South Cumbria NHS Foundation Trust (LSCFT) and The University of Central Lancashire (UCLan), the Trainee/Associate Psychological Practitioner (TAPP) was developed. Cohort 1 included 50 funded roles and ran January 2021 to January 2022, with an evaluation of this cohort evidencing the many successes and value of this new role, from the perspective of patients, services, NHS staff and TAPPs themselves. Cohort 2 included 90 roles and expanded to Greater Manchester, from March 2022 to March 2023. The positive impact on patient outcomes and staff capacity identified in Cohort 1 was replicated in Cohort 2, and preliminary cost-effectiveness analysis of TAPPs in primary care identified potentially similar costs and gains in patients' generic health-related quality of life (when measured in quality-adjusted life years or QALYs) compared with usual care, which could liberate resources from GP time. Cohort 3 is the final cohort of this three-year pilot and included

63 funded roles across Cumbria, Lancashire, Liverpool & Merseyside, Manchester & Greater Manchester, and West Yorkshire. Cohort 3 is the focus of this evaluation report, but we end with overall recommendations and conclusions from our three years of TAPP.

Aims of the Evaluation

The overall aim of this report led by UCLan and LSCFT, was to evaluate the success of the programme and TAPP role in Cohort 3, via three criteria:

1) TAPP retention and course completion alongside academic training experience, during the 12-month training period (academic evaluation).
2) The acceptability and impact of TAPPs in clinical settings (clinical service evaluation).

Method

The academic and clinical service evaluation involved triangulation of data from: 1) patients, 2) clinical supervisors, and 3) the workforce (TAPPs).

Summary of Key Findings

1) **Retention of TAPPs and course completion rate:** Only 6% of TAPPs withdrew from the course due to factors outside of our control. Of the 94% remaining TAPPs, all who completed the course within the 12-month training period achieved the required clinical competencies and passed the PgDip APP programme.
2) **TAPPs' experience of the training:** TAPPs valued their role and see it as a valued career pathway that can provide direct clinical experience and skills and support personal and professional development. Some TAPPs experienced challenges, particularly around the learning of new intervention skills and the amount of time spent teaching these.
3) **Acceptability of the TAPP role to patients**: positive feedback was received from patients regarding the support they received from a TAPP, the qualities of the TAPP, and the ability of the TAPP to support positive change via the learning of new skills and strategies. A common theme, however, across services and settings was the need for more intervention sessions and time.
4) **Impact of the TAPP work on patient outcomes**: there was evidence of improvements across mental health routine clinical outcome measures (ROMs) (e.g., depression, anxiety, wellbeing, goals, quality of life) across a range of services, following intervention with a TAPP.
5) **Acceptability of the workforce to Clinical Supervisors:** supervisors identified a myriad of ways in which the TAPP role had a positive impact, including the delivery of psychological interventions and increased patient satisfaction, generating additional workforce capacity within the service and wider service benefits (e.g., decreasing waiting times). Challenges included the embedding of the role into the service and the systematic and pragmatic factors associated with this (e.g., how the role sits within the service; training and support requirements).

Recommendations

As this three-year pilot comes to an end, our recommendations are shaped by the fact that a business case submitted in September 2023, for continued funding of the TAPP Programme for a further three years, was not supported. We will now be focusing on working with the national

team and clinical stakeholder reference group to support the three cohorts of qualified APPs in their roles, their future development, and careers. Our recommendations are as follows:

1) To share the results of this final year evaluation with our stakeholders, including TAPPs, their supervisors, managers, and clinical leads; our main sponsors at NHSE; the North West MHLDA Regional Workforce and Supply Board; and NW PPN.
2) To replicate our first publication (Budd et al., 2022) by translating evaluation results into a second publishable Open Access service evaluation paper to share with the academic and clinical communities.
3) To continue to support APP development and career progression, working closely with the national team, The Psychological Professions Network North West and other key stakeholders.
4) To implement the option to grandparent APPs into Mental Health and Wellbeing Practitioner (MHWP) roles, in line with stakeholder preference.
5) To consolidate project materials, publications, and evaluation reports, as an exemplar of best practice, to support the development of future workforce projects.
6) To work with the national team to support the development of a Band 6 Senior MHWP role, to provide further career progression opportunities for APPs that transition into MHWP roles.
7) To track, as far as is possible, the career progression of current APPs, to understand destinations of this workforce to evaluate whether initial increased supply of psychological practitioners has been of benefit to the wider psychological workforce.

Conclusions

The evaluation of cohort 3 represents the final year of the proof-of-concept project in developing a new role that can deliver psychological intervention work in a range of settings. The role was well-received, and APPs are highly valued within the North-West region, as key contributors to workforce supply, delivering improved outcomes for patients.

The evaluation of all three cohorts highlights significant successes, the value the role contributed, and the challenges embedding this new role. This project has continued to demonstrate both excellent supply (over 500 applications for cohort 1, over 600 for cohort 2 and over 700 for cohort 3) and the benefits of recruiting career-focused psychology graduates to work in healthcare. This is a key area for development among psychological professions, where there is currently no direct route from the completion of a psychology undergraduate degree to working in healthcare in a professional role.

The APP role has been responsive to current rising demand and gaps in provision for mental health Services and the APPs have improved population health outcomes. The role has helped to meet the strategic priorities of NHS LTP that relate to the growth of the psychological workforce, new career pathways, and new ways of working.

Section 1: Introduction

1.1 Background / National Context

Early in 2019, the National Health Service (NHS) issued the Long-Term Plan (LTP; NHS England, 2019) followed by the NHS People Plan in 2020 (NHS, 2020). Both plans recognised the need for an increased supply of an appropriately skilled and motivated workforce, to meet predicted demand and improve outcomes for the population. These included increasing the number of staff in mental health services by over 27,000 by 2024 (Health Education England: NHS, 2021). This emphasis on the need for increased workforce supply into the mental health sector has been made in many other policy documents over the past five years e.g., Five Year Forward View for Mental Health (NHS: Mental Health Taskforce, 2016) and Stepping Forward to 2020/21 (Health Education England (HEE), 2017). At least one in six people in England currently report experiencing mental health symptoms such as depression and this is higher than pre-pandemic levels (NHS Digital, 2016; Office for National Statistics, 2022[a]; Office for National Statistics, 2022[b]).

Yet, there are workforce challenges across disciplines in the NHS, particularly in the field of mental health, with vacancies standing at 9.7% for all staff working in the mental health sector and 11.8% for nursing in the MH sector (NHS Digital: Q1 2022/23, 2022) and in the NW specifically, vacancies in June 2022 for MH stood at 3,530 (NHS Digital: Vacancy Stats, June 2022). These vacancies, coupled with the rising demand, puts significant pressure on services and negatively impacts the care patients receive. Neither the existing nor traditional approaches to increasing the workforce can meet these ambitions. Innovative new roles and new ways of working are required to expand the psychological workforce.

"79% of the 29,405 Psychology graduates each year want to work in mental health care. Yet only 1,300 eventually become registered Practitioner Psychologists. Many talented graduates are forced to find an alternative career path."

Alongside the rising demand for mental health services, there is a substantial demand among a high proportion of psychology graduates for entry into a psychological healthcare career. However, graduates face a 'bottleneck' embargoing these professional development aspirations, metaphorically this is the 'Leaky Pipeline' where early career graduates abandon this career goal and leak away to non-healthcare futures. In the UK BPS accredited psychology degrees are awarded to around 29,405 graduates a year (HESA, 2019/2020). Based upon UCLan graduate data between 2018-22 (UCLan Dashboard accessed 25 April 2023), 90% of Psychology degrees were honours degrees, conferring GBC (eligibility for graduate membership of the BPS). Surveys of graduates and undergraduates indicate a majority wish to pursue a career in mental health care upon graduation (e.g. 79% in Palmer et al., 2021). Compared to other degrees which lead to NHS employment Psychology is an outlier, with a huge aspiration-career disparity (Budd, et al., 2022; Palmer et al., 2021). A major reason for this disparity is that Psychology has no

immediate graduate entry route into the NHS, despite the demand for many of the degree-related skills sought by NHS psychological services. Rather, psychology graduates who do go on to work in psychological roles typically spend over three years in an ad hoc process of gaining clinically relevant experience (National Collaborating Centre for Mental Health, 2019), with the hope of securing a place on a HEE three-year funded Doctorate in Clinical Psychology. This is a major deterrent to psychology graduates fuelling the leaky pipeline and the loss of a potential workforce, and only a small proportion of all psychology graduates are conveyed by the pipeline (around 1,300; Palmer et al., 2021), eventually becoming registered Psychologists. Other psychology graduates do find alternative routes into the NHS psychological workforce, but far fewer than the number aspiring to.

In 2021, UCLan partnered with HEE and the Innovation Agency (North-West Coast Academic Health Science Network) to launch a new Psychological Practitioner role across the North-West Coast system. The Postgraduate Diploma Associate Psychological Practitioner programme (PgDip APP) skills up psychology graduates in core competencies to enter the NHS workforce at increased and higher volumes, thereby producing a sustainable supply of practitioners into psychological roles to reduce significant workforce gaps and change NHS workforce structures. Individuals train for 12 months in the NHS as a Band 4 Trainee Associate Psychological Practitioner (TAPP), progressing to a Band 5 role as an Associate Psychological Practitioner (APP) upon qualification.

The PgDip APP programme's first cohort commenced in January 2021 and was completed in January 2022. Expressions of Interest were requested from Trusts across the North-West Coast, and 50 TAPPs were deployed. The role was funded via a Business Case to HEE for 1.3m, developed by the project team to secure training and supervision of the TAPP. The project identified a host organisation (Lancashire and South Cumbria NHS Foundation Trust) to administer the training contract with UCLan and the TAPP training support funds and coordinate recruitment of TAPP roles. The role also required the development of close relationships between HEIs and the NHS via a Clinical Supervision Network to ensure high-quality and sustainable supervision.

As soon as the 50 trainees in cohort 1 began their training, a rigorous evaluation was implemented which included an academic and clinical service evaluation, both of which attest to the success and value of the role in a range of services (Budd, et al., 2022; Gardner, et al., 2022). These successes were replicated in cohort 2, which was extended to 90 training roles based predominantly across Primary Care, Secondary Care, and Living Well services. The evaluation of Cohort 2 also included a preliminary economic evaluation (Gardner et al., 2023; Lord et al., 2024). Preliminary cost-effectiveness analysis of TAPPs in primary care identified potentially similar costs and gains in patients' generic health-related quality of life (when measured in quality-adjusted life years or QALYs) compared with usual care, which could liberate resources from GP time. A fuller economic analysis is needed to confirm these findings and to expand the cost-effectiveness analysis to outcomes other than QALYs and in relation to comparative 'treatment as usual' data. The combined impact of cohort 1 and 2 across Primary Care and Living Well services is evidenced in our forthcoming paper that amalgamates multiple data sets across services (Gardner et al., 2024, in preparation).

Cohort 3 is the final cohort of this three-year pilot and is the focus of this evaluation report. Cohort 3 included 63 funded roles across Cumbria, Lancashire, Liverpool & Merseyside, Manchester & Greater Manchester, and West Yorkshire. This is the final evaluation report that attests to the impact of TAPPs and brings together a tremendous three years of making a

difference to the lives of patients, the trainees who supported them, and the wider workforce. We conclude this report by summarising the impact of TAPP across cohorts 1-3 and provide final reflections.

1.2 'Trainee Associate Psychological Practitioners' and 'Associate Psychological Practitioners': Scope of Practice

The primary objective of TAPPs and qualified APPs is to provide focused psychological assessment, structured formulation, and brief interventions drawn from different therapeutic modalities, in the pathway in which they are working. APPs are trained in 7 core competencies and this framework, in tandem with the knowledge and skills-based education model, enables them to use skill-based intervention techniques drawn from a range of approaches to meet presenting needs and provide individualised care, appropriate to their level of training. The role complements other psychological practitioners and wider multi-professional roles found within teams. APPs also engage in other psychologically informed activities that prevent mental health deterioration and/or improve service delivery, as appropriate to the needs of the service and pathway in which they are working, examples include:

- Working with multi-professional team members, bringing a psychological understanding to presenting needs.
- Forming important links with community partners and organisations and fostering relationships between patients and community groups.
- Completing brief assessments and supporting the completion of more in-depth and complex assessments and review processes.
- Completing screening tools alongside a psychosocial assessment to help bring understanding to presenting need and inform the care pathway.
- Conducting structured psychological formulations and based on these, offer one-to-one brief interventions (this may involve working with important others, where appropriate).
- Co-facilitating group interventions using techniques drawn from a specific therapeutic modality that is fitting for patients within their pathway.
- Providing brief psychological interventions relating to mental health need presenting at step 1 and step 2 within a stepped care framework. This work can be done in a variety of settings and with a variety of patient groups, as appropriate to the service.
- Engaging in resource and, or service development (this may include service evaluation and audits).

"The TAPP role has been developing in exciting ways over the past two years. The flexibility that comes with this new role means there are now varied examples of how this new workforce is helping services meet presenting need."

There are nuances and differences to the TAPP role across services, in line with our aim of providing a role that flexes according to service needs. The sections below summarise the main types of settings and services that TAPPs have worked in and continue to work as qualified APPs.

1.2.1 Primary Care Settings

For this report, 'Primary Care Settings' refers to Primary Care Networks (PCNs), or services for more complex needs that sit within primary care. The way the TAPPs work within primary care has evolved in exciting ways to meet presenting needs. In brief, they have supported to increase capacity of General Practice colleagues (Budd et al., 2022), but also to meet the ambitions of community transformation and the Community Mental Health Framework. TAPPs have worked to provide brief interventions to meet needs early and support individuals to navigate both mental health services and community partnerships. Often their focus has been on improving population health and improving emotional wellbeing for those with physical health conditions - to provide a holistic healthcare service. The role has been developing further in some areas to support screening for presenting difficulties, such as ADHD, then signposting and providing appropriate support.

Many TAPPs in primary care settings provide around 20 hours a week of direct clinical work. If appointments last for 45 minutes, this means seeing 25 patients per week. This is in line with similar banded psychological practitioner roles. A paper detailing an example service delivery model of TAPPs working in PCN settings has recently been **published.**

1.2.2 Secondary Care Settings

TAPPs have worked and are currently working within Adult Inpatient settings, Older Adult Mental Health services, Eating Disorder services, and Child & Adolescent Mental Health (CAMHS) services. TAPPs in these settings typically work with more complex cases but usually those presenting with mild to moderate risk and who are deemed stable enough to complete and benefit from a focused piece of work. One-to-one work may range from around 3 to 4 patients per week upto around 10, depending on service role, need, and capacity.

1.2.3 Physical Healthcare Pathways (Primary and Secondary Care Settings)

TAPPs working in physical healthcare settings and pathways may work in similar ways to their peers in primary and secondary care. For example, providing brief, goal-focused psychological assessment, formulation and interventions, but for individuals with health difficulties such as diabetes, cancer, cardiac and/or respiratory disease, and stroke. In such settings, this psychological way of working has enhanced the holistic healthcare an individual receives.

1.2.4 Living Well Services

Living Well services were set up to support people whose needs don't fit within primary or secondary care. The role of TAPPs in Living Well services is like those working in Primary Care, except TAPPs working in these services typically work with patients who need more support for their mental health than the GP can offer but a bit less than a Community Mental Health team. Living Well services are community mental health services that include a multidisciplinary team, including an occupational therapist, nurse, recovery worker, psychiatrist, psychologist, TAPPs, peer mentors, and social workers.

1.2.5 Third Sector Services

Third-sector services have included Young Person's Advisory Service (YPAS) and Meadows Care children's homes. These services have quite different delivery models. Within YPAS, TAPPs are delivering interventions within the wellbeing service, flourishing families team, school wellbeing clinic, and drop-in service.

In MeadowsCare, TAPPs work with a wider team supporting and delivering interventions to children in specific residential homes. They have a presence in the home and also support residential staff.

1.3 The UCLan Postgraduate Certificate Associate Psychological Practitioner (PgDip APP) Programme

1.3.1 Entry Requirements and Admissions Process

Entry to the PgDip APP was conditional on applicants being able to work as a TAPP (i.e., having successfully secured a position as a TAPP in the NHS). Entrants needed an undergraduate degree in Psychology at 2.2 or higher (or have passed an equivalent Psychology conversion course) that is accredited by the British Psychology Society as providing the Graduate Basis for Chartered Membership. Hence, positions were advertised and applied for on the NHS jobs website rather than submitted directly to UCLan. Shortlisted applicants were interviewed and those who successfully secured a position enrolled on the programme at UCLan.

1.3.2 Course Structure and Teaching and Learning Strategy

The PgDip APP enabled psychology graduates to enter the NHS as a Band 4 TAPP for 12 months, progressing to Band 5 APP upon successful qualification. TAPPs also engaged in university classes and study at UCLan. The course was structured as follows:

- Average of 4 days per week as Band 4 Trainee APP (TAPP) / 1 day per week UCLan to engage in learning and professional development (classes or independent study over the 12-month training period).
- Blended learning (campus and online delivery) to aid flexibility and support TAPPs who travel from across the North West.
- Frontloaded delivery with an intense teaching block at UCLan in the first few months, to prepare TAPPs for clinical practice.
- Interactive lectures, workshops, case study discussions, reflective practice, and clinical role-play simulation and observation with actors to develop skills.

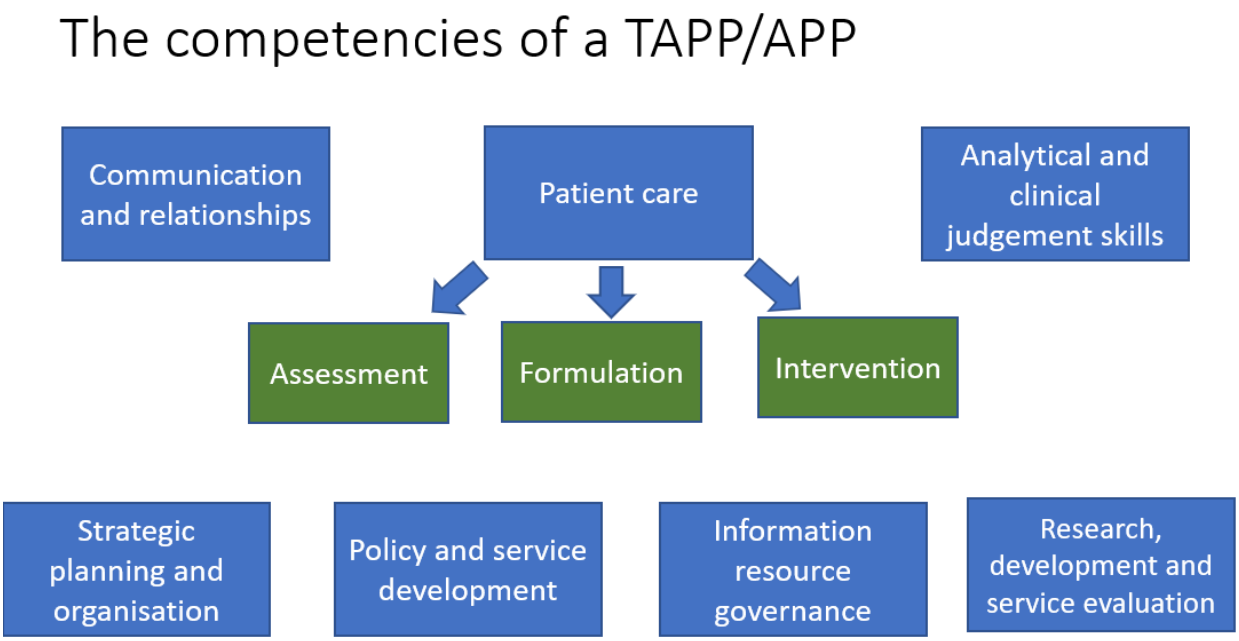
1.3.3 Competence Framework

The course, curriculum, and clinical training were structured around an evidence-based competence development ethos via a core competence framework (e.g., working psychologically in relation to assessments, formulations, and interventions). The competence framework underpinned and guided the design and delivery of the course, curriculum and training. This approach equipped TAPPs with the skills required to work psychologically to meet presenting need.

"The course, curriculum and clinical training are structured around an evidence-based competence development ethos via a core competence framework."

Each of the seven general competence areas (Figure 1) included a more specific set of 'descriptors'. These descriptors outline the skills, activities and expectations of professional and clinical practice embedded within the TAPP Job Description (Appendix 1). TAPPs who were working effectively were expected to meet the majority (not necessarily all) of the specific descriptors within a competence area. The curriculum centered on topics that are transferable to these competence areas.

Figure 1: TAPP competencies



1.3.4 Assessment

To pass the course and obtain the Postgraduate Diploma award, TAPPs had to:

- Undertake 12 months of training as a TAPP, under the supervision of a qualified psychological professional.
- Submit and successfully pass the assessments encompassed within the course to a standard appropriate for Level 7 postgraduate diploma where the outcome is ratified by the assessment board:
  a. Clinical Competence Assessment (clinical case report of assessment, formulation and intervention skills)
  b. Supervised Clinical Practice Assessment
  c. Professional and Reflective Knowledge and Practice Component
  d. Professional Competence Poster Presentation

1.3.5 Supervision Model and Arrangements

Clinical supervision was provided by accredited psychological practitioners. Clinical supervision was designed to facilitate TAPPs' work and ensure safe practice through discussion of clinical cases and other clinical activities. Supervision also provided each TAPP with an environment within which they can develop their reflective awareness as a practitioner, the wider meaning of working psychologically, and developing a clinical understanding. TAPPs were expected to respond to and implement supervision suggestions by supervisors regarding their clinical practice and personal and professional development. The supervision included the following principles:

- TAPPs receive the equivalent of one hour one-to-one clinical supervision per week.
- All TAPPs and supervisors must produce a clinical supervision contract.
- Standing items for weekly clinical supervision include clinical cases, wider clinical activity, competence development and directed workplace activities that will help meet competencies and ensure appropriate self-care.

1.4 Recommendations from the Evaluations of Cohort 1 and Cohort 2

The first evaluation (Gardner et al., 2022) led to four key recommendations:

1. Ongoing evaluation of the academic success of the programme, workforce need, and clinical impact of TAPPs that runs alongside standardised University Quality Assurance processes to ensure quality standards.
2. Implement changes to further enhance the quality of the programme based on these evaluation data/feedback, whilst using the British Psychological Society (BPS) quality standards for 'Associate Psychologists' as an external reference point to explore as the T(APP) programme moves towards BPS accreditation.
3. Post-training period evaluation of the clinical and service level impact of qualified Associate Psychological Practitioners (APPs).
4. Full economic evaluation of TAPPs/APPs to model the impact of introducing this new workforce into specific pathways (e.g., primary care).

The recommendations set out in the first evaluation report led to key changes to the course content, teaching and learning strategy, assessment, and competence framework. The first evaluation report can be found at **https://clok.uclan.ac.uk/40916/**

The recommendations from the evaluation of cohort 2 (Gardner et al., 2023) are set out below:

1. Given the success of the TAPP role, to move towards a sustainable commissioning framework to train APPs, working with HEE and NHSE.
2. To obtain BPS accreditation of the APP role and standardise University Quality Assurance processes and governance standards, supporting career development.
3. To support TAPPs in training (Cohort 3) and continue to embed the APP role in local services, starting with locally led approaches to recruitment and engagement with services early in the process.
4. To foster ongoing collaborative partnerships between the education provider and all services.
5. Ongoing evaluation of academic success and clinical and economic impact of TAPPs, and where possible, qualified APPs.

6. To complete the final evaluation of the three-year 'test of concept' in May 2024.

The second evaluation report can be found at **https://clok.uclan.ac.uk/47108**

1.5 Evaluating the PgDip APP Programme (Cohort 3)

1.5.1 Evaluation Aims

The overall aim of this report led by UCLan and LSCFT, was to evaluate the success of the programme and TAPP role in Cohort 3, via two objectives:

1) Retention of TAPPs in the role, course completion rate and training experience (academic evaluation).
2) The acceptability and effectiveness of TAPPs in clinical settings (clinical service evaluation).

1.5.2 Evaluation Strategy

The evaluation was structured around an extended version of Kirkpatrick's (1959, 1996) framework for evaluating training programmes at five different levels, as described below. Kirkpatrick's framework included the first 4 levels, and this was later extended by Hamblin (1974) who separated the financial organisational outcomes in level 4 into a fifth level (see also Tamkin et al., 2002, for review of these frameworks). The levels of the framework are not hierarchical, but rather, use of the framework ensures a holistic and comprehensive evaluation, the results of which can have direct implications for policy and practice and meet the needs of services. Levels 1-3 were assessed via an academic evaluation, level 4 via a clinical service evaluation and level 5 via an economic evaluation (Table 1).

Table 1: Evaluation framework

Evaluation component	Framework level	Focus/objectives
Academic evaluation	**Level 1 (reaction/experience)**	How did TAPPs react to and experience various aspects of their training/course?
	Level 2 (learning)	Did TAPPs acquire the intended knowledge, skills and confidence and therefore have the ability to apply their learning?
	Level 3 (behaviour)	Did TAPPs develop and apply their competencies in the workplace? Assessment of transfer of learning to workplace clinical service and development of clinical competence
Clinical service evaluation	**Level 4 (organisational results)**	Did the training / course have a measurable beneficial impact on the organisation (patients, NHS services/trusts)?
Economic evaluation	**Level 5 (value)**	Economic evaluation (cost effectiveness) of TAPPs / APPs to model the impact of introducing this new workforce into specific pathways (e.g., primary care)

The academic and clinical service evaluation outlined in Table 1 are presented in three below (see Cohort 2 report for economic evaluation). The evaluation strategy involved triangulation of data from multiple sources to obtain a comprehensive understanding and corroborate findings. Within each section data were obtained from one or more of the following sources: 1) patients, 2) clinical supervisors, 3) the workforce (TAPPs).

1.6 TAPP Roles/Services for Cohort 3

Cohort 3 included 63 funded roles across Cumbria, Lancashire, Liverpool & Merseyside, Manchester & Greater Manchester, and West Yorkshire (Figure 2). Table 2 shows the distribution of the TAPPs across clinical services.

Figure 2: Geographical spread of TAPP roles in Cohort 3.

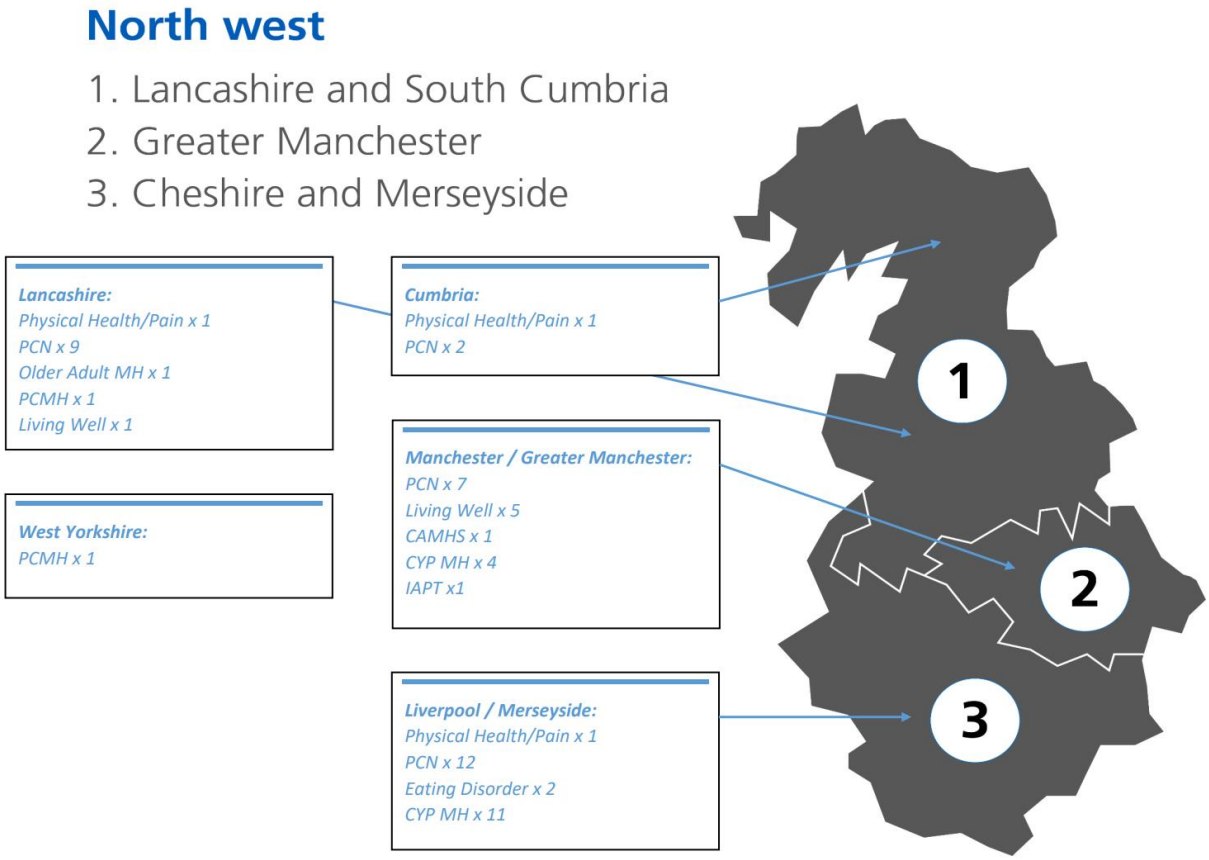


Table 2: Distribution of Cohort 3 (N = 63) across NHS Trusts and Services, and third sector services.

Service	Role	No.	Service	Role	No.
NHS Trusts			**Other NHS services**		
NCIC	PH/P	1	C&MICB	PCN	12
LSCFT	PCN	11	WYH&CP	PCMH	1
LSCFT	Adult IP	2		**Total:**	**13**
LSCFT	Older Adult MH	1	**Third Sector services**		
ELH	PH/P	1	SixDeg	IAPT	1
PCFT	PCMH	1	YPAS	CYP MH	11 *
PCFT	Living Well	1	MCCH	CYP MH	4
MFT	ED	2		**Total:**	**16**
WUFT	Cancer	1 *			
GMMH	Living Well	5 *			
GMMH	PCN	7 *			
MUFT	CAMHS	1			
	Total:	**34**		**Total:**	**29**

Notes: NCIC = North Cumbria Integrated Care NHS Foundation Trust; LSCFT = Lancashire and South Cumbria NHS Foundation Trust; ELH = East Lancashire Hospitals NHS Trust; PCFT = Pennine Care NHS Foundation Trust; MFT = Merseycare NHS Foundation Trust; WUFT = Wirral University Teaching Hospital NHS Foundation Trust; GMMH = Greater Manchester Mental Health NHS Foundation Trust; MUFT = Manchester University NHS Foundation Trust; C&MICB = Cheshire and Merseyside ICB; WYH&CP = West Yorkshire Health and Care Partnership; SixDeg = Six Degrees Social Enterprise; YPAS = Young Persons Advisory Service; MCCH = Meadows Care Children's Homes.

PH/P = physical health / pain service; PCN = primary care network; IP = inpatient; MH = mental health; PCMH = primary care mental health; ED = eating disorder service; CAMHS = children and adolescent mental health service; IAPT = improving access to psychological therapies (NHS Talking Therapies); CYP = children and young person's service.

* A TAPP withdrew from each of these services.

Section 2: Academic Evaluation

2.1 Aims

The academic evaluation aimed to examine TAPP retention and course completion alongside academic training experience, during the 12-month training period.

2.2 Method

This academic evaluation ran alongside standardised Quality Assurance processes (e.g., soliciting TAPPs' feedback) inherent in the Continuous Course Enhancement (CCE) processes that operate for any UCLan course. A longitudinal mixed-methods design was adopted, asking TAPPs to respond to self-report questionnaires and open-ended qualitative questions, at multiple time points during the course:

- Time 1: Pre-course / training
- Time 2: Six months into the course/training
- Time 3: After TAPPs have completed all training

For succinctness, this report presents only a snapshot of TAPPs' qualitative feedback collected at Time 3.

2.3 Results

2.3.1 TAPP Progress (Attrition/Withdrawal and Course Completion)

2.3.1.1 Attrition/Withdrawal

Sixty-three places were funded, however. Of these 63, 4 (6%) withdrew part-way through due to unavoidable reasons: health reasons (n = 1), caring responsibilities and/or travel distance (n = 2), and role change (n = 1). These figures are significantly better than Cohorts 1 and 2, due in part to the project teams' hard work mitigating against the impact of workplace challenges and/or hosting arrangements. We adopted a more locally-led approach to recruitment and engagement with services earlier on in the process, thus socialising them earlier to the training model and role. The quality assurance process, used to prioritise successful TAPP posts, also interrogated these issues more closely.

2.3.1.2 Successful Course Completion.

Of the 63 TAPPs, 2 have yet to complete due to a planned temporary halt to their studies. Of the 61 who completed the course, 100% achieved the required clinical competencies and passed the PgDip APP programme.

"Of the TAPPs who completed the course, 100% passed."

2.3.2 TAPPs' Experience of the Overall Course/Training (Level 1)

Twenty-five (40%) of TAPPs responded to the online survey requesting feedback at three-time points during training. These data are not yet analysed, but Figures 3 and 4 provide a snapshot of TAPPs' experiences at Time 3 only (represented as Word Clouds), as the 12-month training period ended. We focused on responses to two questions, as shown below.

Figure 3. Word Cloud Showing TAPPs' responses (n = 25) to the question: "What were the most valuable aspects of the APP training programme?"

Figure 3 shows that the TAPPs who responded to the survey valued the overall experience of this training role, the clinical work and skills developed within services and when working with patients, support from the team around them (e.g., supervision from Psychologists), a formulation-based approach to their clinical work, the University lectures, and the opportunity to develop.

Figure 4. Word Cloud Showing TAPPs' responses (n = 25) to the question: "What aspects of the APP training programme do you think could be enhanced, and how?"

Figure 4 shows that the TAPPs who responded to the survey felt the training could be enhanced in various ways. This included support during the training and more time spent teaching each specific intervention. Most other suggestions about how to enhance the training were specific to each TAPP who responded, rather than being common themes. These issues include more role-play practice, more teaching toward the end of the course, and greater blending of the clinical and academic aspects of the course.

Section 3: Clinical Service Evaluation

3.1 Aims and approach to the service evaluation

The clinical service evaluation aimed to evaluate the acceptability and impact of TAPPs in clinical settings. The main objectives for Cohort 3 were to examine:

A. Acceptability of the TAPP role to patients and impact of work delivered by the TAPP on patient outcomes.
B. Acceptability of the workforce to clinical supervisors.

Firstly, to identify whether patients perceived TAPPs to be an appropriate psychological workforce, administering interventions that made a difference, cross-sectional quantitative and/or qualitative data were collected towards the end of the 12-month training period from multiple services:

A. **Patient data:** TAPPs were provided with a template to complete which asked them to provide a summary of their findings (as opposed to providing raw patient data).
    i. **Anonymous routine patient outcome measures (ROMs), pre and post-intervention:** these data were analysed quantitatively to determine whether there are changes over time on each measure.
    ii. **Anonymous patient feedback questionnaires post-intervention:** these data were analysed qualitatively using thematic analysis to extract key themes from patient feedback.

B. **Clinical supervisor feedback:** these data were analysed qualitatively using thematic analysis to extract key themes from supervisor feedback.

The findings are summarised within four sections: Primary Care, Secondary Care, Living Well services and Third Sector services. Each section includes one Table and a narrative summary that summarises the patient data, followed by a summary of feedback received from clinical supervisors.

3.2 Primary Care Services

3.2.1 Patient data

Table 3 and the supporting narrative below summarise the results based on patient data collected from TAPPs working in the following Primary Care services:

- Primary Care Networks / GP practices (standard pathway or physical health pathway seeing patients with cardiac and/or respiratory problems).
- Physical health / chronic pain and rehabilitation services.
- Primary care mental health services.

3.2.1.1 Acceptability of the TAPP Role to Patients

The five qualitative analyses of patient feedback included data from three trusts (LSCFT, NCIC, and PCFT) as well as Cheshire & Merseyside ICB and the West Yorkshire Health & Care Partnership (Table 4) with sample sizes ranging from 2 to 191, supporting the acceptability of TAPPs in primary care. Common themes across the qualitative analysis are summarised below, highlighting the benefits of receiving a TAPP intervention and the desire for more sessions:

What's working well for patients?

- The positive qualities of TAPPs (e.g., their knowledge, interpersonal skills, helpful, validating and understanding), was a common theme from several services.
- Many patients reported finding their support helpful.
- Positive change was identified by some patients (e.g., increased confidence and future outlook, understanding oneself, understanding thoughts and feelings).
- Helpful treatment and feeling thankful for the support received was also a common theme.

"I found the support excellent. I always came away feeling positive about how the meeting had gone."

What changes would patients like?

- More frequent or longer sessions.
- Some patients would have liked trauma-specific support.
- Better explanation of the service from the referrer.
- Receiving help sooner would have been beneficial.
- Some patients engaging in group support would have preferred 1:1 sessions.

Table 3: Summary of Patient Data Results from TAPPs Working within Primary Care Settings

Trust / Service	Clinical Service and focus	Main reasons for patients accessing TAPP support	Method	Number of patients seen	Number of patients analysed	Analytic Strategy	Results
Primary Care Networks							
LSCFT[1]	Mental Health	Mental health and wellbeing support: • Bereavement / grief, • low mood / depression, • anxiety, worry, stress, • long-term health conditions, • exam stress, • sleep, • general well-being,	Referral outcome measures: • WEMWBS • BRS • GAD-7 • PHQ-9 • EQ-5D-5L	1063	• WEMWBS n=428 • BRS n=414 • GAD-7 n=550 • PHQ-9 n=557 • EQ-5D-5L n=375	Quantitative – Paired samples t-tests	Analysis showed: • Significant ***reductions*** in low mood • Significant ***decreases*** in anxiety • Significant ***improvements*** in wellbeing and resilience
			Patient experience questionnaires	1063	191	Quantitative – rating scales. Qualitative – thematic analysis	99.5% rated the support as either '4 - helpful' or '5 - very helpful'. 97.9% would recommend the TAPP service to others. Three constructive themes: 1) more frequent or longer sessions, 2) updated resources, 3) a better explanation of the service from referrers prior to sessions.
C&M ICB	Mental Health	Mental health and wellbeing support: • Low mood • Anxiety, worry, stress • Life changes • Illness/physical health changes • Identity, self-esteem • Loneliness • Sleep	Referral outcome measures: • SWEMWBS • BRS • GAD-7 • PHQ-9	904	166	Quantitative – Paired samples t-tests	Analysis showed: • Significant ***reductions*** in low mood • Significant ***decreases*** in anxiety • Significant ***improvements*** in wellbeing and resilience
			Patient experience questionnaires	904	107	Qualitative – thematic analysis	Nine positive themes: 1) increased confidence, 2) very calm / relaxed environment, 3) excellent service, 4) TAPPs' interpersonal skills, 5) provided good coping strategies, 6) 1:1 support, 7) normalisation and validation of feelings, 8) good structure of service, and 9) TAPP helped me understand my thoughts / feelings.

Trust / Service	Clinical Service and focus	Main reasons for patients accessing TAPP support	Method	Number of patients seen	Number of patients analysed	Analytic Strategy	Results
							Four constructive themes: 1) more sessions, 2) trauma support, 3) more in depth sessions, and 4) overwhelming sessions.
GMMH	Mental Health	Mental health and Wellbeing support	No data	No data	No data	No data	No data
Physical Health Pathway							
NCIC	Physical Persistent Symptom Service / Maternal Mental Health Service	Pain / persistent symptoms management for long-term health conditions (PPSS) Psychological interventions for pre & postnatal wellbeing (MMHS)	Referral outcome measures (PPSS): • GAD7, PHQ9, ED5Q, PSEQ Referral outcome measures (MMHS): • CORE and WEMWBS	PPSS – 1:1 support (n=15) and group (n=67) MMHS 1:1 support (n=14)	PPSS – 1:1 support (n=6) and group (n=27) MMHS 1:1 support (n=6)	Quantitative - Mean and Standard Deviation across two time points (pre and post)	Analysis of PPSS 1:1 data showed: • A ***reduction*** in anxiety and low mood Analysis of PPSS group data showed: • A ***reduction*** in anxiety and low mood • A ***reduction*** in pain scores Analysis of PPSS 1:1 data showed: • An ***improvement*** in wellbeing
			Patient experience questionnaires (1:1 and group), staff / colleague feedback	96 (as above)	30	Qualitative - Thematic analysis	12 positive themes: 1) strategies, 2) support received, 3) thoughts and feelings, 4) positive experience, 5) past experience(s), 6) future outlook, 7) rapport, 8) helpfulness, 9) thankfulness, 10) understanding self, 11) staff qualities, and 12) understanding pain Two constructive themes: 1) would have benefitted from help sooner, and 2) timing of group work / preference for 1:1 work
ELH	Pain management	Support for chronic pain and long-term conditions	Referral outcome measures: • PSEQ, • PHQ-9, • TSK	45	8	Quantitative - Paired sample T-tests across three time points: 1. Pre & 3 month scores 2. 3 month & 6 month scores 3. Pre & 6 month scores	Analysis of data showed increase in PSEQ scores, and decrease in PHQ-9 scores from pre-interventions to 3 months, suggesting a ***reduction*** in low mood.

Trust / Service	Clinical Service and focus	Main reasons for patients accessing TAPP support	Method	Number of patients seen	Number of patients analysed	Analytic Strategy	Results
Complex Needs Services in Primary Care							
Trust	**Clinical Service and focus**	**Main reasons for patients accessing TAPP support**	**Method**	**Number of patients**	**Number of Patients Analysed**	**Analytic Strategy**	**Results**
PCFT	Primary care mental health team – complex health needs	Low to moderate mental health needs: Anxiety / worry, stress, general wellbeing management.	Referral outcome measures: • GAD-7 • PHQ-9	47	14	Quantitative - Mean and Standard Deviation across two time points (pre and post)	Analysis of data showed reduction in GAD-7 and PHQ-9 scores from pre- to post-intervention, suggesting a ***decrease*** in anxiety and low mood.
			Patient experience questionnaires	47	2	Qualitative - Thematic analysis	Two positive themes: 1) helpful treatment, and 2) positive qualities of the TAPP.
WYH&CP	Primary care mental health team – low to moderate mental health needs	• Low mood • Anxiety • Depression • Low self-esteem / confidence	Referral outcome measures: • GAD-7 • PHQ-9	29	19	Quantitative - Mean and Standard Deviation across two time points (pre and post)	Analysis of data showed reduction in GAD-7 and PHQ-9 scores from pre- to post-intervention, suggesting a ***decrease*** in anxiety and low mood.
			Patient experience questionnaires	29	19	Qualitative - Thematic analysis	Two positive themes: 1) helpful treatment, and 2) positive qualities of the TAPP. One constructive theme: 1) more time needed.

Notes: [1]Most service evaluation data summarised in Table 3 were extracted from a summary template that TAPPs completed. For LSCFT however, we received a more detailed service evaluation.

3.2.1.2 Impact of the TAPP role on Patient Outcomes

Table 3 includes six quantitative analyses of routine outcome measures (ROMs), with sample sizes ranging from 8 to 557. All analyses showed improved patient outcomes such as reductions in low mood and anxiety and improvements in wellbeing and resilience.

"Analyses across services showed improved patient outcomes such as reductions in anxiety and low mood, and improvements in resilience and wellbeing."

Since the LSCFT and Cheshire & Merseyside ICB evaluations involved larger samples of patients and used statistical significance testing, these evaluations are summarised in more detail below.

LSCFT: Clinical Impact on Patient Outcomes

- For each outcome measure, there were clinical improvements in wellbeing from session 1 to session 4 and at follow-up.
- There were significant decreases (p <0.001) in low mood (as measured by PHQ-9), with average scores reducing from 'moderate' at session 1 to 'mild' at the final session and follow-up.
- There were also significant decreases (p <0.001) in anxiety (as measured by GAD-7), with average scores reducing from 'moderate' at session 1 to 'mild' at the final session and follow-up.
- Furthermore, there were significant increases (P<0.001) in emotional wellbeing (as measured by WEMWBS). Scores on the WEMWBS increased to 'average mental wellbeing' at the final session and follow-up.
- Scores in resiliency (as measured by BRS) significantly increased (p<0.001) on average from 'low resilience' to 'normal resilience'.
- Health-related quality of life (as measured by the EQ-5D-5L Health Today Score) also significantly increased (p <0.001) from session 1 to final session and to follow-up.

Cheshire & Merseyside ICB: Clinical Impact on Patient Outcomes

- Overall, the analysis showed significant improvements of patient scores across all four psychometrics.
- Scores on depression (as measured by the PHQ-9) were significantly lower following psychological intervention in comparison to before psychological intervention (p<.001).
- Scores on anxiety (as measured by the GAD-7) were significantly lower following psychological intervention in comparison to before psychological intervention (p<.001).
- Scores on resilience (as measured by the Brief Resilience Scale) were significantly higher following psychological intervention in comparison to before psychological intervention (p<.001).
- Scores on wellbeing (as measured by the SWEMWBS) were significantly higher following psychological intervention in comparison to before psychological intervention (p<.001).

3.2.2 Clinical Supervisor Feedback

Clinical Supervisors were asked about the impact they had noticed on patient care, because of TAPPs' work. Five supervisors responded and their comments are summarised below and in Figure 5:

Delivery of Psychological Interventions

- Provided a more tailored approach to psychological interventions for our clients.
- Timeliness of interventions offered to patients improved.
- People are being seen quickly to prevent escalation of difficulties.

Increasing others' capacity

- Providing therapeutic support to patients who may otherwise have not been seen – freeing up capacity for the service to support patients with more complex needs.
- Increasing the range of appointments the service can offer.
- People with more complicated difficulties can receive a brief and focused intervention, which has a positive impact on future interventions.
- Patients have been supported to step-down to discharge.

Increased patient satisfaction

- The feedback from patients has been excellent.
- Focussed interventions are instilling hope and promoting healing.
- Patients are receiving tailored and focused interventions for their individual needs.

Wider service benefits

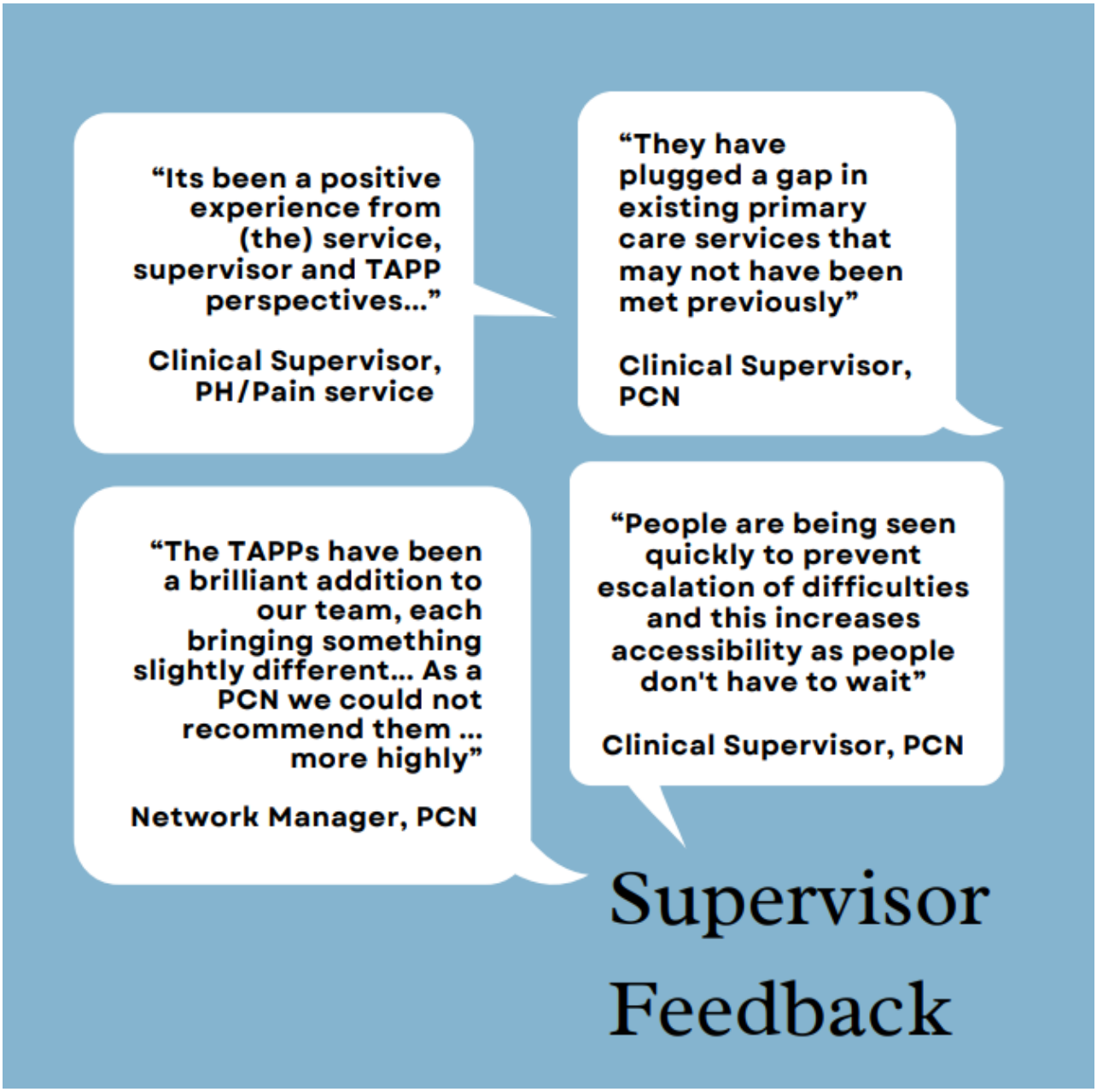
- The feedback from the practices (within a PCN) has been excellent.
- Increasing knowledge across the whole team of talking-based therapies.
- Waiting times have decreased and accessibility has increased.
- Have worked well within the MDT and shared clinical decision-making.

The challenges of the role, from the perspective of five supervisors were as follows:

Embedding new roles

- Ensuring that the TAPPs are well supported as not all practices (within a PCN) have been engaged in the process.
- More support for TAPPs to develop/improve written competency skills.
- Referral rates can vary (slow or "floods") and are often inappropriate for the TAPPs.

Figure 5: Supervisor feedback, Primary Care services



3.2 Secondary Care Services

3.3.1 Patient data

Table 4 and the supporting narrative below summarise the results based on patient data collected from TAPPs working in the following Secondary Care settings:

- Child and adolescent mental health team (Manchester University NHS Foundation Trust).
- Eating disorder services (Merseycare NHS Foundation Trust).
- Adult mental health inpatient unit (Lancashire and South Cumbria NHS Foundation Trust).
- Older adult mental health service (Lancashire and South Cumbria NHS Foundation Trust).

"42 individuals from secondary care services included in the evaluation benefitted from working with a TAPP. Some of this was via working in groups, some of it related to 1:1 work."

3.3.1.1 Acceptability of the TAPP Role to Patients

The two qualitative analyses of patient feedback included data from two trusts (LSCFT, MUFT) with sample sizes ranging from 10 to 25, supporting the acceptability of TAPPs in secondary care (Table 4 common themes across the qualitative analysis are summarised below, highlighting the benefits of receiving a TAPP intervention and the desire for more sessions:

What's working well for patients?

- The positive qualities of TAPPs (supportive, encouraging).
- Patients reported finding their treatment helpful.
- Learning new skills and strategies/techniques.

"I liked talking to the TAPP"

What changes would patients like?

- More frequent or longer sessions.
- Shorter waiting times.
- Better facilities/rooms for sessions to be held in.

3.3.1.2 Impact of the TAPP role on Patient Outcomes

Quantitative data was only available from one service (MUFT) where goal-based outcome scores were recorded pre- and post-intervention. Analysis showed that the average score was higher for the post-intervention measure than pre-intervention. The difference, however, was not statistically significant.

Table 4: Summary of Patient Data Results from TAPPs Working within Secondary Care Settings

Trust	Clinical Service and focus	Main reasons for patients accessing TAPP support	Materials and Procedure	Number of patients seen	Number of Participants Analysed	Analytic Strategy	Results
LSCFT	Adult mental health inpatient setting	Inpatient admission for mental health treatment	Patient experience questionnaires	Not known	10	Quantitative – rating scales. Qualitative – thematic analysis	100% rated the support as either '4 - helpful' or '5 - very helpful'. 100% rated the TAPP as having relevant skills and knowledge as either '4 - helpful' or '5 - very helpful'. 80% would recommend the TAPP service to others. Two positive themes: 1) supportive & encouraging staff, and 2) useful new skills and techniques One constructive theme: 1) more frequent or longer sessions.
MUFT	CAMHS	Behavioural activation, psychoeducation, support around low mood and anxiety, psychometric assessment.	Goal-based outcomes	40	32	Quantitative – Paired samples t-tests	Analysis showed that the average score was higher for the post-intervention measure, than pre-intervention. The difference however was not significant.
			Patient experience questionnaires	40	25	Qualitative – thematic analysis	Two positive themes: 1) helpful treatment, and 2) positive qualities of TAPP. Two constructive themes: 1) waiting times, and 2) building / facilities.
LSCFT	Older Adult	No data	No data	No data	No data	No data	No data
Merseycare	Eating Disorder service	No data	No data	No data	No data	No data	No data

3.3.2 Clinical Supervisor Feedback

Clinical Supervisors were asked about the impact they had noticed on patient care, because of TAPPs' work. One supervisor responded and their comments are summarised below:

"(The TAPP has provided) general support for the activities of the psychology department (and contributed to) service improvement initiatives."

Delivery of Psychological Interventions

- Low-level psychological interventions.
- Group working.
- Indirect / teamwork.

Wider service benefits

- Similar processes/induction as an Assistant Psychologist used, therefore the TAPP was able to be slotted into the team.
- Service improvement initiatives e.g., the development of a feedback form.

The challenges of the role, from the perspective of a clinical supervisor were as follows:

Embedding new roles

- Assessment documents are lengthy and time-consuming.
- Secondary care involves more indirect and team-working than primary care services.

3.4 Living Well services

3.4.1 Patient Data

Data were requested from TAPPs and their clinical supervisors in the following Living Well services:

- Tameside Living Well (Pennine Care NHS Foundation Trust).
- Bolton Living Well (Greater Manchester Mental Health NHS Foundation Trust).
- Manchester Living Well (Greater Manchester Mental Health NHS Foundation Trust).
- Wigan Living Well (Greater Manchester Mental Health NHS Foundation Trust).

Table 5 and the supporting narrative below summarise the data received.

3.4.1.1 Acceptability of the TAPP Role to Patients

Common themes across the qualitative analysis are summarised below, highlighting the benefits of receiving a TAPP intervention and the desire for more sessions:

What's working well for patients?

- Feeling understood and cared for.
- Providing treatment/interventions that are helpful and positive.

- Having someone to talk to.
- The positive qualities of a TAPP.

What changes would patients like?

- The timing and frequency of sessions offered.
- The availability of rooms for their sessions.
- Some patients did not feel that the therapeutic approach offered was right for their presenting needs.
- However, some patients felt that no changes were needed / necessary.

3.4.1.2 Impact of the TAPP role on Patient Outcomes

Quantitative analysis of patient outcome data were only available from one Living Well service (to September 2023). All analyses showed improved patient outcomes across three measures: Recovering Quality of Life (ReQoL), DIALOG (subjective quality of life and treatment satisfaction), and Goals Based Outcome. However, due to a low sample size for the last session score for each measure, data should be interpreted with caution.

Table 5: Summary of Patient Data Results from TAPPs Working within Living Well Services

Trust	Clinical Service and focus	Main reasons for patients accessing TAPP support	Number of Participants seen	Number of patients analysed	Data Analysed	Analytic Strategy	Results
GMMH	Living Well Wigan.	Mental health and wellbeing support. Predominant presenting problem(s): anxiety, depression, stress.	Not known	Up to 19 (6 months data from March – September 2023)	Quantitative - pre and post-intervention psychometrics	Interpretation of pre- and post-intervention scores across three domains	• Average ReQoL scores increased from 15.5 at 1st session to 23.9 at final session (n=19) • Average DIALOG scores for both quality of life, and treatment satisfaction, increased from 1st to final session (n=19) • Average goal-based outcome scores increased from 1st to final session (n=17)
					Quantitative - patient experience questionnaires	Statistical analysis	76% of people rated the support 5/5; results revealed a mean helpfulness score of 4.71/5 (n=17) 100% of people responded 'Yes' to the question 'Would you recommend TAPP support to others?'
					Qualitative – patient experience questionnaires	Thematic analysis	Five positive themes: 1) feeling understood and cared for; 2) providing helpful interventions; 3) having somebody to talk to;

Trust	Clinical Service and focus	Main reasons for patients accessing TAPP support	Number of Participants seen	Number of patients analysed	Data Analysed	Analytic Strategy	Results
							4) no improvement; 5) a positive experience. One constructive theme: timing and frequency of sessions.
GMMH	Living Well Manchester	Mental health and wellbeing support	Not known	7	Qualitative – patient experience questionnaires	Thematic analysis	N=7 Two positive themes: 1) helpful treatment; 2) positive qualities of the TAPP Two constructive themes: 1) more time and space needed; 2) treatment approach not right.

Notes: Most service evaluation data summarised in this report were extracted from a summary template that TAPPs completed. For GMMH however, we received a more detailed service evaluation led by senior colleagues in the service .

3.4.2 Clinical Supervisor Feedback

Clinical Supervisors were asked about the impact they had noticed on patient care, because of TAPPs' work. Two responded and their comments are summarised below and in Figure 6:

Delivery of Psychological Interventions

- Much higher provision of psychological intervention.
- Being able to draw from models other than CBT.
- Able to offer psychological formulations.

Increased patient satisfaction

- Service users reported progress with their goals.
- Service users reported having learned new ways of coping.

Wider service benefits

- Team members were able to gain support with their assessment skills and interventions offered, e.g., graded exposure and behavioural activation.
- The TAPPs have embedded well and are valued within the team.

The challenges of the role, from the perspective of two supervisors were as follows:

Embedding new roles

- Difficulties with recruitment.
- Lack of clarity around remit of the 'qualified' role once TAPP has completed course/training role.
- Lengthy and time-consuming assessment paperwork

Figure 6: Supervisor Feedback, Living Well Services

3.5 Third Sector services

3.4.1 Patient Data

Data were requested from TAPPs and their clinical supervisors in the following Third Sector services:

- Six Degrees Social Enterprise (IAPT/NHS Talking Therapies).
- Young Person's Advisory Service (CYP MH).
- Meadows Care children's homes (CYP MH).

3.4.1.1 Acceptability of the TAPP Role to Patients

Patient experience feedback responses were available from one TAPP working within YPAS services. Of 21 patients who completed a feedback questionnaire following working 1:1 with a TAPP, 19 (90.5%) rated the support as '5 – very helpful', with the remaining 2 patients (9.5%) rating the support received as '4 – helpful'. 16 respondents (76%) answered '5 – strongly agree' to the statement that the TAPP had the relevant skills and knowledge, with the remaining 5 patients answering '4 – agree'. All 21 patients (100%) stated that they would recommend the TAPP service to others.

"100% of patients who completed the feedback questionnaire stated that they would recommend the TAPP service to others".

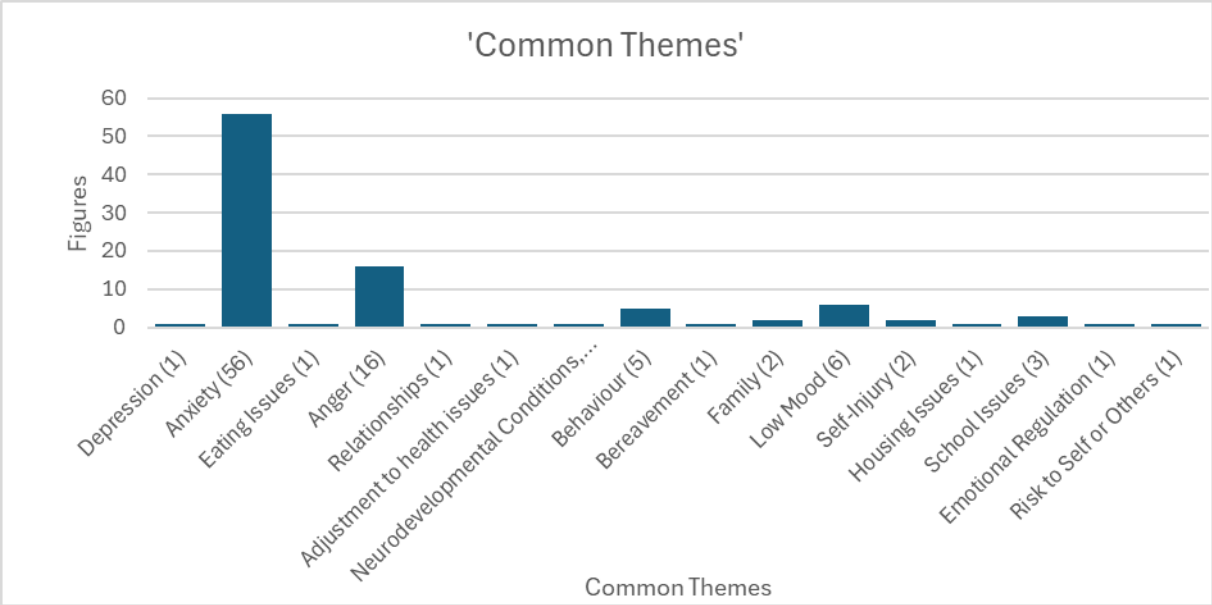
3.4.1.2 Impact of the TAPP role on Patient Outcomes

Qualitative data were received from one APP within YPAS. This showed that improvements had been made in the following areas:

- Reduction in service waiting times/lists.
- Reduced need to refer patients to other services.
- Creation of new service materials for patients.

In addition to this, service-level data (Figure 7) shows the presenting difficulties typically seen in young people by those TAPPs working in YPAS. The most common difficulty by far was anxiety.

Figure 7: The presenting difficulties typically seen in young people by those TAPPs working in YPAS.



3.4.2 Clinical Supervisor Feedback

Clinical Supervisors were asked about the impact they had noticed on patient care, because of TAPPs' work. Four responded and their comments are summarised below and in Figure 8:

Delivery of Psychological Interventions

- TAPPs have been utilised in all areas of the wellbeing service, including within community and educational settings.
- Not having a defined intervention model has allowed for flexibility to meet individual patient needs.
- Providing low level 1:1 support for children and young people, forming therapeutic relationships and offering psycho-social interventions.
- Completing routine outcome measures and supporting the lead therapist with psychological assessments.

Increasing others' capacity

- Having a TAPP has freed up the lead therapists' time to deliver more specialist interventions.
- Completing assessments, supporting report updates, formulation and consultation meetings.
- Allowing the Clinical Psychologist to focus on more complex work.

Wider service benefits

- TAPPS have embedded well into the service.

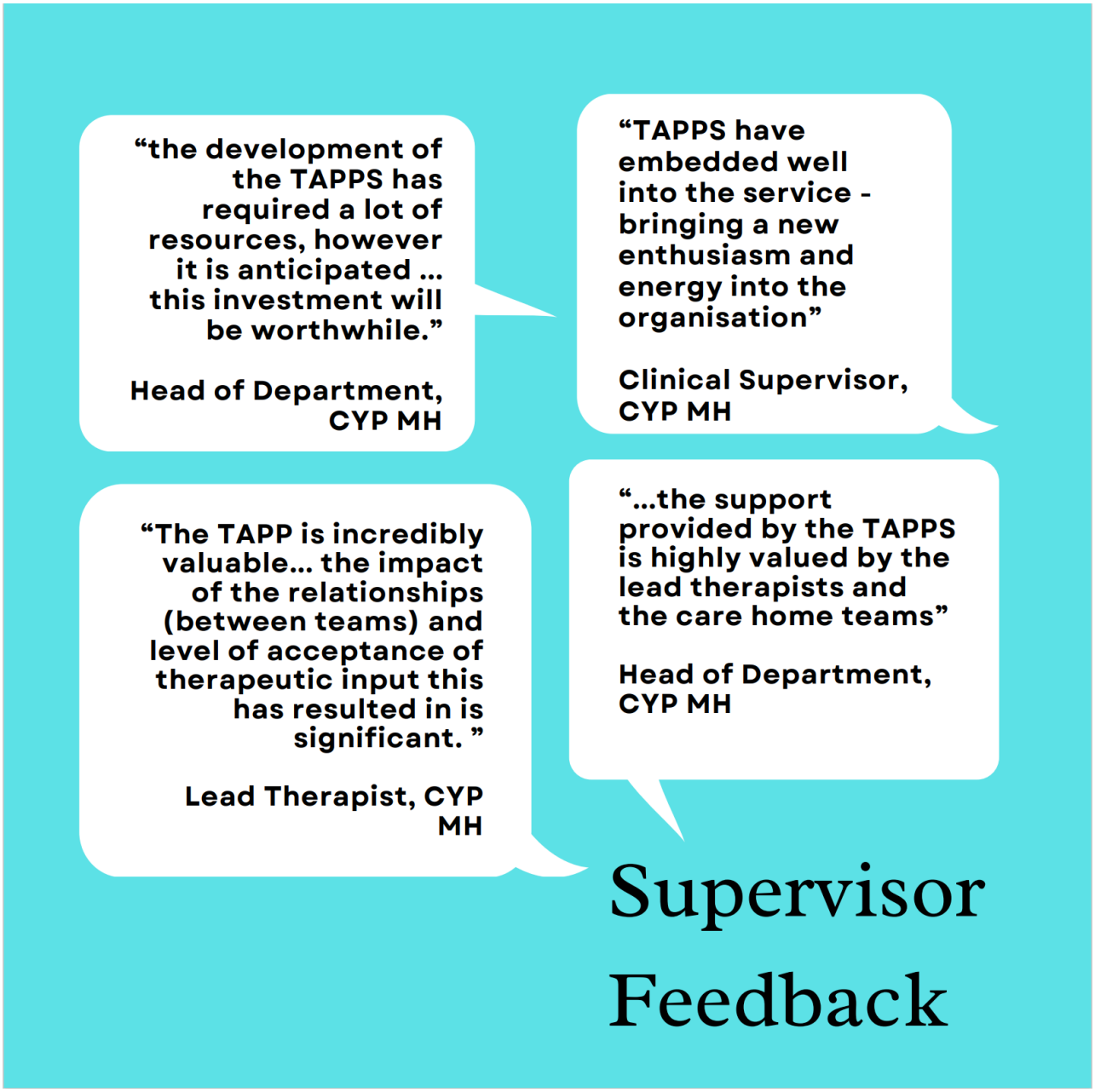
- TAPPs have brought new enthusiasm and energy into the organisation.
- The flexibility of the model.
- The TAPP has been able to work collaboratively with and alongside the Clinical Psychologist.
- Due to the arrival of the TAPP role, members of the team feel that they are better able to meet the expectations of their role and maintain a good work/life balance.

The challenges of the role, from the perspective of four supervisors were as follows:

Embedding new roles

- Initial increase in workload for supervisors during the induction and embedding phase of the role – however, two supervisors stated that they felt that this investment would be worthwhile over the longer term.
- Additional support is needed for the TAPPs around autonomous working, organisation and time management.
- Additional support/training around trauma-informed approaches and the impact of trauma on development would have been useful.
- Having a more structured intervention model would have been beneficial for trainees to follow.

Figure 8: Supervisor Feedback, Third Sector Services.



Section 5: Summary of Findings and Conclusions From the Cohort 3 Evaluation

The overall aim of this evaluation was to evaluate:

1) Retention of TAPPs in the role, course completion rate and training experience (academic evaluation).
2) The acceptability and effectiveness of TAPPs in clinical settings (clinical service evaluation).

The findings are summarised below.

5.1 Key Findings

5.1.1 Academic Evaluation

1. **Retention of TAPPs and course completion rate:** Only 6% of TAPPs withdrew from the course due to factors outside of our control. Of the 94% remaining TAPPs, 100% of TAPPs who completed the course within the 12-month training period achieved the required clinical competencies and passed the PgDip APP programme.

2. **TAPPs' experience of the training:** TAPPs valued their role and see it as a valued career pathway that can provide direct clinical experience and skills, and support personal and professional development. Some TAPPs experienced challenges, particularly around the learning of new intervention skills and the amount of time spent teaching these.

5.1.2 Clinical Service Evaluation

1. **Acceptability of the TAPP role to patients**: positive feedback was received from patients regarding the support they received from a TAPP, the qualities of the TAPP, and the ability of the TAPP to support positive change via the learning of new skills and strategies. A common theme, however, across services and settings was the need for more time/sessions.

2. **Impact of the TAPP work on patient outcomes**: there was evidence of improvements across mental health routine clinical outcome measures (ROMs) (e.g., depression, anxiety, wellbeing, goals, quality of life) across a range of services, following intervention with a TAPP.

3. **Acceptability of the workforce to clinical supervisors:** supervisors identified a myriad of ways in which the TAPP role had a positive impact, including the delivery of psychological interventions and increased patient satisfaction, generating additional workforce capacity within the service and wider service benefits (e.g., decreasing waiting times). Challenges included the embedding of the role into the service and the systematic and pragmatic factors associated with this (e.g., how the role sits within the service, additional training and support requirements).

5.2 Strengths and Limitations of the Evaluation

Key strengths include:

1. **This is a robust evaluation,** using a range of quantitative and qualitative methods.
2. **Multiple levels of Kirkpatrick's (1996) framework for evaluating training programmes have been utilised.** The framework provides a pragmatic structure and ensures a holistic and comprehensive evaluation, the results of which have direct implications for policy and practice and meet the needs of services.
3. **Data were triangulated across multiple sources** (e.g. patient routine outcome measures and feedback, feedback from clinical supervisors) where appropriate and possible.
4. **Data have been captured from multiple service types** within Primary and Secondary care, Living Well and Third Sector services, allowing us to tease out any areas of strength or challenge.

Key limitations include:

1. **The views of only some TAPPs are represented in the academic evaluation**, with only 25 of the 63 TAPPs responding to the survey at each of the 3 time points.
2. **For the clinical service evaluation**, not all TAPPs could provide an evaluation based on Routine Outcome Measures (ROMS) and relied instead on patient feedback qualitative. In addition, the research team received only a summary of patient ROMS or feedback, completed by the TAPP, rather than the raw data. Whilst the reliance on results summaries produced by multiple TAPPs has the potential to enrich analysis, it also means that common themes across datasets could've been missed due to different interpretations of these data. In addition, some of the quantitative analyses used samples that were too small for significance testing, and therefore relied on descriptive analysis.

5.3 Key Recommendations

1. To share the results of this final year evaluation our stakeholders, including TAPPs, their supervisors, managers, and clinical leads; our main sponsors at NHSE, Mike Burgess (North West Head of Workforce Transformation) and Chris Cutts (Regional Director of Workforce, Training and Education); the North West MHLDA Regional Workforce and Supply Board, and NW PPN.
2. To replicate our first publication (Budd et al., 2022) by translating evaluation results into a second publishable Open Access service evaluation paper to share with the academic and clinical community.

Section 6: Overall Conclusions and Recommendations From Three Years of TAPP

This final section includes reflections, recommendations and conclusions from this three-year test of concept.

6.1 Reflections

The TAPP role has been shortlisted for multiple awards and captured the attention of the press, attesting to the incredible impact of this role. We are proud and humbled to have received this recognition, and to have been allowed to develop a workforce who are making a difference to the lives of patients.

6.1.1 Awards

Since commencing in January 2021, the TAPP role has been shortlisted for nine awards, four of which we have won (those in bold) below:

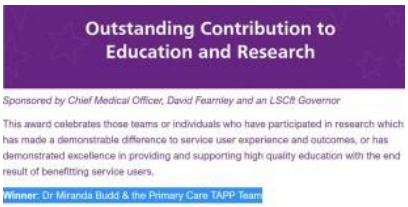
Table 6: TAPP awards shortlisted and won **(in bold)**

LSCFT outstanding contribution to education and research (2021)
Educate North mental health category (2022)
HSJ Patient Safety, Primary Care Initiative of the Year (2022)
HSJ Primary and Community Care Innovation of the Year (2022)
North-West Coast research and innovation: Ruth Young award for the first journal publication which is a clinical service evaluation of the role (2022)
Educate North Employer Engagement award (2023)
North-West Coast Research and Innovation: Innovation in Workforce Deployment (2023)
North-West Coast Research and Innovation: Primary Care and Community Research Team of the Year (2023)
HSJ Patient Safety Awards - Improving Health Outcomes for Minority Ethnic Communities (2023)

26 June 2023

Another award success for UCLan's innovative collaboration to improve mental health support

LSCFT Education & Research Award, 2021



North West Coast Research & Innovation Award, 2021

HSJ Patient Safety Award, 2022

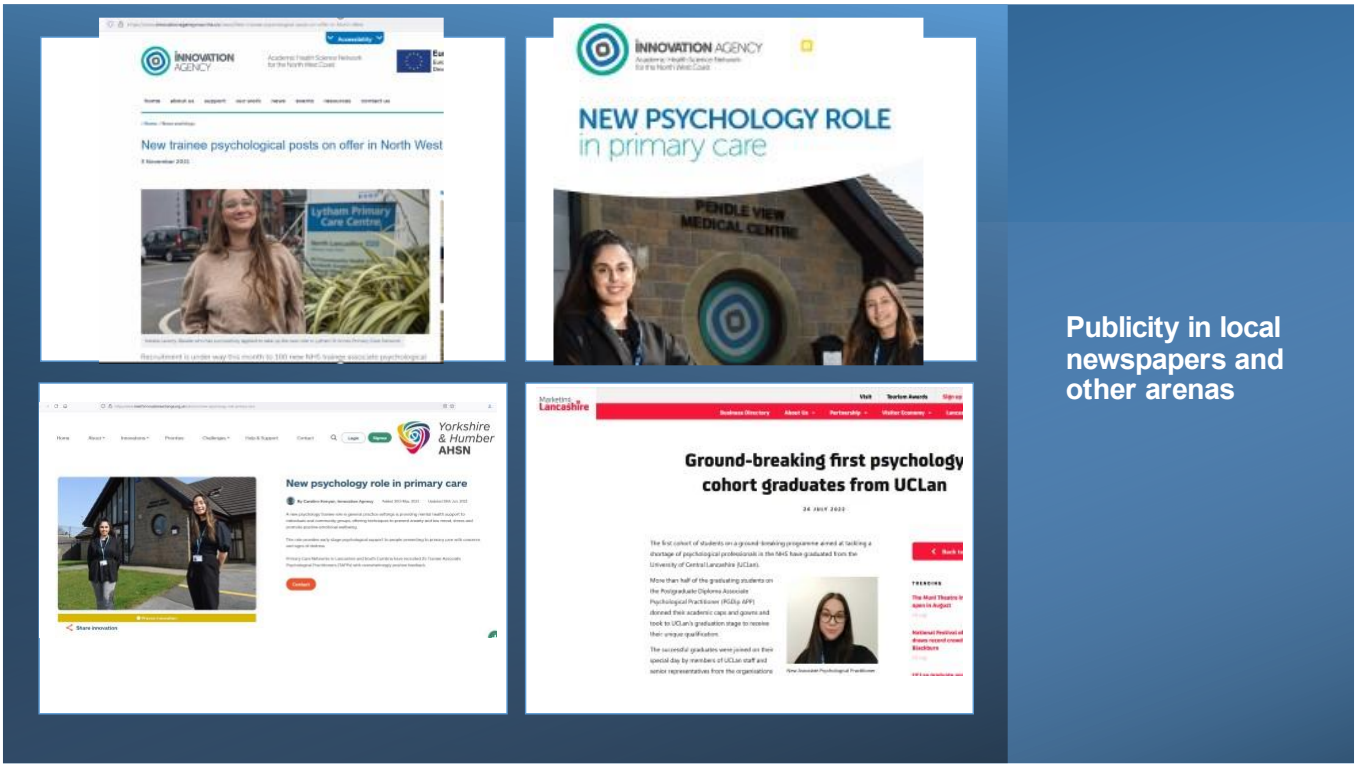
Educate North Employer Engagement Award, 2023

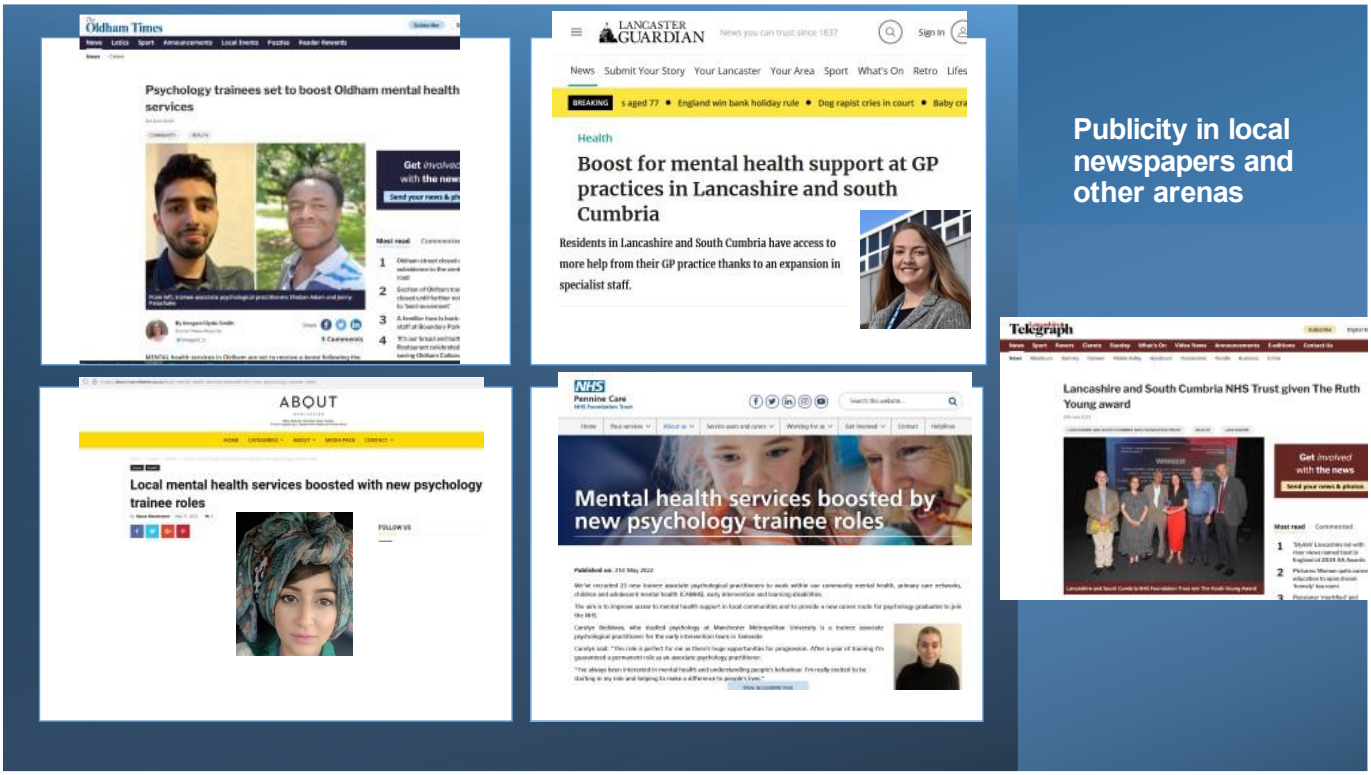
Multiple Award Winning Course

Our awards span:

Patient benefit
Education & training
Research evaluation

6.2.1 Publicity





6.1 Overall Recommendations

As this three-year pilot comes to an end, our recommendations are shaped by the fact that the Business Case submitted in September 2023, for continued funding of the TAPP Programme for a further three years, was not supported. We will now be focusing on working with the national team to support the qualified APPs in their roles, their future development and careers. Our recommendations are as follows:

1) To share the results of this final year evaluation with our stakeholders, including TAPPs, their supervisors, managers, and clinical leads; our main sponsors at NHSE, Mike Burgess (North West Head of Workforce Transformation) and Chris Cutts (Regional Director of Workforce, Training and Education); the North West MHLDA Regional Workforce and Supply Board, and NW PPN.
2) To replicate our first publication (Budd et al., 2022) by translating evaluation results into a second publishable Open Access service evaluation paper to share with the academic and clinical communities.
3) To continue to support APP development and career progression, working closely with the national team, The Psychological Professions Network North West and other key stakeholders.
4) To implement the option to grandparent APPs into Mental Health and Wellbeing Practitioner (MHWP) roles, in line with stakeholder preference.
5) To consolidate project materials, publications and evaluation reports, as an exemplar of best practice, to support the development of future workforce projects.
6) To work with the national team to support the development of a Band 6 Senior MHWP role, to provide further career progression opportunities for APPs that transition into MHWP roles.
7) To track, as far as is possible, the career progression of current APPs, to understand the destinations of this workforce to evaluate whether the initial increased supply of psychological practitioners has been of benefit to the wider psychological workforce.

6.2 Overall Conclusions

The evaluation of cohort 3 represents the final year of the proof-of-concept project in developing a new role that can deliver psychological intervention work in a range of settings. The role was well-received, and APPs are highly valued within the North-West region, as key contributors to workforce supply, delivering improved outcomes for patients.

The evaluation of all three cohorts highlights significant successes, the value the role contributed, and the challenges embedding this new role. This project has continued to demonstrate both excellent supply (over 500 applications for cohort 1, over 600 for cohort 2 and over 700 for cohort 3) and the benefits of recruiting career-focused psychology graduates to work in healthcare. This is a key area for development among psychological professions, where there is currently no direct route from the completion of a psychology undergraduate degree to working in healthcare in a professional role.

The APP role has been responsive to current rising demand and gaps in provision for mental health Services and the APPs have improved population health outcomes. The role has

helped to meet the strategic priorities of NHS LTP that relate to the growth of the psychological workforce, new career pathways, and new ways of working.

6.3 Acknowledgments

This project would not have been possible without the input and support of the Trust and partner organisations including NHS England in the North West, NHS England, Innovation Agency, University of Central Lancashire and the North West Psychological Professions Network.

The project team would also like to take this opportunity to thank our many stakeholders for establishing, supporting and engaging with this trailblazing programme, within a challenging timescale and context, that started during a global pandemic.

NHS Trusts, PCNs, Third Sector services and clinicians remain at the heart of this project, and we would like to thank each of them for their continued support and engagement with our networks.

Also, to thank Mike Burgess, Chris Cutts and other colleagues at NHS Engand, for their on-going support and contribution.

It has been an absolute privilege to develop and run this training and to win multiple awards through working with incredible trainees who are passionate about driving change and improving patient care.

References

Budd, M., Gardner, R., Bhutani, G., Gardner, K. J., Iqbal, A., Harding, C., Chauhan, U. (2022). Can a new role, the (Trainee) Associate Psychological Practitioner (TAPP), add value in General Practice? Results from the pilot year evaluation. *Primary Health Care Research and Development*, 1-11. Retrieved from **https://doi.org/10.1017/S1463423622000482**

Duarte, A., Walker, S., Littlewood, E., Brabyn, S., Hewitt, C., Gilbody, S., & Palmer, S. (2017). "Cost-effectiveness of computerized cognitive-behavioural therapy for the treatment of depression in primary care: findings from the Randomised Evaluation of the Effectiveness and Acceptability of Computerised Therapy (REEACT) trial." *Psychological Medicine*, 1825-1835. doi:10.1017/S0033291717000289

Gardner, K. J., Budd, M., Nixon, D., Bhutani, G., Roy, M. P., Clegg, A., Benedetto, A., Holt, L. J., & Twyman, C. (2023). Academic, Clinical Service and Economic Evaluation of the Postgraduate Diploma Associate Psychological Practitioner (PgDip APP) Programme. Cohort 2. Project Report. University of Central Lancashire / NHS Lancashire and South Cumbria. Retrieved from **https://clok.uclan.ac.uk/47108/1/TAPP%20Evaluation%20Cohort%202%20May%202023%20Digital.pdf**

Gardner, K. J., Budd, M., Nixon, D., Bhutani, G., Roy, M., Gardner, R., & Holt, L. J. (2022). *Academic and Clinical Service Evaluation of the Postgraduate Diploma Associate Psychological Practitioner (PgDip APP) Cohort 1*. UCLan. Retrieved from **https://clok.uclan.ac.uk/40956/1/40956%20TAPP%20HEE%20evaluation%20-%207th%20feb%20%28final%20version%29_.pdf**

Hamblin, A. C. (1974). *Evaluation and Control of Training.* McGraw Hill. Retrieved from **https://www.employment-studies.co.uk/system/files/resources/files/392.pdf**

Health Education England (HEE). (2017). *Stepping forward to 2020/21: The mental health workforce plan for England.* Retrieved from **https://www.hee.nhs.uk/sites/default/files/documents/Stepping%20forward%20to%20202021%20-%20The%20mental%20health%20workforce%20plan%20for%20england.pdf**

Health Education England. (2022, 11 10). Psychological professions. *NHS funding for psychological professions training programmes*. Retrieved from **https://www.hee.nhs.uk/our-work/mental-health/psychological-professions/nhs-funding-psychological-professions-training-programmes**

Health Education England: NHS. (2021, 04 23). Now is the time for us to be bolder, more ambitious and aspirational. Retrieved from **https://www.hee.nhs.uk/news-blogs-events/blogs/now-time-us-be-bolder-more-ambitious-aspirational**

HESA. (2019/2020). *HESA data.* Retrieved from **https://www.hesa.ac.uk/data-and-analysis/sb263/figure-10**

Kirkpatrick, D. L. (1959). Techniques for evaluating training programs. *Journal of the American Society of Training Directors*, 3-9.

Kirkpatrick, D. L. (1996). Invited reaction: reaction to Holton article. *Human Resource Development Quarterly*, pp. 23-25.

Lord, F., Budd. M. , Gardner, K. J., Bhutani, G., & Nixon, D. (2022). Associate Psychological Practitioners (APPs) in Primary Care: modelling the impact, *Primary Health Care Research and Development*.

National Collaborating Centre for Mental Health. (2019). *Mental Health Careers and Psychology Graduate Career Pathways*. Retrieved from National Collaborating Centre for Mental Health.: **https://www.rcpsych.ac.uk/improving-care/nccmh**

NHS. (2020). *We are the NHS: People plan for 2020/2021*. Retrieved from **https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf**

NHS. (2021). *NHS England and NHS Improvement: New reimbursable roles and improvements within the Additional Roles Reimbursement*. NHS. Retrieved from **https://www.england.nhs.uk/wp-content/uploads/2021/03/B0486-network-contract-des-cover-note-from-april-21.pdf**

NHS Digital. (2016, 09 29). *Survey shows one in three adults with common mental disorders report using treatment services*. Retrieved from NHS Digital: **https://digital.nhs.uk/news/news-archive/2016-news-archive/survey-shows-one-in-three-adults-with-common-mental-disorders-report-using-treatment-services**

NHS Digital: Q1 2022/23. (2022, Aug 18). Personal Health Budgets: Quarter 1 2022-23. England. Retrieved from **https://digital.nhs.uk/data-and-information/publications/statistical/personal-health-budgets/2022-23-q1/personal-health-budgets-q1-2022-23**

NHS Digital: Vacancy Stats, June 2022. (n.d.). NHS Vacancy Statistics England April 2015 – June 2022 Experimental Statistics. Retrieved from **https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---june-2022-experimental-statistics#:~:text=show%20a%20vacancy%20rate%20of,10.3%25%20(38%2C814%20vacancies**).

NHS England. (2019). *The NHS Long Term Plan*. Retrieved from **https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf**

NHS Pennine Care. (2022, May 31). Mental health services boosted by new psychology trainee roles. Retrieved from **https://www.penninecare.nhs.uk/about-us/latest-news/mental-health-services-boosted-new-psychology-trainee-roles**

NHS: Mental Health Taskforce. (2016). *Five Year Forward View for Mental Health*. Retrieved from **https://www.england.nhs.uk/wp-content/uploads/2017/03/fyfv-mh-one-year-on.pdf**

Office for National Statistics. (2022, April 29). *Coronavirus (COVID-19) latest insights: Well-being*. Retrieved from Census2021:

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19latestinsights/wellbeing

Office for National Statistics. (2022). *Cost of living and depression in adults, Great Britain: 29 September to 23 October 2022*. Retrieved from **https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/mentalhealth/articles/costoflivinganddepressioninadultsgreatbritain/29septembertoo23october2022**

Palmer, B., Schlepper, L., Hemmings, N., & Crellin, N. (2021). *The right track: Participation and progression in psychology career paths*. Research report, Nuffield Trust. Retrieved from **https://www.nuffieldtrust.org.uk/sites/default/files/2021-07/1625671007_nuffield-trust-the-right-track-pipeline-of-psychologists-web2.pdf**

Tamkin, P., Yarnall, J., & Kerrin, M. (2002). *Kirkpatrick and Beyond: A review of models of training evaluation*. The institute for employment studies. Retrieved from IES website: **https://www.employment-studies.co.uk/system/files/resources/files/392.pdf**

Appendix I: TAPP Job Description & Person Specification

Job Description

Job Title: Trainee Associate Psychological Practitioner (TAPP)
Hours of work: 37.5
Band: 4
Network: Tbc
Base: Tbc
AfC Ref:

Our Values

The values represent what we as an organisation, and the individuals who make up that organisation, are about.

It is our aim that everything we do fits in with, and reinforces, these values:

- *We are always learning*
- *We are respectful*
- *We are kind*
- *We are a team*

Reporting Arrangements:

Managerially accountable to: Line manager and Clinical/ Service Lead
Professionally accountable to: Clinical Supervisor and Clinical/ Service Lead
Responsible for: Clients working with, under the supervision of a qualified psychological professional

Liaises with: Team staff, colleagues in other teams, other senior clinical professionals including GP's and other professionals within the wider Integrated Care System.

Job Summary

The post-holder will work in a defined area of health and social care. This may be acute healthcare, mental health and/or community health whilst undertaking a programme of training for this role.

The post will equip the post-holder to conduct psychological assessments, develop structured formulations and deliver psychologically-informed, evidence based interventions under the supervision of an experienced clinical psychologist/ qualified psychological professional. This will include interventions appropriate to presenting need such as cognitive behavioural techniques, solution-focused approaches and mindfulness based skills.

The post- holder will attend all taught and self-study days required by the education provider, as specified within the curriculum and work in the service for the remaining days of the week using their newly developed skills. The post holder will work with people from different cultural backgrounds and of different ages, using interpreters when necessary and should be committed to equal opportunities.

1. Under the supervision of a qualified psychological professional, the Trainee Associate Psychological Practitioner's role will include completing psychological assessments, structured formulations and delivering, and supporting in the delivery of, psychological interventions.
2. To be able to build healthy and meaningful working relationships with colleagues from different professions in various settings.
3. Where relevant, the post holder will work as a member of the multi-disciplinary team (MDT) providing a high quality service to individuals and their carers/family/support system of all ages at-risk of, experiencing or recovering from mental health difficulties. This work will be in accordance with clinical governance processes and professional standards.
4. To forge strong and healthy connections between physical and mental health care within a community setting as part of a holistic approach, where this is required by the service.
5. Where required by the service, to co-deliver group interventions that relate to providing information about wellbeing, mental health and resiliency. This may relate to an already established group or to being part of wellbeing promotion events at various community hubs.
6. To gain wider experience of professional psychology within the NHS over and above that provided within the principal service area where the post holder is employed.
7. The post holder will engage with clinical supervision with a named member of qualified psychology staff to take place on a weekly basis to facilitate their work and ensure safe practice.
8. To assist in the development, design and implementation of programme and project work. Where required, to assist in the administration and interpretation of outcome related measures, collation and recording of statistics and production of relevant reports.

9. To engage with relevant training associated with the job role in order to feel confident in your day-to-day practice.

Working Environment

To be determined. This will be dependent upon the service and geographical location that you indicate a preference for.

Key Relationships

1. Psychological Services Staff
2. Multi-disciplinary team and team leaders
3. Other health professionals and team leaders and members of other agencies responsible for delivering services to the relevant client groups.
4. The post holder will establish and maintain positive relationships with providers of services within the relevant context. This can include other services, people, agencies, VCFSE sector and other providers as well as key stakeholders relevant to the context of the role.

Department Chart

Tbc dependent on setting but likely to be in a team with accountability to psychological professional and line management by team leader (unless delegated)

Key Responsibilities

The key responsibilities for the TAPP job role align with the competencies areas set by their HEI.

- To ensure care delivered is in line with the evidence base, NICE guidelines and local and national guidelines for the target population.
- Demonstrate appropriate understanding of and operate within legal, professional and ethical guidelines in providing mental health care.
- Follow The BPS's Code of Ethics and Conduct, to ensure adherence to the professional codes of conduct and non-discriminatory values.
- Understand the impact of difference, diversity and social inequalities on people's lives.
- To be an active learner by engaging with the evidence-base and applying the theory learnt during HEI training and other relevant training into practice. To use supervision to reflect upon this application and feel empowered to learn and develop psychological skills to meet the demands of the role.

- To maintain the highest professional standards of practice by preparing for and engaging with weekly supervision with a qualified psychological professional. The aim is to ensure effective learning and development and ensure safe practice.
- Engage with the appraisal process/ interim review process to review competency development.
- Learn to be a reflective practitioner, to include an awareness of own fitness to practice and wellbeing.
- Attend and fulfil all the requirements of the training element of the post including practical, academic and practice based assessments.
- Receive support from educational providers in relation to coursework to meet the required standards.
- Act as a role model in providing a service for people with mental health problems. This includes normalising the experience of emotional distress among colleagues, clients and the wider system.
- Work alongside current staff and colleagues to develop and promote the service's philosophy, framework of care delivery and strategic objectives.

Communication and Relationship Skills

- To prepare for and participate in weekly clinical individual supervision and group supervision.
- Respond to and implement supervision suggestions by supervisors in clinical practice.
- Take responsibility for writing up supervision notes, in line with information governance requirements, when required to do so.
- Record supervision sessions in line with trust requirements.
- Engage with line management supervision and processes, as and when is required, to ensure a high standard of service delivery.
- Engage in and respond to personal development supervision to improve competences and clinical practice
- Prepare for, and engage with the review process to ensure working towards competency areas.
- Reflect upon and document one's own emotional wellbeing and ensure engaging with effective self-care to maintain health and resiliency.
- Demonstrate and communicate an understanding of the role and remit of the role.
- To complete timely, content appropriate and effective case notes on the electronic record system within the service you work, with adherence to Trust policies.
- To complete all work-related documentation, for example, assessment letters and discharge letters. To share these letters with clinical supervisor and make any recommended alterations.
- Be competent to receive and give clinical information verbally and in written from/ to those receiving care, their families/carers and professional colleagues.
- Demonstrate a high level of interpersonal skills, self-awareness and empathy in all communications.
- Demonstrate the ability to adapt communication style (e.g., to different audiences and/or when working digitally with clients).
- Will have the ability to develop and maintain good working relationships with colleagues within all agencies whom they encounter to the benefit of the client and the service.
- Engage with public speaking at various events, including talking and presenting to different groups and services.
- Will have an ability to negotiate and problem solve in contentious and /or antagonistic

situations where agreement is required.

- Be required to provide and receive complex, sensitive or contentious information, where persuasive, motivational, negotiating, training, empathic or re-assurance skills are required. This may be because agreement or co-operation is required or because there are barriers to understanding
- Will maintain close liaison with all department/ staff involved in a service user's care and report on progress and effectiveness to the team/ MDT.
- To contribute to multi-disciplinary working, building healthy and respect working relationships with colleagues.
- Where necessary request assistance from colleagues and demonstrate appropriate shared decision-making.
- Explain, contextualise and apply appropriate awareness of ethical, legal and professional dimensions in their approach to their work. Identify and understand some of the common factors that can impact communications and relationships and to effectively maintain personal and professional boundaries.
- To effectively communicate psychological assessments, formulations and interventions to others, having used supervision to reflect upon this process with a psychological professional.
- To contribute to in service training events through presentation, with information relating to good working practice, special projects and procedural changes.

Analytical and Judgmental Skills

- Make clinical decisions within the remit of the role and their professional competence, and be guided to refer to other professionals as appropriate.
- Be required to make judgements involving complex facts and or situations which require analysis, interpretation and comparison of a range of options. Use supervision and team support to ensure this decision is not made in isolation.
- Make judgements where the situation is not straightforward such as those where information is limited or difficult to obtain, with support from colleagues and in supervision.
- Make judgements as to the best course of action where there is a range of options available. This may relate to the most appropriate care pathway for a client, to ensure their needs are met.
- Review judgements under supervision where expert opinion may differ or be conflicting, and seek guidance where appropriate.
- Alongside the colleagues /MDT, will identify the individual care needs of allocated service users, plan, implement and evaluate all care programmes in conjunction with the service's mental health team, under the supervision of a qualified psychological professional.
- To adopt a holistic approach to clinical decision making by evaluating how decisions made at the assessment stage might have impacted the formulation, intervention and outcome.
- Continually evaluate the effectiveness of clinical decisions/courses of action and how these relate to the outcome

Planning and Organisational Skills

- To be able to plan and organise a broad range of complex activities or programmes, some of which are ongoing, some may require the formulation and adjustment of plans or strategies.

- Demonstrate the ability to prioritise and organise case/ workload on a day-to-day basis. To ensure that this allows time for effective session planning, session delivery and note writing.
- Able to learn and work with relative autonomy and plan own diary.
- To complete the clinical activity diary log and review with supervisor and team as is appropriate.
- To liaise and negotiate with other agencies (e.g., other NHS services, Adult Care Services, Children Schools and Families, Benefit Agency, Housing Authorities, Primary Care Training Hub, the voluntary sector etc.), for joint planning with, or on behalf of, service users.
- Be able to work in an environment that is at times extremely busy and demanding.
- To work in line with safe lone working policies, for example, organise diary and ensure that colleagues are aware of any lone working.

Patient/Client Care

- To apply knowledge of trauma informed care and offer this to all clients and members of the clients' system who access the service.
- To reflect in clinical supervision about a client's care pathway, to ensure that the client's needs are being appropriately met.
- Deliver care that is person-centred reflecting current best practice, and challenges practice that may be detrimental to people receiving high quality care.

Psychological Assessment

- To be able to build therapeutically healthy relationships with clients and their system, in order to engage and then promote change.
- To be able to explain confidentiality to clients and their system and obtain informed consent.
- Develop the ability to conduct and understand a range of psychological assessment methods that are appropriate to the target population/ service working within.
- Administer a range of psychological assessments procedures in the target population including: formal procedures (the use of standardised psychometric instruments; systemic interviewing procedures; other structured methods of assessments e.g., observation or gathering information from others). This assessment information should then be reviewed during the process of supervision.
- To use a biopsychosocial model for assessments, to ensure holistic consideration of the client's needs.
- To complete collaborative risk assessments, formulations (e.g., using the 5 P's approach) and management plans in line with local Trust/ service policy.
- To engage in shared decision making (with the client, others within their system if appropriate, the team involved, mentor and supervisor) in relation to risk, ensuring effective communication and information sharing to support safety and manage risk under supervision and guidance.
- To engage in effective safeguarding assessments, reporting and interventions to ensure safety for all.
- Where indicated by assessment, to discharge with appropriate care provisions and follow-up, with future review dates booked as appropriate.

Psychological Formulation

- To assist in the development of a psychologically based framework of understanding and care to the benefit of all users of the service, across all settings where care takes place.
- To develop shared psychological formulations of a presenting problem with a client. This formulation will be structured (for example, using the 5 Ps approach, or 'hot-cross bun' CBT model).To reflect upon this formulation and associated hypotheses in supervision and re-formulate as is appropriate.
- To ensure that all care is formulation driven.

Psychological Intervention

- Under supervision, to provide a range of clinical care interventions appropriate to the individuals' needs, using formulation as a basis for the application of planned interventions, and taking account of the psychological and social circumstances of the client in a collaborative manner.
- Work will be informed by a number of therapeutic modalities, as opposed to focusing solely upon one approach. The skills used, based on different psychological theories and models,will be appropriate for a band 4 clinician, who is under the supervision of a qualified psychological professional.
- To co-deliver group interventions, if required by local service provision and clinical need.
- To be able to provide advice in relation to the care of an individual, or groups of patients/clients.
- With support from supervision, recognise when intervention, or further intervention, may be inappropriate or unlikely to be helpful, and consider implications and actions to a rise from this.
- Evaluate practice through monitoring outcomes and hearing client feedback. Collate and review qualitative feedback from clients.
- Understand psychometrics if used within service, with target population and use appropriately under supervision to evaluate impact.
- Through reflection, develop as a practitioner and evaluate applied practice.

Responsibilities for Policy and Service Development

- Ensure that all policies / procedures applicable to the service are understood and implemented.
- Maintain appropriate records that will enable to service to be evaluated. Support in the analysis and reporting of this data. Presentation of results both in writing and verbally.
- To engage with local teams in relation to health projects that aim to meet local health needs.
- To visit and gather information about the role and function of other services relevant to patient care across different settings.
- Contribute to clinical strategy discussions/steering groups when requested by senior management.
- To develop the TAPP role within the service working within. This may include educating working colleagues and services about roles and responsibilities.

- To act as a link between clinical supervisor, line manager and service leads to promote service development.

Responsibilities for Finance

- N/A

Responsibility for Human Resources

- N/A

Responsibility for Information Resources

- To be aware of information governance relating to the collation of any service-related data and act in line with national and Trust policies.
- Ensure adherence to all aspects of patient confidentiality, documentation and record-keeping according to Trust and national guidelines.
- Demonstrate an understanding of the Mental Health Act, Mental Capacity Act and Competency and the Care Act. The post holder will also have an understanding of the Safeguarding Children and Adults procedures.
- To learn and effectively use the electronic note recording systems within the service/ Trust worked in.
- To learn and effectively use digital/virtual means of delivery, for example 'accuRx', 'MS Teams', 'attend anywhere' to engage with clients and colleagues. Operate these methods of communication in line with Trust policies and procedures to ensure safe,ethical and effective working practice.
- Be required to be competent in IT and have the relevant skills necessary to carry out the activities of the post.
- To understand both the challenges and opportunities that working digitally brings for a psychological practitioner (e.g., risk/safeguarding issues associated with digital working with clients).

Research, Development and Service Evaluation

- Demonstrate an awareness of and capacity to follow ethical and governance procedures in research, audits and service evaluations.
- Engage in clinical audit, service evaluation and/or research as is appropriate/ required. This may include proposing ideas, or contributing to audits relevant to the improvement of the teams' clinical practice.
- To produce relevant literature reviews, presentations and summaries for staff when required for their clinical work, teaching, training, or administrative tasks.
- To have the ability to critically appraise published research.

Person Specification

Description	Essential	Desirable	Assessment
Education/Training/Qualifications	A minimum of a second class honours degree or higher in psychology. Eligibility for graduate membership of the British Psychological Society.		Certificates Interview
Knowledge and Skills	Demonstrates an understanding of lifespan psychology applied to health care. Demonstrates an understanding of the needs and difficulties of people with psychological/mental health difficulties or other disabilities. Good communication skills (written and verbal) including an ability to communicate and work across a number of different settings. Ability to work with people from different backgrounds and of different ages An ability and confidence to interact effectively with staff from all disciplines. An ability to interact	Demonstrates an understanding of the clinical practice of psychological interventions. Demonstrates an understanding for the need to use evidence based psychological therapies and how it relates to this post Ability to communicate sensitive information to others. Ability to organise and prioritise workload and time Received training (either formal of through experience) and carried out risk assessments within scope of practice	Interview, application form and reference.

	effectively with clients, family members/paid carers. Ability to undertake psychologically informed research projects under supervision. Experience using computers for databases or data-analysis. Ability to work reliably and consistently with work agreed and managed at regular intervals. High level communication skills (written and verbal) including an ability to communicate and work in settings in which the atmosphere may be highly emotive. Ability to communicate sensitive information to service users, cares and colleagues		
Experience	Some experience of working with people with who experience difficulties with mental health and/or physical health, either in a voluntary or paid capacity.	To have worked as part of a team within a statutory or voluntary care setting. Experience in conducting research projects or service related audit. Experience of delivering	Application Interview

		training. Experience of group work.	
Personal			
Other- Work Related	Ability to accept and use supervision appropriately and effectively. Ability to undertake travel across a wide geographical area. Able to work in the UK. Ability and willingness to work outside office hours when required by the role		Interview, application form and references

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