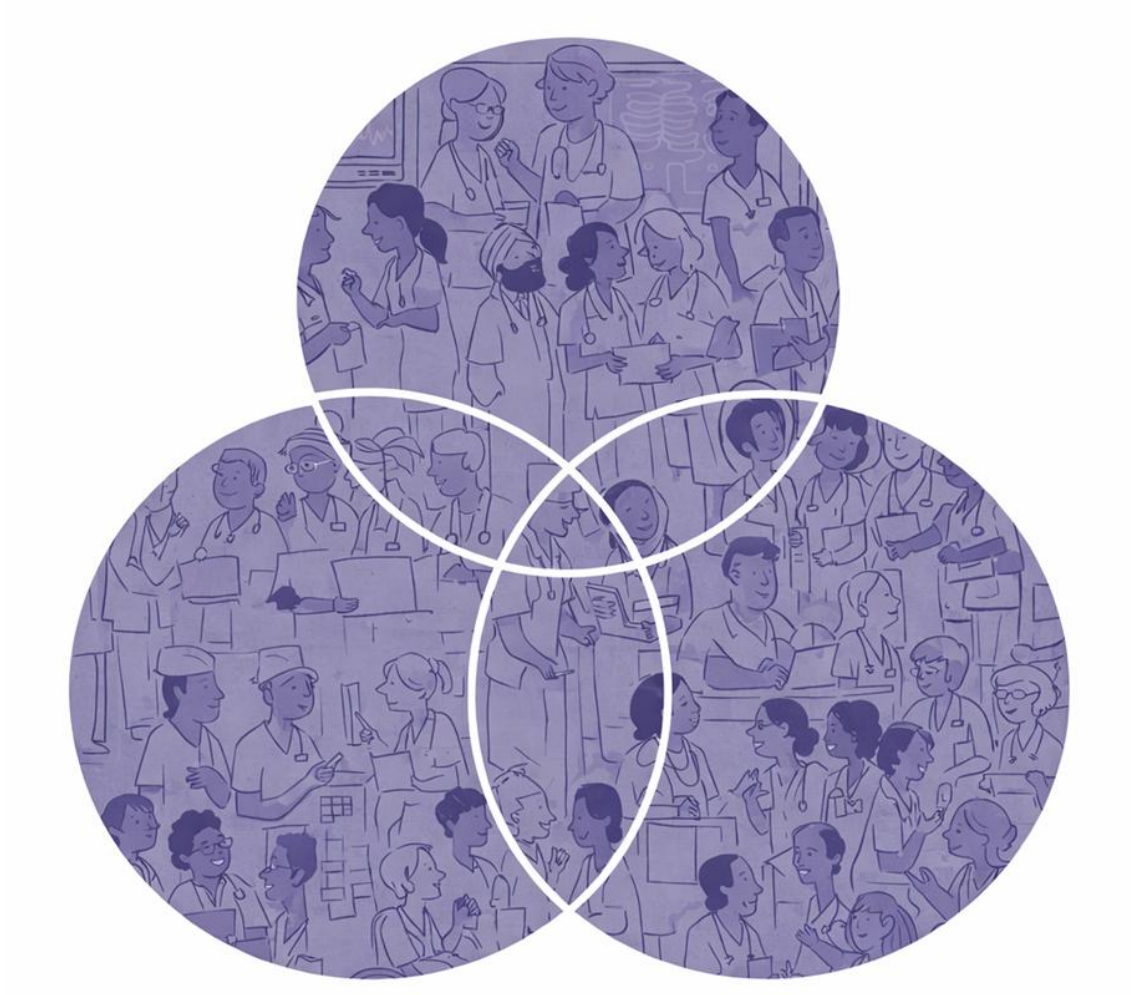
PPN MIDLANDS
Psychological Professions Network
PROMOTING EXCELLENCE IN PSYCHOLOGICAL HEALTH & WELLBEING

Psychological Professions in Physical Healthcare: A Midlands Workforce Perspective

May 2026, Version 1.0



About the Psychological Professions Network (PPN) Midlands

The PPN Midlands is a regional membership network for all registered, trainee and aspiring psychological professionals, experts by experience and other interested parties contributing to NHS commissioned psychological healthcare across the Midlands.

We are commissioned by NHS England to provide a joined-up voice for the psychological professions in workforce planning and development, and to support excellence in practice. We are one of seven regional PPNs in England who come together to form the national Psychological Professions Network.

Contact us

Psychological Professions Network Midlands

Website: https://www.ppn.nhs.uk/midlands
Email: bsmhft.ppnmidlands@nhs.net
LinkedIn: https://www.linkedin.com/company/psychological-professions-network-midlands/

Acknowledgements

We would like to thank the PPN Midlands Physical Health Community of Practice (CoP) for endorsing this work and supporting its initial development. In particular, Dr James Parker provided direction at key points. We are grateful to Assistant Psychologist Melissa Nolan for collecting the data and preparing early drafts during her internship with PPN Midlands, and to PPN Midlands Assistant Psychologist Aliza Baksh for restructuring and validating the data and contributing to revisions.

Contents

Executive Summary

This discussion paper provides a Midlands-wide snapshot of psychological professions workforce establishment in physical healthcare settings. Developed through the Psychological Professions Network (PPN) Midlands Physical Health Community of Practice (CoP), it aims to support benchmarking, inform workforce planning, and strengthen the case for sustainable provision across physical healthcare pathways.

A peer-informed workforce scoping exercise was undertaken during 2025 (to November 2025) using data submissions. Responses were received from all 11 Midlands Integrated Care Systems (ICSs); of 39 NHS trusts invited to submit data, 24 responded (61.5%). Submissions were variable and often partial, so findings should be interpreted as a baseline position rather than a comprehensive census.

Overall, workforce provision appears highly variable across specialties and geographies. Clinical Psychologists were the most frequently represented professional group (most commonly Agenda for Change Bands 8a–8b), with Assistant Psychologists also well represented; several services reported vacancies and/or gaps, including at more senior bandings.

The insights gained from the available data highlight risks associated with lone or fragmented posts and the importance of coherent psychological workforce leadership and governance across physical healthcare settings. The lack of consistent, standardised workforce data collection for psychological professions in physical healthcare settings is also noted to have implications for workforce planning.

This paper, therefore, sets out system-level insights and recommendations to support the growth, sustainability and transformation of psychological provision within physical healthcare across the Midlands.

1. Introduction

The Psychological Professions Network (PPN) Midlands convenes a Physical Health Community of Practice (CoP), bringing together psychological professionals working across a wide range of physical healthcare settings in the Midlands. Through this forum, the CoP identified a need for a clearer and more consistent understanding of existing psychological workforce provision across the region, to support benchmarking and inform future service and workforce development.

This discussion paper provides a descriptive overview of current workforce configurations and highlights areas of variation, strength, and potential risk. It is intended to support psychological professional leads, service managers, senior clinicians, and multidisciplinary colleagues working in physical healthcare settings, and to inform regional conversations about workforce sustainability and service development in support of high-quality psychological practice for the communities served.

This work aligns with a growing national focus on the role of the psychological workforce in physical healthcare. Recent literature highlights the challenges associated with expanding psychological provision in these settings, alongside the need for diversified workforce models, strong professional leadership, and organisational cultural change to support sustainable growth (Bhutani et al., 2024).

To establish a baseline picture of existing workforce provision, PPN Midlands initiated a peer-informed workforce scoping exercise. The scoping was supported by an Assistant Psychologist continuing professional development (CPD) internship.

A high-level Project Initiation Document (PID) defined the scope and purpose of the work. While the initial focus was on psychological input to adult physical health services, data collection highlighted the significant contribution of paediatric psychology workforce provision across the Midlands. Where submitted, paediatric data was therefore included.

The primary elements of the Project Initiation Document (PID) are outlined below (see also Appendix 1).

Key deliverables

- A regional ‘map’ of psychological professional workforce in physical healthcare across Midlands ICSs
- Snapshot summary of workforce establishment
- Briefing resource for use by senior leaders in discussions with ICBs
- A secure NHS Futures workspace containing data, contacts, and regional insights

Key benefits

- Inform strategic conversations within and between ICSs about psychological workforce planning

- Provide a shared understanding of the Psychological Professionals workforce in physical healthcare settings in the Midlands
- Promote collective leadership and collaboration among senior psychological professionals across the region

2. Methods and Workforce Data Sources

Data were collected during the period August to November 2025 using a combination of approaches. These included direct entry into a shared spreadsheet, verbal requests to members of the Physical Health Community of Practice (CoP) during meetings, and targeted email outreach to relevant staff. The specific information requested is outlined in Appendix 2.

The inclusion criteria comprised psychological professionals working within adult physical health and/or paediatric physical health services. Services falling outside these parameters were excluded from the dataset and subsequent analyses.

The dataset was cleaned and reorganised, with outputs consolidated from Excel into a Word-format document. The outputs were structured around thematic groupings of services. Extracted outputs included service name, geographical coverage, psychological professional role titles, Agenda for Change (AfC) banding and whole-time equivalent (WTE), the presence of substantive and fixed-term posts, vacancies, and any identified gaps in data or service provision.

Analysis was descriptive in nature, focusing on identifying broad patterns and trends within the dataset rather than making direct comparisons between NHS trusts. This approach was considered appropriate given the scoping nature of the project, which aimed to establish the availability of data and to explore indicative patterns in psychological workforce provision across the region. It was considered that a descriptive approach would improve accessibility and reduce ethical and governance risks linked to over-interpretation where direct comparison was inappropriate. Data submission was voluntary, and whilst contributing services are identified within the report, they do not represent the full range of physical healthcare services delivered across the Midlands.

Some responses indicated overlap across roles and shared posts, which limited the ability to clearly attribute staff to single teams or areas of work. This, alongside gaps in the dataset completeness, limited the interpretation of the findings. Furthermore, in other organisations, specialist service provision operated across a significantly wider geographical footprint, reflecting their role as either regional or specialist providers. Findings should therefore be interpreted with appropriate caution.

An overview of submissions from trusts within Integrated Care Systems (ICSs) across the Midlands is presented in Table 1 below.

Table 1. Overview of submissions by ICS region.

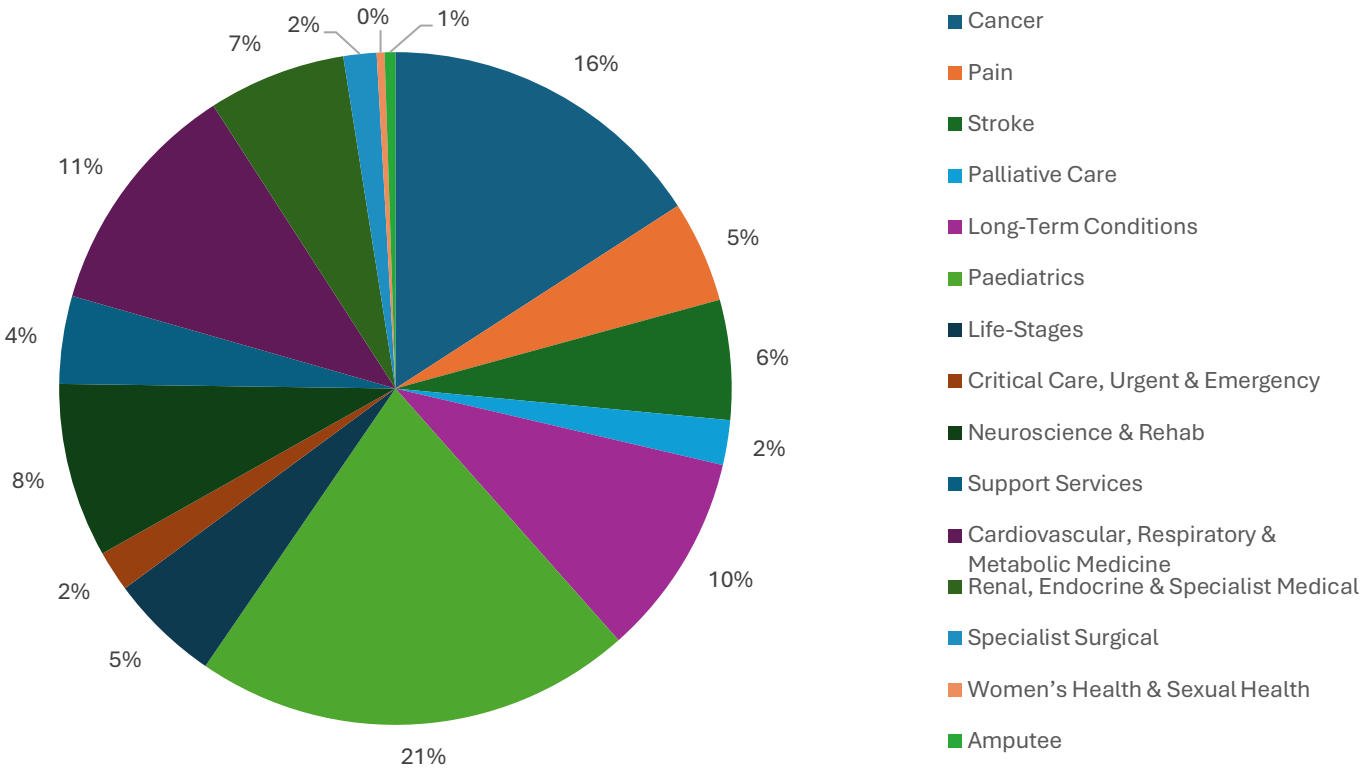
Trust Submissions (Services)	ICS Region											Key
	Birmingham & Solihull	**Coventry & Warwickshire**	**Black Country**	**Hereford & Worcestershire**	**Derbyshire**	**Leicester, Leicestershire & Rutland**	**Lincolnshire**	**Northamptonshire**	**Nottinghamshire**	**Shropshire, Telford and Wrekin ICS**	**Staffordshire and Stoke on Trent**	**20-24**
	Birmingham and Solihull Mental Health NHS Foundation Trust (12)	South Warwickshire NHS Foundation Trust (11)	Black Country Healthcare NHS Trust (19)	Worcestershire Acute Hospitals NHS Trust (8)	Chesterfield Royal Hospital NHS Foundation Trust (2)	University Hospitals of Leicester NHS Trust (24)	Lincolnshire Partnership NHS Foundation Trust (2)	Northamptonshire Healthcare NHS Foundation Trust (8)	Nottingham University Hospitals NHS Trust (20)	Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (1)	North Staffordshire Combined Healthcare NHS Trust (5)	**15-19**
	University Hospitals Birmingham NHS Foundation Trust (7)	George Elliot Hospital NHS Trust (1)	Walsall Healthcare NHS Trust (9)	Wye Valley NHS Trust (3)	Derbyshire Community Health Services NHS Foundation Trust (1)	Leicestershire Partnership NHS Trust (16)	United Lincolnshire Hospitals NHS Trust (0)	University Hospitals of Northamptonshire (1)	Nottinghamshire Healthcare NHS Foundation Trust (1)	Shrewsbury and Telford Hospital NHS Trust (1)	Midlands Partnership NHS Foundation Trust (1)	**10-14**
	Birmingham Community Healthcare NHS Foundation Trust (0)	Coventry and Warwickshire Partnership NHS Trust (0)	Sandwell and West Birmingham Hospitals NHS Trust (1)	Hereford and Worcestershire Health and Care NHS Trust (0)	Univeristy Hospitals Derby & Burton (1)		Lincolnshire Community Health Services NHS Trust (0)	Kettering General Hospital NHS Foundation Trust (0)	Sherwood Forest Hospitals NHS Foundation Trust (0)	Shropshire Community Health NHS Trust (1)	University Hospitals of North Midlands NHS Trust (0)	**5-9**
	Birmingham Women's and Children's NHS Foundation Trust (0)	University Hospitals Coventry and Warwickshire NHS Trust (0)	Dudley Group NHS Foundation Trust (0)		Derbyshire Healthcare NHS Foundation Trust (0)			Northampton General Hospital NHS Trust (0)		Midlands Partnership NHS Foundation Trust (1)		**1-4**
	Royal Orthopaedic Hospital NHS Foundation Trust (0)		Royal Wolverhampton NHS Trust (0)							North Staffordshire Combined Healthcare NHS Trust (0)		**0**
Totals	**19**	**12**	**29**	**11**	**4**	**40**	**2**	**9**	**21**	**4**	**6**	

Notes: 1. Numbers in brackets indicate the number of services/specialties for which data were submitted by each trust. For example, *South Warwickshire NHS Foundation Trust (11)* submitted data for 11 services. 2. As mentioned previously, the data does not represent the full range of physical healthcare services delivered across the Midlands.

3. Results Summary

This section provides a high-level summary of the peer-informed psychological professions workforce scoping exercise findings across physical healthcare services in the Midlands. In brief, the dataset indicates wide variation in how psychological workforce provision is configured across specialties and geographies, with Clinical Psychologists (most frequently reported at Agenda for Change Bands 8a–8b) forming the largest group represented. Assistant Psychologists also feature across multiple services, and several services reported vacancies and/or gaps in provision, particularly for more senior registrant roles. A breakdown of provision across services is presented in Graph 1, with the detailed service-by-service results provided in Appendix 3.

Graph 1. WTE by Service/Specialty



4. Data Quality, Coverage and Limitations

Responses were received from all 11 Integrated Care Systems (ICSs); however, data submission varied considerably at trust level. Of the 39 NHS trusts invited to submit data, 24 responded (61.5%), while 15 did not, including several larger providers. Among responding trusts, the accuracy and completeness of submissions was varied. Furthermore, it was noted that respondents reported only those services known to them personally, making omissions likely. Consequently, the data scoping findings should be interpreted with appropriate caution

as the dataset does not represent a census of psychological workforce provision in physical healthcare across the Midlands.

Differential responses were received across ICSs, resulting in variation in the geographical areas that are represented within this scoping project. In some instances, non-submission of data appeared to reflect the time pressures experienced by service leads, particularly where roles were highly specialised and there was limited oversight of wider workforce provision within the organisations in scope. Members of the Physical Health CoP also highlighted concerns around data sharing, especially in relation to corporate confidentiality during a period of financial uncertainty and system-wide change. These concerns were often linked to broader anxieties regarding the sustainability of funding for specific services. Furthermore, demographic information was not requested due to the high risk of personally identifiable information being shared through this initial workforce scoping.

5. Discussion

5.1 Service Models

The findings demonstrate significant variation in how the psychological professions workforce are structured and delivered within physical healthcare settings across the Midlands. This variability reflects differences in local service histories, commissioning arrangements, and clinical priorities, resulting in a wide range of workforce models and levels of psychological integration within physical healthcare service areas.

Identifying a single unified model of psychological workforce provision within physical healthcare is complex. While some clinical specialties are informed by NICE guidance that recommends psychological input, such guidance rarely defines workforce models or staffing requirements. Other specialties have little or no NICE guidance to inform service design or workforce planning. Consequently, workforce provision has tended to evolve in an individualised and locally responsive manner rather than through standardised models.

There remains a clear need to strengthen the evidence base on workforce requirements and service effectiveness across the specialties included in this review. This is complicated by the heterogeneity of service models and the highly specialised nature of many roles. Based on the data available, it is not possible to determine whether psychological services are more effective when embedded within physical healthcare teams or when delivered through external contractual arrangements e.g. Service Level Agreements with other healthcare providers.

5.2 Workforce Structures

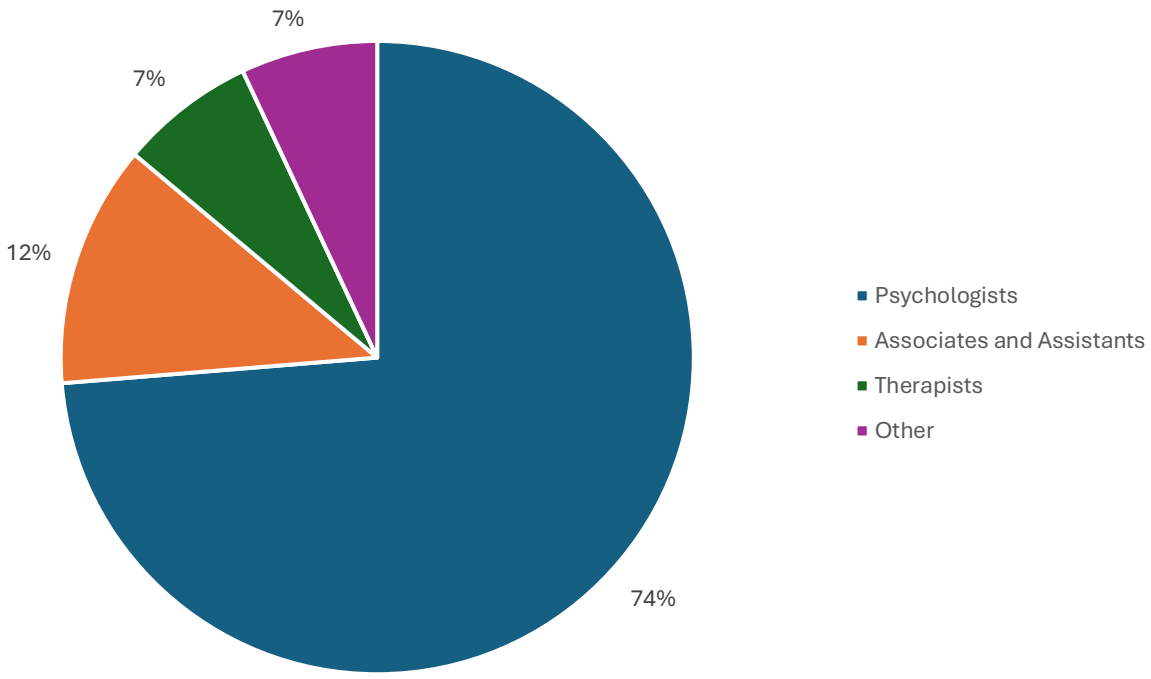
An overview of the psychological professions workforce taxonomy representation identified through this scoping exercise is presented in Graph 2.

Psychologists

Clinical Psychologists were the most frequently reported professional group within the overall dataset, with most employed at Agenda for Change Bands 8a and 8b. A smaller number of Band 8c and 8d consultant-level posts were also identified, indicating a recognition of senior psychological leadership within physical health services. Counselling Psychologists were reported at Band 8a, with a small number of Band 8b roles and were less prevalent than Clinical Psychologists across physical health teams.

Health Psychologists were the least frequently reported in the Psychologists' dataset, with a small number of posts identified at Band 8a and a single Band 8b role, noting that banding was not specified for all positions. This lower level of reporting may reflect the positioning of health psychology at the interface between mental and physical health care which can result in reduced visibility within NHS workforce planning, despite its relevance to physical healthcare settings. Furthermore, data on trainee psychologists' roles were not reported in the scoping exercise as the focus was on the employed workforce only.

Graph 2. WTE by Role Taxonomy



Notes: 'Other' category includes roles for which titles were not specified, trainee roles, honorary roles, managerial/lead roles, and psychiatrists.

Associate and Assistant roles

Assistant Psychologists were well represented across the dataset, with several trusts noting informally that additional Assistant Psychologist workforce capacity would strengthen their teams. These roles were split across Bands 4 and 5, although a small number of honorary (unsalaried) posts were also reported. Clinical Associates in Psychology were less frequently reported, with only a small number of posts identified, which is understandable given their

recent establishment as a new role within the psychological professions taxonomy. Where banding was specified, one role was reported at Band 6 and another at Band 7; however, several trusts did not report Agenda for Change banding information for these posts.

Psychological Therapists

Psychological therapist roles were reported in smaller numbers. A limited number of Cognitive Behavioural Therapist posts were reported at Band 7, alongside a single Band 8a role. Other psychological therapist roles (that did not specify the therapeutic modality) ranged from Band 6 to Band 8a. Counsellor posts were also reported, most frequently at Band 6, although banding was not consistently specified. A Band 7 Psychotherapist was identified within a General Medicine service, and an unsalaried Psychotherapist post was reported within a palliative care service.

Notably, there was no reporting within the dataset from Child and Adolescent Psychotherapists, Adult Psychotherapists, Family and Systemic Psychotherapists, Art, Drama or Music Therapists (with Allied Health Professional leadership), or Medical Psychotherapists (with medical professional leadership). Given the dataset's focus on predominantly adult physical health services, greater reporting from Adult Psychotherapists and Medical Psychotherapists might have been anticipated.

Psychological Practitioners

The available dataset did not report on Psychological Wellbeing Practitioners (PWPs), Mental Health and Wellbeing Practitioners (MHWPs), Education Mental Health Practitioners (EMHPs), or Children's Wellbeing Practitioners (CWPs). This is to be expected as the training, scope of practice and typical service contexts for these roles, are oriented around mental health or educational settings rather than physical healthcare pathways.

The distinction reflects setting-specific deployment and population relevance. PWPs, for example, have an established role in supporting people with long-term conditions (LTCs) through NHS Talking Therapies, delivering evidence-based, low-intensity interventions for individuals whose mental health difficulties are linked to physical illness.

The limitation is not one of capability but of integration: PWP LTC work is usually delivered within mental health services rather than embedded in physical healthcare pathways, reducing opportunities for multidisciplinary collaboration and shared care. Similarly, MHWPs, EMHPs, and CWPs are aligned to specific service models and are not configured for adult physical health contexts.

A key consideration arising from this dataset is whether adapted or embedded versions of existing roles could be integrated into physical health settings. Whilst this approach could potentially leverage established workforce capabilities while avoiding the need to develop entirely new professional roles, there is the complexity of accredited training, scope of practice and maintenance of professional registration and/or accreditation as required by the role, to note.

5.3 Workforce Reporting Summary

A survey by the British Psychological Society (BPS) reported that, among psychological professionals working in physical healthcare across the UK, the largest groups were Clinical Psychologists and Assistant Psychologists (BPS, 2024). This finding is reflected in the dataset collected for the Midlands, where these roles were also the most frequently reported.

There are recognised risks associated with lone or fragmented posts. Services with a limited workforce are particularly vulnerable to disruption from long-term sickness or delays in recruitment. This can lead to increased waiting times and reduced access to timely psychological support alongside physical healthcare. Such circumstances may also present challenges in ensuring effective line management, professional supervision and practice oversight by staff with appropriate expertise in the relevant physical health context and client group.

Integrated, multi-professional teams offer a range of benefits. Where full multidisciplinary team (MDT) are in place, psychological professionals contribute specialist expertise alongside colleagues from other disciplines, supporting shared formulation and a more holistic understanding of patient needs. This approach facilitates person-centred care, enables earlier psychological input in the patient pathway, and may help reduce the risk of escalation of health need. Multidisciplinary working also provides opportunities for clinical supervision, psychologically-informed consultation, and reflective practice, which can support workforce sustainability and embed psychologically informed approaches within physical healthcare settings.

Several organisations reported operating Service Level Agreements (SLAs) with external providers for psychological provision, while others employed a limited number of staff directly. Although information on SLAs was not formally requested as part of this peer-informed scoping exercise, informal feedback suggests that a proportion of the workforce may be employed by partner organisations and deployed across multiple trusts. This represents a limitation of the dataset, reducing visibility of workforce distribution and employment arrangements, while also highlighting an area for further exploration to better understand the role of SLAs in service delivery and the positioning of psychological professionals within these models.

In addition, a number of larger NHS trusts delivering psychological support within physical health services did not respond to the scoping request, meaning that their workforce configuration cannot be inferred. Some community and mental health NHS organisations may also deliver elements of physical healthcare, which was not fully captured within the scope of this exercise.

Finally, the project did not explicitly capture information on individuals working across multiple roles or services, which may have resulted in duplication within the dataset. Future workforce mapping would benefit from more detailed exploration of joint-role and cross-service employment patterns to improve accuracy.

6. Key Messages and Recommendations

6.1 Key Messages

- Workforce models and levels of psychological provision vary significantly across all specialties and geographical areas in the Midlands.
- A reliance on lone or fragmented posts presents risks to service resilience, professional supervision and continuity of care (e.g., during sickness absence or recruitment delays).
- Where psychological professionals are integrated within MDTs, there are opportunities for earlier intervention, shared formulation and the delivery of psychologically informed care.
- Workforce visibility is constrained by gaps in available data (including non-responding organisations and provision delivered through hosted arrangements or Service Level Agreements). This highlights the need for more consistent and standardised workforce data.
- Visibility of psychological provision is further limited by variable professional leadership and governance arrangements. In particular, inconsistent establishment of Chief Psychological Professions Officer (CPPO) roles across the region can reduce clarity regarding the breadth and oversight of psychological services within organisations. This challenge appears more pronounced in community and acute healthcare settings.

6.2 Recommendations

The following recommendations set out practical next steps for regional and local partners to build on this peer-informed scoping work.

- Strengthen psychological leadership and governance within physical healthcare settings, including access to senior clinical leadership and appropriate professional supervision across all service models.
- Support service resilience by reviewing lone and small posts (including arrangements for professional cover, supervision, training succession planning) and by considering consolidation into MDT-based models where appropriate.
- Improve workforce visibility by agreeing a standardised dataset for local reporting covering role types, banding, WTE, service footprint, vacancies and by explicitly capturing provision delivered through hosted arrangements and Service Level Agreements.
- Encourage completion of relevant national workforce returns including psychological professions census activity where applicable and triangulate local, regional and national data to identify gaps in coverage and organisational non-participation.
- Use this peer-informed dataset and the learnings within it as a foundation for targeted follow-up workforce activity with agreed priorities for more detailed scoping aligned to national workforce and service priorities.

- Maintain active engagement through the PPN Midlands Physical Health CoP to refine recommendations, share examples of effective models, and support consistent system-level messaging to commissioners and partners.

6.3 PPN Midlands Chair's Closing Statement

This peer-informed scoping work provides a strong foundation for collective system leadership across the Midlands. It highlights clear opportunities to grow psychologically informed provision within physical healthcare, to sustain the workforce through resilient, well-governed and integrated models, and to transform services through improved visibility, data quality and workforce planning. Through continued collaboration across organisations and systems, partners can strengthen the contribution of psychological professions to physical healthcare pathways and support more equitable, effective and person-centred care for the populations we serve.

References

Bhutani, G., Jenkinson, E., Kalsy-Lillico, S., & Moore, E. (2024). A strategic approach to sustainable growth of the psychological professions' workforce in physical healthcare. *Clinical Psychology Forum 375* – April 2024. https://doi.org/10.53841/bpscpf.2024.1.375.53

British Psychological Society. (2024). Survey of Clinical Psychology and Practitioner Psychology Posts in Physical Health Care. BPS: Leicester.

Psychological Professions Network. (2023). Psychological Practice in Physical Health: Discussion Paper. https://www.ppn.nhs.uk/resources/ppn-publications/470-ppn-discussion-paper-psychological-practice-in-physical-health-fv1-1-nov-2023/file

Useful links

Psychological professions roles taxonomy: https://www.hee.nhs.uk/our-work/mental-health/new-roles-mental-health/psychological-professions-roles

PPN Midlands website: https://www.ppn.nhs.uk/midlands

Other PPN Midlands resources: https://www.ppn.nhs.uk/midlands/projects/midlands-resources

Appendix 1. Project Initiation Document (PID)

Psychological Professions Network Midlands

Psychological Professionals in Physical Health CoP: Workforce Mapping Project PID

PPN MIDLANDS Psychological Professions Network
PROMOTING EXCELLENCE IN PSYCHOLOGICAL HEALTH & WELLBEING

Project Overview & timescales:

- A 6-month regional project (July 2025 – Dec 2025) to map psychological professionals working in physical healthcare across the Midlands
- Led by the Physical Health Community of Practice, supported by PPN Midlands
- Aimed at developing a high-level map of Psychological Professionals within physical healthcare
- Delivered with support from a volunteer Assistant Psychologist (10 hrs/month), under supervision
- Outputs to be collated and shared securely with senior psychology leads across the region, via the NHS Futures platform

Key Objectives:

- Establish a clear regional picture of current psychological provision in physical healthcare across all Midlands ICSs
- Identify variation in staffing models, role types, and levels of integration with physical health MDTs
- Support benchmarking and cross-system learning by sharing findings among senior psychological leaders
- Strengthen the visibility of psychological contributions within physical health settings
- Provide evidence for workforce planning

Scope:

- Includes psychological professionals (all grades and titles) embedded in acute and community trusts
- Covers services funded by NHS organisations within Midlands ICSs
- Excludes purely mental health, CAMHS, and non-physical-health-specific services
- Data collection to focus on whole-time equivalent and head count, job role/title, banding, service area
- Data shared and stored securely within a closed NHS Futures workspace for senior leaders only

Out of Scope: Not an ESR exercise

Key Benefits:

- Enables informed, strategic conversations within and between ICSs about psychological workforce planning
- Provides a shared understanding of the Psychological Professionals workforce in physical healthcare settings
- Promotes collective leadership and collaboration among senior psychologists across the region

Costs:

- No direct costs. Delivered using existing infrastructure and voluntary contribution of intern time (via their employer as a CPD opportunity)
- Minimal in-kind support required from existing psychology leadership (e.g. to share data)
- No need for new data collection systems – data to be submitted via existing templates/formats
- Use of NHS Futures platform ensures no additional hosting or IT costs

Key Deliverables:

- A regional excel 'map' of psychological professionals in physical healthcare across Midlands ICSs
- Snapshot summary of workforce establishment
- Briefing resource for use by senior leaders in discussions with ICBs
- A secure NHS Futures workspace containing data, contacts, and regional insights

Key Risks:

- Incomplete or inconsistent data submission from services may limit regional insights
- Reliance on participation and self-assessment by professional leads within services
- Time-limited resource: project timescales dependant workforce data from services

Appendix 2. Information requested

1. What is the name of the service and/or specialty area?
2. What geographical area does the service cover?
3. What does the service offer?
4. Who does the service employ (range of psychological professionals)?
5. What is the approximate WTE (whole time equivalent) and banding of substantive psychological professionals in the service?
6. What is the approximate WTE, banding and length of temporary/FTC psychological professionals in the service?
7. Does the service have any current vacancies (including information about banding and WTE)?
8. Are there any existing gaps in service that are looking to be filled?
9. What are the contact details for the service lead?

Appendix 3. Detailed results

This appendix contains a breakdown of the service-by-service peer-informed results from the workforce scoping exercise.

1. Cancer Services

Data submitted for cancer services indicate primarily senior Clinical Psychologist provision, with input from Counselling and Health Psychologist, Counsellor, and Assistant Psychologist. Some posts lacked full banding or WTE details, and one trust only reported staff numbers by band, not by job title.

Title	Band	WTE
Clinical Psychologist	8d	0.2
	8c	3.2
	8b	1.9
	8a	6.9
	7	0.8
Counselling Psychologist	8b	2.9
	8a	1.6
Health Psychologist	8a	5.4
Counsellor	6	4.6
Psychotherapist	Not stated	Not stated
Psychological Professional (not specified)	8c	1
	8b	0.6
	8a	0.8
Assistant Psychologist	5	1
	4	2
	Not stated	Not stated
Vacancies		
Clinical Psychologist	8a	3.3
	8a	0.5
Assistant Psychologist	5	2

2. Pain Services

Submissions for pain services show predominantly Clinical Psychologist and Health Psychologist, with additional input from Clinical Associate in Psychology, Counselling Psychologist, and Psychological Therapist. One trust also reported the employment of Practitioner Psychologist and provided banding and WTE information without specifying job titles.

Title	Band	WTE
Clinical Psychologist	8d	0.2
	8c	0.08
	8b	2.23

	8a	Not stated
Health Psychologist	8b	1.6
	8a	1.5
Counselling Psychologist	8a	1
Practitioner Psychologist (not specified)	8c	0.63
	8a	1.2
	7	1.6
Psychological Therapist	7	0.2
Clinical Associate in Psychology	7	0.2
Vacancies		
Title not specified	8a	0.7
	8a	0.6

3. Stroke Services

Data submitted for stroke services indicate a mix of Clinical Psychologist and Assistant Psychologist provision across bands, with some trusts reporting blended or unclear banding. Overall provision appears variable, with both senior psychological leadership and assistant-level support present.

Title	Band	WTE
Clinical Psychologist	8d	1
	8c	0.7
	8b	3.3
	8a	2.8
	7/8a	0.8
Assistant Psychologist	5	1
	4	1.7
	Not stated	1
	Not stated	Not stated
Vacancies		
Clinical Psychologist	8c	0.7
	8b	1
	8a	0.8
	8a	0.4
	8a	0.3
	7/8a	0.8

4. Palliative Care Services

Submissions for palliative care services show predominantly Clinical Psychologist input, with some additional Counselling/Psychotherapy roles reported. Banding and WTE were not consistently specified across all posts, limiting comparability.

Title	Band	WTE
Clinical Psychologist	8c	1.6
	8b	2.2
	8b	Not stated
	8a	Not stated
	7/8a	0.8
Counselling Psychologist	Not stated	Not stated
Trainee Counsellor	Unpaid	Not stated
Trainee Psychotherapist	Unpaid	Not stated
Vacancies		
Clinical Psychologist	8a	Not stated
	7/8a	0.8

5. Long-Term Condition Services

Long-term condition (LTC) submissions covered a range of pathways (including general LTC provision and condition-specific services). Reported roles included Clinical Psychologist and Psychological Therapist, with some services also noting posts where titles or banding were not specified.

Service	Title	Band	WTE
General Long-Term Conditions	Clinical Psychologist	7	1.4
		8a	1.4
	Psychological Therapist	8a	0.8
		6	0.8
	Psychological Professional (not specified)	Not stated	0.4
Cystic Fibrosis	Clinical Psychologist	8c	0.6
		8b	1.1
		8a	1.46
	Psychological Therapist	8a	0.4
	Honorary Assistant Psychologist	N/A	N/A
Dermatology	Clinical Psychologist	8c	2.5
		8c	0.15
		8a	1
Diabetes	Clinical Psychologist	8b	0.8
		8a	0.8
	Health Psychologist	Not stated	Not stated
Long COVID	Clinical Psychologist / Psychological Therapist	8a	0.6
	Clinical Psychologist	8b	0.2
	Cognitive Behavioural Therapist	7	0.3
HIV Services	Clinical Psychologist	8b	1.2
	Cognitive Behavioural Therapist	7	0.3

Endocrine Services	Clinical Psychologist	8a	0.3
ME/CFS	Clinical Psychologist	8c	0.3
		8a	0.2
	Trainee Health Psychologist	6	1
	Assistant Psychologist	5	Not stated
Bechet's Disease	Clinical Psychologist	8a	0.6
Sickle Cell & Thalassaemia	Clinical Psychologist	8a	0.8
	Assistant Psychologist	4	1
Primary Ciliary Dyskinesia	Clinical Psychologist	8a	0.53

6. Paediatric Services

Paediatric psychology submissions indicated substantial provision in some organisations, including Clinical Psychologist posts across senior and mid bands, alongside smaller contributions from other roles. The paediatric data also highlighted the breadth of physical healthcare pathways supported beyond the original adult-focused scope.

Title	Band	WTE
Clinical Psychologist	8c	3.4
	8b	5.4
	8a	19.6
	7	3.9
Counselling Psychologist	8a	1
Psychiatrist	Not stated	0.3
Manager/Lead	8d	1
	8c	1
Family Therapist/Other	7	1.3
Clinical Associate in Psychology	6	1
Assistant Psychologist	5	1.6
Vacancies		
Clinical Psychologist	8b	0.7
	8b	0.6
	8a	0.6

7. Life-Stage Services

Life-stage service submissions (e.g., neonatal and early years pathways) reflected a mixture of embedded Clinical Psychologist provision and Assistant-level roles. Coverage and WTE varied.

Service	Title	Band	WTE
Neonatal	Clinical Psychologist	8c	2.4
		8b	2
		8a	3.57

	Assistant Psychologist	5	0.6
Children's Community Nursing	Clinical Psychologist	8a	0.6
Family Nurse Partnership	Clinical Psychologist	8a	0.2
PICU / CICU / ECMO	Clinical Psychologist	8a	1
	Counsellor	6	0.8
	Family Therapist	Not stated	Not stated
Paediatric Critical Care Unit (PCCU)	Clinical Psychologist	8c	0.2
Disorders of Sexual Differentiation (DSD)	Clinical Psychologist	8a	Not stated
Parenting / Early Years	Clinical Psychologist	8c	Not stated

8. Critical Care, Urgent and Emergency Services

A small number of submissions related to critical care and urgent/emergency settings, including embedded Clinical Psychologist provision in some areas. Where reported, these posts tended to be relatively small WTE.

Service	Title	Band	WTE
Critical Care	Clinical Psychologist	8b	1.5
		8a	0.4
	Assistant Psychologist	4	1.2
Intensive Care Outreach	Applied Psychologist	8a	0.05
Emergency Department	Clinical Psychologist	8a	0.2
Long-Term Ventilation (LTV)	Clinical Psychologist	8a	0.9
Vacancies			
Intensive Care Outreach	Applied Psychologist	8a	0.05

9. Neuroscience and Rehabilitation Services

Neuroscience and rehabilitation submissions included Neurorehabilitation, Neuropsychology and related pathways. Reported provision spanned specialist Neuropsychologist roles and broader Clinical Psychologist input, with Assistant-level support in some services.

Service	Title	Band	WTE
Neuro Rehabilitation	Clinical Psychologist	8b	0.72
		8a	1.5
		8a	1
	Assistant Psychologist	4	1
Clinical Neuropsychology	Clinical Neuropsychologist	8c	0.5
		8a	0.4
	Clinical Psychologist	8a	0.4
		7	0.6
	Assistant Psychologist	4	1

Neuropsychology	Psychological Professional (not specified)	Not stated	2.5
Neurology	Clinical Psychologist	8a	0.8
		8a	0.8
Community Brain Injury	Clinical Psychologist	8c	0.68
		8a	0.8
	Assistant Psychologist	5	2
Spinal Injuries	Clinical Psychologist	8b	0.6
		8a	1
	Assistant Psychologist	Not stated	1
Neuromuscular	Clinical Psychologist	8a	0.6
Vacancies			
Neuro Rehabilitation	Clinical Psychologist	8c	0.2

10. Support Services

Support service submissions included staff support provision and related cross-cutting functions. These areas reported a mixture of Clinical Psychologist, Counselling and Therapist roles, and in some cases Trainee posts.

Service	Title	Band	WTE
Talking Therapies Health	Clinical Psychologist	8a	0.5
Staff Support	Clinical Psychologist	8d	0.2
		8b	1.7
		8a	2.8
	Counselling Psychologist	8b	0.72
	Psychological Therapist	7	0.4
	Counsellor	6	1.6
	Trainee Clinical Psychologist	6	0.6
	Assistant Psychologist	5	0.5

11. Cardiovascular, Respiratory and Metabolic Medicine Services

Submissions across cardiovascular, respiratory and metabolic medicine pathways (including general medicine) showed a mix of Clinical Psychologist, Counselling Psychologist and Therapy roles. Levels of provision and seniority varied, with some services reporting only limited WTE.

Service	Title	Band	WTE
Cardiology	Clinical Psychologist	8b	0.5
		8a	0.2
	Counselling Psychologist	8a	1.42
Respiratory	Clinical Psychologist	8a	0.4
Asthma	Counselling Psychologist	8b	0.6
	Clinical Psychologist	8a	0.6
		7	0.2

Pulmonary Rehab	Cognitive Behavioural Therapist	7	0.6
Bariatric	Clinical Psychologist	8c	0.1
		7	1
General Medicine	Clinical Psychologist	8c	1.9
		8b	4.86
		8a	7.1
		7	Not stated
	Psychological Professional (not specified)	8a	0.4
	Health Psychologist	Not stated	Not stated
	Psychotherapist	7	0.6
	Counsellor	6	1
	Clinical Associate Psychologist	Not stated	Not stated
	Psychological Professional (not specified)	5	1
	Assistant Psychologist	5	1
		4	1
Vacancies			
General Medicine	Clinical Psychologist	8a	0.2

12. Renal, Endocrine and Specialist Medical Services

Renal and specialist medical submissions (including Haemoglobinopathy, Rheumatology and Gastro pathways) were primarily supported by Clinical Psychologist, with occasional Assistant-level input. Reporting of banding/WTE was variable across services.

Service	Title	Band	WTE
Renal	Clinical Psychologist	8a	1.4
	Psychological Professional (not specified)	6	0.4
Haemoglobinopathy	Clinical Psychologist	8a	0.7
Rheumatology	Clinical Psychologist	8a	1.6
Gastro	Clinical Psychologist	8a	0.6
Cleft (specialist surgical/medical pathway)	Clinical Psychologist	8c	0.2
		8b	0.4
		8a	0.6
	Assistant Psychologist	5	0.35
Haematology	Clinical Psychologist	8b	0.6
Infected Blood	Clinical Psychologist	8b	0.8
		8a	0.6
	Assistant Psychologist	4	0.5
	Administrator	4	0.4
Stem Cell Transplant	Clinical Psychologist	8b	1
	Clinical Psychologist	8c	1
	Service Manager	8b	1

Clinical Health Psychology Leadership & Operational Support	Administrator	4	2

13. Specialist Surgical Services

Specialist surgical submissions (e.g., burns, transplant pathways and intestinal failure) typically reported Clinical Psychologist provision, with some Assistant-level posts in specific areas. Coverage appeared service-specific rather than consistent across the Midlands.

Service	Title	Band	WTE
Burns	Clinical Psychologist	8b	0.6
	Assistant Psychologist	4	0.2
Intestinal Failure	Clinical Psychologist	8b	0.6
Heart & Lung Transplant	Clinical Psychologist	8b	0.6
		8a	0.4
Renal Transplant	Clinical Psychologist	8b	0.6

14. Women's Health and Sexual Health Services

Women's health and sexual health submissions included a small number of posts across Clinical Psychologist and Counselling/Therapy roles. For some services, key details (e.g., banding or WTE) were not fully specified.

Service	Title	Band	WTE
Gynaecology	Counselling (not specified)	6	0.53
Sexual Health	Clinical Psychologist	8b	0.28
Women's Health	Clinical Psychologist	Not stated	Not stated

15. Amputee Services

Amputee service submissions indicated Counselling provision within some pathways, with limited detail provided on wider multidisciplinary psychological input. The dataset provided was sparse compared with some other service groupings.

Title	Band	WTE
Counsellor	6	1.1

Acronyms

Acronym	Meaning
AfC	Agenda for Change
CICU	Cardiac intensive care unit
CoP	Community of Practice
CPD	Continuing professional development
CPPO	Chief Psychological Professions Officer
CWPs	Children's Wellbeing Practitioners
DSD	Disorders of Sexual Differentiation
ECMO	Extracorporeal membrane oxygenation
EMHPs	Education Mental Health Practitioners
FTC	Fixed-term contract
HIV	Human immunodeficiency virus
ICB(s)	Integrated Care Board(s)
ICS(s)	Integrated Care System(s)
LTC(s)	Long-term condition(s)
LTV	Long-term ventilation
MDT	Multidisciplinary team
MHWPs	Mental Health and Wellbeing Practitioners
N/A	Not applicable
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
PCCU	Paediatric Critical Care Unit
PICU	Paediatric Intensive Care Unit
PID	Project Initiation Document
PPN	Psychological Professions Network
PWPs	Psychological Wellbeing Practitioners
SLA(s)	Service Level Agreement(s)
UK	United Kingdom
WTE	Whole-time equivalent

PPN
Psychological
Professions Network
PROMOTING EXCELLENCE IN PSYCHOLOGICAL HEALTH & WELLBEING
www.ppn.nhs.uk