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POSTER ABSTRACT

Role of Clinical Health Psychology in Healthcare Transformation

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Background: England's new NHS Ten-Year Plan (Fit for the Future, 2025) aims to tackle entrenched "wicked" healthcare problems—fragmented pathways, widening inequalities, an ageing population with complex multimorbidity, workforce pressures, and an inefficient, hospital-centred model of care.
The plan promotes three major shifts: from hospital to community, from analogue to digital, and from treatment to prevention. Clinical Health Psychology (CHP) plays a critical enabling role across all three, providing holistic care, behavioural-science insight, leadership on staff wellbeing, and support for organisational change. This paper illustrates that role and its impact through the experience of the CHP Service within Ealing Community Partners, West London.

Approach: The CHP Service embedded clinical and counselling psychologists across physical-health pathways (chronic pain/MSK, diabetes, respiratory, and heart failure). The service model positioned psychologists as:
a) Expert clinicians within multidisciplinary teams
b) Trainers promoting psychologically informed care
c) Facilitators of reflective practice to promote staff wellbeing and constructive thinking about change
d) System leaders driving prevention, digital innovation and quality improvement.
Co-designed system wide initiatives included: routine mental-health screening paired with a coordinated stepped-care model for comorbid physical and mental health; coproduction with service users; collaboration with Integrated Neighbourhood Teams and primary care to influence upstream on prevention and smooth transitions to community support.
All CHP leaders received training in quality improvement, coproduction, and healthcare innovation.

Mixed-methods evaluation combined routine outcome measures (PHQ-9, GAD-7, EQ-5D, condition-specific PROMs such Diabetes Distress Scale, COPD Assessment Test, Pain Self Efficacy Scale and Kansas City Cardiomyopathy Scale), service-utilisation data across the care pathway, and qualitative feedback from staff and patients collected through surveys and interviews.

Results: Across the four specialty pathways, patients receiving CHP input demonstrated improvement in depression, anxiety, quality of life and specific physical functioning outcomes. Comparing 12months data pre and post first attendance to CHP, there is a 22.2% reduction in A&E attendance, 33.3% reduction in emergency admissions and a 57% reduction in the average length of hospital stay. In addition, staff survey showed positive shift in attitudes and confidence in offering psychologically informed care.

Qualitative feedback from patients and staff were positive, highlighting the elements that make care truly integrated such as bio-psycho-social formulation, leveraging psychological expertise to improve treatment adherence, lifestyle changes and to improve communication especially earlier in the care pathway. Some teams even highlighted how psychology involvement helped improve their team dynamics, quality of joined up working and wellbeing.

Implications: Psychology plays a significant role in healthcare transformation beyond its clinical input to improve outcomes for individual patients. They widen their impact through promoting psychologically informed care throughout the patient journey, acting as system enablers to address anxiety about change, including shift to digital, challenge limiting mental models that sustain fragmented care and creating reflective spaces for constructive thinking rather than defensive acting. The CHP model in Ealing demonstrates a transferrable framework for integrated services internationally to consider how they might optimize their psychological workforce to achieve the best value.