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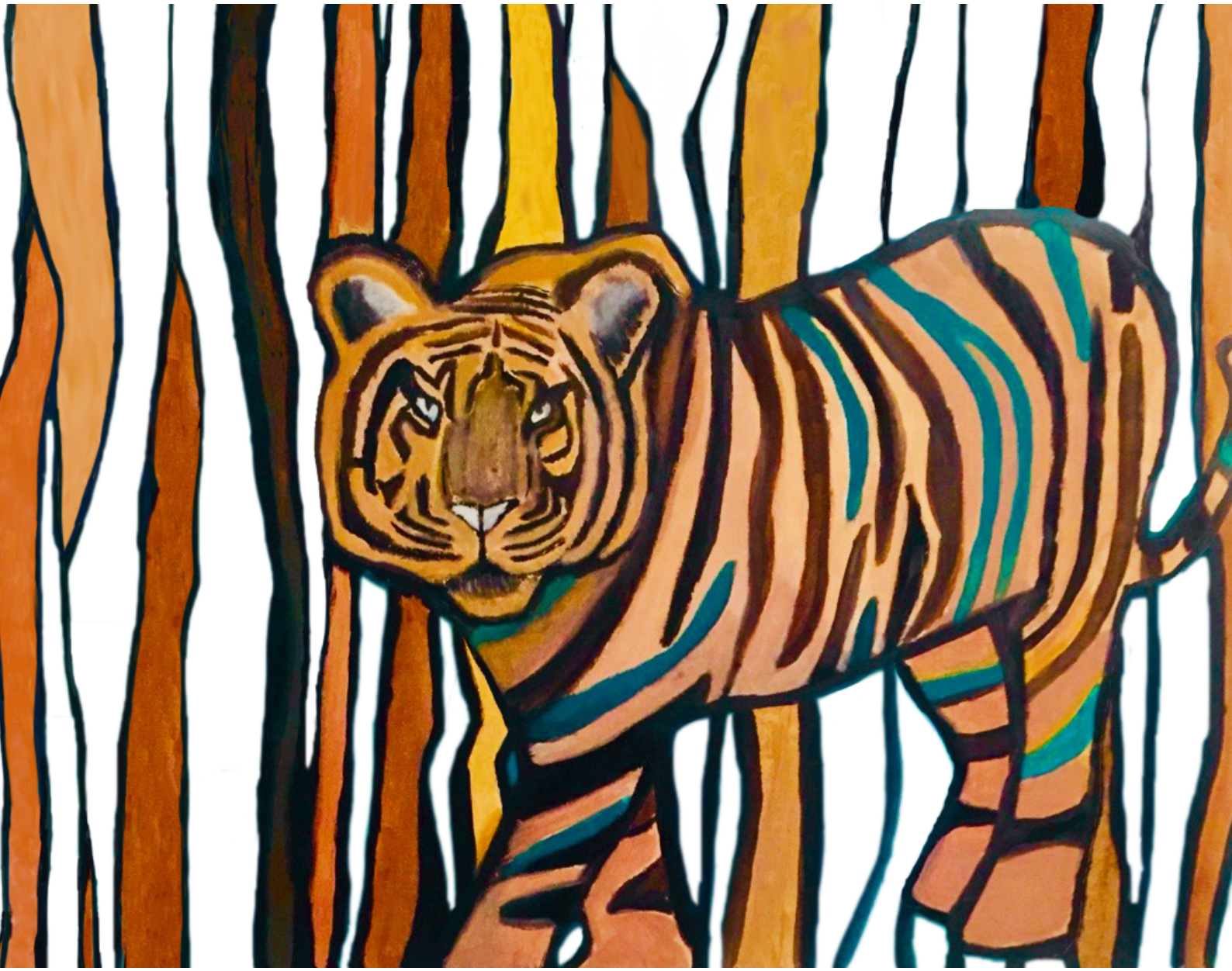

National Report for Ireland
Early Intervention in Psychosis Audit

2020/21

The National Clinical Audit of Psychosis (NCAP) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices. Its aim is to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP holds the contract to commission, manage and develop the NCAPOP, comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies https://www.hqip.org.uk/national-programmes

In 2020 NCAP was permitted to arrange with the Health Services Executive (HSE) to collect and report on data collected from Early Intervention in Psychosis (EIP) sites in Ireland, using tools and documents specifically developed for use in NCAP 2020/21 EIP audit, modified in accordance with advice from EIP sites in Ireland.

If citing this report, please reference it as: Royal College of Psychiatrists (2021) National Clinical Audit of Psychosis – Ireland National Report for the Early Intervention in Psychosis Audit 2020/2021. London: Healthcare Quality Improvement Partnership. Available from: www.rcpsych.ac.uk/NCAP

Cover image ‘The Teal Tiger’ by Veenu Gupta, NCAP Service User Advisor.

Designed and typeset by Helen Greenwood.

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Foreword

The Health Service Executive (HSE), National Clinical Programme for Early Intervention in Psychosis (NCP EIP) is a joint initiative between the HSE and the College of Psychiatrists of Ireland. The Model of Care (2019) sets out how EIP services should be established across the HSE and the required care standards. The overall aim of the HSE National Clinical Programme for Early Intervention in Psychosis (EIP) is to provide access to:

1. Expert assessment of psychosis
2. Evidence-based biopsychosocial interventions
3. Assertive follow-up that supports personal recovery for the individual experiencing psychosis and their family

This year, we were delighted to work with the National Clinical Audit of Psychosis (NCAP) to initiate the process of extending the NCAP EIP audit into Ireland for the first time. This has culminated in this first national report, a valuable source of information about the quality of EIP services in the HSE.

Effective EIP services provide prompt assessment and a range of evidence-based interventions to support personal recovery for the individual experiencing early psychosis and their family. These elements are endorsed by the EIP NCP Model of Care (HSE, 2019) and the National Institute of Clinical Excellence guidelines (NICE 2014; 2015). It is these interventions that form the basis of the audit, alongside contextual service data collection. It is important to note that the development of EIP services in Ireland is at an early stage, and only two EIP services in Ireland participated in this audit in 2020. However, the audit findings are very encouraging and provide a solid benchmark for the future development of Irish EIP services. Additional EIP services will be included (invited to participate) as they become fully operational.

As EIP services are established nationally in line with the EIP Model of Care, an annual audit process will provide a mechanism for tracking progress. This early and consistent focus on service evaluation and quality improvement will support EIP services as they develop and grow. This focus on standards and quality will provide valuable information for people experiencing early psychosis and their families. There is now an opportunity to focus on the key recommendations of this audit that will drive forward EIP services' development for people with early psychosis and their families in Ireland. To successfully achieve this, it will be vital for the Department of Health, the HSE, the Community Health Organisation Senior Management Teams, and the EIP teams to work together to ensure that people with early psychosis and their families receive the safe and effective EIP services that they deserve.

I wish to express gratitude to the teams who have contributed to data collection and analysis, enabling NCAP to generate this first national report for Ireland. Also, a sincere thank you to Prof. Jo Smith and Prof. Paul French, and all the NCAP team for supporting our participation. We look forward to working with you over the coming years to continue to map progress improvements against these important audit standards.

Dr Karen O Connor, National Clinical Lead, Early Intervention in Psychosis, Health Service Executive

1. Introduction

This report provides national and organisation-level findings on the treatment of people by EIP teams in Ireland, collected as part of the NCAP. EIP services are specialised services providing prompt assessment and evidence-based treatments to people with first episode psychosis (FEP).

The aim of NCAP is to improve the quality of care provided to people with psychosis, providing a measurement for services against criteria relating to the care and treatment they provide.

The audit is a 5-year programme, commissioned by HQIP on behalf of NHS England, NHS Improvement and the Welsh Government. All reports and their associated documents can be found on the College Centre for Quality Improvement (CCQI) audit reports web page. For this 2020-2021 round of audit, for the first time we were invited by the Health Services Executive (HSE) to provide the audit and reporting for EIP services in Ireland. The audit involved two EIP teams (RISE, South Lee, Cork and DETECT, Dublin) and audit findings are based on a sample of n=63 (60%) out of a total of n=105 from their combined total caseloads.

The HSE National Clinical Programme for EIP sets out key overall aims which include:

- The early detection of psychosis - FEP and At Risk Mental State (ARMS);
- The provision of standardised assessments and engagement with individual referrals to mental health services for the duration of the EIP Programme;
- The provision of standardised evidence based biopsychosocial interventions in a timely manner for the estimated 1,500 individuals who develop psychosis, as well as for those with ARMS.

The standards for the EIP audit are based on the 2016 EIP Access and Waiting Time Standard (NHS England, NICE & National Collaborating Centre for Mental Health, 2016), which details a NICE-recommended package of EIP care for treating and managing early psychosis (NICE quality standard 80, 2015; NICE quality standard 102, 2015).

These standards are the basis of the measurement used in this report, which aligns with the stated aims and goals of the HSE EIP programme and Model of Care (2019).

2. Methodology

2020

Sept

Two organisations in Ireland providing EIP services identify all eligible people on their caseload

Ireland organisations submit list of all eligible people to NCAP

NCAP identify a random sample of up to 100 people per team

2021

Jan

Ireland organisations collect data on their sample

Questions about care provided according to the standards (based on NICE guidance on treating and managing psychosis and EIP Access and Waiting Time Standard)

Ireland organisations submit data on their sample

Data cleaning carried out by NCAP

63 returns from 2 Ireland organisations

May

Data analysis and report writing begins

July

Preliminary data presented to Irish Health Service Executive and recommendations discussed

Preparation for publication

Sept

National report published and Team-level reports provided to teams

The sampling criteria can be found on our website.

3. Findings

Table 1 provides an overview of EIP services in Ireland performance against access and treatment for people experiencing FEP alongside data for England and Wales from the NCAP EIP Audit 2020/21.

Table 1: Key comparisons between NCAP EIP Audit 2020/21 Ireland with England and Wales.

Standard/indicator	NCAP 2020/21 Ireland % (n=63)	NCAP 2020/21 Wales % (n=248)	NCAP 2020/21 England % (n=10,033)
Standard 1: Timely access			
Treatment started within 2 weeks of referral[1]	97%	36%	72%
Standards 2 & 3: Take-up of psychological therapies			
Cognitive behavioural therapy for psychosis (CBTp)	57%	52%	46%
Family intervention (FI)	51%	25%	21%
Standard 4: Prescribing			
Offered clozapine[2]	75%	61%	50%
Standard 5: Take-up of supported employment and education programmes			
Supported employment and education programmes[3]	19%	25%	31%
Standard 6: Physical health monitoring[4]			
All 7 screening measures	27%	24%	70%
Smoking	78%	77%	91%
Alcohol use	95%	85%	91%
Substance misuse	97%	89%	91%
Body mass index	52%	49%	84%
Blood pressure	63%	51%	84%
Blood glucose	35%	43%	79%
Lipids	33%	42%	79%
Standard 7: Physical health interventions[5]			
Smoking	36%	70%	92%
Harmful/hazardous use of alcohol	100%	95%	95%
Substance misuse	92%	81%	93%
Weight/obesity	45%	64%	85%
Elevated blood pressure	25%	7%	70%
Abnormal glucose control	0%	38%	77%
Abnormal lipids	-	-	69%

Table 1 continued:

Standard 8: Take-up to carer-focused education and support programmes			
Carer-focused education and support programmes[6]	55%	23%	53%
Clinical outcome measurement			
2 or more outcome measures were recorded at least twice[7]	49%	7%	55%

1 Data for this standard in England are Early Intervention in Psychosis Waiting Times (NHS Digital, 2020).
2 Of those who had not responded adequately to or tolerated treatment with at least 2 antipsychotic drugs.
3 Of those not in work, education or training at the time of their initial assessment.
4 Taken up or refused.
5 Of those who were identified as requiring an intervention based on their screening for each measure.
6 Of those with an identified carer, and excluding those who did not wish for them to be contacted.
7 Wales: DIALOG (patient reported outcome measure developed for people with psychosis) and 'Other''; England: Health of the Nation Outcome Scale (HoNOS)/HoNOS for Children and Adolescents (CA), DIALOG, Questionnaire about the Process of Recovery (QPR) (and 'other' for under 18 year olds); Ireland: Various measures including, Global Assessment of Functioning (GAF), Scale for Assessment of Positive Symptoms (SAPS) and Scale for Assessment of Negative symptoms (SANS).

Service level data

Table 2 provides information about service provision and operational model.

Table 2: Contextual questionnaire: Ireland (2 teams submitted data, n = 2), Wales (9 teams submitted data, n = 9) and England (150 teams submitted data, n = 150).

	NCAP 2020/21 Ireland (n) %	NCAP 2020/21 Wales (n) %	NCAP 2020/21 England (n) %
Q1. Routinely collected demographic data			
Protected characteristics			
Age	2 (100%)	9 (100%)	150 (100%)
Disability	2 (100%)	2 (22%)	139 (93%)
Gender reassignment	0 (0%)	3 (33%)	89 (59%)
Marriage and civil partnership	2 (100%)	3 (33%)	146 (97%)
Pregnancy and maternity	2 (100%)	2 (22%)	110 (73%)
Race	2 (100%)	6 (67%)	145 (97%)
Religion or belief	0 (0%)	7 (78%)	143 (95%)
Sex	2 (100%)	9 (100%)	147 (98%)
Sexual orientation	0 (0%)	2 (22%)	123 (82%)
None	0 (0%)	0 (0%)	0 (0%)
Other demographic data			
Socioeconomic status	2 (100%)	4 (44%)	98 (65%)
Refugees/asylum seekers	2 (100%)	4 (44%)	74 (49%)
Migrant workers	1 (50%)	3 (33%)	47 (31%)
Homelessness	0 (0%)	4 (44%)	134 (89%)

Table 2 continued:

		NCAP 2020/21 Ireland (n) %	NCAP 2020/21 Wales (n) %	NCAP 2020/21 England (n) %
Q2. Written strategy/strategies to identify and address any mental health inequalities				
Yes		1 (50%)	1 (11%)	96 (64%)
No		1 (50%)	8 (89%)	54 (36%)
Q3. Early intervention service provided for these age ranges				
18–35 years	Stand-alone multidisciplinary EIP team	0 (0%)	4 (44%)	139 (93%)
	Hub-and-spoke model	2 (100%)	0 (0%)	1 (<1%)
	Integrated community mental health team (CMHT)	0 (0%)	4 (44%)	9 (6%)
	No EI service	0 (0%)	1 (11%)	1 (<1%)
36 years and over	Stand-alone multidisciplinary EIP team	0 (0%)	1 (11%)	121 (81%)
	Hub-and-spoke model	2 (100%)	0 (0%)	3 (2%)
	Integrated CMHT	0 (0%)	1 (11%)	13 (9%)
	No EI service	0 (0%)	7 (78%)	13 (9%)
Q4. Length of treatment packages for different age ranges				
Under 18 years	N services	0	5	139
	Mean months (SD)	-	36 (0)	35.59 (3.45)
	Range (min.–max.) months	-	0 (36–36)	45 (3 – 48)
18–35 years	N services	2	8	149
	Mean months (SD)	24 (16.97)	36 (0)	35.38 (3.44)
	Range (min.–max.) months	24 (12 – 36)	0 (36–36)	33 (3 – 36)
36 years and over	N services	2	1	137
	Mean months (SD)	24 (16.97)	36 (0)	33.82 (5.64)
	Range (min.–max.) months	24 (12 – 36)	0 (36–36)	34 (2 – 36)
Q5a. Whole-time equivalent EIP care coordinators				
Mean (SD)		4.05 (0.78)	2.60 (3.13)	9.90 (5.36)
Range (min.–max.)		1 (4 – 5)	7 (0–7)	31 (1 – 32)
Q5b. Care coordinators specifically for CYP under 18				
Yes, within EIP team		0 (0%)	0 (0%)	37 (25%)
Yes, within CYPMH		0 (0%)	4 (44%)	17 (11%)
No		2 (100%)	5 (56%)	101 (67%)
Q6. Increase in number of staff posts				
Yes		1 (50%)	6 (67%)	76 (51%)
No		1 (50%)	3 (33%)	74 (49%)

Table 2 continued:

		NCAP 2020/21 Ireland (n) %	NCAP 2020/21 Wales (n) %	NCAP 2020/21 England (n) %
Q7. Cognitive behavioural therapy (CBT) for at risk mental state (ARMS)				
Elsewhere	Under 18	0 (0%)	0 (0%)	7 (5%)
	18–35	0 (0%)	2 (22%)	13 (9%)
	36 and over	0 (0%)	0 (0%)	14 (9%)
Within the EIP team	Under 18	0 (0%)	2 (22%)	70 (47%)
	18–35	0 (0%)	1 (11%)	68 (45%)
	36 and over	0 (0%)	0 (0%)	32 (21%)
Not at all	Under 18	2 (100%)	7 (78%)	64 (43%)
	18–35	2 (100%)	6 (67%)	61 (41%)
	36 and over	2 (100%)	9 (100%)	102 (68%)
Separate CBT for ARMS team	Under 18	0 (0%)	0 (0%)	9 (6%)
	18–35	0 (0%)	0 (0%)	8 (5%)
	36 and over	0 (0%)	0 (0%)	2 (1%)
Q8. Total caseload of the EIP team				
Total caseload	Mean (standard deviations [SD])	105 (28.28)	47.11 (43.47)	165.97 (103.86)
	Range (min.–max.)	40 (85 – 125)	113 (2 - 115)	572 (19 - 591)
Caseload per whole-time EIP care coordinator	Mean (SD)	27.10 (12.19)	14.04 (4.72)	17.08 (5.83)
	Range (min.–max.)	17.24 (18.48 – 35.71)	11.17 (8 – 19.17)	51.75 (2.75 – 54.50)

Table 2 continued:

			NCAP 2020/21 Ireland (n) %	NCAP 2020/21 Wales (n) %	NCAP 2020/21 England (n) %
Q9. Total caseload by age ranges					
Under 14 years	FEP	Mean (SD)	0 (0%)	0.00 (0)	0.01 (0.12)
		Range (min.–max.)	0 (0%)	0 (0–0)	1 (0 – 1)
	ARMS	Mean (SD)	0 (0%)	0.00 (0)	0.02 (0.18)
		Range (min.–max.)	0 (0%)	0 (0–0)	2 (0 – 2)
	Suspected FEP	Mean (SD)	0 (0%)	0.00 (0)	0.01 (0.12)
		Range (min.–max.)	0 (0%)	0 (0–0)	1 (0 – 1)
14–17 years	FEP	Mean (SD)	0 (0%)	1.56 (3.25)	4.93 (4.82)
		Range (min.–max.)	0 (0%)	10 (0 – 10)	23 (0 – 23)
	ARMS	Mean (SD)	0 (0%)	1 (2.65)	1.22 (2.31)
		Range (min.–max.)	0 (0%)	8 (0 – 8)	11 (0 – 11)
	Suspected FEP	Mean (SD)	0 (0%)	0.00 (0)	1.01 (1.92)
		Range (min.–max.)	0 (0%)	0 (0–0)	11 (0 – 11)
18–35 years	FEP	Mean (SD)	44.50 (7.78)	38.33 (42.09)	95.97 (63.18)
		Range (min.–max.)	11 (39 – 50)	114 (0 - 114)	315 (0 - 315)
	ARMS	Mean (SD)	5 (7.10)	3.44 (8.93)	5.51 (10.77)
		Range (min.–max.)	10 (0 – 10)	27 (0 – 27)	70 (0 - 70)
	Suspected FEP	Mean (SD)	15.50 (14.85)	1.33 (2.65)	5.10 (9.03)
		Range (min.–max.)	21 (5 – 26)	6 (0 – 6)	71 (0 - 71)
36 years and over	FEP	Mean (SD)	33.50 (4.95)	1.44 (2.96)	49.10 (43.17)
		Range (min.–max.)	7 (30 – 37)	8 (0 - 8)	277 (0 - 277)
	ARMS	Mean (SD)	0.50 (0.71)	0.00 (0)	0.75 (2.27)
		Range (min.–max.)	1 (0 – 1)	0 (0–0)	16 (0 – 16)
	Suspected FEP	Mean (SD)	6 (8.49)	0.00 (0)	2.33 (4.63)
		Range (min.–max.)	12 (0 – 12)	0 (0–0)	27 (0 – 27)

Demographics

Tables 3 and 4 provide the demographic characteristics for the complete case-note audit sample (n=63).

Table 3: Number of people in the case-note sample by age and gender (n = 63) shown with the English national sample (n = 10,033) and Welsh national sample (n = 248)

		Ireland 2020/21 n (%)	Wales 2020/21 n (%)	England 2020/21 n (%)
Total sample	n (%)	63 (100%)	248 (100%)	10,033 (100%)
	Mean age in years (SD)	36.41 (12.51)	24.90 (5.19)	32.68 (11.60)
	Age range	43	29	54.40
	Age min.–max. (years)	19 - 62	16 - 45	11 - 65
Male	n (%)	39 (62%)	180 (73%)	6,186 (62%)
	Mean age in years (SD)	32.85 (10.54)	24.72 (4.68)	31.15 (10.70)
	Age range	34	26	51.27
	Age min.–max. (years)	19 - 53	16 - 42	14 - 65
Female	n (%)	24 (38%)	68 (27%)	3,833 (38%)
	Mean age in years (SD)	42.21 (13.48)	25.38 (6.37)	35.20 (12.53)
	Age range	40	27	54.35
	Age min.–max. (years)	22 - 62	18 - 45	11 - 65
Other	n (%)	0 (0)	0 (0%)	14 (<1%)
	Mean age in years (SD)	-	-	19.44 (3.27)
	Age range	-	-	10.90
	Age min.–max. (years)	-	-	15 - 25

Table 4: Number of people in the case-note sample by ethnicity (n = 63) shown with the English national sample (n = 10,033) and Welsh national sample (n = 248)

Ethnic group	Ireland 2020/21 n (%)	Wales 2020/21 n (%)	England 2020/21 n (%)
White	56 (89%)	202 (81%)	6,420 (64%)
Black or Black British/ Irish	2 (3%)	11 (4%)	1,202 (12%)
Asian or Asian British/ Irish	5 (8%)	15 (6%)	1,229 (12%)
Mixed	0 (0%)	13 (5%)	411 (4%)
Other ethnic groups	0 (0%)	7 (3%)	771 (8%)

4. Discussion

This has been an exceptionally challenging year for healthcare services, with many aspects of care delivery impacted by COVID-19.

It is therefore encouraging that the data collected for the first time from services in Ireland clearly shows that despite the impact of the pandemic, these teams are doing well in a number of areas, when compared to data collected from services in England and Wales for the same period (it is important to note, however, the disparity in sample sizes, so caution should be exercised in making any comparison):

- 97% of service users experienced timely access to services, starting treatment within 2 weeks of referral
- 57% took up an offer of cognitive behavioural therapy for psychosis (CBTp)
- 51% took up an offer of Family Intervention (FI)
- 55% of carers took up an offer of carer-focussed education and support programmes
- 100% of service users who required it received an intervention for the harmful or hazardous use of alcohol
- 92% of service users who required it received an intervention for substance misuse

Outcome measures which are used to assess health and social functioning of people with severe mental illness were completed for 49% of service users, on at least two occasions, measuring the effectiveness of the care and treatment provided. This is an encouraging baseline measurement. For comparison, services in England recorded this at 41% in the previous 2019/20 round of audit, increasing to 55% in the current round.

However, results from both the patient level and service level data demonstrate areas where improvement is needed. There is currently no CBT provision for people with an At Risk Mental State (ARMS). Aspects of physical health monitoring and intervention clearly require improvement, in particular monitoring for BMI, blood pressure, blood glucose and lipids and associated interventions for service users who require them. Physical health screening and intervention are important to maintain because of the increased risk of later morbidity and mortality for this FEP group, related to cardiovascular disease, diabetes and smoking and where these are carried out outside of the EIP service it is important that follow up is recorded.

People with FEP under 18 who experience FEP require expert care treatment and care-co-ordination, and access to the full range of evidence based interventions, and this is an area of service development to be addressed.

Take up of supported employment and education programmes is low, at 19%, and suggests a need for a focus on availability of evidence based interventions.

It should also be noted that the caseload per whole-time EIP care coordinator is, at 27.1, much higher than the maximum 15 set out in the Model of Care.

In welcoming the positive results above, it is important to consider that they reflect work ongoing to support people with FEP currently using EIP services, and say nothing about unmet need for services known to exist in the general population.

At the time of writing there is not yet an established projection of the incidence of FEP (the proportion of people in the population who will experience FEP). PsyMaptic, which provides prediction data for NHS EIP service planning in England up to 2025, is being developed for Ireland by Dr James Kirkbride at UCL and colleagues at Trinity College Dublin.

5. Recommendations

Recommendations are intended to offer support to the implementation of EIP standards by the Department of Health/An Roinn Sláinte, the Health Service Executive (HSE) and EIP services in Ireland.

1. Unmet need

HSE and EIP teams should:

- examine the incidence of psychosis using the Psymaptic psychosis incidence mapping tool* to increase case finding by EIP teams to address unmet need and ensure equity of access to EIP service provision by all individuals aged 14-65 years with First Episode of Psychosis (FEP) living within the catchment area of an EIP team.

  * In development for Ireland by Dr James Kirkbride and colleagues

2. Children and Young People (CYP) under 18 years with a First Episode of Psychosis (FEP):

The Department of Health/An Roinn Sláinte should work with the HSE:

- to ensure CYP under 18 years with FEP in Ireland have access to specialist EIP expertise, care co-ordination and the full range of evidence-based EIP interventions.

3. Caseload Size:

a) Clinical Leads for EIP teams should:

- review the caseload of EIP key workers in their team and ensure that in line with the Ireland Model of Care, maximum caseload of people with FEP is 15.

b) The Head of Mental Health & Senior Management Team in each Community Health Organisation should:

- request information from EIP Clinical Leads on the caseload sizes of EIP key workers and ensure that, in line with the Ireland Model of Care this does not exceed 15 so EIP key workers have sufficient capacity to deliver evidence based EIP interventions.

4. At Risk Mental State (ARMS) Provision:

a) HSE should work with providers to:

- ensure availability of evidence-based CBT for ARMS cases on EIP team caseloads according to NICE guidance.
- ensure that specifications for EIP teams include sufficient staff capacity with the required level of competence and training to offer and deliver evidence based CBT to all ARMS cases on caseload.

b) EIP teams who are taking on ARMS cases should:

- ensure that ARMS individuals have access to evidence-based care for an At Risk Mental State, notably CBT for ARMS, in accordance with NICE guidance in relation to care and support of ARMS cases.

5. Access to Supported Education and Employment Programmes

a) HSE should work with providers and EIP Clinical Leads to:

- ensure availability of evidence based supported education and employment interventions for individuals with FEP, in accordance with NICE guidance for psychosis.
- ensure that specifications for EIP teams include sufficient staff capacity with the required level of competence and training to offer and deliver evidence based supported education and employment interventions to all individuals with FEP on caseload.
- identify obstacles to people with FEP accessing evidence based supported education and employment interventions.

b) EIP teams should:

- systematically review their caseload to identify anyone who is not in education, employment or training.
- offer supported education or employment programmes to anyone identified as not in education, employment or training.
- record offer and uptake of supported education and employment support in patient health records.

6. Physical healthcare:

a) HSE should:

- highlight the importance of EIP practitioners routinely asking screening questions, in relation to physical healthcare to reduce severe health risks, notably, cardiovascular disease and diabetes and premature mortality for individuals with FEP.
- work with Heads of Mental Health and Senior Management Team in each Community Health Organisation and with EIP teams to ensure that an alert status is created for people with FEP whose screening results demonstrate that further physical healthcare intervention is required as a priority.

b) EIP Clinical Leads should:

- ensure that recommended screening for physical health care risks is carried out and its importance understood within the EIP team and the wider mental health system.
- ensure that where screening for cardiovascular disease or diabetes health risk does alert a health risk (e.g., HBA1C blood glucose levels, hypertension, blood lipid levels) to the patient, the appropriate interventions are offered in response. All interventions in response to identified risk should be clearly documented in patient health records.

6. Conclusion

The recommendations are aimed at addressing key findings in the data. They also seek to highlight the role of An Roinn Sláinte and HSE in strategic planning for EIP provision across Ireland and in ensuring equity of access, so that service users can feel assured that they will get the same provision wherever they live.

Unmet need is a key consideration, and the Psymaptic prediction model for Ireland under development will provide a sound basis for service development. Development is also important in creating a model which addresses the need for specialist EIP expertise for children and young people with FEP, and to create the holistic approach specified in the Model of Care, which includes the need to work closely and co-ordinate with physical health providers. These important next steps are underway or planned by the HSE National Clinical Programme.

We are very grateful to Dr Amir Niazi, National Clinical Adviser and Group Lead for Mental Health, Ms Rhona Jennings, EIP Programme Manager, and Dr Karen O'Connor, National Clinical Lead for EIP, for the opportunity to discuss the context of the findings and recommendations in this report. We hope the report will provide focus and identify key areas for EIP service quality improvement to support this national programme of work.

7. Compiled by

The National Clinical Audit of Psychosis project team

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8. Appendix A: Acknowledgements

Development of recommendations

The recommendations for the NCAP EIP 2020/2021 audit were developed by the NCAP team and members of the NCAP steering group. We would like to thank our steering group for their contributions. A list of members of the steering group, together with the organisations they represent, can be found in Appendix B.

Support and input

We would like to thank the staff from participating Trusts/organisations and Health Boards, who took part in the collection and submission of data for the EIP 2020/2021 audit. Their continued hard work and dedication to the audit throughout this difficult period, while managing the challenges and demands of COVID-19, is very much acknowledged and appreciated.

We would also like to thank the Healthcare Quality Improvement Partnership (HQIP) team for their continuing guidance throughout the NCAP EIP 2020/2021 audit.

9. Appendix B: Steering group members

Table 5: Steering group members and organisations (in alphabetical order)

Name	Organisation
Dr Alison Brabban	Early Intervention in Psychosis Network, NHS England and NHS Improvement
Linda Chadburn	Pennine Care NHS Foundation Trust/local audit representative
Prathiba Chitsabesan	NHS England and NHS Improvement
Dr Elizabeth Davies	Welsh Government
Dr Selma Ebrahim	British Psychological Society
Ellie Gordon	Royal College of Nursing
Wendy Harlow	Sussex Partnership Trust/local audit representative
Sam Harper	Healthcare Quality Improvement Partnership
Gabriella Hasham	Rethink Mental Illness
Sarah Holloway	NHS England and NHS Improvement
Steve Jones	NHS England and NHS Improvement
Beth McGeever	NHS England and NHS Improvement
Molly McPaul	Care Quality Commission
Jay Nairn	NHS England and NHS Improvement
Peter Pratt	Prescribing expert, NHS England and NHS Improvement
Caroline Rogers	Healthcare Quality Improvement Partnership
Lucy Schonegevel	Rethink Mental Illness
Dr David Shiers	General Practitioner (retired)/Carer
Dr Shubulade Smith	National Collaborating Centre for Mental Health
Dr Caroline Taylor	Royal College of General Practitioners/ Clinical Commissioning Group representative
Hilary Tovey	NHS England and NHS Improvement
Andrew Turner	Care Quality Commission
Nicola Vick	Care Quality Commission
Dr Jonathan West	Early Intervention in Psychosis Network (London)
Tristan Westgate	Rethink Mental Illness
Dr Latha Weston	Royal College of Psychiatrists, General Adult Faculty

10. Appendix C: Participating Organisations

Table 6: Participating Health Boards, provider IDs and EIP teams (alphabetised by trust name)

Provider name	Provider ID	Team name(s)
Health Service Executive	ORG65	DETECT Team, Dublin
		RISE Team, South Cork

11. Appendix D: Organisation returns

Case-note audit

Table 7: Organisation returns of case-note audit form

Organisation ID	Total eligible cases	Expected sample	Sample submitted	Final sample after data cleaning	Final sample as % of total eligible cases	Final sample as % of expected sample
RISE Team	15	15	15	15	100%	100%
DETECT Team	54	54	52	48	89%	89%

12. Appendix E: Bibliography

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