NCAP
NATIONAL CLINICAL AUDIT OF PSYCHOSIS

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

National Clinical Audit of Psychosis

Early Intervention in Psychosis Audit 2021/22

Guidance on data collection:
Contextual and Casenote Questionnaires

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About this guidance

This guidance has been provided to assist your Trust/Organisation in collecting data for the Early Intervention in Psychosis (EIP) audit of the National Clinical Audit of Psychosis (NCAP) 2021/22.

Timeline

28 September 2021	The NCAP team returns random sample of patients for inclusion in the EIP casenote audit to Trusts/Organisations.
1 October – 30 November 2021	Trusts/Organisations collect data and submit data online (the link to the online data collection form will be emailed to NCAP audit leads in October 2021)
30 November 2021	Deadline for Trusts/Organisations to submit data online
Summer 2022	National and local reporting

Data collection

Each team is asked to complete:

- One Contextual Questionnaire;
- One Casenote Audit Questionnaire **per service user** identified in your team's random sample for the casenote audit.

Once teams have received their randomised sample of patients for inclusion in the NCAP casenote audit they can start collecting data.

An editable version of the casenote and contextual questionnaires have been emailed to the audit leads. We recommend you complete these forms before submitting data online.

All required questionnaires must be submitted online by **30 November 2021** via the link provided to the audit contact by the NCAP project team.

Contextual Questionnaire

All responses should be completed for your individual EIP team and not the Trust/Organisation as a whole. All questions are mandatory.

About your service

Q3 Type of EI services
This question relates to the type of EI services offered by your individual EIP team and not the Trust/Organisation as a whole.

Type of EIP service:

- **Stand-alone multidisciplinary EIP team**: The service is provided through a stand-alone specialist team which works independently from other generic Community Mental Health Teams (CMHTs). All staff work predominantly for the team and have a shared task to provide EIP services.
- **Hub and spoke model:** The service is provided by dedicated EIP staff ('spokes') which are based within more generic community mental health teams and have access to specialist EIP skills, support and supervision in an EIP 'hub'.
- **EI function integrated into a community mental health team (CMHT):** The service is provided by staff embedded within an existing service, normally a Community Mental Health Team (CMHT). Staff are expected to follow the core principles of EIP care but have less contact with other people for specialist EIP skills, support and supervision.
- **No EI Service:** There is no specialist service.

Q4 Length of treatment package (in months)
If your service is part of a larger team (integrated into a CMHT, for example) please only include treatment packages for EIP service users. Please answer in months; for example, 3 years = 36 months.

Exclusions:
If the team does not provide treatment for the age range stated, please place '0' in the box.

Children and Young People

Q5 The main model of provision for children and young people
If CYP with psychosis are treated by a separate team in your area, please do liaise with your local team, where appropriate, before completing this section of the questionnaire.

Q6 Shared care protocols between the EIP team and the wider CYP mental health service
Shared care protocols should be jointly agreed and implemented between the EIP team, irrespective of age range, and the wider CYP mental health service.

Q7 Regular joint or reciprocal training between the EIP team and the wider CYP mental health service
Joint or reciprocal training should be at least annual.

Q8 Medication management for CYP

Medication management may involve medical and non-medical prescribers from EIP and/or CYP mental health teams. This question addresses the training and support available to the respective practitioners.

Q9 Availability of Cognitive Behavioural Therapy for Psychosis (CBTp) and Family Intervention (FI) for CYP

Please ensure that the person who delivers the following treatments has the relevant skills, experience and competencies defined as:

Cognitive Behavioural Therapy for Psychosis (CBTp):

- Postgraduate diploma level training in generic CBT or equivalent (e.g. IAPT high intensity training or some clinical psychology training programmes), plus additional specialised CBTp training. Those who have completed generic training in CBT and are currently undertaking specialist CBTp training with regular clinical supervision can be included.
- Early cohorts of practitioners involved in developing CBTp may have undertaken a different route to competence. This might have involved:
  - Being a therapist in a CBTp research trial with supervision from an expert in the field;
  - Evidence of attending CBTp conferences (after receiving generic CBT training), with regular supervision from an expert in the field).
- CBTp therapists should also be receiving regular clinical supervision from a supervisor with appropriate CBTp competencies, for a minimum of an hour per month.
- Training in generic psychosocial interventions (PSI), generic CBT alone or short training courses in CBTp alone are not considered sufficient to deliver NICE recommended CBTp.
- CBTp courses should follow curricula derived from the national competence framework.

Family Intervention (FI):

- The competencies required to deliver FI are described in "Competence Framework for Psychological Interventions for People with Psychosis and Bipolar Disorder".
- Practitioners delivering this approach require specific FI training focused on psychosis (based on recommendations in NICE guidelines CG178), lasting five days or more (e.g. Meriden's 5 day "Early Intervention in Psychosis Behavioural Family Therapy Training" or equivalent).
- All staff delivering FI should receive clinical supervision for at least one hour per month if they are actively seeing families, and supervisors must have received training in a FI course and be experienced in providing FI.

About your service

Q10 EIP care coordinators

This should include the total number of whole-time equivalent staff in the team that are care coordinators for EIP e.g. if a service has three full-time nurses (3), two full-time social workers (2) and one half-time occupational therapist (0.5) who act as care coordinators for EIP, their response would be 5.5.

If the EIP service is integrated into another team, do not count staff members that do not care coordinate EIP cases. Please do not include posts which are vacant.

You can find the definition of a care coordinator on page 21 of the Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance.

Q12 Increase in the number of staff posts
If the service is part of a larger team (integrated into a CMHT, for example) please answer 'yes' only if new EIP staff posts have been created. Staff posts which are vacant may be included in this total.

Q13 Provision of Cognitive Behavioural Therapy (CBT) for At-Risk Mental State (ARMS)
Please ensure that you only answer that CBT for ARMS can be provided within the team or that there is a separate team providing ARMS assessment and intervention if the person delivering the treatment had the relevant skills, experience and competencies as defined in Q9 of the contextual questionnaire.

Caseload

Q14 Total caseload of the team
This should be completed for your individual team, and not the Trust/organisation as a whole. If the service is part of a larger team (integrated into a CMHT, for example) please only count those on the EIP caseload.

Q15 Caseload age ranges
Please specify the number of people in the current caseload that fall into each age range for those on the caseload with First Episode Psychosis, At-Risk Mental State for Psychosis and Suspected FEP. The figure should include all service users on the EIP caseload and the total of these answers must equal the total caseload number stated in Q14. If there are no people on the current caseload which fall into one or more of the categories, please enter '0' into the relevant box(s).

Q16 Treatment length of last 10 service users
Please only include service users:

- Who have First Episode Psychosis
- Who were taken on for treatment by the team
- Who completed a package of care

Exclusions:

- Do not include service users who only received assessment/extended assessment and were not taken on by the team
- Do not include service users who did not receive a full package of care

Casenote Questionnaire

Please complete one casenote questionnaire per service user selected as part of the team's random sample. All questions are mandatory unless otherwise stated.

Front Page

NCAP ID

Please input the anonymised NCAP ID assigned to the patient during sampling e.g. NCAP01. Do not input other information such as initials, electronic record numbers or any other information which could be identifiable.

Patient details

Q1 Gender

For service users who have not specified a gender, or who do not identify themselves as male or female please select the 'other' option

Q3 Ethnicity

For ethnicities not included in the list please select 'any other ethnic background'.

Q4 Work, education and training

This includes voluntary positions.

Q5 Family members, friend and carer

Where this is not recorded, please select 'no'.

Q6 Outcome measures

Only the following standardised and validated outcome measures are accepted to meet the standard for this question:

- HONOS
- HONOSCa
- DIALOG
- QPR

There is also the option to record 'other' outcome measures if wished. Please note that any 'other' outcome measures specified will not be included when calculating whether the standard was met for patients aged 18 and over. Information should therefore be recorded in addition to the measures specified above.

Please note that if a **service user is under 18**, and DIALOG and QPR are not suitable, another tool measuring general functioning should be recorded

Q6a HoNOS scores from the initial assessment

Note: This question only appears if the auditor answers 'once' or 'more than once' to HoNOS for Q6. HoNOS scores should only be entered if the assessment was carried out between **01/11/2020** and **31/10/2021**, while the person was on the EIP caseload. If the initial assessment was carried out prior to 01/11/2020, please enter the person's earliest scores within the 12-month period i.e. the assessment closest to **01/11/2020**.

Q6b HoNOS scores from the most recent follow-up assessment
Note: This question only appears if the auditor answers 'more than once' to HoNOS for Q6. HoNOS scores should only be entered if the assessment was carried out between **01/11/2020** and **31/10/2021**, while the person was on the EIP caseload.

For further guidance on HoNOS scores, please refer to the HoNOS - Frequently Asked Questions Document.

Psychological and Other Interventions

Q7 Treatment(s)
Please select 'took up' if the service user received at least one session of any of the treatments listed. If the service user was offered, but refused, any of the treatments, please select 'refused'.

If a service user is receiving a psychological intervention as part of a research trial the team are taking part in, these sessions can be counted as meeting the standard, as long as they are offered alongside traditional therapies. Teams should let the NCAP team know if this is the case.

Please ensure that the person who delivered CBTp and FI had the relevant skills, experience and competencies defined as:

Cognitive Behavioural Therapy for Psychosis (CBTp):

- Postgraduate diploma level training in generic CBT or equivalent (e.g. IAPT high intensity training or some clinical psychology training programmes), plus additional specialised CBTp training. Those who have completed generic training in CBT and are currently undertaking specialist CBTp training with regular clinical supervision can be included.
- Early cohorts of practitioners involved in developing CBTp may have undertaken a different route to competence. This might have involved:
    - Being a therapist in a CBTp research trial with supervision from an expert in the field;
    - Evidence of attending CBTp conferences (after receiving generic CBT training), with regular supervision from an expert in the field).
- CBTp therapists should also be receiving regular clinical supervision from a supervisor with appropriate CBTp competencies, for a minimum of an hour per month.
- Training in generic psychosocial interventions (PSI), generic CBT alone or short training courses in CBTp alone are not considered sufficient to deliver NICE recommended CBTp.
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- Practitioners delivering this approach require specific FI training focused on psychosis (based on recommendations in NICE guidelines CG178), lasting five days or more (e.g. Meriden's 5 day "Early Intervention in Psychosis Behavioural Family Therapy Training" or equivalent).

- All staff delivering FI should receive clinical supervision for at least one hour per month if they are actively seeing families, and supervisors must have received training in a FI course and be experienced in providing FI.

Supported employment programme:

- Staff offering education and employment support should have the relevant experience, skills and competencies in delivering specialist education and employment support (e.g. has received specialist training in IPS or similar specialist vocational rehabilitation training) and who has up-to-date welfare benefits knowledge and expertise.
- This may be from a vocational specialist or an occupational therapist based within the EIP team, or the service user may be referred for support from an education and employment specialist/service provided elsewhere in the Trust or by a voluntary or private sector provider.

Please see Q9 in the contextual questionnaire for information about the relevant skills, experience and competencies required for the person who delivered CBTp and FI.

Q8 Antipsychotic medication

If a service user was offered antipsychotic medication by another healthcare team whilst under the care of the EIP team (for example, inpatient, crisis team, CMHT, etc.) please select 'yes'.

Q9 Two adequate but unsuccessful trials of antipsychotic medications

An adequate trial is defined as: If tolerated, each medication is given in a treatment dose for an adequate duration of time and with objective evidence of adherence. A comprehensive review of reasons for a non-response (e.g. intolerant to adverse effects, misdiagnosis, untreated co-morbidities) must be undertaken.

If a service user's illness has not responded to two or more antipsychotic medicines given sequentially, they should be offered clozapine (see below).

Q9a Clozapine

Note: This question only appears if the auditor answers 'yes' to Q9.

Q10 Carer-focused education and support programme

Note: This question only appears if the auditor answers either 'yes' option to Q5.

If the service user has more than one informal carer, please select 'yes' if a programme(s) has been taken up by at least one carer.

A carer-focused education and support programme must include at least one of the following interventions:

- One-to-one advice and information
- Access to carer focused education and support via recovery college courses
- Carer education and support groups
- e-health: evidence-based web- or app-based carer education and support programmes

Please note that carers' assessments do not constitute a carer-focused education or support programme.

Physical health screening and intervention

To ascertain if an individual requires intervention based on their physical health screening, please refer to the Lester Tool.

The following questions relate to evidence of screening and interventions carried out between **01/11/2020** and **31/10/2021**, while the service user was on the EIP caseload. If the service user was accepted onto the caseload over a year ago, only screening and interventions that took place between **01/11/2020** and **31/10/2021** are accepted. If this is not present, please tick 'not documented'.

Screening

Q11 Smoking status
Please note that this does **not** include e-cigarettes.

Note: Number of cigarettes question only appears if 'current smoker' is selected. Smoking status is mandatory to record but number of cigarettes smoked is optional to complete.

Q12 Drinking alcohol
Identification of harmful or hazardous use of alcohol is described in NICE guideline CG115. It may be assessed using structured measures such as the 'AUDIT' or based on enquiring about quantity, frequency and any health or social consequences of alcohol consumption. Where there is a record of drinking that is neither harmful nor hazardous e.g. 'rarely drinks'/ 'drinks in moderation' this should be recorded as 'Alcohol use that is NOT harmful or hazardous'.

Q13 Substance misuse
Substance misuse is defined as the excessive or illegal use of drugs.

Q14 BMI/Weight
Please complete in NN.N format e.g. 26.8 (BMI). Where height cannot be measured, demi span may be used to estimate height in order to allow calculation of BMI: http://www.bapen.org.uk/pdfs/must/must_explan.pdf (page 14).

Q14b Weight change in relation to antipsychotic medication
Note: This question only appears if the service user commenced antipsychotic medication 6-12 months ago.

Please note that weight before commencing antipsychotic medication is not required to be recorded during the specified timeframe (01/11/2020 and 31/10/2021). It should be the most recent weight measurement taken before starting antipsychotic medication. The most recent weight measurement must be taken between 6-12 months after commencing antipsychotic medication.

Q15 Blood pressure
Please complete the systolic and/or diastolic boxes in NNN format e.g. 120 mmHg.

Q16 Glucose
Please complete in N.N format e.g. 6.7 mmol/mol. Please ensure you use the correct units. If these levels are in mg/dl, please use an online converter to calculate into mmol/l or mmol/mol (according to data collection form). One such converter can be found at http://www.diabetes.co.uk/blood-sugar-converter.html

Q17 Cholesterol
Please complete in N.N format e.g. 7.5 mmol/l. Please ensure you use the correct units. If entering QRISK percentage score, please complete in NN.N format e.g. 14.3%. If entering Total cholesterol: HDL ratio, please complete in NN.N format e.g. 4.5. Please note, Total cholesterol: HDL ratio should only be provided along with another cholesterol measure (Total cholesterol, non-HDL cholesterol or QRISK score).

Interventions

Please tick all interventions that apply. Please note that interventions can include attending services which the person has been signposted to.

Q18 Interventions for smoking cessation
If an intervention was not required because the service user does not smoke, please select 'No intervention needed'.

Q19 Interventions for hazardous alcohol use
If an intervention was not required because the service user does not use alcohol in a harmful or hazardous way, please select 'No intervention needed'.

Q20 Interventions for substance use
If an intervention was not required because the service user does not use substances, please select 'No intervention needed'.

Q21 Interventions for weight gain/obesity
If an intervention was not required because the service user did not need an intervention for weight management, please select 'No intervention needed'.

Q22 Interventions for hypertension
If an intervention was not required because the service user did not need an intervention for hypertension, please select 'No intervention needed'. Please note that there is also an option if an intervention was not required because the service user's repeat blood pressure reading was normal.

Q23 Interventions for diabetes/high risk of diabetes
If an intervention was not required because the service user was not at risk of diabetes, please select 'No intervention needed'.

Q24 Interventions for dyslipidaemia
If an intervention was not required because it is not applicable to the service user, please select 'No intervention needed'.

Contact information

For queries about the data collection process please contact a member of the NCAP team:

T: 0208 618 4268
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