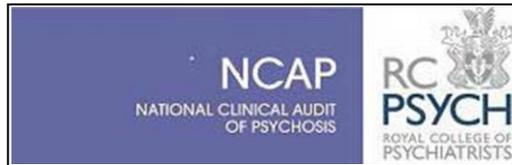


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NCAP EIP Audit 2019/20

Contextual Data Questionnaire

Notes for completion

Please complete one Contextual Data Questionnaire per Early Intervention in Psychosis (EIP) team. The questionnaire should be completed in a team meeting where staff can discuss responses.

How to complete this audit form

Please refer to the 'NCAP Guidance on data collection – contextual data questionnaire' document for information on how to complete this questionnaire, including definitions and guidance for each item.

This contextual data questionnaire is accompanied by an audit of case notes. All data must be collected and submitted online by **29/11/2019**. Please contact your local audit lead if you are unsure how this is being managed in your Trust/Organisation.

Further assistance and information

If you require further assistance, please contact the NCAP project team on NCAP@rcpsych.ac.uk or 0203 701 2602/2756 or visit our website at www.rcpsych.ac.uk/NCAP.

All questions in this tool are mandatory.

All responses should be completed for your individual EIP team and not for a wider service or the Trust/Organisation as a whole.

Your local NCAP audit lead is:

The organisation ID for your local EIP team is:

Initials of data collector/clinician:

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Clinical commissioning group (CCG) organisation name and code:

--	--	--

ODS provider code:

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About your service

The following questions relate to your individual EIP team and should be completed to reflect your current service provision.

Q1. Does this team routinely collect demographic data of those using mental health services, including the following protected characteristics:

Please tick if routinely collected:

Protected characteristic

Age

Disability

Gender reassignment

Marriage and civil partnership

Pregnancy and maternity

Race

Religion or belief

Sex

Sexual orientation

Other demographic data

Socioeconomic Status

Refugees/asylum seekers

Migrant workers

Homelessness

Q2. Does the team, or the Mental Health Trust/Organisation or CCG, have a written strategy/strategies to identify and address any mental health inequalities in access, experience and outcomes from using mental health services?

Yes

No

Q2a. If yes, please send the strategy/strategies directly to the NCAP team at: NCAP@rcpsych.ac.uk.

Please note, if the team/Mental Health Trust/Organisation or CCG has a broader strategy, please only include the relevant sections e.g. Mental Health section of the Joint Strategic Needs Assessment.

Q3. What EI service is provided for these age ranges?

	<i>Stand-alone multidisciplinary EIP team</i>	<i>Hub and spoke model</i>	<i>EI function integrated into a community mental health team</i>	<i>No EI service</i>
<i>Ages 18-35</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ages 36 and over</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4. What length of treatment package (in months) is the team commissioned to provide for these age ranges?

Under 18s:

Ages 18-35:

Age 36 and over:

Children and Young People

Q5a. Please select the options that best describe the model(s) of provision for children and young people (CYP) with first episode psychosis, from 0 to 17 (under 18) years, in your locality and the age range for which this model principally applies. More than one model may apply and we are also interested to capture the experience of the younger age group. Please complete all that apply:

Specialist CYP EIP practitioners (i.e. with specific EI training, support and supervision) embedded within CYP mental health services (eg hub & spoke model)

Age range this model applies to: to years

Specialist CYP EIP team

Age range this model applies to: to years

Adult and young people's EIP service with staff that have expertise in CYP mental health (e.g. joint appointment or specific training and experience supported by ongoing CYPMH supervision)

Age range this model applies to: to years

Adult EIP service with joint protocols (i.e. for case consultation, supervision, training and joint/second opinion assessments) with CYP mental health services

Age range this model applies to: to years

Other – please specify in Q5a(i) below

No EIP team CYP provision for under 18 years

Q5a(i). Other model - please specify

Q5b. Is there a shared care protocol between the EIP team and the CYPMH service?

Yes

No

Q5c. Are joint or reciprocal training events arranged at least annually between the CYPMH and EIP teams?

Yes

No

Q5d. How is medication managed for CYP? (please provide a response for each option below)

	Yes	No	Not applicable/ unsure
CYP team prescribers with specific EI training and experience prescribe for CYP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CYP team prescribers advise and support EIP team prescribing for CYP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CYP team prescribers do not have specific EI prescribing training and experience and do not have a protocol or routine access to specialist EI prescribing advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EIP team prescribers with specific CYP training and experience prescribe for CYP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EIP team prescribers advise and support CYPMH team prescribing for CYP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EIP team prescribers do not have specific CYP prescribing training and experience and do not have a protocol or routine access to specialist CYP prescribing advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5e. Are the following provisions from appropriately trained practitioners available for CYP, aged 14-17 years, with early onset psychosis and who provides it? (tick all that apply)

	Provided by CYPMHS	Provided by EIP	Provided by CMHT	Provided by Other	No CYP provision
Cognitive Behavioural Therapy for Psychosis (CBTp)	<input type="checkbox"/>				
Family Intervention	<input type="checkbox"/>				

About your service

Q6a. How many whole time equivalent EIP care coordinators work for the service?

Q6b. Are there care co-ordinators specifically for CYP under 18? (tick all that apply)

Yes, within EIP team

Yes, within CYPMH team

No

Q7. Has there been an increase in the number of staff posts in this service in the last 12 months?

Yes

No

Q8. Is this service able to provide Cognitive Behavioural Therapy (CBT) for At-Risk Mental State (ARMS):

	<i>Within the team</i>	<i>Elsewhere (e.g. referral to IAPT)</i>	<i>Not at all</i>	<i>Separate team providing ARMS assessment and intervention</i>
<i>Under 18's</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ages 18-35</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Age 36 and over</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Caseload

Q9. What is the total caseload of the team?

Guidance: This includes people who have been accepted onto the caseload with First Episode Psychosis, At-Risk Mental State for Psychosis or for extended assessment.

Q10. How many people on the total caseload are in the following age ranges?

Guidance: the total of these responses must not exceed the total caseload

	<i>First Episode Psychosis (FEP)</i>	<i>At-Risk Mental State (ARMS) for psychosis</i>	<i>Suspected FEP</i>
<i>Under 14</i>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>
<i>Aged 14-17</i>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>
<i>Aged 18-35</i>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>
<i>Aged 36 and over</i>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>

Q11. Please state the length of treatment in months to the nearest month, of the last 10 service users with confirmed First Episode Psychosis who completed a package of care and were discharged from the team:

Service user 1 (months)	<input style="width: 60px; height: 25px;" type="text"/>
Service user 2 (months)	<input style="width: 60px; height: 25px;" type="text"/>
Service user 3 (months)	<input style="width: 60px; height: 25px;" type="text"/>
Service user 4 (months)	<input style="width: 60px; height: 25px;" type="text"/>
Service user 5 (months)	<input style="width: 60px; height: 25px;" type="text"/>
Service user 6 (months)	<input style="width: 60px; height: 25px;" type="text"/>
Service user 7 (months)	<input style="width: 60px; height: 25px;" type="text"/>
Service user 8 (months)	<input style="width: 60px; height: 25px;" type="text"/>
Service user 9 (months)	<input style="width: 60px; height: 25px;" type="text"/>
Service user 10 (months)	<input style="width: 60px; height: 25px;" type="text"/>

END OF CONTEXTUAL DATA QUESTIONNAIRE
Thank you for completing this form for your team