RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS | NCAP NATIONAL CLINICAL AUDIT OF PSYCHOSIS

National Clinical Audit of Psychosis

Early Intervention in Psychosis Audit 2025

Question guidance:
Casenote and Contextual Questionnaires

Contents

About this guidance

This guidance has been provided to assist your Organisation in collecting data for the Early Intervention in Psychosis (EIP) audit of the National Clinical Audit of Psychosis (NCAP) 2025.

There will be no national or local reports for this audit, results will be displayed on an online dashboard. Final datasets will be available on the dashboard once data collection has closed, and the NCAP team has completed data analysis.

Timeline

6 June 2025	Audit registration opens
4 pm, 12 June 2025	Audit registration closes
13 June 2025	Data collection opens on SNAP
4 pm, 25 July 2025	Data collection closes
15 September 2025	Reporting of results on NCAP dashboard

Data collection

Each team is asked to complete:

- One Casenote Audit Questionnaire **per eligible service user** on your team's caseload;
- One Contextual Audit Questionnaire

A paper version of the casenote questionnaire and the contextual questionnaire have been emailed to the audit leads for your reference only. NCAP will not accept filled out paper questionnaires. All casenote questionnaires must be submitted online by **25th July 2025 at 4pm** via the SNAP survey tool link provided to the audit contact by the NCAP project team.

Please ensure you review your submissions to check that the data is correct, as there will be **no data cleaning**. Once you have finished entering data for a service user, you must click 'submit' at the bottom of the form to ensure the NCAP team receives your submission.

Contextual Questionnaire

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

Service set up

Q1. 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.

Q2. 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.

Provision for Children and Young People

Q3. 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.

Q4. 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.

Q5. 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.

Q6. 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.

Q7. 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.

Q8-11. Availability of care coordinators specifically for CYP

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.

Casenote Questionnaire

Please complete one casenote questionnaire per eligible service user on your team's caseload.

Demographic Information

Q1. ORGID
Please enter your ORGID included in the email sent to the team audit lead. The format of this field should be 'ORG' followed by two numeric values. Note that your ORGID will be the same as in the Bespoke 2024 audit.

Q2. Team ID
Please enter your team ID included in the email sent to the team audit lead. The format of this field should be 'EIP' followed by 4 numeric values. Note that your Team ID will be the same as in the Bespoke 2024 audit.

Q3. Patient ID (NCAP ID)
Please input the NCAP ID assigned to the patient during sampling e.g. NCAP01. Please do not use the patient's name, NHS number/ Individual Health Identifier (IHI), initials or any ID that may be used to directly identify a patient, and do not send your list of pseudonymized IDs linked to the original patient identifiers to the NCAP team, as this may constitute a breach of patient confidentiality.

Q4. What type of service is the patient under?
Please select if the service user is under an EIP team or a CAMHS service.

Q5. Age
Only service users aged 65 years and under are eligible to take part in the NCAP EIP Audit 2025 audit (at start of sampling, 13th June 2025).

Q6. Gender
Please select the service user's gender from the options provided.

Q7. Ethnicity
For ethnicities not included in the list please select 'other ethnic groups - any other ethnic background'.

Q8. Employment status
Please select the service user's employment status from the options provided.

Timely Access

Q9. Date referral received by EIP service or secondary care mental health services:
This is for the condition being referred to the EIP services, and not previous referrals to mental health services for unrelated issues. If there is a central triage point in your Organisation, please give the date referral received at this point. Only give the date referral received by the EIP service if there is no central triage point in your Organisation. Referrals may come from any source and may be internal (for example from CAMHS, a CMHT, an inpatient ward, prison or forensic mental health services) or external (for example from a GP, self-referral, from carers or referral by a school).

Q10. Was the patient allocated to an EIP service care coordinator?

Please select yes if the patient has been allocated to a care coordinator.

Q11. Date patient was allocated to an EIP service care coordinator
If the answer to Q10 was yes, please enter the date the service user was allocated to a care coordinator. If the answer to Q10 was no, this question will not appear.

Q12. Was the patient engaged by an EIP service care coordinator?
Engagement by the care coordinator should begin immediately upon allocation. However, this might not always be the case. Engagement means that the care coordinator began to form a therapeutic professional relationship with the patients and treatment was started. Please choose 'yes' only if a therapeutic professional relationship has begun to be established and treatment has started. If 'yes', please specify the date treatment was started. Note: This question will only appear if the person has been allocated an EIP care coordinator.

Q13. Date patient was engaged by an EIP service care coordinator
If the answer to Q12 was yes, please enter the date the service user was allocated to a care coordinator. If the answer to Q12 was no, this question will not appear.

Effective Treatment

Q14. Cognitive Behavioural Therapy for Psychosis (CBTp)
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 'declined'.

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 had the relevant skills, experience and competencies defined as:

- 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.

Q15. Total number of CBTp sessions
If the answer to Q14 was 'Took up', please indicate how many sessions of CBTp the service user has received. If the answer to Q14 was 'Declined', 'Not offered', 'Waiting', or 'Referral to another service', this question will not appear in the data collection tool.

Q16. Family Intervention (FI)
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 'declined'.

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 FI had the relevant skills, experience and competencies defined as:

- 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 10 days "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.

Q17. Total number of family intervention sessions
If the answer to Q16 was 'Took up', please indicate how many sessions of FI the service user and their family have received. If the answer to Q16 was 'Declined', 'Not offered', 'Waiting', or 'Referral to another service', this question will not appear in the data collection tool.

Q18. Supported employment programmes
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 'declined'.

- 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.

Q19. Total number of education and/or employment support sessions
If the answer to Q18 was 'Took up', please indicate how many education and/or employment support sessions the service user has received. If the answer to Q18 was 'Declined', 'Not offered', 'Waiting', or 'Referral to another service', this question will not appear in the data collection tool.

Q20. Family members, friend and carer
Where this is not recorded, please select 'no'.

Q21. Carer-focused education and support programme
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.

Q22. Total number of carer-focused education and support sessions
If the answer to Q21 was 'Took up', please indicate how many carer-focused education and support sessions the service user's carer has received. If the answer to Q21 was 'Declined', 'Not offered', 'Waiting', or 'Referral to another service', this question will not appear in the data collection tool.

Q23. Two adequate but unsuccessful trials of antipsychotic medications
Please indicate whether the service user has completed 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).

Q24. Clozapine
Please select 'took up' if the service user took up clozapine. If the service user was offered, but refused clozapine, please select 'declined'. If the answer to Q23 was 'No', this question will not appear.

Physical Health screening and intervention

To ascertain if an individual requires intervention based on their physical health screening, please refer to the Lester Tool. Please note that the intervention questions will only be available to answer if it is indicated that the individual requires intervention as per the Lester tool. This information is ascertained from questions related to screening.

The following questions relate to evidence of screening and interventions carried out between in the 12 months prior to the start of data sampling (13/06/2025), 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 in the 12 months prior to the start of data sampling (13/06/2025) are accepted. If this is not present, please tick 'not documented'.

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

Q25. Smoking assessment completed
Please indicate whether a smoking assessment has been carried out.

Q26. Smoking status
Please indicate the service user's smoking status. Please note that this does **not** include e-cigarettes. This question will only appear if the answer to Q25 was 'smoking assessment complete'.

Q27. Interventions for smoking cessation

If a smoking intervention was offered, but declined by the service user, please selected 'declined intervention'. If no intervention was offered, please select 'not documented' from the list of interventions. This question will only appear if the answer to Q26 was 'Current smoker'.

Q28. Alcohol use assessment completed
Please indicate whether an alcohol use assessment has been carried out.

Q29. Alcohol use status
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'. This question will only appear if the answer to Q28 was 'Alcohol use assessment completed'.

Q30. Interventions for hazardous alcohol use
If an alcohol use intervention was offered, but declined by the service user, please selected 'declined intervention'. If no intervention was offered, please select 'not documented' from the list of interventions. This question will only appear if the answer to Q29 was 'Yes, harmful'.

Q31. Substance misuse assessment completed
Please indicate whether a substance misuse assessment has been carried out.

Q32. Substance misuse status
Please state whether the service user misuses substances. Substance misuse is defined as the excessive or illegal use of drugs. This question will only appear if the answer to Q31 was 'substance misuse assessment completed'.

Q33. Interventions for substance misuse
If a substance misuse intervention was offered, but declined by the service user, please selected 'declined intervention'. If no intervention was offered, please select 'not documented' from the list of interventions. This question will only appear if the answer to Q32 was 'Yes'.

Q34. Body Mass Index (SMI) screening completed
Please indicate whether a BMI screening has been carried out.

Q35. 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).
Please ensure you have entered BMI, not weight in kilograms.

Q36. Rapid weight gain and Antipsychotic medication
Rapid weight gain is defined as more than 5% weight gain (average 3-4kg) 4 weeks after starting a new antipsychotic medication as per the Lester Tool.

Q37. Interventions for weight gain/obesity
If an intervention for weight gain/obesity was offered, but declined by the service user, please selected 'declined intervention'. If no intervention was offered, please select 'not documented' from the list of interventions.

For service users whose ethnicity is White (White British, White Irish, White – any other white background), Other (Other ethnic groups – Chinese, other ethnic groups – Any other ethnic group) or Not stated/not known, a BMI of 25 or greater indicates an intervention is needed. For service users whose ethnicity is Black (Black or Black British African, Black or Black British Caribbean, Black or Black British – any other Black background), Asian (Asian or Asian British – Bangladeshi, Asian or Asian British – Indian, Asian or Asian British – Pakistani, Asian or Asian British – Any other Asian background), or Mixed (Mixed – White and Asian, Mixed – White and Black African, Mixed – White and Black Caribbean, Mixed – Any other mixed background), a BMI of 23 or greater indicates an intervention is needed.

Q38. Blood pressure screening completed
Please indicated if a blood pressure screening has been carried out.

Q39. Blood pressure
Please complete the systolic and/or diastolic boxes in NNN format e.g. 120 mmHg. This question will only appear if the answer to Q38 was 'Yes, completed'.

Q40. Interventions for hypertension
If an intervention for weight gain/obesity was offered, but declined by the service user, please selected 'declined intervention'. If no intervention was offered, please select 'not documented' from the list of interventions. This question will only appear if the answer to Q39 indicates intervention is necessary.

Q41. Glucose screening completed
Please indicate if a glucose screening has been carried out.

Q42. Glucose values
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. This question will only appear if the answer to Q41 was 'Yes, completed'.

Q43. Interventions for diabetes/high risk of diabetes
If an intervention for weight gain/obesity was offered, but declined by the service user, please selected 'declined intervention'. If no intervention was offered, please select 'not documented' from the list of interventions. This question will only appear if the answer to Q42 indicates intervention is necessary.

Q44. Cholesterol (blood lipids screening) completed
Please indicate if blood lipids screening has been carried out.

Q45. Cholesterol values
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). This question will only appear if the answer to Q44 was 'Yes, completed'

Q46. Interventions for dyslipidaemia
If an intervention for weight gain/obesity was offered, but declined by the service user, please selected 'declined intervention'. If no intervention was offered, please select 'not documented' from

the list of interventions. This question will only appear if the answer to Q45 indicated intervention is necessary.

Recording Outcome Measures

Q47-end. Outcome measures
Only the following standardised and validated outcome measures are accepted to meet the standard for this question:

- HONOS
- HONOSCa
- DIALOG
- QPR
- GBO
- ReQoL-10
- Other

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.

For each outcome measure, please indicate the frequency of recording (never, once, more than once). If you have recorded scores for an 'Other' outcome measure, please indicate which tool you used.

Contact information

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

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