

LICENCE AGREEMENT

BETWEEN

- (1) **HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP** (company number 06498947) whose registered office is at 70 Wimpole Street, London W1G 8AX (the **"AUTHORITY"**); and
- (2) ("the **LICENSEE**")

Recital:

The Authority has agreed to grant the Licensee a limited non-exclusive royalty-free revocable licence to use the Audit Tool upon the terms and conditions of this Agreement.

Operative provisions:

1 DEFINITIONS AND INTERPRETATION

1.1 In this Agreement the following words shall have the following meanings:-

| | |
|---------------------------------------|---|
| "Audit Tool" | means the data collection tool known as the Audit Tool developed by the National Audit of Schizophrenia (NAS) in relation to the NAS project under a contract with the Authority as set out in Schedule 1, and shall be interpreted as including any Updated Audit Tool; |
| "Intellectual Property Rights" | means patents, trademarks, copyrights, rights to extract information from a database, design rights and all rights or forms of protection of a similar nature or having equivalent or the similar effect to any of them which may subsist anywhere in the world, whether or not any of them are registered and including applications for registration of any of them and including Know How; |
| "Know How" | means all technical and other information which is not in the public domain, including but not limited to information comprising or relating to concepts, discoveries, data, designs, formulae, ideas, inventions, methods, models, procedures, designs for experiments and tests and results of experimentation and testing, processes, specifications and techniques, laboratory records, clinical data, manufacturing data and information contained in submissions to regulatory authorities; |
| "Loss" | means all costs, claims, liabilities and expenses (including reasonable legal expenses); |
| "Territory" | means England and Wales; |
| "Updated Audit Tool" | means any modified, improved or corrected version of the Audit Tool as created or developed by the Licensee and approved by the Authority in accordance with Clause 4; |
| "Use" | means to use the Audit Tool for non-commercial purposes for the carrying out of the Initial Health Assessment and the Review Health Assessments for Looked After Children and children in |

| | |
|--|-------|
| | care; |
|--|-------|

1.2 In this Agreement (except where the context otherwise requires):

- 1.2.1 use of the singular includes the plural (and *vice versa*) and use of any gender includes the other genders;
- 1.2.2 a reference to a party is to a party to this Agreement and shall include that party's personal representatives, successors or permitted assignees;
- 1.2.3 a reference to persons includes natural persons, firms, partnerships, bodies corporate and corporations, and associations, organisations, governments, states, foundations, trusts and other unincorporated bodies (in each case whether or not having separate legal personality and irrespective of their jurisdiction of origin, incorporation or residence); and
- 1.2.4 a reference to a Clause or Schedule is to the relevant clause of or schedule to this Agreement.
- 1.2.5 any reference to a statute, order, regulation or other similar instrument shall be construed as a reference to the statute, order, regulation or instrument together with all rules and regulations made under it as from time to time amended, consolidated or re-enacted by any subsequent statute, order, regulation or instrument;
- 1.2.6 general words are not to be given a restrictive meaning because they are followed by particular examples, and any words introduced by the terms "including", "include", "in particular" or any similar expression will be construed as illustrative and the words following any of those terms will not limit the sense of the words preceding those terms; and
- 1.2.7 headings to clauses are for the purpose of information and identification only and shall not be construed as forming part of this Agreement.

1.3 The Schedules form an integral part of this Agreement and have effect as if set out in full in the body of this Agreement. A reference to this Agreement includes the Schedules.

2 GRANT OF LICENCE

2.1 The Authority hereby grants to the Licensee a limited non-exclusive royalty-free revocable licence to Use the Audit Tool within the Territory upon the terms and conditions of this Agreement.

3 DURATION OF AGREEMENT

3.1 This licence granted by Clause 2.1 shall commence on the date of this Agreement and shall continue for a period of three years or terminated in accordance with the provisions of Clause 6 below.

4 VARIATIONS TO THE AUDIT TOOL

4.1 The Licensee may not make modifications, improvements or corrections to the Audit Tool other than with the express written permission of the Authority.

4.2 If approved by the Authority any such modifications, improvements or corrections that may be incorporated into the Audit Tool to create an Updated Audit Tool.

5 INTELLECTUAL PROPERTY

- 5.1 The Audit Tool is the confidential information of the Authority and all Intellectual Property Rights in the Audit Tool are the exclusive property of the Authority.
- 5.2 The Authority shall retain title and all ownership rights in the Audit Tool. This Agreement does not grant the Licensee any Intellectual Property Rights in the Audit Tool and the original and all copies of the Audit Tool shall remain the property of the Authority.
- 5.3 The Licensee agrees that any Intellectual Property Rights it may have in any Updated Audit Tools will belong to and vest in the Authority. The Licensee shall do any acts requested by the Authority to ensure such rights vest legally in the Authority.
- 5.4 The Licensee confirms that it will make clear on any relevant documentation that the Authority is the owner of the Audit Tool.
- 5.5 The Authority asserts its moral rights under the Copyright, Designs & Patents Act 1988 to be identified as the author of the Audit Tool and its right not to have the Audit Tool subjected to derogatory treatment.
- 5.6 The Licensee shall notify the Authority immediately if the Licensee becomes aware of any unauthorised use of the whole or any part of the Audit Tool by any third party.
- 5.7 The Licensee shall take all such other steps as shall from time to time be necessary to protect the confidential information and Intellectual Property Rights of the Authority in the Audit Tool.
- 5.8 The Licensee shall inform all relevant employees, agents and sub-contractors that the Audit Tool constitutes confidential information of the Authority and that all Intellectual Property Rights therein are the property of the Authority and the Licensee shall take all such steps as shall be necessary to ensure compliance by its employees, agents and sub-contractors with the provisions of this Clause 5.

6 TERMINATION

- 6.1 This Agreement may be terminated:
 - 6.1.1 by the Authority upon giving not less than 28 days' notice to the Licensee;
 - 6.1.2 forthwith by either party if the other commits any material breach of any term of this Agreement and which (in the case of a breach capable of being remedied) shall not have been remedied within 14 days of a written request to remedy the same;
 - 6.1.3 forthwith by either party if the other shall convene a meeting of its creditors or if a proposal shall be made for a voluntary arrangement within Part I of the Insolvency Act 1986 or a proposal for any other composition scheme or arrangement with (or assignment for the benefit of) its creditors or if the other shall be unable to pay its debts within the meaning of section 123 of the Insolvency Act 1986 or if a trustee receiver administrative receiver or similar officer is appointed in respect of all or any part of the business or assets of the other or if a petition is presented or a meeting is convened for the purpose of considering a resolution or other steps are taken for the winding up of the other or for the making of an administration order (otherwise than for the purpose of an amalgamation or reconstruction) or similar steps are taken in a jurisdiction other than England or Wales.
- 6.2 Subject to Clause 6.3 below within 7 days of the termination of this Agreement (howsoever and by whomsoever occasioned) the Licensee shall at the Authority's sole option either return or shall destroy all copies of the Audit Tool in its possession or control and a duly authorised officer of the Licensee shall certify in writing to the Authority that the Licensee has complied with its obligation as aforesaid.

- 6.3 Notwithstanding the provisions of Clause 6.2 above the Licensee shall be entitled for a period of one year from the date of termination to keep one copy of the Audit Tool in a fire-proof room for archival purposes only.

7 INDEMNITY

- 7.1 The Licensee shall indemnify and keep the Authority indemnified against any liability, costs, expenses, losses, claims or proceedings whatsoever arising under any statute or at common law or for breach of contract in respect of:

7.1.1 damage to property, real or personal, including any infringement of third party Intellectual Property Rights;

7.1.2 injury to persons, including injury resulting in death; and

7.1.3 any Loss

arising out of, in connection with, or in respect of, any negligence, act, omission or default of the Licensee, its staff, agents or sub-contractors.

- 7.2 The Licensee shall be responsible for any acts, defaults, omissions, or neglect of any of its sub-contractors or their agents or employees as if they were acts, defaults, omissions, or neglect of the Licensee.

8 CONFIDENTIALITY

- 8.1 Each of the parties hereto undertakes to the other to keep confidential all information (written or oral) concerning the business and affairs of the other that it shall have obtained or received as a result of the discussions leading up to or the entering into of this Agreement save that which:

8.1.1 becomes public knowledge through no fault of the relevant party;

8.1.2 was already in the relevant party's lawful possession and at its free disposal before the date of this Agreement;

8.1.3 is lawfully disclosed to the relevant party without any obligations of confidence by a third party; or

8.1.4 is required to be disclosed by a competent regulatory body, government body or body of competent jurisdiction.

- 8.2 Neither party will make any announcement relating to this Agreement or its subject matter without the prior written approval of the other party (such approval not to be unreasonably withheld or delayed).

- 8.3 Each of the parties undertakes to the other to take all such steps as shall from time to time be necessary to ensure compliance with the provisions of this Clause 7.2 by its employees, agents and sub-contractors.

9 THIRD PARTIES

- 9.1 No person who is not a party to this Agreement is intended to reserve a benefit under, or be entitled to enforce, this Agreement pursuant to the Contracts (Rights of Third Parties) Act 1999.

10 NOTICES

- 10.1 Any notice to be given under this Agreement shall be in writing, addressed to the Authority Representative or Licensee Representative (as appropriate) and either delivered personally, sent by facsimile or sent by first class recorded delivery post.
- 10.2 The address for service of the parties shall be:
- 10.2.1 in the case of the Authority, the address referred to above in this Agreement or such other address as may from time to time be notified in writing to the Licensee;
 - 10.2.2 in the case of the Licensee, the address referred to above in this Agreement or its registered office or such other address as may from time to time be notified in writing to the Authority
- 10.3 The fax number for service of the parties shall be:
- 10.3.1 in the case of the Authority, the Authority Fax Number;
 - 10.3.2 in the case of the Licensee, the Licensee Fax Number;
- 10.4 A notice shall be deemed to have been served:
- 10.4.1 if personally delivered, at the time of delivery;
 - 10.4.2 if sent by facsimile, at 09.00 (local time) on the morning of the first business day of the recipient after faxing.;
 - 10.4.3 if posted, on the morning of the first business day of the recipient following the expiration of 48 hours after the envelope containing the same was delivered into the custody of the postal authorities.
- 10.5 A notice required to be given under this Agreement shall not be validly given if sent by email.

11 CHANGE OF DETAILS

- 11.1 The Authority may change the identity of the Authority Representative or the Authority Fax Number by notice in writing to the Licensee.
- 11.2 The Licensee may change the identity of the Licensee Representative or the Licensee Fax Number by notice in writing to the Authority.

12 GENERAL

- 12.1 The Licensee shall not be entitled to assign or otherwise transfer this Agreement nor any of its rights or obligations hereunder nor sub-license the use (in whole or in part) of the Audit Tool without the prior written consent of the Authority.
- 12.2 The waiver by either party of a breach or default of any of the provisions of this Agreement by the other party shall not be construed as a waiver of any succeeding breach of the same or other provisions nor shall any delay or omission on the part of either party to exercise or avail itself of any right power or privilege that it has or may have hereunder operate as a waiver of any breach or default by the other party.
- 12.3 No variation of this Agreement will be valid unless recorded in writing and signed by or on behalf of each of the parties to this Agreement.

- 12.4 If any provision of this Agreement (or part of any provision) is found by any court or other authority of competent jurisdiction or illegal, the other provisions will remain unaffected and in force.
- 12.5 Nothing in this Agreement will be construed as constituting or evidencing any partnership, contract of employment or joint venture of any kind between either of the parties or as authorising either party to act as agent for the other. Neither party will have authority to make representations for, act in the name or on behalf of or otherwise to bind the other party in any way.
- 12.6 Each party will, at the request of the other party and its own cost, do (or procure others to do) everything necessary to give the other party the full benefit of this Agreement.
- 12.7 This Agreement may be executed in any number of counterparts, each of which will be an original and all of which will together constitute a single agreement.
- 12.8 This Agreement constitutes the entire agreement and understanding between the parties in respect of the matters dealt with in and supersedes any previous agreement between the parties.
- 12.9 All conditions warranties terms and undertakings express or implied statutory or otherwise in respect of the Audit Tool are hereby excluded.
- 12.10 Each of the parties acknowledge and agrees that in entering into this Agreement it does not rely on, and will have no remedy in respect of, any statement, representation, warranty or understanding (whether negligently or innocently made) of any person (whether party to this Agreement or not) other than as expressly set out in this Agreement.
- 12.11 Neither the expiration nor the termination of this Agreement shall prejudice or affect any right action or remedy, which shall have accrued or shall thereafter accrue either to the Authority or to the Licensee.
- 12.12 The provisions of Clauses 6 (Intellectual Property), 7 (Termination), 8 (Indemnity), 9 (Confidentiality), 10 (Third Parties), 13 (General) and 14 (Governing Law and Jurisdiction) shall survive the termination or expiry of this Agreement.

13 GOVERNING LAW AND JURISDICTION

- 13.1 This Agreement will be governed by and interpreted in accordance with the law of England and Wales.
- 13.2 Each party irrevocably submits to the exclusive jurisdiction of the courts of England and Wales over any claim or matter arising under or in connection with this Agreement.

National Audit of Schizophrenia (NAS)

Guidance Page

Audit forms should be completed by the psychiatrist accountable for the patient's care

If delegated, the psychiatrist accountable for the patient's care must confirm the data are correct.

Please complete a separate audit form for each patient

Your Audit Lead/Medical Director will tell you which of your patients have been selected. Patients have been randomly selected from all patients in your Trust who meet the criteria for NAS. It is essential that you do not make your own selection of which patient to audit.

How to complete this audit form

All data must be collected by 31 October 2011. All data must be submitted online by 30 November 2011. Please contact your local Audit Lead if you are unsure how this is being managed in your Trust/Health Board.

Audit forms should be completed using your knowledge of the patient, please refer to the paper and electronic patient records as you require.

For some questions, where information about physical health monitoring is not available to you in the patient's records, you or a member of your administrative team may need to telephone the patient's GP to obtain this. The Royal College of General Practitioners (RCGP) is a partner in NAS and GPs should have received information about the audit in RCGP literature.

When piloted, the form took a consultant psychiatrist an average of 17 minutes to complete for each patient.

All questions marked * are mandatory.

Further assistance and information

Please contact your local Audit Lead in the first instance. You may also contact the central NAS Team on nas@cru.rcpsych.ac.uk or 020 7977 4980 / 4981.

More information about NAS can be found at www.rcpsych.ac.uk/quality/NAS.

Your local Audit Lead is:

Your NAS Trust ID is:

Q1 NAS Patient ID* (To be completed by local audit lead)
(Number 1-100 assigned by local audit lead for local tracking purposes)

Tick here when data are submitted online
(For local monitoring purposes only)

A. Trust/Health Board and Team details

Q2 **Initials of data collector/clinician***

Q3 **Clinical team responsible for the patient's care*** (Select one option only)

Assertive Outreach Team.....

Community Mental Health Team

Crisis Resolution Team

Early Intervention in Psychosis Team

Other.....

If 'OTHER', please state:

B. Patient details

Q4 **Year of birth*** (YYYY)

Q5 **Sex***

Male

Female.....

Indiscriminate.....

Q6 **Ethnicity ***

| | |
|--|--|
| White <input type="checkbox"/> | Chinese or other ethnic group <input type="checkbox"/> |
| Asian or Asian British..... <input type="checkbox"/> | Mixed <input type="checkbox"/> |
| Black or Black British..... <input type="checkbox"/> | Not stated..... <input type="checkbox"/> |

Q7 **Current ICD-10 mental health diagnosis*** (Select one option only)

F20 (Schizophrenia).....

F25 (Schizoaffective Disorder).....

Q8 **How long ago was this diagnosis first made?***
 (Patients whose diagnosis was less than 12 months ago are not eligible for this audit)

1 - 2 years

2 - 4 years

4 - 10 years.....

10+ years

C. Health of the Nation Outcomes Scale (HoNOS)

Q9 Please complete the HoNOS Scales. You may do this through your knowledge of the patient or by transcribing a current rating from the patient's record.

An HoNOS glossary is available on the 'Methodology' page of the NAS website:
www.rcpsych.ac.uk/quality/nas

| | 0 | 1 | 2 | 3 | 4 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Overactive, aggressive, disruptive or agitated behaviour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Non-accidental self-injury | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Problem drinking or drug-taking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Cognitive problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Physical illness or disability problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Problems associated with hallucinations and delusions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Problems with depressed mood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Other mental and behavioural problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Problems with relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Problems with activities of daily living | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Problems with living conditions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Problems with occupation and activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 0 = No problem**
1 = Minor problem requiring no action
2 = Mild problem but definitely present
3 = Moderately severe problem
4 = Severe to very severe problem

Q10 Please use your knowledge of the patient to rate the patient's current mental health*
 (Select one option only)

- 1 = Full remission.....
 2 = Partial remission with minimal symptoms and disability.....
 3 = Partial remission with substantial symptoms and disability.....
 4 = Not in remission

D. Antipsychotic medication(s)

Q11 Is this patient currently prescribed any antipsychotic medication/s?*

Yes.....

No

! If the patient is not currently prescribed any antipsychotics go to Q14.

Q12 Please provide the current dose of all antipsychotics currently being prescribed for the patient

| | |
|------------------------------------|--|
| Amisulpride (oral) (mg/day) | |
| Aripiprazole (oral) (mg/day) | |
| Aripiprazole (IM) (mg/day) | |
| Asenapine (oral) (mg/day) | |
| Benperidol (oral) (mg/day) | |
| Chlorpromazine (oral) (mg/day) | |
| Chlorpromazine (IM) (mg/day) | |
| Clozapine (oral) (mg/day) | |
| Flupentixol (oral) (mg/day) | |
| Flupentixol (depot) (mg/week) | |
| Fluphenazine (oral) (mg/day) | |
| Fluphenazine (depot) (mg/week) | |
| Haloperidol (oral) (mg/day) | |
| Haloperidol (IM) (mg/day) | |
| Haloperidol (depot) (mg/week) | |
| Levomepromazine (oral) (mg/day) | |
| Levomepromazine (IM) (mg/day) | |
| Olanzapine (oral) (mg/day) | |
| Olanzapine (IM) (mg/day) | |
| Olanzapine (long acting) (mg/week) | |
| Paliperidone (oral) (mg/day) | |

| | |
|---------------------------------------|----------------------|
| Pericyazine (oral) (mg/day) | <input type="text"/> |
| Perphenazine (oral) (mg/day) | <input type="text"/> |
| Pimozide (oral) (mg/day) | <input type="text"/> |
| Pipotiazine (depot) (mg/week) | <input type="text"/> |
| Promazine (oral) (mg/day) | <input type="text"/> |
| Promazine (IM) (mg/week) | <input type="text"/> |
| Quetiapine (oral) (mg/day) | <input type="text"/> |
| Risperidone (oral) (mg/day) | <input type="text"/> |
| Risperidone (long acting) (mg/week) | <input type="text"/> |
| Sertindole (oral) (mg/day) | <input type="text"/> |
| Sulpiride (oral) (mg/day) | <input type="text"/> |
| Trifluoperazine (oral) (mg/day) | <input type="text"/> |
| Zotepine (oral) (mg/day) | <input type="text"/> |
| Zuclopenthixol (oral) (mg/day) | <input type="text"/> |
| Zuclopenthixol (depot) (mg/week) | <input type="text"/> |
| OTHER ORAL (name and dose) (mg/day) | <input type="text"/> |
| OTHER DEPOT (name and dose) (mg/week) | <input type="text"/> |

- Q13** If a current antipsychotic dose is known to be above the BNF recommended dose, has a rationale for this been documented in the patient's records?
- Yes
- No
- Do not know
- N/A, no doses above BNF recommended dose.....

Q14 Was the patient provided with written information (or an appropriate alternative) about the most recent antipsychotic prescribed?* (Select one option only)

Yes.....

No

Do not know

N/A, patient never prescribed an antipsychotic

Q15 Were the benefits and side effects of the most recent antipsychotic medication prescribed discussed with the patient?* (Select one option only)

Yes.....

No

Do not know

N/A, patient never prescribed an antipsychotic

Q16 For the most recently prescribed antipsychotic, was the patient involved in deciding which antipsychotic they were prescribed?* (Select one option only)

Yes.....

No

Do not know

N/A, patient never prescribed an antipsychotic

Example copy

! Only answer Q17-22 (Section E) if:
- The patient has current significant symptoms and disability (Q10 rated 3 or 4) **and**
- is **not** currently prescribed clozapine

E. History of prescribing for patients not in remission and not currently prescribed clozapine

Q17 Why is this patient not currently prescribed clozapine? (Tick as many as applicable)

Not yet had adequate trial of two other antipsychotics

Clozapine contraindicated for this patient

Clozapine tried, patient did not respond adequately

Clozapine offered but patient refused

None of above.....

If 'NONE OF ABOVE' please state reason

Q18 Has the patient been prescribed the current antipsychotic medication at optimal dose for at least 4 weeks?

Yes.....

No.....

Optimal dose: up to 3/4 of BNF maximum dose or until side effects preclude further dose increase

Q19 Before the patient was prescribed the current antipsychotic, had the patient received a course of a different antipsychotic at optimal dose for at least 4 weeks?

Yes.....

No.....

Optimal dose: up to 3/4 of BNF maximum dose or until side effects preclude further dose increase

Q20 Has the patient been trialled on at least one second-generation antipsychotic?

Yes.....

No.....

Q21 Has medication adherence been investigated as a potential cause of inadequate response to antipsychotic medications?

Yes.....

No.....

Q22 Has alcohol or substance misuse been investigated as a potential cause of inadequate response to antipsychotic medications?

Yes.....

No.....

! Do not answer Q23-28 (Section F) if you have answered Q17-22 (Section E).

! Only answer Q23-28 (Section F) if:

- The patient has current significant symptoms and disability (Q10 rated 3 or 4) **and**
- is **currently** prescribed clozapine

F. History of prescribing for patients not in remission and currently being prescribed clozapine

- Q23** If the patient is currently prescribed clozapine **plus** another antipsychotic, has the patient been trialled on this combination for at least 8 weeks at optimal dose?
- Yes.....
- No.....
- Currently only prescribed clozapine with no other antipsychotics

Optimal dose: up to 3/4 of BNF maximum dose or until side effects preclude further dose increase

- Q24** Has the patient been trialled on clozapine, without any other antipsychotic medications for at least 8 weeks at optimal dose?
- Yes.....
- No.....

Optimal dose: up to 3/4 of BNF maximum dose or until side effects preclude further dose increase

- Q25** Prior to being prescribed clozapine, did the patient have an inadequate response to other antipsychotic medications which were trialled for at least 4 weeks at optimal dose? (Select one option only)
- Yes, one second-generation antipsychotic
- Yes, one non second-generation antipsychotic
- Yes, at least two (one of which was a second-generation antipsychotic)
- Yes, at least two (neither of which was a second-generation antipsychotic)
- No.....

Optimal dose: up to 3/4 of BNF maximum dose or until side effects preclude further dose increase

- Q26** Has the patient been trialled on at least one second-generation antipsychotic?
- Yes.....
- No.....

- Q27** Has medication adherence been investigated as a potential cause of inadequate response to antipsychotic medications?
- Yes.....
- No.....

- Q28** Has alcohol or substance misuse been investigated as a potential cause of inadequate response to antipsychotic medications?
- Yes.....
- No.....

G. Physical Health Monitoring

! For Q29 and 30 we would like to know what physical health monitoring has been undertaken by you or the patient's GP in the 12 months up to the date you were informed that this patient had been selected for the audit. If your records do not contain the necessary information about physical health please contact the patient's GP.

Q29 Does the patient currently have any of the following significant physical health problems (and is it recorded in your case record or the GP's records)?*

| | Recorded diagnosis | Diagnosed but not recorded | Recorded as no problem present | No record but known not to have problem | Not known |
|------------------------|--------------------------|----------------------------|--------------------------------|---|--------------------------|
| Cardiovascular Disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hypertension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hyperlipidaemia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If 'OTHER' please state the nature of the physical health problem

Q30 Monitoring of physical health indicators recorded in your case records or the GP's records within the past 12 months (up to the date that you were informed this patient had been selected for this audit)*

| | Status/results recorded | Reference to monitoring made, status/results not available | No record |
|---|--------------------------|--|--------------------------|
| Smoking status | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol intake | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Substance misuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Height | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Weight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Glucose blood levels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lipid blood levels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prolactin blood levels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family history of cardiovascular disease (in anyone under 60 yrs) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family history of diabetes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family history of hyperlipidaemia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family history of hypertension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H. Physical Health Records

! For Q31-42 please use the most recent results available to you in the records or from the GP. Only include results from the past 12 months. If you have obtained this information since learning that this patient had been selected for the audit, please do report the results here.

Q31 Smoking status

Current smoker (includes patients who quit smoking <12 months ago)

Non smoker (includes patients who quit smoking >12 months ago)

Q32 Current alcohol intake

(Number of units per week)

Q33 Current substance misuse?

Yes.....

No.....

If 'YES', please note the nature of the substance misuse (e.g. recreational cannabis use or misuse of over the counter medications):

! For the following questions please just enter the number, not the unit e.g. 1.56 not 1.56m

Q34 Current/most recent BMI (Body Mass Index)

Q35 Height (m)

Q36 Current/most recent weight (kg)

Q37 Current/most recent blood pressure

Systolic (mmHg)

Diastolic (mmHg)

Q38 Current/most recent glucose

Fasting plasma glucose (mmol/l)

and/or

Glycated haemoglobin (HbA1c, %)

Q39 Current/most recent cholesterol

Total serum (mmol/l)

High density lipoprotein (HDL) (mmol/l)

Q40 Current/most recent prolactin (ng/ml)

Q41 Family history (1st degree relatives only) of:

| | Yes | No |
|--|--------------------------|--------------------------|
| Cardiovascular disease (in those under 60 yrs) | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| Hypertension | <input type="checkbox"/> | <input type="checkbox"/> |
| Hyperlipidaemia | <input type="checkbox"/> | <input type="checkbox"/> |

Q42 Has an intervention been offered, or a referral been made, within the past 12 months for any of the following:

| | Yes | No |
|---|--------------------------|--------------------------|
| Advice about diet and exercise | <input type="checkbox"/> | <input type="checkbox"/> |
| Treatment for cardiovascular disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Treatment for diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| Treatment for hyperlipidaemia | <input type="checkbox"/> | <input type="checkbox"/> |
| Treatment for hypertension | <input type="checkbox"/> | <input type="checkbox"/> |
| An intervention to reduce levels of prolactin | <input type="checkbox"/> | <input type="checkbox"/> |
| Help with smoking cessation | <input type="checkbox"/> | <input type="checkbox"/> |
| Help with reducing alcohol consumption | <input type="checkbox"/> | <input type="checkbox"/> |
| Help with reducing substance misuse | <input type="checkbox"/> | <input type="checkbox"/> |

Q43 What was the source of the information used to answer Questions 29-42?
(Select one option only)

- Case record and psychiatrist knowledge only
- Case record, psychiatrist knowledge plus GP
- GP only
- Other

If 'OTHER' please state

! Please turn over for the last question.

I. Psychological Therapies

Q44 Have any of the following psychological therapies been offered to this patient? *

- No psychological therapies have been offered to this patient.....
- Cognitive Behavioural Therapy
- Family Intervention
- Arts Therapies.....
- Other.....

If 'OTHER' please state:

Online Data Entry

Data must now be entered online only at www.rcpsych.ac.uk/quality/NAS. The Central NAS Team cannot accept data from Trusts via post, fax or email.

Please contact your local Audit Lead, whose details are on the front of this form, if you are unsure how this is being managed in your Trust/Health Board.

The latest date for collection of data is 31 October 2011. The latest date for online submission of data is 30th November 2011.

It will not be possible to submit data after this date and extensions will not be given. Medical Directors and Audit Leads will be provided with ongoing updates on the number of audit forms being submitted online.

Thank you for completing this audit form for your patient.

End of Audit Form