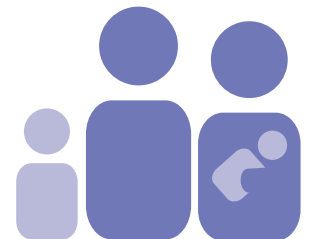


Second National Audit of Schizophrenia

What you need to know



Compiled by:



Commissioned by:



HQIP

Healthcare Quality
Improvement Partnership

October 2014

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The National Audit of Schizophrenia (NAS) is carried out by The Royal College of Psychiatrists and is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit Programme (1). A number of partner organisations also contribute to the audit (2).

The audit itself was carried out by an 'audit team' which included someone with personal experience of psychosis, a carer, a GP and a psychiatrist.

This report is an 'at-a-glance' summary of the main report from the National Audit of Schizophrenia. It looks at the national findings and key comparisons between the 2014 and 2012 data. It does not include statistics for each individual NHS Trust or Health Board. Those statistics can be found in the main report.



INTRODUCTION

The aim of the National Audit of Schizophrenia is to find out about the quality of care and support people with schizophrenia and their carers are getting from NHS community mental health services.

The first audit was published in 2012 and the audit team found significant problems in some areas of care. In particular:

- Poor monitoring and management of the physical health of people with schizophrenia
- Problems with some aspects of the way antipsychotic medication was being prescribed
- Problems with the way health professionals communicate with people using mental health services and their carers

The 2014 audit set out to look at the same areas, as well as adding some new questions, and examine the experiences of people with schizophrenia in more depth.

Some of the key findings for 2014 are:

- Most people using mental health services are satisfied with the quality of care they receive
- People with schizophrenia are not having their physical health monitored properly and when monitoring does reveal a problem, action is not always taken
- A substantial proportion of carers feel that they do not receive the information and support they need
- There is a lot of variation in the quality of prescribing across different NHS Trusts and Health Boards. A substantial minority of people are being prescribed medication in excess of recommended doses

- There is a lot of variation in access to psychological treatment and employment support in different areas

These results show little change from 2012 and confirm how much more needs to be done to improve the standard of care people with schizophrenia receive and ensure that they get the help they need, when they need it.

How the data was collected

Data was gathered in two ways. Firstly, all 64 Mental Health Trusts in England and Health Boards in Wales were asked to submit a random selection of anonymous records for 100 people being treated for schizophrenia and schizoaffective disorder in their area. The team received 88% of the data asked for, which amounted to over 5,500 records.

Secondly, the team developed questionnaires asking people directly about their care, with support from the charity Rethink Mental Illness. Copies of the questionnaire, called the 'National Audit for Mental Health' were sent out by NHS Trusts and Health Boards* to people using their community mental health services. They in turn, were asked to pass a carer survey on to the person they consider to be their closest carer. In total the team heard from 3,379 people using mental health services and 1,119 carers.

The team also set up a service user reference group, made up of people with direct experience of schizophrenia. This group contributed ideas and views on how to engage people with lived experience of mental illness in the process and encourage them to fill in the questionnaire. This group also provided feedback on the findings and audit standards.

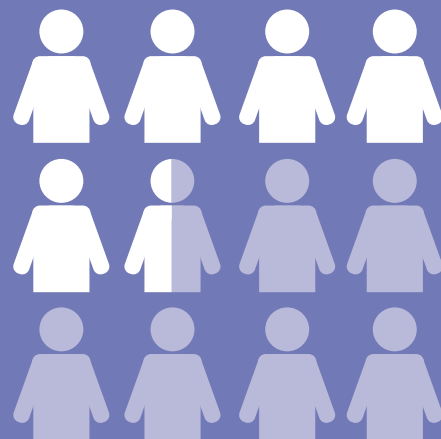
*We have shortened Trusts and Health Boards to just 'Trusts' for the rest of this document.

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EXPERIENCES OF PEOPLE WITH SCHIZOPHRENIA

57%



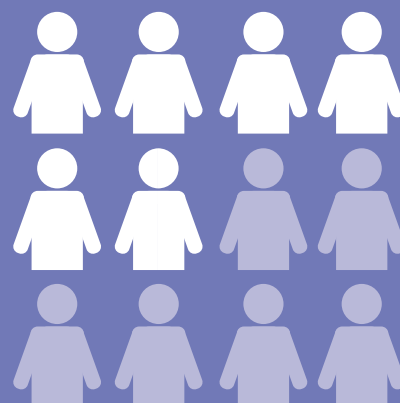
Over half (57%) of people using mental health services said they were 'very satisfied' with their care

44%



Less than half (44%) of NHS Trusts met the standards set for overall patient satisfaction

48%



Less than half (48%) of people looking for a job said they were getting support from mental health services to find one

EXPERIENCES OF PEOPLE WITH SCHIZOPHRENIA

Summary

The majority (88%) of people using mental health services said they were 'very' or 'fairly' satisfied with their care and only 4% said they were 'not satisfied at all'.

The service user reference group were asked what they thought was an acceptable standard for this question. They decided that in order for a Trust to be performing well, at least 90% of people should be 'very satisfied' or 'fairly satisfied' with their care. Just over 4 out of 10 Trusts (44%) met this standard.

Around 3 out of 10 (28%) NHS Trusts met the standards expected for the proportion of people who felt services helped them achieve 'good mental health' in the last year. Individually, almost 9 out of 10 (86%) of people said services had helped 'a lot' or 'a little' with this.

These findings show that little has changed since the last report in 2012. While people could be said to be fairly satisfied overall, only 57% described themselves as 'very satisfied' with their care and only 61% said services have helped them 'a lot'.

This year, new questions were introduced about employment. Nine out of 10 (90%) of those surveyed were not in work and 64% said they were not looking for work. However, of those who were looking for a job, only half were getting help to do this.

The statistics on the experiences of people with schizophrenia below cannot be compared directly to the 2012 data because the questions have been changed.

Findings

| 2014 | |
|---|-----|
| People who are 'very satisfied' with their care | 57% |
| People who felt mental health services had helped them 'a lot' | 61% |
| People who felt services had made their mental health worse | 3% |
| Proportion of people using services who are working | 10% |
| Proportion of people not actively looking for work | 64% |
| Proportion of people looking for work | 21% |
| Of those looking for a job, proportion who are getting help to find one | 48% |
| Trusts that met the standard set for overall satisfaction rates of people receiving care | 44% |
| Trusts that met the standard set for proportion of people who said services had helped them achieve 'good mental health' in the last year | 28% |

Regional variations

The audit showed considerable variation in the proportion of people who said they were 'not satisfied at all' with their care, ranging from 0-13% across different NHS Trusts. There was also wide variation for those who said they were looking for a job and getting help to find one, ranging from only 7% to 100% in other areas. However, it is worth noting that for some Trusts, this figure is based on a small number of responses, and is therefore not necessarily a completely clear reflection of the situation.

EXPERIENCES OF FRIENDS AND FAMILY

9%



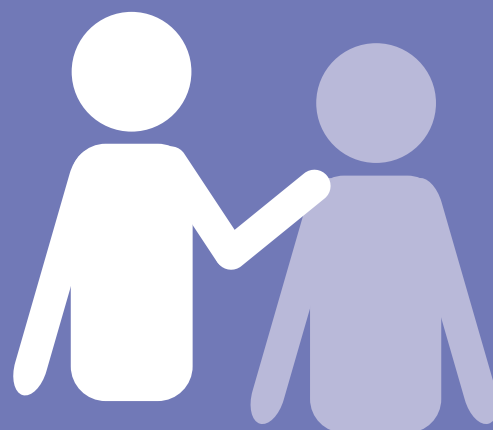
Only 1 in 10 (9%) NHS Trusts met expected standards for carer satisfaction with information and support.

24%



1 in 4 (24%) carers said they hadn't been given enough information about how the illness of the person they are caring for will progress in the long term

26%



1 in 4 (26%) carers said they were dissatisfied with their attempts to get support for themselves

EXPERIENCES OF FRIENDS AND FAMILY

Summary

The experience of carers hasn't changed much since 2012. Only 1 in 10 (9%) NHS Trusts met the expected standard for satisfaction with information and support received.

Individually, 20% of carers said they were 'dissatisfied' on this measure. The fact that only 9% of Trusts met the standards expected is disappointing.

Carers said they are particularly unhappy with:

- Information given about how the illness of the person they are caring for will progress in the long term
- Involvement in decisions about the person for whom they are caring
- Access to support for themselves

Findings

| | 2014 | 2012 | Change |
|--|------|------|--------|
| Proportion of carers who are 'somewhat' or 'very' satisfied with the information and support they received | 80% | 81% | ↓ 1% |

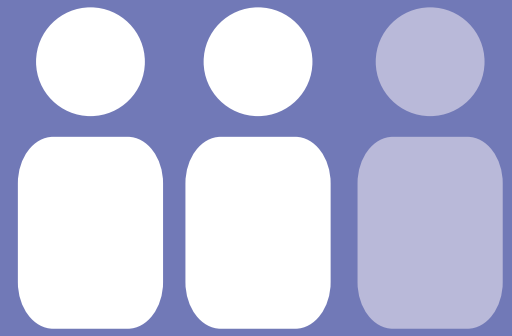
Regional variations

The response to this question varied considerably across different NHS Trusts, with the proportion of carers who said they are 'somewhat' or 'very' satisfied ranging from 56% to 100%.



PHYSICAL HEALTH

33%



Only a third (33%) of people with schizophrenia have had their physical health monitored properly

64%



When abnormal blood glucose levels were found, nothing was done about it in 64% of cases

52%



Just over half (52%) of people had their weight (BMI) checked

PHYSICAL HEALTH

Summary

People with schizophrenia are more likely to suffer from diabetes and cardiovascular disease. This is in large part due to weight gain, which can be a side-effect of antipsychotic medication.

These health conditions are important because they are one of the main reasons that, as a group, people with schizophrenia die an average of 15-20 years earlier than the rest of the population.

Because of this, it's vital that people with schizophrenia are carefully monitored for six important health risk factors that can make these illnesses more likely to occur.

Health professionals should ask people if they have a family history of diabetes and cardiovascular disease.

They should also assess five other key factors:

- 1. Smoking**
- 2. Weight**
- 3. Blood glucose control**
- 4. Blood lipids**
- 5. Blood pressure**

These risk factors should be assessed at least once a year. Despite this, our last report in 2012 found that this is often not happening.

Physical health monitoring still remains very poor. The data shows that only a third (33%) of people were monitored for the key risk factors outlined above (not including family history). This is a small improvement of 4% since 2012, but there is still a lot of work to do in order to reach an acceptable standard of care.

Less than 1 in 10 (9%) of people were checked for all six risk factors, including family history. Worryingly, 6% of people were not assessed for any risk factors at all. This is not adequate. Even something as basic as a body mass index (BMI) check was only carried out in just over half (52%) of cases.

Another cause for concern is the lack of action by health professionals when health risks are found. For example, when warning signs for potential diabetes were identified, support was only offered in a minority of cases (36%). This shows a disappointing decline from 2012, when action was taken in just over half of cases (53%).

Overall these findings show that care is simply not good enough and a lot of work needs to be done to bring physical health care up to acceptable standards.

There are several reasons for this lack of physical health support that must be addressed:

- Lack of staff time, facilities, equipment and training
- The need for formal information systems which prompt physical health checks and allow communication between primary and secondary care
- Confusion over roles and responsibilities. For example, it needs to be made clear when the GP or the psychiatrist takes lead responsibility for physical health monitoring (this is specified clearly in NICE guidelines)
- Lack of training for doctors, nurses and pharmacists about the importance of physical healthcare of people with schizophrenia

PHYSICAL HEALTH

Monitoring of risk factors – findings

| | 2014 | 2012 | Change |
|--|------|------|-----------|
| People who were monitored for smoking | 89% | 88% | ↑1% |
| People who had their body mass index monitored | 52% | 51% | ↑1% |
| People who had their glucose control monitored | 57% | 50% | ↑7% |
| People who had their lipids monitored | 57% | 47% | ↑10% |
| People who had their blood pressure monitored | 61% | 56% | ↑5% |
| People who had their alcohol intake monitored | 70% | 69% | ↑1% |
| People who were monitored for all five key physical health risk factors - smoking, weight, blood glucose control, blood lipids, blood pressure | 33% | 29% | ↑4% |
| People who have established cardiovascular disease and who were monitored for five key risk factors | 37% | 37% | No change |

Regional variations

Rates for monitoring people's BMI were as low as 5% in one NHS Trust and as high as 92% for others. For the monitoring of glucose control, rates varied from 16% to 99%.

Support offered – findings

| | 2014 | 2012 | Change |
|--|------|------|-----------|
| Support offered for people identified as overweight | 71% | 76% | ↓5% |
| Support offered for people with abnormal glucose control | 36% | 53% | ↓17% |
| Support offered for people with high blood pressure | 25% | 25% | No change |
| Support offered for people who misuse alcohol | 74% | 72% | ↑2% |

“THESE RESULTS
SHOW LITTLE
CHANGE FROM
2012 AND CONFIRM
HOW MUCH MORE
NEEDS TO BE DONE
TO IMPROVE THE
STANDARD OF
CARE PEOPLE WITH
SCHIZOPHRENIA
RECEIVE”

MEDICATION

39%



Only 39% of people with schizophrenia say they were given information about the medication they were prescribed in a format they could easily understand

41%



Only 4 out of 10 (41%) people with schizophrenia say they were definitely involved in decisions about the medication they were prescribed

10%



1 in 10 people are being prescribed antipsychotics at a higher than recommended dose

MEDICATION

Summary

It's good practice for professionals to give people information about medication. Despite this, less than half (48%) of people surveyed said they were given this information.

Without this, it is impossible for people to make informed decisions about the medications they take. It is also worrying because if people aren't told about potential side-effects and warning signs to watch out for, they are less likely to identify them and seek help.

Guidelines for prescribing medication are being followed most of the time. However, problems remain in some NHS Trusts in certain areas of prescribing practice, which means there are wide variations in standards.

More than 1 in 10 (11%) people who are not taking the antipsychotic drug clozapine are being prescribed more than one type of antipsychotic at a time. This ranges from only 1% in some areas to 24% in others.

One in 10 people are being prescribed antipsychotic drugs at a higher dose than recommended by the British National Formulary (3). However, health professionals are getting better at recording their reasons for doing this. The rate of recording has risen from 25% in 2012 to 37% in 2014.

If a particular antipsychotic is not helping, there is little point in continuing to take it for more than two months. However the audit found that 9 out of 10 (93%) people who were not improving on their very first antipsychotic drug, were left on it for at least six months.

A trial of clozapine is recommended for people who do not respond well to two other types of antipsychotic. But the team found that 28% of people who may have been helped by a trial of clozapine had not been given it. However, this is an improvement from 2014, when it was 40%.

The team also found that over half (57%) of people taking clozapine, had been prescribed three or more other different types of antipsychotic drugs before starting with clozapine. This means people are having to wait longer than necessary to start on a drug which is more likely to be effective for them.

These figures show that there are areas where prescribing should be improved. This should be a priority for psychiatrists, mental health pharmacists and their professional bodies.

Information about medication

| | 2014 | 2012 | Change |
|---|------|------|--------|
| People who said they were given information about medication | 48% | 52% | ↓4% |
| NHS Trusts that said they had provided information about medication | 37% | 42% | ↓5% |

MEDICATION

Involvement in decisions about prescribing

| | 2014 | 2012 | Change |
|--|------|------|-----------|
| People who felt adequately involved in decisions about prescribing | 41% | 41% | No change |
| Trusts that said they involved people in decisions about prescribing | 54% | 62% | ↓8% |

Use of antipsychotics

| | 2014 | 2012 | Change |
|--|------|------|-----------|
| People who have been prescribed more than one antipsychotic drug (without a documented reason) | 11% | 11% | No change |

Regional variations

The percentage of people prescribed more than one antipsychotic ranged from 1%-24% across different NHS Trusts.

Dose of antipsychotics prescribed

| | 2014 | 2012 | Change |
|--|------|------|-----------|
| Number of instances in which antipsychotics were prescribed at a higher dose than recommended by the British National Formulary, without documented reasoning. | 10% | 10% | No change |
| Cases in which reasoning for the higher dose was documented in writing | 37% | 25% | ↑12% |

Regional variations

The percentage of people prescribed a higher dose of antipsychotics than recommended by the British National Formulary ranged from 1%-22% across different NHS Trusts.

MEDICATION

Medication, alcohol and substance misuse

| | 2014 | 2012 | Change |
|--|------|------|--------|
| Instances in which possible alcohol or substance abuse was investigated, when people did not show improvement after four weeks of antipsychotics (excluding clozapine) | 62% | 78% | ↓16% |
| Instances in which possible alcohol or substance abuse was investigated, when people did not show improvement after four weeks of clozapine | 56% | 81% | ↓25% |

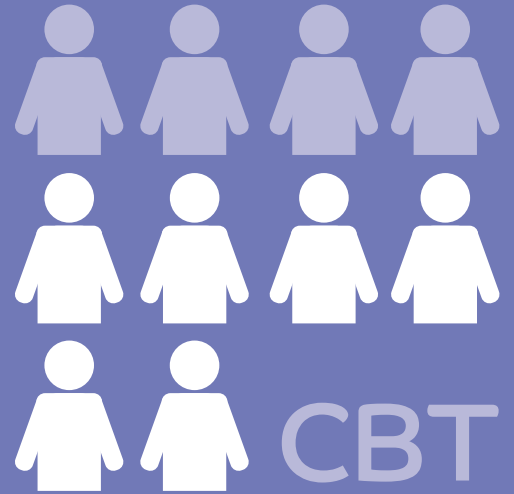
The use of clozapine

| | 2014 | 2012 | Change |
|--|------|------|--------|
| Proportion of people who were probably eligible for a trial of clozapine and had not been given it | 28% | 40% | ↓12% |
| Instances in which people were given a second antipsychotic, in addition to clozapine, when clozapine wasn't effective | 26% | 22% | ↑4% |



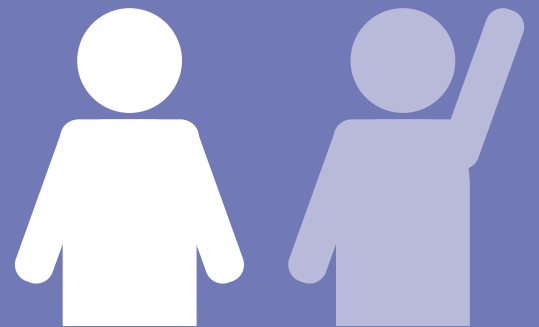
PSYCHOLOGICAL THERAPY

39%



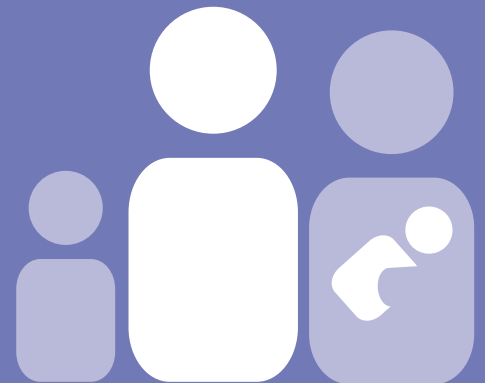
39% of people have been offered Cognitive Behavioral Therapy

48%



Only half (48%) of people who were offered CBT took the offer up

12%



Only 12% of people said they had received family intervention

PSYCHOLOGICAL THERAPY

Summary

According to NHS Trusts, almost 4 out of 10 (39%) people were offered Cognitive Behavioral Therapy (CBT), though only half (48%) of them took the offer up. These proportions remain low. The only statistics that can be directly compared to the 2012 findings are the proportions of people who were still experiencing symptoms and who were offered psychological therapies. For CBT, this has gone from 29% in 2012 to 45% in 2014.

Family intervention is recommended by the National Institute for Health and Care Excellence (NICE) for people with schizophrenia who are in contact with their families. This supports people with schizophrenia to talk to their family and explain what sort of support is helpful for them – and what makes things worse.

Overall, just over 1 in 10 (12%) people said they had received family intervention. For people still experiencing symptoms, 23% had been offered family intervention, an increase of 13% since 2012.

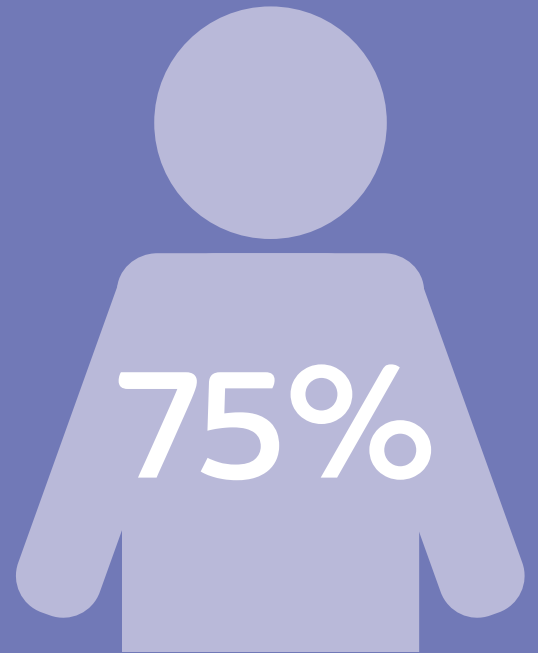
These statistics show that the number of people being offered and taking up psychological therapies are still very low. This needs to change.

Availability of Cognitive Behavioural Therapy

| | 2014 | 2012 | Change |
|--|------|------|--------|
| People who were offered Cognitive Behavioral Therapy (CBT) and who were still experiencing symptoms | 45% | 29% | ↑16% |
| People with close family ties and who were still experiencing symptoms, who were offered family intervention | 23% | 10% | ↑13% |



CARE AND CRISIS PLANNING



According to NHS records 95% of people with schizophrenia have a care plan, but only 75% of people using services say they have one

26%



1 in 4 (26%) people said they do not have a phone number to call in a crisis

CARE AND CRISIS PLANNING

Summary

Care and crisis planning is a new theme for 2014, so we cannot compare the data to 2012. Trusts reported that 95% of people have care plans, though this varied from 68% to 100%. However, when the team asked people using services directly, only 75% of them said they have a care plan and 26% said they didn't have a phone number to call in a crisis.

Findings

| 2014 | |
|--|-----|
| People who have a care plan, according to NHS records | 95% |
| People who said they have a care plan, when asked directly | 75% |
| People who said they have a phone number to call in an emergency | 74% |



KEY CONCLUSIONS

Overall, not much has changed since our last report in 2012, which is very disappointing. There is also huge variation in how different NHS Trusts are performing in some of the areas outlined above.

The major areas of concern are:

- Poor monitoring of the physical health of people with schizophrenia and a lack of action when warning signs are identified.
- People who are not responding to standard antipsychotic medications are waiting too long to be prescribed clozapine
- Cognitive Behavioral Therapy and family interventions are not widely available
- There is not enough information and support for carers
- The need to change the existing culture within the NHS which sees mental and physical health as separate
- The need to improve the way antipsychotics are prescribed, including making sure health professionals provide information about medications and involve people in decisions
- The need to improve access to psychological therapies
- The need for better information for carers and more access to support for them in their caring role
- The need for better systems so that information can be shared appropriately between different professionals involved in a person's care

Recommendations

The audit report makes a large number of recommendations. These are aimed at key bodies and organisations, which have the power to make real changes to the lives of people with schizophrenia.

These organisations include the Department of Health, NHS England, commissioners and local mental health services. It's vital that decision-makers and professionals take action to put these recommendations in place to address the serious problems this audit has found.

You can find a full list of recommendations in the main report. In summary, they cover these broad areas:

- The need to implement new guidelines from the National Institute for Health and Care Excellence (NICE) which set out how the system should take care of the physical health of people with schizophrenia. These guidelines make clear that mental health professionals are responsible for doing these checks for the first year of treatment. Responsibility then passes to the person's GP.

NOTES

1. HQIP, the National Clinical Audit Programme and how it is funded

The Healthcare Quality Improvement Partnership (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, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. HQIP holds the contract to manage and develop the National Clinical Audit Programme, comprising more than 30 clinical audits that cover 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 audits, also funded by the Health Department of the Scottish Government, DHSSPS Northern Ireland and the Channel Islands. www.hqip.org.uk

2. Partner organisations to the National Audit of Schizophrenia

- British Association for Psychopharmacology
- College of Mental Health Pharmacy
- Healthcare Quality Improvement Partnership (HQIP)
- Mind
- Prescribing Observatory for Mental Health (POMH-UK)
- Rethink Mental Illness
- Royal College of General Practitioners (RCGP)
- Royal College of Nursing (RCN)
- Royal Pharmaceutical Society of Great Britain

3. The British National Formulary

The BNF aims to provide prescribers, pharmacists, and other healthcare professionals with sound up-to-date information about the use of medicines.



October 2014

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