|  |
| --- |
| **NCAP EIP audit 2024: Casenote audit form** **Wales & Ireland** |
|  |

**How to complete this audit form:**

* Complete one audit form for each patient.Your audit lead will tell you which of your patients have been selected. Patients have been randomly selected from all patients in your team who meet the criteria for the NCAP EIP audit. It is essential that you do not make your own selectionof which patient to audit.
* All data must be collectedby **28/02/2024** and submitted online by **29/03/2024**.
* Please refer to the ‘NCAP Audit Tool Guidance’ document for information on how to complete this questionnaire.
* Please note this a paper copy of the online tool that is for reference only. All questions are visible in the paper version of the tool however when data is entered online, some questions will only appear if an intervention is required.
* All questions in this tool are mandatory, where the patient is required to receive an intervention.

**Further assistance and information**

If you require any further assistance, please contact the NCAP project team on

NCAP@rcpsych.ac.uk

***Demographic Information***

|  |
| --- |
|  |

**1.1 Patient ID (phrased as “*NCAP123”*):**

**1.2 Age:**

Please note only patients aged 65 years and under are eligible (at date of sampling, 2nd January 2024).

**1.3 Gender:**

|  |  |
| --- | --- |
|  | *Male* |

|  |  |
| --- | --- |
|  | *Female*  |

|  |  |
| --- | --- |
|  | *Other/Non-binary*  |

**1.4 Ethnicity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White** | **Black or Black British** | **Asian or Asian British** | **Mixed** | **Other ethnic groups** |
| [ ]  *British* | [ ]  *African* | [ ]  *Bangladeshi* | [ ]  *Asian & white* | [ ]  *Chinese* |
|  |
| [ ]  *Irish* | [ ] *Caribbean* | [ ]  *Indian* | [ ]  *Black African & white* | [ ]  *Any other ethnic background* |
|  |  |  |  |  |
| [ ]  *Any other white background*  | [ ]  *Any other blackbackground*  | [ ]  *Pakistani* | [ ]  *Black Caribbean & white* | [ ]  *Declined*  |
|  |  |  |  |  |
|  |  | [ ]  *Any other Asian background* | [ ]  *Any other mixed background* | [ ]  *Unknown/not documented* |

***Timely Access***

**1.5 Date referral received by EIP service or secondary care mental health services:**

**1.6 Was the patient allocated to an EIP service care coordinator?**

|  |  |
| --- | --- |
|   | *Yes*  |

|  |  |
| --- | --- |
|   | *No*  |

Please specify date

**1.7 Was the patient engaged by a EIP service care coordinator?**

|  |  |
| --- | --- |
|   | *Yes*  |

|  |  |
| --- | --- |
|   | *No*  |

*Please specify date*

***Effective Treatment***

**2.1 Has this person commenced a course\* of Cognitive Behavioural Therapy for Psychosis (CBTp) delivered by a person with relevant skills, experience and competencies?**

*\*Received at least one session of a course. Please note that in order to count as ‘took up’ for CBTp, the session received should be a CBTp therapy session, and not just part of the initial assessment - initial CBTp assessment appointments do not count.*

|  |  |
| --- | --- |
|  | *Took up\** |
|  |  |
|  | *Declined*  |
|  |  |
|  | *Not offered*  |
|  |  |
|  | *Waiting* |

**2.2.1 Was this person in work, education or training at the time of their initial assessment?**

|  |  |
| --- | --- |
|  | *Yes* |

|  |  |
| --- | --- |
|  | *No* |

**2.2.2 Has this person commenced a course\* of Supported employment**

**programme (such as Individual Placement and Support (IPS) or education programmes) delivered by a person with relevant skills, experience and competencies?**

*N.B This question is only required to be answered in the online tool when ‘No’ is selected in 2.2.1.*

*\*Received at least one session of a course*

|  |  |
| --- | --- |
|  | *Took up\** |
|  |  |
|  | *Declined*  |
|  |  |
|  | *Not offered*  |
|  |  |
|  | *Waiting* |

**2.3 Has this person commenced a course\* of Family Intervention delivered by a person with relevant skills, experience and competencies?**

*\*Received at least one session of a course.*

|  |  |
| --- | --- |
|  | *Took up\** |
|  |  |
|  | *Declined*  |
|  |  |
|  | *Not offered*  |
|  |  |
|  | *Waiting* |

**2.4.1 Does this person have an identified family member, friend or carer who supports them?**

|  |  |
| --- | --- |
|  | *Yes* |
|  |  |
|  | *Yes, but the patient does not wish for this person to be contacted/it’s not felt to be*  |
|  | *in the patient’s best interests for them to be involved in their care* |
|  |  |
|  | *No* |

**2.4.2 Has this person's carer(s) commenced a course of a** **carer-focused education and support programme?**

|  |  |
| --- | --- |
|  | *Yes* |
|  |  |
|  | *No* |

**2.5.1 Smoking status**

*Smoking screening could have been carried out at any time between 01/03/2023 and 28/02/2024, while the person was on the EIP caseload.*

|  |  |
| --- | --- |
|  | *Current Smoker* |

|  |  |
| --- | --- |
|  | *Ex-smoker or non-smoker* |
|  |  |
|  | *Not documented* |
|  |  |
|  | *Documented evidence that the individual declined to provide information after it is* |
|  | *assured that the person has been given the information on which to make an*  |
|  | *Informed decision.*  |

**2.5.2 Interventions for smoking cessation** *(select all that apply)*

*N.B This question will only appear in the online tool when ‘Current smoker’ is selected in 2.5.1.*

*Smoking interventions could have been carried out at any time between 01/03/2023 and 28/02/2024, while the person was on the EIP caseload.*

|  |  |
| --- | --- |
|  | *Brief intervention* |
|  |  |
|  | *Smoking cessation education*  |
|  |  |
|  | *Smoking cessation therapy*  |
|  |  |
|  | *Referral to smoking cessation service* |
|  |  |
|  | *Individual/group behavioural support* |
|  |  |
|  | *Documented evidence that the individual declined intervention after it is assured* |
|  | *that the person has been given the information on which to make an Informed* |
|  | *decision* |
|  |  |
|  | *Pharmacological Interventions (combined NRT and/or varenicline)*  |

|  |  |
| --- | --- |
|  | *No intervention needed* |

|  |  |
| --- | --- |
|  | *Not documented* |

**2.5.3 Alcohol consumption**

*\*Identification of harmful or hazardous use of alcohol is described in NICE guideline CG115 https://www.nice.org.uk/guidance/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.*

*Alcohol screening could have been carried out at any time between 01/03/2023 and 28/02/2024, while the person was on the EIP caseload.*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | *Harmful (>14 units per week)* |
|  | *Yes*  |  |
|  |  |  | *Not harmful (≤14 units per week)* |
|  |  |
|  | *No* |
|  |  |
|  | *Not documented* |
|  |  |
|  | *Documented evidence that the individual declined to provide information after it is* |
|  | *assured that the person has been given the information on which to make an*  |
|  | *Informed decision.*  |

**2.5.4 Interventions for harmful alcohol use** *(select all that apply)*

*N.B This question will only appear in the online tool when ‘Yes - Harmful (>14 units per week)’ is selected.*

*Alcohol interventions could have been carried out at any time between 01/03/2023 and 28/02/2024, while the person was on the EIP caseload.*

|  |  |
| --- | --- |
|  | *Brief intervention/advice*  |
|  |  |
|  | *Education about alcohol consumption*  |
|  |  |
|  | *Referral to alcohol misuse service*  |
|  |  |
|  | *Motivational interviewing* |
|  |  |
|  | *Referral to psycho-education programme* |
|  |  |
|  | *Individual/group behavioural support* |
|  |  |
|  | *Pharmacological intervention for harmful use of alcohol commenced or reviewed*  |
|  | *(acamprosate, disulfiram or naltrexone)* |
|  |  |
|  | *Documented evidence that the individual declined intervention after it is assured* |
|  | *that the person has been given the information on which to make an informed* |
|  | *decision.* |
|  |  |
|  | *Not documented* |

|  |  |
| --- | --- |
|  | *No intervention needed* |

**2.5.5 Substance misuse**

*Substance misuse screening could have been carried out at any time between 01/03/2023 and 28/02/2024, while the person was on the EIP caseload.*

|  |  |
| --- | --- |
|  | *Yes* |
|  |  |
|  | *No* |
|  |  |
|  | *Not documented* |
|  |  |
|  | *Documented evidence that the individual declined to provide information after it is* |
|  | *assured that the person has been given the information on which to make an*  |
|  | *Informed decision.*  |

**2.5.6 Interventions for substance misuse** *(select all that apply)*

*N.B This question will only appear in the online tool when ‘Yes’ is selected in 2.5.5.*

*Substance misuse interventions could have been carried out at any time between 01/03/2023 and 28/02/2024, while the person was on the EIP caseload.*

|  |  |
| --- | --- |
|  | *Brief intervention/advice* |
|  |  |
|  | *Substance use education* |
|  |  |
|  | *Referral to detoxification programme*  |
|  |  |
|  | *Referral to substance misuse service* |
|  |  |
|  | *Referral to psycho-education programme*  |
|  |  |
|  | *Motivational interviewing* |
|  |  |
|  | *Documented evidence that the individual declined intervention after it is assured* |
|  | *that the person has been given the information on which to make an informed* |
|  | *decision.* |
|  |
|  | *Not documented* |

|  |  |
| --- | --- |
|  | *No intervention needed* |

**2.5.7 Is information about weight/BMI recorded in the patient’s notes?**

*BMI/weight screening could have been carried out at any time between 01/03/2023 and 28/02/2024 while the person was on the EIP caseload.*

|  |  |
| --- | --- |
|  | *Yes (please enter value below)* |
|  |  |
|  | *Not documented* |
|  |  |
|  | *Documented evidence that the individual declined to be weighed/ measured after it*  |
|  | *is assured that the person has been given the information on which to make an* |
|  | *Informed decision* |
|  |  |
|  | *Person was pregnant/ gave birth within last 6 weeks (weight not measured)* |

*BMI (Body Mass Index) (****Kg/m2****)*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | . |  |

**2.5.7.1. Has the patient displayed rapid weight gain, particularly after new anti-psychotic initiation?**

|  |  |
| --- | --- |
|  | *Yes* |
|  |  |
|  | *No* |

|  |  |
| --- | --- |
|  | *Not documented* |

**2.5.8 Interventions for weight gain/obesity** *(select all that apply)*

*N.B This question will only appear in the online tool when ‘Yes’ is selected in 2.5.7 and BMI data suggest the individual requires an intervention as per the Lester tool.*

*Weight gain/obesity interventions could have been carried out at any time between 01/03/2023 and 28/02/2024, while the person was on the EIP caseload.*

|  |  |
| --- | --- |
|  | *Mental health medication review with respect to weight (e.g., antipsychotic)* |
|  |  |
|  | *Advice or referral about diet* |
|  |  |
|  | *Advice or referral about exercise* |
|  |  |
|  | *Lifestyle education regarding risk of diabetes* |
|  |  |
|  | *Referral for weight management programme* |
|  |  |
|  | *Referral for lifestyle education* |
|  |  |
|  | *Combined healthy eating and physical education programme* |
|  |  |
|  | *Referral for combined healthy eating and physical education programme* |
|  |  |
|  | *Pharmacological intervention for obesity commenced or reviewed* |
|  |  |
|  | *Weight Management Programme* |
|  |  |
|  | *Referral for lifestyle education regarding risk of diabetes* |

|  |  |
| --- | --- |
|  | *Documented evidence of declining intervention after it is assured that the person*  |
|  | *has been given the information on which to make an informed decision* |

|  |  |
| --- | --- |
|  | *No intervention needed* |

|  |  |
| --- | --- |
|  | *Not documented*  |

|  |  |
| --- | --- |
|  | *Surgical Interventions (bariatric surgery)* |

|  |  |
| --- | --- |
|  | *Referral to surgical interventions (bariatric surgery)* |

**2.5.9 Is information about blood pressure recorded in the patient’s notes?**

*Blood pressure screening could have been carried out at any time between 01/03/2023 and 28/02/2024, while the person was on the EIP caseload.*

|  |  |
| --- | --- |
|  | *Yes (please enter at least one value below)* |
|  |  |
|  | *Not documented* |
|  |  |
|  | *Documented evidence that the individual declined to take blood pressure after it*  |
|  | *is assured that the person has been given the information on which to make an* |
|  | *Informed decision* |
|  | **2.5.9a** Text Box*Systolic (****mmHg****)*  **and/or** **2.5.9b** Text Box*Diastolic (****mmHg****)*   |

**2.5.10 Interventions for hypertension** *(select all that apply)*

*N.B This question will only appear if ‘Yes’ is selected in 2.5.9 and data suggest the blood pressure values indicate the individual requires an intervention as per the Lester tool.*

*Hypertension interventions could have been carried out at any time between 01/03/2023 and 28/02/2024, while the person was on the EIP caseload.*

|  |  |
| --- | --- |
|  | *Mental health medication review with respect to high blood pressure*  |
|  | *(e.g. antipsychotic)* |
|  |  |
|  | *Advice or referral about diet/salt intake* |
|  |  |
|  | *Advice or referral about exercise* |
|  |  |
|  | *Referral to general practice service*  |
|  |  |
|  | *Referral to secondary care physician* |
|  |  |
|  | *Referral for antihypertensive therapy* |
|  |  |
|  | *Antihypertensive therapy* |
|  |  |
|  | *Documented evidence that the individual declined intervention after it is assured* |
|  | *that the person has been given the information on which to make an informed* |
|  | *decision.* |
|  |  |

|  |  |
| --- | --- |
|  | *Referral to specialist same-day assessment* |

|  |  |
| --- | --- |
|  | *Not documented* |

|  |  |
| --- | --- |
|  | *No intervention needed* |

**2.5.11 Is information about glucose recorded in the patient’s notes?**

*Glucose screening could have been carried out at any time between 01/03/2023 and 28/02/2024, while the person was on the EIP caseload.*

|  |  |
| --- | --- |
|  | *Yes (please enter at least one value below)* |
|  |  |
|  | *Not documented* |
|  |  |
|  | *Documented evidence that the individual declined blood testing after it is assured*  |
|  | *that the person has been given the information on which to make an informed* |
|  | *decision* |
|  |  |
|  | *Person was pregnant/ gave birth within last 6 weeks (glucose screening not carried*  |
|  | *out)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | . |  |  |

*Glycated haemoglobin or HbA1c (****mmol/mol****)*

**And/or**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | . |  |  |

*Fasting plasma glucose (****mmol/l****)*

**and/or**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | . |  |  |

*Random plasma glucose (****mmol/l****)*

**2.5.12 Interventions for diabetes/high risk of diabetes** *(select all that apply)*

*N.B This question will only appear if ‘Yes’ is selected in 2.5.11 and glucose data suggest the individual requires an intervention as per the Lester tool.*

*Diabetes/high risk of diabetes interventions could have been carried out at any time between 01/03/2023 and 28/02/2024, while the person was on the EIP caseload.*

|  |  |
| --- | --- |
|  | *Mental health medication review with respect to glucose regulation (e.g., antipsychotic)* |
|  |  |
|  | *Referral to general practice service*  |
|  |  |
|  | *Referral to secondary care physician* |
|  |  |
|  | *Diet modification* |
|  |  |
|  | *Advice or referral about exercise* |
|  |  |
|  | *Metformin therapy* |
|  |  |
|  | *Referral for diabetic care* |
|  |  |
|  | *Diabetic care* |
|  |  |
|  | *Referral to structured lifestyle education programme* |
|  |  |
|  | *Documented evidence that the individual declined intervention after it is assured* |
|  | *that the person has been given the information on which to make an informed* |
|  | *decision.* |
|  |  |
|  | *Structured Lifestyle programme* |

|  |  |
| --- | --- |
|  | *Referral to surgical interventions (bariatric surgery)* |

|  |  |
| --- | --- |
|  | *Surgical interventions (bariatric surgery)* |

|  |  |
| --- | --- |
|  | *Pharmacological Interventions* |

|  |  |
| --- | --- |
|  | *Not documented* |

|  |  |
| --- | --- |
|  | *No intervention needed* |

**2.5.13 Is information about cholesterol recorded in the patient’s notes?**

*Cholesterol screening could have been carried out at any time between 01/03/2023 and 28/02/2024, while the person was on the EIP caseload.*

|  |  |
| --- | --- |
|  | *Yes (please enter at least one value below)* |
|  |  |
|  | *Not documented* |
|  |  |
|  | *Documented evidence that the individual declined blood testing after it*  |
|  | *is assured that the person has been given the information on which to make an* |
|  | *Informed decision* |

 *Total cholesterol (****mmol/l****)*

**and/or**

 *Non-HDL cholesterol (****mmol/l****)*

**and/or**

 *QRISK score (****%****)*

**and/or**

*PRIMROSE score (****%****)*

**and (optional)**

 *Total cholesterol: HDL ratio measurement*

**2.5.14 Interventions for dyslipidaemia** *(select all that apply)*

*N.B This question will only appear if ‘Yes’ is selected in 2.5.13 and cholesterol data suggest the individual requires an intervention as per the Lester tool*

*Dyslipidaemia interventions could have been carried out at any time between 01/03/2023 and 28/02/2024, while the person was on the EIP caseload.*

|  |  |
| --- | --- |
|  | *Mental health medication review to lower blood lipids (e.g. antipsychotic)* |
|  |  |
|  | *Advice or referral about diet* |
|  |  |
|  | *Advice or referral about exercise* |
|  |  |
|  | *Referral to primary or secondary care physician* |
|  |  |
|  | *Lipid lowering therapy* |
|  |  |
|  | *Referral for lipid lowering therapy* |
|  |  |
|  | *Documented evidence that the individual declined intervention after it is assured* |
|  | *that the person has been given the information on which to make an informed* |
|  | *decision.* |
|  |  |
|  | *Referral to specialist review* |

|  |  |
| --- | --- |
|  | *Specialist review* |

|  |  |
| --- | --- |
|  | *Not documented* |

|  |  |
| --- | --- |
|  | *No intervention needed* |

***Recording Outcome Measures***

**Have the following outcome measures been completed for this person?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | *Never* | *Once* | *More than once* | *N/A* |
| *3.1 HoNOS* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *3.2 HoNOSCa* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| *3.3 DIALOG* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| *3.4 QPR* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *3.5 GBO* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *3.6 ReQoL-10* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *3.7 Other (please specify)*  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***Additional Questions***

**4.1 Has this person had two adequate but unsuccessful trials of antipsychotic medications?**

|  |  |
| --- | --- |
|  | *Yes* |
|  |  |
|  | *No* |

**4.2 Has this person been offered clozapine?**

*N.B This question will only appear in the online tool if ‘Yes’ is selected in 4.1*

|  |  |
| --- | --- |
|  | *Yes, the person accepted clozapine* |
|  |  |
|  | *Yes, the person refused clozapine* |
|  |  |
|  | *No* |

**for this patient**