



National Clinical Audit of Anxiety and Depression (NCAAD)

**Audit Implementation Guidance for Local Audit Leads
2018/2019**

Correspondence:

National Clinical Audit of Anxiety and Depression (NCAAD)
Royal College of Psychiatrists
College Centre for Quality Improvement
21 Prescott Street
London E1 8BB

Tel: 0203 701 2649/ 2745

Email: ncaad@rcpsych.ac.uk

Web: www.rcpsych.ac.uk/ncaad

Table of Contents

About this Guidance	3
NCAAD Project Team Contacts	3
About NCAAD	5
Background	5
Overview	5
Objectives	5
Core Audit.....	5
Continual Data Collection Core Audit.....	6
Spotlight 1 – Psychological Therapies	6
Spotlight 2 – TBC.....	6
Members involved with the NCAAD	6
Key Dates	7
Preparation	9
Core Audit Sampling.....	11
Sampling Method	11
Eligibility Criteria for Service Users	12
Core Audit of Practice Tool	13
Quality Assurance	15
Quality Assurance Visits	15
Inter-rater Reliability	15
Making the most of the Audit.....	16
Assemble an Audit Team.....	16
Raise Awareness of NCAAD	16
Involve Service User and Family Member, Friend or Carer Groups	17
Utilise the Resources Provided by NCAAD	18
Appendix 1: Eligible ICD-10 Codes	19
Appendix 2: Excluded ICD-10 Codes.....	21
Appendix 3: Core Audit Lead Checklist.....	23
Appendix 4: Core Audit Email Template	25
Appendix 5: Core Audit Standards.....	27

About this Guidance

The Audit Implementation Guidance has been produced to assist local audit leads in implementing the National Clinical Audit of Anxiety and Depression (NCAAD) Core Audit across their Trusts/organisations. It contains an overview of the audit and its objectives, information on how to prepare and make the most of the audit, as well as key dates and contact information.

We hope that you find this guidance helpful. If you encounter any difficulties, please contact the NCAAD project team.

NCAAD Project Team Contacts

Francesca Brightey-Gibbons	Programme Manager	Francesca.Brightey-Gibbons@rcpsych.ac.uk 020 3701 2649
Emily Lesnik	Deputy Programme Manager	Emily.Lesnik@rcpsych.ac.uk 020 3701 2698
Aimee Morris	Project Worker	Aimee.Morris@rcpsych.ac.uk 020 3701 2745
Borscha Azmi	Project Worker	Borscha.Azmi@rcpsych.ac.uk 020 3701 2745
Emily Rayfield	Project Administrator	Emily.Rayfield@rcpsych.ac.uk 020 3701 2688

For general enquiries please email: ncaad@rcpsych.ac.uk

About NCAAD

Background

The NCAAD was developed following the findings of the National Audit of Psychological Therapies for Anxiety and Depression (NAPT) which took place between 2010-2014. The NAPT was established to evaluate and improve the quality of psychological therapy treatment received by people with anxiety and depression in England and Wales. After two rounds of data collection and a review of the findings and recommendations, a decision was made to refocus and expand the scope of the audit to look at the care and treatment of service users with a primary diagnosis of an anxiety and/or depressive disorder within secondary care services.

Overview

The NCAAD is a three-year improvement programme, which was established to improve the quality of NHS-funded care provided to service users with an anxiety and/or depressive disorder in England. The NCAAD is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and is part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). It is managed by the Royal College of Psychiatrists' (RCPsych) Centre for Quality Improvement (CCQI).

Objectives

- To enable Trusts/organisations to improve the delivery of care to service users receiving treatment for an anxiety and/or depressive disorder in secondary care services;
- To provide comparative data on the quality of care provided by Trusts/organisations to service users with an anxiety and/or depressive disorder;
- To provide comparative data on service user outcomes following treatment;
- To facilitate the development of effective quality improvement initiatives and share examples of best practice, enabling Trusts/organisations to make the best use of audit data.

The audit has three components; a core audit on the care and treatment service users receive during and after a period of inpatient care for an anxiety and/or depressive disorder, and two 'spotlight' audits on key topics of relevance.

Core Audit

The core audit includes the following key performance areas:

- Access;
- Assessment and care planning;
- Availability of appropriate psychopharmacological and psychological treatment;
- Crisis planning;

- Discharge and follow-up;
- Service user outcomes.

This will include a retrospective audit of practice of service users admitted to an inpatient mental health service for an anxiety and/or depressive disorder. The audit will collect data on the care and treatment of service users over a period of 6 months beginning from their date of admission.

Online data collection for the core audit will open in **June 2018**.

Continual Data Collection Core Audit

There is a phased development plan to move the audit to a continuous prospective core audit of key processes and outcome measures for service users admitted to an inpatient mental health service for an anxiety and/or depressive disorder.

Initial implementation of the continuous prospective core audit will begin shortly after publication of the data in **May 2019**.

Spotlight 1 – Psychological Therapies

A follow up to the NAPT will begin in August 2018, focussing on the identified areas for improvement including:

- Access and waiting times;
- Training and supervision of therapists;
- Measuring and monitoring service user outcomes.

Spotlight 2 – TBC

A further spotlight audit is due to take place in **summer 2019** on a topic to be agreed with the HQIP and NHS England with support from the NCAAD steering and implementation groups.

Members involved with the NCAAD

- **NCAAD Project team at CCQI** - Responsible for implementing the project, engagement with participants and day-to-day decision making.
- **Implementation Group** – Co-ordinate expert involvement into audit development and operation.
- **Steering Group** – Provide advice and guidance on all aspects of the audit including recruitment, engagement, development, communication and reporting.
- **Clinical Advisors** – Provide clinical direction for the audit.
- **Service User and Carer Reference Group** – Members of this group have lived experience of anxiety/depression and/or experience of caring for someone with anxiety/depression. They draw upon their experiences and provide input to the Steering Group.

Key Dates

	Core Audit	Spotlight 1 - Psychological Therapies Audit	Continual Data Collection Core Audit	Spotlight 2 - TBC
Registration opens	22 January 2018	13 August 2018	April 2019	TBC
Registration closes	16 March 2018	14 September 2018	May 2019	TBC
Info packs sent to registered services electronically & by post	31 March 2018	19 October 2018	May 2019	TBC
Sampling deadline	20 April 2018	09 November 2018	May 2019	TBC
Online data collection opens	04 June 2018	03 December 2018	03 June 2019	TBC
Online data collection closes	09 September 2018	25 January 2019	N/A	TBC
Local reports released	January -April 2019	February – May 2019	N/A	TBC

*NB. We have included a checklist ([Appendix 3: Core Audit Lead Checklist](#)) for your reference only, to help you manage the NCAAD **core** audit within the specified time frames.*

Preparation

In **March 2018**, prior to the core audit commencing, you will receive the following materials by email and/or post:

- Core Audit standards;
- A printed copy of the Core Audit of Practice Tool and guidance notes for reference only (we recommend you keep this to hand when completing the tool);
- A poster with key information and a section for you to add your contact details;
- Online data submission link and login information.

This guidance contains the sampling and eligibility criteria, and a local process checklist.

Core Audit Sampling

Trusts/organisations are asked to identify the eligible service users using the below method, and submit them to the NCAAD team for sampling by **20 April 2018**.

Sampling Method

1. Identify all service users that meet the eligibility criteria (please see page 8) across your Trust/organisation.
2. Create a numbered list of all eligible service users (e.g. on an Excel spreadsheet):
 - a. Group the service users by the Clinical Commissioning Group (CCG) responsible for their care;
 - b. Order this list by the date that the service users were admitted to an inpatient facility and place service users admitted most recently first.
3. Assign each of the eligible services users in this list an ID number beginning with your Trust/organisation ODS code followed by a number (e.g. ABC001to ABCnnn) to ensure that the service user remains anonymous throughout the audit process.
4. Remove the service user's name and any identifiable information.
5. Submit the final list of ALL eligible service users, including the service user ID and CCG name or code to the NCAAD project team via email (ncaad@rcpsych.ac.uk) by **20 April 2018**.

For example:

Trust/organisation Name		
Service User ID	CCG (name and/or ODS code)	Date of Admission
e.g. ABC001	e.g. NHS Darlington CCG – XYZ	e.g. 05 April 2017

6. The NCAAD team will select the sample of service users to be included in the audit from the list provided. The specific number of service users selected will vary slightly depending on the size of the Trust/organisation, number of CCG's and eligible service users.
7. Contact each of the Consultants responsible for the care of these service users and ensure a Core Audit of Practice form is completed for each of the service users sampled. While other staff (e.g. junior doctors, nursing staff, clinical audit staff) may be involved in collecting some of the information required it is the Consultant's responsibility to ensure the data is correct.

The NCAAD team included your Trust/organisation ODS code in the sampling email sent shortly after registration. If you have any further questions or queries, please contact the NCAAD team on ncaad@rcpsych.ac.uk or 0203 701 2649/2745.

Eligibility Criteria for Service Users

Each Trust/organisation is asked to submit a sample of casenotes for service users admitted to an inpatient mental health service between **01 April 2017** and **30 September 2017** meeting the following eligibility criteria:

Criteria for service users to be INCLUDED in the audit:

- Aged 16 years or over (no upper age limit);
- Primary diagnosis or condition of an anxiety and/or depressive disorder as identified using the International Classification of Diseases (ICD-10) coding, at the point of discharge.

A full list of eligible ICD-10 codes can be found in [Appendix 1: Eligible ICD-10 Codes](#).

Please note that service users with the following characteristics are EXCLUDED from the audit:

- Psychosis based diagnoses (including F32.3 Severe depressive episode with psychotic symptoms);
- Bipolar affective disorder (F31), Cyclothymia (F34.0) or mania (F30);
- Those who were admitted to a forensic service or long stay ward such as a rehabilitation service.

A full list of excluded ICD-10 codes can be found in [Appendix 2: Excluded ICD-10 Codes](#).

To identify eligible service users, you may need to consult with individual wards and services depending on your local coding arrangements.

****If you encounter difficulties identifying eligible service users, please contact the NCAAD team****

Core Audit of Practice Tool

The Core Audit of Practice Tool, along with guidance notes for completion, will be sent in **March 2018**. The form will be in .PDF format and online data entry will open on **4 June 2018** via a secure online data collection tool. The NCAAD team will provide you with unique log in details for your organisation ahead of the online data collection period.

It is anticipated that Trusts/organisations will use a variety of ways in which to collect and enter data online depending on how clinical audit is organised locally.

Data requested are to be drawn from clinical case notes only. The data collection tool and associated guidance has been designed to facilitate data collection by non-clinical staff members. You may wish to only approach clinicians with specific queries relating to individual service users if something is unclear.

If data are to be collected directly by clinicians, you may wish to use the template email provided in [Appendix 4](#) to advise them which of their service users have been selected and to provide information on data collection and online data entry.

Quality Assurance

Quality Assurance Visits

The NCAAD team will visit a random sample of participating Trusts/organisations to review both how the sampling methodology has been used for the core audit and perform data quality checks. They will do this by comparing a random sample of case notes to information received from the Trusts/organisation in the core audit to check the reliability of the data.

Please do not hesitate to contact the NCAAD team to discuss any aspect of sampling or the question guidance.

Inter-rater Reliability

As part of the reporting process for this audit, we are asking sites to collect inter-rater data. This will involve a re-audit by a separate auditor of the first five case note records. This will help to establish the reliability of the data returned.

The process requires two different people to extract and enter data from the case notes onto the data collection forms to test the reliability of data collection.

Please follow the process outlined below.

1. Identify the cases to be double audited – these will be highlighted on the sample list sent to you by the NCAAD team.
2. Identify two separate people who will extract data from the case notes and enter the data via the online audit of practice submission form.
3. **First auditor:**
 - a. Tick 'Yes' to 'Has this case note been selected for inter-rater reliability testing?'
 - b. Enter the service user ID in the box
 - c. Extract the data from the case notes and submit the record.

NB. Do not involve the repeat auditor in the extraction or submission of the data.

4. **Second auditor** (using the same five case notes as the first auditor):
 - a. Tick 'Yes' to 'Has this case note been selected for inter-rater reliability testing?'
 - b. Enter the service user ID into the box followed by REL (e.g. ABC01REL) to identify the repeat auditor

Extract the data from the case notes and submit the record.

Making the most of the Audit

The principle aim of the audit is to improve the quality of care provided to service users. The following tips can help you use the audit to do this:



Assemble an Audit Team

Most staff are committed to improving the quality of care they provide, but if real achievements are to be made, the audit needs to be 'owned' and championed by the audit team.

It is vital that those who will be expected to have a role in, or be affected by the audit are involved from the outset and throughout the programme. This may be active (direct involvement in meetings, collecting data etc.) or passive (being consulted, receiving regular updates).

Choose a team who has a range of skills and expertise including:

- **Seniority** – Involvement of senior members of staff who are known throughout the organisation can help make things happen both in terms of collecting the data and implementing improvements;
- **Respect, credibility and breadth** – Involvement of people who have strong relationships with a range of colleagues within the Trust/organisation, and who will be able to work effectively with a wide range of stakeholders;
- **Learning opportunities** – Involvement is well suited to people who have a keen interest in using data to improve services, clinical audit, research and project management.

The NCAAD will expect one of your audit contacts to be a clinician who will be actively involved in the audit.

All members of the audit team will need to have the **time** to actively participate in the programme. The time commitment will vary at different stages of the audit process and will require support from managers/senior Trust/organisation staff to do this.



Raise Awareness of NCAAD

To be successful, the audit needs to be supported by various people. A communication and awareness strategy will help you understand your audience and be clear about who will carry information and feedback to your stakeholder groups.

We recommend you communicate with colleagues both within the audit team and outside (e.g. medical directors, commissioners) as much as possible.



Communicate with:

The audit team: Team members should meet regularly to report on progress and discuss solutions to problems that have been encountered. You need to engender cooperation between team members and a sense of individual responsibility working towards a collective goal.

The wider Trust/organisation: Change does not occur in a vacuum and changes in one area of practice may result in knock-on effects for other processes and colleagues. It is likely that some action points developed as a result of the audit data will need to be tested and implemented in many teams or services within your Trust/organisation. For these reasons, keeping other colleagues informed of the audit, its progress and findings can increase their commitment to the implementation of any changes identified, and provide support to the audit team during data collection and action planning.

You may like to consider the following:

- Carrying out presentations to members of the MDT to give background about the NCAAD. These should be ongoing throughout the process to spread the message;
- Putting information about the NCAAD on the intranet to inform everyone;
- Printing posters and flyers and distribute them throughout the hospital;
- Sending regular updates on progress and what needs doing;
- Adding the NCAAD to the agenda of regular meetings (e.g. acute care meeting, governance group).

Management: The audit will generate information that is likely to be beneficial to a number of departments. The audit team, and colleagues within the wider Trust/organisation will require support to complete the audit and encourage change as potential action points could be wide ranging and the involvement of senior managers is needed to support this. The more visible the involvement of management the better, as well as providing practical support they can lend credibility to the audit activities.

You may like to consider the following:

- Providing short reports to the Chief Executive and/or Medical Directors about the work carried out so far and upcoming activities;
- Including a member of management in your audit team meetings;
- Carrying out presentations to the management team(s) to give background about the NCAAD and update them on progress;
- Presenting updates, findings and action plans to the Trust/organisations Clinical Governance and Quality Committee (or equivalent).



Involve Service User and Family Member, Friend or Carer Groups

Service users, their family members, friends and carers offer a unique perspective on service development, quality improvement and the development and implementation of action plans that may result from the audit. Their involvement supports the quality improvement activities from the audit in a number of ways including:

- Identifying key priorities for change or action;
- Creating impact where needed and help to drive change forwards;
- Align changes to service user, family member, friend or carer needs;
- Ensuring they are aware of treatment choice and recognise high quality care;
- Development of a positive culture within an organisation that recognises the value of involvement in all aspects of service development, quality improvement and care.



Utilise the Resources Provided by NCAAD

As the audit progresses the NCAAD will provide you with opportunities to share ideas and information, as well as support for action planning and implementing changes to practice.

These include:

- Newsletters;
- Resource library;
- Case studies;
- Support to understand and present findings in user friendly ways (e.g. infographics, slide packs etc.)
- Action planning templates and resources;
- Events and workshops.

Trusts/organisations participating in the NCAAD are encouraged to contribute to this wherever possible.

Appendix 1: Eligible ICD-10 Codes

F30 – F39 MOOD [AFFECTIVE] DISORDERS	
F32	Depressive episode
F32.0	Mild depressive episode
F32.1	Moderate depressive episode
F32.2	Severe depressive episode without psychotic symptoms
F32.8	Other depressive episodes
F32.9	Depressive episode, unspecified
F33	Recurrent depressive disorder
F33.0	Recurrent depressive disorder, current episode mild
F33.1	Recurrent depressive disorder, current episode moderate
F33.2	Recurrent depressive disorder, current episode severe without psychotic symptoms
F33.4	Recurrent depressive disorder, currently in remission
F33.8	Other recurrent depressive disorders
F33.9	Recurrent depressive disorder, unspecified
F34	Persistent mood [affective] disorders
F34.1	Dysthymia
F34.8	Other persistent mood [affective] disorders
F34.9	Persistent mood [affective] disorder, unspecified
F38	Other mood [affective] disorders
F38.0	Other single mood [affective] disorder
F38.1	Other recurrent mood [affective] disorders
F38.8	Other specified mood [affective] disorders
F39	Unspecified mood [affective] disorder
F40 – F48 NEUROTIC, STRESS RELATED AND SOMATOFORM DISORDERS	
F40	Phobic anxiety disorders
F40.0	Agoraphobia
F40.1	Social phobias
F40.2	Specific (isolated) phobias
F40.8	Other phobic anxiety disorders
F40.9	Phobic anxiety disorder, unspecified
F41	Other anxiety disorders
F41.0	Panic disorder
F41.1	Generalized anxiety disorder
F41.2	Mixed anxiety and depressive disorder
F41.3	Other mixed anxiety disorders
F41.8	Other specified anxiety disorders
F41.9	Anxiety disorder, unspecified

F42	Obsessive-compulsive disorder
F42.0	OCD with Predominantly obsessional thoughts or ruminations
F42.1	OCD with Predominantly compulsive acts [obsessional rituals]
F42.2	OCD with Mixed obsessional thoughts and acts
F42.8	Other obsessive-compulsive disorders
F42.9	Obsessive-compulsive disorder, unspecified
F43	Reaction to severe stress, and adjustment disorders
F43.0	Acute stress reaction
F43.1	Post-traumatic stress disorder
F43.2	Adjustment disorders
F43.8	Other reactions to severe stress
F43.9	Reaction to severe stress, unspecified
F44	Dissociative [conversion] disorders
F44.0	Dissociative amnesia
F44.1	Dissociative fugue
F44.2	Dissociative stupor

Appendix 2: Excluded ICD-10 Codes

Service users with the following ICD-10 codes as a primary OR additional diagnosis are excluded from the audit:

F00 - F09 ORGANIC INCLUDING SYMPTOMATIC, MENTAL DISORDERS	
F06	Other mental disorders due to brain damage and dysfunction and to physical disease
F06.0	Organic hallucinosis
F06.2	Organic delusional [schizophrenia-like] disorder
F20 – F29 SCHIZOPHRENIA, SCHIZOTYPAL AND DELUSIONAL DISORDERS	
F20	Schizophrenia
F20.0	Paranoid Schizophrenia
F20.1	Hebephrenic schizophrenia
F20.2	Catatonic schizophrenia
F20.3	Undifferentiated schizophrenia
F20.4	Post-schizophrenic depression
F20.5	Residual Schizophrenia
F20.6	Simple Schizophrenia
F20.8	Other Schizophrenia
F20.9	Schizophrenia, unspecified
F21	Schizotypal disorder
F22	Persistent delusional disorders
F22.0	Delusional disorder
F22.8	Other persistent delusional disorder
F22.9	Persistent delusional disorder, unspecified
F23	Acute and Transient psychotic disorders
F23.0	Acute polymorphic psychotic disorder without symptoms of schizophrenia
F23.1	Acute polymorphic psychotic disorder with symptoms of schizophrenia
F23.2	Acute schizophrenia-like psychotic disorder
F23.3	Other acute predominantly delusional psychotic disorders
F23.8	Other acute and transient psychotic disorders
F23.9	Acute and transient psychotic disorder, unspecified
F24	Induced delusional disorder
F25	Schizoaffective disorders
F25.0	Schizoaffective disorder, manic type
F25.1	Schizoaffective disorder, depressive type
F25.2	Schizoaffective disorder, mixed type
F25.8	Other schizoaffective disorders
F25.9	Schizoaffective disorder, unspecified
F28	Other nonorganic psychotic disorders
F29	Unspecified nonorganic psychosis
F30 – F39 MOOD [AFFECTIVE] DISORDERS	
F30	Manic episode
F30.0	Hypomania

F30.1	Mania without Psychotic Symptoms
F30.2	Mania with psychotic symptoms
F30.8	Other manic episodes
F30.9	Manic episode, unspecified
F31	Bipolar affective disorder
F31.0	Bipolar affective disorder, current episode hypomanic
F31.1	Bipolar affective disorder, current episode manic without psychotic symptoms
F31.2	Bipolar affective disorder, current episode manic with psychotic symptoms
F31.3	Bipolar affective disorder, current episode mild or moderate depression
F31.4	Bipolar affective disorder, current episode severe depression without psychotic symptoms
F31.5	Bipolar affective disorder, current episode severe depression with psychotic symptoms
F31.6	Bipolar affective disorder, current episode mixed
F31.7	Bipolar affective disorder, currently in remission
F31.8	Other bipolar affective disorders
F31.9	Bipolar affective disorder, unspecified
F32	Depressive episode
F32.3	Severe depressive episode with psychotic symptoms
F33	Recurrent depressive disorder
F33.3	Recurrent depressive disorder, current episode severe with psychotic symptoms
F34	Persistent mood [affective] disorders
F34.0	Cyclothymia

Appendix 3: Core Audit Lead Checklist

ACTION	DUE DATE	
PREPARATION AND SAMPLING		
Core audit information pack received from the NCAAD team <i>If you have not received your information pack by 2 April 2018, please contact ncaad@rcpsych.ac.uk</i>	30 Mar 18	
Raise awareness of the audit and distribute advance materials within your organisation (e.g. poster, postcards etc.)		
Identify service users in your organisation who fit the NCAAD eligibility criteria. Assign these service users an ID number on a locally kept list.		
Email the NCAAD project team your completed, anonymised sampling list to ncaad@rcpsych.ac.uk	20 Apr 18	
Audit sample generated from the NCAAD project team received. <i>If you have not been received your sample by 11 May 2018, please contact ncaad@rcpsych.ac.uk</i>		
DATA COLLECTION		
Decide how data will be entered online for your Trust/organisation		
Advise relevant staff of the online data entry arrangements for your Trust/organisation		
Inform clinicians/data collectors of the service users they need to audit		
Core audit data collection opens	04 June 18	
Ensure all data submitted online	07 Sept 18	
Respond to data queries	30 Nov 18	

The NCAAD team will:

- Send NCAAD audit leads and medical directors regular updates on:
 - Number of online submissions;
 - Upcoming deadlines.
- Publish response rates by Trust/organisation on the NCAAD website.

Appendix 4: Core Audit Email Template

This template can be used to inform clinicians that they must complete an audit of practice tool for their service users selected for inclusion in the NCAAD. We advise that clinicians are more likely to respond if this letter is sent from the Medical Director.

Re: The National Clinical Audit of Anxiety and Depression (NCAAD) core audit

Dear Dr [Name],

[Insert number] of your service users [has/have] been selected for inclusion in the core audit of the National Clinical Audit of Anxiety and Depression (NCAAD). Please complete one of the included Core Audit of Practice Tools for each of your service users identified below by [insert local deadline]:

- [Include details of the service user selected]

Please then [provide instructions on how to ensure the data is entered online].

The NCAAD local audit lead and I will be provided with regular updates on the number and IDs of case records submitted. All data must be submitted online by **09 September 2018**, so please ensure those you are responsible for are completed on time.

For quality control purposes members of the NCAAD team will arrange a date and time to visit some randomly selected Trusts/organisations to check data quality.

Our Trust/organisation local Audit Lead for the NCAAD is [Insert Trust Audit Lead name and contact details]. Please contact them if you have any queries.

More information about the NCAAD can be found at www.rcpsych.ac.uk/NCAAD.

Appendix 5: Core Audit Standards

1	The Trust/organisation routinely collects data to assess equity of access. <i>Guidance: This includes age, gender, ethnicity, employment and accommodation status.</i>
2	Service users have timely access to inpatient care when required.
3	Service users' assessments are comprehensive and include consideration of: <ul style="list-style-type: none"> • Identification of social support and/or stressors in relation to finance, education/employment and relationships; • Previous traumatic experiences or associated symptoms; • Previous treatments and response to them (if applicable);
4	Service users' physical health is considered as part of their assessment and treatment, with support, advice or onward referral offered where appropriate. <i>Guidance: This includes blood pressure, heart and respiratory rates; BMI; blood tests, and Lifestyle factors (e.g. diet, exercise, smoking, drug and alcohol use).</i>
5	The needs of service user's family members, friends or carers are considered as part of the assessment process and they are offered an assessment of their needs.
6	Care plans are jointly developed with service users and their family member, friend or carer (if applicable), and they are given a copy with an agreed date for review.
7	Psychotropic medication is provided in line with the relevant NICE and BNF guidance for the service user's diagnosis/condition.
8	Psychological therapies are provided in line with relevant NICE guidance for the service user's diagnosis/condition.
9	Within 24 hours of discharge a discharge letter is sent to the service user's GP and a copy of the service user's care plan is sent to the accepting service (if applicable).
10	The service user and their family member, friend or carer (if applicable), receives at least 24 hours' notice of discharge and this is documented.
11	Service users discharged from an inpatient setting receive a follow-up within 48 hours of discharge.
12	Service users have a crisis plan agreed and in place prior to discharge from an inpatient service.
13	Assessments include the use of an appropriately validated outcome measure(s) (e.g. symptoms, level of functioning and/or disability) which are used to monitor, inform and evaluate treatment.

Royal College of Psychiatrists Centre for Quality Improvement
21 Prescott Street • London • E1 8BB

The Royal College of Psychiatrists is a charity registered in England and Wales
(228636) and in Scotland (SC038369)
©2018 Royal College of Psychiatrists

www.rcpsych.ac.uk

COLLEGE CENTRE FOR
QUALITY IMPROVEMENT

