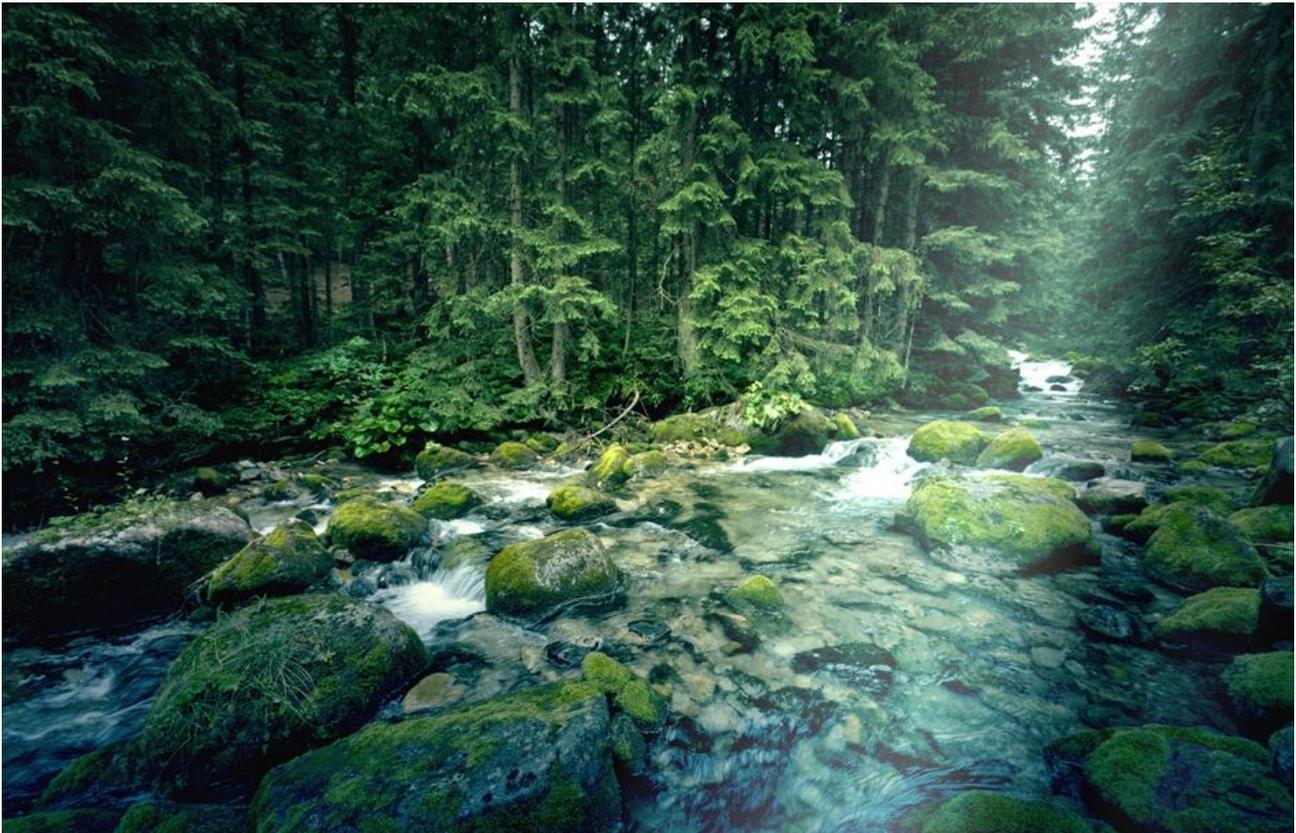


**NCAAD**  
NATIONAL CLINICAL AUDIT OF  
ANXIETY AND DEPRESSION



# **National Clinical Audit of Anxiety and Depression (NCAAD)**

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

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## 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) Psychological Therapies Spotlight 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

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## 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.

## Core Audit

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 is open from **June - September 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 Audit

The focused audit is being led by a partnership between the Royal College of Psychiatrists and the British Psychological Society, and data collection will begin in **October 2018**. The audit will look at the quality of psychological assessment, formulation and therapy delivered by secondary care mental health services to people aged 18 and over.

Key areas of focus include:

- Equity of access
- Shared decision making
- Waiting times
- Training and supervision of therapists
- Measuring and monitoring service user outcomes
- Provision of NICE recommended therapies.

The audit includes an audit of practice (case note audit) along with a survey for therapists and feedback from service users.

## 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
<b>Registration opens</b>	22 January 2018	July 2018	April 2019	TBC
<b>Registration closes</b>	16 March 2018	02 September 2018	May 2019	TBC
<b>Info packs sent to registered services electronically &amp; by post</b>	31 March 2018	October 2018	May 2019	TBC
<b>Sampling deadline</b>	20 April 2018	28 September 2018	May 2019	TBC
<b>Online data collection opens</b>	04 June 2018	08 October 2018	03 June 2019	TBC
<b>Online data collection closes</b>	09 September 2018	21 December 2018	N/A	TBC
<b>Local reports released</b>	January - April 2019	16 May 2019	N/A	TBC

*NB. We have included a checklist ([Appendix 2: Psychological Therapies Spotlight Audit Lead Checklist](#)) for your reference only, to help you manage the NCAAD **spotlight** audit within the specified time frames.*

## Preparation

In **October 2018**, prior to data collection for the Psychological Therapies Audit commencing, you will receive the following materials by email and/or post:

- Psychological Therapies Audit standards;
- A printed copy of the Psychological Therapies Audit of Practice Tool and guidance notes for reference only (we recommend you keep this to hand when completing the tool);
- A printed copy of the Therapist Survey for reference;
- Printed copies of the Service User Survey and prepaid addressed envelopes;
- 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.

## Psychological Therapies Audit Sampling

Participating Trusts and services are asked to identify the eligible service users using the below method, and submit them to the NCAAD team for sampling by **28 September 2018**.

### Sampling Method – Audit of Practice

1. Identify all service users that meet the eligibility criteria across the service(s) registered.

You can do this for each service or across the Trust/organisation as a whole but we will need to know which service their therapy was provided by, so we can sample accordingly.

2. Using the excel template sent to you by the NCAAD team, populate this with a list of all eligible service users:
  - a. Group the service users by the service their therapy was provided by;
  - b. Followed by the Clinical Commissioning Group (CCG) responsible for their care;
  - c. Order this list by the date that the service users ended therapy with the most recent 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. ABC001 to ABC $nnn$ ) to ensure that the service user remains anonymous throughout the audit process.
4. Remove the service user's name and any identifiable information (please retain this information for your own records so you can identify the individuals in your sample).
5. Submit the final list of ALL eligible service users, including the service user ID, service name or code, and CCG name or code, to the NCAAD project team via email ([ncaad@rcpsych.ac.uk](mailto:ncaad@rcpsych.ac.uk)) by **28 September 2018**.

For example:

Trust/Organisation Name:					
Trust/Organisation Code:					
Service Name	Service Code	Service User ID	CCG Name	CCG ODS Code	End date of contact
e.g. X CMHT	e.g. ABC-S1	e.g. ABC001	e.g. NHS Darlington CCG	e.g. XYZ	e.g. 10/08/2018

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 number of services registered and the number of eligible service users.

7. Contact each of the Clinicians 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, and service names and codes in the sampling email.

If you have any further questions or queries, please contact the NCAAD team on [ncaad@rcpsych.ac.uk](mailto:ncaad@rcpsych.ac.uk) or 0203 701 2745/ 2649.

### Eligible Psychological Therapy Services:

- Community Mental Health Teams (CMHTs);
- Recovery teams;
- Secondary care psychology or psychological therapies services;
- Inpatient mental health services for adults;
- Psychotherapy services;
- Crisis resolution/home treatment teams;
- Specialist trauma services;
- Specialist anxiety and/or depression services.

The following services are **excluded**:

- Services that are part of the national IAPT programme;
- Specialist psychosis services (e.g. Early intervention in psychosis services);
- Forensic mental health services (inpatient and community);
- Eating disorder services;
- Specialist personality disorders services.

Each Trust/organisation is asked to submit a sample of case notes for service users who ended contact for psychological therapy between 01 September 2017 and 31 August 2018 and who meet the following eligibility criteria.

### Criteria for service users to be INCLUDED in the audit:

- Aged 18 years or over (no upper age limit);
- Ended contact for psychological therapy between 01 September 2017 and 31 August 2018;
- Who have non-psychotic disorders (a list of excluded ICD-10 codes are available in the appendix).

**Please note:** You should include service users who completed a full course of psychological therapy, and those who were accepted for therapy but did not

complete their treatment for whatever reason (e.g. because they dropped out, declined the treatment offered, were referred to another service).

A full list of excluded ICD-10 codes can be found in [Appendix 1: 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\***

### **Eligibility for Therapist Survey**

All members of staff who provide psychological therapy as part of their role in your service are being asked to complete this survey (including therapeutic practitioners, assistant psychologists, trainees, voluntary and honorary members of staff and any other staff group that delivers formal psychological therapy).

Each service is responsible for identifying their sample of therapists.

### **Eligibility for Service User Survey**

- Ended contact for psychological therapy with a participating service between 01 September 2017 and 31 August 2018;
- Those who started therapy but did not complete it/dropped out.

Each service is responsible for identifying their sample of service users.

# Psychological Therapies Audit of Practice Tools

## Audit of Practice Tool

The Psychological Therapies Audit of Practice Tool, along with guidance notes for completion, will be sent in **October 2018**. The form will be in .PDF format and online data entry will open on **08 October** 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 3](#) to advise them which of their service users have been selected and to provide information on data collection and online data entry.

## Therapist Survey

The Therapist Survey, along with guidance notes for completion, will be sent in **October 2018**. Online data entry will open on **08 October 2018** via a secure online data collection tool.

Services will be required to distribute these surveys to the relevant staff members.

## Service User Survey

The Service User Survey, along with guidance notes for completion, will be sent in **October 2018**. Online data entry will open on **08 October 2018**. It is encouraged that these are completed via the secure online data collection tool however, for individuals who cannot access this we will provide a limited number of paper copies with pre-paid envelopes.

Services will be required to distribute these surveys to eligible service users.

## 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: Excluded ICD-10 Codes

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

<b>F00 - F09 ORGANIC INCLUDING SYMPTOMATIC, MENTAL DISORDERS</b>	
<b>F06</b>	<b>Other mental disorders due to brain damage and dysfunction and to physical disease</b>
F06.0	Organic hallucinosis
F06.2	Organic delusional [schizophrenia-like] disorder
<b>F20 – F29 SCHIZOPHRENIA, SCHIZOTYPAL AND DELUSIONAL DISORDERS</b>	
<b>F20</b>	<b>Schizophrenia</b>
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
<b>F21</b>	<b>Schizotypal disorder</b>
<b>F22</b>	<b>Persistent delusional disorders</b>
F22.0	Delusional disorder
F22.8	Other persistent delusional disorder
F22.9	Persistent delusional disorder, unspecified
<b>F23</b>	<b>Acute and Transient psychotic disorders</b>
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
<b>F24</b>	<b>Induced delusional disorder</b>
<b>F25</b>	<b>Schizoaffective disorders</b>
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
<b>F28</b>	<b>Other nonorganic psychotic disorders</b>
<b>F29</b>	<b>Unspecified nonorganic psychosis</b>

## Appendix 2: Spotlight Audit of Psychological Therapies Lead Checklist

ACTION	DUE DATE	
<b>PREPARATION AND SAMPLING</b>		
Spotlight audit information pack received from the NCAAD team <i>If you have not received your information pack by 08 October 2018, please contact <a href="mailto:ncaad@rcpsych.ac.uk">ncaad@rcpsych.ac.uk</a></i>	08 Oct 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 <a href="mailto:ncaad@rcpsych.ac.uk">ncaad@rcpsych.ac.uk</a>	28 Sept 18	
Audit sample generated from the NCAAD project team received. <i>If you have not been received your sample within 5 working days of submission, please contact <a href="mailto:ncaad@rcpsych.ac.uk">ncaad@rcpsych.ac.uk</a></i>		
<b>DATA COLLECTION</b>		
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		
Psychological Therapies audit data collection opens	08 Oct 18	
Ensure all data submitted online	21 Dec 18	
Respond to data queries	15 Feb 19	

### 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 3: Psychological Therapies Audit Email Templates

### For Clinicians:

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 Psychological Therapies Audit for Anxiety and Depression. We advise that clinicians are more likely to respond if this letter is sent from the Medical Director.

### Re: Audit of Psychological Therapies for Anxiety and Depression

Dear Dr [Name],

[Insert number] of your service users [has/have] been selected for inclusion in the Audit of Psychological Therapies for Anxiety and Depression. Please complete one of the included Audit of Practice Tools for each of your service users identified below by [insert local deadline]:

- [Include details of the service users 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 **21 December 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](http://www.rcpsych.ac.uk/NCAAD).

## For Service Users:

Dear [Service User Name],

Our service is taking part in the National Clinical Audit of Anxiety and Depression (NCAAD). A key part of this audit is to ask for feedback and views from people who have experience of psychological therapy (talking treatments).

We would be very grateful if you would complete the questionnaire online by following the instructions at: [www.rcpsych.ac.uk/ncaad](http://www.rcpsych.ac.uk/ncaad).

You will be asked about your most recent experience of therapy with our service. The survey should take approximately 5 minutes to complete. Your responses will help highlight what therapists and services are doing well, what they are not doing so well and how we can help them improve.

You will need to enter our service's unique number to fill in the questionnaire online. This number is [XXXX].

If you have any questions, please read the attached Frequently Asked Questions sheet or contact me directly.

Yours sincerely,

[Name of therapist]

## Appendix 4: Psychological Therapies Audit Letter Template for Service Users

[Service User Name]  
[Address 1]  
[Address 2]  
[Address 3]  
[Town]  
[Postcode]

26 September 2018

Dear [Name] – *We recommend you personalise the letters as they are more likely to be completed and returned*

### **Re: Psychological Therapies Survey for Service Users**

Our service is taking part in the National Clinical Audit of Anxiety and Depression (NCAAD). A key part of this audit is to ask for feedback and views from people who have experience of psychological therapy (talking treatments).

We would be very grateful if you would complete the enclosed questionnaire. You will be asked about your most recent experience of therapy with our service. The survey is 4 pages long and should take approximately 5 minutes to complete. Your responses will help highlight what therapists and services are doing well, what they are not doing so well and how we can help them improve.

Your feedback will be anonymous. A pre-paid envelope is enclosed so that you can return your questionnaire directly to the audit team at the Royal College of Psychiatrists who are running this audit. You can also complete the questionnaire online by following the instructions at [www.rcpsych.ac.uk/ncaad](http://www.rcpsych.ac.uk/ncaad). You will need to enter our service's unique number to fill in the questionnaire online. This number is [XXXX].

If you have any questions, please contact me.

Yours sincerely,

[Name of therapist] – *We recommend letters are from the service user's therapist to avoid concern regarding confidentiality*

## Appendix 6: Psychological Therapies Audit Standards

- 1 The service routinely collects data to assess equity of access.  
*Guidance: This includes age, gender, ethnicity, employment and accommodation status.*
- 2 A person who is assessed as requiring psychological therapy does not wait longer than 18 weeks from the time at which the initial referral is received to the time that treatment starts.
- 3 Psychological therapies are provided in line with relevant NICE guidance (type and number of sessions) for the service user's diagnosis/condition.
- 4 Service users report being provided with information and choice about their treatment.
- 5 Service users report a high level of satisfaction with the treatment that they receive.
- 6 The service routinely uses validated measures (e.g. symptoms, level of functioning, quality of life) to inform and evaluate treatment.
- 7 Therapists are providing therapy under supervision.
- 8 Therapists have received formal training to deliver the therapy provided.