



NCAP
NATIONAL
CLINICAL AUDIT
OF PSYCHOSIS



National Appendices for England **Early Intervention in Psychosis Audit**



2021/22

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Appendix A: Methodology

Audit development

Two audit tools were developed to collect data from participating Trusts; a patient-level casenote audit and a service level contextual questionnaire. These tools were initially developed for the 2018/19 EIP spotlight audit and have been largely kept the same to allow comparison over the years. However, some minor amendments have been made to align the audit data to items collected on the Mental Health Services Dataset (MHSDS) and in the current audit we included the inclusion of HoNOS scoring in the casenote audit.

Sample

All NHS-funded EIP teams in England were expected to participate in the audit. All 54 Trusts (151 teams) with eligible cases in England submitted data. A list of participating Trusts can be found in Appendix G.

EIP teams were asked to identify all people with first episode psychosis (FEP) who met the audit eligibility criteria. For teams that had more than 100 eligible people the NCAP team identified a random sample of 100 people. Those that had fewer than 100 people were asked to submit data on all people identified.

Inclusion criteria

- The patient has FEP.
- Aged 65 years and under.
- On the caseload of the EIP team or receiving treatment for FEP and open to CYPMH teams (if the service was part of a larger team, for example, integrated into a CMHT, only those on the EIP caseload were included).
- Has been on the team's caseload for 6 months or more at the census date (1 April 2021) and still on the caseload in September 2021 when the list of patients is submitted to the NCAP team for sampling.

Exclusion criteria

- Experiencing psychotic symptoms due to an organic cause, for example, brain diseases such as Huntington's and Parkinson's disease, HIV, syphilis, dementia, brain tumours or cysts.
- Spending most of their time residing in a different locality due to attendance at university.

Data handling and analysis

All data were entered using SNAP 11 Professional and quantitative data were extracted and analysed in IBM SPSS Statistics 26.

During the process of quality assuring the data received the NCAP team queried missing data and/or unexpected/extreme values with teams and amendments were made accordingly. The following changes were made:

- In this report all percentages have been rounded off to the nearest whole number (0.5 has been rounded up) therefore some percentages may not add up to 100%
- Duplicate entries were identified and removed

Outliers

[The outlier policy can be found on the NCAP website](#). The policy is informed by the Healthcare Quality Improvement Partnership and Department of Health guidance on outliers (2017).

Experts by experience focus group

The NCAP team commissioned Rethink Mental Illness to set up and run a service user and carer reference group to gather reflections on the audit data from people with a lived experience of psychosis. The group was attended virtually via Microsoft Teams by 8 people with lived experience (4 service users and 4 carers). Quotes from the meeting were embedded throughout the report to offer insight into what the attending service users and carers thought about the results. The full Rethink report can be found on our [website](#).

Appendix B: Service level data

The following table displays the percentage and numerators for the service level data from the contextual questionnaire and 2020/21 data are included for comparison.

	2021/22 (n=151) % (n)	2020/21 (n=150) % (n)
Routine collection of demographic data		
Q1. Does this team routinely collect demographic data of those using mental health services, including the following protected characteristics:		
Age	99% (149)	100% (150)
Disability	91% (138)	93% (139)
Gender reassignment	48% (73)	59% (89)
Marriage and civil partnership	94% (142)	97% (146)
Pregnancy and maternity	73% (110)	73% (110)
Race	95% (143)	97% (145)
Religion or belief	93% (140)	95% (143)
Sex	99% (149)	98% (147)
Sexual orientation	82% (124)	82% (123)
Other demographic data		
Socioeconomic status	70% (106)	65% (98)
Refugee/asylum seekers	48% (72)	49% (74)
Migrant workers	27% (41)	31% (47)
Homelessness	95% (143)	89% (134)
None of the above	0% (0)	0% (0)
Q2. Does the team, or the Mental Health Trust/Organisation or CCG, have a written strategy/strategies to identify and address any mental health inequalities in access, experience and outcomes from using mental health services?		
Yes	63% (95)	64% (96)
No	37% (56)	36% (54)
Q3. What EI service is provided for these age ranges?		
18-35 years		
Stand-alone multidisciplinary EIP team	96% (145)	93% (139)
Hub and spoke model	3% (4)	<1% (1)
EI function integrated into a community mental health team	1% (1)	6% (9)

	2021/22 (n=151) % (n)	2020/21 (n=150) % (n)
No EI service	1% (1)	<1% (1)
Ages 36 and over		
Stand-alone multidisciplinary EIP team	86% (130)	81% (121)
Hub and spoke model	3% (5)	2% (3)
EI function integrated into a community mental health team	3% (4)	9% (13)
No EI service	8% (12)	9% (13)
Q4. What length of treatment package (in months) is the team commissioned to provide for these age ranges?		
Mean months		
Under 18s	33	36
18-35	35	35
36 and over	31	34
Q5. Select the option that best describes the main model of provision for children and young people (CYP) with first episode psychosis (under 18) in your locality.		
<i>In 2020/21 teams were able to select multiple models so total percentage may be >100%. However in 2021/22 audit this was restricted to one model.</i>		
Specialist CYP EIP practitioners embedded within CYP mental health services	5% (7)	10% (15)
Specialist CYP EIP team	6% (9)	6% (9)
Adult and young people's EIP service with staff that have expertise in CYP mental health	25% (37)	34% (51)
Adult EIP service with joint protocols with CYP mental health services	45% (68)	52% (78)
Other	16% (24)	11% (16)
No EIP team CYP provision for under 18 years	4% (6)	3% (5)
Q6. Is there a shared protocol between the EIP team and the CYP MH service?		
Yes	88% (133)	87% (130)
No	12% (18)	13% (20)
Q7. Are joint or reciprocal training events arranged at least annually between the CYP MH and EIP teams?		
Yes	42% (64)	35% (52)
No	58% (87)	65% (98)

	2021/22 (n=151) % (n)	2020/21 (n=150) % (n)
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Q8. How is medication managed for CYP?

In 2020/21 teams were able to select multiple options so the total percentage may be >100% however in 2021/22 audit this was restricted to one model.

CYP team prescribers with specific EIP training and experience prescribe for CYP	34% (52)	37% (55)
CYP team prescribers advise and support EIP team prescribing for CYP	13% (19)	27% (40)
CYP team prescribers do not have specific EIP prescribing training and experience and do not have a protocol or routine access to specialist EIP prescribing advice	11% (17)	16% (24)
EIP team prescribers with specific CYP training and experience prescribe for CYP	8% (12)	24% (36)
EIP team prescribers advise and support CYPMH team prescribing for CYP	24% (36)	39% (59)
EIP team prescribers do not have specific CYP prescribing training and experience and do not have a protocol or routine access to specialist CYP prescribing advice	10% (15)	9% (13)

Q9. Are the following provisions from appropriately trained practitioners available for CYP, aged 14-17 years, with early onset psychosis and who provides it?

Total percentage may be >100% due to some teams having multiple provisions

Cognitive behavioural therapy for psychosis (CBTp)

Provided by CYP MH team	25% (37)	25% (37)
Provided by EIP team	79% (120)	81% (121)
Provided by CMHT	0% (0)	0% (0)
Provided by Other	0% (0)	0% (0)
No CYP EIP provision	4% (6)	2% (3)

Family Intervention (FI)

Provided by CYP MH team	30% (46)	35% (52)
Provided by EIP team	79% (120)	81% (122)
Provided by CMHT	0% (0)	0% (0)
Provided by Other	1% (1)	0% (0)
No CYP EIP provision	2% (3)	<1% (1)

	2021/22 (n=151) % (n)	2020/21 (n=150) % (n)
Q10. How many whole time equivalent EIP care coordinators work for the service?		
Mean WTE care coordinators	11	10
Q11. Are there care co-ordinators specifically for CYP under 18?		
Yes, within EIP team	34% (52)	25% (37)
Yes, within CYP MH team	19% (29)	11% (17)
No	54% (81)	67% (101)
Q12. Has there been an increase in the number of staff posts in this service in the last 12 months?		
Yes	66% (99)	51% (76)
No	34% (52)	49% (74)
Q13. Is this service able to provide Cognitive Behavioural Therapy (CBT) for At-Risk Mental State (ARMS)?		
Under 18s		
Within the team	42% (63)	47% (70)
Elsewhere	9% (13)	5% (7)
Not at all	42% (63)	43% (64)
Separate team providing ARMS assessment and intervention	8% (12)	6% (9)
18-35		
Within the team	44% (66)	45% (68)
Elsewhere	9% (14)	9% (13)
Not at all	41% (62)	41% (61)
Separate team providing ARMS assessment and intervention	6% (9)	5% (8)
36 and over		
Within the team	25% (38)	21% (32)
Elsewhere	11% (16)	9% (14)
Not at all	64% (97)	68% (102)
Separate team providing ARMS assessment and intervention	0% (0)	1% (2)
Q14. Total caseload of the EIP team		
<i>Mean (range)</i>		
Total caseload	176 (11-596)	166 (19-591)

	2021/22 (n=151)	2020/21 (n=150)
	% (n)	% (n)
Caseload per whole-time EIP care coordinator	16 (1-59)	17 (3-55)
Q15. Total caseload by age ranges		
<i>Mean (range)</i>		
Under 14		
FEP	<1 (0-5)	<1 (0-1)
ARMS for psychosis	<1 (0-1)	<1 (0-2)
Suspected FEP	<1 (0-2)	<1 (0-1)
14-17		
FEP	4 (0-20)	5 (0-23)
ARMS for psychosis	1 (0-23)	1 (0-11)
Suspected FEP	1 (0-22)	1 (0-11)
18-35		
FEP	98 (0-392)	96 (0-315)
ARMS for psychosis	6 (0-65)	6 (0-70)
Suspected FEP	7 (0-69)	5 (0-71)
36 and over		
First Episode Psychosis (FEP)	52 (0-266)	49 (0-277)
ARMS for psychosis	1 (0-19)	1 (0-16)
Suspected FEP	4 (0-58)	2 (0-27)
Q16. Average length of treatment in months of last 10 FEP service users		
Mean months (range)	30 (3-60)	31 (6-60)

Appendix C: Casenote audit data

The following table displays the percentage and numerators for the casenote audit data, and 2020/21 data are included for comparison.

	2021/22 10557 casenotes % (n)	2020/21 10033 casenotes % (n)
Demographics		
Q1. Gender		
Female	39% (4098)	38% (3833)
Males	61% (6438)	62% (6186)
Other/Non-binary	<1% (21)	<1% (14)
Q2. Age		
Under 18	2% (204)	2% (228)
18 and over	98% (10353)	98% (9805)
Additional age break downs for reference		
Under 18	2% (204)	2% (228)
18-35	65% (6839)	64% (6411)
36 and over	33% (3514)	31% (3157)
Q3. Ethnicity		
White	64% (6739)	64% (6420)
Black or Black British	13% (1393)	12% (1202)
Asian or Asian British	13% (1349)	12% (1229)
Mixed	4% (419)	4% (411)
Other ethnic groups	3% (315)	3% (342)
Refused	<1% (23)	3% (283)
Unknown	3% (319)	2% (146)
Q4. Was this person in work, education or training at the time of their initial assessment?		
Yes	41% (4337)	41% (4112)
No	59% (6220)	59% (5921)
Q5. Does this person have an identified family member, friend or carer who supports them?		
Yes	75% (7883)	74% (7444)
Yes, but not to be involved	4% (447)	4% (398)
No	21% (2227)	22% (2191)

	2021/22 10557 casenotes % (n)	2020/21 10033 casenotes % (n)
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Q6. Have the following outcome measures been completed for this person?

The 2020/21 audit reported values combined HoNOS and HoNOSCa responses. This year the measures are reported separately.

HoNOS

Never	3% (329)	4% (380)
Once	14% (1508)	12% (1195)
More than once	81% (8564)	84% (8458)
N/A	1% (156)	N/A

HoNOSCa

Never	17% (1846)	N/A
Once	1% (120)	N/A
More than once	3% (363)	N/A
N/A	78% (8228)	N/A

DIALOG

Never	25% (2680)	30% (3032)
Once	19% (2021)	22% (2188)
More than once	51% (5422)	48% (4813)
N/A	4% (434)	N/A

QPR

Never	24% (2572)	36% (3564)
Once	20% (2081)	21% (2130)
More than once	46% (4833)	43% (4339)
N/A	10% (1071)	N/A

Other

Never	27% (2810)	82% (8213)
Once	7% (766)	9% (887)
More than once	11% (1110)	9% (933)
N/A	56% (5871)	N/A

Q7. Has this person commenced a course of any the following treatment(s), delivered by a person with relevant skills, experience and competencies?

CBTp

Took up	46% (4811)	46% (4637)
Refused	30% (3137)	27% (2680)
Not offered	14% (1475)	18% (1834)

	2021/22 10557 casenotes % (n)	2020/21 10033 casenotes % (n)
Waiting	11% (1134)	9% (882)
Family Intervention		
Took up	21% (2190)	21% (2157)
Refused	43% (4527)	38% (3782)
Not offered	31% (3246)	36% (3568)
Waiting	6% (594)	5% (526)
Supported employment and education programme		
<i>The values below are based on the total responses in the questionnaire. The values in the report for Standard 5 are based on the subpopulation not in work employment, or training at the time of initial assessment.</i>		
Took up	34% (3616)	32% (3183)
Refused	33% (3499)	29% (2896)
Not offered	29% (3089)	35% (3551)
Waiting	3% (353)	4% (403)
Q8. Has this person commenced a course of antipsychotic medication?		
Yes, less than 6 months ago	2% (237)	3% (282)
Yes - within the last 6-12 months	9% (983)	9% (893)
Yes - more than 12 months ago	82% (8684)	82% (8204)
No	6% (653)	7% (654)
Q9. Has this person had two adequate but unsuccessful trials of antipsychotic medications?		
Yes	10% (1059)	11% (1143)
No	90% (9498)	89% (8890)
Q9a. Has this person been offered clozapine?		
Yes, the person accepted clozapine	33% (351)	34% (392)
Yes, the person refused clozapine	18% (194)	16% (182)
No	48% (513)	50% (569)
Q10. Has this person's carer(s) commenced a course of a carer-focused education and support programme?		
Yes	52% (4319)	53% (4171)
No	48% (3976)	47% (3672)

	2021/22 10557 casenotes % (n)	2020/21 10033 casenotes % (n)
Physical health screening and interventions		
Q11. Smoking status		
Current smoker	38% (4016)	39% (3881)
Ex-smoker or non-smoker	51% (5422)	47% (4758)
Not documented	5% (541)	9% (929)
Refusal	5% (578)	5% (465)
Q18. Interventions for smoking cessation		
<i>Only cases that required an intervention are included below.</i>		
<i>Percentages may be >100% as cases may have received multiple interventions.</i>		
Brief intervention	83% (2152)	83% (2047)
Smoking cessation education	29% (743)	25% (619)
Smoking cessation therapy	5% (129)	5% (133)
Referral to smoking cessation service	14% (373)	13% (321)
Individual/group behavioural support	1% (25)	1% (30)
Q12. Alcohol consumption		
Yes - harmful or hazardous use of alcohol	7% (711)	8% (783)
Yes - Alcohol use that is NOT harmful or hazardous	33% (3469)	33% (3260)
No	49% (5208)	46% (4645)
Not documented	5% (562)	9% (878)
Refusal	6% (607)	5% (467)
Q19. Interventions for harmful alcohol use		
<i>Only cases that required an intervention are included below.</i>		
<i>Percentages may be >100% as cases may have received multiple interventions.</i>		
Brief intervention and advice	74% (403)	73% (424)
Education about alcohol consumption	44% (239)	41% (239)
Referral to alcohol misuse service	33% (180)	31% (179)
Motivational interviewing	10% (56)	10% (61)
Referral to psycho-education programme	2% (13)	4% (23)

	2021/22 10557 casenotes % (n)	2020/21 10033 casenotes % (n)
Individual/group behavioural support	3% (18)	4% (22)
Pharmacological intervention for harmful use of alcohol commenced or reviewed (acamprosate, disulfiram or naltrexone)	1% (7)	1% (5)
Q13. Substance misuse		
Yes	19% (2042)	21% (2085)
No	70% (7382)	66% (6576)
Not documented	5% (541)	9% (887)
Refusal	6% (592)	5% (485)
Q20. Interventions for substance misuse		
<i>Only cases that required an intervention are included below.</i>		
<i>Percentages may be >100% as cases may have received multiple interventions.</i>		
Brief intervention/advice	73% (1025)	73% (1119)
Substance use education	38% (537)	33% (500)
Referral to detoxification programme	3% (36)	2% (33)
Referral to substance misuse service	32% (447)	30% (457)
Referral to psycho-education programme	3% (35)	2% (35)
Motivational interviewing	8% (106)	8% (119)
Q14. BMI/Weight		
Yes	81% (8518)	75% (7527)
Not documented	10% (1018)	16% (1642)
Refusal	9% (992)	8% (832)
Patient was pregnant	<1% (29)	<1% (32)
Q21. Interventions for weight gain/obesity		
<i>Only cases that required an intervention are included below.</i>		
<i>Percentages may be >100% as cases may have received multiple interventions.</i>		
Mental health medication review with respect to weight (e.g. antipsychotic)	26% (1140)	23% (863)
Advice or referral about diet	90% (4011)	86% (3244)
Advice or referral about exercise	82% (3660)	79% (2978)

	2021/22 10557 casenotes % (n)	2020/21 10033 casenotes % (n)
Lifestyle education regarding risk of diabetes	13% (596)	13% (499)
Referral for lifestyle education regarding risk of diabetes	3% (124)	2% (91)
Weight management programme	3% (148)	3% (99)
Referral for weight management programme	4% (165)	3% (126)
Referral for lifestyle education	3% (135)	2% (84)
Combined healthy eating and physical education programme	3% (131)	2% (83)
Referral for combined healthy eating and physical education programme	2% (75)	2% (67)
Pharmacological intervention for obesity commenced or reviewed	1% (39)	1% (33)
Q15. Blood pressure		
Yes	82% (8674)	76% (7599)
Not documented	9% (918)	16% (1611)
Refusal	9% (965)	8% (823)
Q22. Interventions for hypertension		
<i>Only cases that required an intervention are included below.</i>		
<i>Percentages may be >100% as cases may have received multiple interventions.</i>		
Mental health medication review with respect to high blood pressure (e.g. antipsychotic)	16% (156)	16% (128)
Advice or referral about diet/salt intake	65% (630)	60% (491)
Advice or referral about exercise	60% (586)	56% (458)
Referral to general practice service	43% (417)	41% (337)
Referral to secondary care physician	4% (38)	8% (69)
Referral for antihypertensive therapy	1% (13)	1% (10)
Antihypertensive therapy	5% (48)	5% (42)
Q16. Glucose		
Yes	72% (7588)	65% (6566)
Not documented	13% (1395)	21% (2073)
Refusal	15% (1558)	14% (1383)

	2021/22 10557 casenotes % (n)	2020/21 10033 casenotes % (n)
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Person was pregnant/ gave birth within last 6 weeks (weight not measured)	<1% (16)	<1% (11)
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Q23. Interventions for diabetes/high risk of diabetes

Only cases that required an intervention are included below.

Percentages may be >100% as cases may have received multiple interventions.

Mental health medication review with respect to glucose regulation (e.g. antipsychotic)	21% (115)	16% (71)
Referral to general practice service	56% (306)	52% (233)
Referral to secondary care physician	5% (29)	8% (36)
Diet modification	31% (172)	30% (133)
Advice or referral about exercise	50% (274)	45% (201)
Metformin therapy	13% (69)	13% (59)
Referral for diabetic care	6% (35)	6% (29)
Diabetic care	19% (102)	16% (70)
Referral to structured lifestyle education programme	2% (13)	3% (14)

Q17. Cholesterol

Yes	71% (7481)	65% (6539)
Not documented	14% (1453)	21% (2104)
Refusal	15% (1623)	14% (1390)

Q24. Interventions for dyslipidaemia

Only cases that required an intervention are included below.

Percentages may be >100% as cases may have received multiple interventions.

Mental health medication review to lower blood lipids (e.g. antipsychotic)	11% (8)	19% (7)
Advice or referral about diet	79% (56)	81% (30)
Advice or referral about exercise	75% (53)	78% (29)
Referral to primary or secondary care physician	49% (35)	62% (23)
Lipid lowering therapy	17% (12)	19% (7)
Referral for lipid lowering therapy	9% (6)	11% (4)

Appendix D: Performance against standards for CYP

Performance against standards for the under-18s sub sample within the English national sample.

Standard/indicator	2021/22 % (n = 204)	2020/21 % (n = 228)	2019/20 % (n = 194)
Standards 2 & 3: Take-up of psychological therapies			
Cognitive behavioural therapy for psychosis (CBTp)	37% (75)	42%	46%
Family intervention (FI)	36% (73)	39%	25%
Standard 4: Prescribing			
Offered clozapine	71% (15)	58%	65%
Standard 5: Take-up of supported employment and education programmes			
Supported employment and education programmes	25% (7)	37%	33%
Standard 6: Physical health monitoring			
All 7 screening measures	78% (160)	62%	71%
Smoking	90% (183)	88%	91%
Alcohol use	90% (184)	87%	91%
Substance misuse	91% (185)	86%	91%
Body mass index (BMI)	89% (181)	81%	87%
Blood pressure	88% (180)	82%	90%
Blood glucose	83% (169)	77%	84%
Lipids	83% (170)	73%	82%
Standard 7: Physical health interventions			
All required interventions	70% (143)	58%	62%
Smoking	96% (25)	90%	81%
Harmful/hazardous use of alcohol	75% (3)	100%	67%
Substance misuse	100% (19)	96%	87%
Weight/obesity	91% (86)	87%	79%
Elevated blood pressure	75% (12)	58%	46%
Abnormal glucose control	71% (5)	40%	75%
Abnormal lipids	-	-	-

Standard 8: Take-up of carer-focused education and support programmes

Carer-focused education and support programmes	65% (126)	58%	65%
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Clinical outcome measurement

2 or more outcome measures were recorded at least twice	49% (99)	36%	38%
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Appendix E: Additional analysis

Standard 3: Family Intervention

Further analysis for this standard was carried out on people who had an identified family member, friend, or carer. This analysis excluded those who did not wish this person to be contacted (n=7,883).

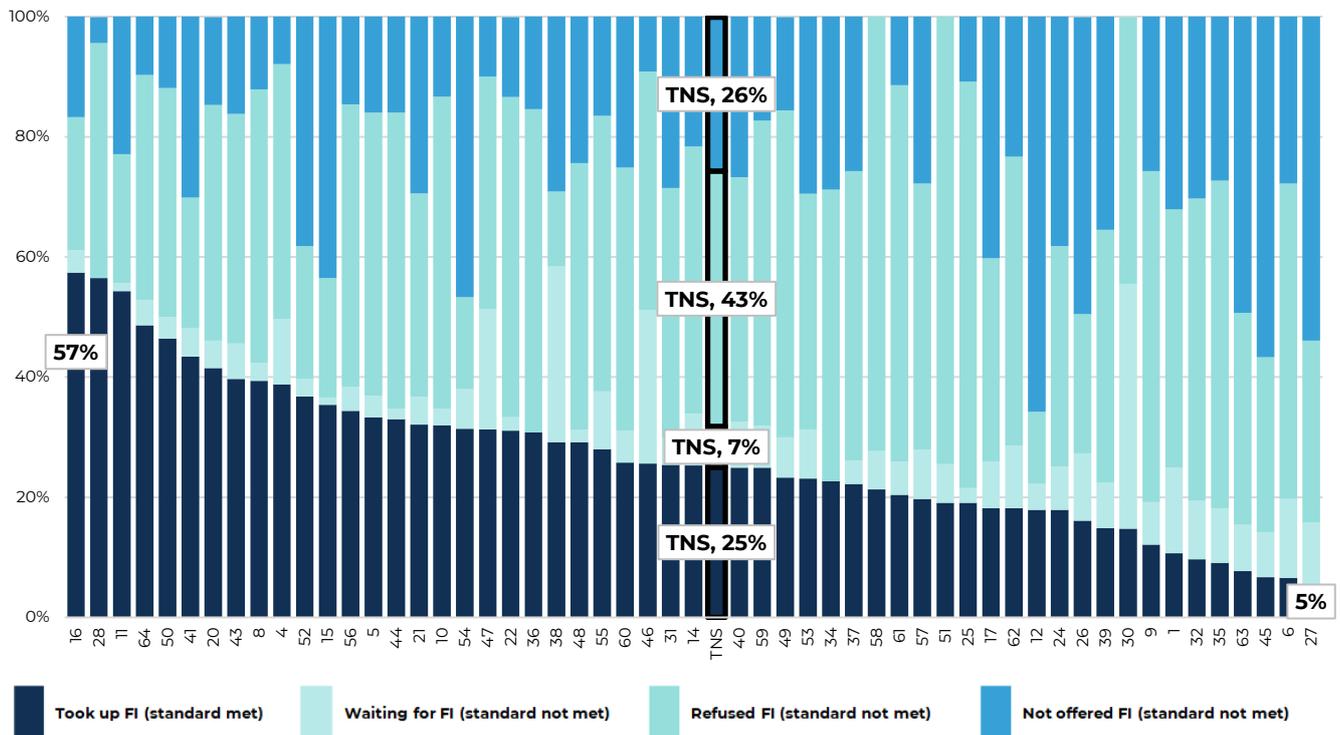


Figure 1. Proportion of people with FEP with an identified family member, friend or carer, excluding those who did not wish this person to be contacted, who took up FI (n=7,883)

Standard 5: Supported employment and education programmes

Further analysis for this standard was carried out for all people with FEP who have taken up supported employment and education programmes (n=10,557).

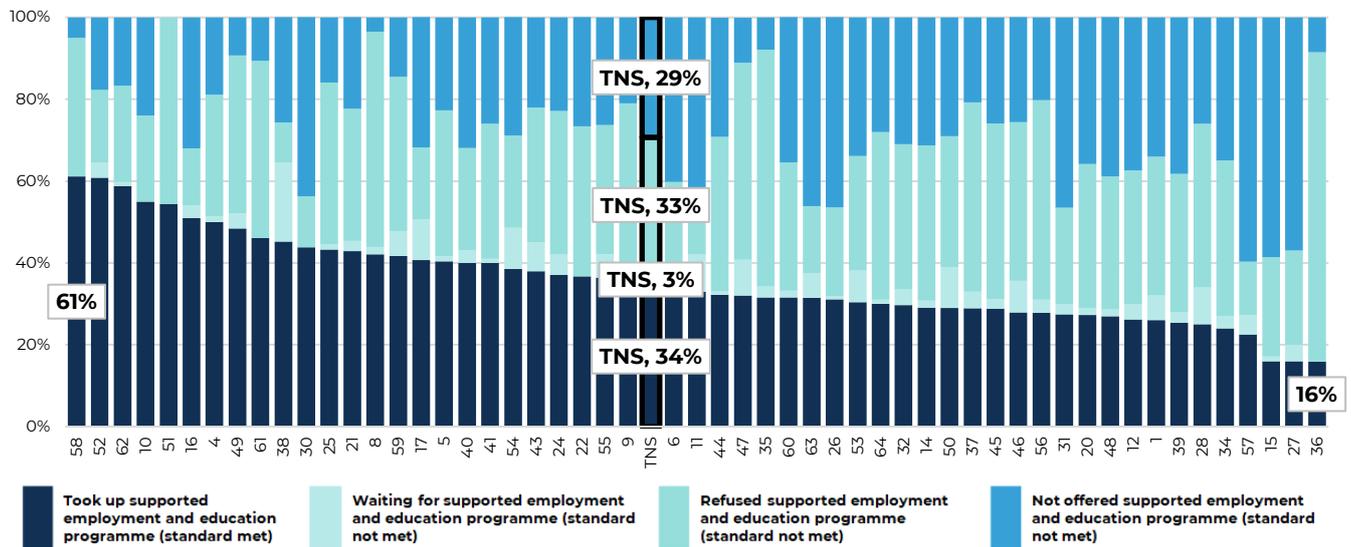


Figure 2. People with FEP who had taken up supported employment and education programmes (n=10,557)

Standard 6: Physical health screening

For all people with FEP, further analysis for this standard was carried out to breakdown screenings via each individual physical health measure.

Smoking

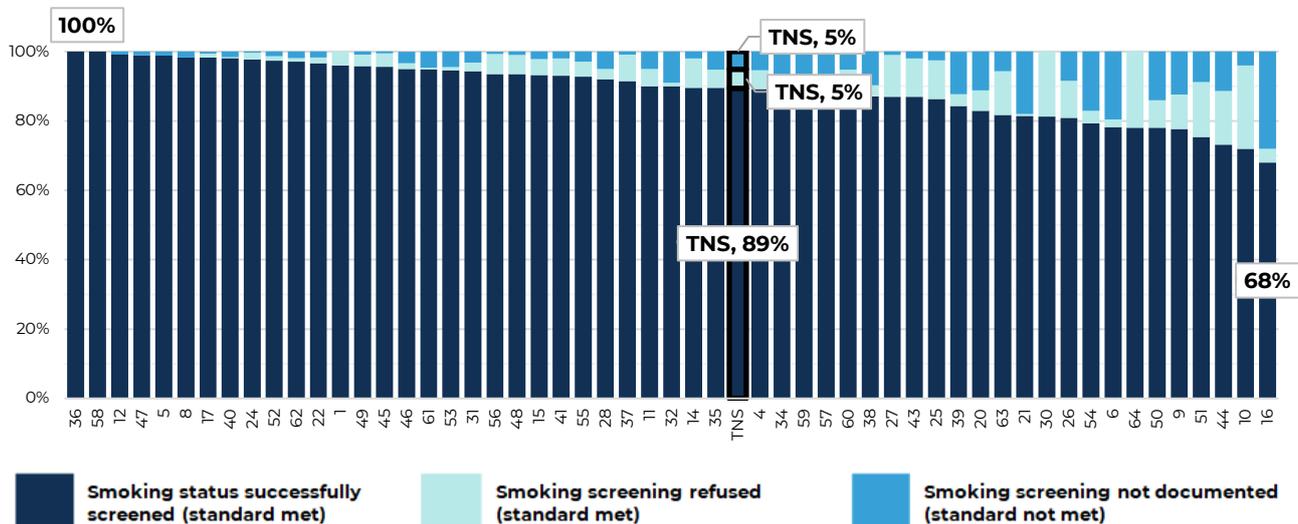


Figure 3. Proportion of people with FEP offered an annual screening for cigarette smoking (n=10,557)

Alcohol

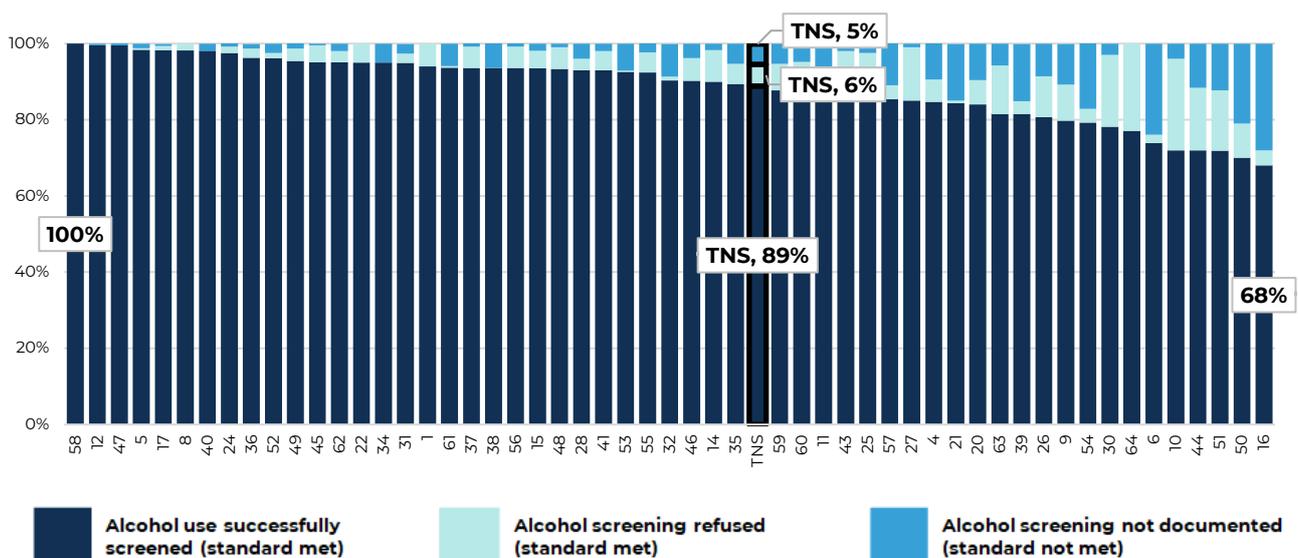


Figure 4. Proportion of people with FEP offered an annual screening for alcohol use (n=10,557)

Substance misuse

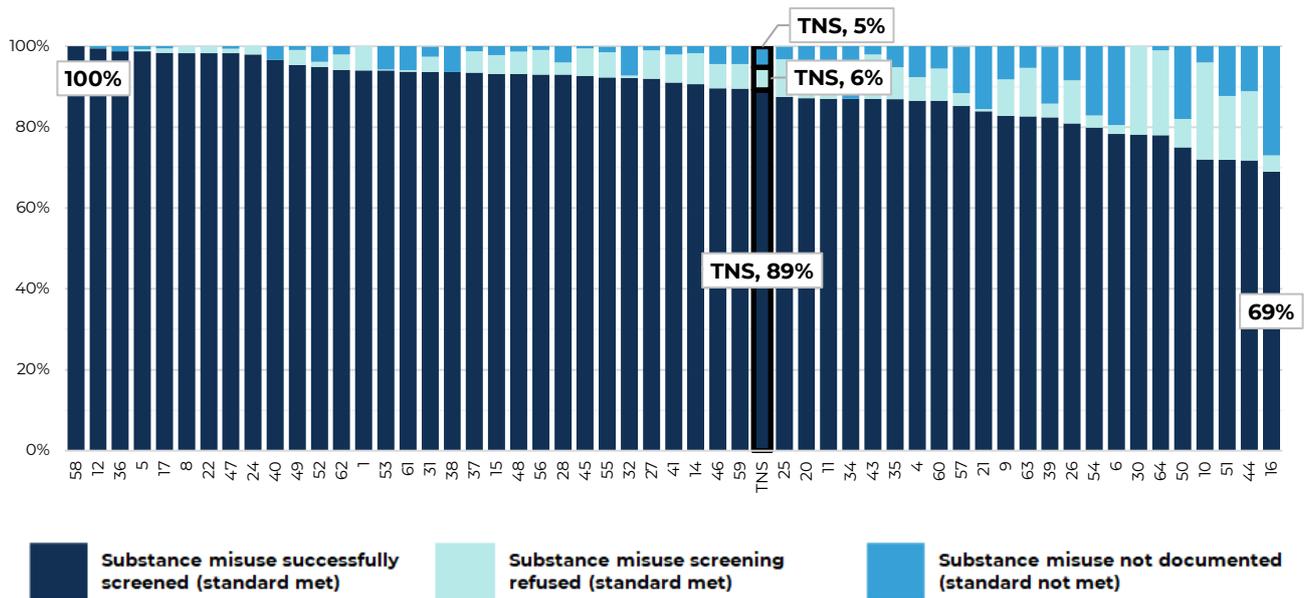


Figure 5. Proportion of people with FEP offered an annual screening for substance misuse (n=10,557)

BMI

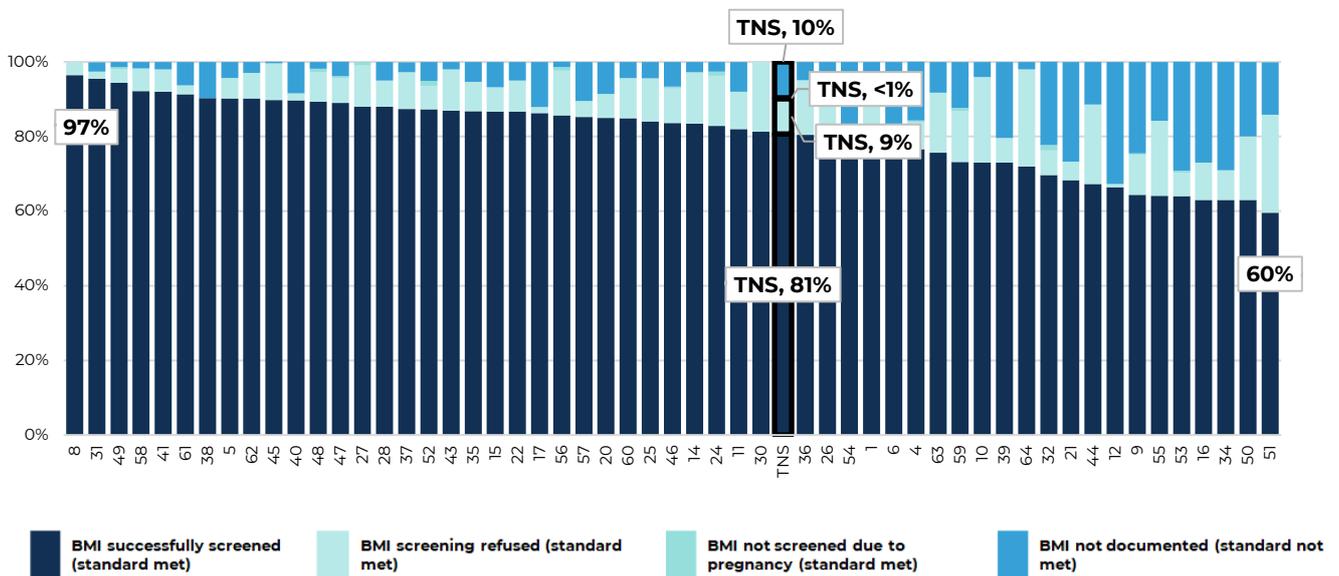


Figure 6. Proportion of people with FEP offered an annual screening for BMI (n=10,557)

Blood pressure

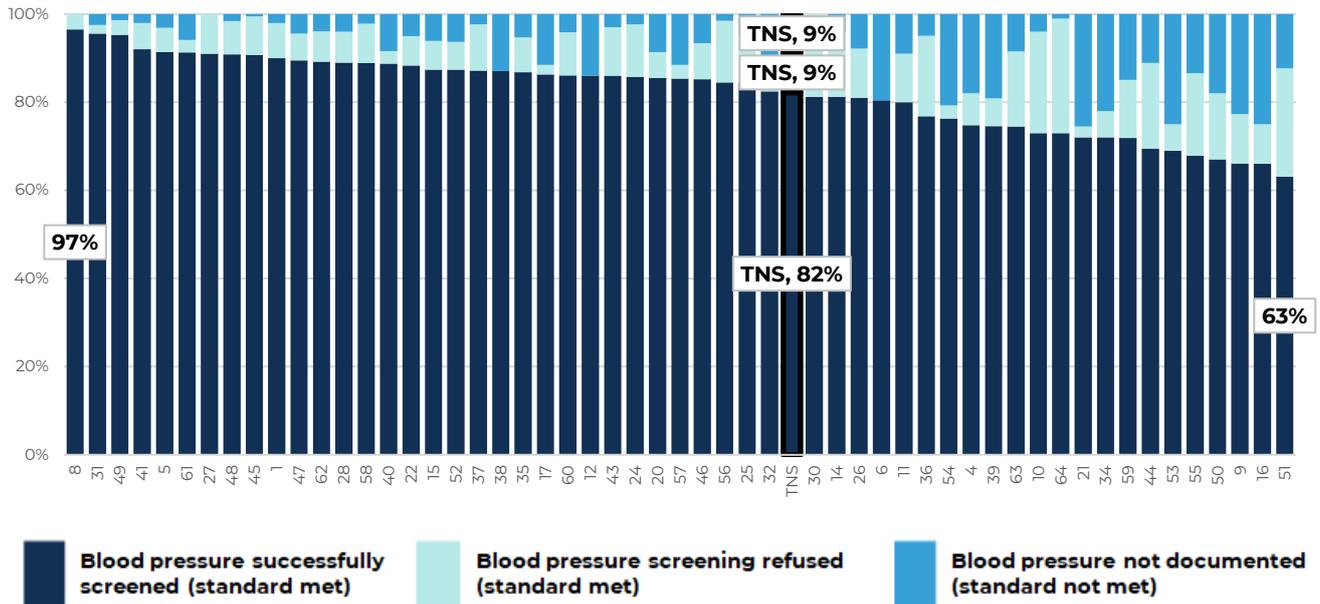


Figure 7. Proportion of people with FEP offered an annual screening for blood pressure (n=10,557)

Glucose screening ¹

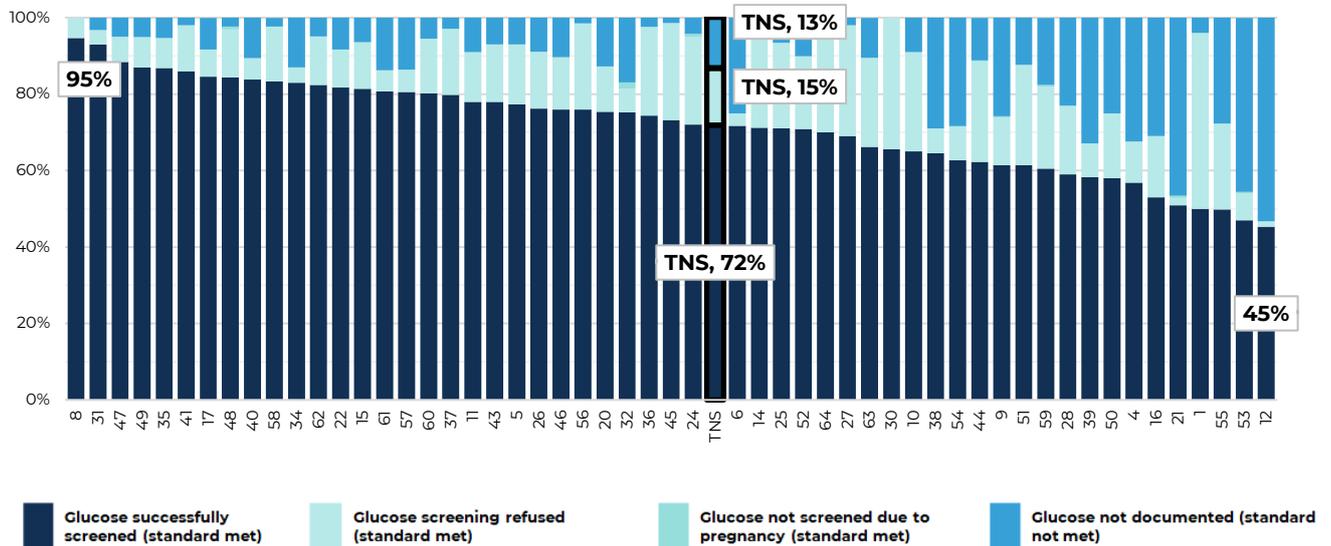


Figure 8. Proportion of people with FEP offered an annual screening for glucose (n=10,557)

¹ Glucose not screened due to pregnancy (standard met) TNS<1%.

Cholesterol screening

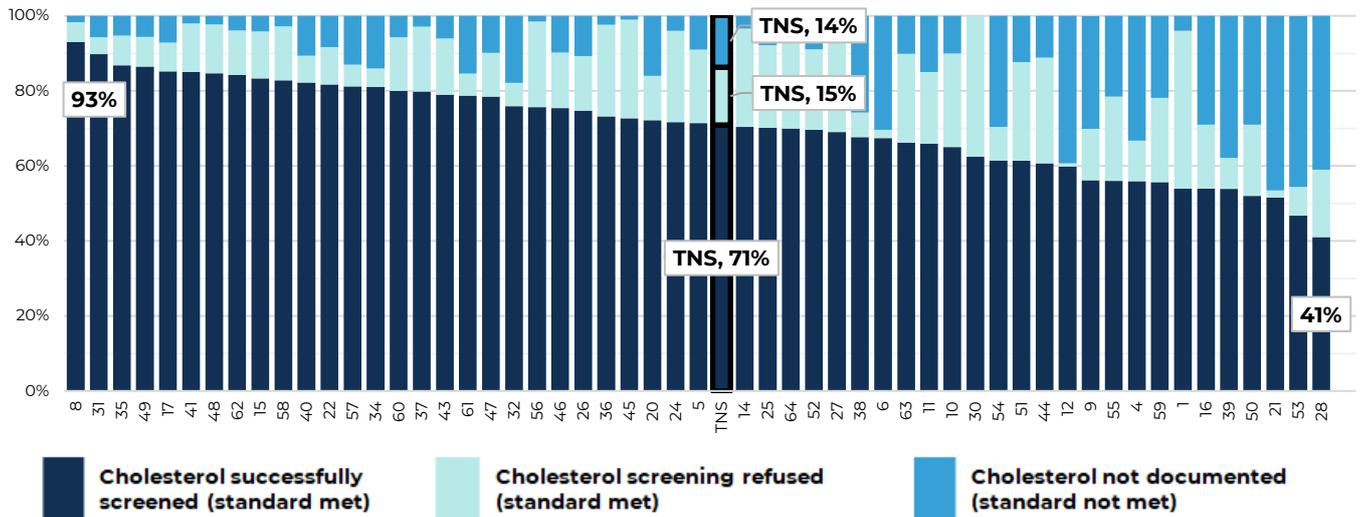


Figure 9. Proportion of people with FEP offered an annual screening for cholesterol (n=10,557)

Standard 7: Physical health intervention

For all people with FEP, further analysis for this standard was carried out to breakdown intervention offer via each individual physical health measure.

Smoking

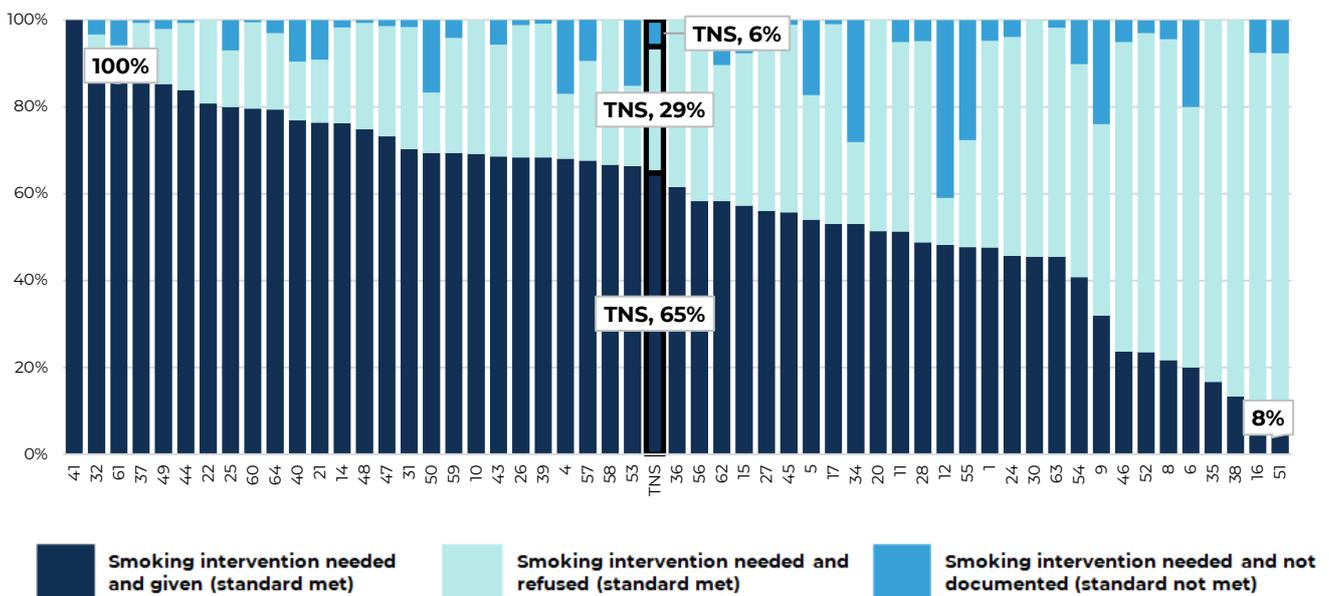


Figure 10. Proportion of people with FEP offered an intervention for cigarette smoking across Trusts (n=4,016)

Alcohol use

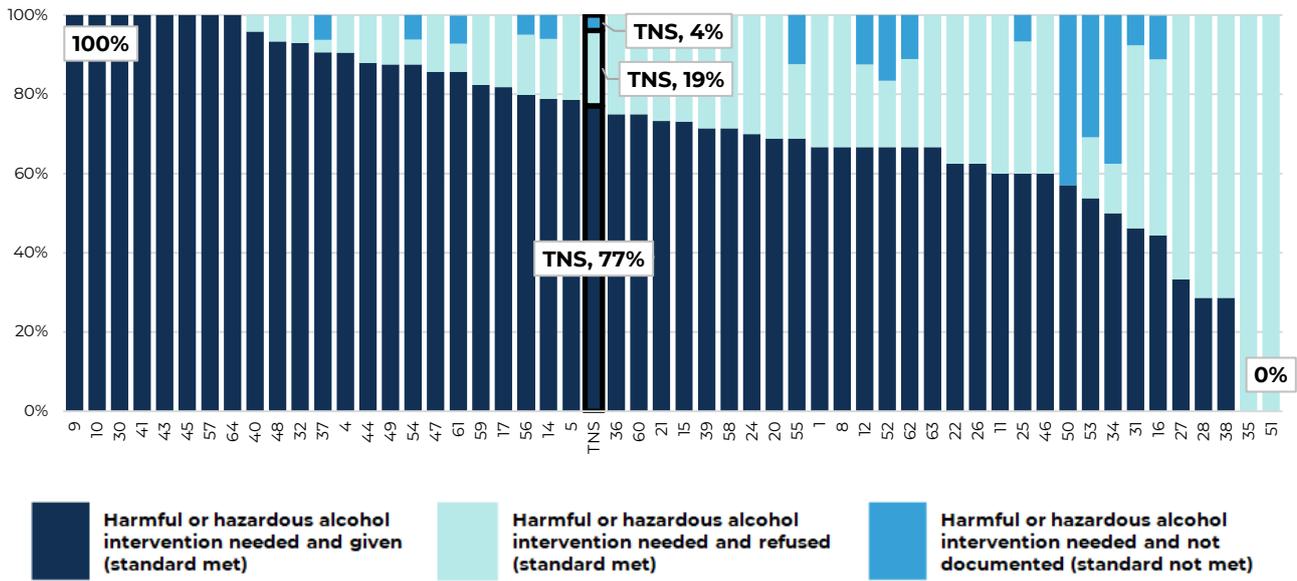


Figure 11. Proportion of people with FEP offered an intervention for harmful or hazardous use of alcohol across Trusts (n=711)

Substance misuse

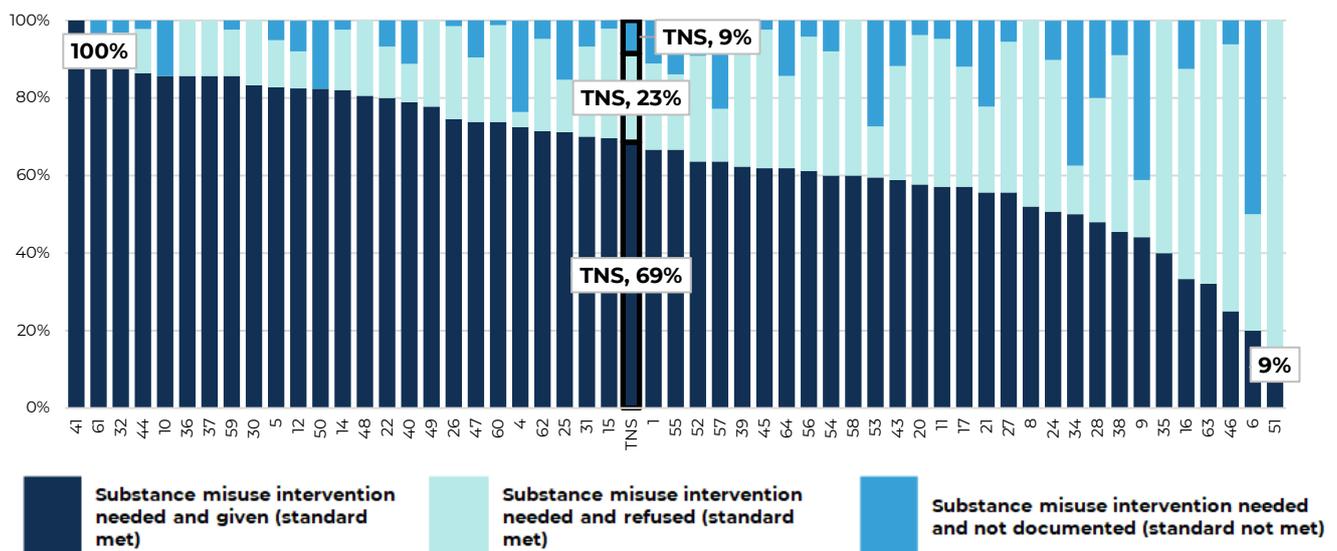


Figure 12. Proportion of people with FEP offered an intervention for substance misuse across Trusts (n=2,042)

Weight gain

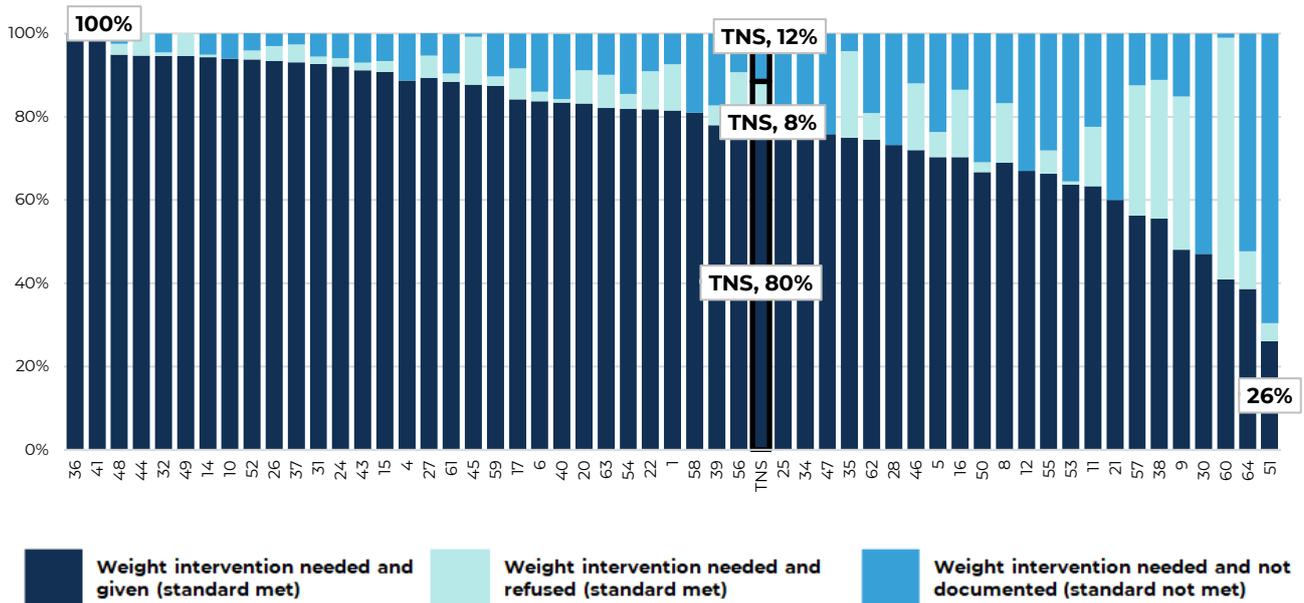


Figure 13. Proportion of people with FEP offered an intervention for elevated BMI / weight gain across Trusts (n=5,553)

Hypertension

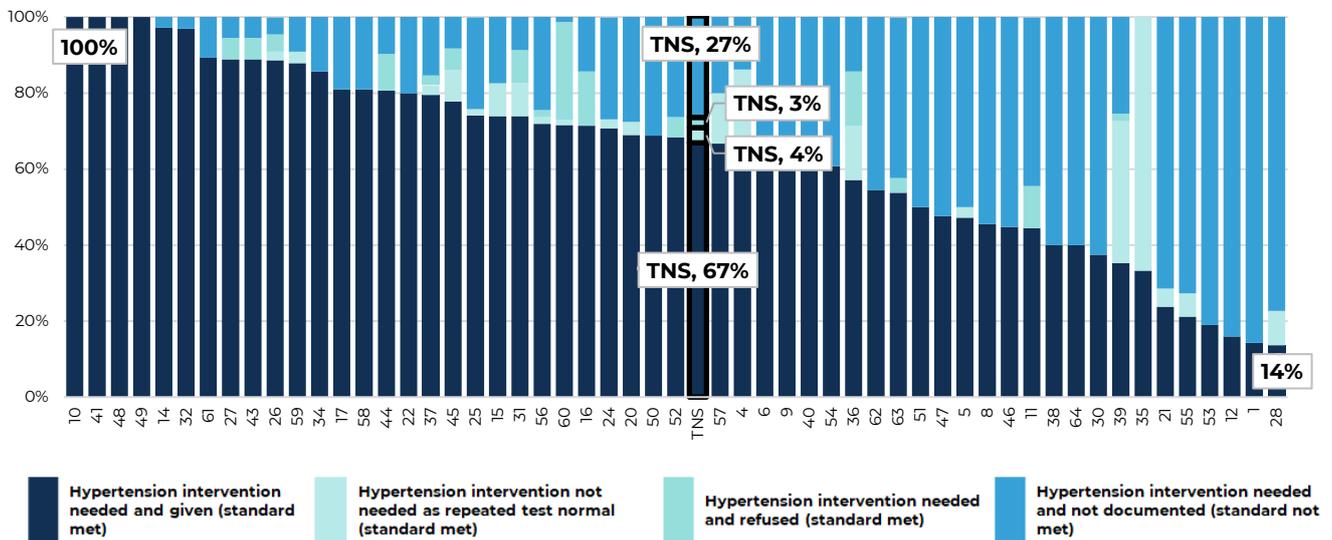


Figure 14. Proportion of people with FEP offered an intervention for hypertension across Trusts (n=1,453)

Diabetes

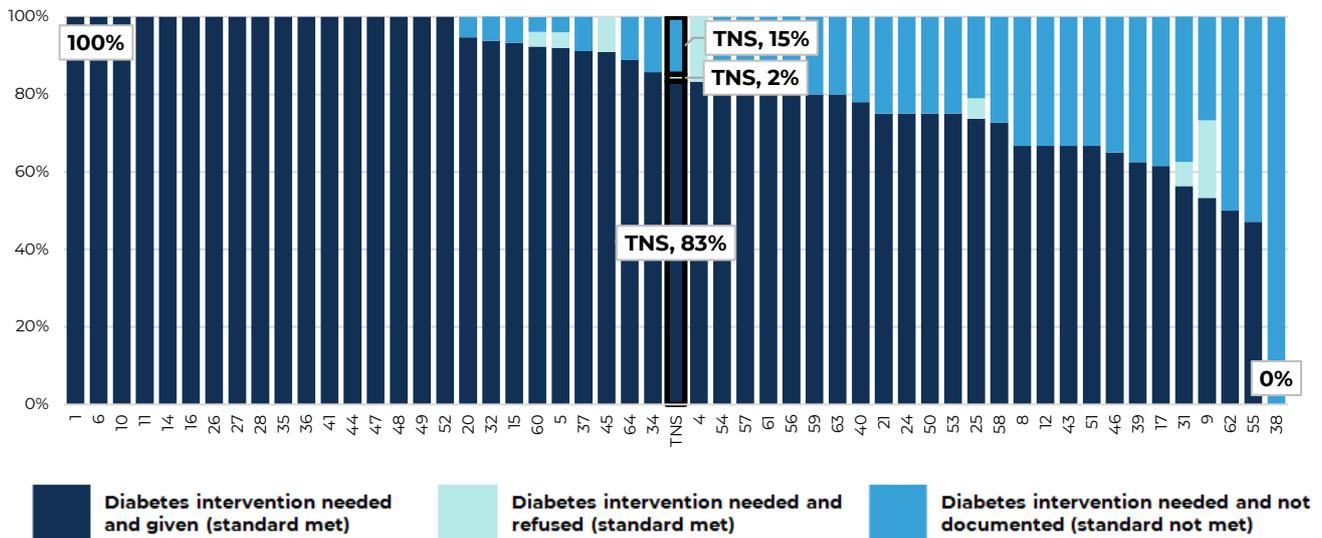


Figure 15. Proportion of people with FEP offered an intervention for diabetes across Trusts (n=658)

Dyslipidaemia

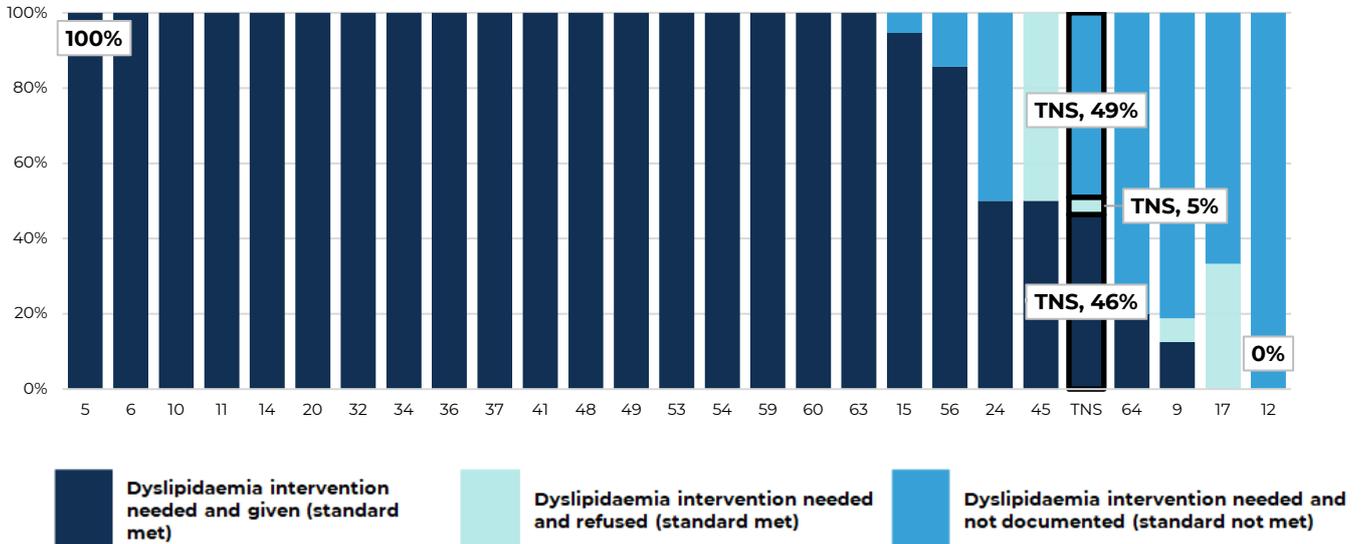


Figure 16. Proportion of people with FEP offered an intervention for dyslipidaemia across Trusts (n=153)

Standard 8: Carer-focused education and support programmes

Further analysis was carried out on people who had an identified family member, friend or carer, excluding those who did not wish this person to be contacted (n=7,842).

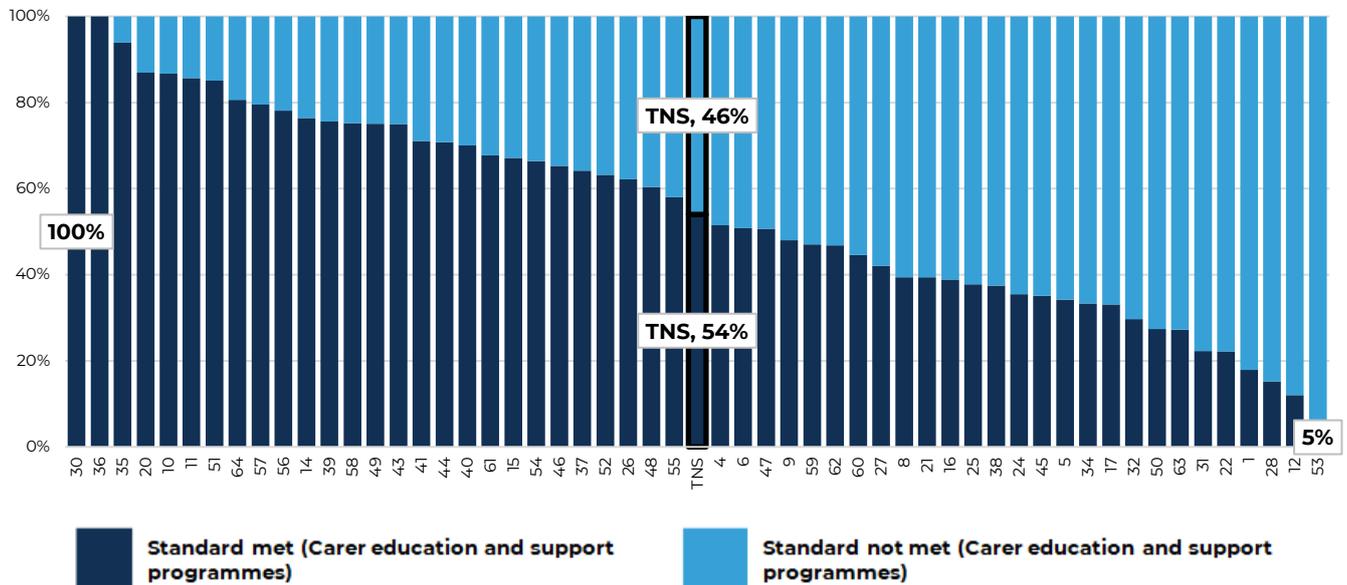


Figure 17. Proportion of people with FEP whose identified family member, friend or carer, excluding those that the service user wishes to not be contacted, has taken up carer-focused education and support programmes (n=7,842)

Appendix F: Statistical analysis

The health inequalities data (see page 19-22 in national report) underwent Pearson’s chi-squared significance testing (X^2). Standardised residuals (z) were used to identify significant contributions of each individual cell within the chi-squared contingency table. A standardised residual of $>\pm 2$ is considered significant.

Cramer’s V/Phi was used to identify the strength of association between variables; however, the tests uncovered only a weak association between variables for all sections of analysis.

Age

CBTp

The proportions of people with FEP who took up, refused, were waiting for, or were not offered CBTp differed significantly by age, $X^2(df, 6) = [38.79]$, $p = [.000]$ (see page 19 in national report). The standardised residuals indicated that significant contributions to the chi-squared analysis came only from those who were under 18 and took up (37%; $n=144$; $z=-2.5$), were waiting for (17%; $n=67$; $z=+3.9$) or were not offered (20%; $n=79$; $z=+3.3$) CBTp.

Family Intervention (FI)

The proportions of people with FEP who took up, refused, were waiting for, or were not offered FI differed significantly by age, $X^2(df, 6) = [113.26]$, $p = [.000]$ (see page 20 in national report). The associated standardised residuals are as follows:

		Took up	Refused	Not offered	Waiting
Under 18s	n	130	127	97	36
	%	33%	33%	25%	9%
	z	5.7	-3.1	-2.2	3
18-35 years	n	1433	2839	1980	401
	%	22%	43%	30%	6%
	z	2.1	-0.2	-2.1	1.4
36 years plus	n	589	1552	1218	155
	%	17%	44%	35%	4%
	z	-4.8	1.2	3.7	-3

Figure 18. Frequency table displaying the number and percentage of people in different age groups who took up, refused, were not offered, or were waiting for family intervention along with standardised residuals

Carer education support programme

The proportions of carers of people with FEP who had commenced a carer support programme differed significantly by age, $X^2(df, 2) = [19.37]$, $p = [.000]$ (see page 20 in national report). Significant contributions to the chi-squared analysis arose the subgroup of people under 18 (61%; $n=222$; $z=+2.2$) only.

Supported education and employment programme

The proportions of people with FEP who were not in work, education or training (NEET) at the time of their initial assessment that took up, refused, were waiting for, or were not offered a supported employment programme differed significantly by age, X^2 (df, 6) = [184.36], p = [.000] (see page 21 in national report). The standardised residuals indicated significant contributions to the chi-squared analysis from 18–35-year-olds who took up (37%; n =1452; z =+5.5) and were not offered (22%; n =866; z =-5.2) a supported employment programme as well as over 36-year-olds who took up (24%; n =530; z =-7.0) and were not offered (33%; n =742; z =+6.2) a supported employment programme. Under 18-year-olds who were not offered this intervention also contributed to the overall significance of the chi-squared analysis (47%; n =40; z =+3.6).

Clozapine

The proportions of people with FEP that were offered clozapine after two adequate but unsuccessful trials of antipsychotic medications differed significantly by age, X^2 (df, 2) = [29.61], p = [.000] (see page 20 in national report). Significant contributions to the chi-squared analysis came only from those 36 and over (37%; n =88; z =-3.2).

Outcome measures

The proportions of people with FEP who had two or more outcome measures recorded more than once differed significantly by age, X^2 (df, 2) = [13.86], p = [.001] (see page 20 in national report). Only the under 18s had significantly fewer outcome measures recorded more than once (51%; n =198; z =-2.3).

Gender

CBTp

The proportions of people with FEP who took up, refused, were waiting for, or were not offered CBTp differed significantly by gender, X^2 (df, 3) = [110.21], p = [.000] (see page 21 national report). People who identified as 'Other/non-binary' were excluded from the analysis due to their small sample size (n =21).

		Took up	Refused	Not offered	Waiting
Male	n	2695	2092	979	672
	%	42%	33%	15%	10%
	z	-4.4	4.0	2.7	-0.7
Female	n	2102	1043	493	460
	%	51%	26%	12%	11%
	z	5.5	-5.1	-3.3	0.9

Figure 19. Frequency table displaying the number and percentage of people of different genders who took up, refused, were not offered, or were waiting for CBTp along with standardised residuals

Clozapine

The proportions of people with FEP that were offered clozapine after two adequate but unsuccessful trials of antipsychotic medications differed significantly by gender, X^2 (df, 1) = [7.04], p = [.008] (see page 21 in national report). The standardised residuals here, however, did not identify any one cell as

contributing to the overall significance of the chi squared analysis, with all cells having standardised residuals $< \pm 1.96$.

Ethnicity

Carer education support programme

The proportions of carers of people with FEP who had commenced a carer support programme differed significantly by ethnicity, X^2 (df, 5) = [76.84], $p = [.000]$ (see page 22 in national report). The standardised residuals identified significant contributions to the chi squared analysis from groups of people who identified as white (55%; $n= 2937$; $z=+3.3$) and those who identified as black (42%; $n=451$; $z=-4.6$) only.

Physical health

The proportions of people with FEP who had received all physical health screenings differed significantly by ethnicity, X^2 (df, 5) = [60.00], $p = [.000]$ (see page 22 national in report). Significant contributions to this analysis came only from the population of service users who identified as black (74%; $n=1029$; -2.6).

The proportions of people with FEP who had received all relevant physical health interventions differed significantly by ethnicity, X^2 (df, 5) = [82.03], $p = [.000]$. People with FEP who identified as white significantly contributed to the chi-squared analysis (74%; $n=4963$; $z=+2.5$) as well as people who identified as black (63%; $n=873$; $z=-3.7$). For all other ethnicities the standardised residuals were $< \pm 1.96$.

Outcome measures

The proportions of people with FEP who had two or more outcome measures recorded more than once differed significantly by ethnicity, X^2 (df, 5) = [102.76], $p = [.000]$ (see page 22 in national report). Contributions to the significance of the chi-squared analysis came from the populations of people with FEP who identified as white (63%; $n=4213$; $z=+3.1$), black (52%; $n=719$; $z=-3.9$) and those whose ethnicity was unknown (44%; $n=150$; $z=-3.8$). For the purpose of the health inequalities analysis, 'refused' and 'unknown' breakdowns of ethnicity were regrouped into one 'ethnicity unknown' variable.

Appendix G: Participating Trusts

Trust	Provider ID	Team name(s)	Total sample
Gloucestershire Health and Care NHS Foundation Trust (previously known as 2gether NHS Foundation Trust)	ORG01	GRIP (Gloucestershire)	50
		Bristol Early Intervention Team	79
		North Somerset Early Intervention Team	18
Avon and Wiltshire Mental Health Partnership NHS Trust	ORG04	South Gloucestershire Early Intervention Team	28
		Swindon Early Intervention Team	24
		Wiltshire Early Intervention Team	46
		Banes Early Intervention Team	27
		Barnet Early Intervention in Psychosis Service	79
Barnet, Enfield and Haringey Mental Health NHS Trust	ORG05	Enfield Early Intervention in Psychosis Service	76
		Haringey Early Intervention in Psychosis Service	100
		Berkshire Early Intervention in Psychosis Service	92
Berkshire Healthcare NHS Foundation Trust	ORG06		
Birmingham and Solihull Mental Health NHS Foundation Trust	ORG08	Solihull Early Intervention Service	57
		Sandwell Early Intervention Team	81
Black Country Healthcare NHS Foundation Trust (previously known as Black Country Partnership NHS Foundation Trust)	ORG09	Wolverhampton Early Intervention Team	36
		Dudley Early Intervention Service	51
		Walsall Early Intervention Service	65
		Bradford and Airedale Early Intervention Service	100
Bradford District Care NHS Foundation Trust	ORG10		

Trust	Provider ID	Team name(s)	Total sample
Cambridgeshire and Peterborough NHS Foundation Trust	ORG11	Cambridgeshire and Peterborough Assessing, Managing and Enhancing Outcomes (CAMEO)	100
		Camden Early Intervention Service	100
Camden and Islington NHS Foundation Trust	ORG12	Islington Early Intervention Service	100
		Child and Adolescent Mental Health Services (CAMHS) Early Intervention Service	14
		Brent Early Intervention Service	84
Central and North West London NHS Foundation Trust	ORG14	Harrow and Hillingdon Early Intervention Service	88
		Kensington and Chelsea and Westminster Early Intervention Service	100
		Milton Keynes Early Intervention Team	79
		Central and Eastern Cheshire Early Intervention Service	100
Cheshire and Wirral Partnership NHS Foundation Trust	ORG15	Cheshire West Early Intervention Service	63
		Wirral Early Intervention Team	100
		Cornwall Partnership NHS Foundation Trust	ORG16
Coventry and Warwickshire Partnership NHS Trust	ORG17	Coventry Early Intervention Team	82
		North Warwickshire and Rugby Early Intervention Team	55
		South Warwickshire Early Intervention Team	45
Derbyshire Healthcare NHS Foundation Trust	ORG20	Derby City and South County Early Intervention Service	100
		North Derbyshire Early Intervention Service	87
Devon Partnership NHS Trust	ORG21	Exeter and East Devon EIP Service	51
		North and Mid Devon EIP Service	63

Trust	Provider ID	Team name(s)	Total sample
		Torbay, South and West Devon EIP Service	47
Dorset HealthCare University NHS Foundation Trust	ORG22	Pan Dorset Early Intervention in Psychosis Service	60
		Early Intervention in Psychosis Service Bedfordshire and Luton	100
East London NHS Foundation Trust	ORG24	Equip – City and Hackney Early Intervention Service	91
		Newham Early Intervention Psychosis Service	59
		Tower Hamlets Early Intervention Service	100
		Mid Essex First Episode Psychosis Team	47
Essex Partnership University NHS Foundation Trust	ORG25	North East Essex First Episode Psychosis Team	49
		West Essex First Episode Psychosis Team	55
		ESTEP East	100
		ESTEP West	70
		Bolton Early Intervention Team	100
Greater Manchester Mental Health Services NHS Foundation Trust	ORG26	Salford Early Intervention Team	100
		Trafford Early Intervention Team	83
		Manchester Early Intervention Team	100
Hertfordshire Partnership University NHS Foundation Trust (HPSFT)	ORG27	Psychosis: Prevention, Assessment and Treatment in Hertfordshire (PATH)	100
Humber Teaching NHS Foundation Trust	ORG28	Psychosis Service for Young People in Hull and East Riding (PSYPHER)	100
Isle of Wight NHS Trust	ORG30	Isle of Wight Early Intervention in Psychosis	32
Kent and Medway NHS and Social Care Partnership Trust	ORG31	Early Intervention for Psychosis – East Kent	77
		Early Intervention for Psychosis – West Kent	80
Lancashire and South Cumbria	ORG32	Early Intervention Service – Central	81

Trust	Provider ID	Team name(s)	Total sample
NHS Foundation Trust (previously known as Lancashire Care NHS Foundation Trust)		Early Intervention Service – East	100
		Early Intervention Service – North	79
		South Cumbria Early Intervention Team	30
Leicestershire Partnership NHS Trust	ORG34	Psychosis Intervention and Early Recovery (PIER) Team	100
Lincolnshire Partnership NHS Foundation Trust	ORG35	Early Intervention Team Lincolnshire	38
Livewell Southwest CIC	ORG36	Insight Team: The Zone Youth Enquiry Service	82
Mersey Care NHS Foundation Trust	ORG37	Early Intervention in Psychosis Liverpool	100
		Early Intervention Team Sefton and Kirkby	100
		Early Intervention Team Knowsley & St Helens	62
		Early Intervention Team Halton and Warrington	80
NAVIGO Health and Social Care CIC	ORG38	Early Intervention in Psychosis and Transition Service	31
Norfolk and Suffolk NHS Foundation Trust	ORG39	Central Norfolk Early Intervention Team	99
		West Norfolk Early Intervention Team	56
		Great Yarmouth and Waveney Early Intervention Team	64
		East and West Suffolk Early Intervention Team	100
North East London NHS Foundation Trust	ORG40	Barking and Dagenham Early Intervention in Psychosis	96
		Havering Early Intervention in Psychosis	72
		Redbridge Early Intervention in Psychosis Team	67
		Waltham Forest Early Intervention in Psychosis	85
North Staffordshire Combined Healthcare NHS Trust	ORG41	Early Intervention Service, North Staffordshire	100

Trust	Provider ID	Team name(s)	Total sample
Northamptonshire Healthcare NHS Foundation Trust	ORG43	Early Intervention Service N-STEP	100
		Early Intervention in Psychosis Team - Gateshead	59
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (previously known as Northumberland, Tyne and Wear NHS Foundation Trust)	ORG44	Early Intervention in Psychosis Team - North Tyneside	49
		Early Intervention in Psychosis Team - Northumberland	59
		Early Intervention in Psychosis Team - Sunderland EIP	40
		Early Intervention in Psychosis Team - Newcastle	80
		Early Intervention in Psychosis Team - South Tyneside	38
		Early Intervention in Psychosis Team - North Cumbria	97
Nottinghamshire Healthcare NHS Foundation Trust	ORG45	Early Intervention in Psychosis - North	100
		Early Intervention in Psychosis - South	100
		Child and Adolescent Mental Health Services (CAMHS) Head 2 Head Team	5
Oxford Health NHS Foundation Trust	ORG46	Buckinghamshire Early Intervention Service	83
		Oxfordshire Early Intervention Service	100
Oxleas NHS Foundation Trust	ORG47	Bexley Early Intervention in Psychosis	53
		Bromley Early Intervention in Psychosis	60
		Greenwich Early Intervention in Psychosis Team	68
Pennine Care NHS Foundation Trust	ORG48	Early Intervention Team Bury	98
		Early Intervention Team Heywood, Middleton and Rochdale	64

Trust	Provider ID	Team name(s)	Total sample
		Early Intervention Team Oldham	73
		Early Intervention Team Stockport	60
		Early Intervention Team Tameside	90
Rotherham, Doncaster and South Humber NHS Foundation Trust	ORG49	Early Intervention in Psychosis – Doncaster	100
		Early Intervention Team – North Lincolnshire	39
		Early Intervention Team – Rotherham	76
Sheffield Health and Social Care NHS Foundation Trust	ORG50	Sheffield Early Intervention Service	100
Solent NHS Trust	ORG51	Portsmouth Early Intervention with Psychosis Team	57
Somerset Partnership NHS Foundation Trust	ORG52	Somerset Team for Early Psychosis (STEP)	79
South London and Maudsley NHS Foundation Trust	ORG53	Early Intervention Service – Croydon (COAST)	36
		Early Intervention Service – Lambeth (LEO)	100
		Early Intervention Service – Lewisham (LEIS)	100
		Early Intervention Service – Southwark (STEP)	100
Midlands Partnership NHS Foundation Trust	ORG54	Early Intervention Team – Shropshire, Telford and Wrekin	92
		Early Intervention Team – South Staffordshire	77
South West London and St George’s Mental Health NHS Trust	ORG55	Kingston Early Intervention Service	23
		Richmond Early Intervention Service	25
		Merton Early Intervention Service	43
		Sutton Early Intervention Service	37
		Wandsworth Early Intervention Team	81
South West Yorkshire	ORG56	Barnsley Early Intervention Team	73

Trust	Provider ID	Team name(s)	Total sample
Partnership NHS Foundation Trust		Calderdale Insight (Early Intervention in Psychosis)	61
		Kirklees Insight Team – North	99
		Kirklees Insight Team – South	59
		Wakefield Early Intervention in Psychosis Team	50
Southern Health NHS Foundation Trust	ORG57	Portsmouth and South East Hampshire Early Intervention in Psychosis Team	49
		Mid North Early Intervention in Psychosis Team	66
		Southampton Early Intervention in Psychosis Team	31
		South West Early Intervention in Psychosis Team	45
Surrey and Borders Partnership NHS Foundation Trust	ORG58	Early Intervention in Psychosis East Surrey	80
		Early Intervention in Psychosis West Surrey and North East Hampshire	100
		Bognor Early Intervention in Psychosis Service	20
		Brighton and Hove Early Intervention in Psychosis Service	71
Sussex Partnership NHS Foundation Trust	ORG59	Hailsham Early Intervention in Psychosis Service	40
		Hastings Early Intervention in Psychosis Service	34
		Horsham Early Intervention in Psychosis Service	33
		Worthing Early Intervention in Psychosis Service	30
	ORG60	Harrogate, Hambleton and Richmondshire Early	67

Trust	Provider ID	Team name(s)	Total sample
Tees, Esk and Wear Valleys NHS Foundation Trust		Intervention in Psychosis Team	
		North Durham and Easington Early Intervention in Psychosis Team	46
		Hartlepool Early Intervention in Psychosis Team	33
		Stockton Early Intervention in Psychosis Team	39
		Scarborough, Whitby and Ryedale Early Intervention in Psychosis Team	18
		South Durham Early Intervention in Psychosis Team	85
		Middlesbrough Early Intervention in Psychosis Team	92
		Redcar and Cleveland Early Intervention in Psychosis Team	30
		York and Selby Early Intervention in Psychosis Team	100
West London NHS Trust	ORG61	Ealing Early Intervention for Psychosis	100
		Hammersmith and Fulham Early Intervention for Psychosis	65
		Hounslow Early Intervention for Psychosis	89
Herefordshire and Worcestershire Health and Care NHS Trust (previously known as Worcestershire Health and Care NHS Trust)	ORG62	Worcestershire Early Intervention service	51
		Hereford Early Intervention Team	51
Forward Thinking Birmingham	ORG63	Birmingham Early Intervention for Psychosis Service (West)	81

Trust	Provider ID	Team name(s)	Total sample
		Birmingham Early Intervention for Psychosis Service (East)	81
		Birmingham Early Intervention for Psychosis Service (North)	76
		Birmingham Early Intervention for Psychosis Service (South)	79
Community Links Northern Ltd	ORG64	Aspire (Leeds)	100

Appendix H: Steering Group members

Name	Organisation
Eva Bell	Rethink Mental Illness
Dr Alison Brabban	Early Intervention in Psychosis Network, NHS England and Improvement
Dr Elizabeth Davies	Welsh Government
Dr Selma Ebrahim	Association of Clinical Psychology UK
Wendy Harlow	Sussex Partnership Trust / Local audit representative
Steve Jones	NHS England and Improvement
Fahad Khan	Adult community mental health, NHSE/I
Alexa Knight	Rethink Mental Illness
Beth McGeever	NHS England and Improvement
Natalia Plejic	Healthcare Quality Improvement Partnership
Peter Pratt	NHS England and Improvement
Caroline Rogers	Healthcare Quality Improvement Partnership
Dr David Shiers	Carer
Dr Caroline Taylor	Royal College of General Practitioners / Clinical Commissioning Group representative
Andrew Turner	Care Quality Commission
Dr Jonathan West	Early Intervention in Psychosis Network (London)
Nadine Young	Care Quality Commission

Appendix I: Glossary

A

Antipsychotics: A group of medications that are prescribed to treat people with symptoms of psychosis.

ARMS (at-risk mental state): A set of subclinical symptoms which do not meet the threshold for a psychosis diagnosis. Symptoms may include unusual thoughts, perceptual changes, paranoia, disorganised speech and poor functioning. ARMS patients are considered at risk of developing psychosis or psychotic disorders.

Audit: Clinical audit is a quality improvement process. It seeks to improve patient care and outcomes through a systematic review of care against specific standards or criteria. The results should act as a stimulus to implement improvements in the delivery of treatment and care.

Audit standard: A standard is a specific criterion against which current practice in a service is measured. Standards are often developed from recognised, published guidelines for provision of treatment and care.

B

Blood glucose: Level of sugar in the blood. Measuring this is done to see if someone has diabetes (the term blood glucose is used in this report as a more familiar terminology for non-medical readers than the more correct plasma glucose).

Blood pressure: This gives one measure of how healthy a person's cardiovascular system is, i.e. the functioning of their heart, blood

vessels and aspects of their kidney function. It is measured using 2 levels: systolic and diastolic blood pressure.

Body mass index (BMI): This is an indicator of healthy body weight, calculated by dividing the weight in kilograms by the square of the height in metres.

C

Child and Adolescent Mental Health Services (CAMHS): A service which specialises in the treatment of children and adolescents.

Children and Young People (CYP): All service users under 18 years of age.

Carer: A person, often a spouse, family member or close friend, who provides unpaid emotional and day-to-day support to the service user. In this audit, service users identified their own carers.

Children and Young People's Mental Health (CYPMH) service: A service that specialises in the treatment of children and young people.

Cholesterol: An important component of blood lipids (fats) and a factor determining cardiovascular health. High levels of cholesterol may lead to heart problems.

Clinician: A health professional who sees and treats patients and is responsible for some or all aspects of their care.

Clozapine: A medication used to treat patients who are unresponsive to conventional antipsychotic medication.

Cognitive behavioural therapy (CBT): A form of psychological therapy, which is usually short term and addresses thoughts and behaviour.

Cognitive behavioural therapy for psychosis (CBTp): A specialist form of CBT that has been developed to help people experiencing psychotic symptoms, most often hallucinations and delusions. It also focuses on reducing distress, anxiety and depression common in psychosis, developing everyday self-management skills and working towards personal goals.

College Centre for Quality Improvement (CCQI): A centre which specialises in assessing and improving the quality of care of mental health services through quality and accreditation networks, national clinical audits, and research and evaluation.

Community mental health team (CMHT): A group of health professionals who specialise in working with people with mental health problems outside of hospitals.

Commissioner: A person or organisation that plans and monitors services.

Cramer's V: A number between 0 and 1 that indicates how strongly two categorical variables are associated.

D

Diabetes: A long-term condition caused by having high levels of sugar in the blood. There are 2 types; type 1 diabetes can be controlled with insulin injections, and type 2 diabetes can generally be controlled through diet.

DIALOG: An outcome measure where service users are asked to rate their satisfaction and needs for care across different parts of their life and treatment. It helps to guide a structured conversation between a health professional and service user.

Dyslipidaemia: A condition where a person has an abnormal level of 1 or more types of lipids. Most commonly there is too high a level of lipids, which increases the risk of having a heart attack or a stroke.

E

Early Intervention in Psychosis (EIP) service: EIP services are specialised services providing prompt assessment and evidence-based treatments to people with first episode psychosis (FEP).

Ethnicity: The fact or state of belonging to a social group that has a common national or cultural tradition.

F

Fasting plasma glucose: A blood test to see if someone has diabetes.

Family intervention (FI): A structured intervention involving service users and their families or carers. This intervention aims to support families to deal with problems effectively, improve the mental health of all members and reduce the chance of future relapse.

First episode of psychosis (FEP): First episode psychosis is the term used to describe the first time a person experiences a combination of symptoms known as psychosis. Each person's experience and combination of symptoms will be unique. Core clinical symptoms are usually divided into 'positive symptoms', including hallucinations (perception in the absence of any stimulus) and delusions (fixed or falsely held beliefs), and 'negative symptoms', such as apathy, lack of drive, poverty of speech, social withdrawal and self-neglect. A range of common mental

health problems (including anxiety and depression) and coexisting substance misuse may also be present.

G

General practitioner (GP): A doctor who works in practices in the community and who is generally the first point of contact for all physical and mental health problems.

Glucose: A type of sugar. The body uses this for energy.

H

Haemoglobin: A protein found in red blood cells that helps to deliver oxygen from the lungs to the rest of the body.

Harmful or hazardous use of alcohol: A pattern of alcohol consumption causing health problems directly related to alcohol.

Health Inequalities: Systematic differences in the health status of a different population groups that may be considered unfair.

Health of the Nation Outcomes Scale (HoNOS): Developed to measure various aspects of the level of symptoms, social and other functioning, and general health of people with severe mental illness.

Healthcare Quality Improvement Partnership (HQIP): Aims to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices.

Hub-and-spoke model: A healthcare model in which EIP care coordinators are based in community mental health teams (spokes) but are part of and supported by specialist EIP workers in a central EIP service (hub).

Hypertension: High blood pressure. This is a risk factor for heart disease and stroke.

L

Lipids: Fats, such as cholesterol. They are stored in the body and provide it with energy. Levels too far outside of the normal range increase risk of certain diseases.

M

Mental Health Services Data Set (MHSDS): An approved NHS Information Standard that contains record-level data about the care of children, young people and adults who are in contact with mental health, learning disability or autism spectrum disorder services.

mmol/l: Millimoles per litre.

Multidisciplinary: Usually refers to a team of health professionals from different professional backgrounds.

N

National Clinical Audit and Patient Outcomes Programme (NCAPOP): A closely linked set of centrally funded national clinical audit projects that collect data on compliance with evidence-based standards. The audits provide local Trusts with benchmarked reports on the compliance and performance. The programme is funded by NHS England and Improvement and the Welsh Government.

National data opt-out process: A service that allows people to remove their patient data from being used in research and planning.

National Clinical Audit of Psychosis (NCAP): NCAP is a 5-year improvement programme to increase the quality of care that NHS Mental Health Trusts in England and Health Boards in Wales provide to people with psychosis.

NHS Digital: The National Health Service (NHS) Digital uses information and technology to improve health and care.

NHS England and Improvement: The National Health Service (NHS) England is a publicly funded healthcare system. NHS England and NHS Improvement works together with Clinical commissioning groups (CCGs) who deliver health services locally, and local authorities (councils) to make shared plans for services. (<http://www.england.nhs.uk/>).

National Institute for Health and Clinical Excellence (NICE): An independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

NICE guideline: Guidelines on the treatment and care in the NHS for people with a specific disease or condition.

NICE quality standard: Quality standards set out the priority areas for quality improvement and cover areas which have a variation in care. Each standard includes a set of statements to help services improve quality and information on how to measure progress.

Non-high-density lipid (nHDL) cholesterol: A type of cholesterol.

High levels of this are linked to heart problems and stroke.

○

Obesity: An abnormal accumulation of body fat, usually 20% or more over an individual's ideal body weight. Obesity is associated with increased risk of illness.

Outcomes: What happens as a result of treatment. For example, this could include recovery and improvement.

Outcome indicators: A measure that shows outcomes.

Outlier: A data point that is very much bigger or smaller than the other data points.

P

Pearson's chi-squared test: A statistical test that evaluates how likely it is that any observed difference between sets of categorical data has risen by chance.

Primary care: Healthcare services that are provided in the community. This includes services provided by GPs, nurses and other healthcare professionals, dentists, pharmacists and opticians.

Protected Characteristics: A set of 9 characteristics that are protected from discrimination under the Equality Act 2010: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

Psychological therapies: Covers a range of interventions designed to improve mental wellbeing. They are delivered by psychologists or other health professionals with specialist training, in one-to-one or group sessions.

Psychosis: A term describing specific symptoms that may indicate a loss of touch with reality. Symptoms can include difficulty concentrating and confusion, conviction that something that is not true is so (false beliefs or delusions), sensing things that are not there (hallucinations), and changed feelings and behaviour. Psychosis is treatable, and it can affect people of any age and may sometimes be caused by known physical illnesses.

Q

Q-Risk score: A measure that indicates the risk of developing cardiovascular disease within the next 10 years.

Questionnaire about the process of recovery (QPR): The QPR is a 15-item measure developed from service users' accounts of recovery from psychosis in collaboration with local service users. The idea of the QPR is to ask people about aspects of recovery that are meaningful to them. The QPR is reliable and valid and is strongly associated with general psychological wellbeing, quality of life and empowerment all of which are crucial in recovery from psychosis.

R

Random plasma glucose: A blood test to measure the level of glucose in the blood.

Royal College of Psychiatrists: The professional and educational body for psychiatrists in the UK.

S

Secondary care: This refers to care provided by specialist teams in Trusts rather than care provided by GPs and primary care services. Mental health trusts provide secondary care services, most of which involve care provided in the community rather than in hospitals.

Service user: Person who uses mental health services.

Substance misuse: The use of illegal drugs to the extent that it affects daily life. Can also refer to the use of legal drugs without a prescription. Substance misuse can lead to dependence on the substance and can affect the person's mental health.

Standard residuals: A measure of the strength of difference between observed and expected values within chi-squared hypothesis testing which indicate significance.

T

Total national sample (TNS): The combined data set of the national sample.

Trusts: NHS trusts are public service organisations that provide healthcare services. They include: primary care trusts; acute trusts, which manage hospitals; care trusts, which cover both health and social care; foundation trusts, which have a degree of financial and operational freedom; and mental health trusts, which provide health and social care services for people affected by mental health problems. The term 'Trust' has been used throughout the report to refer to all trusts and organisations providing NHS-funded EIP services in England.

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NCAP
Royal College of Psychiatrists
21 Prescot Street
London
E1 8BB