



**NCAP**  
NATIONAL  
CLINICAL AUDIT  
OF PSYCHOSIS



# Appendices for Wales **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 Health Boards; 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.

## Sample

NHS-funded EIP teams in Wales were expected to participate in the audit. Six Health Boards (6 teams) with eligible cases in Wales submitted data. A list of participating Health Boards can be found in Appendix F.

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 children and young people's mental health (CYPMH) service teams (if the service was part of a larger team, for example, integrated into a community mental health team (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 (2021).

### 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 percentages and numerators for the team level data from the contextual questionnaire. 2020/21 Wales data and 2021/22 England data are included for comparison<sup>1</sup>.

	Wales 2021/22 (n=6) % (n)	Wales 2020/21 (n=9) % (n)	England 2021/22 (n=151) % (n)
<b>Routine collection of demographic data</b>			
<b>Q1. Does this team routinely collect demographic data of those using mental health services, including the following protected characteristics:</b>			
Age	100% (6)	100% (9)	99% (149)
Disability	50% (3)	22% (2)	91% (138)
Gender reassignment	33% (2)	33% (3)	48% (73)
Marriage and civil partnership	50% (3)	33% (3)	94% (142)
Pregnancy and maternity	33% (2)	22% (2)	73% (110)
Race	67% (4)	67% (6)	95% (143)
Religion or belief	50% (3)	78% (7)	93% (140)
Sex	100% (6)	100% (9)	99% (149)
Sexual orientation	33% (2)	22% (2)	82% (124)
<b>Other demographic data</b>			
Socioeconomic status	50% (3)	44% (4)	70% (106)
Refugee/asylum seekers	50% (3)	44% (4)	48% (72)
Migrant workers	33% (2)	33% (3)	27% (41)
Homelessness	50% (3)	44% (4)	95% (143)
None of the above	0% (0)	0% (0)	0% (0)
<b>Q2. Does the team, or the Health Board 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?</b>			
Yes	17% (1)	11% (1)	63% (95)
No	83% (5)	89% (8)	37% (56)
<b>Q3. What EI service is provided for these age ranges?</b>			
<b>18-35 years</b>			
Stand-alone multidisciplinary EIP team	67% (4)	44% (4)	96% (145)

<sup>1</sup>In the 2021/22 audit six teams participated in comparison to 2020/21 which was 9 teams. In the 2021/22 audit ORG19 submitted data for one team in comparison to the 2020/21 audit where they submitted data for four teams

	Wales 2021/22 (n=6) % (n)	Wales 2020/21 (n=9) % (n)	England 2021/22 (n=151) % (n)
Hub and spoke model	17% (1)	0% (0)	3% (4)
EI function integrated into a community mental health team	17% (1)	44% (4)	1% (1)
No EI service	0% (0)	11% (1)	1% (1)
<b>Ages 36 and over</b>			
Stand-alone multidisciplinary EIP team	17% (1)	11% (1)	86% (130)
Hub and spoke model	0% (0)	0% (0)	3% (5)
EI function integrated into a community mental health team	0% (0)	11% (1)	3% (4)
No EI service	83% (5)	78% (7)	8% (12)
<b>Q4. What length of treatment package (in months) is the team commissioned to provide for these age ranges?</b>			
Mean months			
Under 18s	36	36	33
18-35	36	36	35
36 and over	6	36	31
<b>Q5. Please select one option that best describes the <u>main</u> model of provision for children and young people (CYP) with FEP (under 18) in your locality.</b>			
*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.			
Specialist EIP team embedded within CYP mental health services	33% (2)	0% (0)	5% (7)
Specialist CYP EIP team	0% (0)	11% (1)	6% (9)
Adult and young people's EIP service with staff that have expertise in CYP mental health	17% (1)	11% (1)	25% (37)
Adult EIP service with joint protocols with CYP mental health services	50% (3)	33% (3)	45% (68)
Other	0% (0)	0% (0)	16% (24)
No CYP EIP provision	0% (0)	44% (4)	4% (6)
<b>Q6. Is there a shared protocol between the EIP team and the CYPMH service?</b>			
Yes	67% (4)	33% (3)	88% (133)
No	33% (2)	67% (6)	12% (18)

	Wales 2021/22 (n=6) % (n)	Wales 2020/21 (n=9) % (n)	England 2021/22 (n=151) % (n)
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**Q7. Are joint or reciprocal training events arranged at least annually between the CYPMH and EIP teams?**

Yes	83% (5)	56% (5)	42% (64)
No	17% (1)	44% (4)	58% (87)

**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	17% (1)	0% (0)	34% (52)
CYP team prescribers advise and support EIP team prescribing for CYP	50% (3)	0% (0)	13% (19)
CYP team prescribers do <u>not</u> have specific EIP prescribing training and experience and do not have a protocol or routine access to specialist EIP prescribing advice	17% (1)	56% (5)	11% (17)
EIP team prescribers with specific CYP training and experience prescribe for CYP	0% (0)	0% (0)	8% (12)
EIP team prescribers advise and support CYPMH team prescribing for CYP	17% (1)	22% (2)	24% (36)
EIP team prescribers do <u>not</u> have specific CYP prescribing training and experience and do not have a protocol or routine access to specialist CYP prescribing advice	0% (0)	0% (0)	10% (15)

**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 CYPMH team	0% (0)	0% (0)	25% (37)
Provided by EIP team	33% (2)	33% (3)	79% (120)
Provided by CMHT	0% (0)	0% (0)	0% (0)
Provided by Other	17% (1)	0% (0)	0% (0)
No CYP EIP provision	50% (3)	67% (6)	4% (6)

	Wales 2021/22 (n=6) % (n)	Wales 2020/21 (n=9) % (n)	England 2021/22 (n=151) % (n)
<b>Family Intervention (FI)</b>			
Provided by CYPMH team	33% (2)	44% (4)	30% (46)
Provided by EIP team	67% (4)	33% (3)	79% (120)
Provided by CMHT	0% (0)	0% (0)	0% (0)
Provided by Other	0% (0)	0% (0)	1% (1)
No CYP EIP provision	17% (1)	22% (2)	2% (3)
<b>Q10. How many whole time equivalent (WTE) EIP care coordinators work for the service?</b>			
Mean WTE care coordinators	4	3	11
<b>Q11. Are there care co-ordinators specifically for CYP under 18?</b>			
Yes, within EIP team	0% (0)	0% (0)	34% (52)
Yes, within CYPMH team	17% (1)	44% (4)	19% (29)
No	83% (5)	56% (5)	54% (81)
<b>Q12. Has there been an increase in the number of staff posts in this service in the last 12 months?</b>			
Yes	67% (4)	67% (6)	66% (99)
No	33% (2)	33% (3)	34% (52)
<b>Q13. Is this service able to provide Cognitive Behavioural Therapy (CBT) for At-Risk Mental State (ARMS):</b>			
<b>Under 18s</b>			
Within the team	0% (0)	22% (2)	42% (63)
Elsewhere	17% (1)	0% (0)	9% (13)
Not at all	83% (5)	78% (7)	42% (63)
Separate team providing ARMS assessment and intervention	0% (0)	0% (0)	8% (12)
<b>18-35</b>			
Within the team	0% (0)	11% (1)	44% (66)
Elsewhere	17% (1)	22% (2)	9% (14)
Not at all	83% (5)	67% (6)	41% (62)
Separate team providing ARMS assessment and intervention	0% (0)	0% (0)	6% (9)
<b>36 and over</b>			
Within the team	0% (0)	0% (0)	25% (38)
Elsewhere	0% (0)	0% (0)	11% (16)

	Wales 2021/22 (n=6) % (n)	Wales 2020/21 (n=9) % (n)	England 2021/22 (n=151) % (n)
Not at all	100% (6)	9% (100)	64% (97)
Separate team providing ARMS assessment and intervention	0% (0)	0% (0)	0% (0)

#### Q14. What is the total caseload of the team?

Mean (range)

Total caseload	70 (27-152)	47 (2-115)	176 (11-596)
Caseload per whole-time EIP care coordinator	15 (8-25)	14 (8-19)	16 (1-59)

#### Q15. How many people on the total caseload are in the following age ranges?

Mean (range)

##### Under 14

FEP	0 (0-0)	0 (0-0)	<1 (0-5)
ARMS for psychosis	0 (0-0)	0 (0-0)	<1 (0-1)
Suspected FEP	0 (0-0)	0 (0-0)	<1 (0-2)

##### 14-17

FEP	2 (0-6)	2 (0-10)	4 (0-20)
ARMS for psychosis	1 (0-5)	1 (0-8)	1 (0-23)
Suspected FEP	<1 (0-1)	0 (0-0)	1 (0-22)

##### 18-35

FEP	60 (21-146)	38 (0-114)	98 (0-392)
ARMS for psychosis	3 (0-11)	3 (0-27)	6 (0-65)
Suspected FEP	2 (0-12)	1 (0-6)	7 (0-69)

##### 36 and over

FEP	2 (0-6)	1 (0-8)	52 (0-266)
ARMS for psychosis	0 (0-0)	0 (0-0)	1 (0-19)
Suspected FEP	0 (0-0)	0 (0-0)	4 (0-58)

#### Q16. Please state the length of treatment in months to the nearest month, of the last 10 service users with confirmed FEP who completed a package of care and were discharged from the team:

Mean months (range)	23 (0-36)	18 (0-40)	30 (3-60)
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## 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. 2020/21 Wales data and 2021/22 England data are included for comparison.

	Wales 2021/22 (n=239) % (n)	Wales 2020/21 (n=248) % (n)	England 2021/22 (n=10557) % (n)
<b>Demographics</b>			
<b>Q1. Gender</b>			
Female	22% (52)	27% (68)	39% (4098)
Males	78% (186)	73% (180)	61% (6438)
Other/Non-binary	<1% (1)	0% (0)	<1% (21)
<b>Q2. Age</b>			
Under 18	3% (8)	4% (9)	2% (204)
18 and over	97% (231)	96% (239)	98% (10353)
<b>Additional age break downs for reference</b>			
Under 18	3% (8)	4% (9)	2% (204)
18-35	92% (221)	91% (226)	65% (6839)
36 and over	4% (10)	5% (13)	33% (3514)
<b>Q3. Ethnicity</b>			
White	77% (185)	81% (202)	64% (6739)
Black or Black British	7% (16)	4% (11)	13% (1393)
Asian or Asian British	8% (18)	6% (15)	13% (1349)
Mixed	5% (12)	5% (13)	4% (419)
Other ethnic groups	2% (4)	3% (7)	3% (315)
Refused	0% (0)	1% (2)	<1% (23)
Unknown	2% (4)	<1% (1)	3% (319)
<b>Q4. Was this person in work, education or training at the time of their initial assessment?</b>			
Yes	41% (99)	32% (79)	41% (4337)
No	59% (140)	68% (169)	59% (6220)
<b>Q5. Does this person have an identified family member, friend or carer who supports them?</b>			
Yes	81% (194)	86% (213)	75% (7883)

	Wales 2021/22 (n=239) % (n)	Wales 2020/21 (n=248) % (n)	England 2021/22 (n=10557) % (n)
Yes, but not to be involved	3% (8)	4% (9)	4% (447)
No	15% (37)	11% (26)	21% (2227)

#### Q6. Have the following outcome measures been completed for this person?<sup>2</sup>

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

##### HoNOS

Never	97% (231)	100% (248)	3% (329)
Once	0% (0)	0% (0)	14% (1508)
More than once	0% (0)	0% (0)	81% (8564)
N/A	3% (8)	-	1% (156)

##### HoNOSCa

Never	3% (8)	-	17% (1846)
Once	0% (0)	-	1% (120)
More than once	0% (0)	-	3% (363)
N/A	97% (231)	-	78% (8228)

##### DIALOG

Never	27% (65)	47% (117)	25% (2680)
Once	36% (86)	41% (101)	19% (2021)
More than once	37% (88)	12% (30)	51% (5422)
N/A	0% (0)	-	4% (434)

##### QPR

Never	86% (206)	96% (238)	24% (2572)
Once	3% (6)	2% (6)	20% (2081)
More than once	1% (3)	2% (4)	46% (4833)
N/A	10% (24)	-	10% (1071)

##### Other

*See Appendix D for breakdown of 'other' outcome measures*

Never	24% (58)	34% (85)	27% (2810)
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<sup>2</sup> The N/A values shown for HoNOS and HoNOSCa for Wales 2021/2022 reflect the total number and percentage of people in the audit under 18 and over 18 respectively. The HoNOS outcome measure test is to be completed for those over 18, while HoNOSCa is to be completed by those under 18.

	<b>Wales 2021/22 (n=239) % (n)</b>	<b>Wales 2020/21 (n=248) % (n)</b>	<b>England 2021/22 (n=10557) % (n)</b>
Once	44% (104)	24% (60)	7% (766)
More than once	20% (48)	42% (103)	11% (1110)
N/A	12% (29)	-	56% (5871)

**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	48% (115)	52% (129)	46% (4811)
Refused	13% (30)	15% (37)	30% (3137)
Not offered	26% (62)	23% (58)	14% (1475)
Waiting	13% (32)	10% (24)	11% (1134)

**Family Intervention**

Took up	30% (71)	25% (62)	21% (2190)
Refused	23% (55)	24% (60)	43% (4527)
Not offered	40% (95)	41% (101)	31% (3246)
Waiting	8% (18)	10% (25)	6% (594)

**Supported employment and education programme**

*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.*

Took up	36% (85)	24% (59)	34% (3616)
Refused	16% (38)	10% (24)	33% (3499)
Not offered	43% (102)	60% (149)	29% (3089)
Waiting	6% (14)	7% (16)	3% (353)

**Q8. Has this person commenced a course of antipsychotic medication?**

Yes, less than 6 months ago	3% (7)	1% (2)	2% (237)
Yes - within the last 6-12 months	8% (18)	6% (14)	9% (983)
Yes - more than 12 months ago	86% (206)	90% (222)	82% (8684)
No	3% (8)	4% (10)	6% (653)

**Q9. Has this person had two adequate but unsuccessful trials of antipsychotic medications?**

Yes	11% (26)	21% (51)	10% (1059)
No	89% (213)	79% (197)	90% (9498)

	<b>Wales 2021/22 (n=239) % (n)</b>	<b>Wales 2020/21 (n=248) % (n)</b>	<b>England 2021/22 (n=10557) % (n)</b>
<b>Q9a. Has this person been offered clozapine?</b>			
Yes, the person accepted clozapine	62% (16)	41% (21)	33% (351)
Yes, the person refused clozapine	23% (6)	20% (10)	18% (194)
No	15% (4)	39% (20)	48% (513)
<b>Q10. Has this person's carer(s) commenced a course of a carer-focused education and support programme?</b>			
Yes	25% (51)	23% (50)	52% (4319)
No	75% (151)	78% (172)	48% (3976)
<b>Physical health screening and interventions</b>			
<b>Q11. Smoking status</b>			
Current smoker	54% (129)	44% (108)	38% (4016)
Ex-smoker or non-smoker	38% (90)	32% (79)	51% (5422)
Not documented	5% (13)	23% (58)	5% (541)
Refusal	3% (7)	1% (3)	5% (578)
<b>Q18. Interventions for smoking cessation</b>			
Brief intervention	54% (13)	76% (29)	83% (2152)
Smoking cessation education	42% (10)	34% (13)	29% (743)
Smoking cessation therapy	8% (2)	5% (2)	5% (129)
Referral to smoking cessation service	21% (5)	3% (1)	14% (373)
Individual/group behavioural support	0% (0)	5% (2)	1% (25)
<b>Q12. Alcohol consumption</b>			
Yes - harmful or hazardous use of alcohol	5% (12)	9% (22)	7% (711)
Yes - Alcohol use that is NOT harmful or hazardous	43% (103)	30% (74)	33% (3469)
No	43% (103)	44% (109)	49% (5208)

	<b>Wales 2021/22 (n=239) % (n)</b>	<b>Wales 2020/21 (n=248) % (n)</b>	<b>England 2021/22 (n=10557) % (n)</b>
Not documented	6% (14)	15% (38)	5% (562)
Refusal	3% (7)	2% (5)	6% (607)
<b>Q19. Interventions for harmful alcohol use</b>			
Brief intervention and advice	80% (4)	78% (14)	74% (403)
Education about alcohol consumption	40% (2)	72% (13)	44% (239)
Referral to alcohol misuse service	60% (3)	33% (6)	33% (180)
Motivational interviewing	0% (0)	6% (1)	10% (56)
Referral to psycho-education programme	0% (0)	0% (0)	2% (13)
Individual/group behavioural support	40% (2)	0% (0)	3% (18)
Pharmacological intervention for harmful use of alcohol commenced or reviewed (acamprostate, disulfiram or naltrexone)	0% (0)	0% (0)	1% (7)
<b>Q13. Substance misuse</b>			
Yes	32% (76)	40% (100)	19% (2042)
No	61% (145)	46% (113)	70% (7382)
Not documented	3% (8)	11% (27)	5% (541)
Refusal	4% (10)	3% (8)	6% (592)
<b>Q20. Interventions for substance misuse</b>			
Brief intervention/advice	57% (21)	60% (38)	73% (1025)
Substance use education	19% (7)	43% (27)	38% (537)
Referral to detoxification programme	0% (0)	2% (1)	3% (36)
Referral to substance misuse service	51% (19)	37% (23)	32% (447)

	<b>Wales 2021/22 (n=239) % (n)</b>	<b>Wales 2020/21 (n=248) % (n)</b>	<b>England 2021/22 (n=10557) % (n)</b>
Referral to psycho-education programme	3% (1)	2% (1)	3% (35)
Motivational interviewing	0% (0)	11% (7)	8% (106)
<b>Q14. BMI/Weight</b>			
Yes	69% (165)	44% (109)	81% (8518)
Not documented	27% (64)	51% (126)	10% (1018)
Refusal	4% (9)	5% (13)	9% (992)
Patient was pregnant	<1% (1)	-	<1% (29)
<b>Q21. Interventions for weight gain/obesity</b>			
Mental health medication review with respect to weight	11% (4)	41% (12)	26% (1140)
Advice or referral about diet	80% (28)	72% (21)	90% (4011)
Advice or referral about exercise	71% (25)	66% (19)	82% (3660)
Lifestyle education regarding risk of diabetes	0% (0)	24% (7)	13% (596)
Referral for lifestyle education regarding risk of diabetes	0% (0)	3% (1)	3% (124)
Weight management programme	3% (1)	7% (2)	3% (148)
Referral for weight management programme	0% (0)	7% (2)	4% (165)
Referral for lifestyle education	3% (1)	10% (3)	3% (135)
Combined healthy eating and physical education programme	14% (5)	14% (4)	3% (131)
Referral for combined healthy eating and physical education programme	0% (0)	0% (0)	2% (75)

	<b>Wales 2021/22 (n=239) % (n)</b>	<b>Wales 2020/21 (n=248) % (n)</b>	<b>England 2021/22 (n=10557) % (n)</b>
Pharmacological intervention for obesity commenced or reviewed	0% (0)	0% (0)	1% (39)
<b>Q15. Blood pressure</b>			
Yes	73% (175)	48% (119)	82% (8674)
Not documented	23% (55)	49% (121)	9% (918)
Refusal	4% (9)	3% (8)	9% (965)
<b>Q22. Interventions for hypertension</b>			
Mental health medication review with respect to high blood pressure	30% (3)	100% (1)	16% (156)
Advice or referral about diet/salt intake	60% (6)	0% (0)	65% (630)
Advice or referral about exercise	70% (7)	100% (1)	60% (586)
Referral to general practice service	30% (3)	100% (1)	43% (417)
Referral to secondary care physician	0% (0)	0% (0)	4% (38)
Referral for antihypertensive therapy	10% (1)	0% (0)	1% (13)
Antihypertensive therapy	0% (0)	0% (0)	5% (48)
<b>Q16. Glucose</b>			
Yes	59% (141)	38% (94)	72% (7588)
Not documented	30% (71)	57% (141)	13% (1395)
Refusal	11% (27)	5% (13)	15% (1558)
Person was pregnant/ gave birth within last 6 weeks (weight not measured)	0% (0)	-	<1% (16)
<b>Q23. Interventions for diabetes/high risk of diabetes</b>			
Mental health medication review with	33% (1)	33% (1)	21% (115)

	<b>Wales 2021/22 (n=239) % (n)</b>	<b>Wales 2020/21 (n=248) % (n)</b>	<b>England 2021/22 (n=10557) % (n)</b>
respect to glucose regulation			
Referral to general practice service	67% (2)	0% (0)	56% (306)
Referral to secondary care physician	0% (0)	33% (1)	5% (29)
Diet modification	0% (0)	33% (1)	31% (172)
Advice or referral about exercise	33% (1)	0% (0)	50% (274)
Metformin therapy	67% (2)	33% (1)	13% (69)
Referral for diabetic care	33% (1)	0% (0)	6% (35)
Diabetic care	67% (2)	67% (2)	19% (102)
Referral to structured lifestyle education programme	0% (0)	0% (0)	2% (13)
<b>Q17. Cholesterol</b>			
Yes	56% (134)	38% (95)	71% (7481)
Not documented	33% (79)	58% (143)	14% (1453)
Refusal	11% (26)	4% (10)	15% (1623)
<b>Q24. Interventions for dyslipidaemia</b>			
Mental health medication review to lower blood lipids (e.g. antipsychotic)	0% (0)	0% (0)	11% (8)
Advice or referral about diet	0% (0)	0% (0)	79% (56)
Advice or referral about exercise	0% (0)	0% (0)	75% (53)
Referral to primary or secondary care physician	0% (0)	0% (0)	49% (35)
Lipid lowering therapy	0% (0)	0% (0)	17% (12)
Referral for lipid lowering therapy	0% (0)	0% (0)	9% (6)

	Wales 2021/22 (n=239) % (n)	Wales 2020/21 (n=248) % (n)	England 2021/22 (n=10557) % (n)
<b>Q27. Was the patient allocated to an EIP service care coordinator?</b>			
Yes	91% (218)	94% (234)	N/A
No	9% (21)	6% (14)	N/A
<b>Q28. Was the patient engaged by an EIP service care coordinator?</b>			
Yes	91% (217)	100% (233)	N/A
No	9% (22)	<1% (1)	N/A

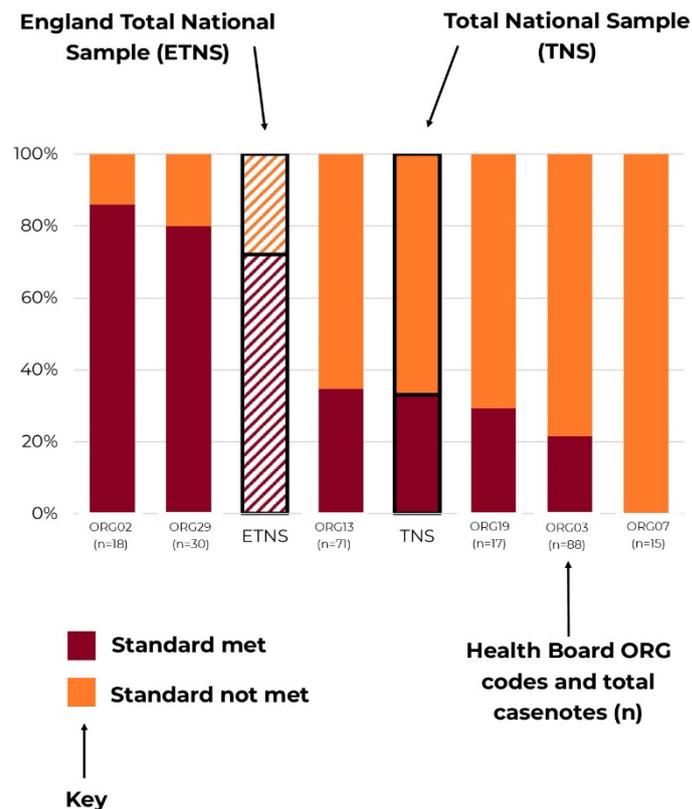
## Appendix D: Outcome measures

Breakdown of 'other' outcome measures used by EIP services, which comprised 64% of all outcome measures completed for service users. The following outcome measures were given at least once in the 2021/2022 audit for Wales.

Q6. Other	Wales 2021/22 (n=239) % (n)
Positive and Negative Syndrome Scale/ Hospital Anxiety and Depression Scale/ Health Improvement Profile (PANSS/HADS/HIP)	39% (94)
Clinical Outcomes in Routine Evaluation- 10 item (CORE-10)	19% (45)
School Health Assessment and Performance Evaluation/ Liverpool University Neuroleptic Side Effect Rating Scale (SHAPE/LUNSERS)	3% (7)
Comprehensive Assessment of At-Risk Mental States (CAARMS)	1% (3)
Beck Depression Inventory (BDI)	<1% (1)
Social and Occupational Functioning Assessment Scale (SOFAS)	<1% (1)
Unspecified	<1% (1)

# Appendix E. Additional Analysis

The **bar charts** provide a breakdown of the Health Board-level data and allow for comparisons across Health Boards. Each bar represents the performance of an individual Health Board, which can be identified by its unique ORGID number, found along the x-axis of the chart. The total national sample (TNS) is indicated by the bold bar with block colour displayed alongside the England total national sample (ETNS) which is indicated by the bold bar with stripes.



Illustrative figure for the variation graphs used throughout the report.

## 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.

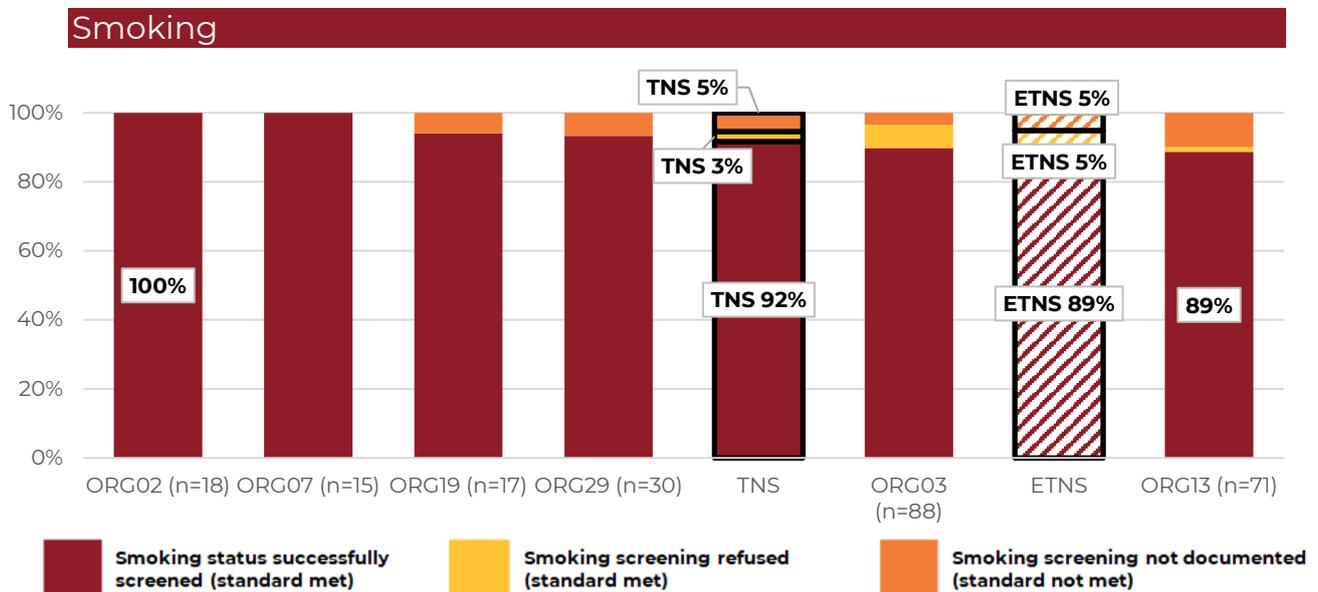


Figure 1. Proportion of people with FEP offered an annual screening for cigarette smoking (n=239)

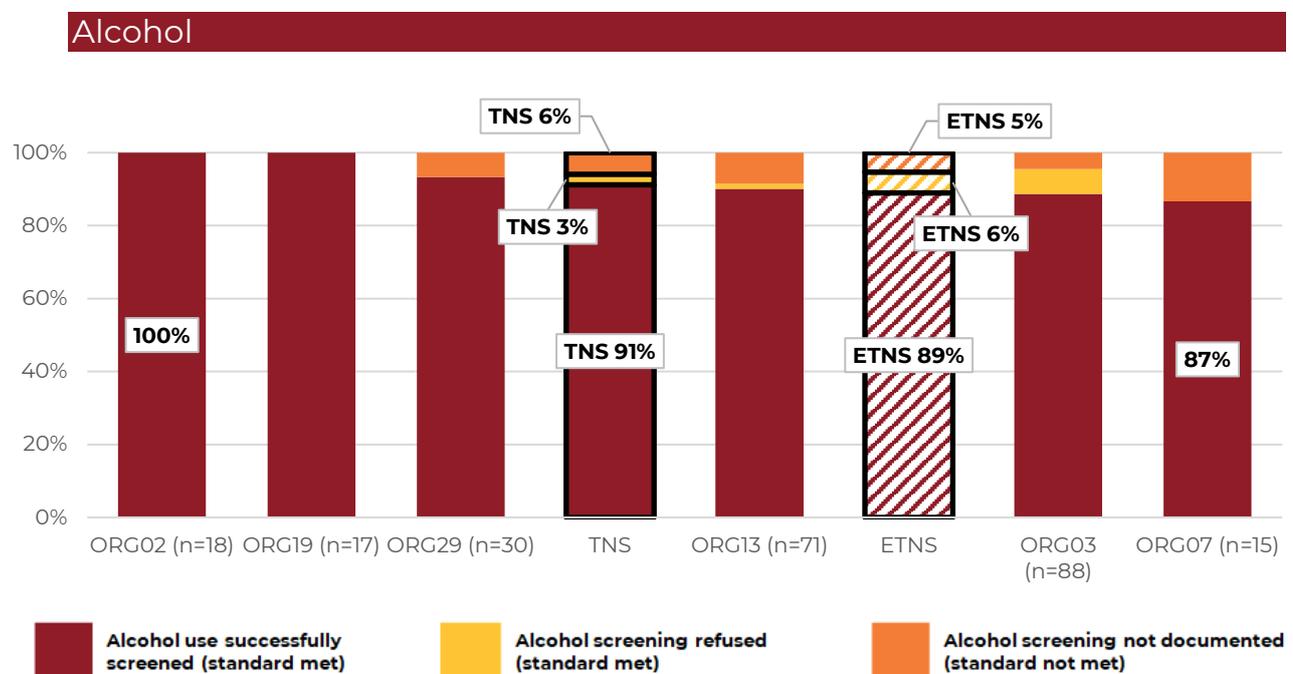


Figure 2. Proportion of people with FEP offered an annual screening for alcohol use (n=239)

## Substance misuse

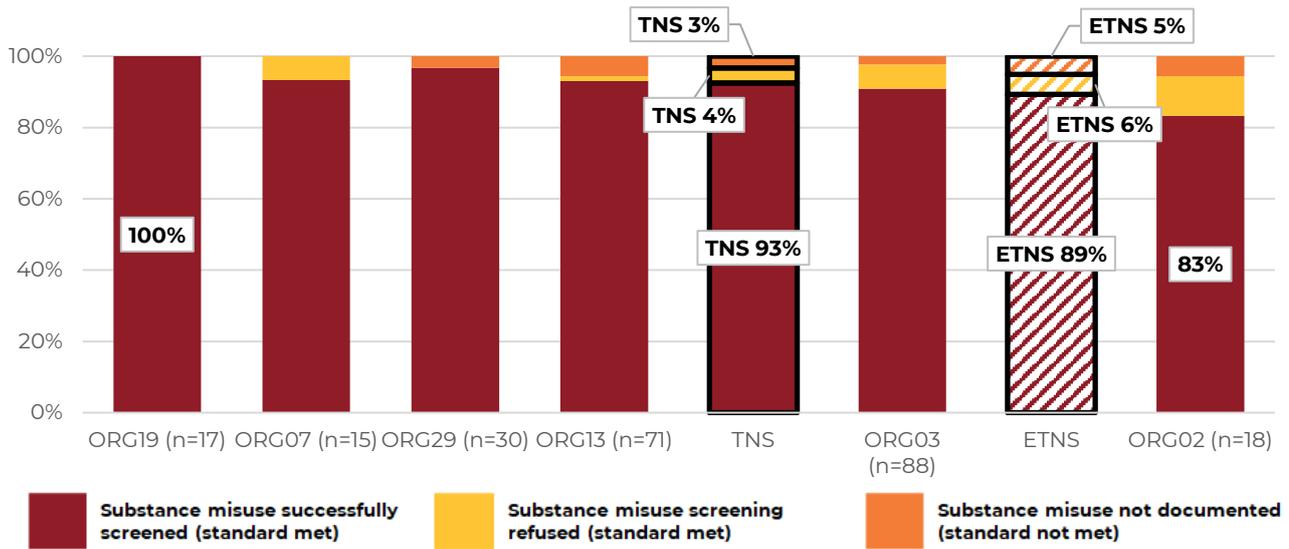


Figure 3. Proportion of people with FEP offered an annual screening for substance misuse (n=239)

## BMI

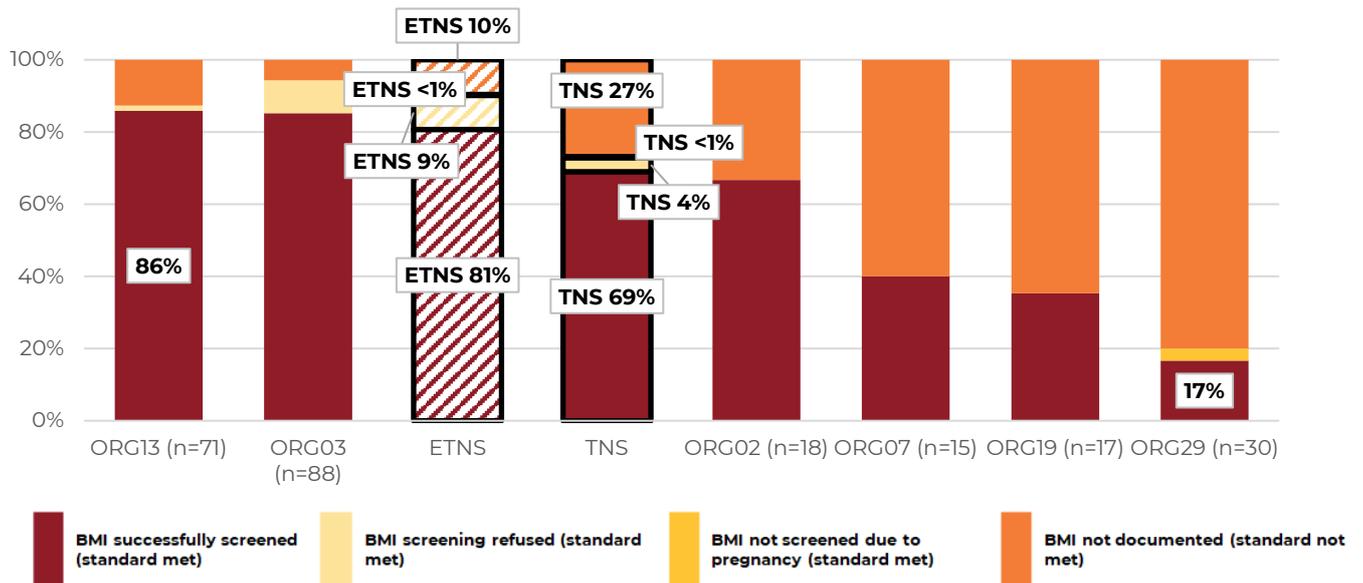


Figure 4. Proportion of people with FEP offered an annual screening for BMI (n=239)

## Blood pressure

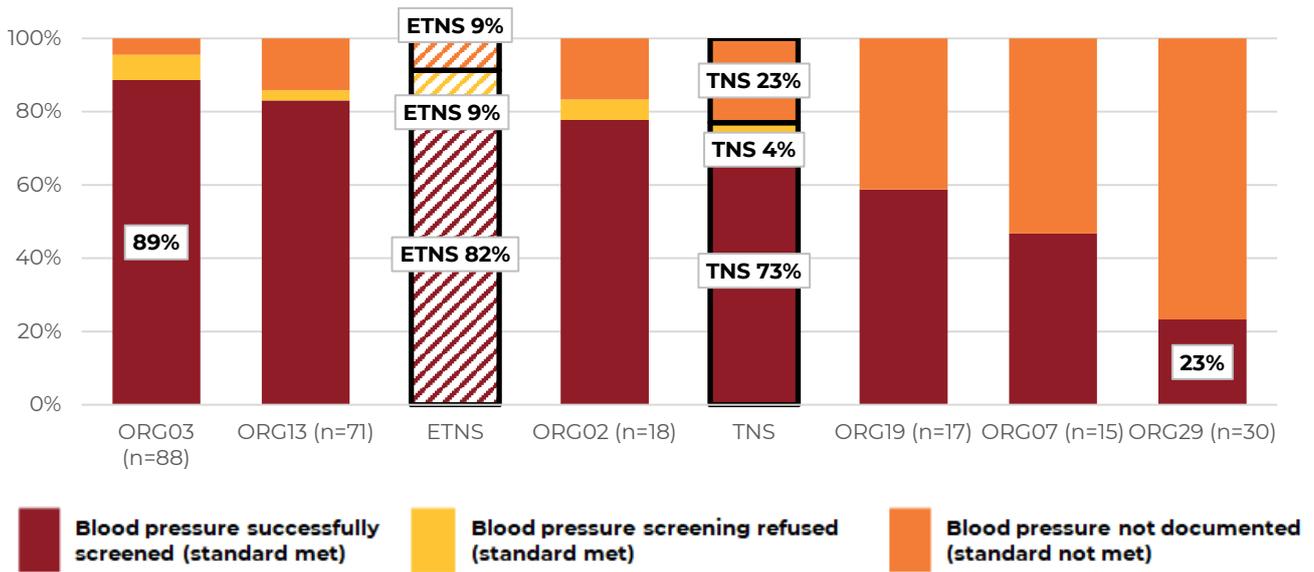


Figure 5. Proportion of people with FEP offered an annual screening for blood pressure (n=239)

## Glucose screening

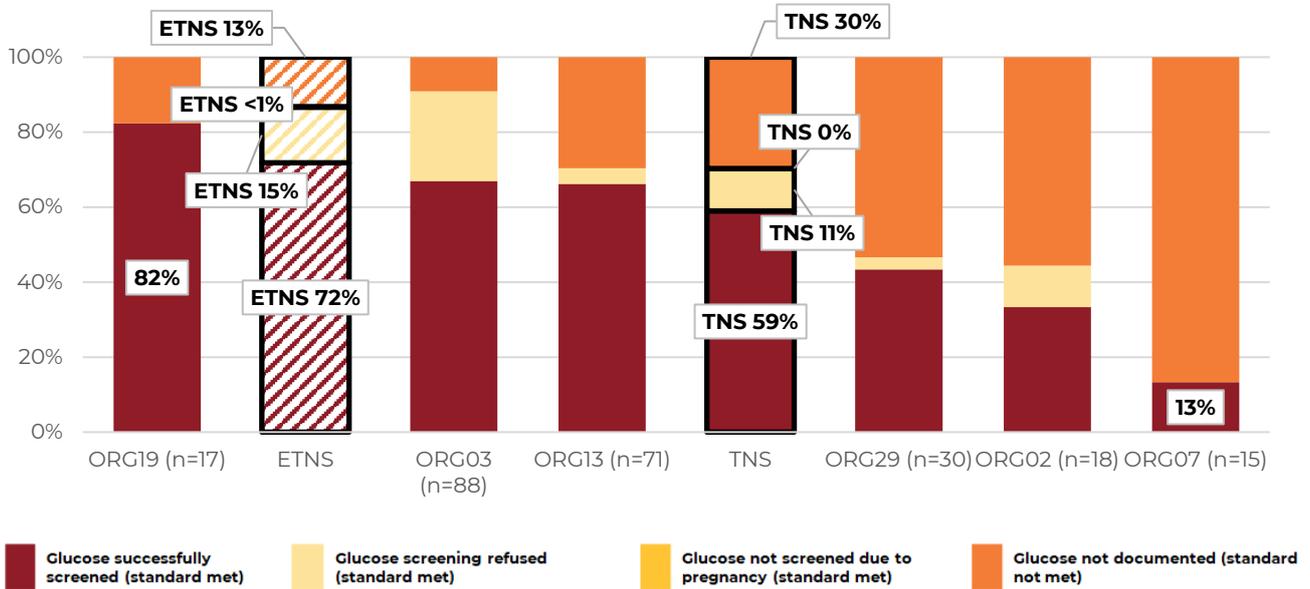
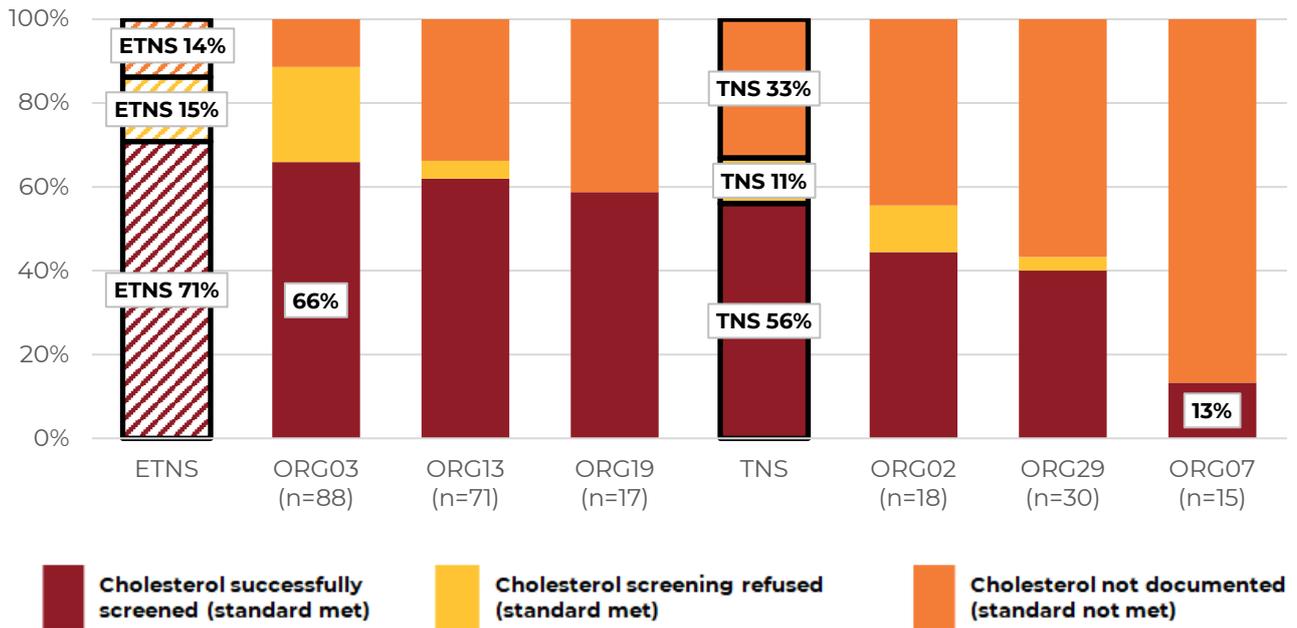


Figure 6. Proportion of people with FEP offered an annual screening for glucose (n=239)

## Cholesterol screening



**Figure 7. Proportion of people with FEP offered an annual screening for cholesterol (n=239)**

## 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

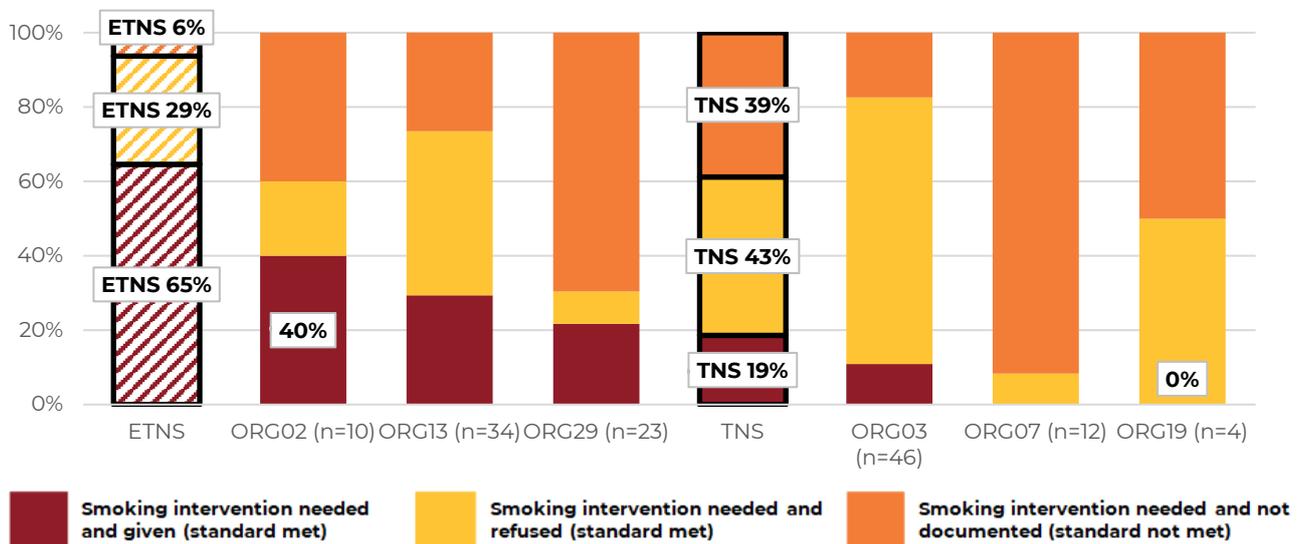


Figure 8. Proportion of people with FEP offered an intervention for cigarette smoking across Health Boards (n=129)

### Alcohol use

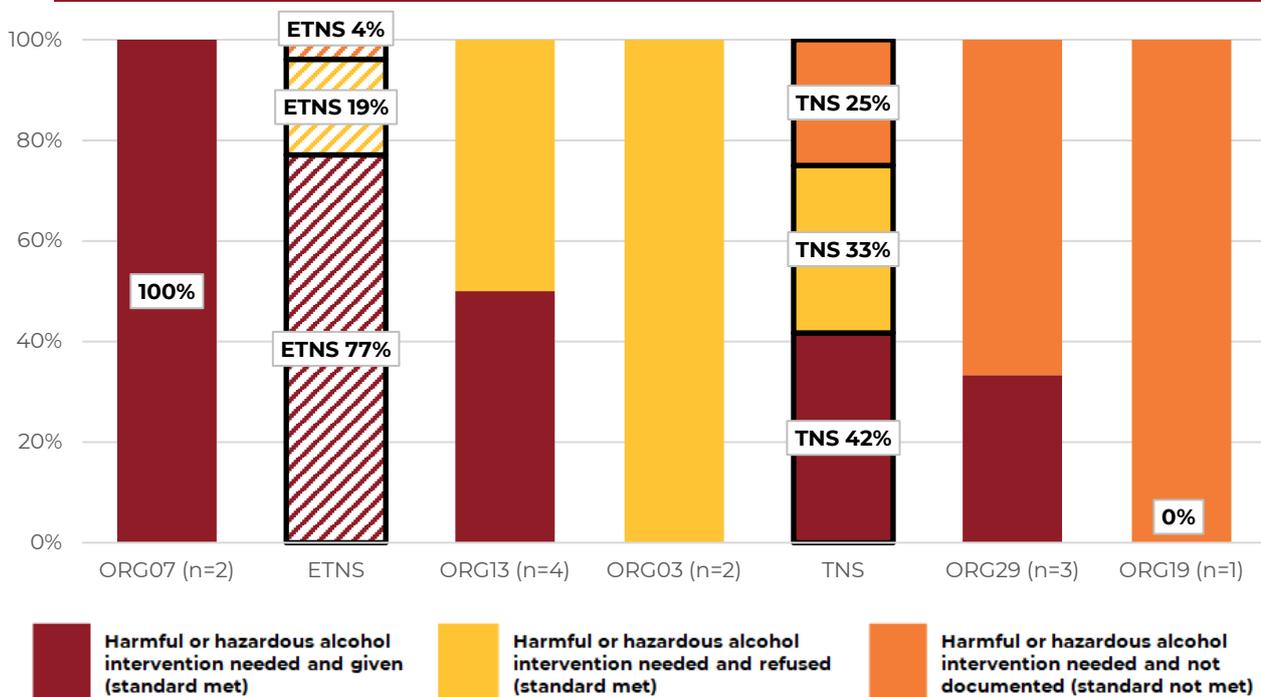


Figure 9. Proportion of people with FEP offered an intervention for harmful or hazardous use of alcohol across Health Boards (n=12)

## Substance misuse

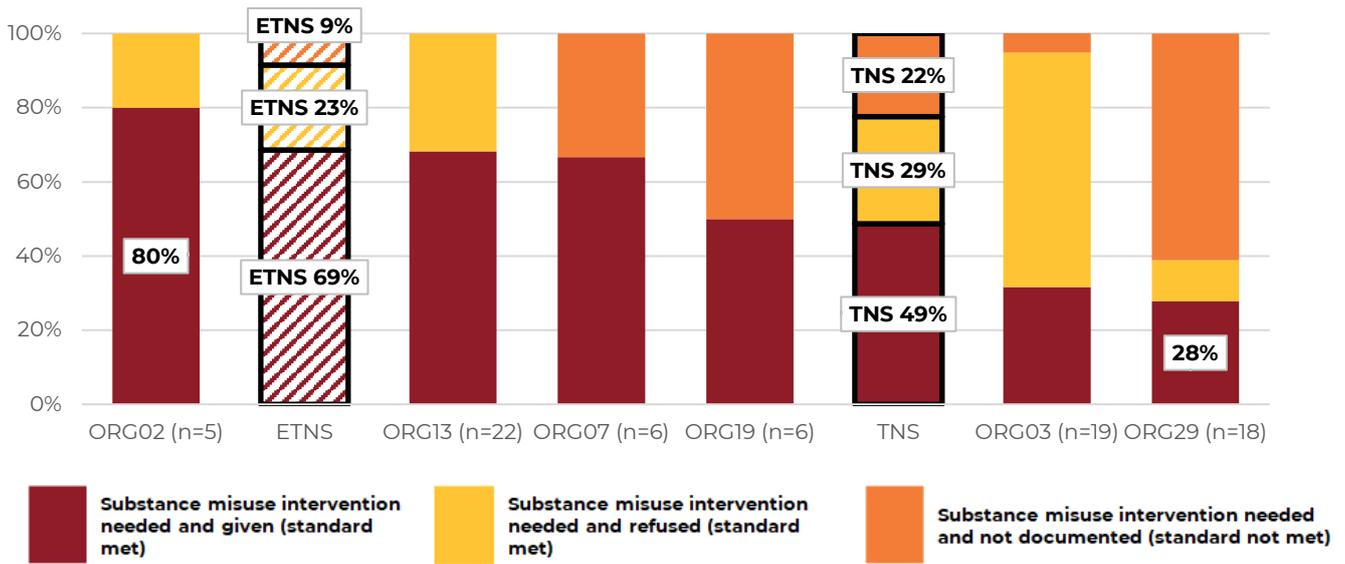


Figure 10. Proportion of people with FEP offered an intervention for substance misuse across Health Boards (n=76)

## Weight gain

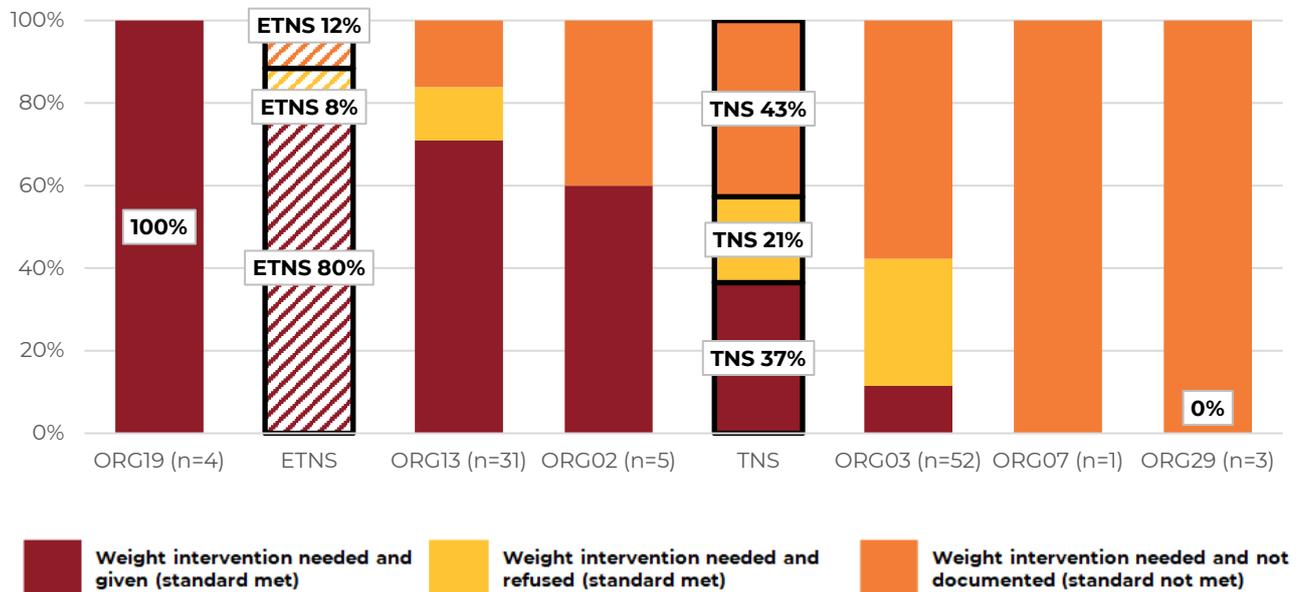


Figure 11. Proportion of people with FEP offered an intervention for elevated BMI / weight gain across Health Boards (n=96)

## Hypertension

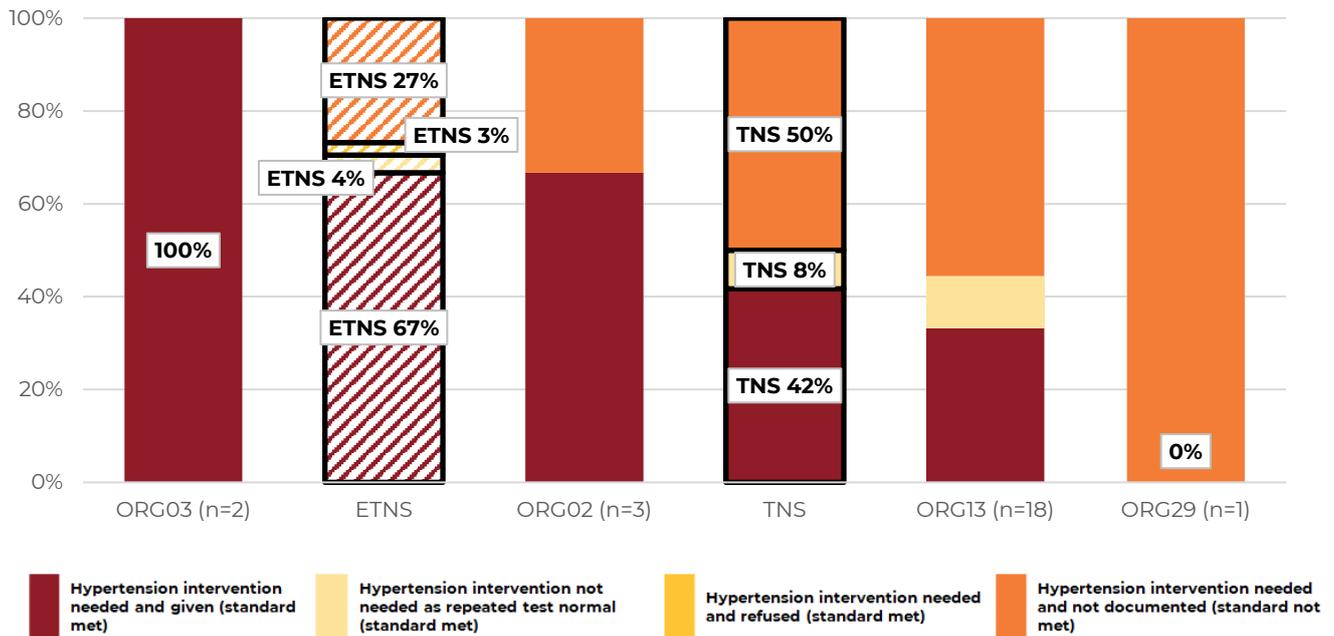


Figure 12. Proportion of people with FEP offered an intervention for hypertension across Health Boards (n=24)

## Diabetes

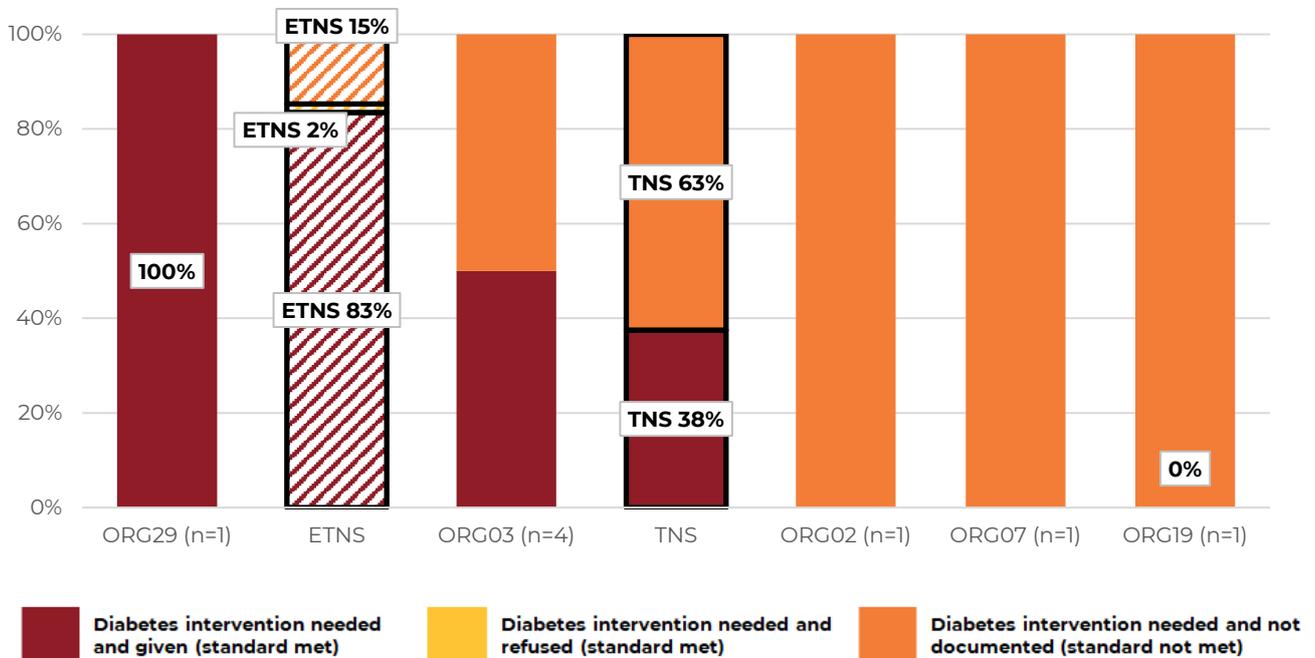


Figure 13. Proportion of people with FEP offered an intervention for elevated diabetes across Health Boards (n=8)

## Dyslipidaemia

As there were no service users who required an intervention, there is no data to report for this section.

## Appendix F: Participating Health Boards

Health Boards	Provider ID	Team name(s)	Total sample
<b>Swansea Bay University Health Board</b>	ORG02	Swansea Bay University Health Board (SBUHB) EIP service	18
<b>Aneurin Bevan Health Board</b>	ORG03	Gwent Early Intervention Service	88
<b>Betsi Cadwaladr University Health Board</b>	ORG07	Gwynedd and Mon EIP	15
<b>Cardiff and Vale University Health Board</b>	ORG13	Headroom: Youth Psychosis Service	71
<b>Cwm Taf University Health Board</b>	ORG19	Cywm Taf University (CTM) Early Intervention Service	17
<b>Hywel Dda University Health Board</b>	ORG29	Early Intervention Service	30

## Appendix G: Steering Group members

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

# Appendix H: 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):** People 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.

## 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 (FPG):** 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

**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 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.



**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 (RPG):** 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.

## 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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