

Early Intervention in Psychosis Scoring Matrix 2020/2021

In 2020/2021, the Early Intervention in Psychosis Scoring Matrix contains a scoring matrix (p3), comprising three domains and a sub-matrix (p5) of two domains. An overall score will be calculated from domains in the scoring matrix only and will not include items in the sub-matrix. Each item, each domain and an overall rating will be scored at one of four levels:

Level 4: Top performing

Level 3: Performing well

Level 2: Needs improvement

Level 1: Greatest need for improvement

Overall score

The **overall score** is calculated based on the number of domains rated as 'top performing', 'performing well', 'needs improvement' and 'greatest need for improvement'. It does **not** include the sub-matrix domain *service set up*.

- In order to be rated '**top performing**' overall, a team will be rated:
 - 'Top performing' in the *effective treatment* domain and the *timely access* domain
 - 'Performing well' or higher in the *recording outcome measures* domain
- In order to be rated '**performing well**' overall, a team will be rated:
 - 'Performing well' or higher in the *effective treatment* domain and the *timely access* domain
 - 'Needs improvement' or higher in the *recording outcome measures* domain
 - If a team is rated 'greatest need for improvement' in any domain, they cannot be rated 'performing well' overall
- In order to be rated '**needs improvement**' overall, a team will be rated*:
 - 'Needs improvement' or higher in the *effective treatment* domain and the *timely access* domain
 - Any score in the *recording outcome measures* domain
- In order to be rated '**greatest need for improvement**' overall, a team will be rated:
 - 'Greatest need for improvement' in the *effective treatment* domain or the *timely access* domain

* Teams can be rated as 'needs improvement' overall if they do not satisfy the conditions for 'top performing', 'performing well' or 'greatest need for improvement'.

Domains

The **effective treatment** domain has 5 items, therefore an overall rating for this domain is calculated based on the number of items rated as 'top performing', 'performing well', 'needs improvement' and 'greatest need for improvement':

- In order to be rated 'top performing' for delivering effective treatment, a team must be rated as 'top performing' in at least 3 items and 'performing well' in the others. If any item is rated as 'needs improvement' or 'greatest need for improvement', a team cannot be 'top performing' in this domain.
- In order to be rated 'performing well' for this domain, a team must be rated as:
 - 'Performing well' in at least 3 items OR;
 - 'Top performing' in at least 3 items and 'needs improvement' in at least 1 item OR;
 - A mixture of 'performing well' or 'top performing' in 3 or more items. This cannot be 'top performing' in at least 3 items and 'performing well' in the others, as this would qualify for 'top performing' (see above).
 - If any item is rated as 'greatest need for improvement', a team cannot be 'performing well' in this domain
- In order to be rated 'needs improvement' for this domain, a team will be rated as 'needs improvement' in at least 3 items or scored 'greatest need for improvement' in any item.
- In order to be rated 'greatest need for improvement' for this domain, a team will be rated as 'greatest need for improvement' in at least 3 items.

The **timely access** domain only has one item so the rating for the item and the domain are the same.

The **recording outcome measures** domain only has one item so the rating for the item and the domain are the same.

The **service set-up** domain has two items. In order to score 'performing well', a team must report they have each item. Please note that this domain does not contribute to the overall score.

The **provision for children and young people** domain has only one item so the rating for the item and the domain are the same. Please note that this domain does not contribute to the overall score.

Scoring Matrix Item	Item	1 Greatest need for improvement	2 Needs improvement	3 Performing well	4 Top performing
Timely access					
1	Percentage of service users with first episode psychosis that were allocated to, and engaged with, an EIP care coordinator within 2 weeks of receipt of referral*	<25%	≥25%	≥60%	≥60%
Effective treatment					
2.1	Percentage of service users with first episode psychosis that took up Cognitive Behavioural Therapy for psychosis (CBTp)**	<12%	≥12%	≥24%	≥36%
2.2	Percentage of service users with first episode psychosis that took up supported employment and education programmes**	<10%	≥10%	≥20%	≥30%
2.3	Percentage of service users with first episode psychosis and their families that took up Family Interventions**	<8%	≥8%	≥16%	≥24%
2.4	Percentage of carers that took up carer-focussed education and support programmes	<25%	≥25%	≥50%	≥75%
2.5	Percentage of service users with first episode psychosis that have had a physical health review and relevant interventions in the last year	<70%	≥70%	≥80%	≥90%

Recording outcome measures					
3	Percentage of service users for whom two or more outcome measures (from HoNOS/HoNOSCA, DIALOG and QPR) were recorded at least twice (assessment and one other time point)	<25%	≥25%	≥50%	≥75%

*The clock for the two-week pathway starts from the date when either the central triage point ('single point of access') or the EIP service receives a referral flagged as 'suspected first episode psychosis' or is recognised as such upon receipt. The clock stops when the service user is accepted onto the caseload of an EIP service capable of providing a full package of NICE-recommended care or is allocated to and engaged with an EIP care coordinator.

**Thresholds vary to take into account that:

- a) It may not be appropriate to offer interventions to service users, e.g. those who have joined the service recently
- b) Interventions may not be relevant to all service users
- c) Not all service users offered interventions take up the interventions

Thresholds are calculated for each intervention individually based on studies into take-up of interventions.

Sub-Matrix (not used to calculate overall score)

Sub-matrix Item	Item	1 Greatest need for improvement	2 Needs improvement	3 Performing well	4 Top performing
Service set-up					
4.1*	Team provides service to over 35s	N	Provides one of these services	Y	Y
4.2*	Team provides Cognitive Behavioural Therapy (CBT) for At-Risk Mental State to service users with At Risk Mental State	N		Y	Provided within the team or separate team providing ARMS assessment and intervention
Provision for children and young people (CYP)					
4.3**	Provision of EIP services with CYP expertise to under 18s	No EIP concordant CYP provision for under 18 years	Some provision of EIP concordant services to under 18 years	Provision of EIP concordant services to under 18 years	Provision of EIP concordant services to under 18 years with shared care protocol and joint/reciprocal training events between EIP and CYPMH teams

*Scoring for 4.1 and 4.2: please see p6

**Scoring for 4.3: please see p7

Scoring for 4.1 and 4.2, service set up

To score **top performing** there must be:

- a service for over 35s
- a CBT for ARMS service for all age groups (this can be within the team or by a separate team providing ARMS assessment and intervention)

To score **performing well** there must be:

- a service for over 35s
- a CBT for ARMS service for the 14-35 years age group (this can be within the team, elsewhere or by a separate team providing ARMS assessment and intervention)

To score **needs improvement** there must be:

- a service for over 35s
- or
- a CBT for ARMS service for at least one age group (this can be within the team, elsewhere or by a separate team providing ARMS assessment and intervention)

To score **greatest need for improvement** there must be:

- no service for over 35s
- no CBT for ARMS service for any age group

Scoring for 4.3, provision for children and young people (CYP)

To score **top performing** for 4.3, there must be:

- provision of services for children and young people with first episode psychosis (any model under Q5a)
- a shared care protocol between the EIP and CYPMH teams (Q5b)
- joint or reciprocal training events arranged at least annually between the CYPMH and EIP teams (Q5c)
- medication is managed or advice is provided to teams on medication management by EI/CYP trained and experienced prescribers (Q5d)
- provision of CBTp and Family Interventions (Q5e)
- care coordinators specifically for CYP under 18 years either within the EIP or CYPMH team (Q6b)

To score **performing well** for 4.3, there must be:

- provision of services for children and young people with first episode psychosis (any model under Q5a)
- medication is managed or advice is provided to teams on medication management by EI/CYP trained and experienced prescribers (Q5d)
- provision of CBTp and FI (Q5e)
- care coordinators specifically for CYP under 18 years either within the EIP or CYPMH team (Q6b)

To score **needs improvement** for 4.3, there must be (any of):

- medication is not managed by and/or there is no routine access to advice from EI/CYP trained and experienced prescribers (Q5d)
- no provision of CBTp or Family Interventions (Q5e)
- no care coordinators specifically for CYP under 18 years (Q6b)

To score **greatest need for improvement**, there must be:

- No EIP concordant CYP provision for under 18 years (Q5a)