⊞ National Clinical Audit of Psychosis

UPCARE: 1.00 Programme name - please do not change this field.*	National Clinical Audit of Psychosis
1.01 Abbreviation	NCAP
1.1 Contract status	Ongoing
1.2 Audit or non-audit	Audit
1.3 HQIP commissioned*	Yes
1.40 Programme unique identifier*	HQIP105
1.41 HQIP AD	PS
1.42 HQIP PM	NP
1.5 Lead organisation*	Royal College of Psychiatrists
1.6 Programme homepage*	https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-clinical-audit-of-psychosis

1.7 Programme summary

The National Clinical Audit of Psychosis (NCAP) has been running since 2017, following on from the National Audit of Schizophrenia (NAS, 2011–2014). In 2017/18, the audit examined care for people with psychosis across inpatient and outpatient services. Since 2018, NCAP has focused on the quality of care provided by Early Intervention in Psychosis (EIP) services — specialist teams offering timely assessment and evidence-based interventions for people experiencing a first episode of psychosis.

NCAP is currently funded until 31 July 2027, with a continued focus on improving the quality of EIP services in England and Wales.

Services expected to participate:

- All NHS-funded Early Intervention in Psychosis (EIP) teams in England and Wales
- NHS-funded Children and Young People's Mental Health/CAMHS services in England where EIP teams do not extend their offer to children and young people

Current approach (2022 - 2027 programme)

NCAP has transitioned from bespoke annual data collection to the use of existing routine national datasets, including the MHSDS in England. This approach aims to reduce burden on services and provide more timely performance feedback.

There were significant delays in accessing routine MHSDS data. To ensure that EIP services could continue to track their performance during this period, NCAP delivered two additional bespoke audits in 2023 and 2024, providing interim national and team-level findings while routine data flows were being established.

The NCAP routine data dashboard was first released to teams at the end of 2025. Initially, routine data will be shared quarterly, with plans to move to monthly updates once data flows stabilise. NCAP will be supporting teams to improve the quality and completeness of routine data.

In Wales, a single national routine dataset is not yet available for EIP services. Wales has therefore developed its own bespoke routine data collection, with data flowing quarterly since April, and plans to move to monthly submissions shortly.

2.1 Organogram

https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-clinical-audit-of-psychosis/meet-the-team

2.2 Organisations involved in delivering the programme

The McPin Foundation is a mental health charity specialising in lived-experience involvement in research and evaluation. McPin now leads on the **recruitment, management, and coordination** of the Service User and Carer Reference Group. This includes:

- Overseeing and facilitating all Service User and Carer Reference Group meetings
- Managing membership and recruitment processes
- Supporting involvement activities and ensuring lived-experience input is embedded throughout the audit
- Acting as the main liaison point between the Reference Group and the NCAP programme team

McPin provides dedicated expertise in patient and public involvement (PPI), ensuring the audit reflects the experiences and priorities of people with First Episode Psychosis (FEP) and their families/carers.

2.3 Governance arrangements

NCAP is delivered by the NCAP programme team at the Royal College of Psychiatrists (RCPsych). The governance structure comprises the Implementation Group, Steering Group, and the Service User and Carer Reference Group. Full details of the reporting structures and membership can be found in the organogram in Section 2.1. Ultimate responsibility for NCAP resides with the Clinical Lead, Professor Dasha Nicholls, Clinical and Strategic Director at RCPsych.

1. Implementation Group

The Implementation Group is the primary decision-making body for the audit. It provides operational oversight of project delivery, monitors audit progress, and ensures the quality and feasibility of all outputs. It also manages risks, responds to emerging issues, and oversees methodological changes.

Key responsibilities include:

- Day-to-day decision-making and operational oversight
- Ensuring data accuracy, completeness, and quality

- Implementing methodological updates and improvement actions
- Monitoring progress against deliverables and contractual expectations
- Providing updates and recommendations to the Steering Group

Meets: Every 2 months

Membership:

- Clinical Advisors
- Service User Advisor
- NCAP Programme Team (Programme Manager, Deputy Programme Manager, Project Officer, Quality Improvement Coach)
- Head of Clinical Audit and Research, CCQI, RCPsych
- Clinical and Strategic Director, CCQI, RCPsych

2. Steering Group

The Steering Group provides strategic oversight, clinical expertise, and high-level advice to support the development and delivery of the audit. Its role is advisory only; decision-making authority rests with the Implementation Group.

Co-Chairs:

- Professor Belinda Lennox - Professor of Psychiatry, University of Oxford; Honorary Consultant Psychiatrist, Oxford Health NHS Foundation Trust
- Stephen McGowan - NHS England Regional Clinical Lead for Early Intervention in Psychosis (North East and North West)

Key responsibilities include:

- Advising on audit standards, methodology, and content
- Supporting recruitment, engagement, and communications
- Interpreting national audit findings
- Making recommendations to improve clinical practice
- Liaising with national stakeholders

Meets: Twice a year

3. Service User and Carer Reference Group

The Service User and Carer Reference Group provides expert advisory input to ensure the audit reflects the priorities, experiences, and needs of people with First Episode Psychosis (FEP) and their families or carers. It contributes lived-experience insight across all stages of audit development and delivery. The group operates in an advisory capacity only and does not hold decision-making authority.

Key responsibilities include:

- Providing feedback on audit content, materials, and communications
- Advising on issues of importance to patients and carers, ensuring these are reflected in the audit
- Working in parallel with the Steering Group to contribute lived-experience perspectives
- Supporting interpretation and dissemination of findings where relevant

Meet: Minimum of 3 times a year

2.4 Stakeholder engagement

NCAP engages a wide range of stakeholders throughout the audit cycle to ensure the programme remains clinically meaningful, methodologically robust, and grounded in the lived experiences of people with First Episode Psychosis (FEP) and their families/carers.

Service User and Carer Engagement

Service user and carer involvement is embedded across all stages of NCAP through the Service User and Carer Reference Group (SUCRG), facilitated by McPIN and supported by the NCAP Service User Advisor. The group comprises up to six lived-experience representatives who bring diverse perspectives on accessing and receiving care for psychosis. The SUCRG contributes to audit development and delivery by:

- At the start of each contract cycle, the SUCRG provides advisory input into the shaping and refinement of healthcare improvement goals and audit measures, ensuring they reflect issues that matter to service users and carers.
- Reviewing and sense-checking emerging findings from a lived-experience perspective.
- Co-producing accessible dissemination materials, including the annual State of the Nation summaries and lay reports.
- Supporting the creation of public-facing engagement outputs such as short videos and infographics.
- Providing lived-experience representation within the programme's advisory structures, with two SUCRG members attending Steering Group meetings on a rotational basis.

Clinical Engagement

NCAP benefits from advisory input from a multidisciplinary group of EIP-focused clinicians and experts, including psychiatrists, psychologists, pharmacists, analysts, researchers, policy leads and service-improvement specialists, ensuring the audit reflects best practice and current clinical standards. Clinicians are engaged in the audit by:

- Contributing expertise to ensure metrics align with evidence-based standards for psychosis care.
- Supporting the design and refinement of the audit tool and methodology.
- Interpreting national findings from a clinical and service-delivery perspective.
- Presenting audit findings at professional meetings and conferences.
- Providing advisory input during report drafting and in developing clinical recommendations.

Engagement with Participating Sites

Provider organisations delivering EIP services engage with NCAP through routine data submission, communication, and quality-improvement activities. Their involvement includes:

- Confirming their EIP team code to enable accurate identification within routine national datasets.

- Submitting complete and timely data to the MHSDS in England and local dataset in Wales to ensure inclusion in the audit.
- Reviewing data via the NCAP dashboard to monitor data quality, completeness, and performance.
- Responding to data-quality queries raised as part of NCAP's routine validation processes.
- Reviewing and responding to outlier notifications in line with the NCAP outlier policy.
- Participating in NCAP's quality-improvement activities, including coaching and targeted support.

Engagement with Clinical Networks

NCAP engages with regional and national clinical networks to support participation, promote understanding of audit findings, and strengthen quality improvement activity across EIP services. Engagement includes:

- Attending regional EIP network meetings to provide updates on the audit, share findings, answer queries and support teams with audit participation.
- Presenting audit outcomes and insights to clinical networks to help local teams interpret results and identify opportunities for improvement.
- Contributing to EIPN forums to promote NCAP activity, raise awareness of available resources, and provide guidance on data quality, methodology and quality-improvement support.
- Supporting shared learning by engaging in discussions on best practice and challenges relating to EIP service delivery and performance.

2.5 Conflict of interest policy	All advisory group members are required to declare any conflicts of interest at the start of each contract, using the Royal College of Psychiatrists' standard COI declaration form. Members are reminded ahead of each meeting to report any changes, and updated declarations are recorded on the NCAP register whenever a new interest is identified.
3.1 Quality improvement goals	**Support teams to use routine audit data** from the dashboard to inform and guide improvement activity, with a strong focus on improving data quality and completeness to enable accurate benchmarking and evidence-based decision-making.
	Provide structured QI coaching and support through the Enhanced and Core NCAP QI programmes, including the 10-month Enhanced programme with tailored one-to-one coaching and an in-person QI Kickstart session, and the Core programme offering online QI modules, monthly coaching drop-ins, shared learning workshops, and access to a dedicated resource hub.
	Share good practice nationally through shared learning sessions, online training, and opportunities for teams to present their QI work and showcase examples of effective, data-driven improvement.
	Encourage inclusion of people with lived experience in Enhanced programme teams wherever feasible, supporting co-production and strengthening service user

and carer involvement in local QI activity

3.3a Methods for stimulating quality improvement*	Workshops; On-line Quality Improvement guides; Action plan template; Improvement collaboratives; Sharing good practice repository
3.3b Quality improvement supplemental information	For more information about the NCAP Quality Improvement Collaborative, please refer to our website.
4a. Please add the most recent date that you have reviewed and updated an online version of UPCARE Programme section on your project's website (click into the response to see pop-up guidance).	01/28/2026
4b. Please add a hyperlink to UPCARE Programme section on your website (click into the response to see pop-up guidance).*	https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-clinical-audit-of-psychosis/information-governance
Files	NCAP Organogram 20260128.docx