

# Report of the second round of the National Audit of Schizophrenia (NAS2) 2014 Report for Northern Ireland



Commissioned by





## Guidance on reading this document

All five Trusts in Northern Ireland (NI) were recruited to the second round of the National Audit of Schizophrenia and all five submitted data. This addendum to the England and Wales (E&W) National Report provides an analysis of the NI Trusts' data and contains a summary of some of the main findings.

The NI data are provided in Figures and Tables identical to those in the National Report and these use identical Figure and Table numbers. Thus, it is easy to reference which Figure or Table in the National Report relates to the comparable NI findings. In addition, most of the NI Figures have a 'bar' which provides the averaged NI results (NI TNS) for the relevant measure, and a 'bar' which provides the equivalent England and Wales average (E&W TNS). Thus, overall comparison with England and Wales data is relatively straightforward.

Please note that there are a very small number of Figures and Tables where separate NI data have not been provided, usually because the numbers would be too small to be meaningful. In addition there are a few Figures (e.g. Figures 5 and 6) where, for some Trusts, the numbers of service users included are small and thus these must be interpreted with caution.

The data (from page 10) are described in relation to the relevant audit standards, with the relevant pages of the appropriate section in the National Report provided for ease of reference. Tables comparing NI data between NAS1 and NAS2 are not provided as there was limited involvement of NI in the first National Audit of Schizophrenia.

**Table i: NAS2 participating Northern Ireland Trusts**

<b>Trust ID</b>	<b>Trust</b>
<b>NAS 055</b>	Southern Health & Social Care Trust
<b>NAS 057</b>	Belfast Health & Social Care Trust
<b>NAS 062</b>	Western Health & Social Care Trust
<b>NAS 075</b>	Northern Health & Social Care Trust
<b>NAS 076</b>	South Eastern Health & Social Care Trust

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## Demography of the audit population

NI Trusts returned an average of 85 cases per Trust, virtually identical to the national E&W average of 88 per Trust. Service user returns in NI were higher than the E&W national average (66 per Trust vs. 53) and NI carer returns were also higher (27 per Trust vs. 17).

**Table 4: Number of returns obtained from each Trust**

Trust ID	Trust	Audit tool	User survey	Carer Survey
NAS 055	Southern Health & Social Care Trust	48	20	14
NAS 057	Belfast Health & Social Care Trust	90	53	32
NAS 062	Western Health & Social Care Trust	95	66	35
NAS 075	Northern Health & Social Care Trust	92	88	24
NAS 076	South Eastern Health & Social Care Trust	100	104	30

The demography of the NI service user population studied was very similar to that of the England and Wales population studied (Tables 5, 7 and 8), differing mainly in relation to ethnic mix, with NI reporting very few service users of non-white ethnic group. This is something that should be further analysed by Trusts and Commissioners to see if it reflects NI census data.

**Table 5: Numbers of service users by gender showing age and diagnostic groups (ICD-10)**

	Number (%)	Mean age in yrs (SD)	Age range	Schizophrenia n (%)	Schizoaffective disorder n (%)
<b>Total sample</b>	425	47 (13)	21-85	341 (80%)	84 (20%)
<b>Male</b>	273 (64%)	45 (12)	21-80	230 (84%)	43 (16%)
<b>Female</b>	152 (36%)	50 (12)	23-85	111 (73%)	41 (27%)

**Table 7: Duration of illness**

Diagnosis first made (years)	Number
Between 1 and 2	21
From 2 to 4	29
From 4 to 10	90
More than 10	285
Total (n)	425

**Table 8: Number of service users and mean ages by ethnic group**

Ethnic Group	Male	Female	Mean Age (years)
White	268	148	47
Asian/Asian British	-	2	39
Black/Black British	-	-	-
Chinese or other	2	1	51
Mixed	-	-	-
Not stated	3	1	39
Total	273	152	-

**Table 10: Clinical teams caring for the service users in the case note audit sample**

Type of clinical team	Number
Assertive Outreach	-
Community Mental Health	385
Crisis Resolution	1
Early Intervention	2
Other	37
Total	425

The types of clinical teams caring for this population also differed from the national pattern (Table 10). There were no Assertive Outreach teams reporting in NI, which reflects the fact that such teams have not been developed in NI. However, given that opinion in England seems to be moving to a view that these may not be as useful as first thought this should not be seen as a negative comment, simply one reflecting different service provision.

Significantly, however, only two Early Intervention (EI) teams were involved in the NI data collection process. In comparison there were 239 for the E&W data (approximately 4 per Trust). While this could be random variation in the data, it may represent a real lack of provision of EI teams and thus reflects a potential lack of service provision that should be reviewed. It is clear that service users and carers value EI teams and the Schizophrenia Commission Report of 2012 also concluded that these were of significant value. Service users in NI should presumably have the same access to key services as the population in E&W.

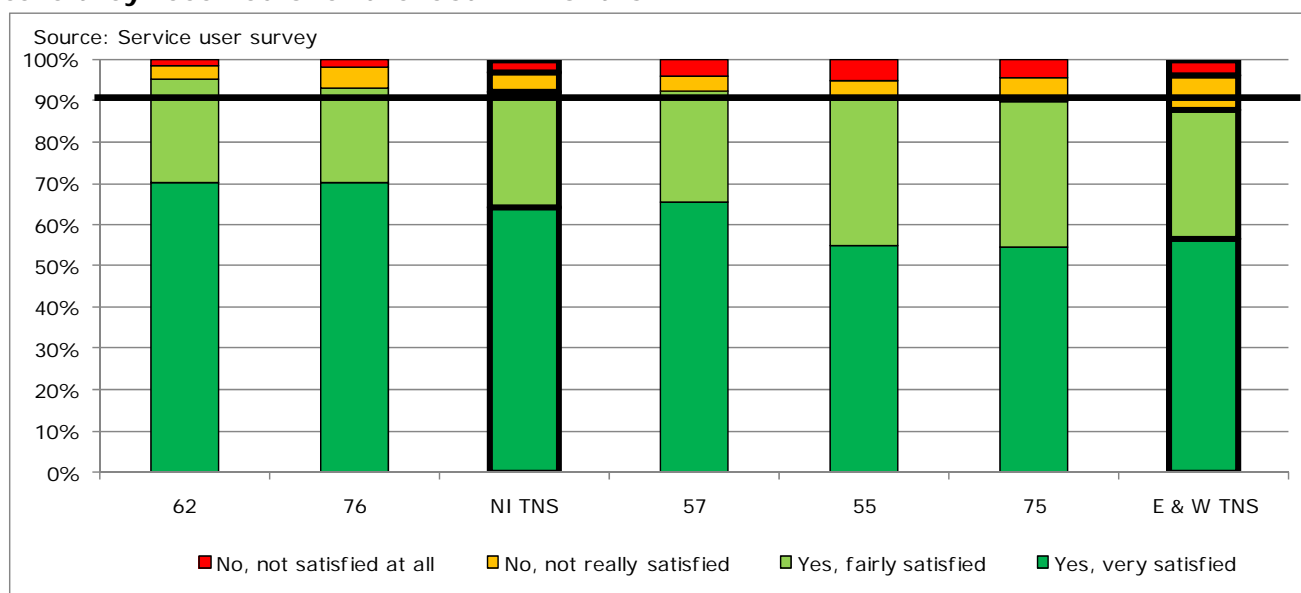
## Experience of service users and carers

### Standards 1 and 2 (pages 61 to 67 in the National Report): Service user experience

In general the NI findings are very similar to those for E&W but with a small trend for NI Trusts to receive more favourable feedback from service users. Interestingly the percentages of service users saying they were employed were almost identical (NI: 9%; E&W: 10%). However, 44% of NI service users said they were involved in daytime activities versus 34% in E&W.

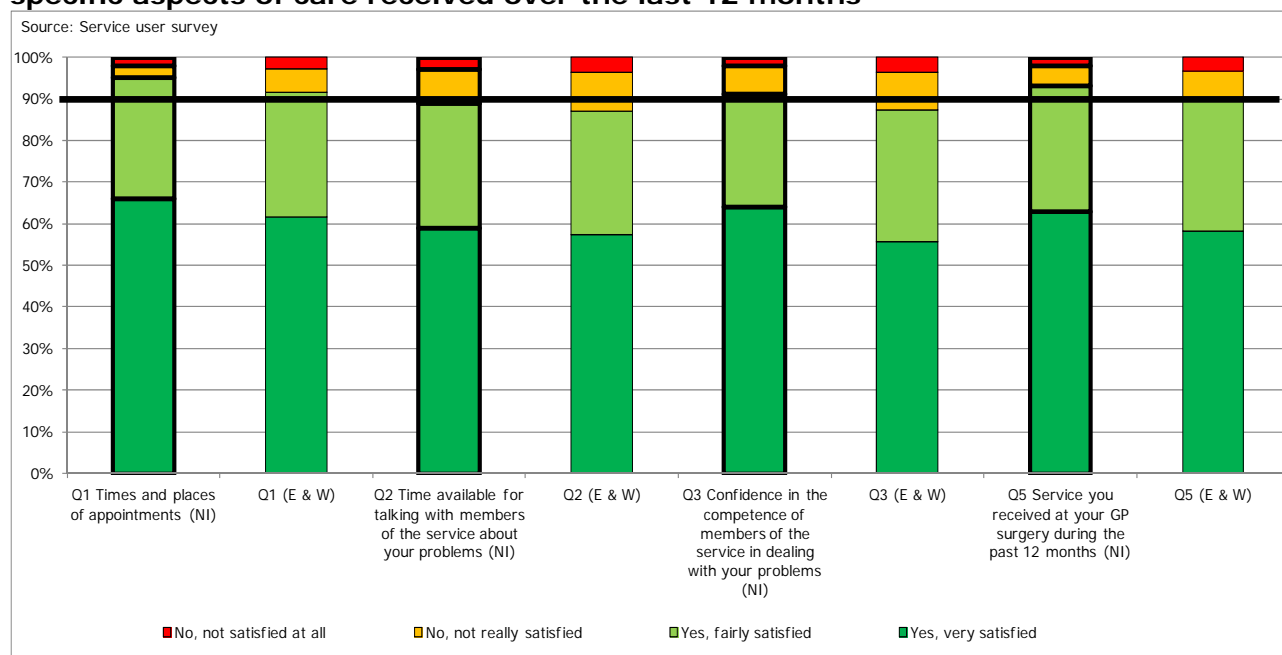
**Standard 1: Service users report that their experience of care over the past 12 months has been positive.**

**Figure 2: Proportion of service users reporting that they were satisfied with the care they received over the last 12 months**



- The data for Figure 2 are taken from Q4 of the service user survey.
- 99% of service users answered this question.
- The horizontal black line at the 90% level represents the threshold that each Trust is expected to achieve for 'very' plus 'fairly' satisfied combined to meet standard 1. This threshold was discussed and agreed by the service user reference group.

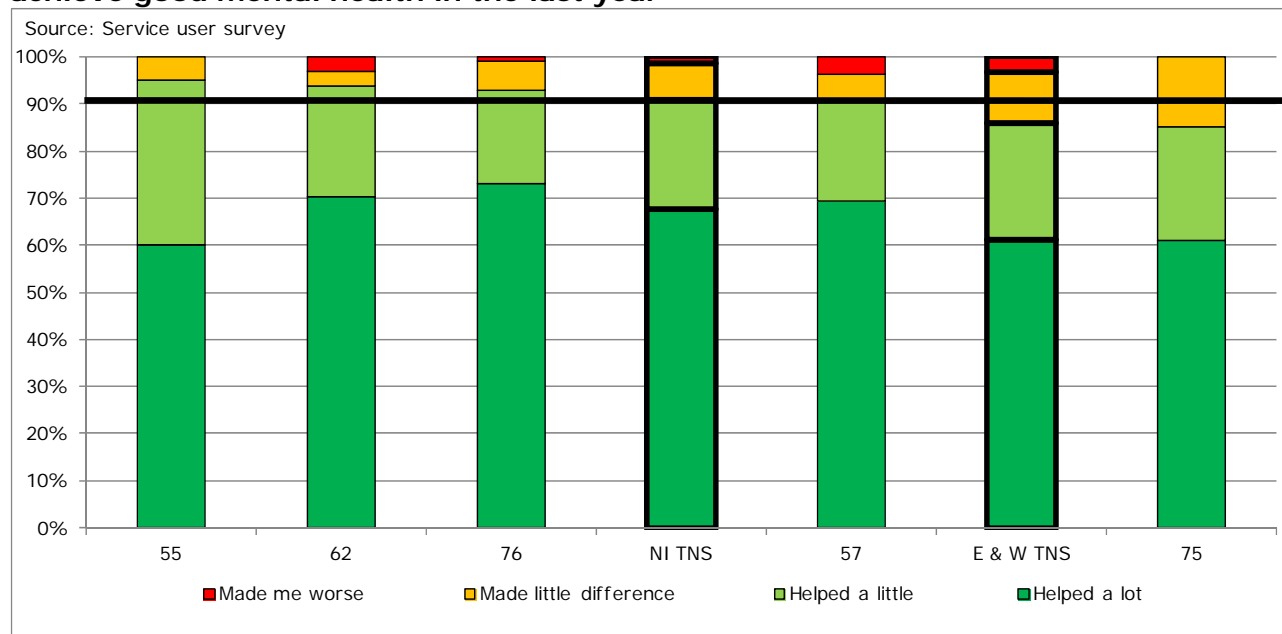
**Figure 3: Proportion of service users reporting that they were satisfied with specific aspects of care received over the last 12 months**



- The data for Figure 3 are taken from Qs 1, 2, 3 and 5 of the service user survey.
- This analysis is based on responses from 331 service users. There were 13 instances where an individual service user had not provided a response to a particular question.

**Standard 2: Service users report positive outcomes from the care they have received over the past 12 months.**

**Figure 4: Proportion of service users reporting that services had helped them achieve good mental health in the last year**



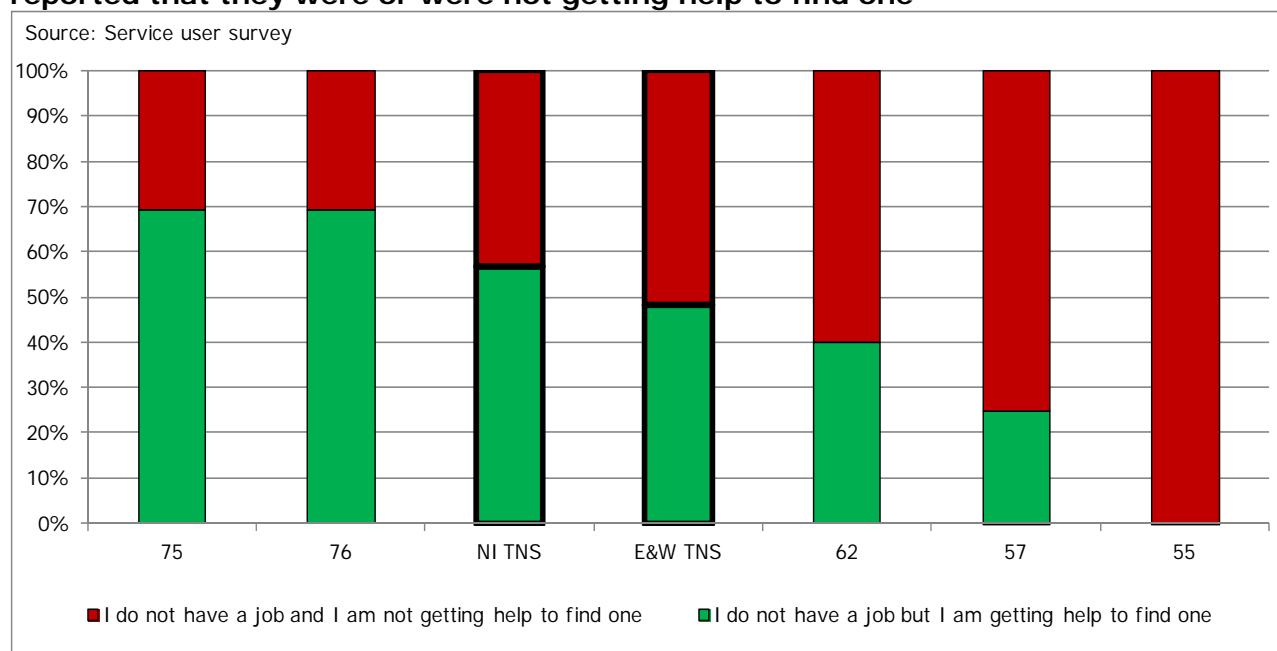
- The data for Figure 4 are taken from Q26 of the service user survey.
- 98% of service users answered this question.
- The horizontal black line at the 90% level represents the threshold that each Trust is expected to achieve for 'helped a lot' plus 'helped a little' combined to meet standard 2. This threshold was discussed and agreed by the service user reference group.

**Table 14: Whether service users had a job or wanted one, and were receiving help to find work**

Response	Number (%)	Percentage range
<b>I have a job</b>	27 (9%)	0 - 16%
<b>I do not have a job but I am getting help to find one</b>	21 (7%)	0 - 11%
<b>I do not have a job and I am not getting help to find one</b>	16 (5%)	4 - 13%
<b>I do not have a job and I am not looking for one at this time</b>	238 (79%)	70 - 89%

- The data for Table 14 are taken from Q22 of the service user survey.
- 91% of service users answered this question.

**Figure 5: The proportion of services users who were looking for work who reported that they were or were not getting help to find one**



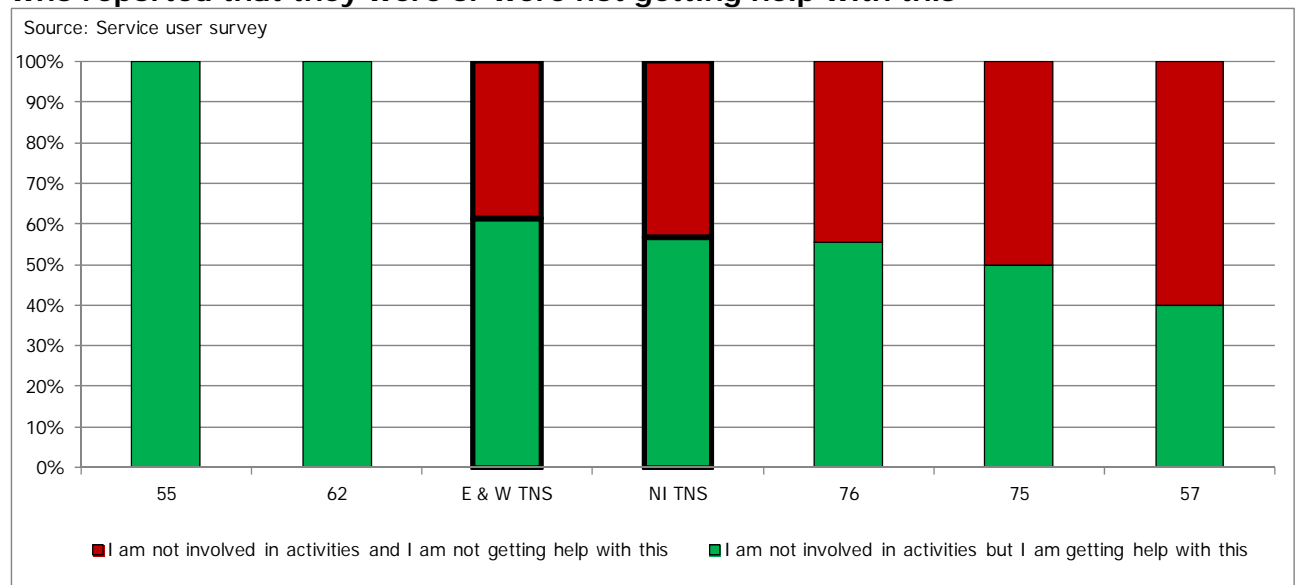
- The data for Figure 5 are taken from Q22 of the service user survey.
- This analysis is based on responses from the 37 service users who did not have a job but wanted help to find one (Table 14). The overall response rate to Q22 was 91%.

**Table 15: Whether service users were involved in daytime activities and, if not, if they wanted help to become involved**

Response	Number (%)	Percentage range
I am involved in activities during my day	141 (44%)	25 - 53%
I am not involved in activities but I am getting help with this	21 (7%)	3 - 10%
I am not involved in activities and I am not getting help with this	16 (5%)	0 - 8%
I am not involved in activities but I'm ok with that for the moment	139 (44%)	40 - 65%

- The data for Table 15 are taken from Q23 of the service user survey.
- 96% of service users answered this question.

**Figure 6: The proportion of services users who were looking for other activities who reported that they were or were not getting help with this**



- The data for Figure 6 are taken from Q23 of the service user survey.
- This analysis is based on responses from the 37 service users who were not involved in activities but wanted help to be involved (Table 15).
- 96% of service users answered this question.

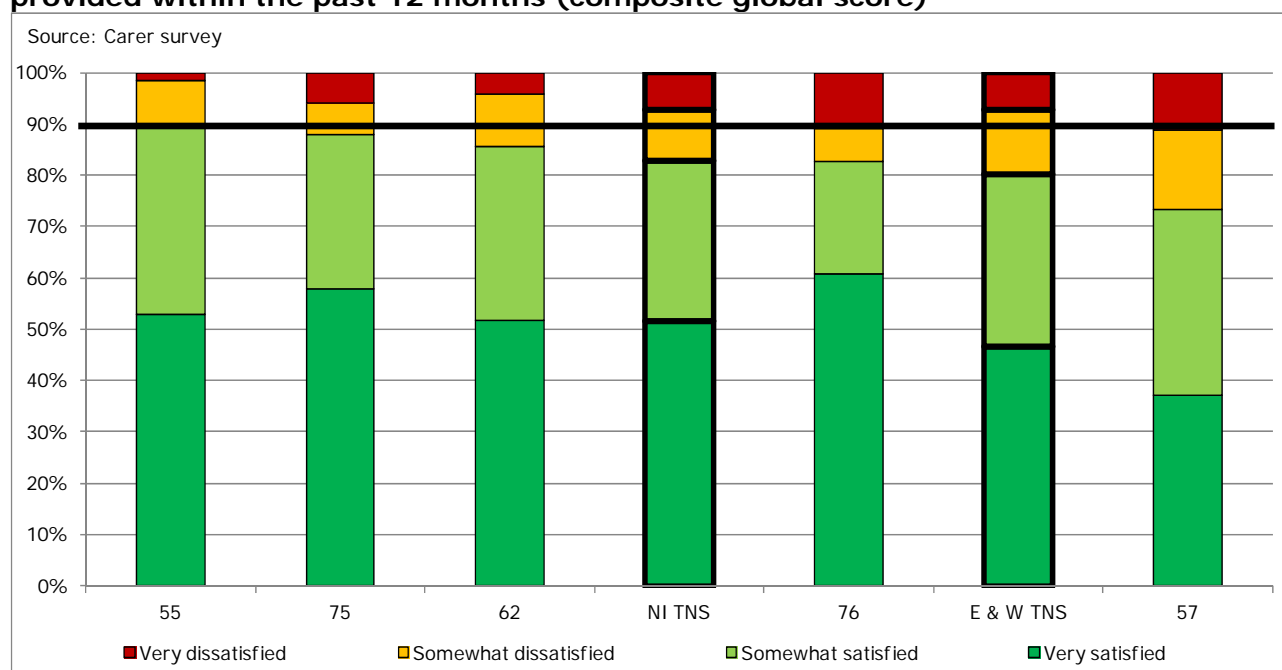


### Standard 3 (pages 68 to 71): Carer experience

Again, the findings were very similar to those for E&W, though with a small trend for carers to report better support and involvement in decision making in NI. Similarly to the situation for E&W, the worst area of deficiency in NI was for provision of information about prognosis (second bar from left in Figure 8), but NI did perform slightly better in terms of those 'very satisfied' on this item.

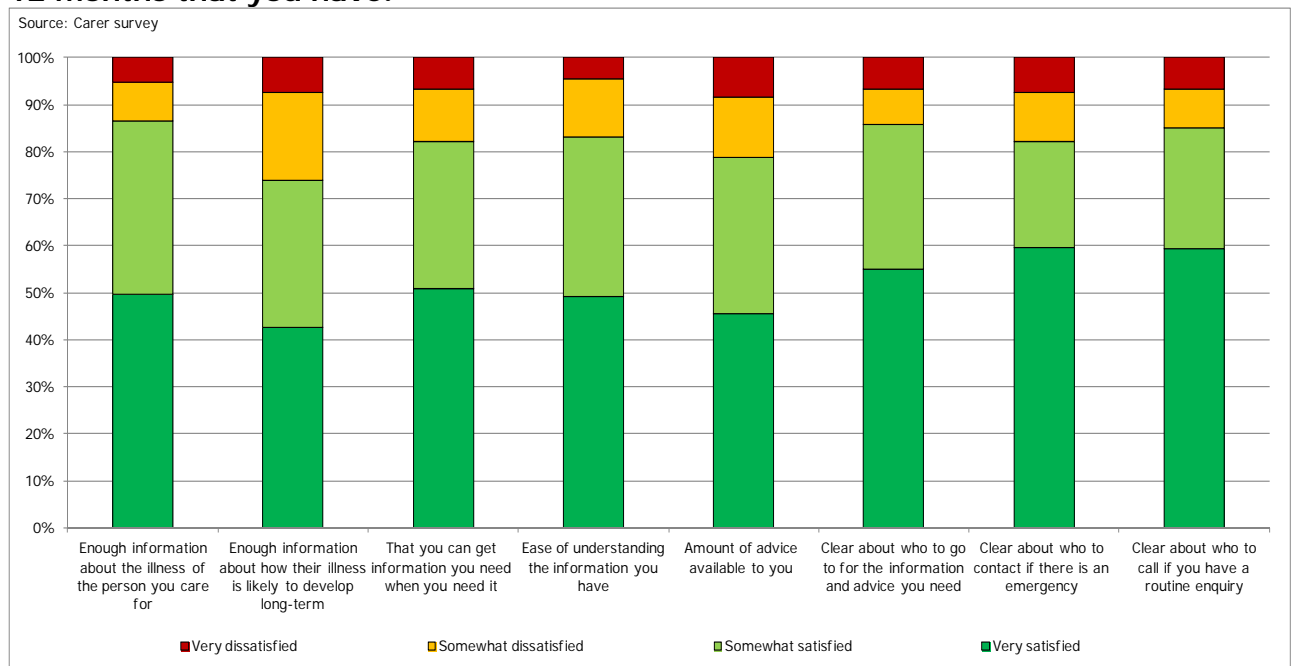
**Standard 3: Carers report satisfaction with the support and information they have been provided with to assist them in their role as a carer over the past 12 months.**

**Figure 7: Carers' satisfaction with the support and information they have been provided within the past 12 months (composite global score)**



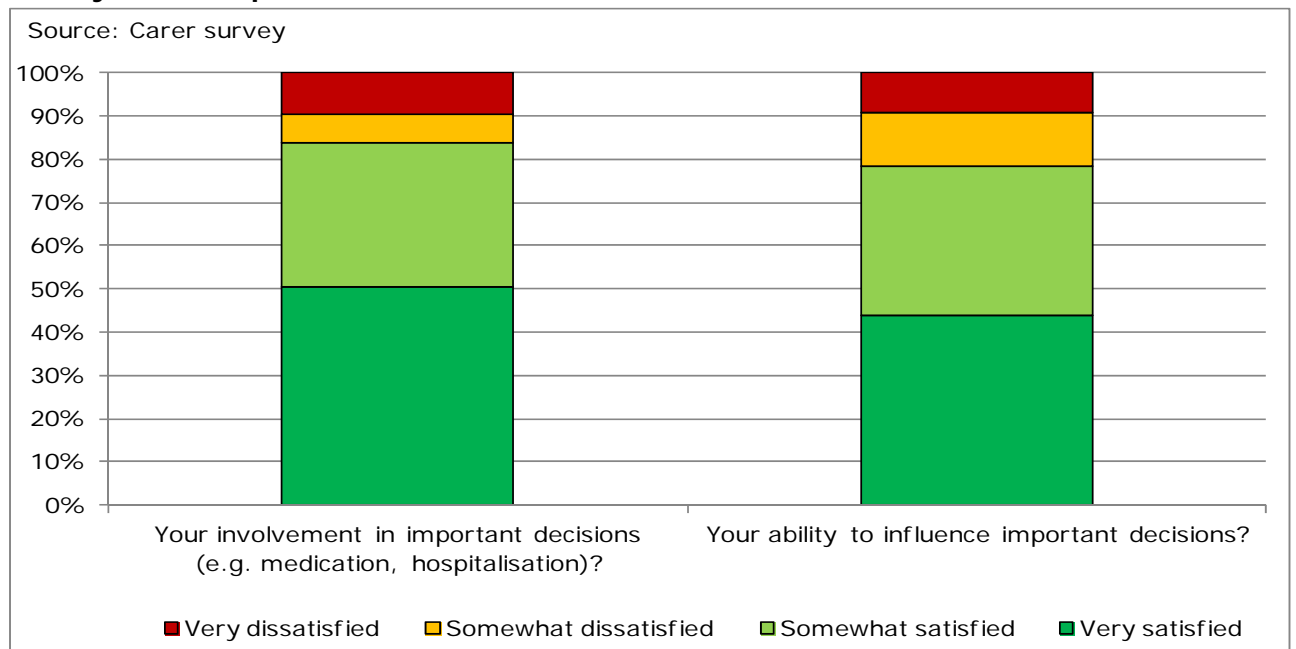
- The data for Figure 7 are taken from Qs 1, 2 and 3 of the carer survey.
- The analysis for Figure 7 is based on responses from 135 carers. There were 38 instances where an individual carer had not provided a response to a particular question.
- The horizontal black line at the 90% level represents the threshold that each Trust is expected to achieve for 'very' plus 'somewhat' satisfied combined to meet standard 3.

**Figure 8: Information and advice: In general how satisfied were you in the past 12 months that you have:**



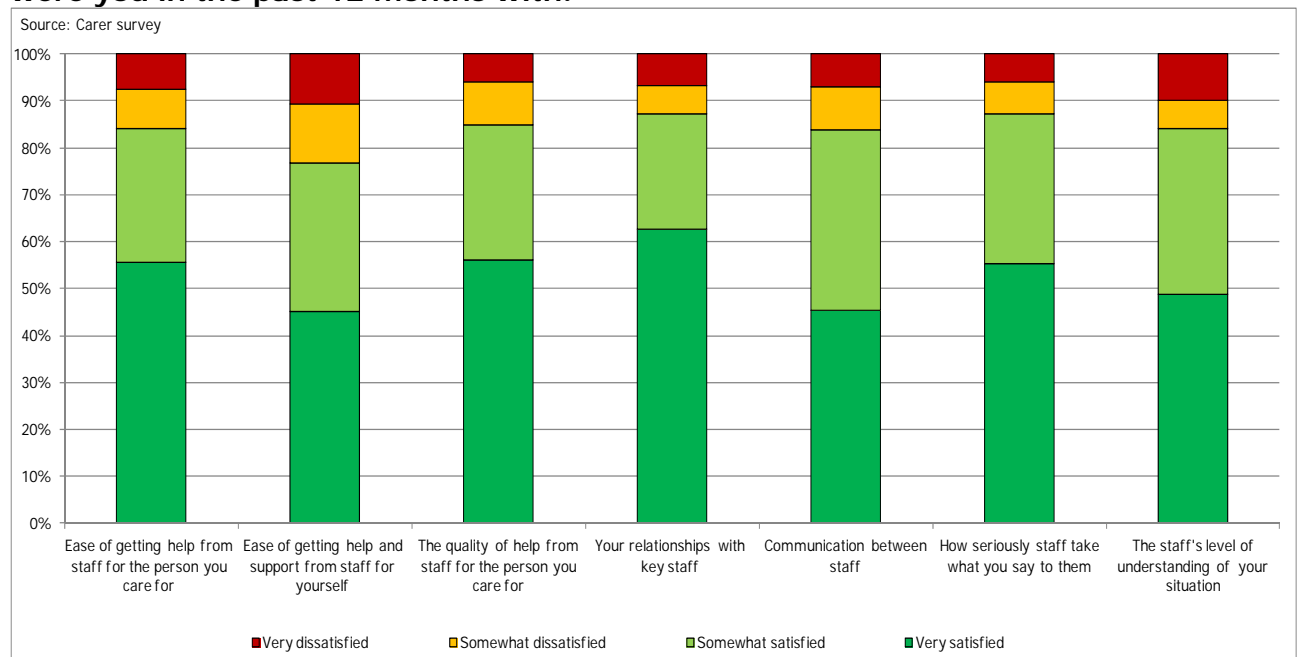
- The data for Figure 8 are taken from Q1 of the carer survey.
- This analysis is based on responses from 135 carers. There were 17 instances where an individual carer had not provided a response to a particular question.

**Figure 9: Involvement in treatment and care planning: In general how satisfied were you in the past 12 months with:**



- The data for Figure 9 are taken from Q2 of the carer survey.
- 100% (left-hand column) and 96% (right-hand column) of carers answered these questions.

**Figure 10: Support from medical and/or care staff: In general how satisfied were you in the past 12 months with:**



- The data for Figure 10 are taken from Q3 of the carer survey.
- This analysis is based on responses from 135 carers. There were 16 instances where an individual carer had not provided a response to a particular question.

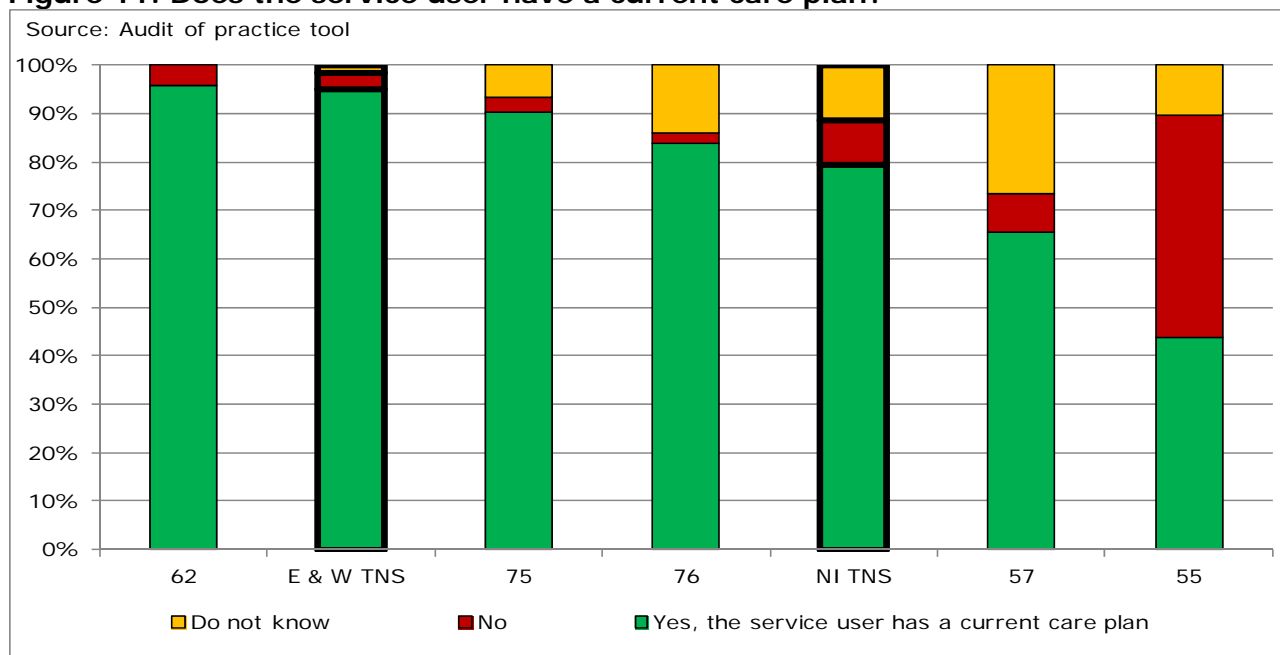
## Standards 15 and 16 (pages 72 to 75): Care planning, continuity of care and access to services

Trusts in NI performed significantly worse in terms of provision of a care plan, both in terms of Trust reported data and service user report of knowledge of one. However, in terms of knowing what to do in a crisis NI findings were virtually identical to those for E&W.

This is an important issue as it is a requirement that all service users with schizophrenia should have a care plan. On Trust report of provision of a care plan, two NI Trusts performed worse than the poorest of the E&W Trusts and on service user reported knowledge of a care plan all NI Trusts were worse than those in E&W. The difference between Trust and service user data suggests either Trust over-reporting or poor communication with service users.

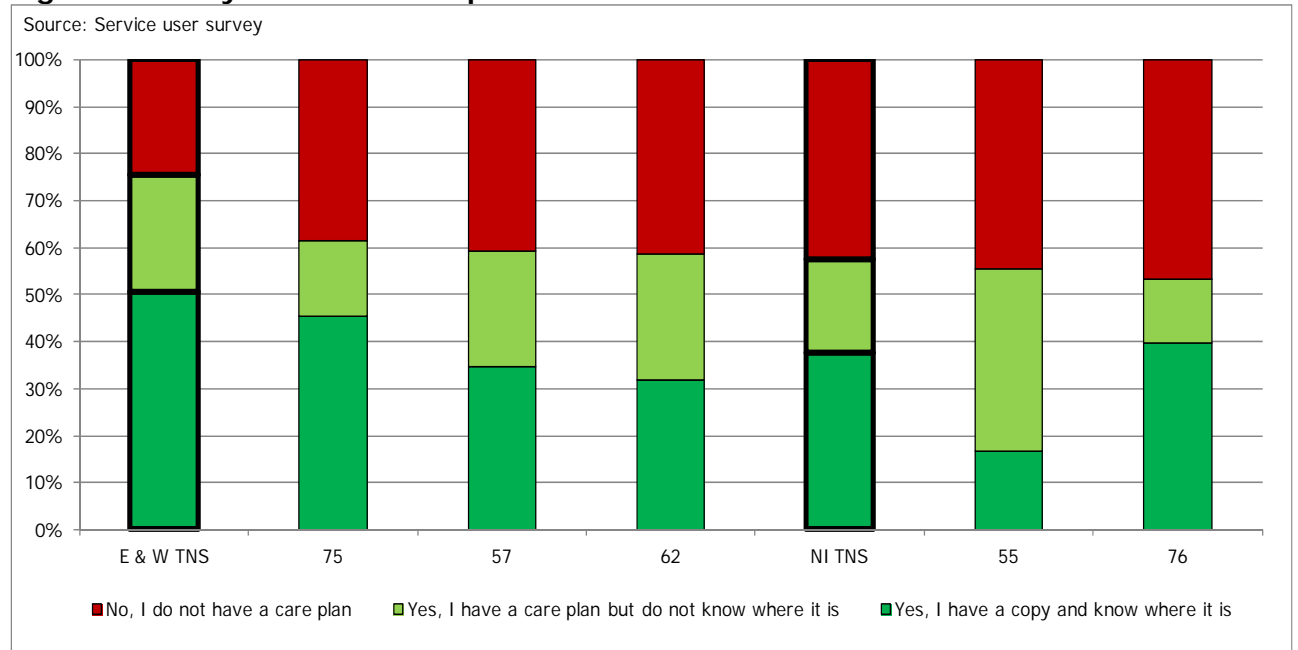
### Standard 15: Each service user has a current care plan.

**Figure 11: Does the service user have a current care plan?**



- The data for Figure 11 are taken from Q45 of the audit of practice tool.
- This analysis is based on 425 case records.

**Figure 12: Do you have a care plan?**

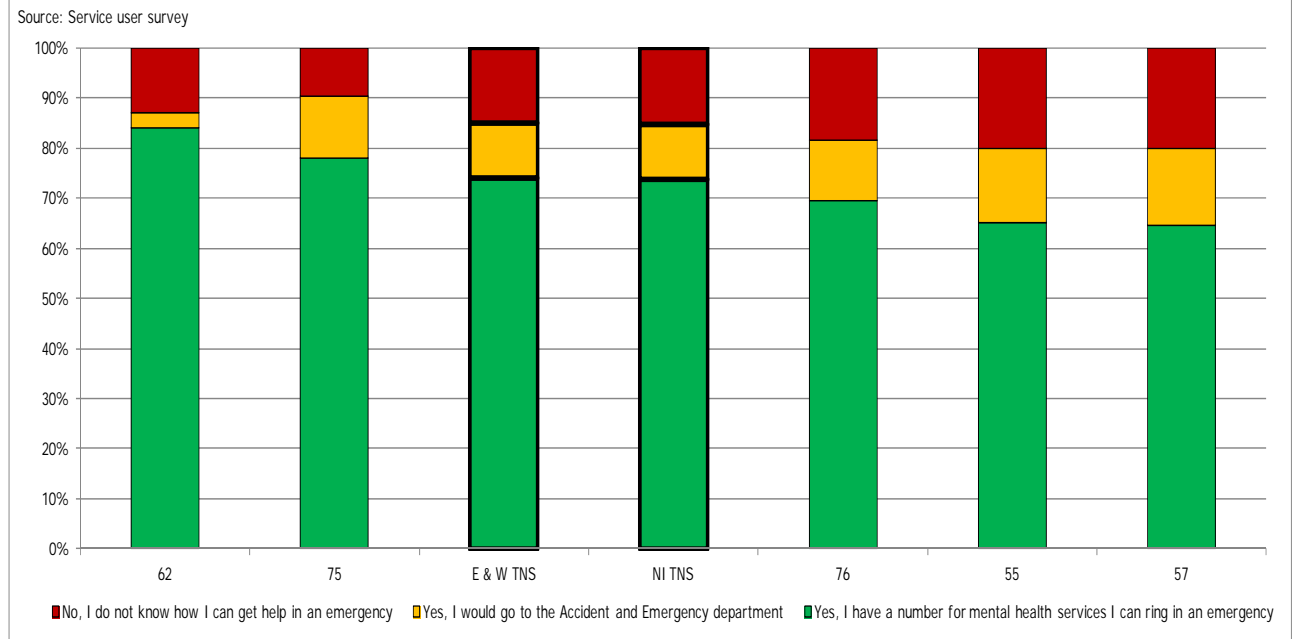


- The data for Figure 12 are taken from Q12 of the service user survey.
- 96% of service users answered this question.

The low rate of availability of a formal care plan may partially reflect the absence of the CPA process in NI. However, progress in improving this aspect of care needs to be fostered and monitored.

**Standard 16: Each service user knows how to contact services in a crisis.**

**Figure 13: Do you know how to get help in a crisis?**

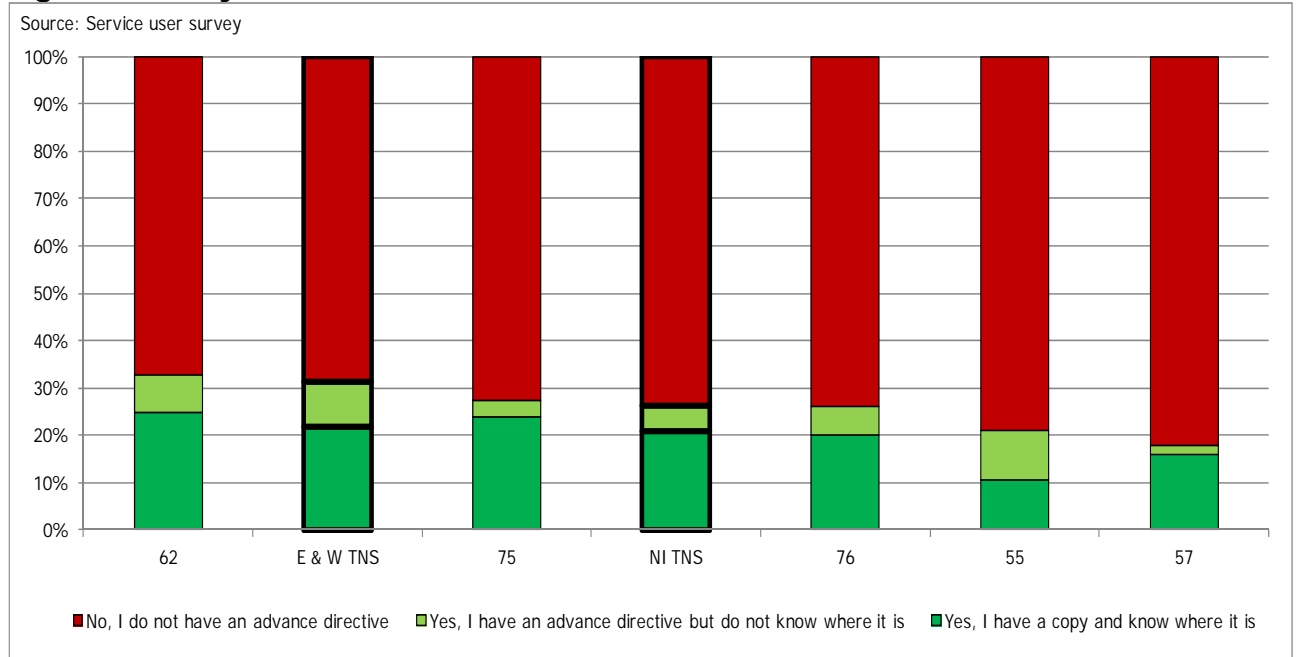


- The data for Figure 13 are taken from Q11 of the service user survey.
- 93% of service users answered this question.

**Advance directives**

(This is not part of a specific standard but has relevance to standards 15 and 16.)

**Figure 14: Do you have an advance directive?**



- The data for Figure 14 are taken from Q13 of the service user survey.
- 96% of service users answered this question.

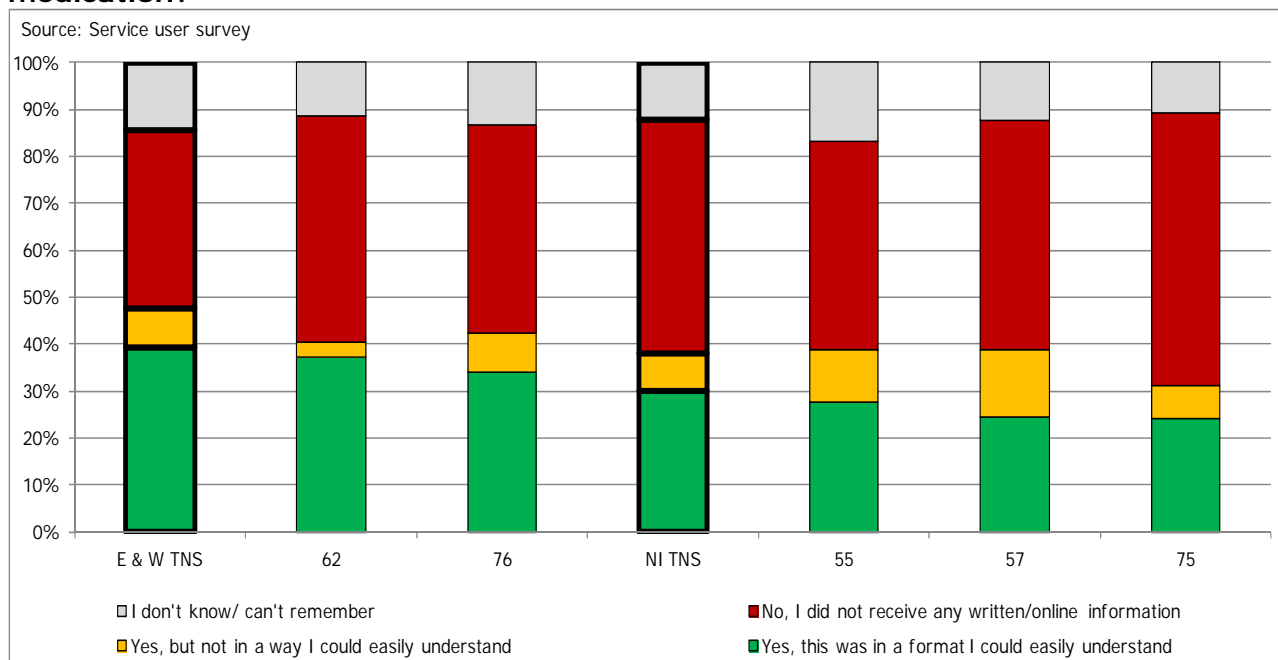
# Shared decision making about medication

## Standards 6 and 7 (pages 76 to 81)

In relation to provision of information about medication and involvement of service users in treatment decisions, NI performed slightly less well than E&W, but all Trusts in the UK require to make significant improvements in this aspect of care.

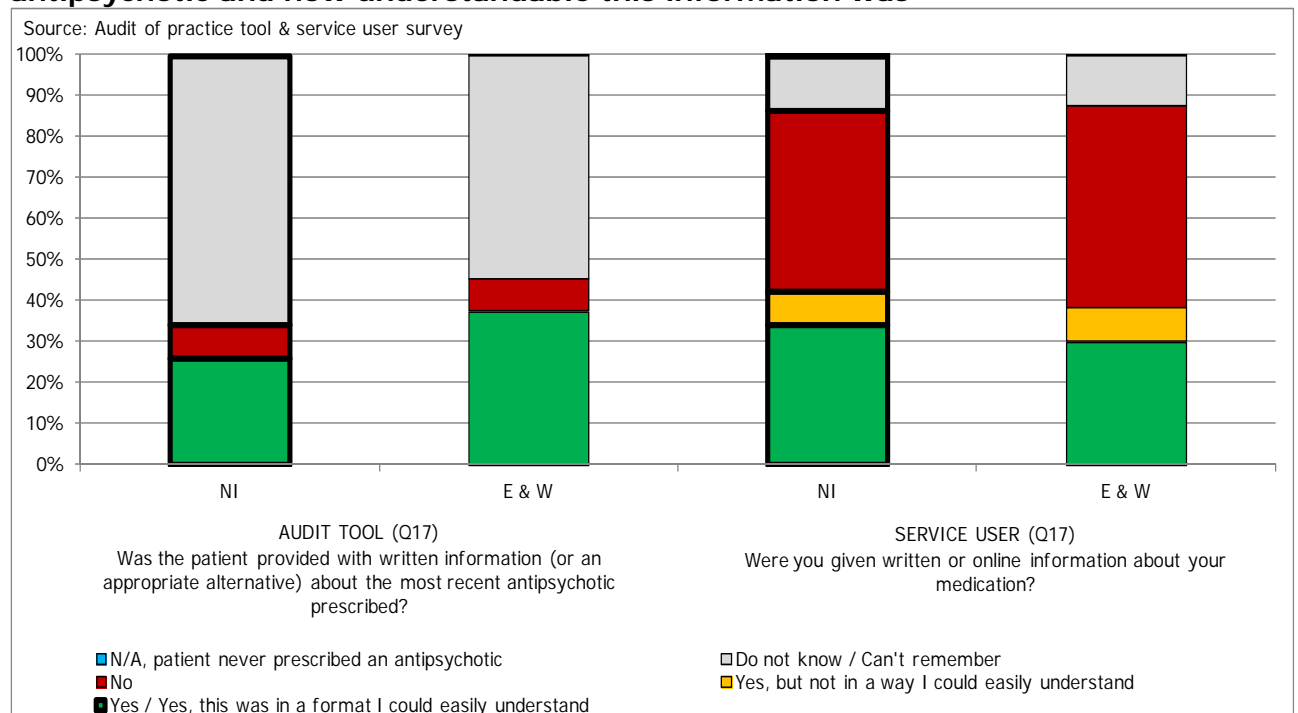
**Standard 6: The service user has been provided with evidence-based, written information (or an appropriate alternative), in an accessible format, about the antipsychotic drug that they are currently prescribed.**

**Figure 15: Were you given written or online information about your medication?**



- The data for Figure 15 are taken from Q17 of the service user survey.
- 93% of service users answered this question.

**Figure 16: Provision of information about the most recently prescribed antipsychotic and how understandable this information was**

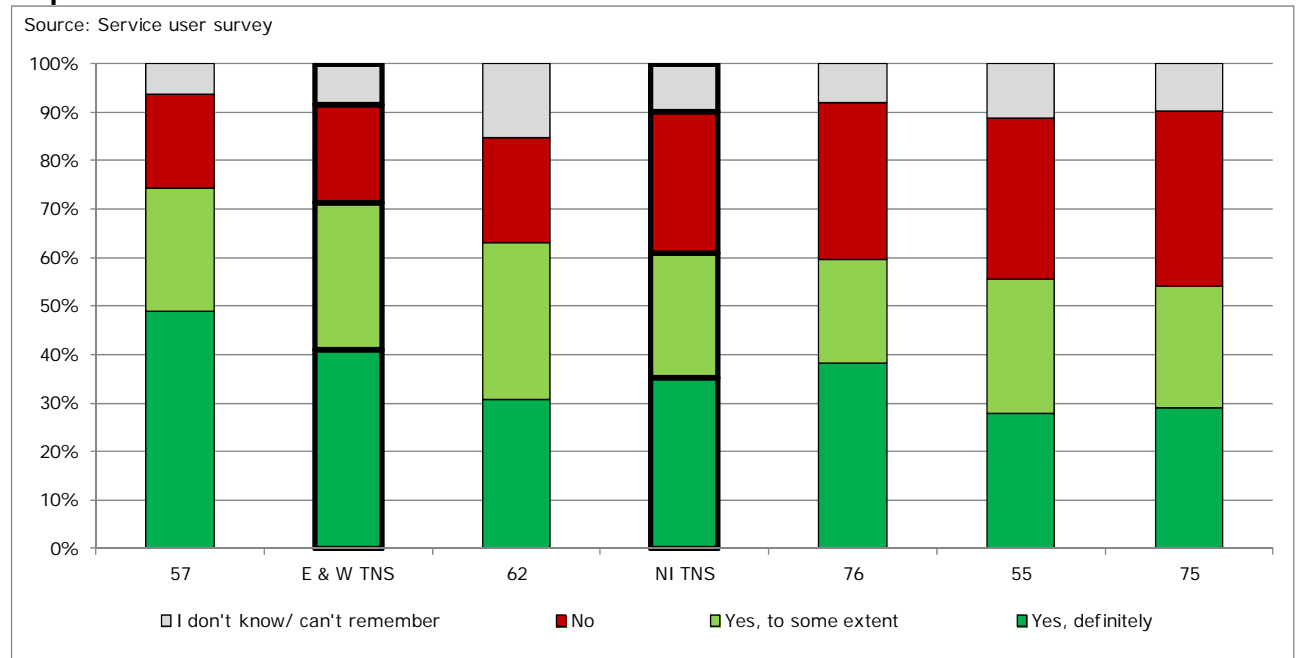


- The audit of practice tool analysis is based on 425 case records
- 93% of service users answered this question



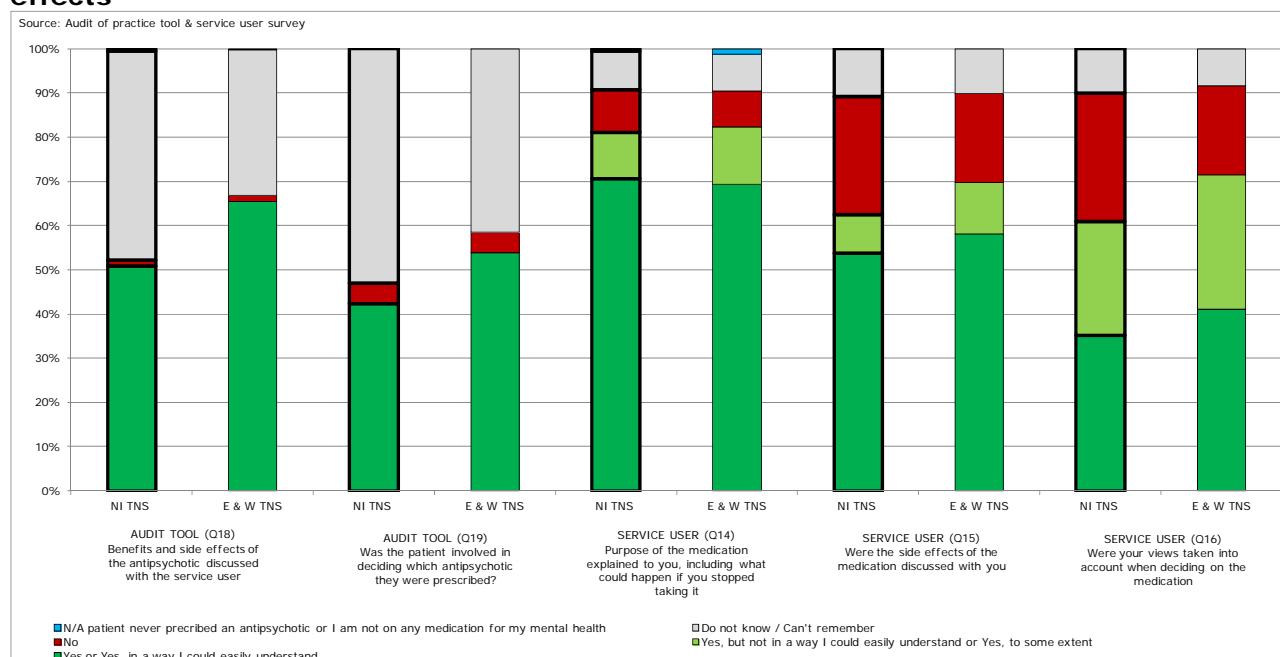
**Standard 7: The service user was involved in deciding which antipsychotic was to be prescribed, after discussion of the benefits and potential side-effects.**

**Figure 17: Were your views taken into account when deciding which medication to prescribe?**



- The data for Figure 17 are taken from Q16 of the service user survey.
- 94% of service users answered this question.

**Figure 18: Service users' involvement in the decision about the current/most recent medication, including discussions of the benefits and potential side-effects**



- The audit of practice tool analysis is based on 425 case records.
- The percentage of service users answering each question is: 98% for Q14, 95% for Q15, and 94% for Q16.
- No information was provided for Q19 of the audit of practice tool in 12 cases.

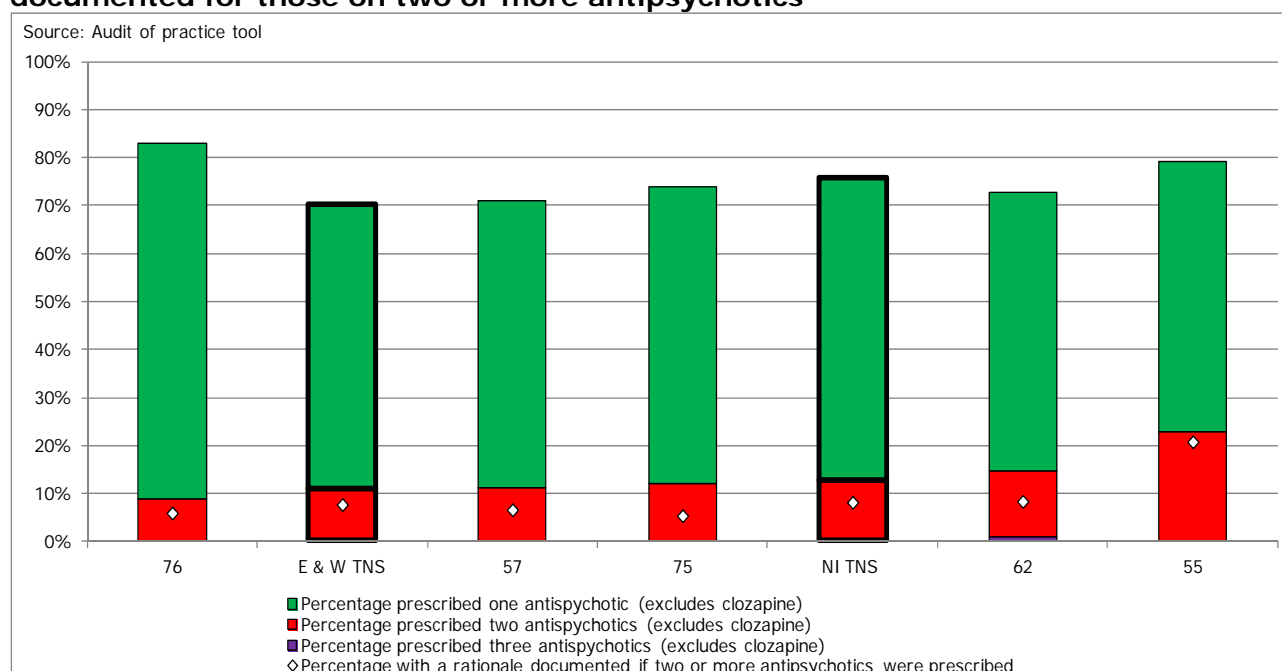
## Prescribing

### Standard 8 and 9 (pages 82 to 92)

Performance in NI in relation to numbers and doses of medications prescribed was almost identical to that in E&W, but with a slightly narrower range of findings across Trusts. However, one NI Trust was at the extreme end of the E&W range on both measures.

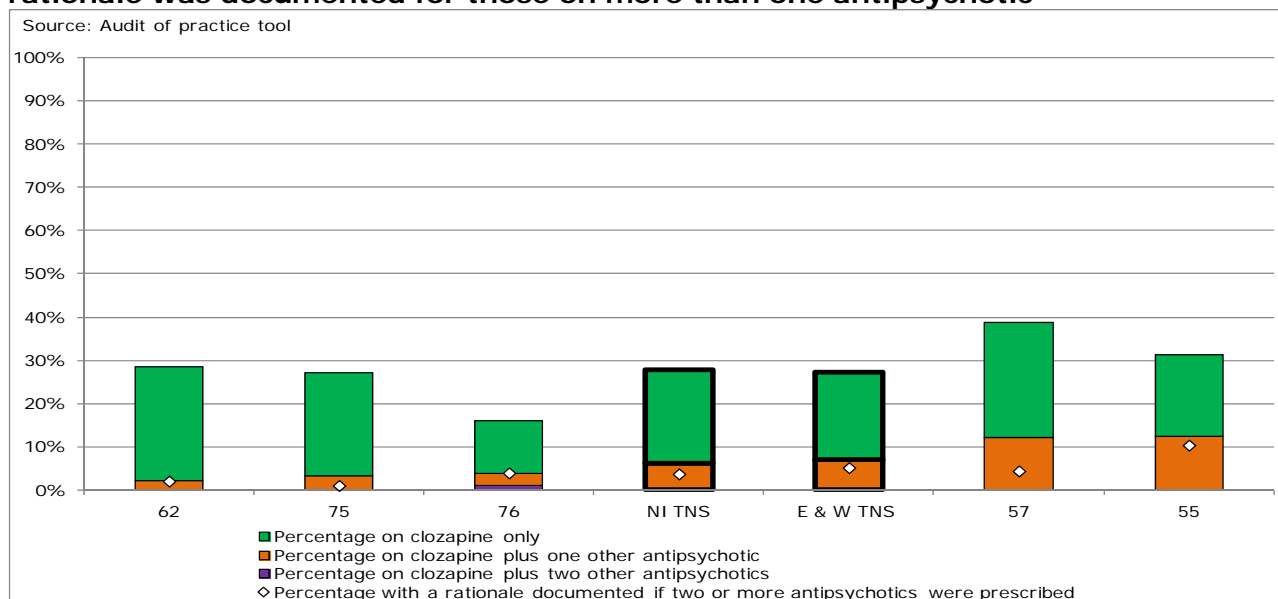
**Standard 8: The service user is currently only prescribed a single antipsychotic drug (unless they are in a short period of overlap while changing medication or because clozapine is co-prescribed with a second antipsychotic) and a rationale for this has been documented.**

**Figure 19: Percentage of service users across Trusts prescribed one, two or three antipsychotics (excluding clozapine) and whether a rationale was documented for those on two or more antipsychotics**



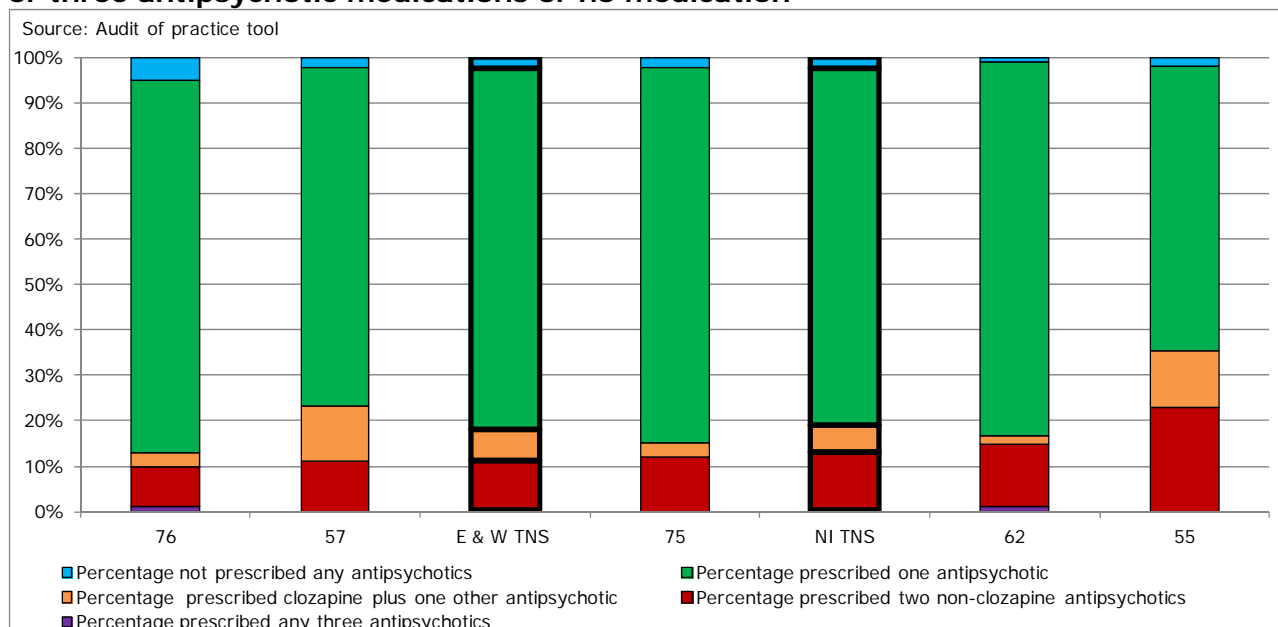
- The data for Figure 19 are taken from Qs 11 and 13 of the audit of practice tool.
- The number of cases included in this analysis is the 322 cases not on clozapine. Percentages are expressed as a percentage of the total number of cases for each Trust (which make up the 425 total cohort).
- Service users prescribed both an oral and a depot [or LAI] version of the same medication are regarded as being on a single antipsychotic medication.
- No service users were receiving >3 antipsychotic drugs at the same time.

**Figure 20: Percentage of service users across Trusts prescribed clozapine alone or clozapine with one or two other antipsychotic medications and whether a rationale was documented for those on more than one antipsychotic**



- The data for Figure 20 are taken from Qs 11 and 13 of the audit of practice tool.
- The number of cases included in this analysis is the 118 cases on clozapine. Percentages are expressed as a percentage of the total number of cases for each Trust (which make up the 425 total cohort) not the number of cases on clozapine.
- No service users were receiving >3 antipsychotic drugs at the same time.

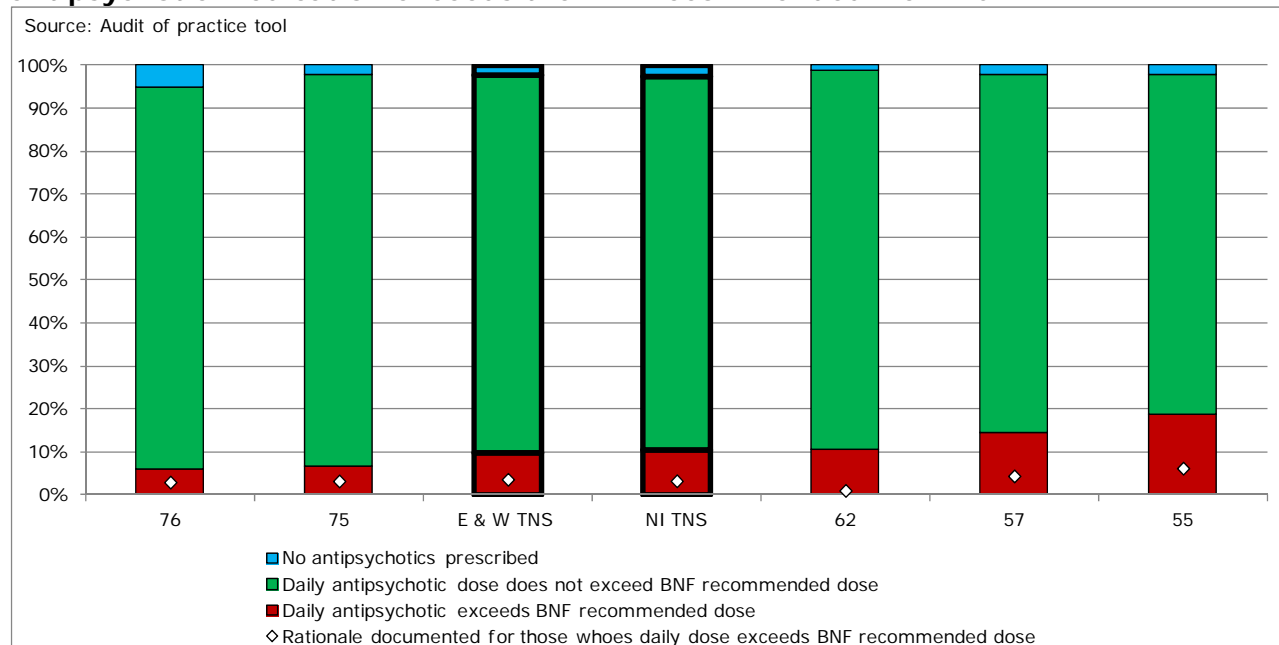
**Figure 21: Percentage of service users across Trusts prescribed either one, two or three antipsychotic medications or no medication**



- The data for Figure 21 are taken from Q11 of the audit of practice tool.
- The number of cases included in this analysis is 425.
- Service users prescribed both an oral and a depot (or LAI) version of the same medication are regarded as being on a single antipsychotic medication.
- No service users were receiving >3 antipsychotic drugs at the same time.

**Standard 9: The current total daily dose of antipsychotic drug does not exceed the upper limit of the dose range recommended by the BNF. If it does, the rationale for this has been documented.**

**Figure 22: Percentage of service users across Trusts whose total daily dose of antipsychotic medication exceeds the BNF recommended maximum**



- The data for Figure 22 are taken from Qs 11 and 12 of the audit of practice tool.
- The number of cases included in this analysis is 425.

## Sub-categorisation of service users used in the analyses for standards 10 to 13

**Table 19: Service users in remission and not in remission categorised by whether or not they are currently prescribed clozapine**

	Not on clozapine n (%)	On clozapine n (%)
<b>In remission</b>	253 (59.5%)	89 (20.9%)
<b>Not in remission</b>	54 (12.7%) <b>(Group a)</b>	29 (6.8%) <b>(Group b)</b>

- These numbers are derived from Q9 of the audit of practice tool.
- The numbers in the table relate to 425 cases.

**Table 20: Service users who are not in remission and not on clozapine categorised by whether or not the current antipsychotic prescribed is their first antipsychotic medication**

On first antipsychotic medication	Not in remission and not on clozapine n (% of 54 cases; Group a)
<b>Yes (Group c)</b>	8 (14.8%)
<b>No (Group d)</b>	43 (79.6%)

- The data for Table 20 are taken from Q21 of the audit of practice tool.
- The total number of cases included are the n=54 (Group a) from Table 19. Percentages are expressed as a percentage of these 54 cases.
- Data were not entered by the Trust for Q21 in 3 cases (5.6% of the 54 in Group a).

The proportions of service users whose illness was regarded as 'in remission' were similar in NI to E&W (Tables 19 and 20).

## Standards 10 and 11 (pages 93 to 97)

NI Trusts overall were less good at recording whether key issues in poor response (medication adherence and misuse of alcohol or other substances) had been investigated (Table 21). Delays in switching antipsychotics were similar (Table 23).

Some of the differences in percentages between NI and E&W seen in these Tables are relatively meaningless because of the much smaller total numbers from the NI Trusts versus the whole of England and Wales.

**Standard 10: If there was no or inadequate response to the first antipsychotic drug prescribed after a minimum of four weeks at optimum dose:**

- i Medication adherence was investigated and documented.**
- ii The potential impact of alcohol or substance misuse on response were investigated and documented.**

**Table 21: Percentages of service users, not in remission, in whom poor treatment adherence or alcohol/substance misuse have been investigated as potential causes for poor response**

<b>Treatment Group</b>	<b>Medication adherence has been investigated n (% of total cases in the relevant Group)</b>	<b>Alcohol and substance misuse have been investigated n (% of total cases in the relevant Group)</b>
<b>Group (c):</b> Not in remission, on first antipsychotic (n=8)	4 (50.0%)	3 (37.5%)
<b>Group (d):</b> Not in remission, not on first antipsychotic, not on clozapine (n=43)	24 (55.8%)	15 (34.9%)
<b>Group (b):</b> Not in remission, on clozapine (n=29)	19 (65.5%) (i)	17 (58.6%) (ii)

- For Group (c): Analysis in Table 21 is derived from Qs 9 and 21 of the audit of practice tool and then the responses to Qs 24 and 25.
  - For Group (d): Analysis in Table 21 is derived from Qs 9 and 21 of the audit of practice tool and then the responses to Qs 24 and 25.
  - For Group (b): Analysis in Table 21 is derived from Q9 of the audit of practice tool and then the responses to Qs 28 and 29.
- i. There is 1 case for whom a response was not provided to Q28.
  - ii. There is 1 case for whom a response was not provided to Q29.

**Standard 11: If there was no or inadequate response to the first antipsychotic drug within 8 weeks, part of which was at optimum dose, the first antipsychotic drug was stopped and a second antipsychotic drug given.**

**Table 23: Service users not in remission and not prescribed clozapine, and the length of time they have been on their current antipsychotic medication**

<b>Length of time on current antipsychotic medication</b>	<b>Service users on their first antipsychotic. Group (c) n (% of the 8 cases)</b>	<b>Service users <u>not</u> on their first antipsychotic. Group (d) n (% of the 43 cases)</b>
<b>8 weeks or less</b>	-	-
<b>Between 8 weeks to 6 months</b>	1 (12.5%)	4 (9.3%)
<b>More than 6 months</b>	7 (87.5%)	39 (90.7%)

- The data for Table 23 are taken from Qs 21 and 23 of the audit of practice tool.
- The cases included here are the 54 not in remission and not on clozapine (Table 19). These are then further categorised into those on their first antipsychotic (Group c) and others who have had more than one antipsychotic medication (Group d) (Table 20).



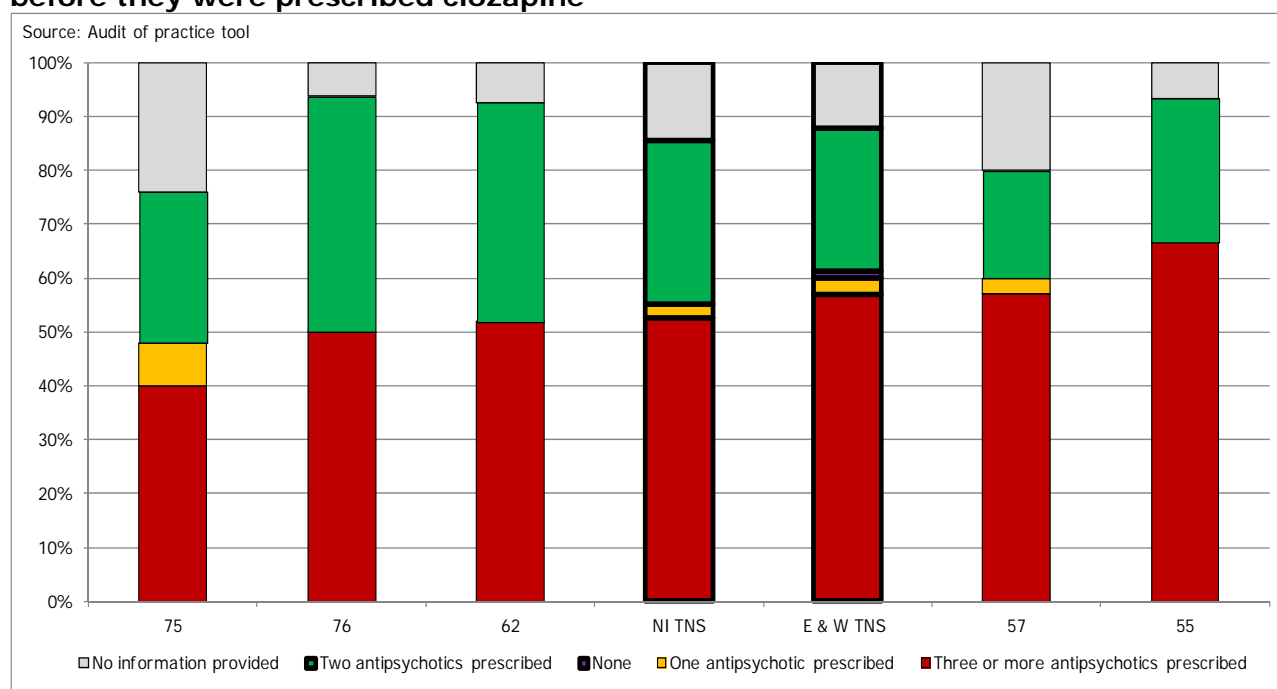
## Standard 12 (pages 98 to 103)

A smaller percentage of NI service users had received three or more antipsychotic medications before commencing clozapine and the worst performing on this parameter was considerably better than the worst in E&W.

In relation to the provision of a reason for potentially eligible service users not being on clozapine (Table 25), NI had a higher percentage with 'lack of facility for community initiation' given, though again numbers are small. However, this is regarded as an inappropriate reason for not being able to commence clozapine and is an issue that Trusts should review.

**Standard 12: If there was no or inadequate response to two antipsychotic drugs, one of which should be a second generation antipsychotic at optimum dose, clozapine was offered.**

**Figure 23: Number of antipsychotic medications patients were prescribed before they were prescribed clozapine**



- The data for Figure 23 are taken from Qs 11 and 16 of the audit of practice tool.
- The number of cases included in this analysis is the 118 cases on clozapine (Table 19). Percentages are expressed as a percentage of the number of cases on clozapine.
- No information was provided for Q16 in 17 cases.

**Table 25: Reasons provided for failure to prescribe clozapine for service users who are not in remission**

Reason	Number of cases	Percentage of cases (n=54)
<b>Reasons that may be considered as appropriate</b>		
Clozapine offered but the service user refused	12	22%
Clozapine contraindicated for the service user	10	19%
Not yet had an adequate trial of two other antipsychotics	9	17%
Clozapine tried, service user did not respond adequately or had undue adverse effects	2	4%
Ongoing depression and anxiety but not psychotic symptoms	6	11%
Short term relapse	-	-
<b>Reasons that are <u>not</u> usually considered as appropriate</b>		
Poor compliance expected	7	13%
Lack of facility for community initiation	3	6%
Abuse of alcohol and/or other substances	-	-
Waiting for an inpatient bed	-	-
Trust restrictions on use of clozapine	-	-
<b>"None of the above"</b>	8	15%

- The data for Table 25 are taken from Q20 of the audit of practice tool.
- The cases included here are the 54 not in remission and not on clozapine previously described in Table 19.
- More than one reason was allowed to be selected for Q20 so numbers may add up to more than 54. The percentages have been calculated using 54 cases as denominator to show what percentage of cases used each reason.
- No answer was provided for Q20 in 2 cases.

## Standard 13 (pages 104 to 106)

Practice in the use of augmentation of clozapine is very similar to that in E&W.

**Standard 13: If there was no or inadequate response to treatment despite an adequate trial of clozapine, a second antipsychotic was given in addition to clozapine for a trial period of at least 8 weeks at optimum dose.**

**Table 26: Additional antipsychotic medications prescribed to service users together with clozapine**

Details of antipsychotic medications	Service users on clozapine <u>not</u> in remission n (% of 29)	Service users on clozapine and in remission n (% of 89)
<b>Clozapine monotherapy</b>	18 (62%)	74 (83%)
<b>Clozapine augmentation with other antipsychotic(s)</b>		
+ oral aripiprazole	4 (14%)	5 (6%)
+ oral amisulpride	4 (14%)	4 (4%)
+ one other oral	2 (7%)	6 (7%)
+ two other orals (i)	1 (3%)	-
+ one LAI	-	-
+ one oral + one LAI	-	-

- LAI = long-acting injectable or depot antipsychotic medication
- Oral = oral antipsychotic medication
- The data for Table 26 are taken from Qs 9, 11 and 27 of the audit of practice tool.
- The two groups of cases are as described in Table 19.
- (i) Prescribing for this patient entailed: clozapine + amisulpride + haloperidol

## Psychological therapies

### **Standards 14a and 14b (pages 107 to 112)**

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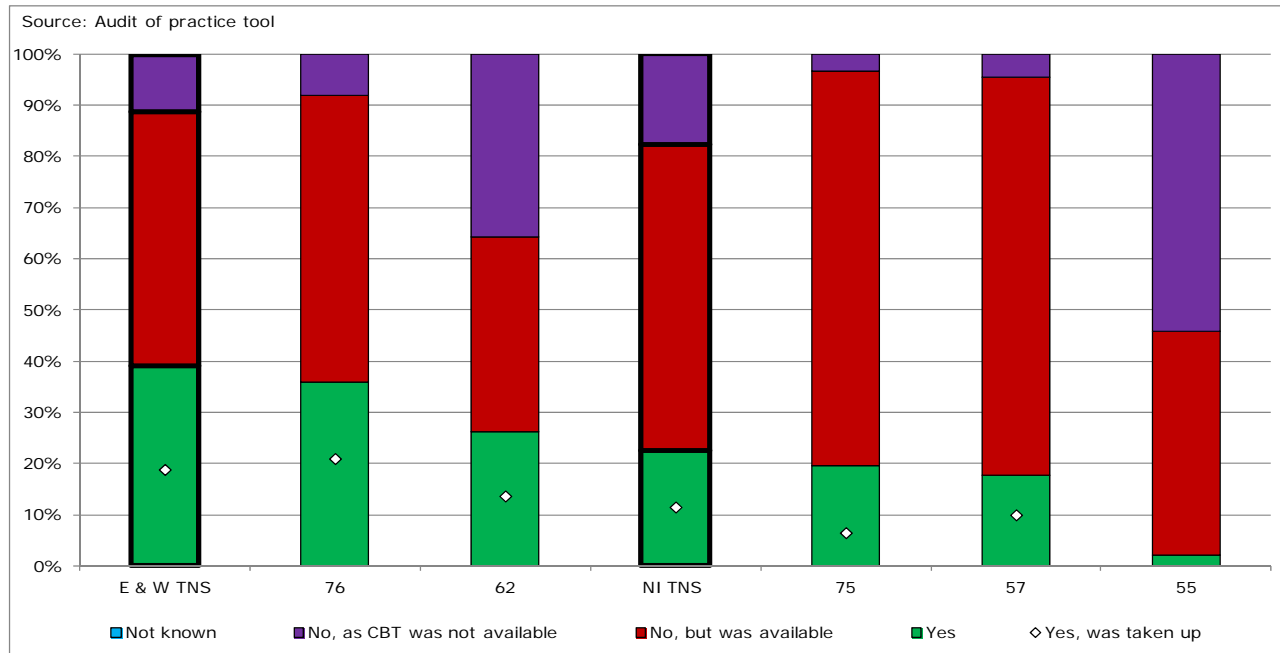
Trust reports of whether or not service users had been offered either cognitive behavioural therapy or a family intervention suggest much less availability of these treatment options in NI than in E&W as a whole. However, it must also be noted that service user reports of whether or not such treatments had been received are almost identical to those in E&W. Given the relative similarities between NI and E&W of service user feedback data for standards 1 and 2, it seems reasonable to assume that the data provided for standards 14a and 14b are compatible. Thus, the differences for Trust returns may represent a different approach in NI to recording such information.

Clearly, however, as for the rest of the country, there is a considerable deficit in use of such therapies.

**Standard 14:**

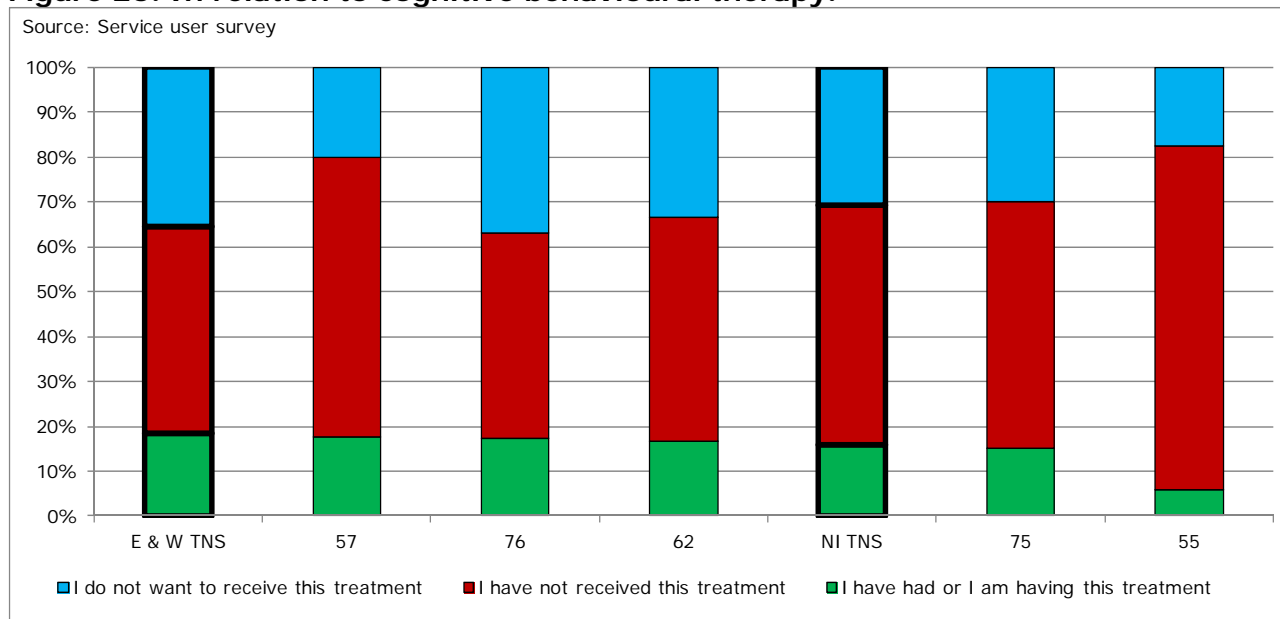
**a. CBT has been offered to all service users.**

**Figure 25: Has cognitive behavioural therapy ever been offered to the service user?**



- The data for Figure 25 are taken from Q42 and Q44 of the audit of practice tool.
- The number of cases included in this analysis is 425.
- There were no cases where Q42 was not answered and 4 cases where Q44 was not answered.

**Figure 26: In relation to cognitive behavioural therapy:**

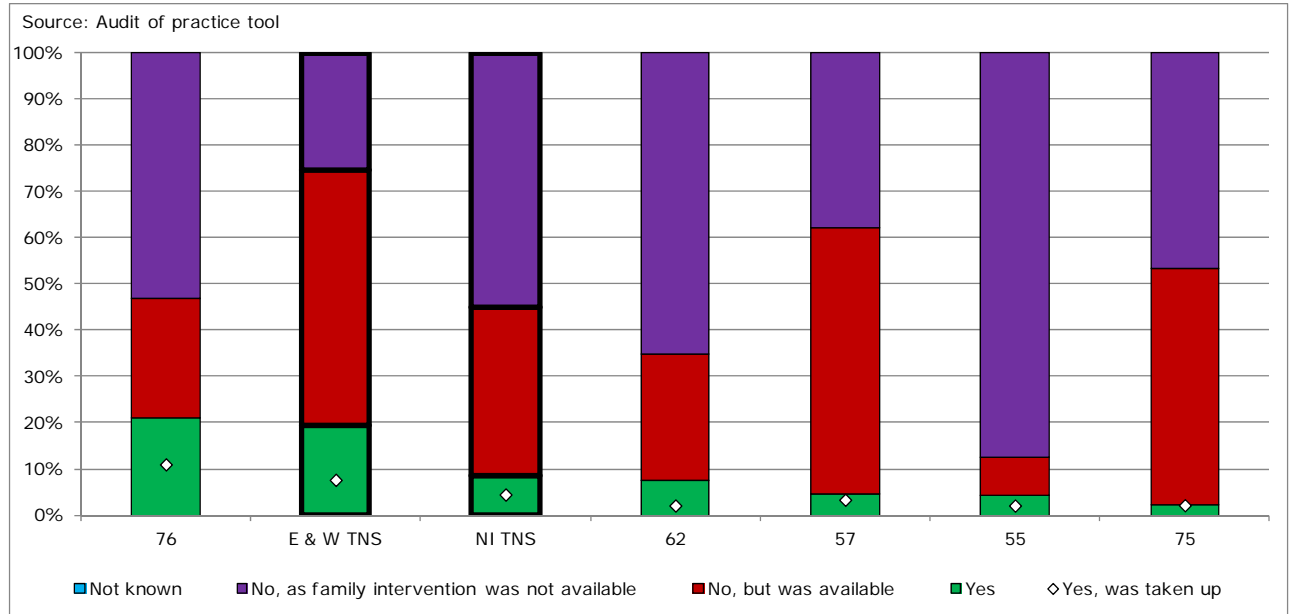


- The data for Figure 26 are taken from Q24 of the service user survey.
- 87% of service users answered this question.

**Standard 14:**

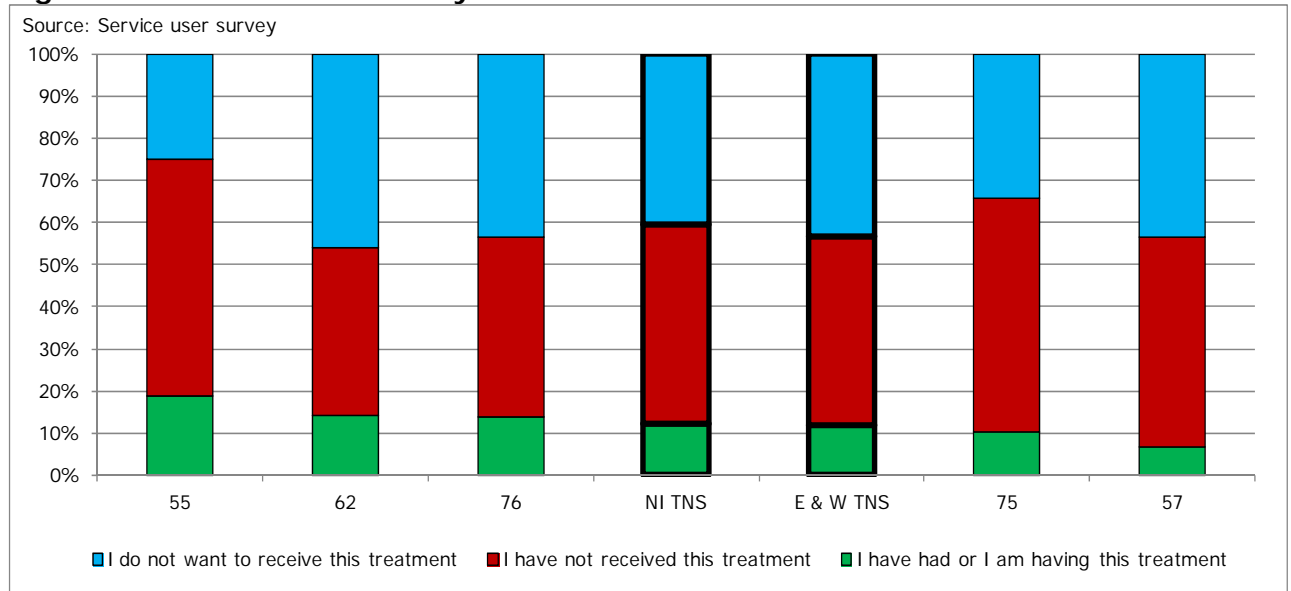
**b. Family intervention has been offered to all service users who are in close contact with their families.**

**Figure 27: Has family intervention (where patient is in contact with the family) ever been offered to the service user?**



- The data for Figure 27 are taken from Q43 and Q44 of the audit of practice tool.
- The number of service users' responses included in this analysis is 425.
- There were no cases where Q43 and Q44 were not answered.

**Figure 28: In relation to family intervention:**



- The data for Figure 28 are taken from Q25 of the service user survey.
- 90% of service users answered this question.

## Physical health: monitoring and intervention

### Standards 4a and 5a (pages 113 to 138): Monitoring of physical health

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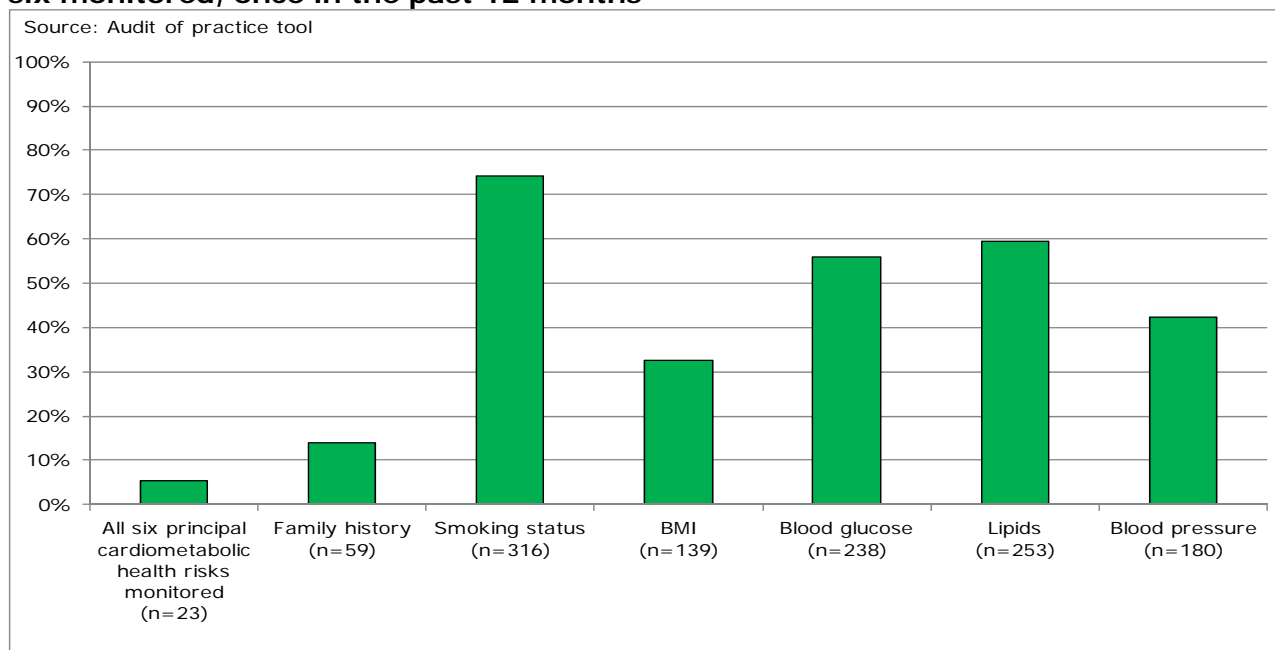
Performance in monitoring important physical health risk factors is significantly less good in NI, with only Trust 62 performing at approaching a reasonable level overall. Trusts are less good at ensuring all six important factors have all been monitored (5% of NI service users vs. 9% of E&W) and, in particular, recording of BMI and blood pressure were poor.

However, similar to the findings for E&W, much higher proportions of service users report having had their weight measured by a nurse or doctor or having had their blood pressure measured than the proportions for whom Trusts report actual data. Thus, part of the problem here is with recording and sharing of information.

**Standard 4a: The following physical health indicators have been monitored within the past 12 months:**

- i. History of cardiovascular disease, diabetes, hypertension or dyslipidaemia in members of the service user's family.
- ii. Use of tobacco.
- iii. Body mass index (BMI), or waist circumference (see Appendix G).
- iv. Blood glucose control (blood glucose and/or HbA<sub>1c</sub>)  
(Please see [Note](#) on page 125 about measures used for glucose control).
- v. Blood lipids (total cholesterol and HDL).
- vi. Blood pressure.

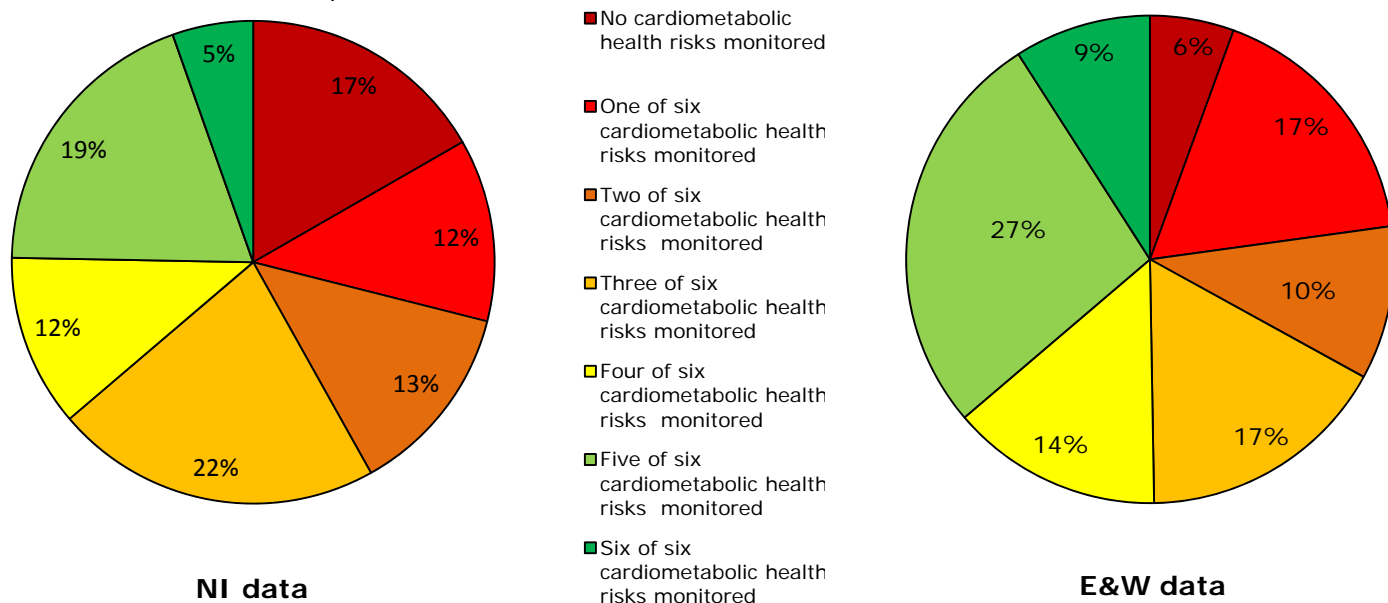
**Figure 29: Percentage of service users who had monitoring of each of the six individual cardiometabolic health risk factors and the percentage who had all six monitored, once in the past 12 months**



- The data for Figures 29 and 30 are taken from Qs 31, 34, 36, 37, 38, 39 of the audit of practice tool.
- The number of cases included in the analyses in Figures 29 and 30 is 425. In Figure 29, the numbers who had been monitored for each factor are shown in brackets under each bar.
- The 'bar' for blood glucose includes measurement of blood glucose and/or HbA<sub>1c</sub>.

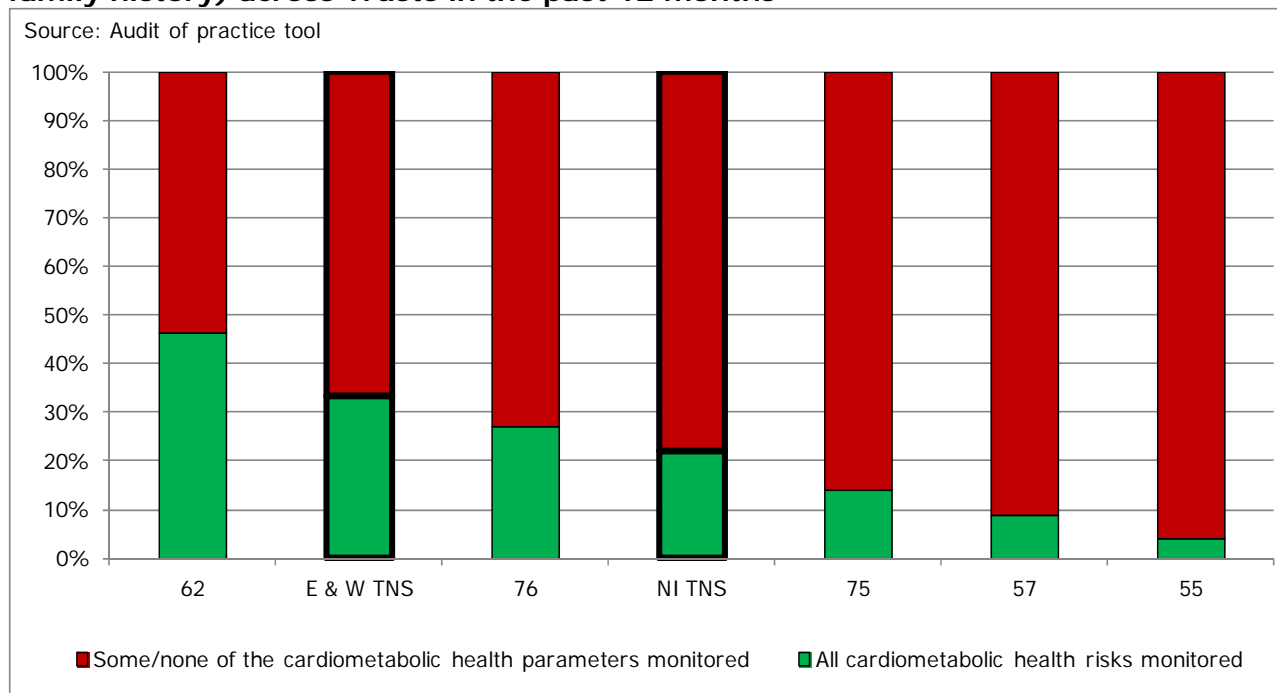
**Figure 30: Percentage of service users with different proportions of cardiometabolic health risk factors monitored once in the past 12 months**

Source: Audit of practice tool



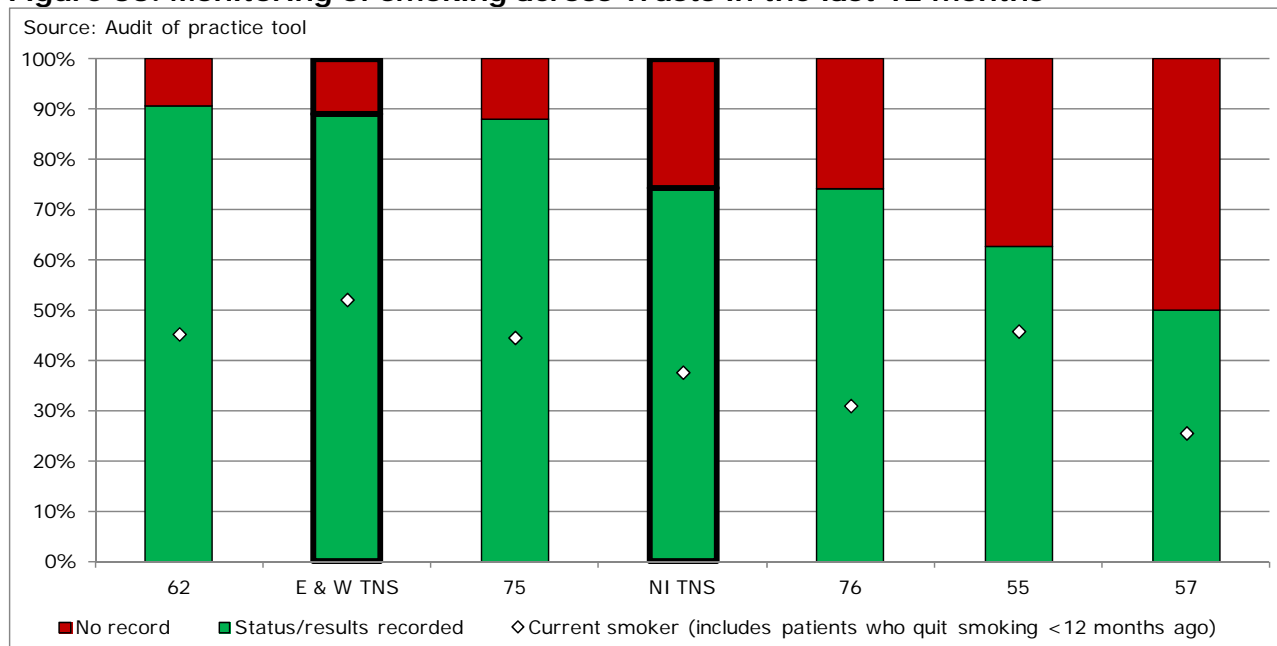


**Figure 32: Monitoring of five cardiometabolic health risk factors (excluding family history) across Trusts in the past 12 months**



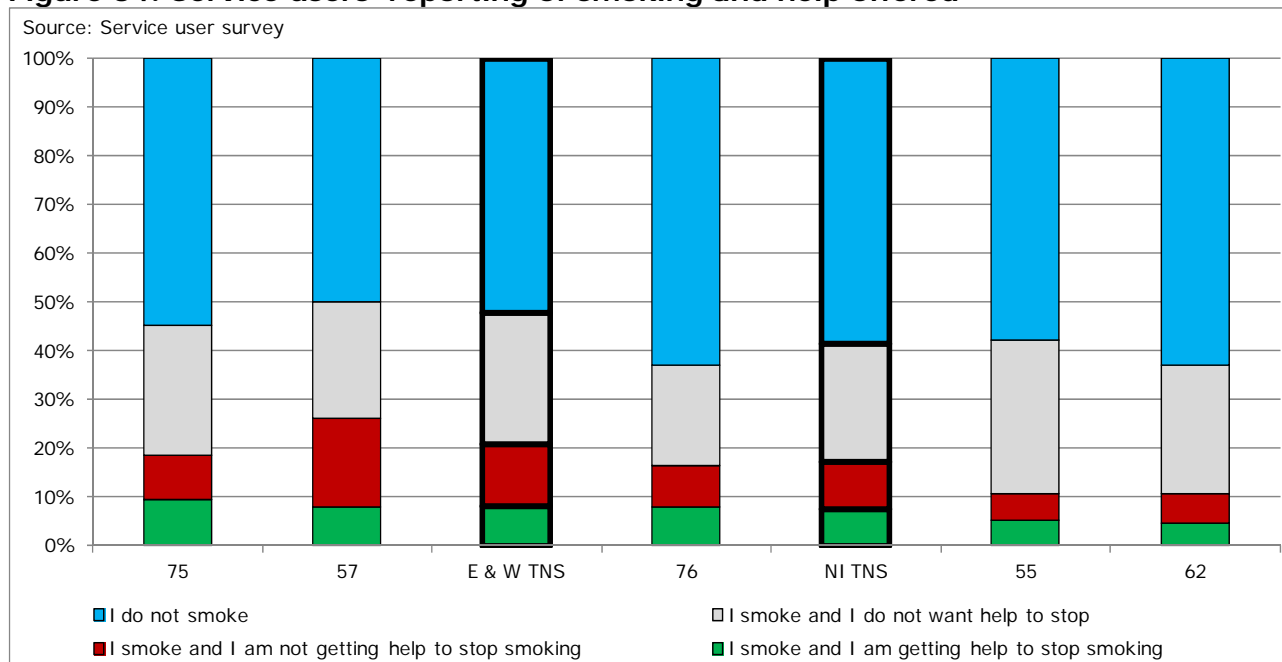
- The data for Figure 32 are taken from Qs 31, 34, 36, 37 and 38 of the audit of practice tool.
- The number of cases included in this analysis is 425.
- The five risk factors are: smoking, BMI, blood glucose control, blood lipids and blood pressure.

**Figure 33: Monitoring of smoking across Trusts in the last 12 months**



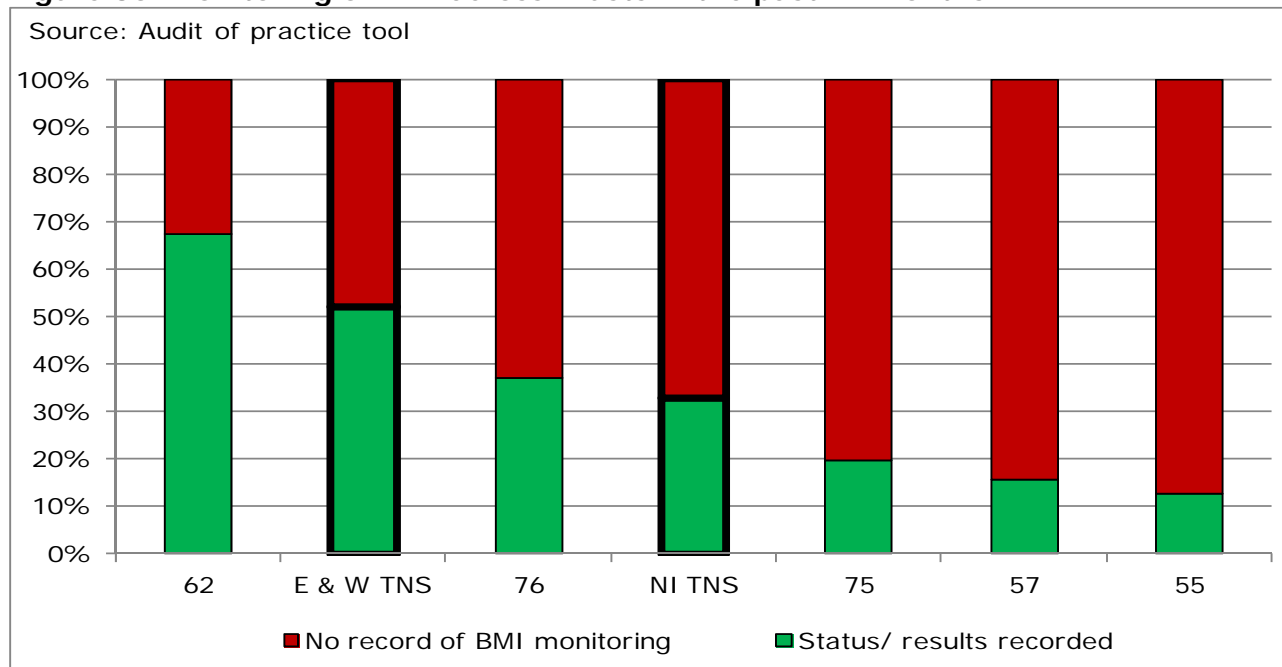
- The data for Figure 33 are taken from Q31 of the audit of practice tool.
- The number of cases included in this analysis is 425.

**Figure 34: Service users' reporting of smoking and help offered**



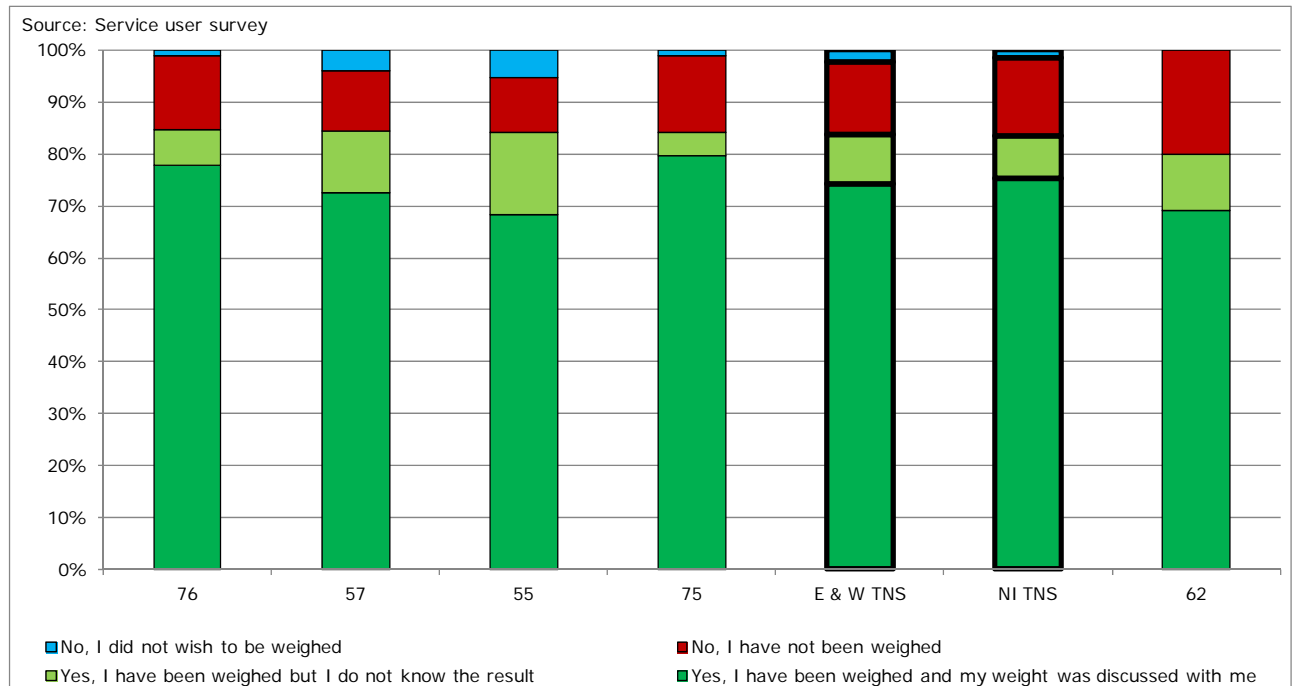
- The data for Figure 34 are taken from Q21 of the service user survey.
- 98% of service users answered this question.

**Figure 35: Monitoring of BMI across Trusts in the past 12 months**



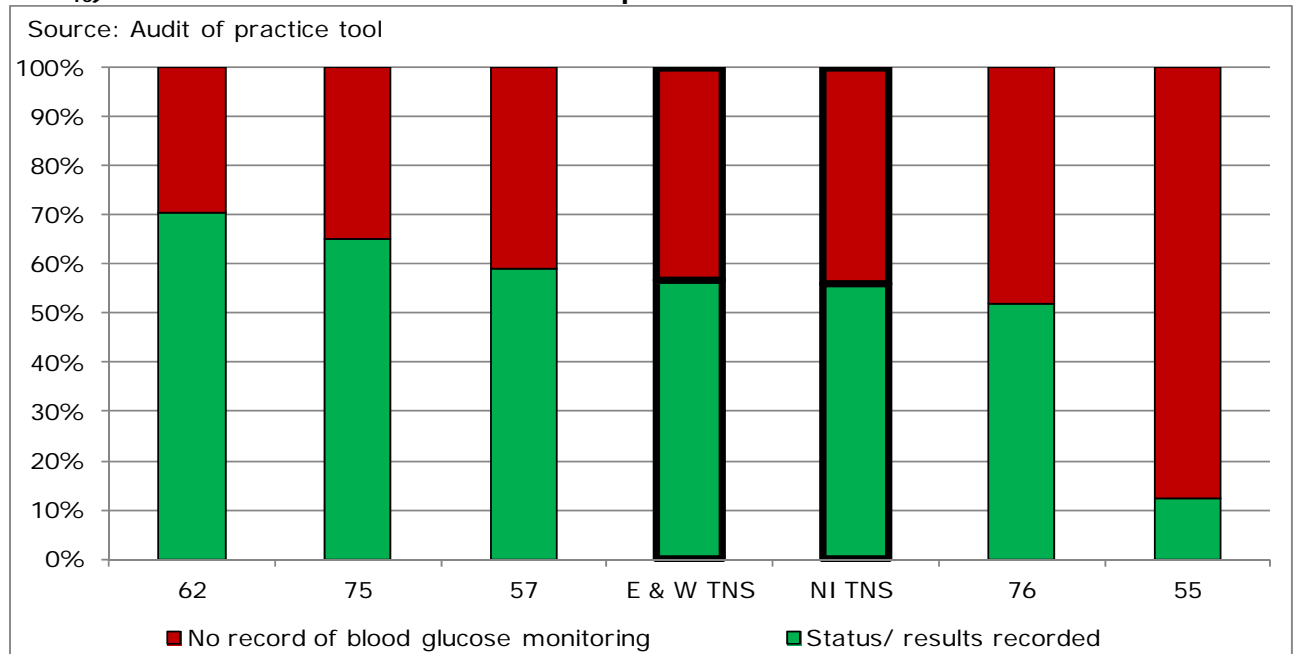
- The data for Figure 35 are taken from Q34 of the audit of practice tool.
- The number of cases included in this analysis is 425.

**Figure 36: Has your weight been checked by a nurse or doctor in the last 12 months?**



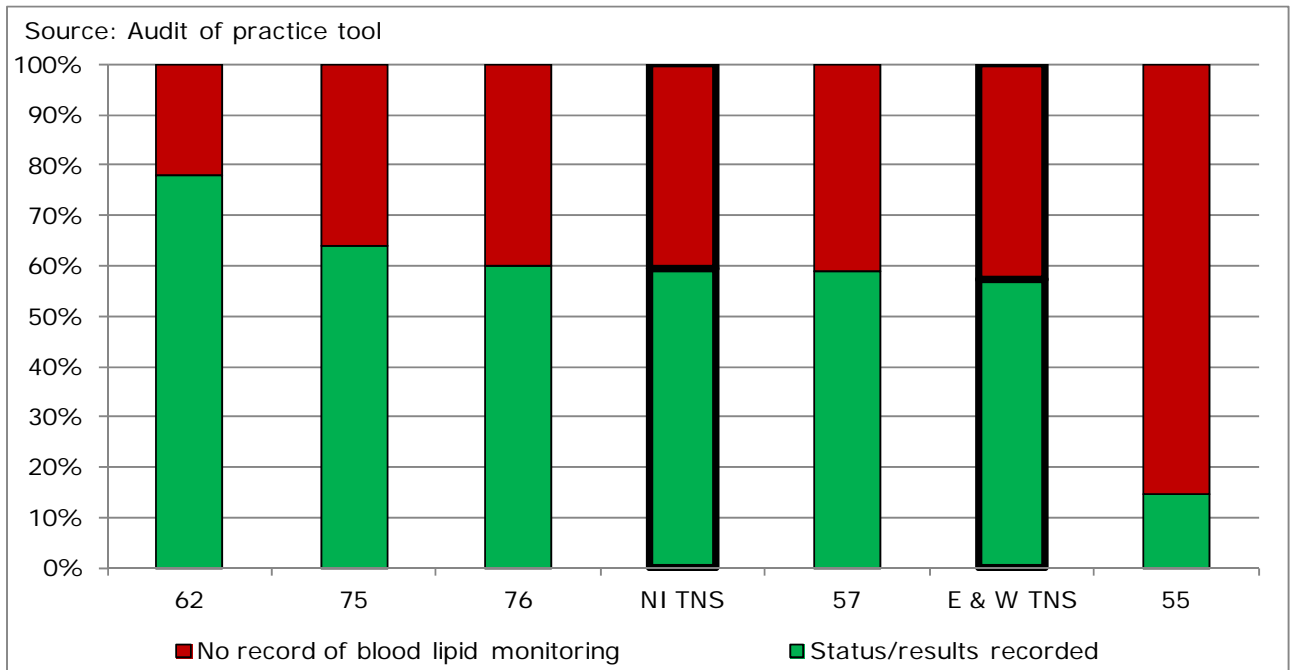
- The data for Figure 36 are taken from Q18 of the service user survey.
- 99% of service users answered this question.

**Figure 38: Monitoring of blood glucose control (fasting plasma glucose or HbA<sub>1c</sub>) across Trusts at least once in the past 12 months**



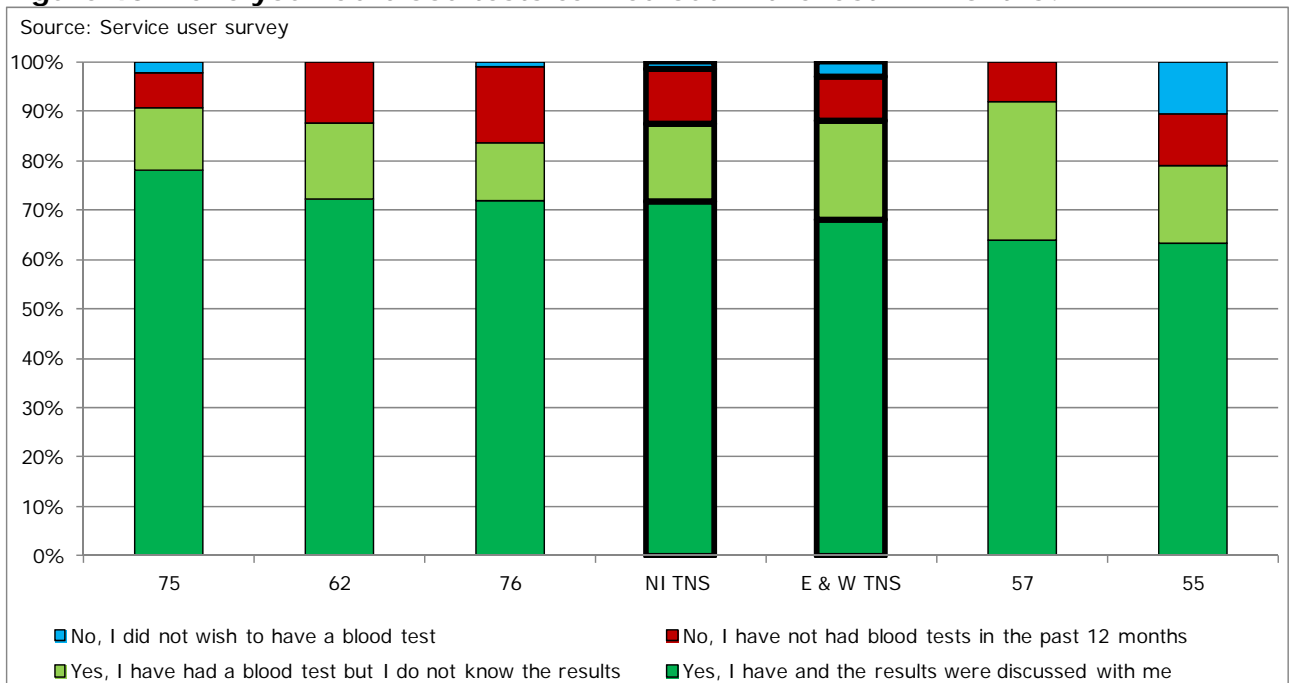
- The data for Figure 38 are taken from Q 37 of the audit of practice tool.
- The number of cases included in the analyses is 425.

**Figure 39: Monitoring of blood lipids across Trusts at least once in the past 12 months**



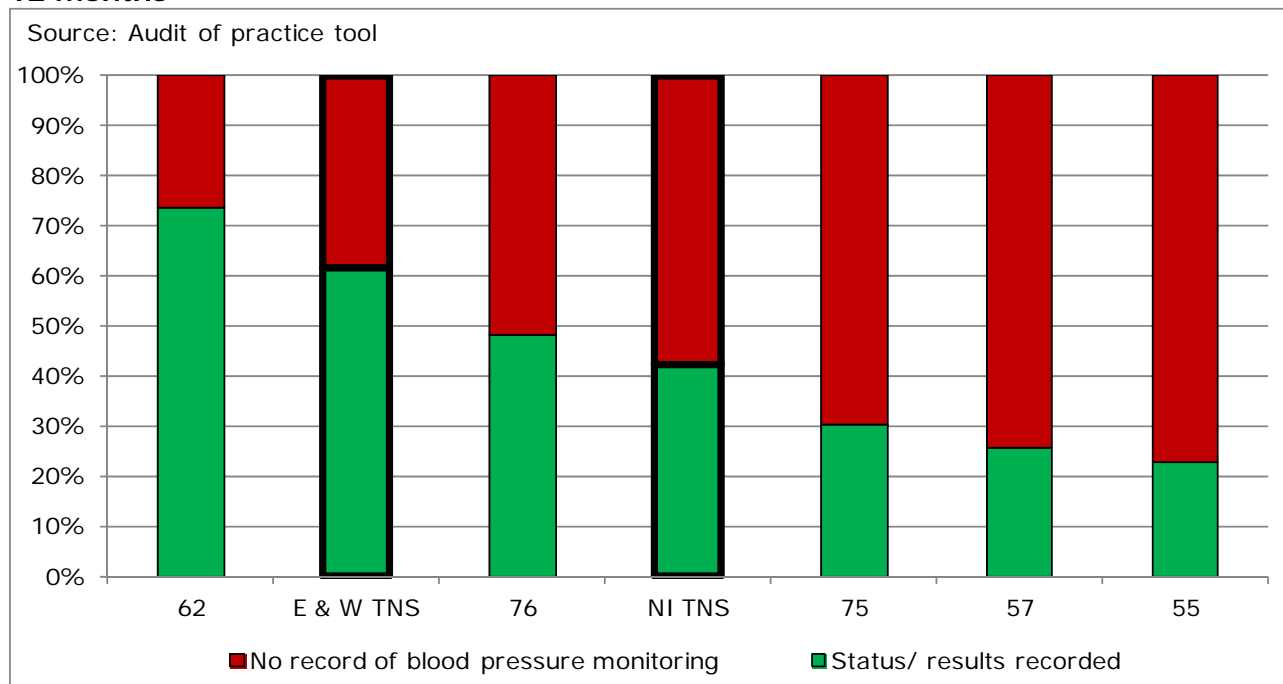
- The data for Figure 39 are taken from Q 38 of the audit of practice tool.
- The number of cases included in the analyses is 425.

**Figure 40: Have you had blood tests carried out in the last 12 months?**



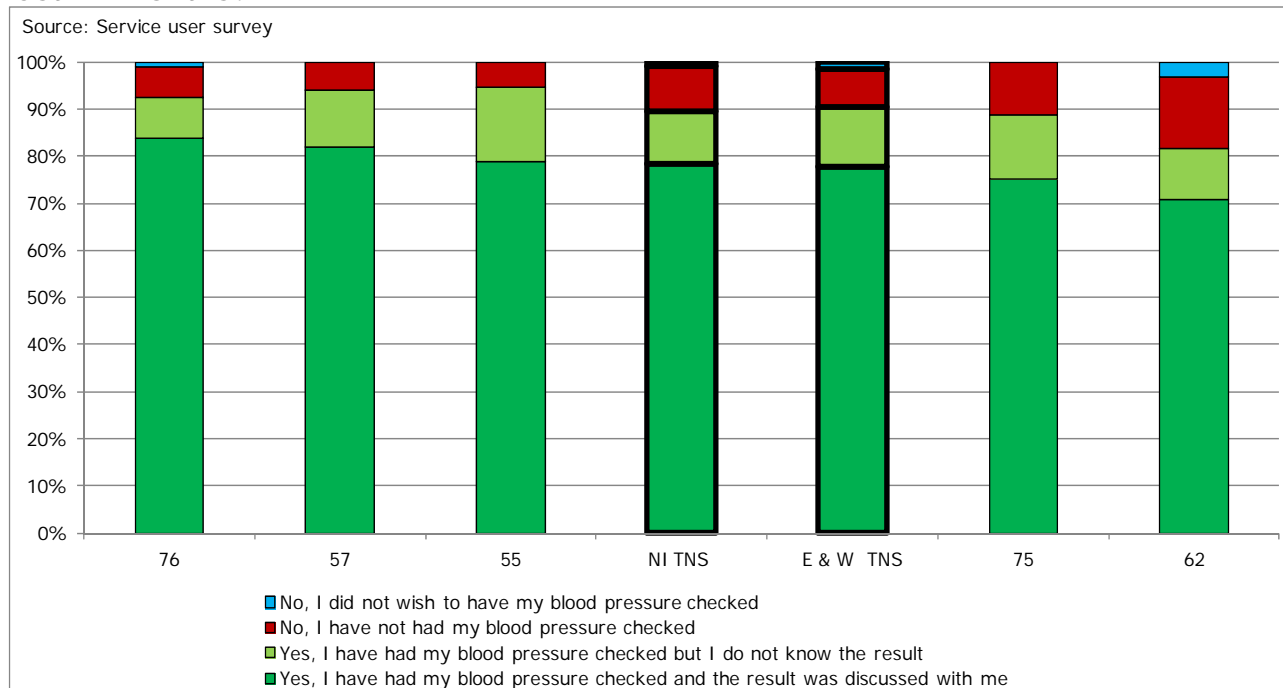
- The data for Figure 40 are taken from Q20 of the service user survey.
- 98% of service users answered this question.

**Figure 41: Monitoring of blood pressure across Trusts at least once in the past 12 months**



- The data for Figure 41 is taken from Q36 of the audit of practice tool.
- The number of service users included in the analysis is 425.

**Figure 42: Has your blood pressure been checked by a nurse or doctor in the last 12 months?**



- The data for Figure 42 are taken from Q19 of the service user survey.
- 98% of service users answered this question.

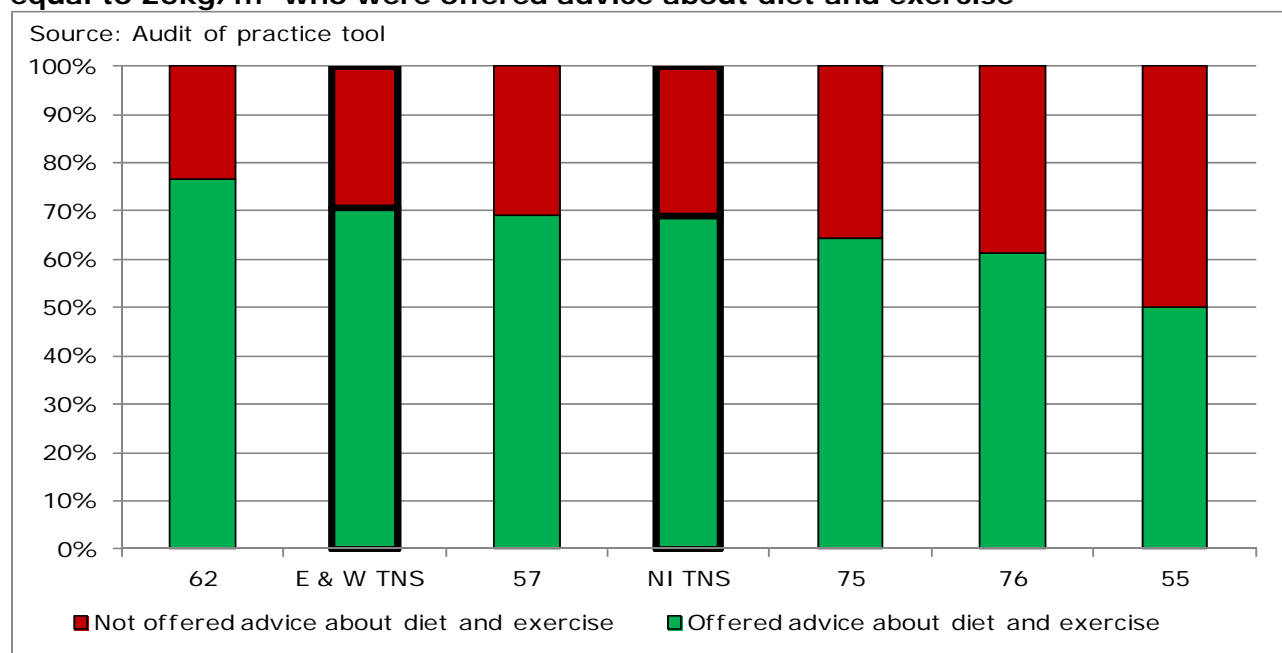
**Standard 5a: When monitoring within the past 12 months has indicated a need for intervention, the following have been offered to the service user or the treating clinician has made a referral for the service user to receive:**

- i. Help with smoking cessation.
- ii. Advice about diet and exercise, aimed at helping the person to maintain a healthy weight.
- iii. Treatment for diabetes.
- iv. Treatment for dyslipidaemia
- v. Treatment for hypertension.

**Table 33: Percentage of service users where a need for intervention for a physical health problem was identified and percentage where there was evidence that this was offered**

Physical health indicator	Service users monitored  n (% of total population)	Service users requiring an intervention  n (% of those who were monitored)	Service users offered an intervention  n (% of those requiring intervention)
Smoking status	316 (74%)	160 (51%)	70 (44%)
All those with BMI $\geq$ 25kg/m <sup>2</sup>	139 (33%)	113 (81%)	78 (69%)
All those with BMI $\geq$ 30kg/m <sup>2</sup>	139 (33%)	77 (55%)	58 (75%)
Blood glucose control (glucose and/or HbA <sub>1c</sub> )	238 (56%)	72 (30%)	19 (26%)
Lipid levels	253 (60%)	35 (14%)	9 (26%)
Blood pressure	180 (42%)	22 (12%)	3 (14%)

**Figure 43: Percentage of service users across Trusts with BMI greater than or equal to 25kg/m<sup>2</sup> who were offered advice about diet and exercise**



- The data for Figure 43 is taken from Qs 34 and 40 of the audit of practice tool.
- The number of cases included in the analysis is the 113 who had BMI > or = 25kg/m<sup>2</sup>.

Broadly similar percentages of those monitored in NI compared to E&W seem to have results suggesting a need for intervention (Table 33). However, the percentages then reported as receiving intervention for specific problems were in many cases less good for the NI sample. (However, the much smaller numbers must again be taken into account as a difference of one or two patients could have a large effect on reported percentages for the NI data.)

Nevertheless, as for E&W, there is need for major improvement in relation to monitoring of, and intervention for, physical health problems in service users with psychosis.

## Standards 4b and 5b (page 134 to 137): Monitoring and intervention in relation to alcohol and substance abuse

Evidence of monitoring of alcohol abuse was similar in NI compared to E&W but was less good for evidence of monitoring of substance abuse. Where these problems were identified, evidence of intervention being offered was similar for substance abuse but less good for alcohol abuse.

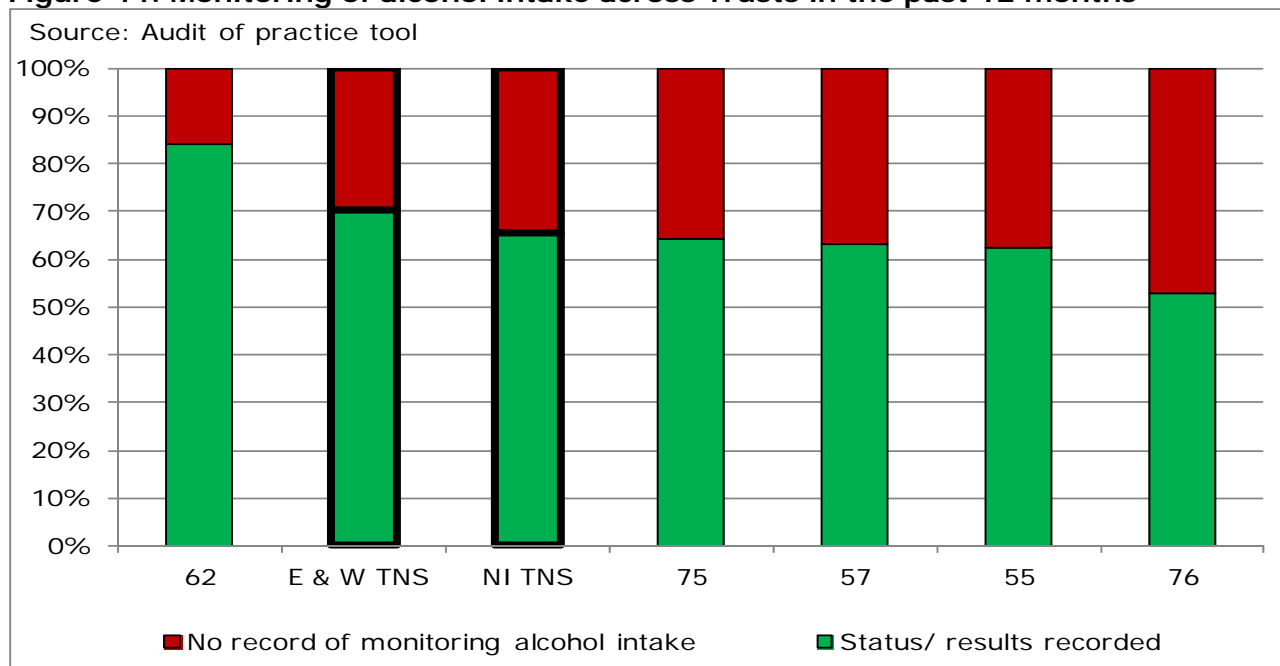
**Standard 4b: The following physical health indicators have been monitored within the past 12 months:**

- vii. Use of alcohol.
- viii. Substance misuse.

**Standard 5b: When monitoring within the past 12 months has indicated a need for intervention, the following have been offered to the service user or the treating clinician has made a referral for the service user to receive:**

- vi. Help with reducing alcohol consumption.
- vii. Help with reducing substance misuse.

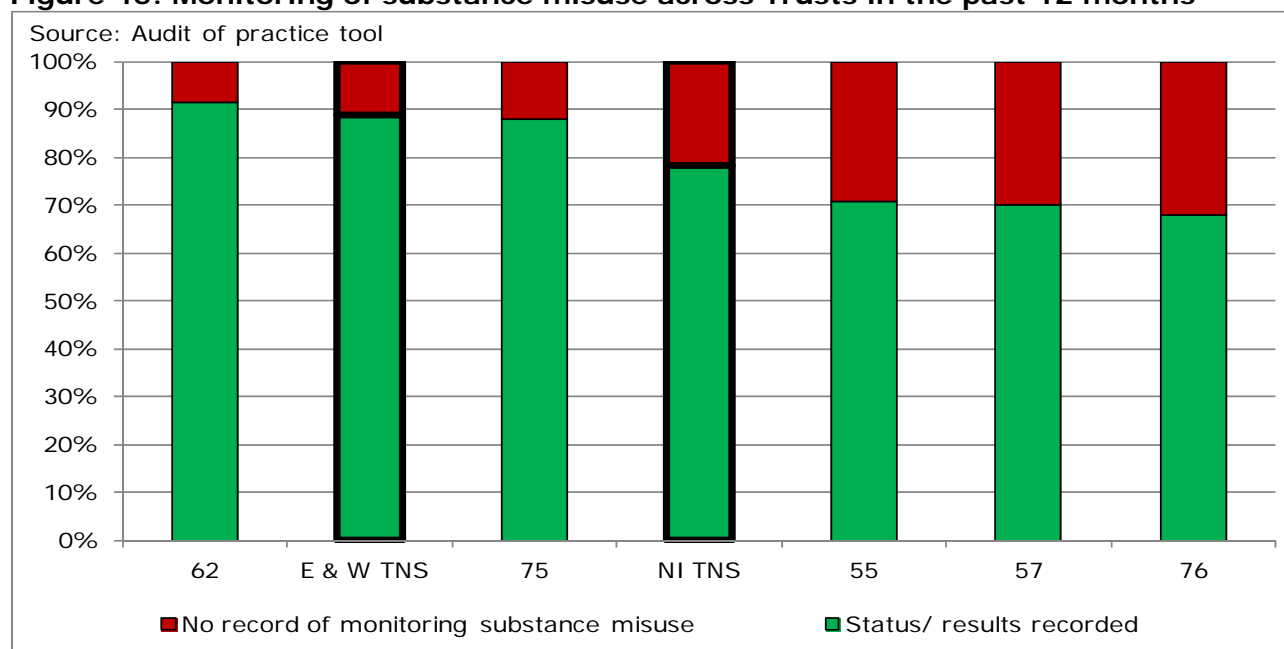
**Figure 44: Monitoring of alcohol intake across Trusts in the past 12 months**



- The data for Figure 44 are taken from Q32 of the audit of practice tool.
- The number of cases included in the analysis is 425.



**Figure 45: Monitoring of substance misuse across Trusts in the past 12 months**



- The data for Figure 45 are taken from Q33 of the audit of practice tool.
- The number of cases included in the analysis is 425.

**Table 35: Percentage of service users where a need for intervention for an alcohol/substance misuse problem was identified and percentage where there was evidence that this was offered**

Clinical group	Service users monitored	Service users requiring an intervention	Service users offered an intervention
	n (% of total population)	n (% of those who were monitored)	n (% of those requiring intervention)
<b>Alcohol consumption</b>	279 (66%)	23 (8%)	13 (57%)
<b>Substance misuse</b>	333 (78%)	25 (8%)	19 (76%)

- The data for Table 35 are taken from Qs 32, 33 and 40 of the audit of practice tool.
- Percentages are based on the total audit population of 425.





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